

MEDICAL SCHOOL HOTLINE

Cultural Competency in Serving the Homeless in Hawai'i at the John A. Burns School of Medicine

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The Medical School Hotline is a monthly column from the John A. Burns School of Medicine and is edited by Satoru Izutsu PhD; HJMPH Contributing Editor. Dr. Izutsu is the vice-dean of the University of Hawai'i John A. Burns School of Medicine and has been the Medical School Hotline editor since 1993.

Homelessness in Hawai'i has gained a tremendous amount of attention over the past year. National and international newspapers have been highlighting Hawai'i's issue of homelessness, as the state's rapidly growing homeless population has reached a five-year high of 7,620 individuals (Figure 1),¹ leaving Hawai'i with the unfortunate distinction of having the highest homeless rate per capita in the nation (487 homeless/100,000 people).² In October 2015, the City and County of Honolulu conducted its largest homeless sweeps on the streets of Kaka'ako neighboring the University of Hawai'i John A. Burns School of Medicine (JABSOM). These sweeps displaced over 200 homeless individuals, and with limited shelter space available many were left with no place to go. The fact that the number of unsheltered homeless individuals (3,843) is greater than the number of sheltered homeless individuals (3,777) demonstrates the need for more social services and better housing policies.¹ In response, politicians have proposed ideas to allocate additional resources for the homeless, such as providing temporary housing communities on Sand Island and in Kaka'ako.^{3,4}

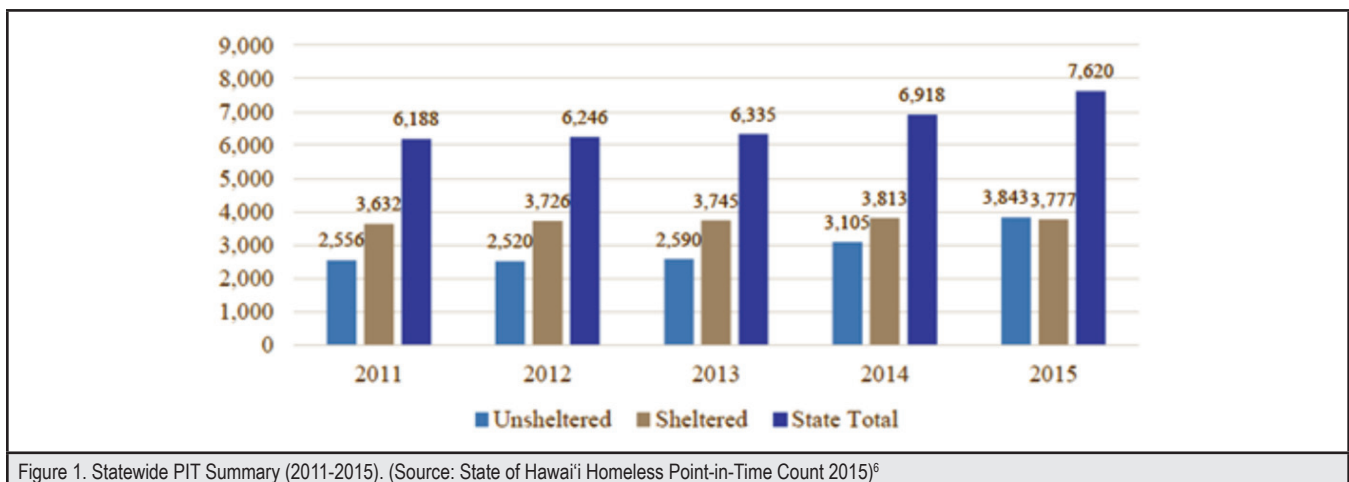
While Hawai'i's politicians are working to create safe environments for these individuals, medical students at JABSOM have been addressing this statewide issue since 2005 through the Homeless Outreach and Medical Education (H.O.M.E.) Project,⁵ which provides four student-run free clinics each

week and teaches future physicians to provide high quality and effective healthcare in an environment of limited resources. By caring for both homeless and non-homeless patients, students refine their skill in addressing cultural issues—an art that is arguably as important as the science behind the medicine.

