October, 2017

NATIONAL CENTER FOR MEDICAL EDUCATION, DEVELOPMENT AND RESEARCH

Greetings!

We welcome you to the first newsletter of the National Center on Medical Education, Development and Research (NCMEDR). Our newsletter will highlight our research and findings, as well as evidence-based studies that will direct medical education and professional training in family and community medicine. The intent of the newsletter is to:

Link with other national partners to highlight systems-level research of evidence-based interventions for vulnerable populations that will inform primary care training.

Disseminate best practices and resources to primary care providers and trainees to improve clinical outcomes among vulnerable populations.

Enhance communication among our established communities of practice that will promote the widespread enhancement of a high quality, primary care workforce and produce better health outcomes for LGBT, homeless and migrant worker populations.

We believe that this newsletter will provide a continuous evidence-based health information loop for health care educators, residency directors, and community physicians who are serving vulnerable populations. We look forward to working with you.

Sincerely,

Dr. Katherine Y. Brown, Director, Communities of Practice

Inaugural Annual Communities of Practice

Nashville, Tennessee

The power of collaboration was evident during the inaugural Communities of Practice Conference (CoP) this year. The members of the CoP share a common passion for transforming medical education to enhance primary care for vulnerable populations.

During the conference large and small group discussions, breakout sessions, and engaging in critical dialogue filled each of the two days.

Key points of our community of practice:

Build insight into curriculum development to address the needs of vulnerable populations

- Disseminate information regarding best practices and resources to primary care providers and trainees
- Improve clinical outcomes among vulnerable populations.

Why establish communities of practice?

- Promote better health outcomes for vulnerable populations.
- Establish groups of like-minded individuals.
- Share and generate knowledge from observation and experience.

Are you interested in strengthening communication and relationships among partners that possess different knowledge while addressing a wide variety of needs specific to transforming medical education in the vulnerable populations (LGBTQ, Homeless Persons, Migrant Farm Workers)?

Would you like to be informed about our webinars, writing collaborative, and upcoming conference? CONTACT US TODAY!

Join our Community of Practice today Click here.

Meet our Community of Practice Member:

Dr. Leandro Mena, MD, MPH

Check on one of his videos featured on the Greater Than AIDS YouTube Channel: AskTheHIVDoc

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Children Working in the Fields: Recognizing the Healthcare Needs of Child Farmworkers

By Community of Practice Member:
Thomas A. Arcury, PhD, Professor, Department of Family and Community Medicine Director, Center for Worker Health, Wake Forest School of Medicine

Agriculture is an extremely hazardous industry. Occupational illness, injury, and mortality are common among agricultural workers of all ages, but they are particularly serious for children. Unlike any other industry in the United States, child labor is legal in agriculture. Children as young as 10 years old are hired to do farm work, as long as those under 14 years of age have parental consent, work outside school hours, and are not involved "hazardous tasks." Children younger than 10 years commonly accompany their parents to the fields. Children of any age can work on farms owned by their parents or other relatives. Children work with sharp tools, machinery, and large animals, and do the strenuous tasks of planting, cultivating, and harvesting crops.

The vulnerability of child farmworkers is amplified because they are typically low income and minority. They include girls as well as boys. Sometimes they do not speak English; the parents of these children are often undocumented and they are afraid to complain if their children are mistreated. Discrimination and sexual harassment are common in their environments. Some child farmworkers are unaccompanied; they migrate for agricultural employment, but are not accompanied by a parent.

The agricultural mortality rates for all children (those who are hired and those working on a relative's farm) are striking. National data document that a child dies in an agriculture-related incident every 3 days. The annual agricultural child fatality rate is 9.3/100,000 children. No national data on hazards for hired child farmworkers are available. North Carolina pilot data indicate high rates of musculoskeletal (54%), traumatic (61%), and dermatological injury (72%) over 2 months.

Healthcare providers caring for children in farming communities, particularly those in farmworker families, must be aware of the potential for occupational illness and injury. Health histories for these children should include questions concerning occupational health, and differential diagnoses should consider factors such as pesticide, heat, and repetitive motion exposures.

