Title

Physician and Community Partnerships for ReducingHealth Disparities and Inequity for People with Disabilities:Development and Implementation of a Culturally HumbleCourse for Medical Students

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Physician and Community Partnerships for Reducing Health Disparities and Inequity for People with Disabilities: Development and Implementation of a Culturally Humble Course for Medical Students

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Introduction

Currently, 27% of adults in the United States live with a disability, which suggests a high probability that physicians will come across a person with disability multiple times throughout their careers.1 Rates of and risk factors for many chronic diseases are higher for patients with disabilities than the general population. For instance, adults with disability are more likely to have obesity 41.6% vs. 29.6%, smoke 21.9% vs. 10.9%, cardiovascular disease 9.6% vs. 3.4% and diabetes 15.9% vs. 7.6% compared to the general population. 1

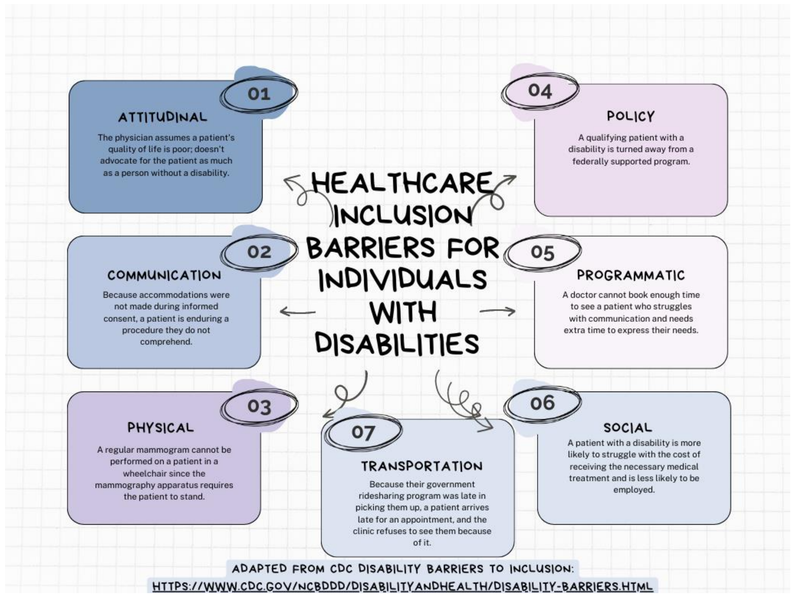
People with disabilities face disparities in healthcare outcomes and increased barriers to healthcare access. Barriers can include withholding of standard medical and preventive care, provision of inferior treatment, and mistrust of the health care system. Physicians' attitudes can either perpetuate these barriers or help ameliorate them. Thus, preparing medical students to care for people with disabilities is especially important.

Crisis standards of care adopted during the COVID-19 Pandemic is the most recent example of discrimination against people with disabilities, in which standards of care-based triage on functional and adaptive abilities, as well as mental capacities. Thereby de-prioritizing people with disabilities. Educating physicians early in their training can help shape their interaction with patients for years to come. Disability training, which includes awareness of implicit bias and ableism, is needed to ensure that future physicians can meet the health care needs of people with disabilities.

Objectives

This course aims to teach medical students at the University of California Davis School of Medicine to care for people with disabilities using the six-step approach of Kern, Thomas, Howard, and Bass for curriculum development.
The curriculum has well defined goals and objectives and utilizes didactic learning and the opportunity to amplify the voices of patients with disabilities and their caregivers.
The implementation plan aims to incorporate over the four-year medical school curriculum as a selective course in collaboration with several academic departments and Disability Rights California.

