VIDAS (Valley Interprofessional Dedicated Access and Service) – Integrated Care in the South Texas Colonias

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Dr. Fernandez has two disclosures to report.

- **Funding Sources**: American Medical Association/United Health Foundation
- **Related to commercial or for-profit activity**: None

Discussion will not include use of medications.
To start a new medical school...
Feel your passion,
find your heart,
come to the Rio Grande Valley
and be part of our start!

1. To start a medical school in an underserved area;
2. To understand the challenges of innovating in education in an underserved community; and,
3. Establish effective ways to capture and document the quality and impact of our work.
To start a medical school in an underserved area.

- The Lower Rio Grande Valley (LRGV) is designated as one of the most medically underserved regions in the United States.
- While Texas lags behind the national average for physicians, the 12 counties that make up the Rio Grande Valley have even lower ratios of physicians to population.
- The increasing need for skilled medical personnel is a function of rapid population growth across all age groups, as well as rising rates of obesity and associated diseases such as diabetes, hypertension, heart disease, depression, and cancer in the population at large.
10 “D”s of the Rio Grande Valley

- **D**iabetes
- **D**epression (all mental disorders)
- **D**evelopmental Pediatrics & Medicine
- **D**egenerative Diseases (AD, PD, ALS, etc.)
- **D**ental
- **D**iet (appetitive drives inclusive of alcohol, drugs, nicotine, sex, pornography, videos, etc.)
- **D**ialysis (ESRD and other metabolic disorders)
- **D**omestic (injury, abuse, violence, defense)
- **D**PT (diphtheria, pertussis, tetanus and all infectious diseases)
- **D**etermination of Coverage (access, prevention, health literacy, health education, etc.)
2. To understand the challenges of innovating in education in an underserved community.

- To advance breakthrough pathways to student success through initiatives that are competency-based, bilingual, and data-driven. Optimizing emerging technologies to individualize learning, reduce time to a professional degree, and with a diverse student body.

- To design and deploy state-of-the-art educational infrastructure. The next-generation educational ecosystem, providing anytime, anywhere student support, personalized and highly interactive content, remediation, and enrichment, networking and collaborative experiences among faculty, students and coaches.

- To harness the power of next-generation learning analytics allowing flagging students at risk of failure, help faculty personalize instruction, and allow administrators to assess the effectiveness of their advising programs and student support services.

Interactive Learning, 1-4 hours/week
- Self-paced, computer-based interactive tutorials
- Online quizzes

Learning Assessment, 1-3 hours/week
- Online Self-Assessment Questions (SAQs), USMLE format
- Weekly individual and team ready assessment tests (iRAT/tRAT)
The UTRGV School of Medicine’s curriculum is designed to instill students with scientific, clinical, and research expertise of the highest professional standards. In combination with a program ethos that prioritizes improving health at the individual and community level, UTRGV SOM will graduate physicians who are:

- **Patient Advocates**: Dedicated to serving patients and their families through the practice of ethical, evidence-based, patient/family-centered medicine.
- **Community-Focused**: Committed to improving health outcomes and reducing health disparities of at-risk populations through community and population-based interventions.
- **Culturally-Aware**: Equipped with the tools and empathy to successfully work with the diverse and unique needs of any community.
- **Collaborative Leaders**: Prepared to contribute to effective interprofessional teams, as well as invested in providing leadership on matters of community health.
- **Life-long Learners and Problem-Solvers**: Practiced in using critical thinking to approach all health matters including clinical, community, and social issues.
Students
Uniting
Care
Culture
Empathy
Science
Skills
To start a new medical school …

- Founded a new medical school in a new University
- Recruited 173 faculty – goal: 300 by 2020
- 50 students – diversity a priority
- Started 6 new residency training programs – goal: 15 programs/500 residents by 2020
- Established 2nd largest genomics center in Texas
- Research portfolio – 22M NIH funding

- Viral load was becoming routine
- Continued improvement in understanding of pathogenesis
- New classes of ARV medications were emerging
- > 25 approved ARV drugs in six classes
- A new wave of the epidemic → CMI
In 2009, our legacy institutions, UTB/UTPA, implemented a culturally relevant, community based HIV prevention program.

- Fostering a supportive campus environment
- HIV peer education
- Targeted outreach mission to address the problem of HIV infection in the RGV through a study of attitudes and knowledge about HIV infection among its student population.

The findings indicated that participating students (n=923) in the program:

- HIV education significantly changed HIV/AIDS knowledge and campus HIV testing services, community HIV testing services, and behavioral health services available.
HIV Infection and Substance Abuse Prevention Program at UTRGV

In 2016, the programs efforts were added to the VIDAS Colonia Care Program expanding education, screening and prevention programs to the Colonias:

➢ As a result, a total of 254 health fairs were implemented in various colonias and HIV testing was provided to 1638 residents.
Proyecto
Juan Diego
2216 Eduardo
Your Gateway To A Better Life …
Community for Children

The Texas-Mexico border is predominately Hispanic. Even Hispanic US citizens labor under a cloud of suspicion.

The 20,000 US Border Patrol agents along the southern border are seen everywhere: on the streets, in the parks, in shopping malls, even at favorite fishing holes.