The Rise of Medical Mistrust
Vulnerability = LGBTq Health Disparities
By Community of Practice Member:
Charles Pettiford,
Community Advocate
Meharry Community Wellness Center
Greater Than AIDS Ambassador

When it comes to the LGBTq community, we are brainwashed to believe that we are cursed and should not be seen for who we are. I remember when I first received my HIV diagnosis; I was so hurt. Not only was I hurt because this happened to me, I was hurt because I would be seen with "disgust" in the eyes of my doctor. Getting into care was a big obstacle that I had to face, but overcoming this obstacle allowed me to become the community advocate that I am today.

To some, I may lack the education and skills that medical students and physicians have; however, as a community advocate, I am aware that my community suffers enough from the stares, the whisper conversations, and the doctors rushing the process so people like us can get out their office quickly. We are in a time in which society focuses on hearsay, instead of focusing on the real world surrounding us. The rise of medical mistrust is caused by the number one killer today; stigma. We focus more on how the person looks than to focus on the health component that is the issue on why the person is wanting to see a physician.

Being HIV positive, a patient, and a leader; I utilize those components together to bridge the gaps within the LGBTq community and the vulnerability that we use as an option when it comes to physicians. Learn from us, so that it will continue to allow you to grow as physicians. Be the leader that we need to set an example for other physicians or medical students to see. Let's stop categorizing populations and begin to focus on the bigger picture which is geared around making sure that the health for our brothers and sisters are being taken care of. Let's develop ways in working together by meeting people where they are to know the issue before judging the outside that we look at every day.

Trusting the process will save lives!

Trauma- Informed Approaches are needed to Care for Individuals Experiencing Homelessness

By Community of Practice Member:
Darlene M. Jenkins, DrPH, MPH, CHES
Senior Director of Programs
National Health Care for the Homeless Council

Homelessness and trauma are intricately linked, and the experience of homelessness is itself a form of trauma. Trauma — physical, sexual and emotional — is both a cause and a consequence of homelessness. Traumatic experiences, particularly in early childhood, known as Adverse Childhood Experiences (ACEs) are often a contributing factor in homelessness. Trauma impacts one's health by increasing the risk of neurological, biological, psychological and/or social difficulties. People experiencing homelessness, including those with mental and/or substance use disorders, often have been the victims of assault and have experienced other forms of violence, sometimes leading to trauma. Given the likelihood of trauma among people experiencing homelessness, understanding trauma and its impact is crucial to providing quality care.

Trauma survivors are not always obvious to health care providers therefore, it is important for providers to protect their patient's confidentiality, promote psychological resiliency, and build trusting relationships with patients where past human relationships may have been shattered by the experience of trauma. Trauma-informed care acknowledges these trauma histories, and seeks to avoid the re-traumatization that can occur in health care settings if patients are shamed, criticized, or mistreated. Language shifts occur in trauma-informed care, and patients are no longer described as being "sick, bad or non-compliant" but are viewed as being "hurt and suffering." Patient-centered questions are asked, such as - "What happened to you?" instead of "What's wrong with you?" Cultural humility is practiced and providers acknowledge patients are the experts in their own experiences.

Health care providers can help patients feel comfortable in health care settings by thanking them for coming to their office or clinic, acknowledging how much effort it took for them to come to an appointment, and recognizing that they're busy surviving. One of the core values of trauma-informed care is that recovery is possible for everyone, regardless of how vulnerable they may appear. Patient involvement, peer to-peer support, focus on strength and resiliency, and future oriented goals all instill hope, and healing happens in relationships when they are safe, authentic, and positive.

Share your story

We want to hear from you. Have you received an award? Will you be presenting at a conference? Are you hosting a conference? Please e-mail: Katherine Brown Kbrown@mmc.edu. The deadline for each newsletter is the 1st of each month.

COMMUNITIES OF PRACTICE IN THE NEWS!

