Happy Black History Month! Did you know that Meharry Medical College was the first all-black medical school in the U.S.? Located in Nashville, Tennessee, it currently ranks as one of the top five producers of primary care physicians.

It’s hard to believe that it’s already winter quarter! It seems like just yesterday, we graduated our first PRIME-HEq cohort, and welcomed in our new cohort of ten amazing students. We continue to be very busy as a PRIME-HEq community with our leadership, community outreach, advocacy and scholarly efforts. Our UC PRIME Statewide Conference, held in October 2012 at UC Davis, with a focus on advocating for a healthy California, was a huge success and a wonderful experience for all. PRIME-HEq was very well represented. I had the pleasure of traveling with 15 of our students, as well as with our PRIME-HEq coordinator. We had the opportunity to reconnect with our PRIME colleagues throughout the five UC campuses, share ideas, and we all look forward to further collaboration throughout the year.

Our students will all be busy this quarter in a variety of ways. Of note, our Master’s degree students will be nearing completion of their year away, our second year students will be entering the clinical world, and our senior students will soon learn which residency programs they will attend. While these transitions may be somewhat stressful, they represent growth and progress.

I look forward to another activity-filled quarter, and to assisting our students as they navigate through their various transition points!

All the best,

Lindia

Lindia Willies-Jacobo, MD
PRIME-HEq Director
Have you ever thought that you were the only one that cares about diversity? the underserved?

**Come to PRIME TIME!**
**Monday, March 25, 2013**
**12-1pm, Blue Community Room**

A space for PRIME-HEq students to (re)connect, de-stress, laugh, share, and support one another through medical school. Classes, exams and studying can consume many of your hours. Take time to take care of yourselves and check-in with your PRIME-HEq family.
Americans feel more confident in physicians leading healthcare policy than President Barack Obama. Or Democratic and Republican leaders in Congress. Or health insurance or pharmaceutical companies. Or even healthcare professors or researchers. Surprising? Probably not, but when I saw these data from a recent Gallup poll presented by Alecia Sanchez, policy director for the California Center for Public Health, I had to stop and think about when the last time was that I saw a physician in the news speaking about healthcare policy and reform issues. Because of direct day-to-day contact with the healthcare system and the patients served by this system it seems obvious that physicians would be highly qualified to contribute to healthcare policy, yet in practice we hear more from elected officials who may or may not have had experience with health care. So come on, doctors (and MDs-to-be), let’s use our expertise to help our country choose policies that benefit patients and improve health for everyone!

This past October a group of us were fortunate to attend the annual PRIME statewide conference, which was hosted by UC Davis PRIME in Sacramento just down the street from where so many important policy decisions for our state are made. Appropriately, the theme this year was “Advocating for a Healthy California,” and the weekend was full of inspiring speakers like Ms. Sanchez who challenged us to think about applying what we’ve learned and will learn from individual patient experiences to advocate for policy issues on a systemic level to improve health and access to care. We also heard from Dr. Richard Pan, a UC Davis pediatrician who was elected to the Assembly in 2010 and is currently working to improve policy to benefit underserved and vulnerable Californians while still being able to care for the patients he advocates for.

We also were able to see what other PRIME students are working on at their respective campuses, as the weekend included many student presentations and workshops on topics ranging from using smartphone “apps” and other mobile technology to improve care and change health behaviors, learning how to effectively speak with the media about policy issues, managing conflict while advocating for communities, and using community assessment tools to improve rural health. Once again, we were reminded that even though we all come from different communities that face different challenges, we are ultimately working toward the same goals, and that PRIME students certainly have an impact in their communities.

We look forward to seeing what our colleagues have accomplished at the next PRIME conference – which we will be hosting at UCSD! Planning is already in progress; so stay tuned for next year’s theme.
Exploring the relationship between patient race and physician smoking cessation advice

By Harshith (Hershey) Avula, MSIV

In 2004, tobacco smoking was directly responsible for 35,000 deaths among California adults aged 35 and older with health-related economic costs reaching $18.1 billion, or half the total budget allocated for health and human services in the state during the '08-'09 fiscal year. The USPSTF in Healthy People 2020 (HP 2020) recommended that clinicians ask all adults about tobacco use and provide users with cessation interventions, the most simple being advising the individual to quit. This recommendation was based on literature suggesting that even brief, simple advice from physicians to patients to quit smoking results in significant increases in rates of smoking cessation. Although 86% of physicians report asking patients about their smoking status and advising smokers to stop, population-based surveys of patients who are smokers reveal that physicians actually advise between 63-70% of smokers to quit; well below the goals set by HP 2020.

