

A Mission to Help the Mission: Giving Back in a Uniquely Medical Student Way

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Abstract

- The first group that I was able to take part of in medical school was a group called Physicians for Human Rights (PHR)
- The primary goal of this group is to get students actively involved in giving back to the community
- My second year of medical school I was elected as co-president and was able to organize numerous events
- These activities include:
 - Blood pressure and sugar checks at Northlands Rescue Mission
 - 10-20 patients each time
 - Blood pressure and sugar checks at community picnics
 - 100+ patients screened
 - Sexual Assault Nurse Examiner (SANE) and Community Violence Intervention Center counselor's presentation on violence in the community
 - First and second year medical students were present

- While looking at these numbers, I can only think that there must be more to the story.
- The self-reported prevalence is the same, but are homeless individuals seeking healthcare often enough to make this number accurate?
- Further research by Asgary et al. shows that in New York homeless shelters, the rate of uncontrolled hypertension amongst hypertensive individuals that are homeless is much higher than the general population.²
- Additionally, individuals in homeless shelters were younger, had less insurance, and were more likely to have a substance use disorder.²
- Lastly, interestingly enough, if a homeless, hypertensive individual had other comorbid conditions (ie. diabetes), they were more likely to have better blood pressure control.²
- All this to say, that this is a vulnerable population when it comes to common health conditions, and routine screening is a practical preventative measure that we as medical students can take.

Discussion

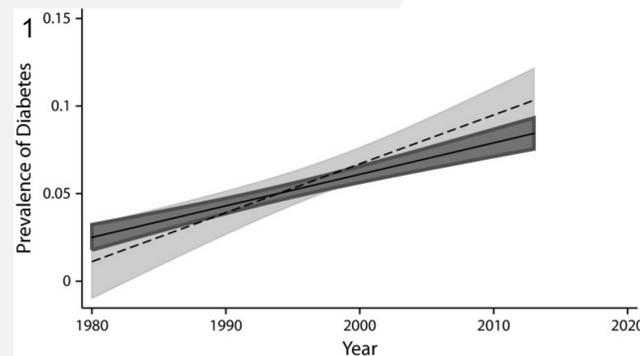
- Challenges along the way
 - Finding physician preceptors. Physicians are incredibly busy professionals and finding times that worked for everyone was difficult. We could work this out in the future by have 1-2 physicians agree to shoulder the load of our events; this rather than the 5-10 currently listed. Less is more in this case.
 - Advertising to the community. In the future, creation of a social media page would be incredibly beneficial. Additionally, placing fliers or handouts at the mission itself, would be an effective way to let patients know of the opportunity.
 - The Covid-19 pandemic. Like so many organizations, we were taken away from partaking in any further events last spring, fall, and this winter because of the current state of our world. One way to still reach and educate individuals is to try and give presentations to the mission directly. We could set up zoom meetings and talk about the importance of health maintenance.
- I am thankful that I was able to face these challenges listed above, because I believe that they will be great learning points when pursuing future volunteer opportunities.

Conclusions

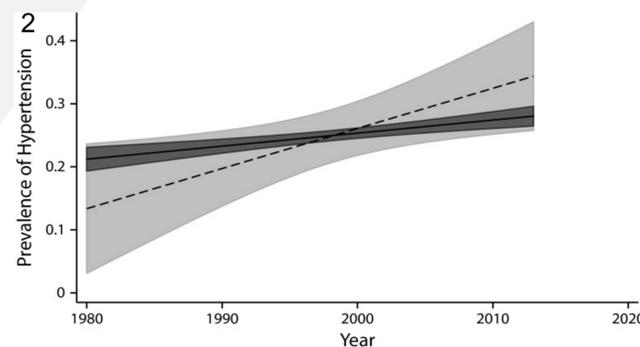
- This group gave me the ability to reach out into the community and gave me a small bit of insight as to how the less fortunate in our community live.
- It helped me to realize that although we are not a metropolis of a city by any means, there is still widespread poverty.
- Additionally, it helped me to communicate with people who have very little knowledge about medicine; this will help me to better communicate with my patients in the future.
- All-in-all, my experience and outreach in the community that I gained through PHR will most definitely leave a lasting impact on me.
- It has become apparent that during the last several months, when I have been unable partake in these events, it left me with a longing; this longing, I know, will continue throughout my career and help me to further engage in future outreach no matter where I may end up. When one thinks of medical school, they undoubtedly think of the grind. The long nights, early mornings, and all the struggles in between. But reaching out into the community with PHR taught me a softer and more altruistic side of medicine; one that you will not find in the classroom.



Dr. Eric Johnson and myself at the community picnic



Legend for Figure 1:
 - Homeless, 95% CI (dashed line with grey shading)
 - General Population⁹, 95% CI (solid line with black shading)
 - Linear prediction, Homeless (dashed line)
 - Linear prediction, General Population (solid line)



Legend for Figure 2:
 - Homeless, 95% CI (dashed line with grey shading)
 - General Population⁹, 95% CI (solid line with black shading)
 - Linear prediction, Homeless (dashed line)
 - Linear prediction, General Population (solid line)

Bernstein et al. 2015
 1. Prevalence of diabetes in individuals who are homeless
 2. Prevalence of hypertension in individuals who are homeless



All supplies are purchased with the PHR's budget. Health records are current stored and filed in paper format. When not in use, files are securely locked away.



A big thanks to Northlands Rescue Mission for hosting us over the last several years.

Thank you

- It is important for me to thank all of the medical students and faculty who were willing to help myself in the organization and execution of the acts that were able to be performed through the PHR and UNDSMHS platforms. Without them, I could not have successfully pulled off any of these memorable events.

References

1. Bernstein RS, Meurer LN, Plumb EJ, Jackson JL. Diabetes and hypertension prevalence in homeless adults in the United States: a systematic review and meta-analysis. *Am J Public Health.* 2015;105(2):e46-e60. doi:10.2105/AJPH.2014.302330
2. Asgary R, Sckell B, Alcabes A, Naderi R, Schoenthaler A, Ogedegbe G. Rates and Predictors of Uncontrolled Hypertension Among Hypertensive Homeless Adults Using New York City Shelter-Based Clinics. *Ann Fam Med.* 2016;14(1):41-46. doi:10.1370/afm.1882

Impact and Importance

- A meta-analysis from 2015 that included data from 97,366 homeless adults in the United States found the **prevalence of self-reported hypertension was 27.0% and diabetes was 8.0%.**¹
- What does this mean? With their data they found that there was no significant difference in prevalence of hypertension and diabetes between homeless and general populations.