Patricia Matthews-Juarez, PhD will be moderating at RCMI...Two abstracts accepted

Leandro Mena, MD, MPH is featured in a national campaign to provide HIV Education via social media. The series entitled, "Ask the HIV Doc" can be found on YouTube and is sponsored by Greater Than AIDS. Congratulations Dr. Mena.

Thomas A. Arcury, PhD was awarded the 2017 Alice Hamilton Award from the Occupational Health and Safety Section of the American Public Health Association. The award will be presented in November 2017. Congratulations Dr. Arcury.

Katherine Y. Brown, EdD, OTR/L has been appointed to serve on two National Boards: Diversity Leadership Committee Liaison for the American Stroke Association National Advisory Committee and also as a Post-Stroke Subcommittee Member. She was also appointed to the American Heart Association National Diversity Leadership Committee. Congratulations Dr. Brown.

Matt Morris, PhD is the Research project leader for an NIMHD-funded study entitled 'Mechanisms Linking Adversity and Pain in African American Adults'. This project is part of the RCMI Program in Health Disparities Research at Meharry Medical College (PI = Hildreth; U54 MD007586). The goals of this project are to examine two novel mechanistic pathways linking cumulative adversity exposure to daily pain intensity and impairment in African-American adults – altered hypothalamic-pituitary-adrenal activity and experimental pain sensitivity. He was also Invited to join the editorial board of 'Annals of Behavioral Medicine' in July 2017.His recent accepted conference presentations are:

Morris, M.C., Bruehl, S., Walker, L., Bailey, B., & Rao, U. (2017, December). Association between cortisol reactivity and conditioned pain modulation in adolescents with tension-type headache. Poster to be presented at the American College of Neuropsychopharmacology 56th Annual Meeting, Palm Springs, CA.

Morris, M.C., Kouros, C.D., Im, W., Maguire-Jack, K., Freisthler, B., White C., Bailey, B., Rao, U., Juarez, P., & Garber, J. (2017, October). Longitudinal associations between social-ecological factors and rates of substantiated child abuse and neglect. Poster to be presented at the Research Centers in Minority Institutions Translational Science 2017 Conference, Washington, D.C. Congratulations Dr. Morris.

Visit our website

MEET THE TEAM

Faculty

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Consultants

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Associate Professor of Medicine,
Infectious Diseases at UMMC

Beth Shinn, PhD
Professor of Human and Organizational Development
Vanderbilt University, Peabody College

Thomas A. Arcury, PhD
Professor and Vice Chair for Research,
Department of Family and Community Medicine Director,
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Research Assistants

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Michael Paul, MPH
Research Assistant Sr.
Department of Family and Community Medicine

Can you name our year one research topics?

- Identify how medical schools are teaching students to address implicit physician bias towards vulnerable populations; and
- Find out how they are preparing students to introduce preventive measures such as Pre-Exposure Prophylaxis (PrEP) to vulnerable patients in order to prevent HIV.
- Click **here** to visit our website and learn more about our work.

Let's Stay Connected!

Click the icons below to visit us on social media.

Please join our pages and don't forget to use our hashtags #communitiesofpractice #NCMEDR_Meharry

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About the National Center for Medical Education, Development and Research (NCMEDR)

Meharry Medical College was recently funded by the Health Resources and Services Administration (HRSA) to establish a new academic administrative unit under grant number UH1HP30348. The new center is an academic unit (AU) housed in the Department of Family and Community Medicine at Meharry Medical College through a cooperative agreement with HRSA to evaluate the evidence-base for primary care interventions targeting vulnerable populations to transform primary care training in medical education and clinical practice in Tennessee and within the United States. The goal of the center is to transform primary care training and clinical practice in the United States through curriculum transformation in primary care.

Mission

To use a systems-level research framework to identify and evaluate primary care interventions targeting vulnerable populations in order to be effective in transforming primary care training and clinical practice to enhance models of care for vulnerable populations.

Vision

To enhance primary care training for health care professionals in improving the quality of health for vulnerable populations.

Disclaimer: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP30348, entitled academic Units for Primary Care Training and Enhancement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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