

Impact of Discussion and Practical Experience with Health Disparities in Clinical Introductory Pharmacy Practice Experiences

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BACKGROUND

- Healthy people 2030’s key focus is to address social determinants of health (SDOH) and health disparities (HD) to improve the lives and health of people in underserved communities.¹
- There are Increased commitments and efforts in addressing SDOH and health disparities (HD) by the pharmacy profession and other healthcare professions.
- There are changes in accreditation standards for pharmacy and other health professions to address this in their curricula.
- There has been little published on outcomes related to teaching and addressing SDOH and HD in pharmacy curricula.²⁻⁴
- During introductory pharmacy practice experience (IPPE) rotations, students provide direct care to patients in clinics across Alabama, many of which are underserved, indigent and at risk for experiencing health disparities.
- This is a retrospective review of survey data completed by second year students on primary care IPPE rotations with four full-time pharmacy practice faculty.

OBJECTIVE

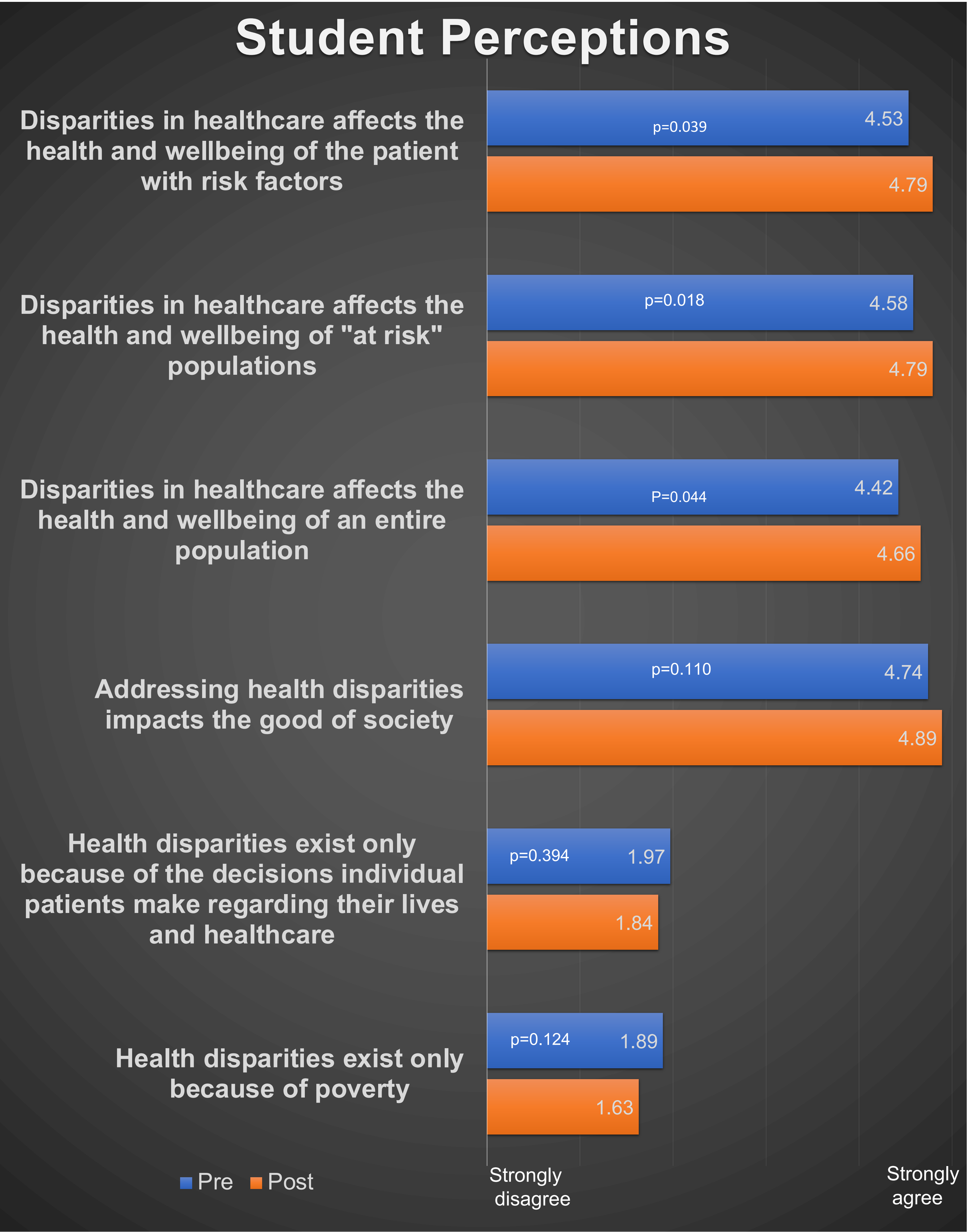
To assess changes in learners’ knowledge, attitudes, and perceptions in managing medical care of patients with health disparities after completing assigned readings and health disparities cases, and providing care for vulnerable, indigent patient populations while on IPPE rotations.

