

PRIME-US

Program in Medical Education for the Urban Underserved

Leigh Kimberg, MD

Achieving health equity for individuals and communities in California, the most diverse and populous state in our country, requires a diverse health-care workforce equipped to provide culturally accountable healthcare and public health leadership. In 2006, a California legislative initiative (Prop 1D) was used to support the expansion of medical school classes in the University of California (UC) system to create a diverse workforce trained to eliminate health disparities.¹ Benefiting from state, foundation, and individual donor support, Program in Medical Education for the Urban Underserved (PRIME-US) was piloted in 2006 and launched in 2007 at the University of California, San Francisco (UCSF) and the UCSF-University of California, Berkeley Joint Medical Program (JMP) with the mission to, “nurture, support and equip participating medical students to become leaders in underserved care.”

PRIME-US is a highly selective five year curricular program which admits students, after admission to UCSF or the JMP, who have already demonstrated a commitment to serving under-resourced communities and promoting health equity. Each PRIME-US cohort is remarkably diverse; over the past decade, PRIME-US students self-identify as coming from the following backgrounds: 59 percent “under-represented in medicine” or “UIM” (as defined by UC as: Black/African American, Latino/Hispanic/Chicano, Native American/American Indian, or Asian Pacific Islander), 86 percent racial/ethnic minority, 52 percent socio-economically disadvantaged, and other aspects of diversity including sexual orientation and gender identity minorities, first-generation to college, first language other than English, first and second generation immigrants, and more.

These remarkable PRIME-US students participate in a robust curricular program, in addition to the medical school curriculum, that includes: a summer Introduction immersion experience, a seminar series and site visits, a community engagement program, clinical placements in underserved settings, a Capstone course, a leadership program, a master’s degree or research fellowship, a mentorship and support program, and an outreach program. The PRIME-US curriculum is based upon community engagement and leadership competencies developed by PRIME-US stakeholders and health equity competencies developed by UCSF and community stakeholders through STEP UP. PRIME-US is grounded in a health equity perspective² and draws upon the concepts of “cultural humility”³ and asset-based health promotion to guide our work. The process of reflection is incorporated into each learning experience to deepen the students’ engagement and understanding. The curriculum is highly dynamic; our seminar series and site visits are designed each year to reflect the interests of each student co-



hort, trends in health disparities and equity, and the input of our community partners.

Rather than sitting in a classroom, PRIME-US students can be found in the Tenderloin assisting the ‘corner captains’ from Tenderloin Safe Passage, interviewing stakeholders for the ‘Roadmap to Peace’ community initiative, surveying patients about healthy food access at Southeast Health Center, learning about the community health worker program at the Women’s Community Clinic, preparing a policy brief about neighborhood drinking water access in partnership with UCSF and the San Francisco Health Improvement Partnership (SFHIP), or teaching middle school students about lung physiology, asthma, and air pollution at the Junior Doctor’s Academy in Fresno, California. By the time the PRIME-US students participate in the final-year Capstone course they are able to make substantive contributions to the work of our community partners.

Throughout their participation in PRIME-US, students are encouraged to apply for small PRIME-US grants to support their required community engagement projects. Students work individually or in groups to practice community engagement principles through partnerships with community organizations. Many of our students’ community engagement projects include mentoring of diverse young students from minority and under-resourced backgrounds. Each year, PRIME-US students, staff, and faculty provide outreach and mentorship to approximately 1,000 students, from elementary school to post-baccalaureate programs.

PRIME-US is now fulfilling its promise to diversify the workforce and promote health equity. PRIME-US has matriculated 157 students and graduated 95 students. During their participation in PRIME-US, 69 percent of students complete a masters’ degree or research year in order to gain additional key public

health leadership skills. While most PRIME-US graduates are still in post-graduate training, we know that 51 percent have chosen primary care fields (pediatrics, family medicine, medicine) and an additional 38 percent have chosen fields (med-peds, emergency medicine, Ob/gyn, psychiatry) that are under-subserved, especially in underserved communities. All PRIME-US graduates who have completed their training are serving underserved communities in academic institutions or non-profit healthcare organizations that have a social mission or in community health centers. PRIME-US has come 'full-circle'; Dr. Monica Hahn, a member of the first PRIME-US cohort, is now a PRIME-US faculty member. And, led by the PRIME-US Administrative Program Director, Aisha Queen-Johnson, MSW, aspects of the PRIME-US community engagement curriculum are now being adopted by UCSF for all incoming medical students.

PRIME-US's success is articulated most beautifully by our students who have described PRIME-US as "an eco-system for creating health equity" (S. Noori) and remarked that "...everyone has 'an activated social justice nerve' . . . PRIME-US is a vehicle for keeping that activist/advocate spirit alive and shining brightly through the sense of community, the community partnerships, and the support." (D. Kim) PRIME-US students value the mentorship and support from their student peers, staff, and faculty and feel that they are able to learn deeply through their participation in a trusted community in which "[we] can be vulnerable. [We] can share our stories." (S. Noori) In the highly diverse PRIME-US learning community there is a constant interplay between the provision of respectful, trustworthy support and active engagement in the reflection process. This interplay is critical in the development of PRIME-US students' leadership skills. After a decade of experience, PRIME-US has demonstrated that a mission-driven curricular, mentorship, and support program can graduate physician-leaders who will make significant contributions to health equity in California and beyond.

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References

1. Nation, C., Preparing for Change: The Plan, the Promise and the Parachute.
2. Braveman, P., What Are Health Disparities and Health Equity? *We Need to Be Clear. Public Health Reports*, 2014. 129(Suppl 2): p. 5-8.
3. Tervalon, M.a.M.-G., Jann, Cultural Humility Versus Cultural Competence - A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *J. Health Care Poor Underserved.*, 1998. 9(2): p. 117-25.

An Appeal to Senators' Consciences and Oaths on the Health Bill

A health care ethicist says that senators, like doctors, should be guided by their sense of human decency and professional oaths.

To the Editor:

Re "Official Estimate Imperils Support for Health Bill" (front page, June 27): As a health care ethicist, I am often called upon to help doctors and others make tough decisions for people who are very ill. I regularly see medical professionals do all they can for such patients, regardless of their finances or insurance status. Beyond their sense of human decency, these professionals have taken oaths that compel them to do this.

As elected officials, senators also take oaths to serve the American people—not corporations, or some ideology or even the president. Given that virtually every relevant professional group opposes the Republican repeal bill, and that it will demonstrably hurt millions of people, any senators voting for it would clearly be violating their own oath of office. As they consider their vote, which has now been postponed, I hope they will remember that. Future historians—and voters—certainly will.

—STEVE HEILIG, SAN FRANCISCO

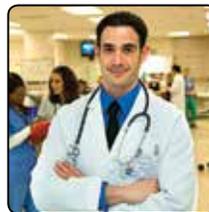
This letter was reprinted from the *New York Times*, June 27, 2017

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