

*University of Tennessee College of Medicine Chattanooga*

*Department of Internal Medicine*

*Center for Global and Community Health*

*A Proposal*

Medical care is becoming increasingly cross cultural. Recent increases in international travel, migration, immigration, and informational technology megatrends, have all contributed to the globalization of health and disease.<sup>1, 2</sup>In 2014, 13.4% of the US population was foreign-born and by 2050 minorities will make up 50% of the US population.<sup>4</sup>Physicians and other health professionals today must understand the global burden and epidemiology of diseases, their antecedent risk factors, the disparities and inequities across global health systems, and the importance of cultural sensitivity in addressing the multi-factorial needs of patients and their families.<sup>4, 5</sup>The importance of this knowledge base has been underscored by incorporation of cultural competency milestones into the evaluation process for residents progressing through training. In order to be considered competent to practice without supervision, a resident must: “Seek to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference” (Milestone 18) and “Quickly establish a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds and incorporates patient-specific preferences into plan of care.” (Milestone 20).<sup>3</sup>

Global and community health training experiences have shown to exert a positive influence on awareness of cultural and socioeconomic factors that is lasting beyond the duration of residency training.<sup>5</sup> Elective experience has also been proven to deepen the medical knowledge base, improve physical exam skills, and broaden understanding of medical systems.<sup>1</sup> Understanding the impact of community on health can be learned in a cross cultural environment and applied directly to underserved populations in our own practice catchment area.

Currently within the University of Tennessee College of Medicine Chattanooga (UTCOCM), there exists limited exposure to global and community health, preventive medicine, public health, and global health learning opportunities among residents and third and fourth year medical students. At present, such experiences are often fragmented at UTCOCM with only spot lectures on topics pertinent to the areas of global and community health. Residents and students are exposed to community and public health methods through contact with the UTCOCM’s Office of Research; however, these experiences provide little, if any, didactic or clinical application of community and public health. Hence, efforts to provide opportunities and exposure of UTCOCM residents and medical students to global and community health, preventive medicine, and public health principles and practice appear to be both timely and overdue.<sup>6</sup>

Therefore, it is proposed that a **Center for Global and Community Health (CGCH)** be created within the UTCOMC's Department of Internal Medicine that can deliver instruction/training, clinical experiences/rotations, and other opportunities in global and community health, preventive medicine, and population health sciences for faculty, residents, and medical students both within Internal Medicine as well as across other UTCOMC departments.

Firstly, the CGCH will serve the needs of the post-graduate training programs of UTCOMC by:

- 1) Providing clinical training opportunities and/or rotations in community medicine and global health;
- 2) Providing substantive instruction in epidemiology, biostatistics, social determinants of health, and clinical research; and
- 3) Linking resident physicians and students to faculty with ongoing collaborative research activities in community and global health.

Secondly, the CGCH will serve the UTCOMC undergraduate medical curriculum by providing instruction in: the principles of epidemiology and biostatistics; the practice of preventive medicine, public health, introduction to global health, and health promotion, including health behavior topics of tobacco and alcohol abuse; physical activity; nutrition; sexuality; and health screening.

Leadership of the CGCH will initially be provided by existing faculty trained and experienced in public health, epidemiology, preventive medicine, and community/global health. In addition, faculty from the University of Tennessee at Chattanooga (UTC) representing such disciplines as public health, psychology, biostatistics, sociology, and nutrition will serve as adjunct/clinical faculty to enhance the participation of the clinical specialties and subspecialties in medicine with interests in global and community health.

The CGCH will be dedicated to medicine and to population health through teaching, service, and research where the dissemination and translation of knowledge for improved population health outcomes is emphasized. The CGCH will play a key role in community trials contributing to the knowledge of medical and health systems worldwide, social and behavioral aspects of disease, epidemiology, prevention, control, and disease outcomes. Special concern with health disparities will guide many of the Center's activities.

## **Center for Global and Community Health**

### **Functional Activities**

The CGCH will initiate and support four (4) primary functions. These include:

- (1) Global/community health medical education/training;

- (2) Population health sciences instruction;
- (3) Community health service and outreach;
- (4) Research development and collaboration.

## **Evaluation**

The CGCH will annually evaluate the impact of the above functional activities through:

1. Number and quality of global and community health rotations offered to residents and medical students. Quality assessment will be in adherence with GME guidelines specific to each post-graduate medical specialty and sub-specialty. Global and community health sites will be periodically evaluated for appropriate supervision and guidance for each of the rotating residents, medical students, and other health profession trainees.
2. Didactic instruction in population health sciences, public health, and community medicine will be routinely assessed for quality instruction and adherence to post-graduate medical educational and undergraduate medical education standards set by the LCME and ACGME.
3. Assess feedback from and number of community/global outreach service rotations and emergency response activities.
4. Identify the number of global and community health research awards per year conducted in association with the Center's activities. Document the number of professional presentations, peer-reviewed publications, and invited publications associated with faculty and/or trainee participation in global and community health research.