METHODS

- Pre and post surveys were administered to learners on IPPE rotations regarding their knowledge, attitudes, and perceptions of health disparities.
- Survey participation was voluntary but strongly encouraged.
- Students completed readings and case-based activities as part of the 40-hour rotation.
- Required readings on health disparities.
- Students worked through 3 patient cases for discussion with directed questions for therapeutic problem-solving with health disparities and financial hardships (i.e. insurance formulary copays, loss of insurance with co-morbidities, Medicare donut hole, healthcare transportation challenges).
- Data was collected from May 2019 through August 2021.
- This project was approved by the Auburn University IRB.
- Data underwent quantitative and qualitative analysis.

RESULTS

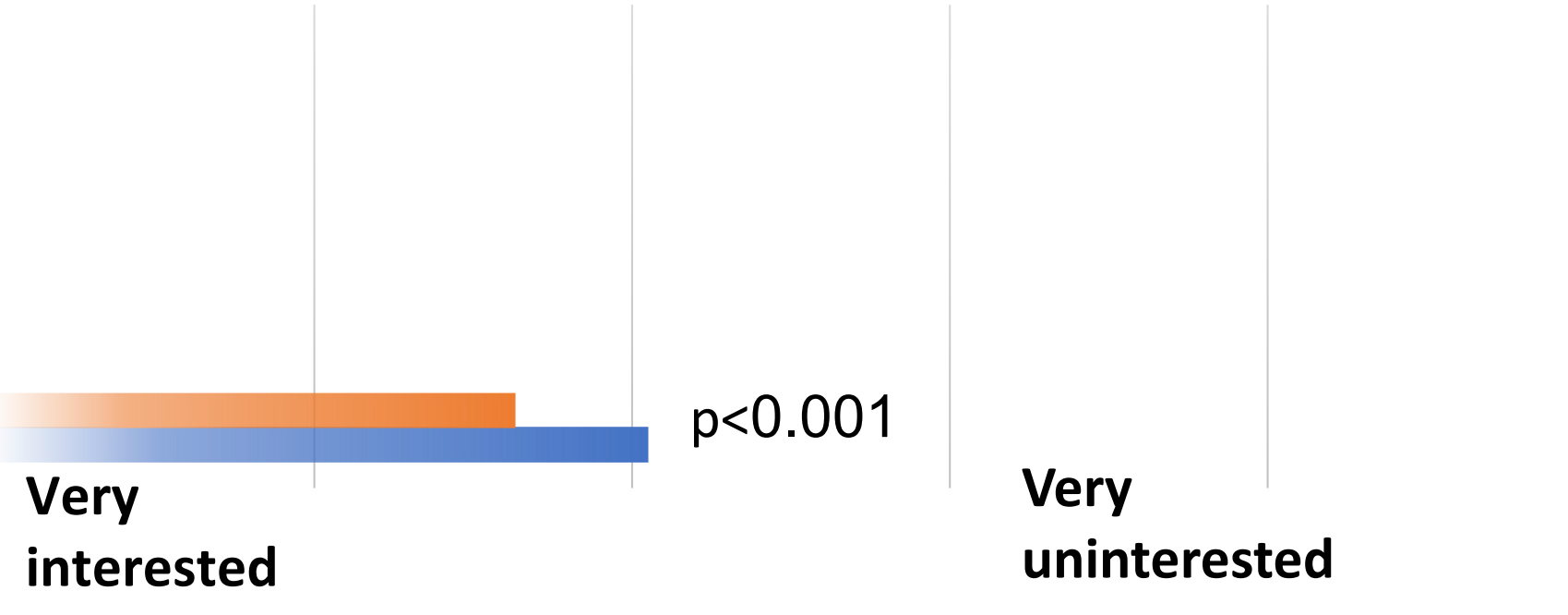
38 learners completed both the pre and post surveys.



