
2022 UVA Health Disparities Conference

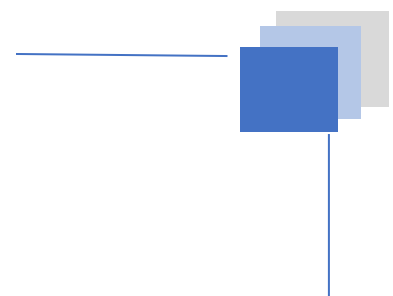
Why We Can't Wait, Healthcare Justice for All

Tuesday, February 8th
UVA Pinn Hall and Zoom

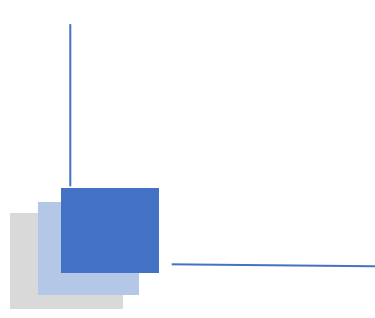


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Welcome



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Letter from the Coordinator



Welcome to the 2022 UVA Health Disparities Conference!

We are excited for you to participate with us during this conference, whether it be in person or virtually. Dr. Martin Luther King Jr. stated that “Of all the forms of inequality, injustice in health is the most shocking and inhumane.” This conference was organized by passionate medical students who care deeply about the future of the American healthcare system and who are committed to addressing healthcare disparities throughout their careers. Today you will be hearing from faculty, resident physicians, community members, and medical students about their exceptional work in the domains of clinical care, health education, research, and community outreach. Our hope is that today you will learn from, connect with, and grow alongside colleagues who are doing incredible work to improve health outcomes in marginalized and minoritized communities.

We would like to thank several organizations, individuals, and administrators that made this conference possible. Thank you to Dr. Dean Kedes and Ashley Woodard who made this conference financially and logistically possible. Thank you to Dr. Preston Reynolds, who suggested keynote speakers and contributed intellectually to shaping the programming for this conference. Thank you to the students of SNMA and the MSTP Diversity Committee who volunteered their time to plan, review abstracts, and organize this conference. Thank you also to our keynote speaker Dr. Eliseo Perez-Stable who enthusiastically agreed to speak at this conference. The team at Pinn Hall Conference Center was incredibly helpful with planning the conference; thank you to John Gwynn and Sibyl Hale. Finally, thank you to the SOM Office of Diversity specifically Judy Pointer, Leah Beard, and Melody Pannell.

Nadine Michel, Ph.D.

Conference Agenda

Opening Remarks All events will take place in the PHCC Auditorium unless noted otherwise

9:00- 9:05AM with Dr. Nadine Michel

“Incarceration: A Driver of Health Disparities Before, During and After COVID-19”

9:05- 9:30AM with Dr. Preston Reynolds

“Racial Bias in the Assessment of Pain among HBCU Trainees”

9:30- 9:50AM with Dr. Kovosh Dastan

“A Medical Student-Run Inpatient Homelessness Consult Service”

9:50- 10:10AM with Jacqueline Carson

“Coaching medical students to confront racism in the clinical setting”

10:10- 10:30AM with Tiana Walker

“COVID-19, Racism’s New Chapter”

10:30- 11:00AM with Dr. Taison Bell

Break (Lunch)

11:00- 11:30AM

Introduction of Keynote Speaker

11:30- 11:35AM with Dr. Preston Reynolds

Keynote Address: “What is the Role of Science in Eliminating Health Inequities?”

11:35AM - 12:35PM with Dr. Eliseo Perez-Stable, NIMH (presenting virtually)

Q&A

12:35- 1:00PM with by Dr. Preston Reynolds

Break (Transition to Breakout Rooms)

1:00- 1:15PM

Breakout Sessions (Breakout room assignments located on next page)

1:15- 3:15PM

Break

3:15- 3:30PM

“Data-driven Operation in Fire/EMS”

3:30- 3:50PM with Dr. Hezedeane Smith

“Neighborhood-Based Community Health Workers: Addressing Charlottesville’s Healthcare Access Inequity”

3:50- 4:10PM with Betsy Payton

“Use of the BEATDiabetes mHealth Program to Improve Glycemic Control in Type 2 Diabetes”

4:10- 4:30PM with Dr. Susan Blank

“The Impact of Community Based Doula Care in Improving Black Maternal Health Outcomes”

4:30- 4:50PM with Doreen Bonnet (virtual)

Closing Remarks

4:50- 5:00PM with Dr. Nadine Michel

Breakout Room Assignments

Breakout Room 1 Health Outcomes in Disadvantaged Populations | PHCC Auditorium
Session Moderated by Tiana Walker

Time	Title of Talk	Presenter
1:15- 1:30	Covid-19 in Native America	Brianna Baldwin
1:30- 1:45	A systems immunology investigation of pregnancy immune phenotypic differences between racial groups	Remziye Erdogan
1:45- 2:00	Compounding Inequity: Structural Racism, Allostatic load, and Implications for Behavior Change	Dawson Brown
2:00- 2:15	Differences in treatment and outcomes among racial and highest-attained education level in Peripheral Arterial Disease patients in an imaging study performed at UVA	Helen Sporkin
2:15- 2:30	Break	
2:30- 2:45	Retrospective Chart Review of Melanoma Outcomes in Non-Hispanic Black Patients and Case-Matched Non-Hispanic White Patients	Nicole Edmonds
2:45- 3:00	Healthcare Needs and Protective Factors of Transgender and Gender Nonconforming Older Adults: A Systematic Integrative Review	Lauren Catlett
3:00- 3:15	Should Place of Death be Added to the Index of Disparities Between Black and White Breast Cancer Patients?	Sarah Marion (Presenting virtually)

Breakout Room 2 Promoting Health Equity in Health Professions Education | Pinn Hall 2ABC
Session Moderated by Eoin Bradley

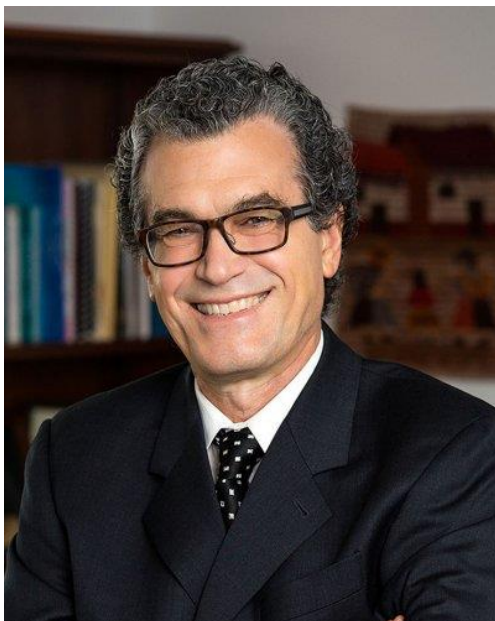
Time	Title of Talk	Presenter
1:15- 1:30	Art, Health Disparities, and Medical Education	Lydia Prokosch
1:30- 1:45	Fostering Conversations: Supporting First-Generation/Low-Income Students in Medicine	Haley Meade, Lydia Prokosch, Stephany Vittitow
1:45- 2:00	Hair Loss in Women of Color Toolkit: A step toward closing the gap...	Landon Hobbs
2:00- 2:15	COVID-19 Vaccination Status Surveying and Education	Cam Stadlin and Caroline Cotton
2:15- 2:30	Perspectives on Creating an Inclusive Clinical Environment for Sexual and Gender Minority Patients and Providers	Jasraj Singh Raghuwanshi
2:30- 2:45	Multidisciplinary Course on Medical Care for LGBTQ+ patients	Dana Redick

