Our Partners

Ann Banchoff, M.S.W., M.P.H.

Our Students
Community Context

Santa Clara County has the highest median household income in California, ($91,425 in 2012) and the 14th highest in the US, yet:

- one third of families do not earn a living wage, and 1 in 10 children and 1 in 12 adults live below the poverty level.
- About 2 in 10 adults do not have health insurance in Santa Clara County - 3 in 10 African Americans, and 4 in 10 Latinos.
- About 10% of adults have delayed getting or did not get a medicine prescribed by a doctor, and more than 3 in 4 say it was due to cost or lack of insurance.
- Nearly 1 in 10 adults (9%) reported that either they or another adult in the household had obtained food from a food bank, food pantry, or church in the past 12 months.

Santa Clara County Health Profile Report
How Should Medical Education Change?

1. Recruit students who come from and/or have a desire to serve all communities
2. Develop campus community partnerships in service learning and participatory research
3. Understand and provide solutions to real problems in real communities
4. Embrace social change: find out who holds the power to make the change and who must be mobilized to exert the necessary pressure
5. START ASAP!

Shortell and Swartzberg JAMA 2008; 24 : 2916-8
Community Health Advocacy Fellowship

- The need among area clinics for reliable, trained volunteers to enhance patient care
- The demand among students for substantive clinical and community-based experiences with underserved populations
- The need to build a diverse and culturally competent healthcare workforce
Program Components

MED 257
- Weekly 2-hour class to build knowledge and skills
- Weekly 3-4 hour clinic shift
- Weekly reflection
- Yearlong project addressing clinic need and associated assignments

MED 258
- Quarter long class on media and legislative advocacy
Community Health Advocacy Fellowship

LEARNING OBJECTIVES

• Differentiate between the medical and public health models for addressing health challenges
• Characterize the underserved populations in the Bay Area as well as the specific health, health care, and social challenges that they face
• Analyze the upstream factors impacting the health of individual clients/patients and their families
• Describe the key programs that fund health care for poor and underserved populations in the Bay Area
• Articulate a position on the social role of health care providers in community settings
• Identify and access key community resources to improve individual and community health
• Research and synthesize peer-reviewed literature on a specific health/health care topic
• Develop and implement a project to build capacity at a partnering clinic or social service agency
Unique Aspects of the Program

- Longitudinal engagement
- Community responsiveness
- Student leadership
Longitudinal Engagement

- **Clinic shifts** can involve health screening, interpretation, health education and counseling, and resource referral

- Weekly shifts over 1-3 years have strengthened:
  - Relationships with clinic staff
  - Integration of patient advocate role into the clinic flow
  - Students' confidence in patient advocate role
  - Students' understanding of clinic and patient population
Longitudinal Engagement

- Weekly 2-hour class meetings throughout first year serve to:
  - Provide students with context in working within health care safety net
  - Ground clinic experiences and observations in theoretical framework
  - Train students in pertinent skills
  - Promote cultural competency
Community Responsiveness

- **Clinic projects**
  - Designed to meet needs identified at each clinic
  - First-year students work on projects throughout the school year in concert with clinic partner
  - Culminates in poster presentation in May with clinic partner
Sample Projects

• Evaluating Patient Satisfaction at Arbor Free Clinic and MayView Community Health Center
• Exploring Mental Health Resources in Santa Clara County at MayView Community Health Center
• Establishing an Insurance Enrollment Program at Pacific Free Clinic
• Evaluating written asthma care plans of children and a Women’s Health Navigation project at Ravenswood Family Health Center
• Developing strategies for recruiting physician volunteers and impact of health coaching on health of diabetics at Samaritan House
Student Leadership

• **Clinic Coordinators**
  - Train and oversee patient advocates in each clinic
  - Offer advice and insight
    - Responses to reflection
    - Problem solving sessions
  - Facilitate communication between patient advocates, clinic staff, and course directors
Student Leadership

- **Course Coordinator** helps to develop syllabus based on previous experience in the class and student feedback.

- **Program Coordinator** helps to oversee clinical component of program, including course-clinic integration and addressing clinic partner and patient advocate needs.
Media and Legislative Advocacy Training

Learning objectives

Explore the role of the media in shaping community health debates
Learn the value of engaging the news strategically to advance advocacy goals
Practice examining news coverage of health and social issues critically
Understand how to engage the news media to advance your advocacy goals

Strategy for change

1. What is the problem or issue?
2. What is a solution or policy – the desired outcome?
3. Who has the power to make the necessary change?
4. Who must be mobilized to apply the necessary pressure?

L. Dorfman, Using Media Advocacy to Influence Policy, 2003
Sonja Herbert, formerly of Berkeley Media Advocacy Group
Community Responsiveness: Immigrants in our Safety Net

- Community Health in Oaxaca Program
  - Immersive training experience to build cultural and linguistic skills
  - Provides foundation for students to more confidently and competently serve immigrant communities in California
  - *Project*: Using photography to learn about the home communities of children at Oaxaca’s Centro de Esperanza Infantil
More than 4 million Mexican immigrants live in California, close to 40% of the national total.

About 60,000 immigrants from the state of Oaxaca currently live in the South SF Bay Area.

Oaxacans live in transborder communities that maintain strong connections with their families and communities in Mexico.