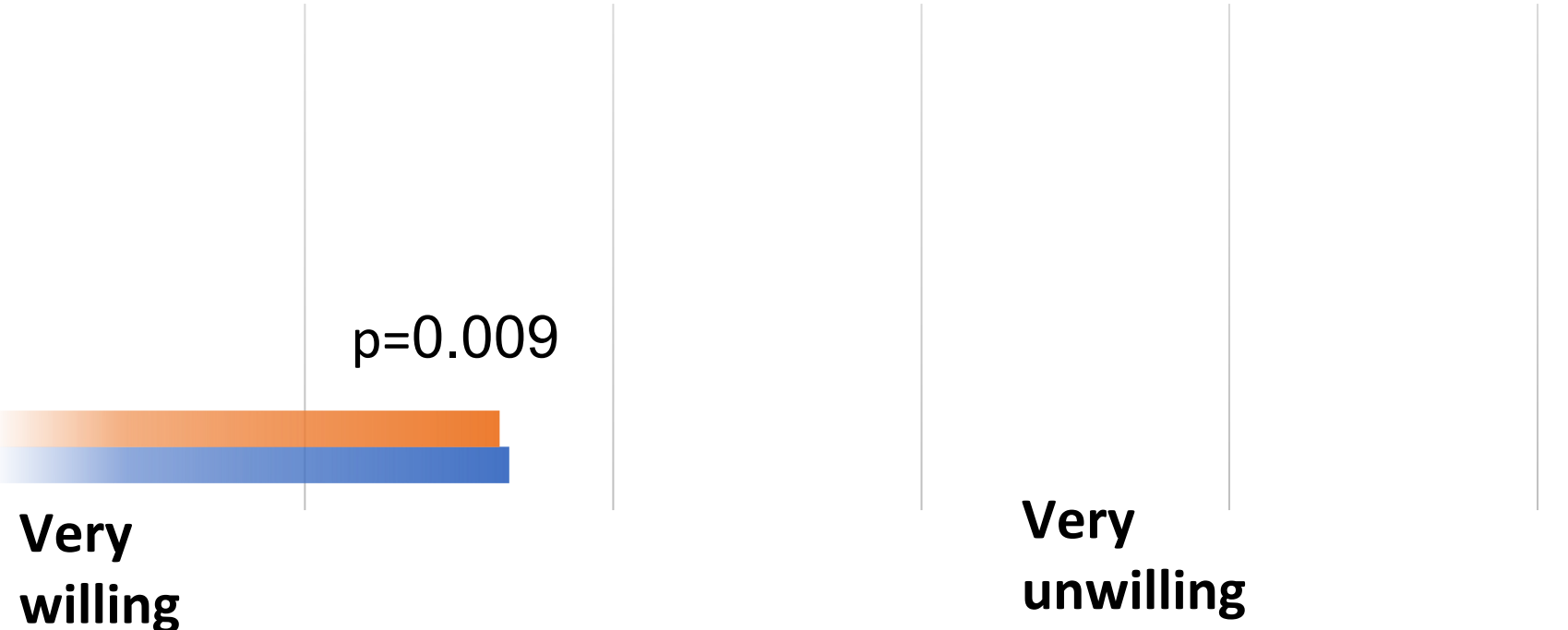
Student Knowledge		
Question	Pre (mean)	Post (mean)
Ability to define what a health disparity is?	Correct 6.0	9.0 (p=0.024)
	Incorrect 12.0	4.3 (p=0.024)
Name eight risk factors for health disparities	4.7	6.6 (p=0.024)
List eight resources that can assist patients experiencing health disparities	Correct 3.75	Correct 6.0

