

# THE JOYS AND CHALLENGES OF URBAN UNDERSERVED MEDICINE

## REASONS TO CONSIDER WORKING IN AN URBAN UNDERSERVED COMMUNITY

- **Provide comprehensive, culturally humble care.** Our patients come from diverse backgrounds with a variety of individual health and personal needs. As primary care physicians, our job is to provide care for the whole person. We navigate cultural and social differences to provide effective health care and improve the health status of a medically vulnerable population
- **Address social determinants of health at a community level.** We know that health is more than just receiving medical services. Social determinants of health directly affect our patients' well-being and health outcomes. By partnering with our communities we can work to change the cycle of poverty and poor health.
- **Practice global health here at home.** There is increasing interest in global health work among physicians. But you may not need to travel to find the type of work you seek. Immigrant and refugee communities are all around us. Many of the health needs and social issues involved in international medical work exist in our own backyards.
- **You can still pay back your med school loans – and you might get help.** Primary care is poorly reimbursed compared to specialty and more procedural-based care. But federal and state programs often offer attractive loan repayment options to physicians working in designated underserved settings. As a result, the financial aspect of working in urban communities may be better than you think.
- **Practice with purpose.** Practicing in underserved areas reaffirms a calling to our profession. Every day stories of triumph and tragedy strengthen our resolve to address health inequities. This sense of mission and purpose inspires us as we work together with our patients to promote health and equity.

## PRACTICAL POINTERS FOR THE MEDICAL STUDENT

- **DO AN URBAN UNDERSERVED ROTATION: EXPERIENCE FUELS INTEREST** Medical students with medical school experiences in underserved settings are more likely to go on to work in disadvantaged communities
- **FIND A GOOD MENTOR:** Be intentional about what your interests are and find someone who can advise you. What gets you excited about medicine?: Working with a certain group / culture? Speaking a specific language? Working with a refugee population? Doing addiction work? Being in a certain region of the country?
- **LEARN A LANGUAGE:** Go somewhere. Travel (think 4<sup>th</sup> year spring). Go by yourself (speaking English won't help). Something is better than nothing – if you can't travel/do homestay, look into alternative options at home.
- **EMBRACE CULTURAL HUMILITY** Learn about where people are from. Share genuine interests. Don't presume

## RESOURCES ADDRESSING IMPACT OF RACE ON HEALTH

- Unnatural causes (website and documentary): <http://www.unnaturalcauses.org/>
- Accumulating advantage: [http://www.unnaturalcauses.org/interactivities\\_08.php](http://www.unnaturalcauses.org/interactivities_08.php)
- Implicit bias testing (Harvard): <https://implicit.harvard.edu/implicit/takeatest.html>
- Levels of racism: <https://cultureandhealth.wordpress.com/2011/01/10/three-levels-of-racism/>

## COMMUNITY HEALTH CENTERS AND POVERTY

- 2017 Federal Poverty Level (FPL) – 1 person=\$12,000/yr; family of 2 = \$16,000, 3 = \$20,000, 4 = \$24,000
- In 2015, 1 out of 12 patients nationally receive care at a community health center (CHC); 71% live below FPL
- CHCs provide less expensive, more comprehensive care and do better with chronic conditions.

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## LOAN REPAYMENT AND FINANCIAL BENEFITS

- **National Health Service Corps:** Multiple programs offering loan forgiveness based on service time
- **Public Service Loan Forgiveness:** Loans given after 10 years of working at a non-profit (includes residency)
- **HRSA Health Profession Shortage Area Loan Forgiveness:** Geographic dependent loan forgiveness

## READING SUGGESTIONS

- **Pathologies of Power** (Paul Farmer)
- **The Spirit Catches You and You Fall Down** (Anne Fadiman)
- **Health in an Unequal World** (Michael Marmot)
- **Levels of Racism** (Camara Jones)
- **Stages of Working with the Poor** (Albert Nolan)

**1. Health is more than health care.** Doctors treat us when we're ill, but what makes us healthy or sick in the first place?

Research shows that social conditions – the jobs we do, the money we're paid, the schools we attend, the neighborhoods we live in – are as important to health as our genes, our behaviors and even our medical care.

