



MOUNT ST. JOSEPH
UNIVERSITY

Exploring Local Health Disparities and the Social Determinants of Health to Develop Interprofessional Values and Ethics Core Competencies

Allied Health Education on the Front Lines - Expanding Access to Better Health and Health Care

2018 Association of Schools of Allied Health Professions Conference

Course Presenters

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Interprofessional Initial Initiatives

Core Competencies Intent:

- *Build upon each profession's competencies*
- *Development of interprofessional collaborative competencies*
- *Engaging students of different professions in interactive learning*

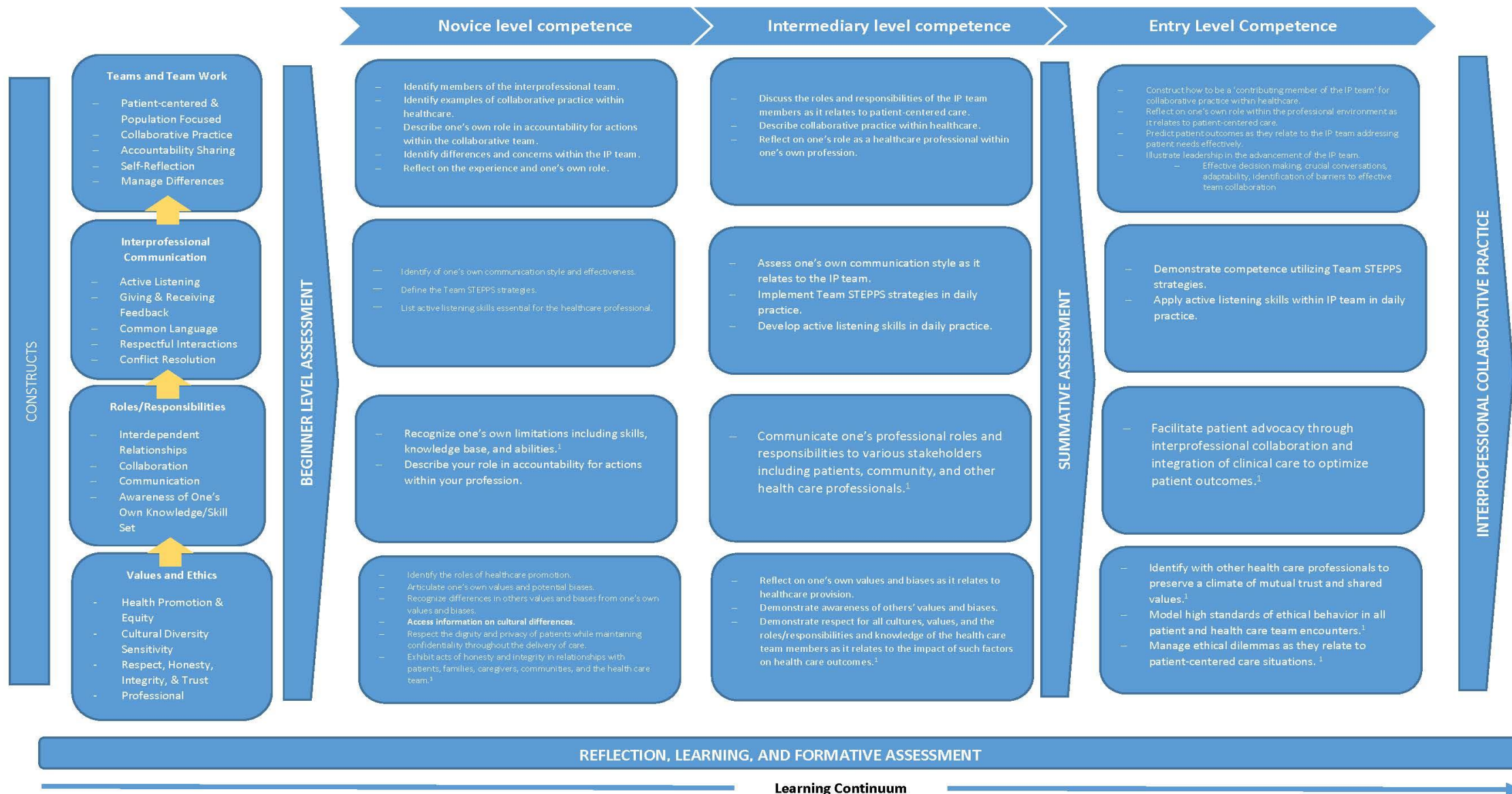
To encompass the topics of

- *values and ethics*
- *roles and responsibilities*
- *interprofessional communication*
- *teams and teamwork*



Setting the Stage for IPE Initiatives at Mount St. Joseph University

MSJU IPE Framework



¹ Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Available at https://www.google.com/url?sa=t&rct=j&q=&resrc=&source=web&cd=9&cad=rja&uact=8&ved=0ahUKExpq9KibRWAhXKdSYKHY4wCTeQFghUMAg&url=http%3A%2F%2Fwww.ipeds.org%2Fnews%2F2016-ip-ed-competencies-core-competencies-interprofessional-collaborative-practice&sig=AFOjCNGZ-GPZ7DZC7zqMkEuUKdg_2DCOGw.pdf. Accessed September 21, 2017.

