

# SDH Field Experience

## A How-to Guide

*"All genuine education comes about through experience."*

– John Dewey

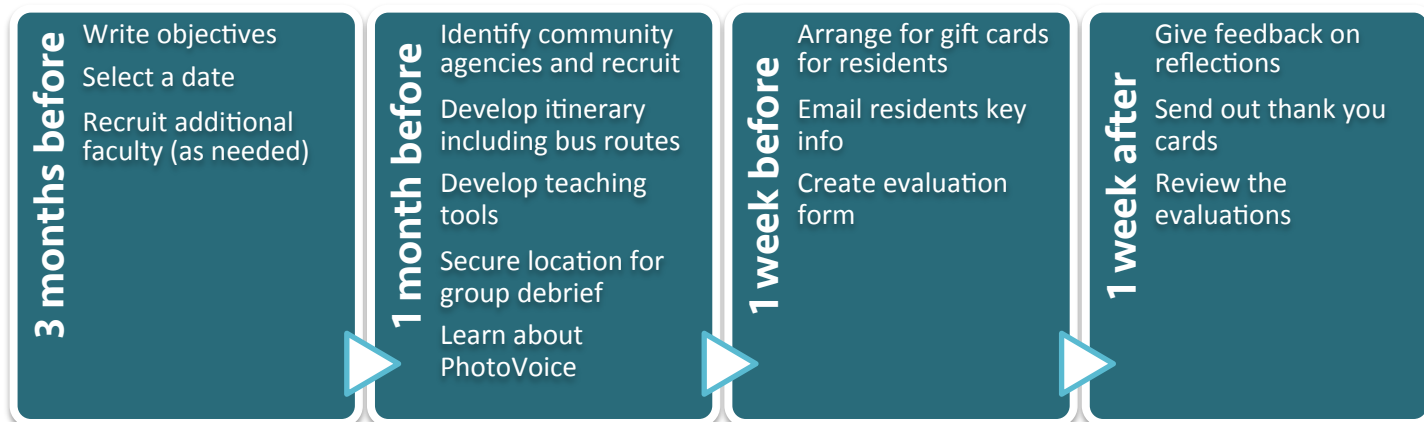
### Why teach the Social Determinants of Health (SDH) through experiential learning?

- Adult learning theory tells us that the best learning situations are rooted in experience, allow for learner autonomy and are problem-based
  - Current learning is connected to prior experiences and future application
- Merriam, et al (2007). Learning in Adulthood: A Comprehensive Guide, 3<sup>rd</sup> Ed.

### Target learners

- Family medicine interns
- Experience is offered annually
- Mandatory

### Timeline



**3 months  
before**

**1 month  
before**

**1 week  
before**

**1 week  
after**

## **Write Objectives**

This is an important first step. Knowing what you want your learners to get out of the experience will help to narrow down which experiences to pursue.

### **Example Objectives:**

- \* Identify and navigate commonly used community resources as they relate to our continuity clinic patient population
- \* Appreciation (awareness) of the patient perspective when accessing health care
- \* Experience transportation as a determinant of health

## **Select a Date**

Although this can be a bit of a moving target, I have found that it is best to firmly set a date rather than trying to get all the potential community organizations to agree on a date. If one organization cannot make the date, you can always plan to work them into the curriculum in a different way (e.g. resident didactic time) or invite them again next year. Honestly, the organizations I have worked with have been enthusiastic and flexible.

## **Recruit Additional Faculty**

If you have more than 6-7 residents, you may want to create two simultaneous experiences (as outlined in this guide). In this scenario, a second faculty member should be recruited so that each small group has a faculty facilitator during the experience. Fewer than 6 could be consolidated into one group.



3 months  
before

1 month  
before

1 week  
before

1 week  
after

## Identify Community Agencies and Recruit Them

Select the organizations based on needs of the continuity patients your residents care for. Which social determinants of health are most common in the office or in the community surrounding the office? Which patients seem to challenge the residents the most? You can definitely cold call the organizations but sometimes it is helpful to utilize contacts you have (or ask your colleagues to give you an email introduction).

*Pro-tip: create a file with all the contact information – this will make things easier for future excursions*



**Email sent on Sept 20<sup>th</sup>, 2016**

Hi Mr. A,

I'm a colleague of Dr K and working to set up an educational event for our family medicine residents. You have worked with Dr K in the past to set up a similar event. The idea is to travel and visit several community resources in the Over-The-Rhine neighborhood as a way of learning what services are provided, how to help our patients utilize the services, and consider how a referral to such a resource fits into the treatment plan for our patients.

