



INSTITUTE FOR
INTERNATIONAL
MEDICINE

Healthcare for Marginalized Americans Course Syllabus

Course Faculty:

Fred Loper, MD: fred@inmed.us, 405-664-7430

Learning Support:

Leda Rivera: leda@inmed.us, 816-444-6400

Library Services:

Kitty Serling: library@inmed.us

Overview:

Many people live on the margins of American society due to their race, language, ethnicity, income, immigration status, and more. The United States is distinct from other developed countries in that there is no single national health care system that provides access for all of its inhabitants. Also notable in America is the relative lack of attention to social needs which are so essential for health. As a result, marginalized people are frequently unable to access vital health care. This course explores the complex patchwork of ingredients which comprise American health care systems, with special attention to its deficiencies for marginalized people. The profound impact of the social determinants of health is examined. Existing health resources are evaluated. Obstacles to care are identified, along with "work around" solutions commonly used by marginalized people. Promising solutions to the healthcare dilemma for US marginalized people are explored. Course participants are challenged to advocate for a more equitable US health care system.

Competency Objectives:

At the completion of the INMED Healthcare for Marginalized Americans Course learners will be able to demonstrate using case-studies and simulation:

- Comprehension of the obstacles and resources which exist for US marginalized people in accessing health care
- Acquisition of skills, arising from an approach of cultural humility which will improve the care of marginalized people
- Effective strategies for addressing the social determinants of health in the lives of marginalized people.

Timeframes:

This course includes 8 weeks of structured learning, and assignments due each Sunday night. Each week includes a required virtual class with the faculty for discussions, simulations, case studies and final exams. This weekly required virtual class may last up to 60 minutes.

Academic Credit:

Completion of this course requirements earns three hours of academic credit.

Enrollment Qualifications:

This course is open to all healthcare professionals and healthcare profession students, as well as non-healthcare professionals. Healthcare for Marginalized Americans is especially appropriate for public health personnel, public leaders and policymakers, social workers, and those providing primary health care.

Computing Requirements:

The following are the minimum computing requirements for participating this course. Students must have ready access to and be functionally proficient with:

- A personal computer with an up-to-date operating system and ample memory for downloads
- A web browser, preferably the most up-to-date version of Chrome, Internet Explorer, Firefox, or Safari
- Applications capable of opening and editing Microsoft Word documents and of viewing PDFs
- An Internet connection, preferably high speed
- Capability of viewing YouTube and Vimeo videos

Education Methods:

Learners will achieve the course competency objectives through the following educational methods:

- Assigned book and article readings
- Critical analysis
- Group discussions
- Essay composition
- Applied skills simulation

Mentored Discussion

- Course participants will schedule once-weekly discussion up to 60 minutes with course faculty to discuss assigned chapters, articles, forum discussions and questions.
- Simultaneous cohorts may be scheduled in advance by course faculty.

Textbook Required:

- *The American Healthcare Paradox*, by Elizabeth H. Bradley and Lauren A. Taylor. PublicAffairs, 2013 (Note: Although this textbook was published in 2013, it remains a relevant, timely, and comprehensive resource. Changes have occurred, but the most basic structure of United States health care remains relatively untouched.)
- *Health Care Off the Books*, by Danielle T. Raudenbush. University of California Press, 2020.

Both books may be purchased at Amazon.com

Supplemental Textbooks / Optional Reading

How Neighborhoods Make Us Sick, by Veronica Squires and Breanna Lathrop
IVP Books, 2019

The Spirit Catches You and You Fall Down, by Anne Fadiman
Farrar, Straus and Giroux, 1997

Both available on Amazon.com

Upholding the Vision, Third Edition, by Multiple Contributors
Christian Community Health Fellowship, 2016.
Available from Christian Community Health Fellowship, www.cchf.org, 901-271-6400, info@cchfmail.org

Weekly Assignments:

Required weekly virtual class with course faculty for up to 60 minutes to discuss assigned lessons, chapters, articles, forum discussions and questions.

Healthcare for Marginalized Americans Week 1: The Paradox, and Historical Perspectives

- The "Spend More, Get Less" paradox
- Capitalism, public health, American exceptionalism, imbalance of attention and spending on medical care vs. the broader determinants of health
- The rise of "organized" medicine and opposition to a national health care system
- Contrasts in US health care and social services systems

Assignments to be completed by 11:55 pm, on Sunday:

- Read The American Health Care Paradox, Chapters 1 and 2
- Complete the Book Discussion Board assignments
 - Question #1: Define the "spend more, get less" paradox of the American healthcare system. What common reasons are advanced for this paradox?
 - Question #2: Contrast the root causes of poverty as advanced by the charity organization (social Darwinism) movement and the settlement house movement. What are some downsides of both belief systems?
- Read the assigned article: [Key Facts about the Uninsured Population](#) (link)
- Complete the Article Discussion Board assignments
 - Question #1: What percentage of the nonelderly uninsured come from a family with at least one full or part time worker? Given the fact that most people in the US obtain healthcare insurance through work, why do these people not have coverage?
 - Question #2: In 2019, the overall uninsured rate rose significantly. It was driven especially by drops in coverage of Hispanic people (57% of the total increase). Why was this? What role does the COVID-19 pandemic continue to play in this scenario?

Healthcare for Marginalized Americans Week 2: Front Line Insights

- US health care system bears the brunt of an inadequate social services sector
- