

## Background

The Family Medicine (FM) Residency Program at Henry Ford Rochester Hospital (HFRH) participates in Street Medicine Detroit (SM), the student-run free clinic (SRFC) and outreach sites in Wayne and Oakland County. Also, FM is supported by MIDOCS, a state program addressing physician shortages in underserved areas. Starting in 2023, FM developed a formal community outreach curriculum in their residency program to better equip residents with the experience and knowledge to provide responsive, culturally competent care for diverse patient populations in a variety of clinical settings.

Political shifts slowing progress in crucial organizations (including HHS and CDC) coupled with stagnant rates of medical students pursuing primary care<sup>1</sup> despite the increased demand for primary care physicians poses a direct threat to the health care needs of Americans.

The too-few family physicians we have, especially those in residency, must be creative in finding ways to serve those in need outside of the construct of for-profit and even government funded organizations.

## Aim

We hypothesized that through the establishment of a community outreach curriculum in a family medicine residency that consisted of predominantly volunteer direct care, we could:

1. Create and implement a curriculum that resident participants find valuable and meaningful.
2. Foster community partners long-term, thus allowing a natural path for growth and expansion in providing care to those who need it most.
3. Measure the impact of the curriculum by hours spent in the community and volume of community members contacted.
4. Maintain the momentum by graduating inspired residents who continue to engage their community as attendings--preferably with the same organizations they interfaced with as residents.

