

University of Illinois at Chicago
Interprofessional Approaches to Health Disparities (IAHD)

APPLICATION PACKET 2021-2022

Course Goal: *To equip learners with essential skills to improve health care for underserved populations and transform health disparities through interprofessional education, research and collaborative practice.*

The IAHD is a longitudinal interprofessional* course offered during the Fall and Spring to students in UIC Health Professions Colleges. Course work is grounded in social determinants of health and campus-community partnerships with Chicago Area Community Agencies addressing health disparities through serving especially vulnerable groups: the elderly, persons living with HIV/AIDS, the homeless, immigrants & refugees, incarcerated populations and survivors of intimate partner violence.

Note: not all program concentrations are offered each year.

For the 2021-2022 Year, the program is being offered to interested students in College of Medicine, College of Nursing, College of Pharmacy, College of Dentistry, and School of Public Health. Students will develop skills for scholarship, leadership and advocacy related to addressing health disparities.

Trainees will work in interprofessional teams and will engage in a series of didactic (in person and online) and experiential learning activities, including community-based participatory research (CBPR) and quality improvement (QI) training, as well as research development and implementation, designed to provide learners with essential skills to improve health care for underserved populations.

Trainees will function as effective members of interprofessional teams and will have the opportunity to work with our collaborating community agencies serving vulnerable populations. Students will be able to design research studies around important health issues prioritized through a collaborative process.

***Interprofessional Education** is defined as “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010). The IAHD learning experiences will be guided by the framework developed by the [Interprofessional Education Collaborative](#). In keeping with the guiding principles of IPEC, the IAHD learning environment will foster collaboration without hierarchy of any particular discipline.

NOTE: Due to the COVID-19 pandemic, for the 2021-2022 all program learning activities will be online via **Zoom**. The course administration reserves the right to adjust the format of learning activities as the situation evolves.

Interested in Joining the Course?

Please review the Program Overview,
Complete the Course Application on page 8, and send to

DFMRESEARCH@UIC.EDU

by **Monday, August 2nd, 2021**

Interprofessional Approaches to Health Disparities IAHD

University of Illinois at Chicago (UIC)

Overview

The Interprofessional Approaches to Health Disparities (IAHD) is a longitudinal interprofessional course offered during the Fall and Spring semesters for health professions students at UIC. The course is part of the longitudinal “Patient-centered Medicine Scholars Program” and has been running successfully since 2014. The IAHD course received the 2021 Inaugural I-TEAM award for UIC for Excellence in interprofessional education.

GOAL

To equip learners with essential skills to improve health care for underserved populations and transform health disparities through interprofessional education, research and collaborative practice.

LEARNING OBJECTIVES

Participation in the IAHD will enable trainees to:

- Effectively engage in identifying and addressing social determinants of health impacting vulnerable populations;
- Acquire working knowledge and hands-on experience with community-based participatory research (CBPR) and quality improvement (QI) methods;
- Develop an interprofessional community-based research project designed to improve health care access, communication, care coordination, or additional priority issues for vulnerable populations;
- Develop skills for functioning as effective members of interprofessional teams; and
- Develop skills for leadership, advocacy and scholarship.

RATIONALE

In the current era of health care reform and redesign, new models of health care delivery need careful integration with innovative models of health professions education. Traditional health professions education takes place in silos, with limited opportunities for doctors, nurses, pharmacists, social workers, and other health professionals to learn and practice in interprofessional teams during their formative years. A wealth of evidence supports the usefulness of interprofessional training for effective health care delivery, building collaborative linkages among health professionals and communities, and thereby

facilitating the provision of patient-centered care, a cornerstone of quality designated by the Institute of Medicine. Based on consensus by UIC health professional schools, a curriculum structure that integrates longitudinal public health education, with CBPR and QI research, in an interprofessional learning environment, is essential for preparing health care leaders with skills to effectively address the rising burden of key primary care and public health concerns.

KEY PROGRAM COMPONENTS

Health Disparities refer to population-specific differences in the presence of disease, health outcomes, or access to health care. These differences can affect how frequently a disease impacts a group, how many people get sick, or how often the disease causes death or disability. A common foundation of various definitions of health disparities rests on the notion that not all differences in health status between groups are disparities; differences that systematically and negatively impact less advantaged groups are considered disparities.

Health Inequities refer to population differences in health status and health outcomes that are due to social injustices. Those injustices are typically the result of policies, or the lack thereof, that allow some populations to receive inadequate types and distributions of health promoting resources, including social, economic, environmental or healthcare resources, that facilitate how and where people are born, grow, live, work, play, and age.

Community-based Participatory Research (CBPR) is a collaborative approach to research that equitably involves all partners and recognizes the unique strengths that each brings to the table. CBPR begins with a topic important to the community and aims to combine knowledge with action for achieving social change. As an emerging research methodology, CBPR has numerous advantages over traditional research and is more effective in addressing complex health disparities.

Quality Improvement (QI) is a set of methodologies for analysis of performance and systematic efforts to improve it. Given our focus on patient-centered care, we will use the Institute for Health care Improvement's (IHI) Collaborative Model and the Model for Improvement as the guiding framework, with Plan-Do-Study-Act (PDSA) cycles, which stand for **PLAN**: testing a change by developing a plan to test the change, **DO**: carrying out the test, **STUDY**: observing and learning from the consequences, and **ACT**: determining what modifications should be made to the change. Improvement changes are tried through multiple, consecutive 'pilot tests' on a small-scale before committing valuable time and resources to system-wide implementation.

