



Health Outreach Program to Educate (HOPE) Palo Alto



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Context

Underserved patients frequently lack access to pertinent health information and services, which can contribute to the higher prevalence of physical and mental illness along with higher mortality rates.^{1,2,3} New strategies are needed to improve the delivery of health education to this population of patients.^{4,5} Current strategies to increase health literacy amongst low-income patients through written patient education materials have been shown to contain components that are outside the literacy range of most of these patients.⁶ In recognition of this inadequacy in patient health education, Stanford University medical students started Health Outreach Program to Educate (HOPE) Palo Alto. This program brings health education materials to low-income and/or uninsured residents of the Bay Area Mid-peninsula.

Working with local safety net providers, medical students developed interactive educational presentations followed by related service interventions at The Opportunity Center, a local homeless day shelter, and at Arbor Free Clinic, a student-run free clinic. The short presentations were interactive and at the literacy levels of the attendants of the Opportunity Center and Arbor Free Clinic to avoid the current drawbacks of written patient education materials. Based on initial community input, workshops focused on influenza (including H1N1), hypertension, and diabetes. Following the presentations, participants were respectively offered influenza vaccines, blood pressure and glucose screening. If screenings revealed a possible medical issue, participants were briefly counseled on the issue at hand and then referred to either the health clinic at the Opportunity Center or the Arbor Free Clinic for evaluation by an on-site physician.

Objectives

Medical Students will:

- Determine the educational and screening needs of the underserved and the resources of local providers.
- Develop quality educational materials and integrate them with relevant health interventions.
- Disseminate educational materials to interested agencies.
- Reinforce their own learning while developing these materials.

Target Audience: Low-income and homeless individuals who receive services with safety net providers.

Methods

Students met with providers at the Opportunity Center and Arbor Free Clinic to identify health topics relevant to the local community. Students then created workshops relevant to the topics using resources ranging from their medical texts to hospital-affiliated websites.

Students were trained, through their medical school curriculum and in volunteering at the Cardinal Free Clinics, in attaining accurate blood pressures, how to administer influenza vaccines, as well as assessing blood glucose levels.

Participants were recruited through the local safety net providers. Students created posters that were then placed at the Opportunity Center and Arbor Free Clinic regarding the workshops a week prior to their occurrence. Furthermore, at the Opportunity Center an announcement was made to the residents present at the time about the workshop; at Arbor, presentations were made in the waiting room.

Presentations were given in a manner that encouraged participant interaction. Screening services were offered after the workshops.

Results

Workshop	Number of Participants*
Influenza	7
Hypertension	5
Diabetes	8

*Numbers were obtained from the number of surveys filled out by participants of the workshop.

Following every workshop, evaluations were distributed to the participants, and uniformly they were positive and supportive – and many recommended additional topics to be covered, including nutrition, substance abuse, and mental health. Participants also noted that the level of detail in the information was very understandable for a layperson, which had been one of the initial objectives. Moreover, attendees were grateful for the coupling of education with intervention.

Evaluations of Arbor patients revealed that nearly all patients were appreciative to have their waiting time filled with informational workshops rather than silent waiting for a provider – the waiting time can be quite long depending on the number of patients attending clinic.

Three students have participated in the HOPE program and we hope to train more preclinical students to participate and implement the workshops and screening, in order to make HOPE PA a sustainable project.

Conclusions

The model of medical students integrating educational presentations with front-line services could be adopted by other health professional students and their communities. Such a paradigm reinforces preclinical students' medical knowledge and provides them patient interactions with vulnerable populations. Furthermore, safety net providers welcome assistance in disseminating much needed health education and delivery of services to their patients.

Medical students have the ability, time and resources to develop and distribute health education materials together with front-line screening and intervention services. This process teaches students that service must be coupled with the dissemination of education and vice versa.



References:

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