## **Rationale for the Center**

1. There is a growing interest among UTCOMC faculty, resident physicians, and other medical staff in global and community health.
  - a. Departmental Representatives have volunteered; including:
    - i. Medicine: Drs. Mike Davis, John Boldt, and Shavonda Thomas
    - ii. Epidemiology and Public Health: Dr. Greg Heath
    - iii. Pediatrics: Dr. Avery Mixon
    - iv. Family Medicine: Dr. Paul Dassow
    - v. Obstetrics and Gynecology: Dr. Jeannie Dassow
    - vi. Orthopedic Surgery: Dr. Jad Dorizas
    - vii. Emergency Medicine: Dr. Doug Gregorie
2. There already exists a significant number of UTCOMC faculty and staff that participate in short term global health activities.

3. Local community health outreach is established in many areas (e.g., Clinicos Medicos – Dr. Kelley Arnold and Dr Phillip Sutherland in the Department of Family Medicine; Lifespring Community Health – Dr. Michele Pickett and Dr. Anna Rose Carlson, clinical faculty, Department of Pediatrics)
4. Rapid response teams from UTCOMC/Erlanger have assisted in medical disasters across our nation. (Hurricane Katrina 2004 - Department of Emergency Medicine – Dr David Wharton)
5. Global medical education for our resident physician staff provides a unique perspective that cannot be achieved only at the national level here in the US.
6. We already have an international staff of resident physicians that can provide insight on direction for future International efforts from the context of their country of origin. This will allow the matching of the strengths of UTCOMC/Erlanger to specific international projects that have a need in that area.
7. A Center for Global and Community Health that can coordinate the UTCOMC global health efforts and may provide a more efficient and wise use of resources dedicated to this effort.
8. The UTCOMC and the Erlanger Health System will be richer for the effort to reach out to our international colleagues through a global health exchange program in the future. The exchange program may be in areas of clinical care, education/training, and research.(Tropical medicine, Malaria, MDR-TB, HIV among other areas)

## **Vision**

Academic and clinical excellence to meet the global and community health challenges of today and to secure regional, national, and global health equity for the future.

## **Mission**

The UTCOMC Center for Global and Community Health works to reduce health disparities and improve the overall health in our local community and worldwide. Recognizing that many global health problems arise from economic, social, environmental, political, and health care inequalities, the Center brings together interdisciplinary teams to solve complex health problems and to train the next generation of global and community health leaders

## References:

1. Drain PK, Holmes KK, Skeff KM, Hall TL, Gardner P. Global health training and international clinical rotations during residency: Current status needs, and opportunities. *Acad Med.* 2009; 84(3):320-325.
2. Zuckerman JN. Travel medicine. *Br Med J.* 2002;325:260-264
3. The Internal Medicine Milestone Project: A Joint Initiative of The Accreditation Council For Graduate Medical Education and The American Board of Internal Medicine. July 2015
4. Colby, Sandra L. and Jennifer M. Ortman, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, Current Population Reports, P25-1143, U.S. Census Bureau, Washington, DC, 2014.
5. Haq C, Rothenberg D, Gjerde C, et al. New world views: preparing physicians in training for global health work. *Fam Med.* 2000; 32:566–572. [PubMed: 11002868]
6. Bacaner N, Stauffer B, Boulware DR, Walker PF, Keystone JS. Travel medicine considerations for North American immigrants visiting friends and relatives. *J Amer Med Assoc.* 2004;291:2856-2864.
7. Hunter DJ, Reddy KS. Non-communicable diseases. *N Engl J Med.* 2013;369:1336-1343.
8. Panosian C, Coates TJ. The new medical ‘missionaries’- grooming the next generation of global health workers. *N Engl J Med.* 2006; 354:1771-1773.
9. Heimburger DC, Warner TL, Carothers CL, Blevins M, Thomas Y, Gardner P, Primack A, Vermund SH. Recruiting trainees for a global health research workforce in clinical research: the NIH Fogarty International Clinical Scholars and Fellows Program. *Am J Trop Med Hyg.* 2013;89:281-287.

**Referent Units/Programs:**

***Vanderbilt Institute for Global Health***

<http://globalhealth.vanderbilt.edu/>

***Center for Global Health, University of Virginia***

<https://globalhealth.virginia.edu/>

***Johns Hopkins University Center for Global Health***

<http://www.hopkinsglobalhealth.org/>

***University of Chicago Center for Global Health***

<https://cgh.uchicago.edu/>

***The Center for Global Health – University of Colorado Denver***

<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/globalhealth/Pages/welcome.aspx>