

The Medical Student Advocate (MSA) Program: Empowering Medical Students to Address Social Determinants of Health

Insights from an Educational Partnership Designed to Integrate Public Health into Undergraduate Medical Education

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What is the Medical Student Advocate (MSA) Program?

- ★ Involves first and second year osteopathic medical students from Philadelphia College of Osteopathic Medicine (PCOM)
- ★ PCOM 2024 Annual Report⁸:
 - 25 students participating
 - 880 total hours of volunteering
- ★ Includes the Primary Care Provider (PCP) Connect Initiative and the Colorectal Cancer Screening Initiative (CCSI)
- ★ Built off of the idea that incorporation of health inequality education into the preclinical curriculum can improve the clinical curriculum experience⁷

Three key educational opportunities⁶:

- [1] preclinical patient interaction
- [2] exposure to the social determinants of health (SDoH) and population health management
- [3] participation in an interdisciplinary team

OUR POPULATION

Population Size in 2023: **177,389**
 Median Household Income in 2022: **\$44,460**

Participants in the 2025 Regional Community Health Needs Assessment Survey² identified these barriers:

- ★ Difficulty scheduling appointments after visiting the emergency department (ED).
- ★ Lack of coordination after community health outreach.
- ★ Accessibility to insurance.

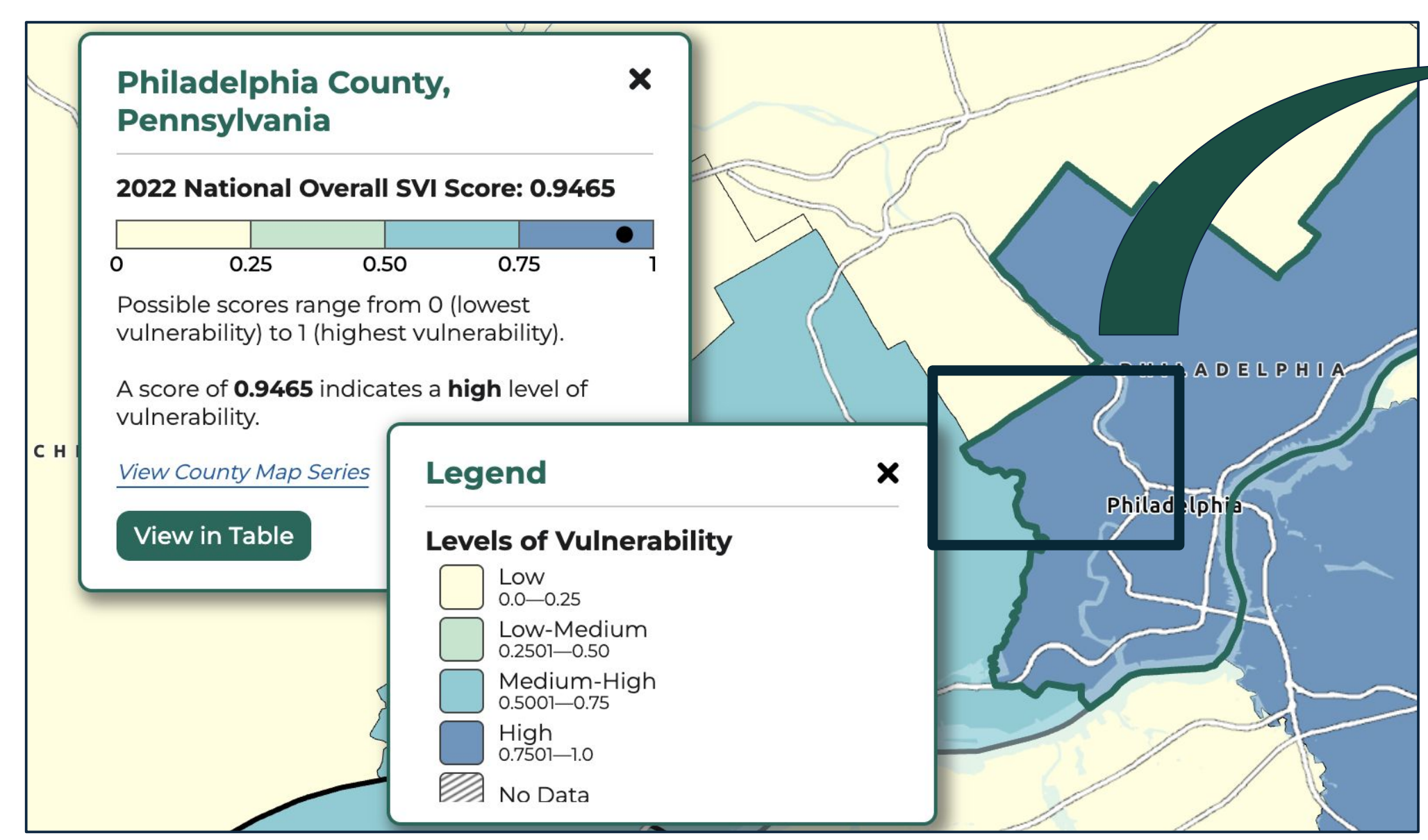


Figure 1. Social Vulnerability Index (SVI) Interactive Map
 Retrieved from <https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>

INTRODUCTION

The American College of Physicians (ACP) has identified that systemic inequalities in healthcare contribute to an estimated annual loss of \$309 billion⁴.

In their 2018 position paper, the ACP recommends the integration of social determinants of health (SDoH) into all stages of medical education and encourages a collaborative approach between healthcare professionals to support affected patients⁴.

Prior study (n = 12,663 discharged patients):

- ★ 2,975 were discharged without a primary care provider (PCP).
- ★ Of these, 2,006 patients had at least one subsequent hospital encounter within the next year³.

Suggested Interventions in the Emergency Dept (ED)⁵:

- ★ Scheduling the appt for the patient prior to discharge.
- ★ Use ED visits to screen for access.

The MSA program took these suggested interventions into practice. Through the help of community health workers, medical students identified patients in the emergency department without a PCP.

We established contact with all of these patients to either update current PCP information or to set up an appointment on their behalf.

