



Medical Student-Mediated Model for Health Education Programming for Underserved Populations

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MISSISSIPPI AS A CASE STUDY OF THE UNDERSERVED

Mississippi experiences high rates of preventable health conditions and prevalence of negative social determinants of health that correlate with negative health outcomes such as: *food insecurity, low socioeconomic status, limited access to medical care, and being uninsured*

We propose addressing these health disparities by developing health education materials tailored to underserved populations. Advancements in health literacy can improve patient self-care, patient-provider relationships, and patient likelihood to seek healthcare

We identified a specific gap in health education tactics for homeless and underserved groups to create a generalizable health education materials development model.

Training Physicians of the Future: We assessed the effect of using health education materials as teaching aids on student volunteer clinical skills in the context of the underserved patient. We predict improvements in student cultural competency, patient communication skills, and perception of personal clinical competence.

PROJECT AIM

Our project aims to 1) develop a health education materials model and 2) assess the impact of using such materials as a teaching aid for medical student volunteers.

METHODS

To effectively share health information with the target population, materials should be:

Simple, Inclusive, Feasible, Actionable, Supportive, Interactive

Five health education topics selected for presentation based on needs assessment data of Jackson, MS:

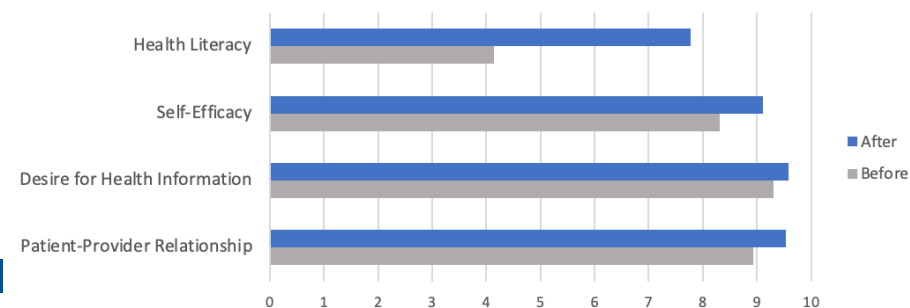
1) Heart Health, 2) Diabetes Prevention, 3) Preventing Sexually Transmitted Disease, 4) Mental Health, 5) Alcohol Use

Participants are recruited through the student-run Jackson Free Clinic (JFC) and the clinic's Community Outreach Program. Patient understanding, improvement in health literacy, and changes in self-efficacy are assessed through patient before and after a health presentation by volunteers.

Medical students verbally present education materials as a means of motivational interviewing and patient encouragement to provide the "interactive" component of the education model. Medical student volunteer self-efficacy, confidence in communication skills, confidence in patient encounters, and cultural competency are assessed via surveys before and after volunteer experience.

DATA ANALYSIS

Changes in Patient Perception of Health Literacy, Self-Efficacy, and Clinical Experience



Based on preliminary data, patients experience:

- 40% increase in self-reported knowledge of a health topic
- 10% increase in self-efficacy in managing their health
- improvements in perception of the patient-provider relationship
- Increased patient desire to seek health information.

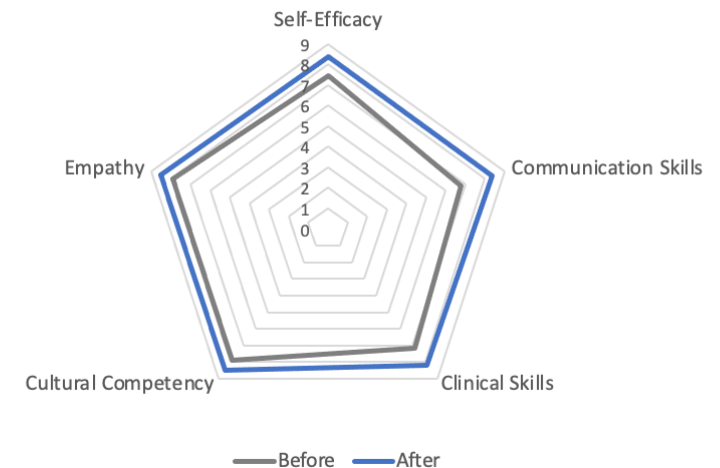
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Medical students experience:

- improvements in self-efficacy
- 10% increase in empathy skills
- Improved communication skills
- 20% increase in feelings of self-efficacy in clinical communication skills
- 10% increase in cultural competency.

Changes in Student Perception of Personal and Professional Competencies



CONCLUSION

While still in the early phases of data collection, our model for developing health education materials is effective at improving health information comprehension in uninsured, underserved patient populations. Students also benefit from enhanced feelings of self-efficacy with clinical communication, empathy, and cultural competency. Furthermore, by involving medical students in health literacy initiatives early in their medical careers, we are raising awareness of health literacy deficits in underserved patient populations and fostering an attitude of social health justice in the medical profession.