Additionally, there has been evidence of demographic bias in physician smoking cessation advice. Studies reveal that physicians are less likely to advise younger, lighter smoking, African-American, uninsured, and healthier patients to quit smoking. Even after controlling for socio-demographic factors, further analyses demonstrate that minority status, lower education, and poorer health status are significantly associated with lower rates of physician advice to quit smoking. Lopez-Quintero, et. al. revealed in 2000 that Latino smokers—relative to other groups—may be at greatest risk for not receiving cessation advice from physicians.

While literature using national data sets to assess predictors of physician smoking cessation advice is well documented, few studies have used data beyond the year 2000, and very few, if any, have explored physician bias in smoking cessation advice in specific states. For California I could not find any such studies, so I decided to conduct my own analysis using the skills learned through my training in public health at UC Berkeley. I created a logistic regression model and used data from the 2008 California Tobacco Survey, to identify whether or not specific socio-demographic characteristics, particularly self-identified race, influenced the probability of smokers in California being advised by their physicians to quit smoking.

The findings of my study revealed no evidence of racial bias in physician smoking cessation advice. However, numerous demographic characteristics of smokers were significantly associated with an increased likelihood of a physician advising smoking cessation including older age, poorer health status, greater smoking frequency, self-identified intent to quit smoking, and asthma. Additionally, higher educated smokers and those for whom Spanish was the primary language spoken at home were less likely to be advised by their physician to stop smoking. Though the lack of a statistically significant relationship between a smoker’s race and his or her receipt of cessation advice was surprising—and the opposite of what I hypothesized—the evidence of continued bias in cessation advice on the basis of other demographic characteristics illustrates the potential for physician behavior to exacerbate health disparities.

It also reveals an easy opportunity for leaders in healthcare, including ourselves, to improve the equity, delivery, and quality of patient care by implementing measures to ensure all patients who are smokers receive smoking cessation advice regardless of their age, health status, primary language, or any other socio-demographic
feature. Solutions such as the implementation of EMR reminders to physicians to counsel patients on smoking cessation have already begun to take shape. Tailoring these reminders to take into account certain demographic features of patients that place them at increased risk of failing to receive smoking cessation advice is a logical next step. Our training of future physicians should also incorporate awareness of these risk factors to improve rates of smoking cessation among all patients. For California, and the U.S. as a whole, my evidence of Spanish-speaking smokers being at especially high risk for not receiving cessation advice from physicians is especially troubling, and represents an opportunity to intervene in the present to prevent a future health disparity.

I was able to present my findings at the 10th annual American Medical Association Research Symposium in November of 2012, and am certain that this privilege would not have been possible without the support and encouragement of the PRIME-HEq program here at UCSD. My personal experience has been an example of how having the curiosity to ask even simple questions within the field of health disparities can produce exciting results, especially once you are given the opportunity and time it takes to learn the skills necessary to answer these questions. The PRIME-HEq program has blessed me with this opportunity and the ability to interact with my colleagues and faculty in the program whose work continues to inspire us all.

References

Happy Birthday Wishes to our PRIMErs!

January
Nadine Patton 1/9
Katherine Garcia 1/9
Juliet Okoroh 1/17
Elizabeth Elman 1/19
Hershey Avula 1/21

February
Steven Rojas 2/1
Rene Garcia 2/4
Thomas Onyia 2/6
Ryan Huerto 2/12
Julio Salmeron 2/22
Shonte McKenzi 2/26
Christopher Evans 2/27

March
Anne Zepeda 3/22
Kristin Parrinella 3/22

Upcoming events!

Doc 4 A Day
March 23, 2013- UCSD SOM

PRIME TIME
March 25, 2013, 12-1, Blue Community Room

PRIME-HEq Speaker Series
April 24, 2013 - Cindy de la Cruz, MPH from California Health Professional Student Alliance (CAHPSA) will speak on Single Payer and ACA.

For more information about UCSD PRIME-HEq:
https://meded.ucsd.edu/index.cfm/asa/dcp/primeheq