Cultural Competency

Social determinants of health, such as social status, employment, education, and wealth, have been examined closely in attempts to improve the healthcare system.⁷ These social factors must take culture into account in order to be fully understood and before potential solutions can be proposed.^{8,9} For example, most Western societies define wealth as monetary and material gain, whereas the Hawaiian word for both “wealth” and “fresh water” is *wai*, which reflects the precious significance of fresh water to the Hawaiian culture.¹⁰ Even though the social determinants of health are universal processes, they have unique meanings in each society. Healing is not always solely dictated by evidence-based medicine. It also incorporates the patient's cultural values, personal principles, goals, and aspirations.⁹

The Oxford English dictionary defines “culture” as *the distinctive ideas, customs, social behaviour, products, or way of life of a particular nation, society, people, or period*.¹¹ Culture is a complex collection of identities, including but not limited to



race, gender, religion, sexual orientation, education, disability, and homelessness. The purpose of cultural competency is to make healthcare services accessible, acceptable, and effective for all people, regardless of their cultural background.¹² For decades, the importance of cultural competency in healthcare has been emphasized in response to the nation's growing healthcare disparities amongst racial groups. According to the United States Census Bureau, the number of racial minorities is increasing at a rapid rate with racial minorities becoming the population's majority in five states.¹³ Racial minorities comprise 75% of the population in Hawai'i, which is the largest minority population of any state in the nation.¹³

Hawai'i is often thought of as one of the most culturally diverse places in the world. The state attracts a wide range of people from across the globe and is comprised of an irreproducible mixture of native Hawaiian, intranational, and international cultures. Commonly referred to as a "cultural melting pot," Hawai'i embodies the importance of cultural competency in medicine. It is an excellent place for medical students to learn to care for patients of various backgrounds. By training at the University of Hawai'i, future physicians are able to interact directly with and learn from these individuals, thereby preparing them to provide comprehensive care for their patients that includes addressing cultural issues.

Learning by Caring for the Homeless

Homelessness is a unique type of culture. Some of the special healthcare needs of the homeless community result from higher rates of cardiovascular disease,¹⁴ infectious diseases,^{15,16} cancer,¹⁷ and mental illness¹⁸ than in the general public. As a result of their poor health outcomes, homeless individuals are often victim-blamed for being inattentive to their personal health. However, these accusations fail to take into account homeless culture and the many barriers they face. The lack of adequate healthcare among homeless individuals can be attributed to poor finances, lack of knowledge of the healthcare system, language and cultural barriers, lack of transportation, and other priorities that take precedence over health (ie, shelter, safety, food).^{19,20} These factors must be taken into consideration when physicians create individual treatment plans to enhance feasibility and optimal patient adherence. Healthcare providers must remember to approach patients holistically and to practice culturally competent care, so that false assumptions are not reached and do not perpetuate existing disparities within the healthcare system.

The mission of the Hawai'i H.O.M.E. Project is to improve quality and access to healthcare for Hawai'i's homeless while increasing student and physician awareness and understanding of the homeless and their healthcare needs.⁵ The H.O.M.E. Project touches the lives of both patients and students, as it mentors future physicians to advocate for personal and systemic changes that may effectively address healthcare disparities. Through the H.O.M.E. Project, medical students gain intimate exposure to the various obstacles that homeless individuals face and obtain a better understanding of how socioeconomic factors drive public health.

By understanding and targeting the multiple sources of their clients' health problems, the H.O.M.E. Project is able to propose solutions that are feasible and sensible for homeless patients. For example, a major problem among the homeless community is the inability to obtain affordable meals, particularly affordable healthy meals, which results in a diet consisting primarily of inexpensive processed foods. This mass consumption of high calorie, high fat, nutrient-deficient foods leads to increased rates of obesity, diabetes, hyperlipidemia, and the many complications associated with these diseases. While the homeless are often judged for their poor lifestyle and non-adherence to treatment plans, the reality of their situation is that consuming cheap, unhealthy food is a more realistic alternative to starving or spending their limited funds on expensive medications and healthy foods.

Finances and accessibility limit preventive healthcare. When patients finally present to a physician, their medical problem list is the by-product of longstanding untreated disease that has accumulated over many years. Personal priorities of the homeless often differ from those of the general public as a result of their economic situation. Students at the H.O.M.E. Project take these social determinants of health into account and have created easy-to-read educational pamphlets, such as "Eating Healthy on a Budget." Additional services include providing healthy refreshments, free medications, and personal items such as socks, shoes, sleeping mats, and hygiene products. Through these activities, JABSOM students are taught to become empathetic leaders within the community.

Each patient has his or her own story. Medical students are encouraged to obtain detailed histories to better understand each person's background — What is important to them? How did they become homeless? How are they struggling with homelessness? What are some of the barriers they face in trying to overcome homelessness? At the clinics, medical students not only care for, but also befriend many of the patients. One very memorable patient was a pleasant middle-aged woman who presented to H.O.M.E. clinic with a severe headache. Her headache began earlier that day, after she had gotten into an argument with her ex-husband who was an unmedicated schizophrenic, polysubstance abuser. She had a long history of domestic violence, but consistently declined protection at the local women's shelter because of the shelter's no pet policy. She refused to surrender the dog that she had rescued as a stray puppy that had remained faithfully by her side through her job loss, divorce, and eventual eviction. This dog was her only family and companion. After treating her headache with acetaminophen, her enraged ex-husband came to the H.O.M.E. clinic and demanded that she leave with him. Concerned for her safety, she was asked privately if she would permit us to call the police. She politely declined and departed with him. It was difficult to understand why she would decline help. The attending physician enlightened me that unfortunately, helping victims of domestic abuse can often do more harm than good, especially if they are not ready or hesitant to receive assistance.^{21,22} Moreover, for victims who have gathered the strength to seek help, police have traditionally

been reluctant to make arrests for “minor assaults”, discouraging and further endangering victims of domestic abuse.²² The attending physician also reassured me that in these types of situations, providing emotional support is often more powerful than actual medicine.