2:45- 3:00	Diversity Representation on Integrated Plastic Surgery Residency Websites	Hannah Jacobs-El
3:00- 3:15	Academic Productivity Among Underrepresented Minority Urologists at Academic Institutions	Caleigh Smith

Breakout Room 3 Charlottesville Health Initiatives and Community Projects | G1&G2
Session Moderated by Morgan Tyler

Time	Title of Talk	Presenter
1:15- 1:30	Transgender Community Beauty Event in Charlottesville	Laura Fuhr and Krishna Patel
1:30- 1:45	Remote Social Determinant of Health Screening for University Medical Associate Patients	Zuhayr Shaikh
1:45- 2:00	The Impact of Free Clinic Services on Healthcare Utilization among Charlottesville Residents Experiencing Homelessness	Steven Neal
2:00- 2:15	Assessing Transportation as a Barrier to Healthcare in Charlottesville's Homeless Population	Priyanka Kundur
2:15- 2:30	Break	
2:30- 2:45	COVID Vaccine Education Efforts and Uptake Among People Experiencing Homelessness in Charlottesville	Jessica Lin
2:45- 3:00	Telemedicine at the Charlottesville Free Clinic - A Qualitative Study of a Natural Experiment	Rachel O'Brien
3:00- 3:15	Working with the Monticello Area Community Action Agency to reduce disparities in central Virginia	Ani Chandrabhatla

KEYNOTE SPEAKER



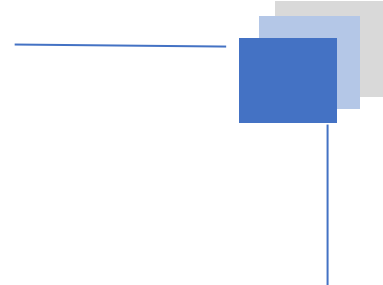
Dr. Eliseo Pérez-Stable, M.D., serves as the Director of the National Institute on Minority Health and Health Disparities (NIMHD), a division of the National Institutes of Health (NIH) dedicated to conducting and supporting research programs to advance knowledge and understanding of health disparities, identify mechanisms to improve minority health and reduce health disparities, and develop effective interventions to reduce health disparities in community and clinical settings.

Since joining NIMHD in September 2015, Dr. Pérez-Stable has directed the production of a collection of resources that guide and facilitate the conduct of research to promote health equity, including the NIH Minority Health and Health Disparities Strategic Plan 2021-2025 and a plethora of other resources.

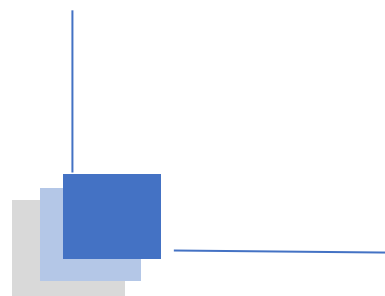
Prior to becoming NIMHD Director, Dr. Pérez-Stable was a professor of medicine and chief of the Division of General Internal Medicine, at the University of California, San Francisco (UCSF). Dr. Pérez-Stable's research interests have centered on improving the health of racial and ethnic minorities through effective prevention interventions, understanding underlying causes of health disparities, and advancing patient-centered care for underserved populations. He has published more than 300 peer-reviewed papers and was continuously funded by NIH grants for 30 years prior to becoming NIMHD Director. Furthermore, Dr. Pérez-Stable served as Director of the UCSF Center for Aging in Diverse Communities and Director of the UCSF Medical Effectiveness Research Center for Diverse Populations. Importantly, he was a career mentor for many students, residents, and faculty, and a research mentor for over 70 minority investigators.

Recognized as a leader in Latino health care and disparities research, Dr. Pérez-Stable spent 32 years leading research on smoking cessation and tobacco control in Latino populations in the United States and Latin America, addressing clinical and prevention issues in cancer control research, supporting early career scientists in research on minority aging in clinical and community settings, and addressing research questions in clinical conditions such as hypertension, asthma, diabetes and dementia.

Source: <https://www.nimhd.nih.gov/about/directors-corner/about.html>



ABSTRACTS



Charlottesville Health Initiatives & Community Projects

A Medical Student-Run Inpatient Homelessness Consult Service
Jacqueline Carson, Becca Kowalski, Kara MacIntyre

PROJECT OVERVIEW

The Inpatient Homeless Consult Service at the University of Virginia Health System was created to provide continuity of care, connect patients to local resources, facilitate safe discharges, and ultimately reduce length of stay, emergency department visits, and readmissions for this vulnerable population. Since it started at the end of June 2021, the team has seen over 100 admitted patients experiencing homelessness, equating to ~4 consults a week. The consult service has facilitated discharges to local shelters, acquired mobile phones via Medicaid, obtained needed items, arranged transportation for post-discharge appointments, and scheduled follow-up in the in-shelter clinics, among many other tasks, to reduce barriers to care for Charlottesville's most vulnerable residents.

ABSTRACT

Objective: The inpatient homelessness consult service at the University of Virginia was created to provide continuity of care, connect patients to local resources, facilitate safe discharges, and ultimately reduce length of stay, emergency department visits, and readmissions for this vulnerable population.

Methods: A specific pager number was generated for the consult service. Any member of the inpatient care team can page a trained student team member once they identify their patient to be experiencing homelessness. Students conduct extensive in-person barrier assessment, write a note in Epic, and complete appropriate tasks to reduce identified barriers.

Prior to implementation and throughout the process, students have met with inpatient social workers, case managers of local shelters, and the UVA's Interactive Home Monitoring Team to gather input from various stakeholders regarding workflow and the population's needs.

Results: In June 2021, a pilot of the consult service began on 1 inpatient unit and quickly expanded to all inpatient units over subsequent months. From June 2021 to Dec 2021, the team received consults for 65 individual patients over 84 consults, an average of ~4 consults per week. 33 medical students are trained to participate in the consult service.

The consult service has facilitated safe discharge to local shelters, acquired mobile phones via Medicaid, obtained needed items, arranged transportation for post-discharge appointments, and scheduled follow-up in the in-shelter clinics.

Conclusions: The inpatient homelessness consult service has been a welcomed addition to the resources offered to UVA patients experiencing homelessness.

Promoting Health Equity in Health Professions Education

Racial Bias in the Assessment of Pain among HBCU Trainees

Kovosh Dastan M.D., Abid Haque M.D., Candice Passerella M.D., Nahtaniel Patel, M.D., Miriam Michael, M.D.

