Your Friendly Neighborhood Medical Resident:
Health and Wellness Outreach to Underserved Seniors

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Problem:
Health outcomes are negatively impacted by social isolation, distrust in medical professionals, and poor health ownership and literacy. Atlantic City is 13.1% seniors per the US Census with many dual-eligible for Medicaid and Medicare. Institutional focus groups identified a need for wellness activities for the elderly with chronic conditions, many of whom live in Atlantic City Housing Authority residencies.

Goal:
The project goal is for medical residents through multidisciplinary partnerships to provide outreach to underserved seniors at a low-income housing development and build mutual trust and understanding. The medical residents will identify needs of the community as well as increase health ownership, health literacy, and resource access.

Methodology:
1. Eight medical residents were trained in motivational interviewing and culinary medicine.
2. Two-hour long outreach sessions were coordinated bi-monthly at Jeffries Towers, a housing community for low-income seniors.
3. During the sessions, two to four medical residents and the health engagement team provide small group wellness outreach and resources.
4. Nutrition survey was conducted during one session.
5. Subsequent sessions are developed based on need and participant requests.
6. Social work students debrief with medical residents at the end of sessions.
7. Upon completion of this academic year’s sessions, a project evaluation survey will be conducted from participating seniors.
8. Outreach will repeat in subsequent years with modifications made from lessons learned.

Discussion:
In the inaugural year, we limited surveying and data collection as our primary objective is trust. We conducted a nutrition survey which included self-reporting fried food consumption (71% stated “some days”) and overall health (52% stated “fair”). We aim to later repeat this and conduct a project evaluation survey.

Challenges included scheduling, attendance, and social dynamics. Scheduling was resolved with support from chief residents, faculty, and non-participating medical residents. Diminishing senior attendance was addressed by partnering with the building, clinic, and current participants to distribute flyers, encourage word-of-mouth,
and create more desirable activities such as health bingo. We also encountered unexpected social dynamics between participants as well as their frustrations with the building. The medical residents made sure the seniors felt supported and heard.

Through consistent outreach, a relationship of trust developed. This was evidenced by the program feedback seniors provided and their openness in sharing personal and healthcare experiences.

**Sustainability:**

- **Medical Residents:**
  - Incorporate into curriculum
  - Recruit new cohorts each year
  - Expand to family medicine residency

- **Community:**
  - Increase participants through word-of-mouth and marketing
  - Expand model to other housing developments and senior centers

- **Project:**
  - Present at local and national conferences
  - In subsequent years, collect pre and post intervention data such as demographics, vitals, healthcare usage, PHQ-9, MMSE, ADL, 6MWT, health literacy assessments, and resource awareness surveys
  - Duplication to family and internal medicine programs nationally

**Acknowledgments:** Dr. Margaret Mallari, Dr. Natalie Millet, Dr. Rhea Farquhar, Dr. Shaista NoorMohammad, Dr. Swetaben Patidar, Dr. Inga Robbins, Atlanticare Health Engagement Team, Stockton School of Social Work, Atlanticare Foundation, Community Foundation of South Jersey, Atlanticare Healthplex