We are currently planning the experience for 10/18/16 in the morning, likely around 9 am allowing about an hour for tour & discussion (though all of this is flexible). Are you available/interested in having the residents visit Hamilton County Job & Family Services?

Thanks for considering!

Megan Rich, MD  
Associate Program Director  
TCH/UC Family Medicine Residency Program  
Associate Professor  
UC Dept of Family and Community Medicine

## Develop the Itinerary

- Residents were told to meet at the residency at 7:45 am
- Appointments were scheduled at each of the 5 agencies:
  - Appointments were at 9:00 am or 11:00 am
  - Residents worked in teams and only went to 2/4 agencies before lunch
  - The groups reconvened at 12:30 pm for last appointment (which was conveniently a restaurant)
- Once appointments were set, bus routes were mapped out using local phone app but *were NOT given to residents*
- A large group debrief was scheduled from 2:30-4:30 pm. This included sharing about the agencies and sharing the photos taken (PhotoVoice)
- 4:30-5:00 pm was protected time for completing a written reflection (though no resident took advantage of it)





## Sample Itinerary

	Group A	Group B
7:45 am	Meet in front of hospital	
9:00 – 10:00 am	Meeting at Job & Family Services	Meeting at St Vincent de Paul
11 am - noon	Meeting at Free Store Food Bank	Meeting at Crossroad Pharmacy
12:30 – 2:00 pm	Lunch at Venice on Vine, meet with employees	
2:30 – 4:30 pm	PhotoVoice & group debrief, residency office	
4:30 pm	Protected time to work on reflections	

## Develop Teaching Tools

### Teaching Tools

- "Access to Care" wheel
- Patient cases
- Reflection questions
- Resident day guide