ABSTRACT

The objectives of our study were to assess whether U.S. medical students and resident physicians (collectively referred to as trainees) at Historically Black Colleges & Universities (HBCUs) – particularly Howard University College of Medicine and Howard University Hospital – displayed any racial bias in the assessment of pain or treatment recommendations; if they held any false beliefs about biological differences between Black and White people; if any of their existing biases and/or beliefs were the same as those found in their counterparts at a predominantly white institution (PWI); and if they were equally, more, or less accurate in their treatment recommendations for pain in Black vs White patients as a result of their beliefs and/or biases. When compared to the landmark 2016 University of Virginia study which surveyed trainees at their institution, significantly less HBCU-affiliated (predominantly BIPOC) students and residents held any false beliefs about biological differences between Blacks and Whites; their false beliefs (if any) did not impact the treatment of the sample patients, and their assessment of pain was not impacted by the patient's race. Interestingly, the White respondents at Howard also did not exhibit any racial bias in pain assessment or treatment recommendations, indicating that perhaps active teaching and implicit bias training by HBCUs counteracts racial bias in these individuals.

Promoting Health Equity in Health Professions Education

Coaching medical students to confront racism in the clinical setting

Tiana Walker MSIV, Lindsey B. Whalen MSIV, Marc J. Vetter MSIV, Andrew S. Parsons M.D., MPH, Megan J. Bray M.D., Maryellen E. Gusic M.D.

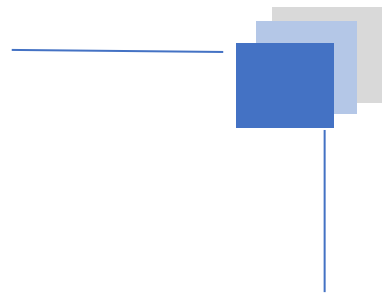
ABSTRACT

Introduction: Training in sensitive discussions, such as the topic of race and discrimination, is necessary to help medical students develop skills to forge meaningful patient-physician relationships. However, there is little consensus about how to implement learning activities to promote skill development for use in clinical settings. A pilot activity incorporating a simulated patient encounter was implemented for clerkship phase students to meet the following learning objectives: practice strategies to reject racism expressed by patients and resist acquiescing to demands that certain providers not care for patients because of skin color.

Methods: Students were recruited via email to participate in a 15-minute encounter with a standardized patient (SP) in which the SP dismissed the student's colleague because of the colleague's race due to racism. After the activity, a questionnaire was sent to all students in the class; participating and nonparticipating students.

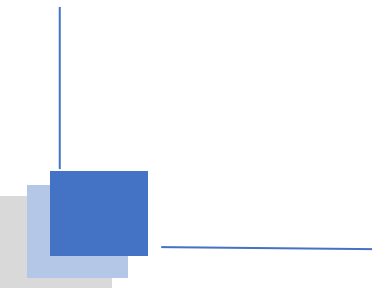
Results: 39% of students participated in the SP encounter. 24% of the class responded to the questionnaire. 90% of respondents reported that learning activities to enhance skill in engaging with patients about racism in the clinical setting is very important. 61% reported that the SP activity allowed them to reflect on the performance and identify areas of strength and areas in need of additional practice. 52% rated the SP encounter as having moderate to major effect on their ability to develop effective patient-physician relationships.

Conclusion: Students' aggregate confidence in their abilities to engage patients in discussions about racism increased after participation in a simulated encounter.



Breakout Session Presentations

- 2022 UVA Health Disparities Conference -



Health Outcomes in Disadvantaged Populations

Covid-19 in Native America
Brianna Baldwin

PROJECT OVERVIEW

According to CDC data, American Indians, and Alaskan Natives (AI/AN) have insofar experienced the highest rates of COVID-19 cases, hospitalizations, and deaths among any ethnic group in the U.S., despite the highest rate of vaccinations among any ethnic group. The prevalence of COVID-19 cases may be attributed to generational inequities in access to healthcare, health insurance, healthy foods, preventative health education, and public funding in indigenous communities. The disproportionate mortality experienced by AI/AN populations calls for urgent funding efforts for infrastructure and healthcare resources in AI/AN-predominant communities.

ABSTRACT

According to CDC data, American Indians, and Alaskan Natives (AI/AN) have insofar experienced the highest rates of COVID-19 cases, hospitalizations, and deaths among any ethnic group in the U.S., despite the highest rate of vaccinations among any ethnic group. AI/AN peoples suffer 1.7x cases, 3.5x hospitalizations, and 2.4x deaths when compared to White, Non-Hispanic persons. In June 2020 in particular, the Navajo Nation reported a 3.4% COVID-19 infection rate, higher than any U.S. state. The prevalence of COVID-19 cases may be attributed to generational inequities in access to healthcare, health insurance, healthy foods, preventative health education, and public funding in indigenous communities. There is also a significantly higher rate of comorbidities in indigenous populations placing them at higher risk of COVID-19 infection and case severity. In addition, cases of indigenous populations with COVID-19 may be significantly underreported due to provider assumptions of race/ethnicity of AI/AN peoples, and limited options for race/ethnic data that may exclude AI/AN self-identification. The implications of these findings are greater awareness, advocacy, and funding for health prevention programs, access to basic resources such as power and clean water, access to recreation centers and grocery stores, and funding for tribal liaisons and community access members in indigenous communities for better health system relations with indigenous populations. The disproportionate mortality experienced by AI/AN populations is similar to that of the 2009 Influenza A pandemic, suggesting that similar trends may be seen in vulnerable AI/AN communities in the future without urgent funding for preventative health measures in AI/AN-predominant communities.

PROJECT OVERVIEW

In the United States, African American women experience disproportionately high rates of pregnancy complications and infant mortality compared to women of other racial and ethnic groups. Here, we present a systems biology approach to uncover the underlying immune mechanisms that might be driving poor pregnancy outcomes among African American women. These findings have implications on many aspects of prenatal care, including maternal vaccination, that will optimize pregnancy outcomes for all women and infants.

ABSTRACT

In the United States the non-Hispanic black (NHB) infant mortality rate is more than twice the non-Hispanic white (NHW) rate. Further, NHB infants of US-born mothers have statistically worse birth outcomes than infants born to first-generation US immigrants from Africa, indicating trans-generational influences beyond genetics (epigenetics) that impact neonatal health. A successful pregnancy requires a series of well-timed immunological events to support fetal growth and maintain fetal tolerance, including the balance of pro- and anti-inflammatory signals. Growing evidence suggests a relationship between maternal stress, epigenetics, and inflammation, which influences the development of the fetal immune system. We took a systems immunology approach to understand how disrupted immune adaptations during pregnancy affect neonatal immunity and contribute to the racial disparity in neonatal outcomes. Using longitudinal matched maternal and cord blood samples from the Obstetrics and Neonatal Outcomes Study (ONOS) cohort at UVA, we performed multiplexed bead-based assays to measure peripheral maternal inflammatory markers throughout gestation. We discovered pro-inflammatory cytokines and chemokines that are differentially regulated between NHB and NHW women throughout pregnancy as well as cytokines that differ in the cord blood of NHB and NHW neonates. To reveal local, epigenetically regulated immune differences at the maternal-fetal interface of the placenta, we analyzed matched placental mRNA and miRNA data from a separate cohort. This study is the first systems level analysis of racial immune differences in pregnancy and provides a foundation to identify opportunities for therapeutic interventions that will mitigate persistent racial disparities in pregnancy outcomes in Virginia and the US.