Analysis

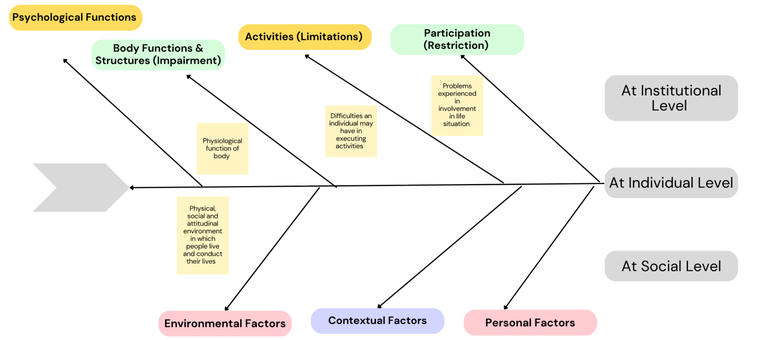


Results

Table 1: Goals and Learning Objectives for Disability Curriculum

Goals	Learning Objectives
Goal 1 – To build general knowledge of seen and unseen disabilities and to dispel misconceptions and misunderstandings	Students will acquire knowledge about patient-centered care for patients with disabilities including: - Discussing the civil rights and independent living history of people with disabilities and their access to services. Explain how such history has both informed current thinking and improved access to care and equal rights for people with disabilities. - Defining disability as a functional limitation and identifying disability prevalence. - Discussing the diversity and range of disabilities in terms of disability types (e.g., mobility, sensory, cognitive, and behavioral). - Compare and contrast the Medical, Social, and World Health Organization International Classification of Functioning models and recognizing their application to health care of people with disabilities. - Differentiate between disability and disease. - Recognizing issues related to legal guardianship (e.g., consent to treatment, HIPAA, privacy) in the healthcare system.
Goal 2 – To instill altruistic attitudes to provide culturally humble care for individuals with disabilities	Students will demonstrate attitudes which promote patient-centered care for patients with disabilities including: – Describing how social determinants of health directly impact people with disabilities (e.g., discrimination, employment, education, transportation, housing, poverty, access to healthcare). – Explaining disability as an aspect of diversity/cultural identity and contrasting this with historical views of disability as merely a negative health outcome. – Recognizing that patients have diverse backgrounds and are influenced by multiple social, economic, and cultural factors, all of which should be included in a comprehensive view of a patient's health status and treatment. – Identifying and mitigating one's own implicit biases and avoid making assumptions about a person's abilities or lack of abilities and lifestyle. – Recognizing that people with disabilities are typically knowledgeable of their condition, and this expertise should be respected and used to improve healthcare decisions and care.
Goal 3 – To foster skills necessary for patient-centered care for individuals with disabilities	Students will demonstrate skills for caring for patients with disabilities including: – Identifying the physical access requirements (e.g., accessible exam table, mammography equipment, etc.) of the ADA, Rehabilitation Act, and related laws and policies that apply to health and the provision of health care. – Recognizing that children and adults with disabilities are vulnerable to abuse. The nature of abuse may be verbal, financial, physical and/or sexual. Abuse often goes unreported because the person with a disability may depend on the abuser for activities of daily living or social support. – Recognizing that people with disabilities experience the same common health conditions as people without disabilities, and that a disability may impact the presenting signs and symptoms. – Identifying barriers in accessing effective health care people with disabilities face that may or may not be associated with their disabilities. – Demonstrating communication strategies to best meet the needs/abilities of the patient. For instance, seeking out and implementing appropriate resources, including interpreter services, to communicate effectively using clear language at an appropriate level of health literacy. Adjusting schedule to allow extra time as needed for patient encounters. – Demonstrating patient-centered care in terms of building a trusting partnership between patient and health care providers. – Discussing issues of trust, confidence, and confidentiality with patients who receive support with personal care during health care encounters related to their disability. – Considering and discussing social determinants of health (including socioeconomic factors, cultural background, finances, insurance coverage, availability/access to personal support systems) in clinical decision making and the provision of care associated with adults. – Examining social determinants of health (including socioeconomic factors, cultural background, finances, insurance coverage, availability/access to personal support systems) in clinical decision making and the provision of care associated with adults. – Integrating assessment information from individuals with disabilities, multiple disciplines, and ancillary informants to develop a collaborative health care plan that includes health promotion strategies and preventative care. – Recognizing that the patient with disabilities should be the primary source of information regarding their care. – Discussing situations where the caregiver(s) can be helpful to inform or enhance assessments and interventions and the importance of securing patient permission before engaging caregivers. – Implementing strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations (mobility, sensory, cognitive, behavioral) associated with disabilities. – Demonstrating skill in performing a history and physical exam (PE), modifying it as needed to provide equally effective care while accommodating for mobility, sensory, cognitive, and/or behavioral issues. – Recognizing that people with disabilities may consider their devices and equipment to be an extension of their person. Consult patients before interacting with such equipment (e.g., wheelchair, assistive communication device, crutches, service animal, etc.).

World Health Organization (WHO) International Classification of Functioning (ICF) Framework Application in Disability Curriculum



Conclusions/Further Study

Author will introduce a formal elective course regarding providing specialized care for individuals with disabilities during undergraduate medical education will increase the knowledge, attitudes and beliefs of University of California Davis medical students to provide the needed equitable care for individuals with disabilities.