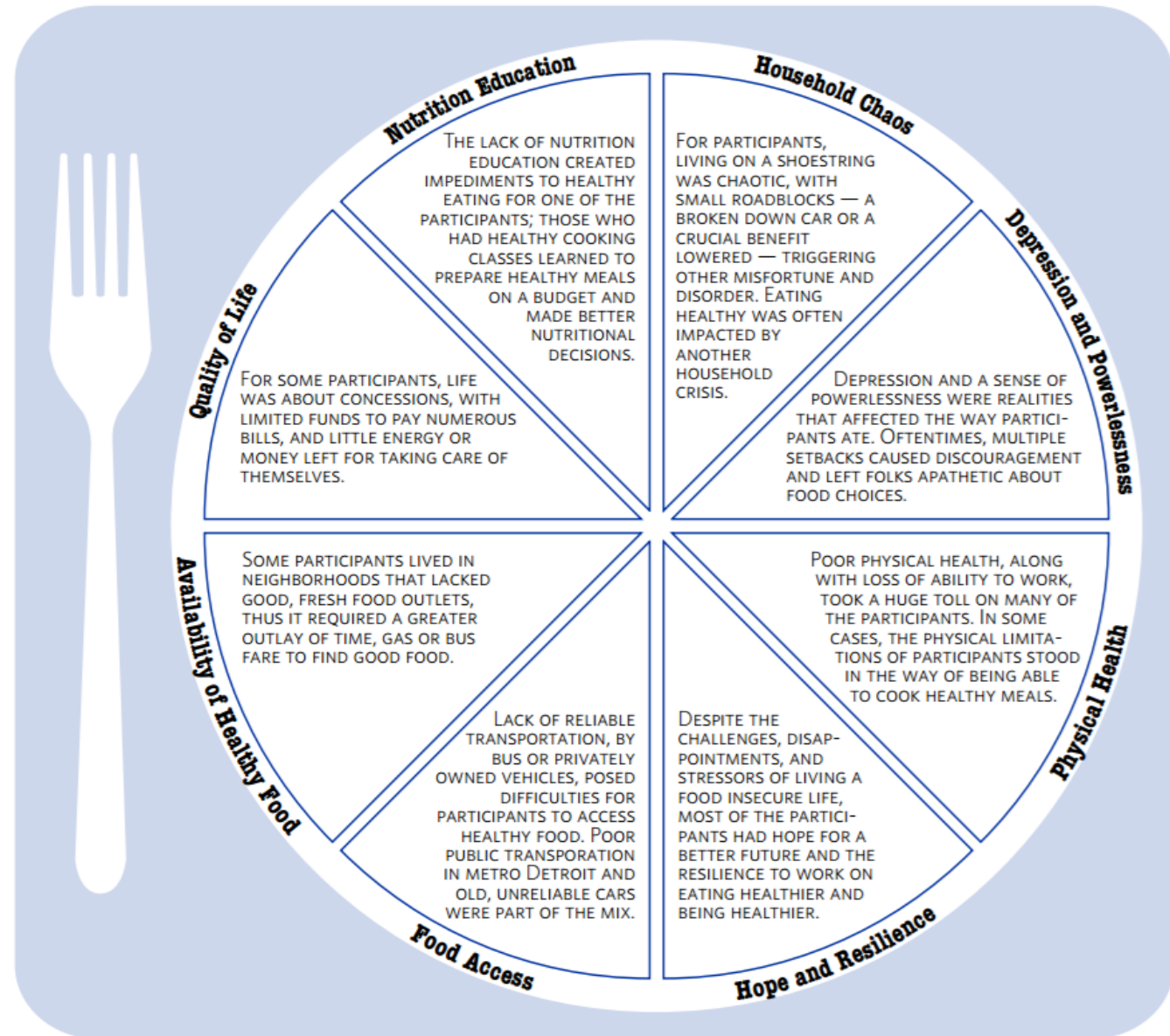
### Photovoice

- Description
- Safety tips
- Permission form
- Resident consent to photography/videography

Tools were developed to aid in the reflection of how the SDH impact our patients. The tool on the following page was modeled after [this example](#) (SmallPLATES, page 17). Though several SDH were addressed at each agency, we focused on access to care as the overarching theme of the day. Residents were given the example wheel and a blank one to fill in with their thoughts and experiences over lunch.



## FACTORS THAT IMPACTED HEALTHY EATING HABITS for Small Plates Participants





**The Access to Care Wheel** with “answers.” Rather than a right or a wrong response, the wheel is used to start a conversation. This completed copy about contributing factors to access to care was distributed after residents’ brainstorming on the topic.





**Blank Access to Care Wheel** for learners to organize and share their ideas, and to start a conversation about the complexity of social determinants of health



Sponsor

Residency Program  
Funding Grant T0BHP28567

**Patient cases** and **reflection questions** were created to help the learners link what they are learning to future use and to their past experiences, making more meaningful learning experience. Patient cases were adapted from [this resource](#) to reflect our local community and issues common to our patients, and were imbedded in the **SDH Field Day Guide**, examples below.

### Team 1 Scenario

You are Willie Smith, a 74 y/o man living alone in a cramped and poorly ventilated apartment in Over-the-Rhine. You are exhausted, stressed and in poor health, suffering from poorly controlled diabetes and recently completing treatment for lymphoma. These conditions have left you weak and in pain. You now need a power chair to get around, making it more difficult to use public transportation or to even travel more than a few blocks “on foot” for essential items. You live on a fixed income that barely covers your health care expenses, food, housing, and transportation – expenses that rack up quickly leaving little, if nothing, for incidentals. You also recently started paying a premium for prescription coverage, an unexpected cost that means you must cut elsewhere in your budget. You aren’t sure how you are going to do that since there isn’t much to cut. Today you are exploring other options in attempt to stay on your medicines without breaking the bank.

#### Task:

- You are headed to St Vincent De Paul. You have heard that you can get your prescriptions from here for free
  - 1010 Bank Street, Cincinnati OH 45214
  - Be there by 9:00 am
- Your back up plan is to go to Crossroad Health Center. You went there once before several years ago and remember they had some sort of pharmacy.
  - 525 E. Liberty Street, Cincinnati OH 45202
  - Be there by 11:00 am
- Along the way, you will be looking for other pharmacies, in hopes of locating one closer to your home.
- Along the way take photos of the SDH you notice. **Please refer to the PhotoVoice documents sent to your email last week.**
- Rendezvous at Venice on Vine at 12:30 pm. **Be prepared to share your experience & knowledge about these community resources with the group.**
  - 1301 Vine Street, Cincinnati OH 45202

#### Reflection questions:

- How does transportation impact access to care (in this case, access to medications)?
- What other factors can influence access to care?
- How does access to care (or lack thereof) change the treatment plan for a patient?
- What do you think patients expect of you, their doctor, in addressing poor access to meds or other services?