PROJECT OVERVIEW

Inequity manifests in a myriad of harmful ways, including increased allostatic load - the cumulative health effect of chronic exposure to stressful events. In turn, allostatic load has been shown to lead to higher rates of many modifiable health behaviors, like lack of physical activity, unhealthy diet, poor sleep habits. Considering that existing behavior change methodologies do not adequately account for systematic disparities or physiologic dysregulation built in by the compounding inequity of preexisting stressors and allostatic load, this research seeks to provide both a systematic review of the existing literature surrounding inequity/allostatic load and extend a roadmap for providers to approach behavior change interventions with a more complete understanding of compounding inequity in the context of behavior change.

ABSTRACT

The impact of modifiable health behaviors (smoking, alcohol consumption, lack of exercise, etc.) on downstream health disparities has become a subject of magnified interest amongst researchers, practitioners, and policymakers alike. This interest stems from the significant impact that modifiable health behaviors have on the total burden of disease in the United States, with almost 40% of deaths each year attributed to these behaviors. This burden of harmful health behaviors disproportionately impacts Black Americans - as the prevalence of these behaviors amongst Black Americans is responsible for both premature and excess mortality. Adding to the challenge, healthcare operates downstream of inequality-producing institutions with tremendous strength – education, income, employment, housing, transportation, criminal justice, etc. These upstream forces manifest in a myriad of harmful ways, including increased allostatic load - the cumulative health effect of chronic exposure to stressful events. In turn, allostatic load has been shown to lead to higher rates of many modifiable health behaviors, like lack of physical activity, unhealthy diet, poor sleep habits. Although clearly an important component cause of negative modifiable health behaviors, existing behavior change methodologies do not adequately account for systematic disparities or physiologic dysregulation built in by the compounding inequity of preexisting stressors and allostatic load. With those gaps in mind, this research seeks to provide both a systematic review of the existing literature surrounding inequity/allostatic load and extend a roadmap for providers to approach behavior change interventions with a more complete understanding of compounding inequity in the context of behavior change.

PROJECT OVERVIEW

Peripheral arterial disease (PAD) is a prevalent disease characterized by blockages in the limbs. Patients with PAD have been shown to have poor muscle metabolism due to chronic lack of blood flow. PAD is more prevalent in several racial minority groups (African Americans, Hispanics, Native Americans), and is more likely to affect people with lower attained education level and socioeconomic status. We plan to assess whether there are any disparities in PAD outcomes alongside our current study where we image metabolism before and after PAD procedures.

ABSTRACT

Peripheral arterial disease (PAD) is a prevalent atherosclerotic disease characterized by atherosclerotic lesions in the limbs. Patients with PAD have been shown to have a delayed phosphocreatine recovery due to chronic ischemia. Patients with PAD may be candidates for revascularization, but outcomes are variable. CrCEST allows for creatine concentrations to be monitored at high spatial resolution, while ASL quantifies perfusion into tissue. We use this combination to assess revascularization in patients undergoing both endovascular and surgical procedures and compare outcomes to those not undergoing procedures. PAD is more prevalent in several racial minority groups (African Americans, Hispanics, Native Americans), and is more likely to affect people with lower attained education level and socioeconomic status. We plan to assess whether there are any disparities in PAD outcomes alongside our current study. We collect patient data such as race, highest attained education level, and zip code, which may reveal biases in treatment recommendation at UVA. We hope to see whether patients are less likely to be recommended for limb saving procedures based on these factors. We are looking to expand our patient recruiting base to better include patients from historically underserved populations and would benefit greatly from community outreach efforts.

Reference

Pande RL, Creager MA. Socioeconomic inequality and peripheral artery disease prevalence in US adults. *Circ Cardiovasc Qual Outcomes*. 2014;7(4):532-539. doi:10.1161/CIRCOUTCOMES.113.000618

PROJECT OVERVIEW

We performed a retrospective chart review of 24 non-Hispanic black (NHB) patients diagnosed with primary cutaneous melanoma and compared their outcomes to 24 non-Hispanic white (NHW) patients with a melanoma depth within 0.5 mm. We found that although NHB patients initially presented at less advanced stages, they were more likely to develop metastatic disease and/or pass away from their disease, even after controlling for the more recognizable barriers to care such as the distance a patient lives from the hospital or a patient's access to health insurance. We present this data to emphasize the need for coupling social determinants of health (SDOH) to future research on the biology of melanoma, as well as to emphasize the importance of better inquiry and documentation of SDOH, which play a key role in health outcomes.

ABSTRACT

Background: It has long been studied that non-Hispanic black (NHB) patients have a lower incidence rate of melanoma but are typically diagnosed at a later stage and have poorer survival rates than non-Hispanic white (NHW) patients. No study has ever compared melanoma outcomes in NHB and NHW patients in our region, however. This study was performed to compare melanoma outcomes in NHB and NHW patients when melanoma depth of invasion is controlled.

Methods: A retrospective chart review was performed of all NHB patients diagnosed with primary cutaneous melanoma between 2021 and 2010, when the electronic medical record system was first implemented. A total of 24 NHB patients were identified, who were compared to 24 NHW patients with a melanoma depth within 0.5 mm.

Results: Eight NHB patients developed metastatic disease and five patients passed away due to their melanoma, compared to five NHW patients with metastatic disease and three patients passing away due to their melanoma. Additionally, NHB patients in this study were found to live closer to the hospital and have a slightly shorter time from diagnosis to treatment.

Conclusion: In conclusion, the data from this small retrospective chart review revealed that NHB patients have worse outcomes despite similar melanoma presentation. Even when the more obvious social determinants of health (SDOH) are mitigated, the biologic behavior of melanoma in NHB patients still appears to be more morbid. We present this data to emphasize the need for coupling SDOH to future research in the biology of melanoma.

PROJECT OVERVIEW

A comprehensive review of relevant scholarly sources was conducted in order to understand the healthcare needs and strengths of older adults who identify as transgender or gender nonconforming. Gender diverse populations often encounter discrimination and disparities in healthcare settings; at the same time, they also possess protective qualities, such as resilience and activism. The findings of this review support the importance of gender diversity training for healthcare providers, provision of gender-inclusive care, and empowerment of transgender and gender nonconforming older adults in healthcare settings.

ABSTRACT

Transgender and gender nonconforming (TGNC) older adults encounter discrimination in healthcare settings and experience health disparities and lack of access to healthcare. However, given these disparities, TGNC elders have protective factors like resilience that may mitigate healthcare challenges. A systematic integrative review was conducted to synthesize and analyze recent studies addressing the needs and protective factors of TGNC older adults living in the US. Methods included a systematic literature search of PubMed, CINAHL, Web of Science, PsychINFO, and Google Scholar and a thematic analysis of selected studies. Twenty-nine articles met inclusion criteria. Seven themes were identified, including: (1) Inclusivity and acceptance, (2) Antidiscrimination protections, (3) Community, (4) Care of mind, body, and spirit, (5) End of life preparations, (6) Financial security, and (7) Intersectionality of race/ethnicity and gender identity. Within each theme, several healthcare challenges and protective factors were identified, indicating that while TGNC older adults face numerous barriers and disparities, including discrimination in healthcare settings, they also rely on strengths like resilience to face the challenges. These findings highlight the need for increased training for healthcare providers to provide safe, gender-inclusive care environments; the need for policy to combat discrimination across all healthcare settings; the need for supportive community resources and healthcare advocacy; the need for empowerment of TGNC older adults to cultivate their healthcare strengths; and the need for more research to discern the role of intersectionality in the applicability of the identified themes to TGNC older adults generally.

