Elevating Health Equity: An Innovative IPE Poverty Simulation Experience

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Background/Significance

Health equity education is essential in developing competent and compassionate health professionals. It highlights the Social Determinants of Health, emphasizing how income, education, and environment affect health outcomes and the need to address disparities. Health Equity education promotes cultural competence, reduces health disparities, and improves patient outcomes by addressing barriers in marginalized communities. It prepares students for diverse populations, builds community trust, supports ethical practices, and aligns with policy and accreditation standards.

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Research Question

How does participation in an Interprofessional Education (IPE) Poverty Simulation impact healthcare students' empathy, understanding of health equity, and interprofessional collaboration skills?

Intervention

The Health Equity Simulation is designed to foster empathy and understanding by simulating the challenges faced by individuals living in poverty. Participants engage in activities that mimic real-life situations, such as managing finances, accessing healthcare, and navigating social services. The simulation aims to demonstrate how social determinants of health impact health outcomes and to develop interprofessional collaboration skills.

LOGISTICS

Timeline

- Duration 1 hour representing 1 month
- Every 15 minutes = 1 week
- Weekly activities & expenses: Groceries, Child Care
- Monthly activities & expenses: Rent, Utilities

Methods

•**Design**: Pre-test/Post-test

•**Participants**: Students, faculty, staff from UNCW College of Health and Human Services, Cape Fear Community College, UNC School of Medicine, and community partners

•**Tools**: Jefferson Scale of Empathy, quality-of-life measures related to social determinants of health

•**Procedure**: Simulation activities include pre-brief, case portfolios, real-world scenarios, and debrief

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Outcomes

- 85 participants engaged with the **Elevating Health Equity Simulation**
- A wide range of ages (Figure 1 below) was represented by the participants.

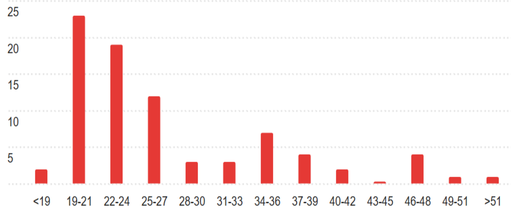

Table 1. Survey Questions for Quality-of-Life Attributes

Question Number	Quality-of-Life Attribute
1	Ability to access regular medical care
2	Capacity to afford and obtain medications
3	Management of chronic conditions
4	Access to healthy food options
5	Stress levels from daily challenges
6	Impact of language barriers on communication
7	Transportation access to essential services
8	Ability to gain employment
9	Ability to maintain employment
10	Housing stability
11	Food security and nutritional access
12	Ability to pay for utilities
13	Financial stability for basic necessities
14	Access to educational opportunities

- 81 and 65 participants engaged with the Quality of Life pre- and post-surveys, respectively. An independent Samples T-test assessed significant changes in pre-/post-scores.

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Table 2. Independent Sample T-Test Results.

Independent Samples T-Test

	U	p
Q1	3178.500	0.002
Q2	2850.000	0.217
Q3	3178.500	0.006
Q4	3165.000	0.009
Q5	3226.500	0.006
Q6	3198.000	0.003
Q7	3289.000	< .001
Q8	3194.000	0.007
Q9	3140.000	0.009
Q10	3273.000	< .001
Q11	3117.000	0.002
Q12	3336.000	< .001
Q13	3182.500	0.004
Q14	3125.000	0.025

Note. Mann-Whitney U test.

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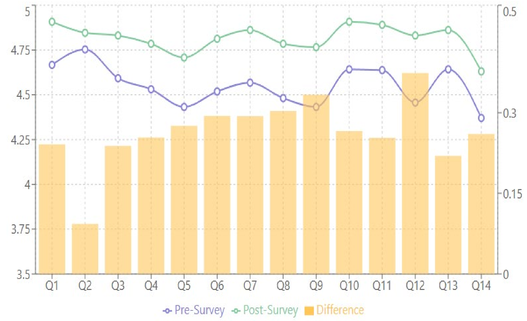
Figure 2. pre-/post-average scores with difference bar graph for Quality-of-Life survey questions.



Discussion

- There were significant changes in each of the quality-of-life scores except for attribute 2, capacity to afford and obtain medications which was the highest pre-survey score item.
- The three attributes with the largest change (p<.001) include: 1) The ability to pay for utilities, 2) Housing stability, and 3)Transportation access to essential services.

Implications

The Health Equity Simulation has shown to be an effective teaching strategy for understanding complex concepts related to health equity. It fosters clinical judgment, critical thinking, and decision-making skills. By enhancing empathy and interprofessional collaboration, the simulation prepares healthcare professionals to address health disparities and improve patient outcomes. The findings suggest that incorporating health equity training into healthcare curricula is vital for workforce development and aligns with policy and accreditation standards.

References