IPE Activities in the School of Health Sciences

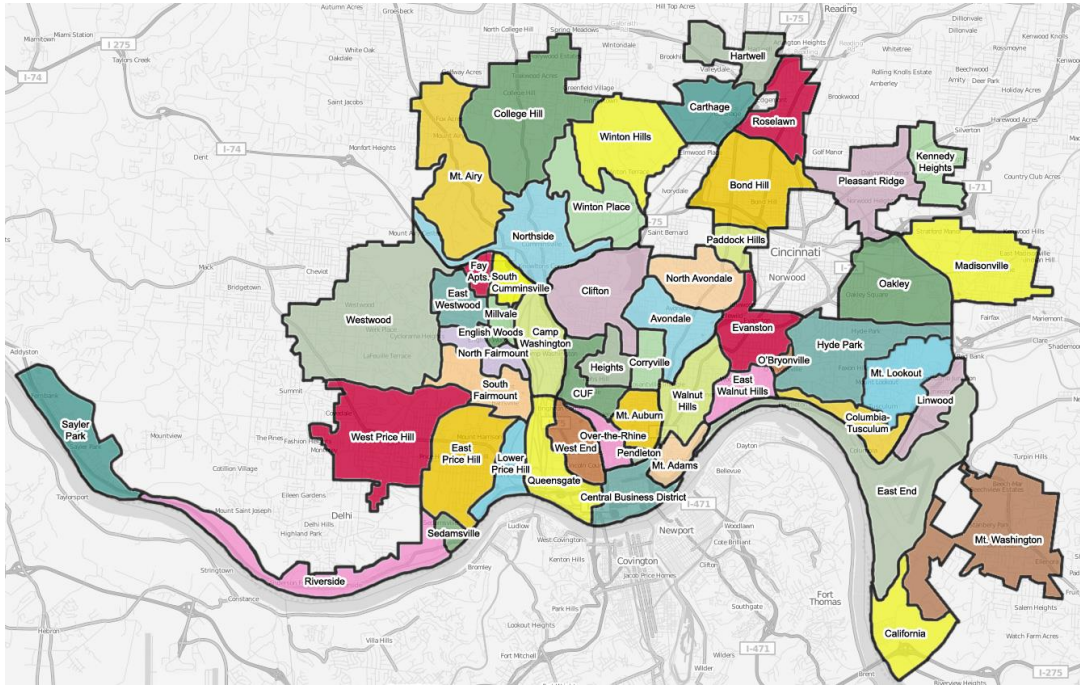
- What have we done in the past few years?
 - In class collaboration
 - Poverty Simulation
 - Shared courses
 - TEAM STEPPS – Communication - Case based activity
 - Quality of Life Forum: Health Disparities with Case Based Activity
 - IPE recommendations: support across all levels, programmatic infrastructure, committed faculty, acknowledge student efforts and assess effectiveness (Bridges et al., 2011)