Homelessness is more than a lack of finances. It is often complicated by other underlying issues such as domestic abuse, substance abuse, and mental illness. The “drift hypothesis” is a longstanding theory regarding the relationship between mental illness and social class.²³ It argues that mental illness causes a downward shift in social class, thus explaining the disproportionately high rate of schizophrenia among the low income population.²³ The H.O.M.E. Project has helped students to realize that many of these individuals are victims of unfortunate circumstances and that cultural competence is necessary to treat the whole person, rather than just the disease.

Nurturing Culturally Competent Physicians at the John A. Burns School of Medicine

All physicians, regardless of their specialty, will encounter patients from various backgrounds and, therefore, should be proficient in providing culturally competent healthcare. The nation’s top professional organizations, including the American Medical Association and Association of American Medical Colleges, have called for medical education to address the needs of culturally diverse patient populations.²⁴⁻²⁷ However, according to the 2015 Association of American Medical Colleges Graduation Questionnaire, only 64.2% of medical students nationwide reported any formal education experience related to cultural awareness and cultural competence.²⁷ This translates into a significant number of doctors who are inadequately prepared to provide comprehensive healthcare to a large percentage of their patients.

The H.O.M.E. Project was established 10 years ago in response to growing healthcare disparities. Today, over 49 US medical schools operate at least one student-run free clinic.²⁸ JABSOM introduces its students to the issue of homelessness early in their medical careers and continues to revisit this topic throughout their medical education. Curriculum highlights include a panel of homeless persons that provides students with an opportunity to listen to personal stories of homelessness, along with several problem-based-learning (PBL) cases that revolve around a homeless teenager and his family. The issues discussed challenge students to think critically about accessibility to healthcare, underlying systemic problems, and potential solutions.²⁹ Students are engaged in both class lectures and small group discussions about the basic healthcare management of homeless patients and clinical “pearls” such as treating gout attacks with indomethacin, rather than colchicine, since the latter causes diarrhea and homeless patients often lack quick access to restrooms—a luxury that most people take for granted. After three years of instruction and working with the H.O.M.E. Project, student knowledge, skills, and empathy are evaluated through Objective Structured Clinical Exams (OSCEs).²⁹ With

this rigorous curriculum, JABSOM graduates are molded into exceptional physicians who are well prepared to address the needs of Hawai‘i’s homeless.

Compared to the 64.2% of medical students nationwide that reported any formal education experience related to cultural awareness and cultural competence, for the last five years 82.8 – 94.9% of JABSOM students reported having these educational experiences.²⁷ In addition to addressing the issues of the homeless, JABSOM excels at training students to understand the cultural needs of other underserved communities. The following are some examples of experiences addressing cultural competency that are available to JABSOM students:

- First year community health rotations addressing under served populations: Native Hawaiian health,³⁰ low income clinics (Kalihi-Palama Health Center, Waimanalo Health Center), at risk youth (School Health Education Project,³¹ Hawai‘i Youth Program for Excellence, Healthy Keiki Can, Kuaola Program), individuals with intellectual disability (Sunny Buddies Program), and senior citizens (Wellness Initiative for Seniors in Hawai‘i)
- PBL on the neighbor islands
- Clinical rotations in rural health: neighboring Hawaiian islands, Pacific Islands (Philippines, Guam, American Samoa, Pohnpei, Chuuk, Yap, Palau), Southeast Asia, and Japan
- Student organizations: Partnership for Social Justice,³² LGBT Health Interest Group³³, Global Health Interest Group, Rural Health Interest Group
- Student projects in medical education: student-written PBL cases addressing the special needs of Muslim³⁴ and LGBT³⁵ patients

The JABSOM curriculum is a collaboration amongst faculty, administration, and students to promote cultural competence through hands-on training and real world experience. The school’s student body reflects the state’s diversity and the essential characteristics of a highly effective doctor—empathy, activism, compassion, and cultural competence. It is no surprise that JABSOM is currently ranked among the top 20 United States medical schools for primary care.³⁶ With continued experiences like those provided at the H.O.M.E. Project clinics, we will not only be able to provide more culturally competent care to the growing homeless population in Hawai‘i, but we are preparing our future physicians to better care for all of the people in our community.

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