We would be hard pressed to find a family that does not know someone who has been removed from the community, whether that be a child whose best friend suddenly "disappears" or a beloved uncle who is taken away in handcuffs.


UTRGV-SOM sponsored international elective in community pediatrics on the Texas-Mexico border. Its focus is to train young physicians to address social justice issues.
# The Road to Health Disparities

“A health disparity is a type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

**Centers for Disease Control**

<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Impact</th>
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<tbody>
<tr>
<td>“Race”</td>
<td>Differences in life opportunities, exposures, and stresses that result in differences in underlying health status</td>
</tr>
<tr>
<td>Gender</td>
<td>Differences in access to health care, including preventive and curative services</td>
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<tr>
<td>Ethnicity</td>
<td>Differences in the quality of care received within the health care system</td>
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<tr>
<td>Labor roles and social class markers</td>
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<td>Nationality, language, and legal status</td>
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<tr>
<td>Sexual orientation</td>
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<tr>
<td>Insurance</td>
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<tr>
<td>Disability status</td>
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<tr>
<td>Geography</td>
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<td>Religion</td>
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Part II: Why is this important?

What impact do health disparities have on health and wellbeing?
Hola, 2050

The US population will increasingly become dominated by ageing whites and a growing, youthful population of Hispanics.

http://www.cdc.gov/omh/aboutus/executive.htm
• Access to healthcare is highly correlated with use of preventive services.

• Almost all prevention measures vary with ethnicity, SES, education and geography.

• Immunization levels vary widely across all categories.

  ▪ Hispanic children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR and polio.
  ▪ Hispanic women are 40% less likely to receive an HPV vaccine, as compared to whites.
  ▪ Hispanic adults were 20% less likely to have received the influenza (flu) shot in the past 12 months, compared to non-Hispanic whites.
  ▪ Hispanic adults aged 65 and older were 30% less likely to have ever received the pneumonia shot, compared to non-Hispanic white adults of the same age group.

• Having a dedicated healthcare provider is highly correlated with improved health outcomes (cancer screening).

• A lower percentage of Hispanics report using preventive services than non-Hispanic whites & non-Hispanic blacks.

America’s Health Rankings® Spotlight: Prevention, 2016
### Access Key to Overall Prevention

**Percentage of Adults Who Have a Dedicated Health Care Provider**

<table>
<thead>
<tr>
<th></th>
<th>National Average</th>
<th>Texas</th>
<th>Hispanics in Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Adults</td>
<td>76.7%</td>
<td>67.1%</td>
<td>51.4%</td>
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</table>

**Percentage of Adults Who Have Had an Annual Dental Visit in the Past Year**

<table>
<thead>
<tr>
<th></th>
<th>National Average</th>
<th>Texas</th>
<th>Hispanics in Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Adults</td>
<td>65.3%</td>
<td>58.2%</td>
<td>49.2%</td>
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</table>

**Percentage of Adults with Some Type of Health Insurance**

<table>
<thead>
<tr>
<th></th>
<th>National Average</th>
<th>Texas</th>
<th>Hispanics in Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Adults</td>
<td>87.6%</td>
<td>75.1%</td>
<td>54.9%</td>
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**America’s Health Rankings® Spotlight: Prevention, 2016**

1United States, 2014.

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Don’t forget mental visit!!!
Part III: Changing Perspectives on Health Disparities

The Good, The Bad and The Ugly
Collaborative Local and Regional Efforts to Address Inequities

The Case for Multi-Modal, Team-Based Care
Part IV: Immediate Interventions and Considerations
John Austin Pena

Traditional Clinic Model

Team Based Collaborative → Primary Care, Behavioral Health, and Addictions

Nurse practitioners.
Nutrition.
Social Work.
Educational psychology.
Case management.
Occupational therapy.
Mental health.
Physician assistant.
Pharmacy.
Laboratory medicine.
Communication disorders.
Rehabilitation counseling.
• Integrated Care.
• Focus → Triply diagnosed.
• Interprofessional Team-Based Care.
• Community- & Mission-Driven.
• Prevention Focus.
• Patient/Family-Centered Care.
• Telepsychiatry – Synchronous & Asynchronous.
• Community & Population Care.

Improved Access, Care → Improved Outcomes & Prevention
VIDAS Outcomes

Improve access to care
Improve community health
Empower Hispanics to be better health consumers
Increase educational opportunities
Part V: Then what about ....

The essentials versus other tangibles ...
• Increase access to primary care services (STITCH, Pena Clinic, UniMovil, CRU).
• Partnerships with RGV communities to enhance planning, deliver health promotion, preventive, primary care & behavioral health services (VIDAS, Integrated Colonia Care).
• Inform/empower Latinos to be better healthcare consumers through production of accurate & culturally-linguistically appropriate information (TAMU, South Texas College, UTRGV).
• Increase Latinos in the healthcare fields through a variety of educational programs (CHW, M2M, SUCCESS, GME).

One Community, One Mission, One Solution

Improving Access to Care in the Hispanic Community

The University of Texas Rio Grande Valley School of Medicine
VIDAS

One Community,
One Mission,
One Solution.