### Team 2 Scenario

Over the past year, chaos and stressors have been the norm for you, Sandra Davis, age 53. You are working two part time jobs (one during the day and one overnight), with neither providing health benefits. Making ends meet is still a struggle. Last year, your boyfriend was shot in the femur waiting at a bus stop to go to work, and you are helping him rehabilitate. He is still out of work. And recently, your 17-year-old grandson moved in; his mother kicked him out because her benefits were cut when he started earning income from a part-time job. You also have a 34-year-old son, who is mentally ill and homeless; you regularly bring him food and money.

Activities like shopping for food and eating healthy are low priorities. You, your boyfriend and your grandson do not eat meals together because of your staggered schedules. You skip lunch because of your hours. Nobody cooks. You buy fast food and eat on the run between jobs. Today you have a rare break between jobs. You would like to pick up some healthy food for your family but you know that the healthier you want to eat, the more it costs. You are looking for resources to help you make these life changes and allow you and your family to be healthier.

#### Task:

- You are headed to Hamilton County Job and Family Services to explore if you can qualify for the Supplemental Nutrition Assistance Program (SNAP, i.e. food stamps) or if there are other programs available to you.
  - 200 E. Central Pkwy, Cincinnati OH 45202
  - Be there by 9:00 am
- Your back up plan is to visit the Freestore Foodbank for some food for the week.
  - 112 E. Liberty St., Cincinnati OH 45202
  - Be there by 11:00 am
- Along the way you will be looking for grocery stores, food marts, and fast food restaurants in case you have to buy dinner for the family tonight
- Along the way take photos of the SDH you notice. **Please refer to the PhotoVoice documents sent to your email last week.**
- Rendezvous at Venice on Vine at 12:30 pm. **Be prepared to share your experience & knowledge about these community resources with the group.**
  - 1301 Vine Street, Cincinnati OH 45202

#### Reflection questions:

- How does transportation impact food security?
- What other factors can influence food security?
- How does food security (or lack thereof) change the treatment plan for a patient?
- What do you think patients expect of you, their doctor, in addressing food insecurity?



## PhotoVoice Documents

### What is PhotoVoice?

PhotoVoice is a method of qualitative data collection in which participants take photographs of some aspect(s) of their lives, environment, community, etc. The photographs are then used as a basis for group discussions and to elicit important qualitative information about the photographers' attitudes, beliefs, etc.

The degree of risk to subjects in such research depends, in part, on what is photographed. For example, this process may pose the risk of self-incrimination to subjects who photograph themselves taking part in certain activities.

The "human subjects" in the project are the participants who are taking the photographs and then presenting their interpretations in group or other data gathering sessions.

### What do I photograph?

We are interested in the social determinants of health (SDH) observed on our tour. Some of these may include:

- Access to care
- Transportation
- Lifestyle behaviors
- Living Conditions
- Physical Environments
- Working conditions
- Race/Ethnicity

### Legal Requirements?

Although the individuals whose photos are taken are not the subjects of the research, there may be legal requirements for obtaining permission for using their photographs. If the photographers take photos of other people, then permission to use the photo should be obtained. (See attached Permission Form). You should get verbal assent before you take someone else's picture and explain to them that the picture is for an education project about social and health issues in the community.

If the person being photographed is a minor, then permission to take the photo must be obtained from the child's parent or guardian. If the photographs will be publicly displayed, such as at a professional meeting or community gathering, or conference or used in manuals or brochures or other publications, then written consent to take and display the photograph publicly is required (See attached Permission Form).



## PHOTOVOICE SAFETY

PhotoVoice facilitators should discuss safety issues with participants before they enter the community equipped with a camera. This will encourage participants to follow safety guidelines that will protect both themselves and members of the community that they may encounter.

A handout on safety should be given to participants before they begin taking photos. Please stress that participants should always use their judgment and should never put themselves in risky situations.

The PhotoVoice Guidelines covers the following:

- Always ask before taking a photo of someone or someone's personal property (ex. someone's house).
- Be respectful.
- Use a buddy system, especially when going to places you are not familiar with.
- Don't do anything you wouldn't usually do.
- Don't go anywhere you wouldn't usually go.
- Be aware of your surroundings.
- ASK FIRST before taking a photo
- When confronted by someone aggressively (i.e. address the possibility of being mugged or robbed), stay calm, do not resist and give up the camera)

## PHOTOVOICE PROJECT FOR SOCIAL DETERMINANTS OF HEALTH

Pictures taken in PhotoVoice will be shown to others in order to create awareness about the needs of those who are facing hard times, health problems and social issues in the community. This may include gallery displays, presentations to decision-makers, and conferences as well as publications. Others viewing the pictures may recognize you, but there are no names or contact information or any identifying information will be used. Photographs will not be used to make money.

