

Matching Community Need with Physician Training: The OSU Urban Family Medicine Program

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There continues to be a shortage of primary care physicians practicing within urban, lower-socioeconomic and minority communities despite the fact that many of the 125 allopathic and 19 osteopathic medical schools are located within the affected urban cities. Recognizing a need to better train and recruit primary care physicians to serve in urban settings and provide care to those underserved, The Ohio State Department of Family Medicine established an Urban Family Medicine Residency Program headquartered in Near East Columbus, OH. Starting in 2003, the Urban Family Medicine Residency Program began training up to two residents each academic year. The mission, vision and curriculum have attracted residency applicants and faculty who have displayed sincere interest and commitment to practicing in urban lower socioeconomic communities.

Key words: urban family medicine residency ■ underserved

INTRODUCTION

There continues to be a shortage of primary care physicians practicing within urban, lower-socioeconomic and minority communities despite the fact that many of the 125 allopathic and 19 osteopathic medical schools are located within the affected urban cities. Such patterns of inequitable distribution of the physician workforce are documented in census tract data and maps published by the Health Resources and Services Administration (HRSA) Bureau of Health Professions.¹ These communities are designated as primary care health professional shortage areas (HPSA) based on factors such as the full-time equivalent availability of primary care physicians, physician-to-patient ratio and socioeconomic status of the population.¹

Historically, medical schools have undertaken recruitment strategies, such as increasing the numbers of underrepresented minority (URM) students, in order to help fill this service gap, partly because graduating URM medical students (African Americans, Mexican Americans, Puerto Ricans and Native Americans) have displayed more interest in practicing in such underserved communities.² Nearly two-thirds of URMs compared to one-third of non-URMs who were considering careers in primary care planned to practice in underserved areas.³ Rabinowitz et al.,⁴ in a study of generalist physicians, revealed four independent predictors of providing care to underserved populations: 1) being a member of an underserved ethnic/minority group, 2) having participated in the National Health Services Corps, 3) having a strong interest in practicing in an underserved area prior to attending medical school, and 4) growing up in an underserved area. Eighty-six percent of physicians with all four predictors were providing substantial care to underserved populations, compared with 65% with three predictors, 49% with two predictors, 34% with one predictor and 22% with no predictors. However, except for historically black medical colleges, admission to medical school traditionally has not been predicated on selecting

© 2006. From The Ohio State University Urban Family Medicine Residency Program, Columbus, OH. Send correspondence and reprint requests for *J Natl Med Assoc.* 2006;98:687-689 to: Dr. Leon McDougale, Assistant Professor, The Ohio State University Urban Family Medicine Program, 1492 E. Broad St., Suite 1302, Columbus, OH 43205; phone: (614) 257-3560; fax: (614) 257-3538; e-mail: leon.mcdougale@osumc.edu

applicants who are committed to practicing in underserved communities. In general, other than medical students who apply for and obtain the limited number of National Health Service Corps scholarships, there is typically no formal obligation for graduates to select a primary care specialty and train or practice in underserved communities.

As far as postgraduate education is concerned, there are few primary care residency programs that have mission statements that include training of physicians to provide service in urban underserved communities. These include the Beth Israel Residency in Urban Family Practice, Creighton University Family Medicine Residency, Lawrence Family Practice Residency, Montefiore Medical Center Family Medicine Residency, and the University of California San Francisco–Fresno Family & Community Medicine Residency. Recognizing the need to fill this service and training gap, the American Academy of Family Physicians (AAFP) created a curriculum guideline for establishing urban family medicine residency programs (UFMRPs).⁵ The newly established Ohio State Urban Family Medicine Residency is modeled after the AAFP guideline.

NEEDS ASSESSMENT

Columbus Medical Association's "Assessment to Access to Care" reported that the Near East Columbus community was predominantly African-American (85%). Over half of the population (53%) lives at or below 100% of poverty.⁶ Based on findings of the Columbus Health Department Healthy Neighborhood Report for the Near East Community,⁷ community representatives consistently identified access to health services as the top healthcare concern for Near East residents. A commonly described concern was that many Near East residents do not have a primary care "medical home" for routine and preventive care. As a result, many end up seeking healthcare services only when there is a crisis. Even among existing providers, residents often report difficulty accessing care. For example, only 15% of primary care physicians provided weekend hours and none provided evening hours, less than half were accepting new patients, 67% accepted Medicaid, 53% accepted Medicare, 47% accepted uninsured patients, and 33% offered sliding-scale payment based on income.⁷

Recent demographic changes have also created new challenges to healthcare access. Columbus is now the home for approximately 30,000 Somali immigrants, which is the second largest Somali population in the United States. Furthermore, the Latino population of Franklin County doubled from 12,000 to 24,000 between census 1990 and 2000. Cultural and language barriers make access to social services, including healthcare, difficult.

