Background

The University of Oklahoma, Tulsa, has served as a branch campus of the University of Oklahoma College of Medicine in Oklahoma City since 1974.

In 2008, the George Kaiser Family Foundation donated $50 million to the University of Oklahoma to help address community health care disparities in Tulsa that were described as “morally offensive.” The branch campus in Tulsa was thus renamed as The University of Oklahoma School of Community Medicine in 2008.

For a community that is similar to Tulsa, how can Colorado Springs improve the health of its community?

Health Disparities

Data reviewed from death certificates from the Tulsa Health Department showed up to a 14-year difference in life expectancy between North and South Tulsa based on zip code (see below).

Tulsa County Demographics

Data from the year 2000 United States Census shows that the areas of lower life expectancy in Tulsa county correspond with a high percentage of minority residents (see above) and higher rates of poverty (see below).

Tulsa vs Colorado Springs

Data from the year 2000 United States Census shows that the areas of lower life expectancy in Tulsa county correspond with a high percentage of minority residents (see above) and higher rates of poverty (see below).

Tulsa County vs El Paso County

Reference: http://www.census.gov
The Summer Institute: Understanding the Health and Culture of the Community

University of Colorado School of Medicine, Colorado Springs Branch

Background

Following the renaming of The University of Oklahoma, Tulsa branch campus as The University of Oklahoma School of Community Medicine (OU-SCM) in 2008, OU-SCM established its first “Summer Institute” in 2008.

Through generous community support, the Summer Institute was designed to provide faculty and students on campus a week-long community immersion experience to learn more about available community resources and barriers that people face in regards to health and access to high-quality and affordable health care.

Participants

Each year since 2008, there have been over 100 participants in each Summer Institute. In addition leaders of community organizations and community stakeholders, participants have included faculty and students from following schools and departments at the OU-SCM (see below).

- School of Medicine
- School of Social Work
- School of Library and Information Studies
- Physician Assistant Program
- College of Allied Health – Physical and Occupational Therapy
- College of Nursing
- College of Public Health
- College of Architecture – Urban Design Studio
- Department of Psychology – Organizational Dynamics
- Department of Human Relations
- Department of Educational Leadership and Policy Studies
- Department of Instructional Leadership and Academic Curriculum

Curriculum

Anchoring Lectures
Brief daily topics that ground thinking in potentially unfamiliar concepts

Community Interviews/PhotoVoice
Student-led interviews along with faculty of community stakeholders to learn what is needed for change to improve the health of the community

Poverty Simulation
This 3-hour activity requires participants to work as a “family” to live the life of poverty for a simulated month.

Prototypes 0.8
Faculty and students form self-selected teams to develop projects to find answers and create solutions for complex problems

Debriefing/World Café/Professional Meaning Groups
Structured sessions to reflect upon challenging topics and experiences

Prototype 0.8 Examples

The following are examples of initiatives that developed from Prototype 0.8 projects created by the collaborative efforts of faculty, students, and the community:

MyHealth Access Network
Health information Exchange (HIE) developed for the greater Tulsa area, established through a $12 million Beacon Community grant from the Office of the National Coordinator of Health. One of 15 communities in US to receive this grant.

Comprehensive Primary Care Initiative (CPCI)
Tulsa community (NE Oklahoma) one of 7 regions in US selected by Centers for Medicare and Medicaid Services to improve care coordination through innovative payment models.

Quotes

“The Summer Institute was a tremendously rewarding experience. The close interaction with both faculty and staff was an excellent way to start medical school.”

-Stephen Twyman, 1st year medical student

“If you are passionate about improving the health of your patients, then you have the ability to become an effective leaders at improving the health of your community.”

-Erik Wallace, MD, FACP

Methodologies/References

6. Prototypes 0.8: [http://Tulsa.ou.edu/socm/2008/prototypes.htm](http://Tulsa.ou.edu/socm/2008/prototypes.htm)
CONCLUSIONS AND REFLECTIONS ON “ALL IN” APPROACH

• Momentum for big change based on dismal health ranking leads to support from business and government leaders and discussions regarding the moral and ethical imperatives for dramatic system changes.

• Must work collaboratively across competitive boundaries to achieve significant change.

• When a critical level of community participation is reached, the few health care entities remaining who have not participated don’t want to be left out.

• Early successes lead to greater financial support and investment from philanthropic foundations, granting agencies, and payers.

• Students are increasingly interested in new and innovative models of care, public health, health systems, and health economics.

• Student-led clinics can provide core educational experiences in quality improvement, systems-based practice, health care delivery efficiency, and interdisciplinary teamwork. Patient outcomes can mirror those of other clinics in the community.

• Students have greater appreciation for challenges that poor patients face and a stronger interest in providing patient-centered care and culturally competent care to the poor.

• “All-in” approach trumps incremental change. Incremental changes are less taxing on leadership and staff. However, each initiative depends on the success of the other initiatives. Success of initiatives that depended on each other led to development of new payment models to sustain the transformation.