Please sign this form if you agree to have your photograph taken by a participant of PhotoVoice.

\_\_\_\_\_  
Subject Name

\_\_\_\_\_  
Name of Photographer

\_\_\_\_\_  
Signature



Created by Megan Rich, MD; Christ/University of Cincinnati Residency Program  
Sponsored by HRSA Primary Care Training and Enhancement Grant T0BHP28567

## Resident Consent to Photography and Videography

### CONSENT TO USE PHOTOGRAPHS (adults)

I give consent for TCH/UC COM Residency program to take my photograph. These photographs may be used during lectures, published or displayed on Internet sites or on educational posters/presentations to advance medical knowledge, practice or education. My name may be used or communicated with these photographs when they are used for promotional or educational purposes. I am over 18 years of age.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

## Secure Location for Group Debrief

This debrief will be used to share photos from the PhotoVoice. This is where learners share their impressions, emotional response to the day's activities, and explain what moved them to take the photograph. This is the heart of the PhotoVoice.

Factors and equipment to consider in your location:

- Space to comfortably sit all learners and faculty. To encourage discussion and interaction, an open circle is preferred to rows of desks or tables.
- Projector for sharing the photographs and laptop or computer. Residents can send the photographs from their phones using Google drive (app can be downloaded to phone in advance), airdrop, or the app, [PhotoTransfer App](#).
- Video camera or phone for documenting the debrief. The resident descriptions and reflections about the photographs reveal their thought-processes and attitudes and are worth documenting for resident portfolios, educational research and/or recruitment. Consider using a microphone for those who are more soft-spoken.



3 months  
before

1 month  
before

1 week  
before

1 week  
after

## Arrange for gift cards for residents

Using grant support, we arranged to cover resident and faculty expenses for the outing, including bus fare and lunch. Each resident received a \$20 gift card to offset these expenses.

## Email residents key information

Key information was sent to the residents several days in advance to prepare for the day. Included in the attachments were the PhotoVoice documents (description, safety tips and permission forms) and the SDH Field Guide (see page 9 for example). Although the PhotoVoice permission form was included in the documents, I personally had copies with me so that the residents did not have worry about printing off and remembering to bring them. See example email on the following page.

***Amendment:** Include dress code in your email. Although we had no inappropriate attire, there were several questions about what to wear leading up to the event.*





**Email sent to interns on 10/14/17**

Hi everyone,

Dr Kiesler and I are really excited to join the 8 of you on a community experience exploring the resources of Over-the-Rhine. This is a really great opportunity to visit some community resources, to learn more about the community and to reflect on barriers to health your patients in the FMC may grapple with on a regular basis.

**There are a couple of logistical things to cover, so please read this thoroughly BEFORE Tues, 10/18**

1. We will be working in teams and each team will have its own itinerary. This enables us to cover more resources. This also means that at the end you will share with the other team what you learned about the resources, so be sure to take good notes. Each team will have 1 faculty member with them. Attached you will find the "experience guide" which paints a plausible (in fact real-life) scenario as you prepare to walk a mile in your patient's shoes.  
Team 1: Bouchard, Mefford, Murphy, Puthota  
Team 2: Bhattacharyya, Mattern, Putnam, Schweikert
2. We will be taking public transportation. Based on FMC patient zip code data, over 25% of our patients from the 45202 zip code (OTR) are without access to personal transportation. Itineraries are listed in the experience guide attached. We are not providing specific instructions for how to get to each place. You may want to download the Cincy Metro app on your phone - as a team you will decide the best way to get there. You will definitely want to **bring exact change** and may want to consider purchasing a Zone-1 day pass (\$4.50) - this can be purchased on the bus but you must tell the driver BEFORE paying your fare.
  - **Meet in front of the hospital at 7:45 am.** Keep in mind that appointments are in place at each resource (see guide for itinerary) so try to be on time.
  - We will meet back up for lunch (see experience guide) and travel together back to the residency office after lunch.
  - Consider "Cincy EZRide" app
3. Reflection is a key part of the learning process, especially for experiential learning. There are two ways we will be reflecting. One is something called a PhotoVoice. This is where you take pictures during the experience, specifically pictures that have to do with health affirming or health negating sights/behaviors/messages. We want to do this in a way that is safe and respectful (we aren't there to gawk on a tour). **Please read the attached PhotoVoice documents** and be cognizant of how you approach people and places throughout the experience. You do not need to bring a camera - the one on your phone is fine. The faculty will have a few consent forms should you want to take a photo with a human subject. The consent form is a way to ask permission. We will share these photos using the projector after we return to the residency. To streamline this you can download an app for cordless transfer to a computer or I will have a cord to facilitate. The last hour of the day will be reserved for you to write a 1-page reflection on the experience, what you learned or a new perspective you are considering, and how the experience might change your approach to patient care.
  - <http://phototransferapp.com/iphone/>
4. I have secured funding to pay for this experience. You will each receive a \$20 gift card to cover the buses and lunch. I'm hoping to be able to give you these at the beginning of the day. If not, you should have them by the end of the week. I appreciate your willingness to cover expenses the day of. Be aware that the buses need exact change and so a gift card cannot be used to buy your fare as you board the bus.