Public Health Education emphasizes health promotion and disease prevention to improve health outcomes for individuals and populations. Traditional medical curricula focus on disease diagnosis and treatment for individuals. Public health principles, including understanding systems and how social and behavioral factors affect health outcomes, are particularly important when considering health care for underserved populations. Despite

calls for integration of public health and health professions education, few have integrated public health principles and competencies into traditional health professional curricula.

Interprofessional Education is defined as “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010). The IAHD learning experiences will be guided by the framework developed by the Interprofessional Education Collaborative (IPEC)* organized around the following Core Competencies for Interprofessional Collaborative Practice:

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

In keeping with the guiding principles of IPEC, the IAHD learning environment fosters collaboration without hierarchy of any particular profession.

LEARNING ACTIVITIES

NOTE: Due to the COVID-19 pandemic, for the 2021-2022 all program learning activities will be either in-person or online via **Zoom**, or a combination, per University guidance. The course administration reserves the right to adjust the format of learning activities as the situation evolves.

Trainees will work in interprofessional teams and will engage in a series of didactic and experiential learning activities, including community-based participatory research (CBPR) and quality improvement (QI) training, as well as research development and implementation, designed to provide learners with essential skills to improve health care for underserved populations.

Interprofessional student teams will have the opportunity to work with our collaborating community agencies serving vulnerable populations. Students will be able to design research studies around important health issues prioritized through a collaborative process.

CBPR & QI Training: Participants will receive training on CBPR and QI methods during the course of the year. Training sessions will be led by faculty from the various health profession schools represented in the program.

CBPR & QI Research: Interprofessional teams will be formed and will engage in a process of mentored research development to identify and address priority health needs of vulnerable populations served by our partnering community agencies. Selecting, planning and evaluating pilot tests will inform and guide best practices. The Collaborative Model will employ a team-based approach, working closely with the faculty leaders and student teams to assist the community agencies in conducting careful needs assessment and piloting small

changes through PDSA cycles. The principal focus of CBPR-QI projects will be to determine desired outcomes in collaboration with the stakeholders. For example, a desired outcome might be improvement in access to and retention in high quality, competent care and services for vulnerable patients who have never been in care or who have dropped out of care. Teams will identify priority issues and QI pilot tests that are most likely to succeed and plan small-scale implementation; create joint ownership of projects; develop research design and methodology including action steps; implement projects; evaluate impacts; and tailor interventions based on findings.

Learning activities will be grounded in reflection, self-awareness, collaborative learning and applied practice to successfully promote student acquisition of core competencies to address health needs of vulnerable populations:

- Students will participate in seminars, work at the community agencies and discussions, as well as leadership and advocacy activities.
- Students will synthesize and disseminate their work, in discussions and in writing, and will present at an end-of-course concluding event. The learner will also be encouraged to present at national and local scientific meetings.
- Students will submit reflections which will be published in a program publication.

Expected Outcomes:

- A. Improved learner skills for functioning as effective members of interprofessional teams.
- B. Learner acquisition of working knowledge of CBPR and QI methods.
- C. Improved health care access, communication and care coordination for vulnerable populations.

STUDENT RESPONSIBILITIES

- Attend didactic instruction sessions/seminars
- Be an engaged group member and attend group meetings
- Contribute to group discussion and work products
- Prepare and submit course assignments and required reflections
- Present project work at end-of-course concluding event

TIME COMMITMENT

4-6 hours per week. Seminars and classes will be once a month on Thursday evenings, 5:30-8:30 pm via Zoom.

COURSE PARTICIPATION AND CREDIT*

	Medicine	Nursing	Pharmacy	Public Health**	Dentistry
Student Level	M4	Graduate level students (e.g. AGMS, DNP, PhD)	P3	2nd year MPH students	D4/AS4
Place in Curriculum	PCM Scholars Program Self-designed Elective	Independent study and NUFR 595	Elective PMPR 445 & 446	• Independent study (all divisions)	Independent Elective

* Educational credit will be determined by students' respective schools/colleges.

** For Public Health students, the experience can be utilized for independent study (all divisions).

EVALUATION

Students will receive formative and summative feedback and will also participate in program evaluation.

APPLICATION PROCESS

Applications are due **Monday, August 2nd, 2021**.

- Applicants will complete the **Interprofessional Approaches to Health Disparities (IAHD) Application** form, provide a brief (1-2 pages) statement describing their interest in participating in the program and a current resume or curriculum vitae and submit to DFMRESEARCH@UIC.EDU by Monday, August 2nd, 2021. Incomplete applications will not be reviewed.
- Applications will be reviewed and scored by a Program Selection Committee. The decision of the selection committee will be communicated to applicants via email.

COURSE FACULTY & STAFF

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An interprofessional team of faculty lead course concentrations.

University of Illinois at Chicago
Interprofessional Approaches to Health Disparities (IAHD)
An Interprofessional course for health sciences students

2021-2022 Application Form

Name: _____ UIN: _____

UIC Email address: _____

Alternate Email Address: _____

Preferred telephone contact number(s): _____

Your School, program (concentration) and year: _____

Additional Documents to Submit:

1. A brief (1-2 pages) statement describing “*Why I want to participate in IAHD*”.
2. Current resume

IMPORTANT: Please assemble your application as a single PDF document with subject line “PCM SCHOLAR PROGRAM APPLICATION” in the following order:

1. Applicant information
2. Personal Statement
3. Resume

Please submit the following application materials electronically to:

Email: DFMRESEARCH@UIC.EDU

Applications must be received by **Monday, August 2nd, 2021**.

Notifications of acceptance into the IAHD Program will be made via email.