

Lincoln Health Equity Program

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Introduction

Lincoln Health Equity is an after school program for the disadvantaged students of Lincoln High that was established in 2014. For the past four years, the program has created a positive and supportive mentorship for students specifically interested in the medical field, with the hopes of continuing to establish a more diverse workforce that mirrors the growing minority population of California.

Program's Mission: To eliminate health disparities through the creation of a culturally and linguistically competent health care workforce to serve the needs of diverse populations by supporting disadvantaged and underrepresented high school students in their pursuit of health professions.



Community Service Site: Lincoln High is located in a community of Southeast San Diego that largely consists of working class, immigrant, and low-income families with a median income of \$35,582 and is considered



Methods

Lincoln Health Equity is carefully designed with the intent of the students participating in an exciting after school curriculum, attracting them to the medical field and providing support to help them believe the path to medicine is attainable.

1. Hands-on after school activities exposing students to medical field.
2. Discussions based on topics: cultural humility, diversity in medicine, and health disparities.
3. Provide mentors who come from similar socioeconomic background or who faced many obstacles but succeeded in attaining an undergraduate and/or medical school acceptance.

Session	Topic	Description
1	Icebreakers and Cardiology	Introduction to program, providing students with lessons on using a stethoscope and blood pressure cuff. Students were able to perform physical exams on one another and obtain vital results.
2	Cultural Awareness in Medicine	Interactive discussion based on the importance of cultural awareness in the medical field.
3	Health Disparities	Interactive discussion about the definition of health disparity and importance of diversity in the medical field.
4	Pulmonology and Gastrointestinal	Discuss through case based learning the basic foundation of pulmonary and gastrointestinal function and exam. Students were given a chance to perform exams and ask questions.
5	Nervous System	Hands on activity using brain models to learn the cranial nerve function and important parts of the nervous system.
6	Cultural Barriers	Discuss through case examples of how cultural humility is a key characteristic needed to provide quality medical care.
7	Suture Lab and College/Careers Discussion	Hands on activity providing students the opportunity to learn basic suturing techniques and perform procedures on pig's feet. Discuss different career opportunities in the medical field and have open discussion.
8	Wrap up Party and Undergraduate/Medical Student Panel	Provided a panel with various representatives from the medical field, including a nursing student, medical students and undergraduate pre-medical students to answer any questions the students had.
9	UCSD School of Medicine Visit	Provide transportation for students to UCSD School of Medicine. Allow students to participate in various activities, including a practice mini mock interview and an interactive session learning about emergency medicine taught by an EMT. The day ended with a tour around the medical school and undergraduate campus.

Table 1. List of the nine program sessions and description of each after school curriculum.

Survey Type	Purpose for Data Gathering
Introduction Survey	Given on first session of program to determine the "general" demographics of student participants including: Gender, Race, and grade level. There were 29 students at the first session who completed introduction survey.
Post-Session Surveys	After each session a "post survey" was given to assess what the students liked during the session and their comments for improvement/what didn't go well. There were 9 post surveys to assess.
Post-program Survey	A final survey was given at the end of the program on the last session. This survey's purpose was to gather further detailed information of participants' socioeconomic background as well as assess the overall success of the program. A total of 14 students attended and completed the post program survey.

Table 2. Types of surveys used throughout program to assess student participant's background and performance of program.



Results

Introduction Survey Results

Grade Level		% of participants
9th	9	31%
10 th	5	17%
11 th	2	7%
12 th	13	45%
Total	29	

Gender		% of participants
Male	9	69%
Female	20	31%
Total	29	

Race Identified As	(more than one could be selected)
Hispanic or Latino	15
Asian or Pacific Islander	7
Black or African American	6
White	4
Afghanistan	1
Native American or American Indian	1

Career Interests Mentioned	
Cardiologist, CRNA, Chef, Chemist, Doctor, Health Field, Mid-wife, Obstetrician, "Open to anything", Paramedic, Pharmacist, Radiologist, Registered Nurse, Nurse Practitioner, Surgeon, Ultrasound Technician, Veterinarian.	

Table 3. Demographics obtained from first introduction survey given on Session 1 of program: Grade level, Gender, Race and interested careers.

Question #1. What is the highest level of education completed by your parents?

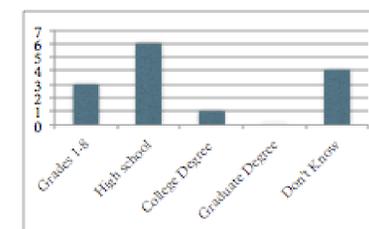


Chart 1. Responses from participants on what the highest level education completed by parents were. Majority (64.3%) of students parent's have an education level below a college degree and none of the students parent's attained a level beyond a college degree.

Question #2. Are there any health professionals in your immediate family?

Answered "Yes"	11	78.5%
Answered "No"	3	21.5%

Question #3. How interested are you in serving in the future a medically underserved area (low income neighborhood)?

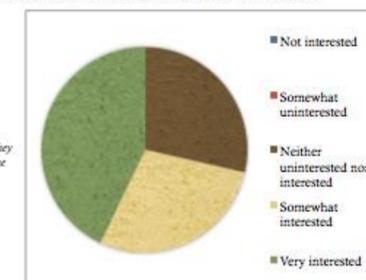


Chart 2. Student participants response to the degree of which they are interested in serving in a medically underserved area in the future. Majority (71.4%) replied that they were either very interested or somewhat interested.

Conclusions



-Data showing 71.4% of the 14 participants showing at least somewhat of an interest in serving medically underserved areas has helped to show the strength of our program.

After reviewing the feedback from students, the majority of comments were positive. However, there were also comments on ways to improve the program that will be addressed in the future. Components of the program that are in need of improvement include the following:

-Recruitment of students

-Improve activities during sessions (Cultural barriers, Health Disparities, and Minority Health topics)

-Strengthen the mentorship relationship between mentors and students.

Bibliography

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