

Appendix D

**Interprofessional Approaches to Health Disparities**  
**IAHD**

# **Syllabus**

**University of Illinois at Chicago**  
**UIC**

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## **PROGRAM 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.

### **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 public health concerns.

## 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.

**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 medical 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 will foster collaboration without hierarchy of any particular discipline.

## **KEY LEARNING ACTIVITIES**

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.

Interprofessional 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, including domestic violence, geriatrics, HIV/AIDS, Homelessness and cultural competency for immigrant and minority populations.

**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 professions 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, hands-on immersion work at the community agencies, and special journal club discussion, 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. They will also be encouraged to present at national and local scientific meetings.
- Students will submit reflections which will be published in a program publication.

## **UNIQUE ASPECTS OF THE PROGRAM**

Students will have the opportunity to:

- A.** Acquire skills for functioning as effective members of interprofessional teams.
- B.** Gain working knowledge of CBPR and QI methods.
- C.** Improve health care access, communication and care coordination for vulnerable populations.
- D.** Develop expertise in one area of concentration – domestic violence, geriatrics, HIV/AIDS, homelessness, or immigrant & refugee health
- E.** Apply principles of teamwork and collaborations to address health disparities.

## **PROGRAM EXPECTATIONS**

Students are expected to:

- Actively participate in all required activities, instruction sessions/teaching sessions;

- Work collaboratively with peers, faculty, and community agency site personnel;
- Be engaged group members and attend group meetings;
- Contribute to group discussion and work products;
- Prepare and submit course assignments and required reflections;
- Complete program evaluation forms;
- Present project work at end-of-course concluding event.

*As health professionals-in-training and as representatives of the University of Illinois at Chicago, students must always conduct themselves with the highest standards of **professionalism** and **ethical integrity**, behave in an **appropriate, cooperative, and respectful manner** during all teaching and site visits, and maintain the **confidentiality** of patients/ clients and community members with whom they interact.*

It is essential that students adhere to the following guidelines:

1. Respect the rules and regulations of the community site with which you are working; ask for clarification if anything is unclear
2. Model the highest level of integrity and professionalism
3. Remember that you are representing the University of Illinois at Chicago; moreover, your behavior will determine whether these organizations will work with other UIC students in the future.

## **COURSE PARTICIPATION AND CREDIT**

	<b>Medicine</b>	<b>Nursing</b>	<b>Pharmacy</b>	<b>Social Work</b>	<b>Public Health</b>
<b>Student Level</b>	M4	Graduate level students (e.g. ANPs)	P4	2nd year MSW students	2nd year CHS MPH students
<b>Place in Curriculum</b>	PCM Scholars Program	Independent study	Module embedded in Advanced Pharmacy Practice Experience	Practicum coursework	Part or all of the field practicum requirements or independent study

Educational credit will be determined by students’ respective schools. Public Health students will have the option of using their projects for credit towards their field practicum requirement.

## **Class Structure**

This course includes a series of didactic (in person and online) and community-based participatory research teamwork. Scholars, experts in their field, will contribute to a series of planned presentations, providing students with practical, programmatic approaches to emerging issues in health disparities.

## **Class Participation**

Students are expected to attend all didactic (in person and online) training sessions—unless excused, complete required readings, and contribute to class discussion. Class participation will count for 25% of the course grade.

During the first class, student teams will be formed that will work with our collaborating community agencies serving vulnerable populations. Students will work in teams to design research projects around important health issues, including domestic violence, HIV/AIDS, Homelessness and cultural competency for immigrant and minority populations. Team work will count for 25% of the course grade.

## **Paper and Presentation**

Students will present their projects to the project faculty, fellow students, and community site representatives on Wednesday March, 2016. Presentation format will be 10-15 minute oral presentation by each student team. Presentations will be evaluated based on content, organization of materials, and presentation skills. Students are advised to use appropriate audiovisual aids to augment the quality of their presentations. Presentations will account for 10% of the course grade. See “Guidelines for CBPR Projects”.