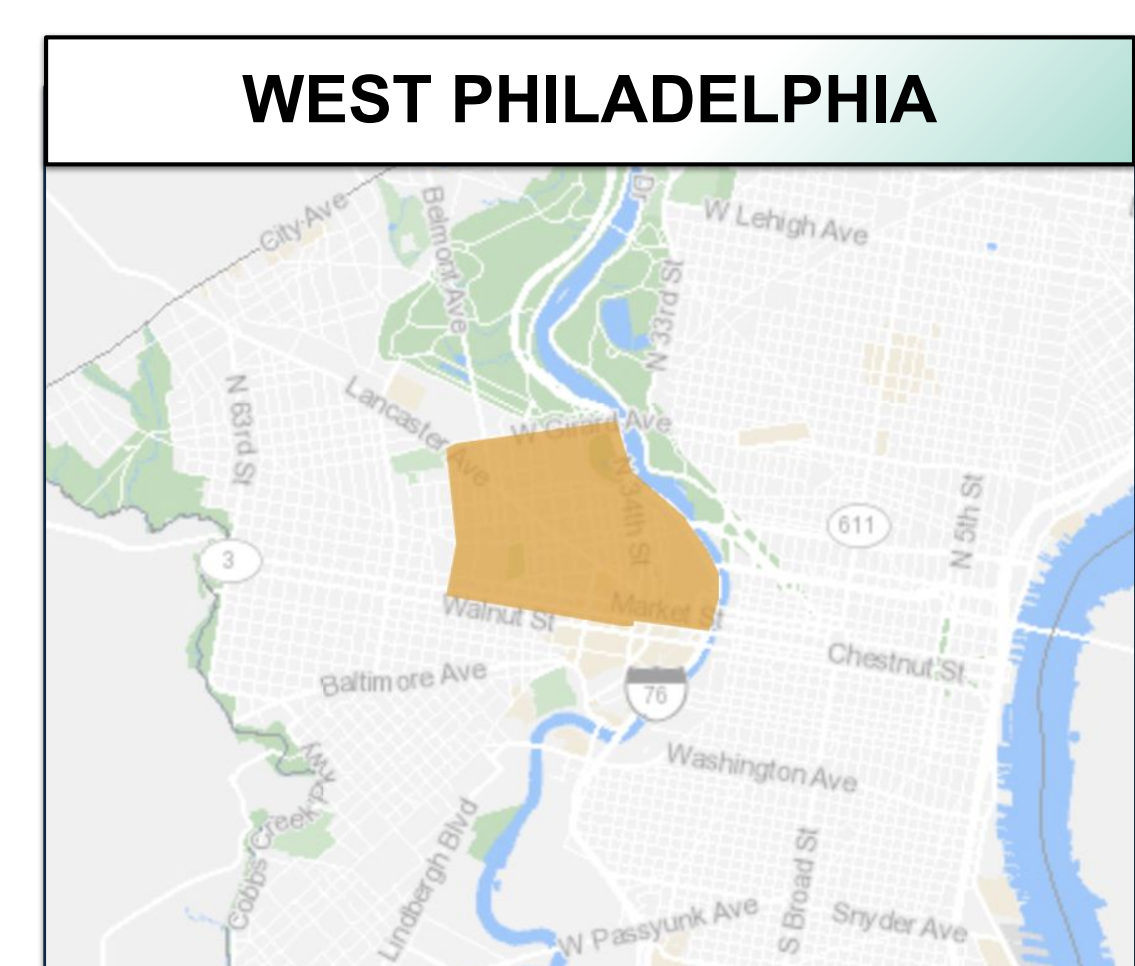