Participants – Targeted Learners

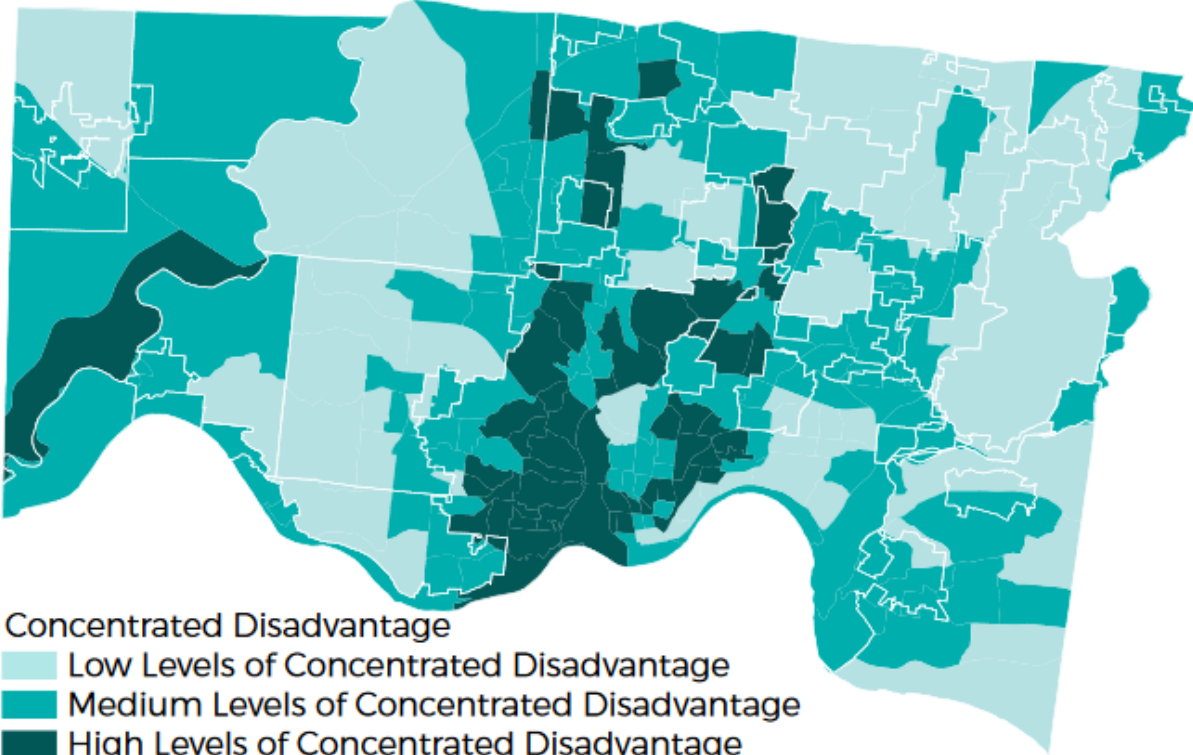


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Community Context



Community Context – Concentrated Disadvantage



Concentrated Disadvantage
 Light teal: Low Levels of Concentrated Disadvantage
 Medium teal: Medium Levels of Concentrated Disadvantage
 Dark teal: High Levels of Concentrated Disadvantage

Targeted interventions may be implemented that improve the health of individuals and communities.

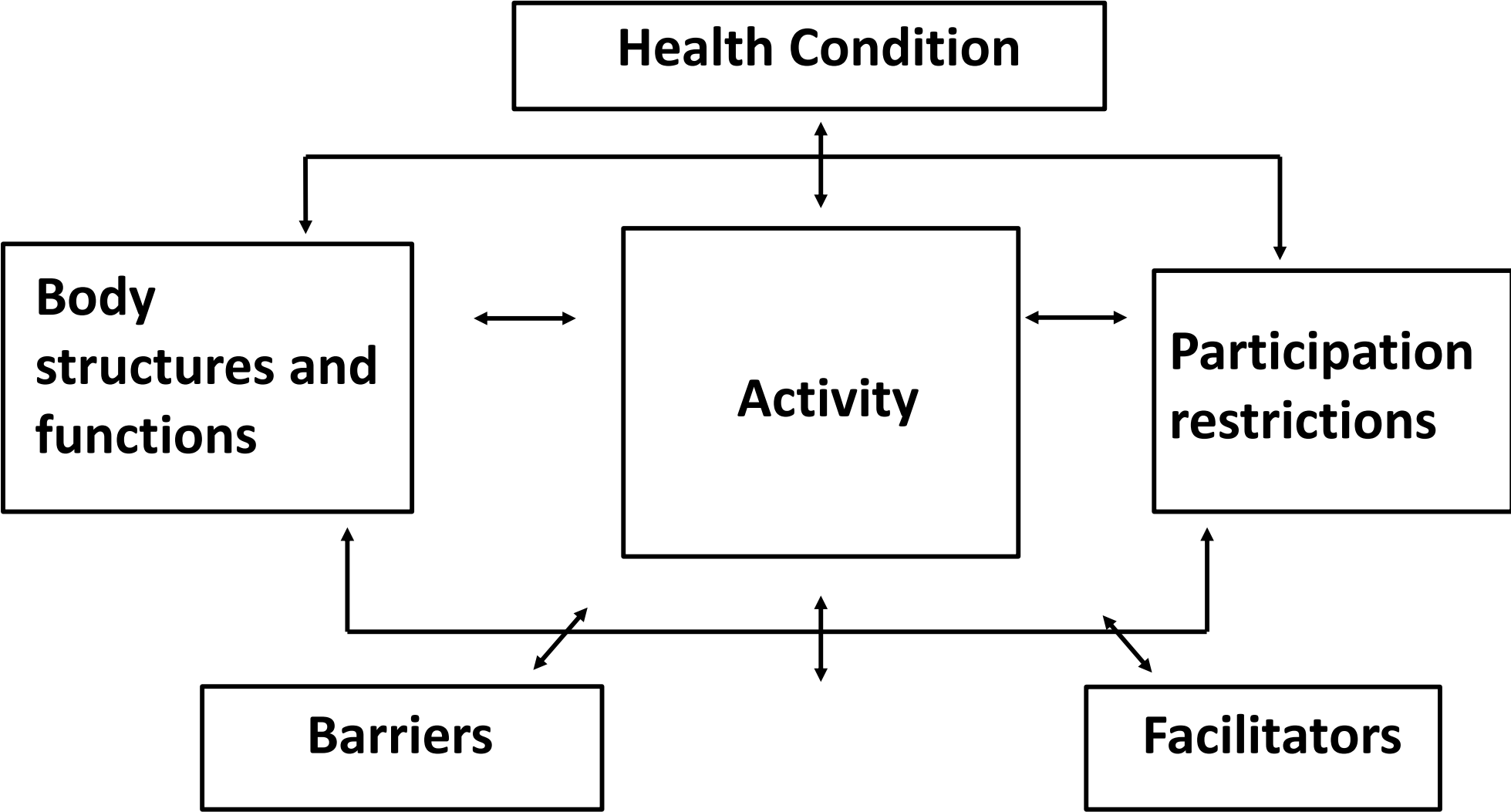
Note: a z-score for each indicator is calculated and then averaged to determine areas with high concentrated disadvantage (those scores in the 75th percentile).