Student Interest and Confidence Working with Patients with Health Disparities

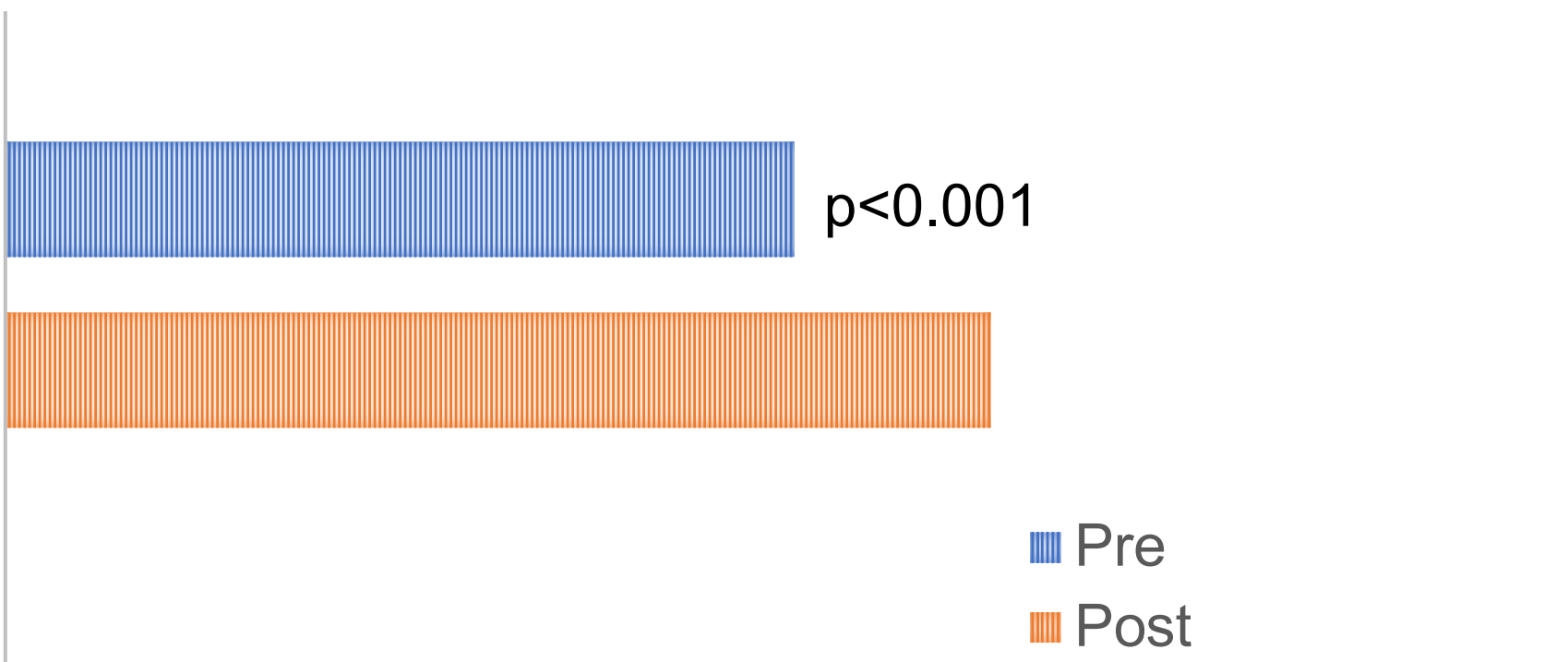
Interest to work where patients have limited access to and limited resources for healthcare