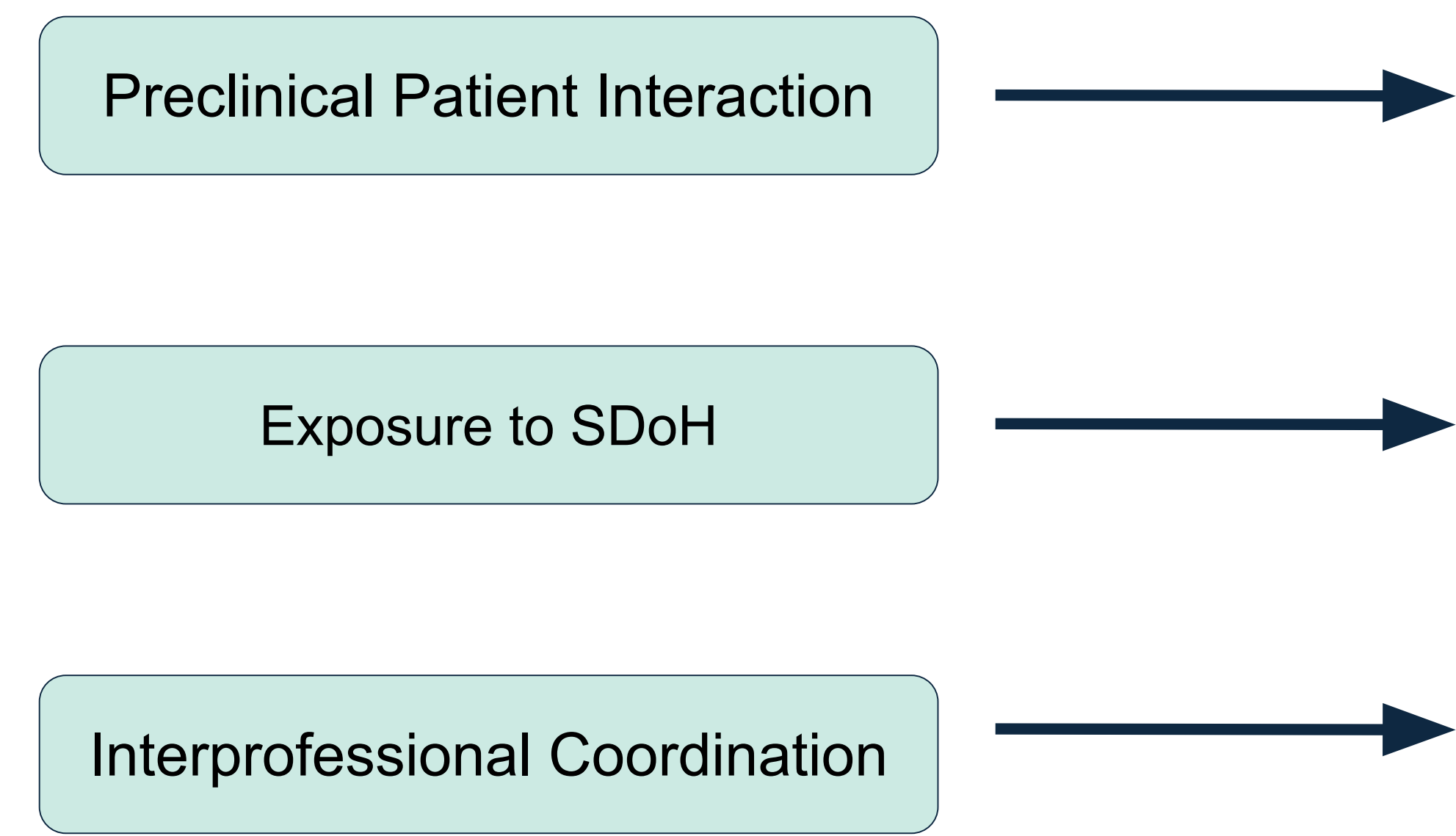