PROJECT OVERVIEW

Our project explores and identifies place of death disparities among women with breast cancer between 1999 and 2019. A disproportionate percent of white women with breast cancer die at home while a disproportionate percent of Black women with breast cancer die in the hospital; however, hospice death rates are relatively similar.

ABSTRACT

Background: Compared to their white counterparts, Black women with breast cancer suffer from earlier onset of diagnosis, higher mortality rates, and are at risk of racial bias from healthcare providers and treatment plans that do not align with the standard of care. Place of death can be considered a metric for high quality end-of-life care as hospital death is associated with both physical and emotional distress. Given Black patients' particular vulnerability, the purpose of this study was to investigate place of death as a surrogate for end of-life healthcare disparities.

Methods: The National Center for Health Statistics database was used to determine the place of death for all US women with primary-breast cancer death from 1999-2019. Place of death (home, hospital, and hospice) and race (white and Black) were considered; the subset of women who died <40 were also analyzed. Trends in place of death in the 20-year period were evaluated via linear regression with comparisons by Chi-square test.

Results: From 1999 to 2019, there were 867, 213 women who died due to breast cancer; 718,437 (82.8%) were white and 125,040 (14.4%) were Black women. Home death increased an absolute 5.7% (38.4 to 44.1%) in white women and 6.2% (29.3 to 35.5%) in Black women, $p < 0.0001$ trend for both. Hospital deaths decreased -11.4% (31.9 to 20.5%) in white women and -14.4 (48.2 to 33.8%) in Black women, $p < 0.0001$ trend for both. Hospice death was introduced as a database category in 2003; from 2003-2019, hospice death increased similarly in both white (0.6 to 14.5%) and Black patient populations (0.5 to 14.2%), $p < 0.0001$ trend for both. For women <40 from 1999 to 2019, home deaths decreased 4.6% (40.0 to 35.4%, $p = 0.016$) for white women without significant changes in home deaths (26.9 to 25.2%, $p = \text{NS}$) in Black women. In 2019, white women <40 were 1.40x more likely to die at home than Black women with breast cancer (35.4 vs 25.2%, $p = 0.0009$).

Conclusions: Despite gradual improvements in home deaths, racial place of death disparities persist with Black women facing disproportionately higher hospital deaths and lower home deaths than white women with breast cancer. These differences may be due to cultural preference, poor physician communication about end-of-life options, or lack of resource access. As home death has been associated with more favorable outcomes for patients, further research is needed to develop targeted interventions to improve communication and culturally competent end-of-life care.

Promoting Health Equity in Health Professions Education

Art, Health Disparities, and Medical Education

Lydia Prokosch, Marcia Day Childress PhD

PROJECT OVERVIEW

Using art as a guide, I will present historical and contemporary artists' depictions of race and gender inequalities, disability and accessibility, and empowerment. I will also discuss the ways in which attentive observation and analysis of art can contribute positively to medical students' tolerance for ambiguity and uncertainty, their understanding of personal bias, their sense of others' worlds, and their capacity for reflection.

ABSTRACT

Historical and contemporary artists have used visual representations to lead, and contribute to, dialogue on healthcare disparities. As a first-year medical student, I created paintings of the historical segregated hospital wards at UVA and of the Fifeville neighborhood adjacent to UVA hospital in partnership with the UVA Center for Health Humanities and Ethics. Since then, I have worked with UVA faculty to study paintings, photographs, and murals that depict a variety of topics related to healthcare disparities, including ramp accessibility in New York City, childhood trauma in Mexico, the lack of mental healthcare services for black patients in South Africa, and black female empowerment in Charlottesville, VA. These works co-exist with a growing body of knowledge indicating that attentive observation and analysis of art, or "slow looking," can contribute positively to medical students' tolerance for ambiguity and uncertainty, their understanding of personal bias, their sense of others' worlds, and their capacity for reflection. Recognizing these benefits, the AAMC has issued formal calls for undergraduate and graduate medical education and continuing education programs to integrate the arts into their curricula. In this presentation, I propose discussing selected particular works of art, the stories of the artists who created them, and the role of the arts in medical education.

PROJECT OVERVIEW

Students who are first-generation in medicine and/or grew up in low-income environments face more obstacles than their peers – including greater barriers in obtaining admission to medical school, increased financial and family burdens, and higher levels of fatigue and stress. These students demonstrate significant resilience, contribute to a diverse workforce, and are more likely than their classmates to spend their careers serving vulnerable patient populations. In this presentation, members of the first-generation/low-income students in medicine organization will discuss the aforementioned challenges and offer insight on how to support this student population.

ABSTRACT

The First-Generation/Low-Income Students in Medicine organization was founded in November 2020, after a small group of students recognized a lack of support and representation for first generation and low-income students at the University of Virginia School of Medicine. In the past year, we have organized various events for medical students, residents, and faculty to support their well-being and create spaces for participants to share about their identities. We would like to highlight the wide spectrum of socioeconomic backgrounds that the University of Virginia School of Medicine students represent -- backgrounds that provide students with unique cultural, social, and financial experiences that improve patient care while simultaneously creating difficult obstacles for these students to succeed. Students from low-income/first-generation backgrounds often feel isolated during their educational journeys, so we hope to host a discussion in order to elevate the voices of such students while highlighting the good that can come from having more open conversations about disparities within the growing healthcare field. Conversations with faculty, residents, and medical students have already shown to be helpful in small group spaces. Recognition of the challenges that students face, as well as the skills that they have to contribute, is important for sustaining a diverse healthcare workforce.

PROJECT OVERVIEW

Alopecia (hair loss) is a common reason that women of color seek dermatologic care. Unfortunately, a deficit in dermatology advocacy efforts that address conditions affecting people of color exist. Resource toolkits combined with outreach events can be used to engage communities, disseminate information, and close gaps that have led to healthcare disparities.

ABSTRACT

Hair loss is a primary reason for women of color to seek dermatologic care. In addition to physical disfigurement, patients with hair loss are more likely to report feelings of depression, anxiety, and low self-esteem. There exists a critical gap in advocacy efforts and educational information intended for this demographic. We investigated the American Academy of Dermatology resources and advocacy efforts and found that none of the six main public programs (<https://www.aad.org/public/public-health>) nor any of the eight "Academy Advocacy Priorities" (<https://www.aad.org/member/advocacy/priorities>) focus on outreach to minority communities. The Virginia Dermatology Society planned a virtual event on hair loss and practical political advocacy for women of color in July 2021. Event attendees completed pre-and post-event Likert-scale surveys which assessed participant attitudes, knowledge, and awareness surrounding hair loss. Based on preliminary pre-event survey data of the 399 registrants, specifically 34.3% (n=137) of participants disagreeing or strongly disagreeing with the statement "I am familiar with the various and specific resources and treatments for hair loss in women of color," a resource toolkit for both patients and physicians was created for distribution. The toolkit included articles about evaluating, diagnosing, and treating different types of hair loss that would be beneficial for dermatologists, as well as informational articles, links, and videos that would be helpful to patients. Resource toolkits combined with outreach events can be used to engage communities, disseminate information, and close gaps that have led to healthcare disparities.

