



The Impact of Global Health Experiences on Cultural Awareness and Interest in Primary Care in Underserved Areas Among Medical Students

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INTRODUCTION

Despite the fact that the number of physicians in the US continues to grow, many geographic areas and demographic segments of the population still struggle to access care. This is due in large part to a shift toward sub-specialties and away from primary care careers in medical professionals (Makaroff, 2013). Exposing medical students to global health issues can motivate them to consider primary care medicine, obtain a public health degree, and/or practice medicine among the poor and ethnic minorities. At UC Davis School of Medicine, the global health program offers a few opportunities for students to participate in a global health trip or support student initiated trips. In the past, students who participated in the global health program expressed the positive impact that their experience had on their perspective of global health, underserved communities and primary care. However, no formal survey was conducted in the past to show if global health experiences increase an individual's interest in global health, underserved communities and/or primary care or whether it has any impact on cultural awareness.

STUDY DESIGN

Research Question: Do global health experiences increase cultural awareness and interests in primary care in underserved areas among medical students?

Hypothesis: We hypothesize that in comparison to medical students who do not participate in global health experiences, medical students who do participate in global health experiences will have an increased level of cultural awareness and interest in primary care in underserved populations.

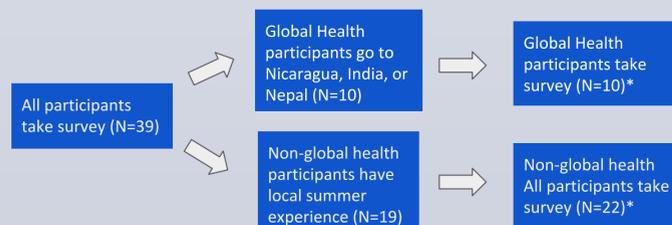
Objective 1: To measure the increase in cultural awareness among medical students who participate in global health experiences.

Objective 2: To measure increased interest in primary care in the underserved population among medical students who participate in global health experiences.

Objective 3: To compare the levels of cultural awareness and interest in primary care in underserved populations among both medical students who participated in global health experiences and students who did not participate in global health experiences.

METHODS

The study included first year medical students from UC Davis School of Medicine who either participated in a global health or non-global health experience during their summer break after their first year of medical school. The non-global health experiences included research, military training, student-run clinics, and internships/preceptorships in a healthcare setting. Scoring was based on a likert scale from not likely to very likely correlating with a 1 to 5 scale.



RESULTS

	Global Health	Non-Global Health
Female	60%	65%
Male	40%	35%
Past Global Health Experience	50%	41%
Travel Outside US	80%	21%
From a Rural/Underserved Area	50%	45%
Worked with Underserved	80%	93%
First in Family to Attend College	0%	34%
History of Being Uninsured	40%	62%
Speak 2 or More Languages	80%	34%

Table 1 Demographics of Participants

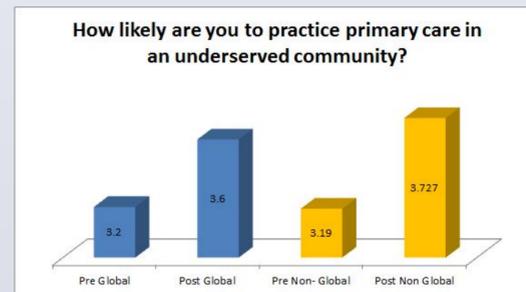


Figure 1: Both study groups show increased interest in likelihood of practicing primary care in an underserved community

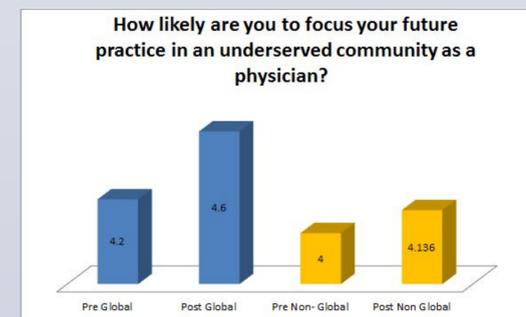


Figure 2: Global health group shows a greater increase in likelihood of practicing in an underserved community

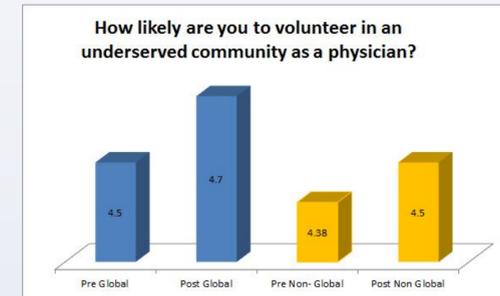


Figure 3: Both study groups show comparable increase in likelihood of volunteering in an underserved community

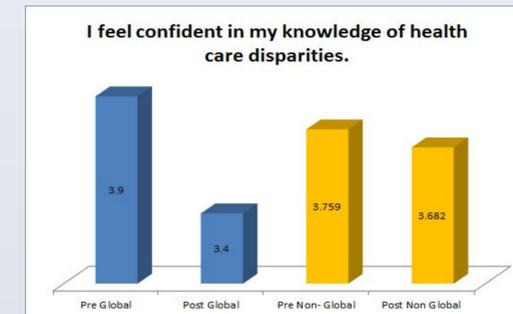


Figure 4: Global health group shows greater decrease in confidence of knowledge of health care disparities

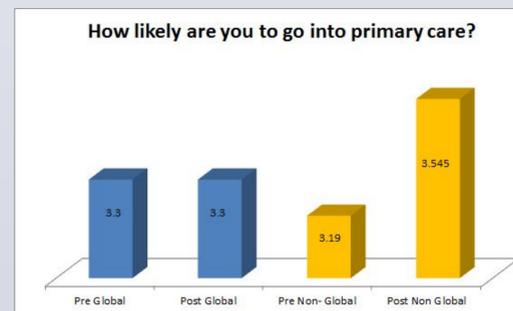


Figure 5: Global health group shows no change whereas Non-Global group shows greater increase in likelihood of going into primary care

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CONCLUSIONS

Prior to the implementation of the pre-surveys for our study, Nepal experienced devastating earthquakes, which lead to a drastic decrease in our study sample for the group participating in a global health experience. As a result, we had very limited data on the impact that global health experiences would have on practicing in underserved areas and primary care. Despite these limitations some of our results support existing literature that indicated global health experiences are associated with increased interest in primary care in underserved areas.

The increased likelihood of individuals practicing in underserved communities as a physician was much larger in the global health group in comparison to the non-global health group. It seems that exposure to greater underserved areas has a stronger influence, but more research is needed to identify why this is the case. Further, individuals who participated in global health opportunities see themselves volunteering in underserved communities more than the non-global health group. Thus, there is some evidence that investing in global health opportunities for students could increase the number of students interested in working and volunteering in underserved areas. Future studies should consider further exploring this correlation.

There were also interesting and unexpected results that need more exploration. There was a decrease in the confidence of both study groups in the area of health disparities, which could be attributed to students' exposure to health care disparities during their summer internships both domestically and international. These results demonstrate the need and importance of having effective health disparities education and training as part of the medical school curriculum to provide students the confidence and knowledge of addressing health disparities for the patients they are serving. Moreover, no difference in the interest in primary care was seen in the global health group. Interestingly, the non-global health group showed a greater interest in primary care following their summer experience. Suggesting that additional resources should be provided to students willing to participate in serving local populations.

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