Figure 2. West Philadelphia Promise Zone Map
 Retrieved from <https://openmaps.phila.gov/>

REFERENCES



OUR EDUCATION



"I grew **more comfortable** introducing myself to patients [...] who have no idea who I am and may not want to be spoken to. I also grew more familiar with the area through scheduling patients for certain appointments at local clinics."

"It **opened my eyes** to many patients who don't have a PCP"

"It allowed me to get **meaningful experiences** with patients and understand the role of Community Health Workers."

Of the students who responded to program surveys:

- ★ No student knew the role of a CHW prior to joining the program.
- ★ All joined for patient interaction, exposure to hospital environments, and volunteer hours.
- ★ All agreed or strongly agreed to "This program was relevant as a supplement to my education."
- ★ All agreed that they there were satisfied with the program. However, students offered suggestions on how to improve student experiences by providing opportunities in other specialties or services.
- ★ Third-year students found the program adequately prepared them for patient interaction on rotations.

Key Takeaways:

- ★ "How something simple such as making someone an appointment to see a doctor is gonna have a big impact on their health."
- ★ "The very important role community health workers play in scheduling patients for important health maintenance appointments."
- ★ "Following up with patients to ensure they understand why they need to go to certain appointments and how crucial it is for them to take charge of their own health."

The MSA program translates well into clinical clerkships and residency. When a SDoH curriculum was incorporated into an Internal Medicine residency, researchers found that individual-level advocacy was more attainable for the residents¹.

Figure 3. Program Feedback These are direct comments from students who voluntarily provided feedback at the end of the academic year. This indicates achievement of the three key educational objectives.

OUR IMPACT

Results are from January to May 2025.

The PCP Connect Initiative

- ★ 181 patients flagged by the system as lacking a documented PCP.
- ★ Successfully connected 43 patients to primary care.

The Colorectal Cancer Screening Initiative

- ★ Developed in response to the higher no-show rate for colonoscopies among Medicaid recipients.
- ★ 72% of scheduled patients completed Medicaid or dual-eligible screening/surveillance procedures.
- ★ 50% increase in completion of colonoscopies and a very significant 70% reduction in the No-Show Rate.

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