PROJECT OVERVIEW

The goal of this project was to conduct research regarding why the community members of Charlottesville and surrounding counties chose not to receive the COVID-19 vaccine, what the demographic data was of this population, and where these individuals obtained his/her vaccine information. Alongside surveying individuals, we also distributed informational handouts about the virus, the vaccine, free rides to vaccination sites, and lists of vaccination sites nearby to people we met in these communities.

ABSTRACT

We travelled throughout Charlottesville and the surrounding counties to conduct research regarding why community members chose not to receive the COVID-19 vaccine, where they obtained vaccine information, and what the demographics were of this population. We collected this information through anonymous, voluntary paper surveys. Concurrently, we also distributed informational handouts on the virus, vaccine, free rides to vaccinations, and lists of vaccination sites nearby. 215 surveys were completed by community members and 264 online surveys were conducted via Google Surveys to gain additional data from a wider range of Virginia residents regarding why people declined the vaccine. Our data suggests the highest unvaccinated rates were found to be associated among those with lower educational attainment, Republican party affiliation, Buckingham, Greene, and Nelson County residence, and male sex. Higher vaccination rates were among groups of 18-24 age, Orange, Madison, Louisa, and Charlottesville/Albemarle, Democrat party affiliation, females, higher level of education obtained. Of those who voiced hesitancy: 44.4% did not feel the vaccine was necessary, 37.0% were concerned about side effects, 25.9% had concerns about the approval process, 18.5% had religious objections, and 11.1% declined the vaccine due to medical conditions. As our research indicated, there are disparities in vaccination rates among members of different groups. Our project aimed to understand what factors and why are associated with decreased vaccination and how we as medical students can help provide access to all members of the Greater Albemarle Area.

PROJECT OVERVIEW

Discrimination based on sexual orientation and gender identity affects both patients and providers. Palliative care is an underexplored specialty in this area, and intersects with end-of-life goals, provider well-being, and advance directives. We surveyed LGBTQ+ palliative care physicians to better understand discrimination affecting this particular specialty.

ABSTRACT SUMMARY

Background: Sexual and gender minorities (SGMs) face discrimination based on their sexual orientation and gender identity (SOGI). This discrimination permeates healthcare and hinders SGM patients and providers.

Objectives: The aim is to determine if discrimination against SGM providers is present in hospice and palliative care (HPC). An auxiliary goal is to determine how to improve HPC for SGM patients. The ultimate goal is to create an inclusive environment for patients and providers.

Methods: A convenience sample of physicians was recruited from the Lesbian, Gay, Bisexual, and Transgender and Bioethics and Humanities special interest groups of the American Academy of Hospice and Palliative Medicine (AAHPM). A ten-question online survey, consisting of multiple choice and free-response questions, was administered to the sample (n = 111).

Results: Twenty-five participants identified as sexual minorities, with no transgender or gender minorities. Forty-eight percent of SGM participants reported workplace SOGI-discrimination compared with 24% of heterosexuals (p = 0.02). Approximately equal percentages of SGMs (32%) and heterosexuals (33%) reported being aware of resources for SGM patients and that they would be comfortable bringing a significant other to the AAHPM Annual Assembly (92% and 90%, respectively). The attitude of the host city toward SGMs would affect 36% of SGMs' and 11% of heterosexuals' decisions to attend the Assembly (p = 0.003).

Conclusion: SOGI-discrimination exists in the HPC workplace, and providers are relatively unaware of SGM resources. Providers must take steps to create an inclusive environment for SGMs by changing attitudes, acting as allies, and engaging in trainings.

PROJECT OVERVIEW

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) - identified patients face discrimination in general and lack of provider knowledge about LGBTQ+ health is common. In our session we will highlight important terminology, health care needs and ways to create a welcoming environment.

ABSTRACT

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) -identified patients comprise a large proportion of the overall patient population: 4.5% in the United States (1). Patients who identify as LGBTQ+ often face unique health risks, requiring an individualized approach to cancer screenings, infectious disease screenings, and vaccinations. LGBTQ+ patients are also more likely to have mental health needs, due to the significant minority stress they experience. Discrimination by healthcare providers and lack of provider knowledge about LGBTQ+ health is rampant, with 20% of transgender patients reporting being refused medical care, and 50% reporting needing to teach their healthcare provider how to treat them (2). Sexual Health in general and LGBTQ specifically is underrepresented in the medical curriculum. This two-week elective course provides intensive and more advance training for medical and nurse practitioners students interested in LGBTQ+ patient care. Online modules, pre-recorded lectures (PRLs), guest lectures from experts in the field and a group project aim to provide students with LGBTQ+ health knowledge and skills applicable to direct clinical practice. Our goal is to also foster a broader understanding of the roles of social determinants of health and interdisciplinary collaboration as they relate to the comprehensive care of LGBTQ+ patients.

References:

1. 2017 Gallup poll
2. 2011 National Transgender Discrimination Survey
3. Alan W Shindel 1, Sharon J Parish; Sexuality education in North American medical schools: current status and future directions; Sex Med. 2013 Jan;10(1):3-17; PMID:23343168 DOI: 10.1111/j.1743-6109.2012.02987.x

PROJECT OVERVIEW

Surgical subspecialties continue to face long standing low racial and ethnic representation among healthcare providers. This study identifies and highlights the disparities present within the field of plastic surgery residency programs, with the goal of diversifying the healthcare workforce and to address healthcare disparities.

ABSTRACT

Background: Recruitment and retention of a diverse healthcare workforce is a common residency program requirement as outlined by the American Council of Graduate Medical Education (ACGME). Surgical subspecialties (plastic surgery, orthopedic surgery, etc.) still face longstanding low racial and ethnic representation among healthcare providers. Diversifying the healthcare workforce is paramount to addressing healthcare disparities.

Methods: The websites of all integrated plastic surgery programs acknowledged by the ACGME in December 2020 were analyzed. All websites attributed to integrated plastic surgery programs were reviewed for general information, diversity elements, and patient information.

Results: Eighty-one integrated plastic surgery residencies were identified. Five percent of plastic surgery programs had a program specific diversity, equity, and inclusion statement (DEI). Seventy percent of plastic surgery programs provided a link to an institution-wide DEI statement. Plastic surgery programs on average had more male and Fitzpatrick 1-3 residents.

Conclusions: Multiple studies have shown underrepresentation of racial and ethnic minorities in plastic surgery literature. Our results further highlight racial and ethnic disparities present within the field of plastic surgery. Diversity representation is scarce in academic Plastic Surgery websites. Program-specific DEI statements are not common, however addition of a program-specific DEI statement both demonstrates diversity, equity, and inclusion as core values of the program and may facilitate the recruitment of a more diverse workforce.

PROJECT OVERVIEW

Our study compares academic productivity, defined by publications in the relevant field, among underrepresented minorities and genders in urology across 145 residency programs in the United States. We found that academic productivity was similar for underrepresented minorities though differed by gender with men publishing more than women.

ABSTRACT

Background: This study compares academic productivity among underrepresented minorities (URMs) and genders within urology.