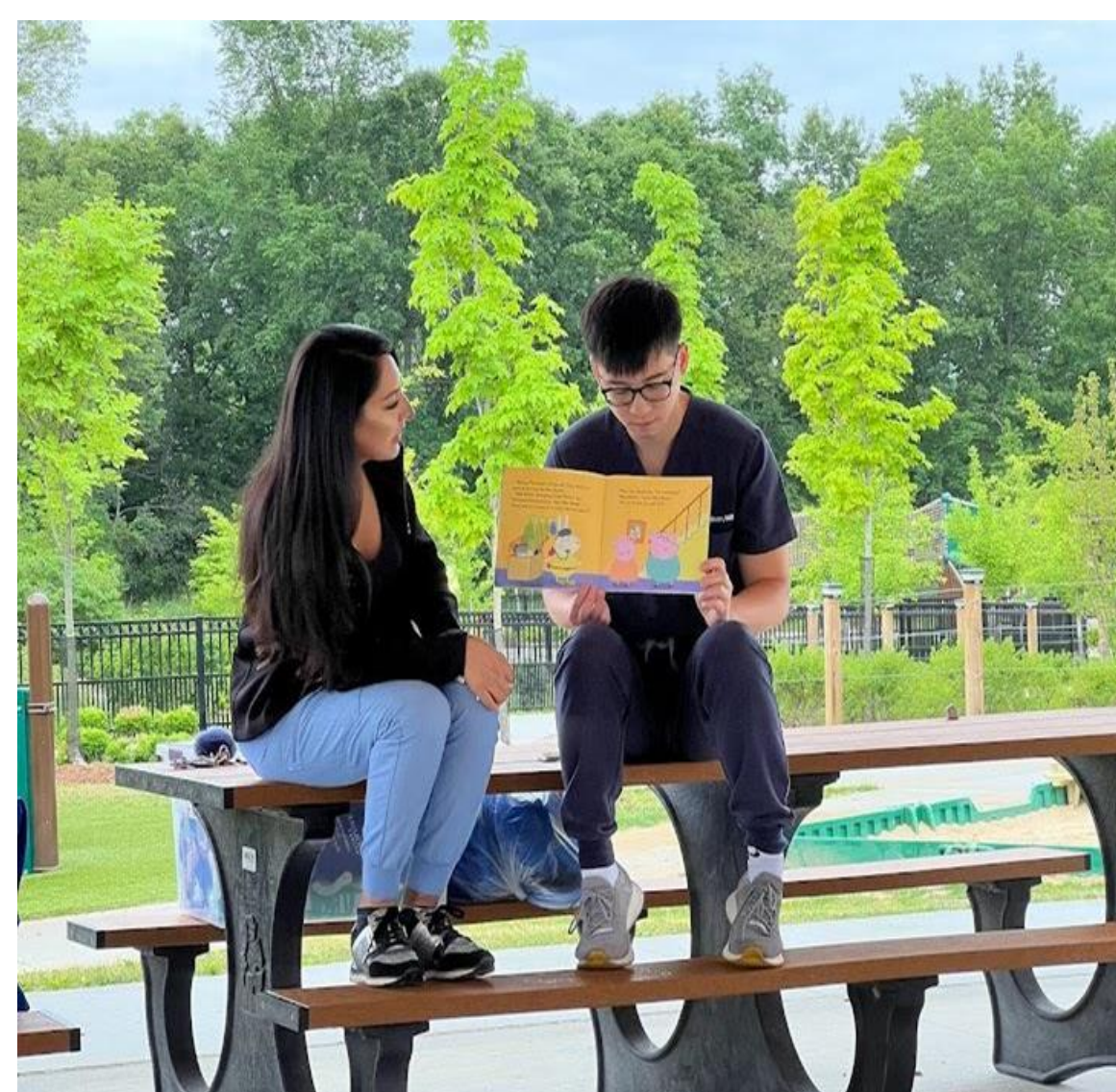
## Methods

FM residents who were in the program at HFRH during the 2023-2024 (n=23) and 2024-2025 AY (n=28) were enrolled in the curriculum as part of required work. These are referred to as year one (Y1) and year two (Y2). Outreach sites started with WSUSOM's SRFC and SM, Neighborhood House (NH), Samaritas Senior Living (SSL), and the Older Person's Commission (OPC).

## Methods (continued)

In Y1, we wrote the curricula to encompass the learning experiences, queried community partners for new opportunities and started measuring outreach hours and resident impressions of the curriculum.

In Y2, we are also tracking encounters and expanding our reach to other organizations. Y2 will conclude with again surveying resident impressions of the curriculum.



Clockwise from the top: residents providing diabetes screening at the Salvation Army, residents and students on a Street Medicine run, and residents providing storytime for children at a local park.

## Results

**Table 1** shows **335 hours** were spent in Oakland and Wayne county providing services that included direct patient care (SRFC, SM), well-child checks at NH, and blood pressure screening and patient education at the OPC and SSL in Y1. An **additional 227.5** hours at the midpoint of Y2 shows growth and includes new community sites: Gary Burnstein Community Health Center (GBCHC), Golden Opportunity Club (GOC), Salvation Army (SA), Orion Center (OC), and story time at a local park (IP). Y2 also includes measurement of patient volume. To date we have served **364 community members**.

17 of the 23 residents in AY 2023-2024 completed the survey on the curriculum (73%). Using a likert scale, residents were asked the extent in which they found the community outreach activities personally meaningful, rewarding, and the extent to which they were satisfied or dissatisfied with the curriculum. Only 1 respondent found the curriculum moderately not rewarding but was still satisfied with the curriculum and found it meaningful. The majority found the curriculum meaningful (94%), rewarding (88%), and were satisfied with it (82%).

Organization	Services	Location	Y1		Y2 Jul 1-Dec 31	
			Hours	Encounters	Hours	Encounters
Student Run Free Clinic (SRFC)	Direct patient care for uninsured	Detroit	60	20	50	13
Street Medicine (SM)	Direct patient care for those experiencing homelessness	Detroit	96	49	42	135
Neighborhood House (NH)	Back-to-school physical	Rochester	4.5	26	4.5	0
Older Persons Commission (OPC)	Blood pressure screening and education	Rochester	100	unknown	50	unknown
Samaritas Affordable Living (SAL)	Blood pressure screening and education	Rochester Hills	75	237*	50	*
Gary Burnstein Community Health Center (GBCHC)	Direct patient care for uninsured	Pontiac	0	0	15	4
Golden Opportunity Club (GOC)	Diabetes screening and education	Pontiac	0	0	8	117
Salvation Army (SA)	Diabetes screening and education	Pontiac	0	unknown	8	unknown
Innovations Park Story Time (IP)	Children programming	Rochester Hills	2	unknown	2	unknown
Orion Center (OC)	Blood pressure screening and education	Lake Orion	100	512*	50	*

\*Represents total spanning Y1 and Y2

Table 1.

## Discussion: Barriers & Strategies

The development of a community outreach curriculum can be sustainable within the constraints of residency education and overall was found to be rewarding and meaningful by most resident physicians.

The two largest barriers were scheduling assignments in the chaotic matrix of GME and ensuring residents logged encounters. As shown on Table 1, residents at some sites did not adequately track encounters.

We will continue to measure our impact and resident impressions of the curriculum. We would also like to survey our community partners and, eventually, resident graduates on any volunteerism they maintain as attendings.

One-third of Americans lack access to primary care<sup>2</sup> and in our current political climate, access to government-funded programs is unlikely to grow. Encouraging young physicians to value community outreach in their careers, can help those most in need of healthcare who have barriers to obtaining it.

### REFERENCES

1. 2024 MATCH: Results for Family Medicine. (2024). American Academy of Family Physicians.
2. National Association of Community Health Centers. (2023). Closing the Primary Care Gap: How Community Health Centers Can Address the Nation's Primary Care Crisis.