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*In 2015 all UN member states committed to **Sustainable Development Goals**, as a new universal set of goals, targets and indicators for the next 15 years. In spite of only one goal related to health (SDG 3) the remaining goals are **social and environmental determinants of health**, which we are obliged to work across to make health part of all goals –
“HEALTH IN ALL GOALS”*



http://www.who.int/social_determinants/en/



Let's Collaborate!



ICF Model of Functioning Disability and Health

Body Functions & Structure: physiological functions of body systems including psychological & anatomical parts of the body such as organs, and their components
(Pathology & Impairments)

Body functions: Child: movement-related functions impaired
Mother: Depression; Anxiety

Body structure (Mother):

- Obesity with Body Mass Index (BMI) of 31; 5'4", 180 lbs or 33% body fat
- Hip girdle issues, knee valgus secondary to weight gain and laxity from pregnancy

Health Condition (Pathology)

- 1-year-old child with low weight and developmental delay
- Teen Mother with poor health and past history of being raped

Activity: the execution of a task or action by an individual
(Functional Limitations)

Child: inability to stand, cruise or walk; limited response to stimuli
Mother: Limited activity tolerance

Participation: Involvement in a life situation
(Disability)

Child: inability to play at developmentally appropriate level

Mother:

- Decreased desire to exercise or participate in sport as well as maintain self-care as a result of mental health (depression/anxiety)
- Limited relationships outside of immediate family; inability to work

Contextual Factors: Personal/Environment – the physical, social, and attitudinal environments in which people live and conduct their lives.

Barriers

Child: Absent father; limited socioeconomic status/ access to resources for cognitive, gross and fine motor development

Mother:

- 17 year-old teen mother
- Receives government assistance and is a non-driver
- Lives in a one bedroom apartment with a shared bath/ kitchen with grandparents
- Recipient of the Children's Health Insurance Program (CHIP) however was unaware of prenatal services and therefore had limited care during her pregnancy
- Urban environment within an area considered a 'food desert'
- No education beyond 10th grade and inability to work or obtain her GED at this time
- History of being raped by who she considered a 'close' friend
- Fear for safety in current community environment (not out past a certain hour)
- History of abusive family relationships (physical abuse from father who has since passed away)
- Emotional abuse from mother who is not been in contact with her daughter for the past year
- Developed gestational diabetes and has experienced post-partum depression as well since giving birth and is withdrawn
- Grandparents unable to provide financial or other material support
- Feeling overwhelmed at her situation and expresses despair at inability to achieve her dreams including return to recreational sports, improved nutritional status, body image, and overall health and well-being for herself and child

Facilitators

Child:

- Mother present
- Children's Health Insurance Program (CHIP) recipient

Mother:

- Former athlete
- Aspiration of improving future/ becoming a teacher prior to being raped
- Community resources/ health center available
- Previous mentor/trainer relationship
- Past medical history of depression/anxiety controlled through participation in sports
- Previous relationships with teammates
- Received school support services through Cincinnati Public Schools (CPS)