Methods: A database of residents and faculty was created from 145 urology residency programs including demographics, URM status, and publications (pubs). URM equals Black, Hispanic, or Native Hawaiian/Pacific Islander. Multivariable analysis included URM status, gender, years of practice, and Doximity institution rank.

Results: Among 1,644 residents, 145 (9%) were URMs, with a median of 2 (IQR 1,5) pubs for URMs and non-URMs ($p=0.54$). Median first/last author (FLA) pubs was 1 (IQR 0,2) for URMs and non-URMs ($p=0.79$). There were 465 (28%) women, with median of 2 (IQR 0,4) pubs and 2 (IQR 1,6) for men ($p=0.003$). Median FLA pubs was 1 (IQR 0,2) for women and 1 (IQR 0,2) for men ($p=0.14$). Among 2,133 faculty, 184 (9%) were URMs, with a median of 12 (IQR 3,32) pubs and 19 (IQR 6,45) for non-URMs ($p=0.0002$). Median FLA pubs was 4.5 (IQR 1,12) for URMs and 7 (IQR 2,20) for non-URMs ($p=0.0002$). There were 372 (17%) female faculty, with a median of 11 (IQR 5,25) pubs and 20 (IQR 6,49) for men ($p<0.0001$). Median FLA pubs was 4 (IQR 1,10.5) for women and 8 (IQR 2,22) for men ($p<0.001$). Multivariable analysis demonstrated no difference in total pubs and FLA pubs for URMs vs non-URMs. There remained a difference between genders regarding total pubs ($p=0.002$ residents, $p=0.004$ faculty) but not FLA pubs.

Conclusions: Academic productivity was similar for URMs and non-URMs. Men had more total pubs compared to women.

Charlottesville Health Initiatives and Community Projects

Transgender Community Beauty Event in Charlottesville
Laura Fuhr and Krishna Patel

PROJECT OVERVIEW

Coordinating with Charlottesville Ulta Beauty, Dr. Catherine Casey, and transgender community leaders, two medical students organized a private, after-hours event for transwomen featuring four skincare and makeup stations that attendees rotated through while receiving guidance from beauty consultants. This event was inspired by the positive impact of a makeup box at the Adult Transgender Health Clinic with the goal of creating a dedicated event where transwomen can learn about beauty expression without facing prejudice. Approximately 15 individuals from throughout the state of Virginia attended the event on December 5th, with varying levels of knowledge and experience with makeup.

ABSTRACT

The estimated transgender population of Virginia is 34,500 (0.55% of the state population). As an academic health center, UVA Health serves a large proportion of transgender patients from Central Virginia. According to recent statistics, approximately 800 transgender patients are served through gender-affirming care clinics at UVA. However, transgender Virginians continue to experience widespread discrimination in both healthcare and daily life. Given UVA Health's widespread reach in providing gender-inclusive care across Central Virginia, there remains an unmet need for community support for transgender patients in the Charlottesville/Albemarle area. At the Adult Gender Health Clinic, Dr. Catherine Casey incorporates a makeup box into her practice where transgender women can acquire and experiment with makeup in a safe environment. Seeing the positive response from the transgender women in the clinic lead us to wonder if there is a need for a dedicated space where transwomen can learn about beauty expression without facing prejudice. After coordination with Charlottesville Ulta Beauty, Dr. Casey, and transgender community leaders, we created a private, after-hours event for transwomen featuring skincare and makeup classes with beauty consultants. Approximately 15 individuals from throughout the state of Virginia attended our event on December 5th, with varying levels of knowledge and experience with makeup. Attendees rotated through four stations prior to having time to shop with 1:1 assistance from volunteer staff. Our event aimed to help transgender women gain confidence in exploring how makeup can assist them in creating a physical appearance that matches their internal identity in a private, welcoming setting.

PROJECT OVERVIEW

Social determinants of health are nonmedical situational factors, for example internet access, availability of fresh produce and unemployment, that are linked with health status. 10 medical students attempted to screen 256 patients at the University Medical Associates primary care clinic for social determinants of health and observed food insecurity, housing insecurity, and access to transportation to be the top three within 309 needs identified from 117 responding patients. In conclusion, to further promote health, social determinant of health screenings should be continued, and efforts be taken to connect patients with community resources.

ABSTRACT

University Medical Associates (UMA) is one of the largest clinics at UVA with 13,000 established patients. The medical group sees over 150 patients per day and over 35,000 visits per year and serves a diverse patient population that experiences many social determinants of health (SDOH). Social determinants of health are nonmedical factors like housing and food insecurity, cell/internet access, access to transportation, feelings of loneliness, and health literacy, that can significantly impact medical outcomes. Despite their importance, SDOH needs often go overlooked during appointments due to time constraints.

In order to facilitate the process of identifying patients' SDOH, UMA clinic recruited a team of medical students to remotely call patients with scheduled appointments at UMA clinic to screen for SDOH and provide relevant resources to any identified areas of need for each patient. From the period between October 2020 to March 2021, a team of ten medical students called 588 patients and screened 256 patients. Of those who responded to the calls, 117 patients reported 309 social determinants of health challenges in 15 areas with the top three being food insecurity, housing insecurity, and transportation. Results showed a snapshot of the overall SDOH landscape in the greater Charlottesville area. Following these initial results, the next steps in serving UMA patients is to expand screening capacity in order to identify more patients with social needs and connect them with community resources.

The Impact of Free Clinic Services on Healthcare Utilization among Charlottesville Residents Experiencing Homelessness

Steven Neal, Rebecca Kowalski, Jacqueline Carson, Jessica Lin, Priyanka Kundur, Ashwin Mahesh, and Ross Buerlein

PROJECT OVERVIEW

The UVA Community Outreach Clinic is an in-shelter clinic established in 2019 that provides access to healthcare for Charlottesville residents currently experiencing homelessness. The main goal of this study was to see if the patients that began receiving care at this clinic subsequently made fewer visits to the emergency department and more visits to primary care and other outpatient clinics for their healthcare needs. The results of this study characterize the impact of this clinic on disparities in healthcare utilization within the Charlottesville community, as well as its impact on UVA Health System resources.

ABSTRACT

The UVA Community Outreach Clinic is a free clinic run by UVA physicians and medical students that provides access to healthcare for Charlottesville residents currently experiencing homelessness. The study population includes patients experiencing homelessness who have had at least one visit at this free clinic. The primary objective of this study is to assess changes in the frequency of emergency department visits before and after a patient's initial UVA Community Outreach Clinic visit. Secondary objectives are to characterize changes in frequency of primary care and specialty care visits before and after a patient's initial free clinic visit. In this retrospective chart review, the date of each patient's initial encounter with the free clinic was identified utilizing the electronic medical record. We then compiled all the patients' healthcare visits that occurred within a range of twelve months before and twelve months after their initial encounter with the free clinic. We are currently analyzing these data to assess for any significant differences in emergency department visits, primary care visits, and other healthcare services utilization, following patients' initial encounter with the UVA Community Outreach Clinic. We are in the processes of finalizing the results of this investigation. The results will characterize the impact of the UVA Community Outreach Clinic on disparities in healthcare utilization within the Charlottesville community, as well as the economic impact that the free clinic has on the UVA Health System.

