

## **Building capacity and creating social and physical environments that promote a healthy Birmingham**

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Just imagine being able to mobilize the 19,000 plus individuals that make up the UAB student body into a focused community effort through interprofessional action-based education and practice. Currently, we do not have the resources necessary to fully engage with the community on long-term efforts to improve health outcomes or to engage students in sustained interprofessional community efforts. This proposal addresses those challenges so that the significant disparities in health and quality of life-related issues experienced by minority and uninsured/low income populations within Jefferson County (JC) can be addressed.

Life expectancy for black residents of JC in 2012 was 3.7 years less than for white residents. A key social determinant of health, poverty, is experienced at a much higher rate (28.4%) in the black population than among the white population at 10.1%. Black residents have significantly higher all cause and childhood mortality rates, and higher mortality rates from heart disease, cancer, cerebrovascular disease, diabetes, septicemia, hypertension, renal disease HIV, homicide and asthma. Especially concerning is the rate of infant mortality, which was over 260% higher in the black population. The Jefferson County Department of Health (JCDH) *Community Matters 20/20: Assessment, Vision and Planning for a Healthy Jefferson County, AL*, spotlights five key priority issues: 1) Reduce Health Disparities Associated with Race, Ethnicity and Economic Status; 2) Promote Physical Well-being through Healthy Lifestyles; 3) Optimize the Built Environment, Transportation System and Safety; 4) Optimize Healthcare Access, Availability & Utilization; & 5) Improve Mental Health.

Positive change across these areas depends upon resources far beyond that held by the JCDH. As a major contributor to the economic viability and well-being of Birmingham, UAB is in a unique and vital position to effect change in one or more areas. But before we can become a major force of change for our communities to address these priority issues, UAB will need to look within and develop the necessary culture and infrastructure to harness resources and the interprofessional intellectual capacity of faculty, students, and staff. Right now challenges exist that prevent true interprofessional collaboration and research across our campus (i.e., the lack of unifying support and funding; issues with IDR recovery and sharing of IDR across schools; lack of systems that reward innovative community practice, research and education; competing demands; changing political and regulatory climates internal and external to the university; and impaired relationships with community stakeholders).

Despite progress towards interprofessional education (IPE) and service-based learning (SL) at UAB, challenges for widespread engagement remain. Issues around lack of team-based learning space, scheduling barriers between schools/ programs, and logistical needs associated with IPE and SL, exist across campus. If an equitable system could be designed to provide for creative time and infrastructure needed to address these issues in our university, what would be possible in our community? Schools and programs engaged in clinical care practice have access to IP infrastructure that is not necessarily available or appropriate for professionals outside the clinical care arena. Many clinically-based professions do not have access to immense infrastructure. Professions such as public health, social work, engineering, business, public

administration, psychology, sociology, are just beginning to devise strategies to engage students and understand the challenges associated with true action-based community IPE.

Community changes around the five issues identified by JCDH will take time. But it is entirely possible to lead effective long-term initiatives that improve health and result in sustainable research, practice and IPE agendas. Most importantly, we will create a workforce with the skills, confidence and competency to meet patients in their communities where they are, to address social determinants of health, and achieve the Quadruple Aims. Ultimately, we can effect lasting change through integrated community engagement that is mutually beneficial and equitable. Models for sustained community engagement, collaboration, and interprofessional action-based education could be created and disseminated to academic medical centers across the country. Innovative solutions developed at UAB can lead change across the five key priority areas in Birmingham and other communities across Alabama and the nation.

How will we do this? Our multi-level plan will work to transform UAB culture to embrace and promote interprofessional inquiry, application, and leadership, yielding measurable impact and outcomes for the health, social, and physical well-being of Birmingham citizens. By removing institutional and community challenges to interprofessional collaboration and education, this plan will champion and build a collaborative and interprofessional culture within UAB that promotes health equity and transforms by: 1) Building the human capital of faculty, staff, students and community constituents that is patient- and population-centered, mutually beneficial and socially just; 2) Mobilizing internal and external resources to support an interprofessional and collaborative culture; and 3) Transforming environmental influences to align across UAB in efforts to address the five strategic issues identified by JCDH.

***Building Human Capital:*** To meet the most pressing health care needs of Birmingham and JC, UAB needs to build capacity of its number one resource - its faculty, staff, students, and community constituents. This effort should be grounded in the following values - patient- and population-centered, mutually beneficial and socially just. Specific examples include faculty development grounded in interprofessional collaboration and mentoring; undergraduate and graduate learning communities that span across academic majors; and community-engaged programs such as SHARP (Students Helping At Risk Patients) and Hotspotting that build relationships with patients and community partners to address health needs.

***Mobilizing Resources:*** The foundation of building a collaborative and interprofessional culture within UAB must be built on exceptional, support and resources. We need to start by identifying the challenges and barriers preventing faculty, staff, students and community constituents from engaging in concerted efforts to address health equity. Specific examples that could reduce barriers and challenges associated with collaboration between groups on campus include internal funding mechanisms and indirect recovery options that support faculty research across schools and departments; student scholarships for interprofessional studies and research; and programming to train community partners about interprofessional ideals and collaboration.

***Transforming Environment Influences:*** In building a collaborative and interprofessional culture within UAB, we must revolutionize the institutional environment to support holistic health outcomes in Birmingham. We need systems that reward innovative community practice, research and education; strategies to address competing demands of faculty staff and students; strong relationships with community stakeholders; strategies to address political and regulatory climates internal and external to the university.

***List of potential team members (individuals and organizations) from inside and outside UAB:***

Inside UAB:

- All 11 schools and multiple programs within UAB with educational mandates or competencies addressing IPE (Identified IP champions and community engagement/research faculty within schools/programs)
- Center for Interprofessional Education and Simulation (CIPES)
- Center for Teaching & Learning
- Office of Service Learning and Undergraduate Research
- Student Engagement
- Innovation Depot

Outside UAB:

- UAB Health System
- Jefferson County Department of Public Health
- City of Birmingham
- Southern Research Institute
- CCTS's One Great Community and the Jefferson County Community Participation Board
- Bold Goals Coalition of Central Alabama
- United Way of Central Alabama, Alabama Possible, REV Bham, and other non-profit agencies
- Birmingham Area Consortium of Higher Education (BACHE)
- Birmingham City Schools
- Community Foundation of Greater Birmingham
- Birmingham Business Alliance, Chamber of Commerce, and other for-profit entities

Collaborators:

Allison Shorten, PhD, Professor, School of Nursing; Director, Office of Interprofessional Curriculum, CIPES.

Laurel Hitchcock, PhD, Associate Professor, Department of Social Work, College of Arts and Sciences; CIPES Interprofessional Leadership Fellow.

Curry Bordelon, DNP, Assistant Professor, School of Nursing, CIPES Interprofessional Leadership Fellow, UAB.

Lynn Nichols, PhD, Assistant Professor, School of Nursing, CIPES, Interprofessional Leadership Fellow, UAB.