**2. Health is tied to the distribution of resources.** The single strongest predictor of our health is our position on the class pyramid. Whether measured by income, schooling or occupation, those at the top have the most power and resources and on average live longer and healthier lives. Those at the bottom are most disempowered and get sicker and die younger. The rest of us fall somewhere in between. On average, people in the middle are twice as likely to die an early death compared to those at the top; those on the bottom, four times as likely. Even among people who smoke, poor smokers have a greater risk of premature death than rich ones.

**3. Racism imposes an added health burden.** Past and present discrimination in housing, jobs, and education means that today people of color are more likely to be lower on the class ladder. But even at the same level, African Americans typically have worse health and die sooner than their white counterparts. In many cases, so do other populations of color. Segregation, social exclusion, encounters with prejudice, people's degree of hope and optimism, access and treatment by the health care system – all of these can impact health.

**4. The choices we make are shaped by the choices we have.** Individual behaviors – smoking, diet, drinking, and exercise – do matter for health. But making good choices isn't just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food, liquor joints and convenience stores. Some have nice homes, clean parks, safe places to exercise and play, and well-financed schools offering gym, art, music and after-school programs; others don't. What government and corporate practices can better ensure healthy spaces and places for everyone?

**5. High demand + low control = chronic stress.** It's not CEOs dying of heart attacks, it's their subordinates. People at the top certainly face pressure but they are more likely to have the power and resources to manage those pressures. The lower in the pecking order we are, the greater our exposure to forces that can upset our lives – e.g., insecure and low-paying jobs, uncontrolled debt, capricious supervisors, unreliable transportation, poor childcare, lack of health insurance, noisy and violent living conditions – and the less we have access to the money, power, knowledge and social connections that can help us cope and gain control over those forces.

**6. Chronic stress can be deadly.** Exposure to fear and uncertainty trigger a stress response. Our bodies go on alert: the heart beats faster, blood pressure rises, glucose floods the bloodstream – all so we can hit harder or run faster until the threat passes. But when threats are constant and unrelenting, our physiological systems don't return to normal. Like gunning the engine of a car, this constant state of arousal, even if low-level, wears down our bodies over time, increasing our risk for disease.

**7. Inequality – economic and political** – is bad for our health. The United States has by far the most inequality in the industrialized world – and the worst health. The top 1% now owns more wealth than the bottom 90% combined. Tax breaks for the rich, deregulation, the decline of unions, racism, segregation, outsourcing, globalization and cuts in social programs destabilize communities and channel wealth, power and health to the few at the expense of the many. Economic inequality in the U.S. is now greater than at any time since the 1920s.

**8. Social policy is health policy.** Average U.S. life expectancy increased 30 years during the 20th century. Researchers attribute much of that increase not to drugs or medical technologies but to social reforms; for example, improved wages and work standards, sanitation, universal schooling, and civil rights laws. Social measures like living wage jobs, paid sick and family leave, guaranteed vacations, universal preschool and access to college, and guaranteed health care can further extend our lives by improving them. These are as much health issues as diet, smoking and exercise.

**9. Health inequities are neither natural nor inevitable.** Inequities in health – arising from racial and class-based inequities – are the result of decisions that we as a society have made. Thus, we can make them differently. Other industrialized nations already have, in two important ways: they make sure there's less inequality (e.g., in Sweden the relative child poverty rate is 4%, compared to 21% in the U.S.), and they enact policies that protect people from health threats regardless of personal resources (e.g., good schools and health care are available to everyone, not just the affluent). As a result, on average, citizens of those countries live healthier, longer lives than we do.

**10. We all pay the price for poor health.** It's not only the poor but also the middle classes whose health is suffering. We already spend \$2 trillion a year to patch up our bodies, more than twice per person the average of what other industrialized nations spend, and our health care system is strained to the breaking point. Yet our life expectancy is 29<sup>th</sup> in the world, infant mortality 30<sup>th</sup>, and lost productivity due to illness costs businesses more than \$1 trillion a year. As a society we face a choice: invest in the conditions that can improve health today, or pay to repair the bodies tomorrow.

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"If medicine is to fulfill her great task, then she must enter the political and social life.

Do we not always find the diseases of the populace traceable to defects in society?

Since disease so often results from poverty then physicians are the natural attorneys of the poor, and social problems should largely be solved by them."

-Rudolf Virchow