Patient Case: _____

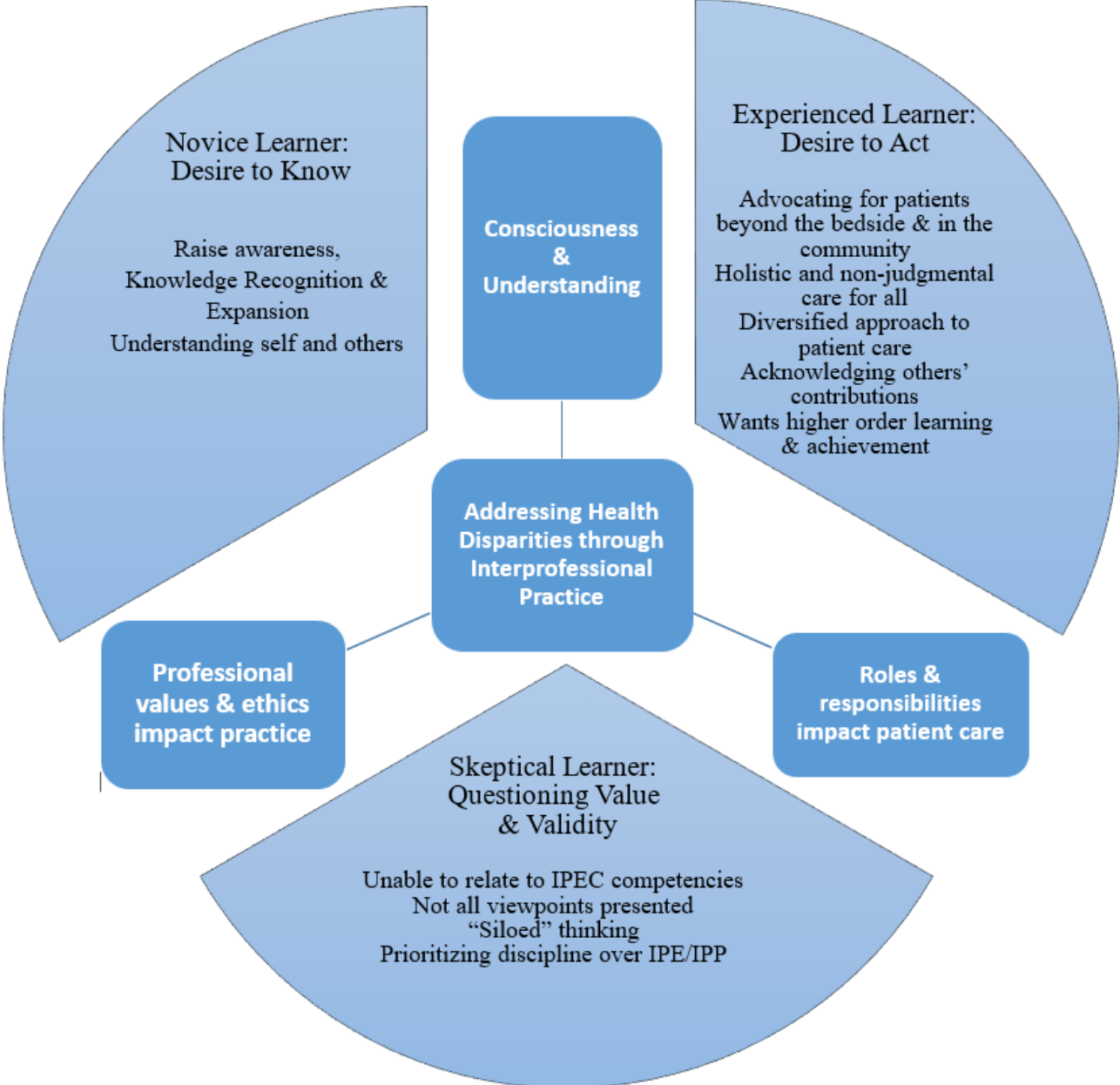
Team Members: _____

Team Care Plan

Patient/Client Issues	Goal(s) (from list above) to be Addressed	Outcome to be Achieved	Interventions	Health Care Professional(s) Assigned
Example: 1. Severe back pain	Independent mobility	Able to walk daughter to school	1. Assess cause of back pain 2. Exercises to strengthen back/core 3. Medication to manage pain 4. Assess for & prescribe mobility device	1. Physician Assistant 2. RN 3. PT 4. Athletic Trainer 5. Wellness Coach
1.				
2.				

Small
Group
Team
Care Plan

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Concluding Thoughts or Questions



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