ABSTRACT

Objective: To better understand transportation as a barrier to accessing healthcare within the homeless population in Charlottesville, and preferences to overcoming this barrier.

Methods: "Health Navigation Nights" is a medical student-run initiative at two Charlottesville homeless shelters, Premier Circle and People and Congregations Engaged in Ministry (PACEM) congregate men's emergency shelter. Each week, students assist approximately 75 guests with barriers to healthcare, e.g., arranging transportation to medical appointments, scheduling clinic visits, obtaining medical equipment. As part of this initiative, student volunteers will conduct a voluntary, nine-question survey with the guests of Premier Circle and PACEM. The survey uses a mix of quantitative Likert-scales and qualitative open-ended questions to explore transportation utilization patterns, satisfaction levels, and how the challenging process of obtaining transportation affects stress levels and limits choices of medical care sought (i.e., emergent vs routine).

Results: The results of the survey are pending and will be used to inform further efforts by this team and the larger University of Virginia Health System to address the disparities in access to care caused by inadequate transportation for medical visits.

PROJECT OVERVIEW

As an extension of existing homeless health outreach services, a team of UVA students offered educational outreach sessions at three Charlottesville homeless shelters to promote COVID-19 vaccination events and combat hesitancy and misinformation. These encounters contributed to an estimated 81% one-dose and 76% two-dose vaccination rate, demonstrating the importance of a face-to-face approach in combating vaccine hesitancy and potential opportunities for students to take an active role in resolving healthcare disparities.

ABSTRACT

Objectives: Address questions about COVID-19 vaccination among people experiencing homelessness in Charlottesville before initial vaccine distribution.

Methods: As an extension of existing homeless health outreach services, a team of seven University of Virginia medical students and one undergraduate student offered ten educational outreach sessions at three local shelters over two weeks to promote COVID-19 vaccination events and combat vaccine hesitancy and misinformation. These outreach sessions involved 1-2 students approaching shelter guests to discuss their COVID-19 vaccine hesitancies and collect information for vaccine registration. The team created and distributed informational posters addressing common myths about the vaccines in plain language. The team also assisted with coordination of on-site vaccination events.

Results: The team recorded discussions with eighty-four guests; 62% viewed the vaccine positively, 25% negatively, and 13% were uncertain. Reasons for vaccine hesitancy included being young and healthy, previous COVID infection, distrust of rapid vaccine development, and fears of side effects. After four shelter-based vaccination events, an estimated 81% of the city's approximately 160 homeless individuals received one dose, and 76% received a second dose.

Conclusions: The team used a multi-pronged approach to vaccine education that utilized existing relationships with people experiencing homelessness built from previously established health outreach teams. These efforts likely contributed to the high rates of vaccination in Charlottesville's homeless population, demonstrating the importance of a face-to-face approach in combating vaccine hesitancy and improving access among vulnerable populations. This project highlights unique opportunities for medical students to take an active role in resolving healthcare disparities.

PROJECT OVERVIEW

At the beginning of the COVID-19 pandemic, the Charlottesville Free Clinic (CFC) switched from in-person appointments to a primarily telemedicine-based care delivery model. This represented the first implementation of telemedicine at the CFC. Our study conducted one-on-one interviews with both patients and medical providers to investigate the benefits and drawbacks of telemedicine as a way to provide healthcare to CFC's unique patient population.

ABSTRACT

At the beginning of the COVID-19 pandemic, essentially all in-person visits at the Charlottesville Free Clinic (CFC) were stopped and telemedicine appointments were offered instead, a care delivery model never before implemented at CFC. This complete switch offered an opportunity to study the impact of telemedicine on the care of the unique free clinic population. We conducted a small-scale qualitative study through semi-structured interviews with both CFC patients and providers. Our study aimed to explore each individual's perspective on their telemedicine experience and elucidate the benefits and drawbacks of this care delivery model in this specific population. The interviews were coded and analyzed for themes using qualitative research software. Our results demonstrate that telemedicine offers significant benefit for many CFC patients, most notably due to the reduced time requirement and increased convenience compared with in-person visits. Challenges in interpersonal communication and the inability to perform a physical exam were the most common drawbacks for both patients and providers. Additionally, providers reported the lack of in-person professional interactions with other clinic personnel as a downfall of telemedicine. Overall, about half the patients interviewed shared very positive feedback on their telemedicine experience, with the majority indicating a preference to continue at least some visits via telemedicine including medication refills and quick follow up appointments. Our results demonstrate the switch to telemedicine had both positive and negative impacts on patients and providers at CFC; however, the benefits of telemedicine are particularly significant in this patient population with unique socioeconomic challenges.

Working with the Monticello Area Community Action Agency to reduce disparities in central Virginia
Anirudha Chandrabhatla, Natalie Blatz, Elizabeth Farrar, Samath Doshi, Emily Fronk, Taylor Horgan, Gabrielle Levey, Steven Neal, Simon White

PROJECT OVERVIEW

The Monticello Area Community Action Agency (MACAA) is a non-profit organization dedicated to improving the lives of low-income individuals in central Virginia. Through the School of Medicine's "Social Issues in Medicine" curriculum, nine medical students engaged in initiatives to improve MACAA's operations by identifying unmet needs in the community and developing a curriculum on healthy living. Our work has helped MACAA identify areas for expansion and develop new programs that will enable them to better assist underserved populations during the COVID-19 pandemic and beyond.

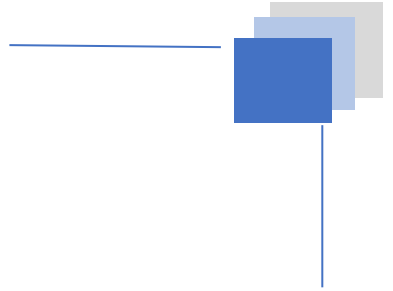
ABSTRACT

Introduction: The Monticello Area Community Action Agency (MACAA) is a non-profit organization dedicated to improving the lives of low-income individuals throughout central Virginia.

Intervention: As part of the School of Medicine's "Social Issues in Medicine" curriculum, we engaged in three initiatives to improve MACAA's operations. First, we completed an asset mapping project to update MACAA's database of local organizations' capabilities during the COVID-19 pandemic. Second, we conducted resource analyses to quantify the areas in which MACAA could expand its services through new partnerships or programs. Third, we collaborated with MACAA's directors to develop the "Thriving Futures Health Curriculum".

Results: We contacted 200 organizations across five functional areas (e.g., healthcare, food insecurity) and documented changes to their services resulting from the COVID-19 pandemic. Resource analyses identified 19 new potential partnerships for MACAA in Charlottesville/Albemarle County to address housing, refugee aid, substance abuse, education, and financial literacy. We also identified multiple gaps in MACAA's offerings. For example, only 7% of Nelson County's healthcare resources were devoted to rural areas and Louisa County only had one documented transportation service provider. The 4-week "Thriving Futures Health Curriculum" provides 7 hours of instruction related to 1) gratitude and mindfulness, 2) nutrition, 3) healthcare and preventative care, 4) dental hygiene, and 5) exercise.

Conclusions: Our work has helped MACAA identify areas for expansion and develop new programs that will enable them to better assist underserved populations during the COVID-19 pandemic and beyond.



Thank you