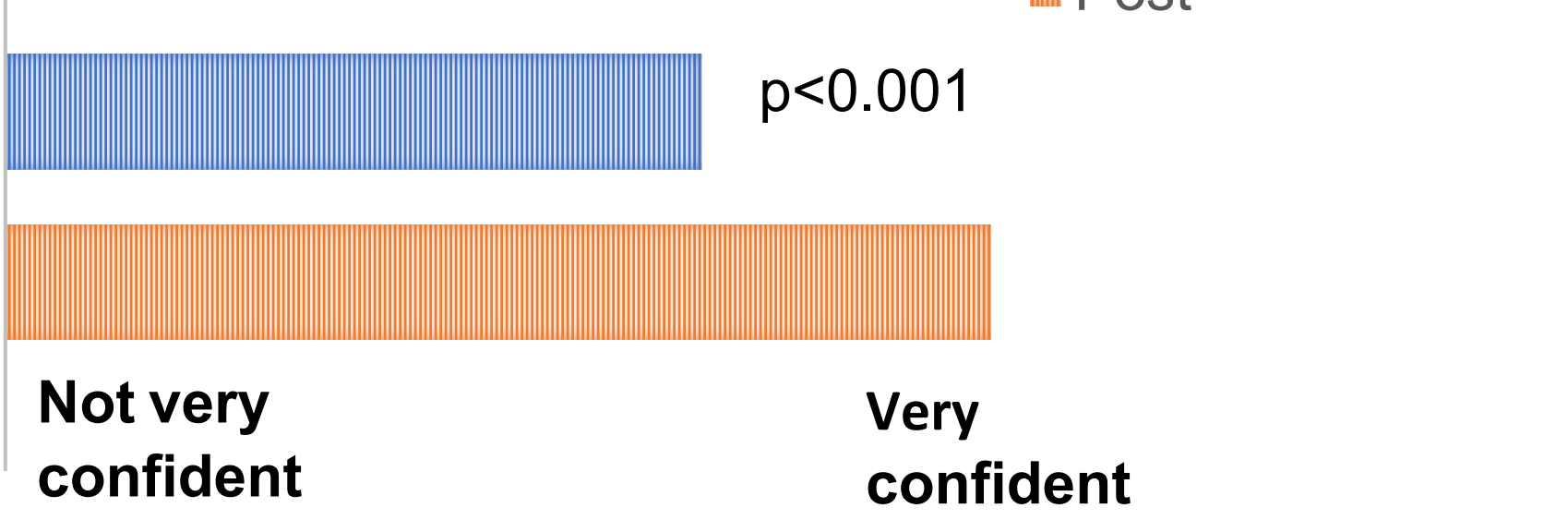
Willing to work where patients have limited access to and limited resources for healthcare



Confidence to identify patients with health disparities



Confidence to help patients with health disparities achieve optimal health outcomes



CONCLUSIONS

Implementation of readings, cases, and discussions related to health disparities alongside provision of direct patient care on a 40-hour IPPE rotation improved learners’ confidence, knowledge, and interest in providing care for patients at risk for health disparities. These activities were not time intensive for the preceptors or students.

REFERENCES

1 Healthy People 2030. Accessed June 16, 2023. Available at: <https://health.gov/healthypeople>.
2. Nebergall S, et al. *Am J Pharm Educ.* 2021;85(7): Article 8461.
3. Chen AMH, et al. *Am J Pharm Educ.* 2020;84(10): Article 7764.
4. Cernasev A, et al. *Pharmacy.* 2022;10: 176.