



PATIENT-CENTERED CARE AND HEALTH EQUITY



This Area of Concentration (AOC) will give students access to mentors and projects that will highlight the cross-disciplinary strategies needed to address complex psychosocial, political, historical, educational, and technological factors that contribute to health disparities. While working on specific projects, students will be exposed to a broad community of researchers, clinicians, educators, tech innovators, policy experts, lawyers, and community advocates to enhance their career development and education.

Primary Care Innovation Program

The Primary Care Innovation program aims to serve as a laboratory for innovation, and a clearinghouse for change. By investing time, the clinicians, educators and researchers of WCIMA and our partners can achieve our main goal: to inspire the next generation of medical students in the field of primary care. PCI program will guide Internal Medicine residents to choose primary care by creating high quality practice settings, providing opportunities to participate in meaningful research and inspiring viable future careers in a new model of healthcare. We also support and mentor junior faculty in their careers today and expand the way they practice medicine tomorrow. For more information, visit careinnovation.weill.cornell.edu.



REasons for Geographic and Racial Differences in Stroke (REGARDS) Study

This large national cohort study follows over 30,000 black and white community-dwelling adults from all over the “lower 48” to study underlying mechanisms that lead to cardiovascular disease disparities in the US. Students and trainees have led numerous papers using these data. Writing a paper under the mentorship of a senior cardiovascular epidemiologist and using the experienced analytic staff will teach students the basics of longitudinal cohort analysis, while generating new knowledge about a topic relevant to health disparities. Topics previously led by Weill Cornell students/trainees include: disparities in statin use; multiple vulnerabilities to health disparities and incident diabetes; multiple vulnerabilities to health disparities and incident stroke; risk factors for ‘microsize’ vs. usual MI.

The Patient Activated Learning System (PALS)



This novel patient education platform seeks to transform the way we provide education to patients on health, disease, and medical treatments. The PALS uses adult learning theory, Bandura’s Social Cognitive Theory, and Bartle’s taxonomy as its foundational principles to guide development of the platform. Patient-generated questions are turned into ‘Reusable

Knowledge Objects’, which consist of the question, a single learning objective, an in-depth Evidence Summary that reflects the state of the knowledge after literature review, patient-facing text at the 6th grade level, and a single assessment question tied to the learning objective. Each RKO is peer reviewed and many RKOs include video and visual depictions in the patient-facing text. Students learn the basics of literature review with the guidance of a research librarian, working with a faculty member to develop the Evidence Summary and patient-facing text. Students then obtain feedback from actual patients on the success of their patient-facing text, learning first-hand how difficult it can be to communicate clearly and effectively with patients. Those students who would like to develop a video from their patient-facing text are welcome to do so. Students will have the opportunity to join ongoing research projects around the PALS, or develop their own project under the guidance of a faculty member. Visit palsforhealth.com to learn more about the system.

Human Rights and Healthy Policy

Experiences of Sex Trafficking Victims in Healthcare Settings – Qualitative research project to better understand the barriers to identification and linkage to services when victims seek medical care, with the potential to develop improved training and screening tools to identify victims of human trafficking.

Asylum Health Project – An ongoing analysis of data from forensic health evaluations conducted by the Weill Cornell Center for Human Rights and Physicians for Human Rights. Potential studies may include evaluating health status and trauma exposure amongst various populations and subgroups, including unaccompanied minors, victims of sexual orientation and gender-based violence, and others. Additional program development and evaluation research for training and health and human rights curriculum, and quality improvement projects to evaluate and improve care coordination services for clients and patients may also be pursued.

Develop collaborations with the NYC Department of Health – to explore health disparities in immigrant or incarcerated populations, investigating the prevalence of chronic pain among survivors of torture.

Work with community-based organizations – on access to health care, institutionalized racism and quality improvement research – evaluating service coordination and linkage to community-based resources.

For more information about the Patient-Centered Care and Health Equity area of concentration, visit our website at centerforhealthequity.cornell.edu or email Arta Habili at arh2014@med.cornell.edu