Students will prepare a clear and succinct written report of their project. ***A written proposal for the research project is due for the program faculty’s approval by November 30th, 2016.*** The proposal should clearly define the chosen topic, which should be relevant to health disparities. ***Completed written reports are due on April 15th, 2017. There will be no exceptions made for this deadline, each day the written report is late will result in 10 points off of a total of 100 points.*** The written report will count for 40% of the course grade. See “Guidelines for CBPR Projects”.

## Grading Summary

Individual participation in class sessions	25%
Community-based participatory research teamwork	25%
Project report	40%
Paper presentation	10%
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Total	100%

<b>Score</b>	<b>Grade</b>
86 and above	A (Outstanding)
76-85	B (Advanced)
66-75	C (Proficient)
65 and below	Unsatisfactory/Incomplete

## PROGRAM EVALUATION

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

## COURSE SCHEDULE

Each month of the training program will focus on a particular topic and will incorporate an in-person seminar, online training, team meetings and community-based work.

Month	Focus	Seminar	Online Training*	Team Meeting	Community-Based Work
<b>Plan</b>					
Sept	Team Building Health Disparities	TBD	Unit 1	TBD	TBD
Oct	CBPR Assessment & Priority Setting	TBD	Unit 2	TBD	TBD
<b>Do</b>					
Nov	Design Study	TBD	Unit 3	TBD	TBD
Dec	Prepare IRB Application	TBD	Unit 4	TBD	TBD
<b>Study</b>					
Jan	Implement Study	TBD	Unit 5	TBD	TBD
Feb		TBD	Unit 6	TBD	TBD
<b>Act-Assess</b>					
Mar	Evaluation, Reflection & Dissemination	TBD	Unit 7	TBD	TBD
Apr	Report Writing & Program Evaluation				

\*[Developing and Sustaining Community-Based Participatory Research Partnerships: A Skills-Building Curriculum](#). University of Washington

## **Program Contact Email:**

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## **COMMUNITY PARTNERS**

### **Domestic Violence Concentration**

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#### **Connections for Abused Women and their Children (CAWC)**

CAWC is committed to ending domestic violence. The agency works for social change through education, service collaboration, and institutional advocacy. Using a self-help, empowerment approach, the agency provides shelter for women and children affected by domestic violence.

Additional services include counseling, advocacy, and a 24-hour hotline.

### **Geriatrics Concentration**

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#### **H.O.M.E. – Housing Opportunities & Maintenance for the Elderly**

H.O.M.E. is the only nonprofit agency that provides both housing and housing support services to low-income seniors in Chicago's underserved neighborhoods.

H.O.M.E. is committed to improving the quality of life for Chicago's low-income elderly. Their mission is to help seniors remain independent and part of their community by offering opportunities for intergenerational living and providing other services that help seniors.

### **HIV/AIDS Concentration**

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#### **Project VIDA**

Project VIDA is a culturally-focused HIV/AIDS prevention and direct services community-based organization located on Chicago's West Side. Project VIDA was founded by a consortium of volunteers in 1992 to address the unique needs and concerns of Latino and African American individuals at risk for or currently living with HIV/AIDS. Project VIDA's mission was newly revised in 2010 and is now "to improve quality of life and reduce health disparities in underserved communities by promoting self-empowerment and providing holistic health education and direct services."

### **Homelessness Concentration**

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#### **Lincoln Park Community Shelter (LPCS)**

The Lincoln Park Community Shelter (LPCS) is comprehensive social service agency serving adult men and women who are experiencing homelessness. Located in Chicago's Lincoln Park neighborhood, the LPCS has been providing shelter and other basic needs to our homeless neighbors for 25 years. Today, the LPCS provides interim housing, meals, and a targeted array of social services to over 300 people each year.

### **Immigrant & Refugee Health Concentration**

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#### **Heartland Alliance**

Heartland Alliance for Human Needs & Human Rights champions human rights to improve the lives of men, women, and children who are threatened by poverty or danger. For more than 100 years, the agency has provided solutions—both through service and policy—that move individuals from crisis to stability and on to success.

The agency's work in housing, health care, legal protection, and economic security serves more than 100,000 people annually, helping them build better lives.