URBAN FAMILY MEDICINE RESIDENCY: A PROPOSED SOLUTION

Recognizing a need to better train and recruit family physicians to serve in urban settings and provide care to those underserved, The Ohio State Department of Family Medicine established an urban family practice residency program headquartered in Near East Columbus. Starting in 2003, the Urban Family Medicine Residency Program began training up to two residents each academic year at the Near East site. The Urban Family Medicine Residency is a distinct program with its own National Resident Matching Program (NRMP) identifier code.

The program is designed to provide excellent family-centered care for its urban community using biomedical, clinical and behavioral sciences to diagnose and treat illness. A full range of services are provided and taught, including prenatal and postnatal care, family-centered childbirth, and therapeutic and diagnostic procedures (such as skin minor surgical procedures and colposcopy). The practice site has evening and weekend office hours, and accepts self-pay, sliding-scale, Medicaid, Medicare, HMO and privately insured patients.

Mission

The Ohio State Urban Family Medicine Residency Program will recruit and train family medicine residents who are committed to practicing primary care medicine in underserved, urban, multicultural and lower-socioeconomic communities.

Vision

The innovative and inspired healthcare, disease prevention and health promotion, research and leadership provided by faculty and graduates of The Ohio State Urban Family Medicine Residency Program is focused on the elimination of healthcare outcome disparities.

The mission and vision are being accomplished through the following initiatives:

- **Recruitment.** The Ohio State Urban Family Medicine Residency Program has been successful in recruiting three African-American and two Somali immigrant physicians for residency training. The residents participated in the NRMP. The Department of Family Medicine also offers one-month externships for URM students from historically black medical colleges that include a stipend for living expenses. The five urban faculty members are board-certified family physicians. This includes two African Americans who were recruited and serve as director and assistant director of the urban residency program, both of whom are active members of the National

Medical Association. Two additional faculty members are fluent in Spanish.

- **Community Service.** In addition to providing services and training stated above, faculty and residents have collaborated with Pregnancy Care Connection to provide prenatal and maternity care for uninsured or underinsured pregnant women. The office also participates in ACCESS HEALTH COLUMBUS, which treats qualifying uninsured patients without reimbursement for services. An onsite social worker is also available. The residents and faculty have helped staff the annual Columbus Metropolitan Area Community Action Organization (CMACOA) community health fair at University Hospital East since 2003. The Urban Family Medicine program director is a member of the Mount Vernon Community Advisory Board. Furthermore, the assistant residency director participates in Project SAFE, which is an initiative to decrease youth- and neighborhood-related violence, and serves as an ambassador for the National Health Services Corps. Two additional Urban Family physician faculty members are fluent in Spanish and help serve the growing Latino population. The faculty and residents also have service obligations at the Columbus free clinics.
- **Curriculum Development.** The Urban Family Medicine Program meets requirements established by the urban/inner-city family medicine training guidelines published by the AAFP,^{5,8} including: 1) Columbus has a population of >500,000 people. Census 2000 recorded a population of 711,470; 2) Greater than 80% of clinical rotations are located in an urban location. Ninety-six percent of all clinical rotations are located in an urban setting; and 3) Graduates practice in urban, lower-socioeconomic communities. In addition, the curriculum includes training in rotations recommended by the AAFP for urban family medicine training programs.⁸

Unique curricular components designed for the urban family medicine residency program include:

- Cultural competency training
- Urban, health-focused research project
- Advance trauma and life support (ATLS) course
- HIV/AIDS (one-month outpatient clinical rotation)
- Columbus Neighborhood Health Center (4–6-week clinical rotation)

CONCLUSION

Initial success has been observed with establishing The Ohio State Urban Family Medicine Residency Program. The mission, vision and curriculum have attracted residency applicants and faculty who have displayed sincere interest and commitment to practicing in urban, lower-socioeconomic communities. Recent graduates state that the urban residency prepared them well to provide care in urban, underserved communities. However, areas for curriculum improvement include focusing subspecialty rotation objectives more on skills required to practice in urban, underserved communities. Lessons learned also include the fact that graduates and current residents provide invaluable service in identifying and assisting with the recruitment of urban family medicine candidates for the match. Future studies will include enhanced measurement of resident formative and summative attitudes, knowledge and skills. In addition, trends in outpatient utilization of primary care services for community residents will be monitored along with patient care outcomes. Nationally, other institutions should consider developing more primary care residency training programs designed to improve access to culturally competent care in underserved communities.

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