I'm really excited to experience this with all of you! The day won't go off without an occasional hiccup but that's true to real life. Thank you in advance for bringing your flexibility, humility & enthusiasm!



## Create evaluation form

Because this learning experience is outside the usual residency experiences, we developed a new evaluation form to capture the most relevant data to improving upon the experience in future years.

### SDH Field Day

Tell us about your experience in the community

Please share the most important thing you learned from this activity. \*

Based on your experience this year, should the following sites be visited next year? \*

	Yes	No	I did not visit this site
St Vincent dePaul	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Crossroad Health Center Pharmacy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Hamilton County Job & Family Services	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Freestore Food Bank	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Venice on Vine restaurant	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Comments

Based on your experience this year, should the following sites be visited next year? \*

	Yes	No
Using public transportation	<input type="radio"/> 1	<input type="radio"/> 2
Photo Voice	<input type="radio"/> 1	<input type="radio"/> 2
Group discussion/debriefing	<input type="radio"/> 1	<input type="radio"/> 2
Reflective writing	<input type="radio"/> 1	<input type="radio"/> 2

Comments

What would you change about this experience? \*



3 months  
before

1 month  
before

1 week  
before

1 week  
after

## Give Feedback on Reflections

Giving feedback on the residents' reflections lets them know that you read it and that the work they did in writing the document was valued. Importantly, this is a time to reinforce your connection with the residents and to encourage an ongoing conversation.

*"Thank you for sharing your impressions and reflections. There are no right or wrong answers to the questions I posed, just an opportunity to continue reflecting while you go through your training."*

- My concluding comment on each reflection paper

## Send Out Thank You Cards

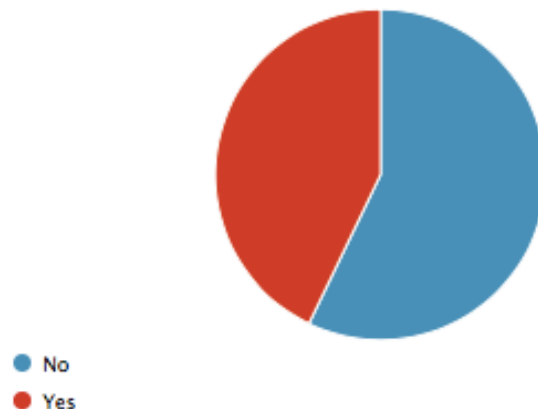
Remember, you will ideally be doing this activity annually, so creating and preserving relationships with staff and leadership at each organization is key. I found it best to bring the thank you cards to a time and place where I knew all the interns could be found (such as didactics). They each signed the cards for the organizations they visited.



## Review Evaluations

Be sure to look at the feedback you received and make revisions as you see fit. As shown below, we did receive feedback that the written reflection was redundant as the PhotoVoice is a reflective activity. However, the content of each type of reflection has been different, so we are keeping both reflective activities for the time being. There seems to be a difference in reflecting immediately after the event (focus is more on what happened) compared to a week or two later. To be fair, we spent extra time at one of the locations and on debriefing and so, the interns did not get protected time at the end of the day to write.

Should reflective writing be used again next year?



*"...physically visiting these locations, talking to the workers, and walking the distances between them is instructive on a much more organic level. I will definitely be less frustrated with patients who arrive late for appointments, who fail to fill their prescriptions, and who are unable to change their diets."*

- anonymous resident comment on evaluation form

## Want to see more?

Visit <https://vimeo.com/212593639/45328cc387>  
to see the pictures from the PhotoVoice paired with quotes  
from the resident reflections.

