

Improving Education for the Care of Underserved Populations



New curricula and training models are better preparing healthcare professionals to meet the needs of all patients—regardless of age, race, language, income, education, religion, or sexual orientation.

LEARNING TO CARE FOR UNDERSERVED PATIENTS

Racial and ethnic minorities, the elderly, low-income people and other marginalized groups struggle to navigate the healthcare system, are less likely to get health care when they need it, and suffer disproportionately from disease and poor health.

We must improve the quality of care for underserved populations. Too often, health professions students graduate without the knowledge and skills necessary to effectively care for patients from different cultural backgrounds. What's more, not enough of our graduating and practicing health professionals choose to work in health care settings that largely serve vulnerable populations, including rural and inner city communities.

As America's baby boomers age, the population grows increasingly diverse—minorities are expected to be the majority by 2050—and more low-income residents gain health coverage under the Affordable Care Act, we need to better prepare our health professionals to serve the most vulnerable among us.

BUILDING NEW SKILLS AND EXPERTISE

To expand health professionals' understanding and skill in delivering culturally and linguistically appropriate care, and expose students and trainees to caring for patients from diverse backgrounds, health professions schools are:

- Teaching coursework in areas such as communication, cultural competency, health disparities, social determinants of health, and providing classroom experience with culturally diverse standardized patients.
- Providing opportunities to learn and work in teams in a variety of clinical settings, including nursing homes, community health centers, and clinics in prisons and schools. In these settings, students also gain experience working with language interpreters and connecting to social service providers, such as meals programs and homeless shelters.
- Recruiting students from more diverse backgrounds. Evidence suggests that health outcomes are better when patients can identify culturally or communicate comfortably with their healthcare providers.



OVERCOMING HURDLES TO IMPLEMENTATION

Health professions schools face a number of barriers to educate health professions students to care for the underserved and recruit a diverse student body:

- Expanding clinical partners and training sites.
- Increasing faculty expertise in teaching culturally appropriate care.
- Making space in students' already heavy workloads to introduce additional requirements.
- Building interest in the health professions among students from underserved groups, establishing programs and support systems to ensure their academic success, and addressing barriers such as high tuition rates.
- Addressing recruitment, promotion, and retention of minority faculty members, which may also be contributing to the lack of diversity among students in health professions schools.

PROMISING MODELS

MASSACHUSETTS GENERAL HOSPITAL/MGH INSTITUTE OF HEALTH PROFESSIONS

Concerned with the potential for medical errors and patient non-compliance because of language barriers between providers and patients, Massachusetts General Hospital and the MGH Institute of Health Professions developed an interprofessional quality and safety curriculum to provide medicine and nursing students with the skills and tools needed to treat patients with limited English proficiency.

ARIZONA STATE UNIVERSITY AND UNIVERSITY OF ARIZONA AT PHOENIX

Nursing and social work students at Arizona State, and medicine and pharmacy students at the University of Arizona will train in a variety of clinical settings, serving rural and low-income communities, as well as the state's large Latino and American Indian population.

UNIVERSITY OF PITTSBURGH

Medical, nursing and pharmacy students at the University of Pittsburgh learn how to care for elderly patients, with clinical experience in a nursing home setting.

DREXEL UNIVERSITY

Macy Faculty Scholar Dr. Roberta Waite has created a program to support career and leadership development among nursing students, with a focus on minority students.

Other Macy Faculty Scholars undertaking projects to advance education for the care of underserved populations include Hunter College's Dr. Kenya Beard, who is developing and testing a multicultural training program for nurse educators; and Rush University's Dr. Wrenetha Julion, who is developing a community-based cultural competency training program for health professions students.

REFERENCES FOR RELEVANT MACY SUPPORTED WORK

AAMC [Preparing Future Physicians to Care for LGBT Patients: A Medical School Curriculum](#)

Hassouneh, D. [Unconscious racist bias: barrier to a diverse nursing faculty.](#) *Journal of Nursing Education*. 2013 April; 52 (4): 183-184

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