The health of Mexican immigrants is compromised by employment in dangerous occupations, low rates of use of preventive services, and structural and cultural barriers that result in poor access to and utilization of regular health care.
Community Health in Oaxaca

Learning Objectives:

• Define and describe Mexican migration as a multi-ethnic process
• Identify the different ethnic groups in Oaxaca and the predominant indigenous Oaxacan ethnicities within the migrant population
• Differentiate between public health and medical models and approaches to addressing health challenges of underserved populations
• Describe the Mexican healthcare system, including governmental and nongovernmental programs that aim to improve the health for those most in need
• Identify and describe Bay Area agencies working to improve the health of Mexican im/migrant populations
• Explain how cultural and socioeconomic factors impact the health of Mexicans and Mexican im/migrants to the United States
• Outline the major health challenges facing Mexicans/Oaxacans and Mexican im/migrants to the United States
• Define cultural humility and its associated behaviors
• Incorporate enhanced linguistic fluency and an understanding of Mexican/Oaxacan cultural and health beliefs to better serve the needs of the im/migrant Latino community in the U.S.
Oaxaca – Pre-field Seminar

**Mexican Migration as a Multi-ethnic Process**
Seth Holmes, UC Berkeley
Film: Sueños Binacionales

**Communities without Borders,**
Rebecca Hester, UT Galveston
Bacon, D. “Communities Without Borders,” The Nation, October 24, 2005*

**Oaxacan Indigenous Migrants in the United States:** An Advocate’s Perspective
Rufino Domínguez Santos, Director, Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)
Domínguez Santos, Rufino “The FIOB Experience, Internal Crisis and Future Challenges”*

**Health and Health Care In the local Oaxacan Community**
Kerry Lobel, Executive Director, Puente de la Costa Sur
Course Components - Oaxaca

- Student homestays with local families
- Clinical rotations (3-4 times per week) in government hospitals and community health centers
- Classroom lectures and discussions with Oaxaca and US-based faculty
- Spanish language training (6-8 hours per week)
- Weekly cultural lectures
- Group tours to sites of historical and cultural interest
- Readings and critical reflection sessions
- Direct service activities
Community Asset Map, La Experimental
Community Health in Oaxaca 2013

- Cultural humility and its associated behaviors
- The major health challenges facing Mexicans/Oaxacans and Mexican im/migrants to the United States
- How cultural and socioeconomic factors impact the health of Mexicans and Mexican im/migrants to the United States
- The difference between public health and medical models and approaches to addressing health challenges of under...
- The different ethnic groups in Oaxaca and the predominant indigenous Oaxacan ethnicities within the migrant population
- Mexican migration as a multi-ethnic process
Ability to competently serve the needs of the Mexican im/migrant community in the U.S.

Spanish-speaking proficiency

Work with Mexican and/or other Latino immigrants
Other Outcomes

- 100% of students felt they encountered at least some of situations that encouraged them to:
  - Take intellectual risks (67% a lot)
  - Take interpersonal risks (87% a lot)
  - Question my assumptions and beliefs (67% a lot)
  - Reflect on my own identity (80% a lot)

- 87% of students felt more confident in their ability to face new challenges and adapt to new situations

- 100% of students were able to integrate what they learned during previous coursework at Stanford with what they learned during the experience overseas (80% strongly so)
Defining Projects

1. Impact of an educational and agricultural intervention on the nutrition of children in indigenous villages in Oaxaca
2. Availability and use of interpreter services for indigenous migrants in clinical environments
3. Health needs assessment of farmworkers in coastal San Mateo County
<table>
<thead>
<tr>
<th>Community identified need</th>
<th>Proposed solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health literacy, promotion, and navigation</td>
<td>1. Identify, hire and train 6 community health workers</td>
</tr>
<tr>
<td>1. Case management and self-efficacy training</td>
<td>2. Increase the public health nurse effort to 100%</td>
</tr>
<tr>
<td>1. Lack of access to health care provider</td>
<td>1. Hire a physician jointly with the County Health Services in Half Moon Bay</td>
</tr>
</tbody>
</table>
“The time that I spent with my project partner, both for the class and by myself, was a great way to learn about a new culture from a local's eyes.”

“This experience has helped me understand the importance of taking into consideration all aspects of the patient, including family and socioeconomic status.”

“I most enjoyed the in-depth conversations I would have with my host family. While eating la comida in the afternoon, we would have a wide-range of discussions about Oaxacan politics, culture, food, etc. Their openness to share their culture with us was incredibly heart-warming and has helped me to appreciate the diversity of Mexican culture so much more. “

“I always had this sense that people choose to pursue research or clinical medicine based on their personalities - some people like labs and rats and test tubes and Excel, and some people like patients and hospitals and developing relationships. I like medicine largely because I like people, so until recently I thought a research career was wrong for me. ... Thinking back I realized that many of the most brilliant researchers I've met at Stanford and here at Columbia didn't seem antisocial at all - they just seemed obsessed with their work in an exciting, contagious sort of way (Sapolsky, the Fernalds, Zimbardo, many others). In this sense, I can absolutely see myself pursuing research - being taken by something and just running with it. Part of the reason I can picture that, is that my Patient Advocacy project allowed me to do it on a small scale.”
Final Thoughts

Engaged scholarship is central to the purpose of a university.

Community members are excited to participate in partnerships that honor their knowledge and their role as co-teachers.

Reflective community service can transform the attitudes and careers of students.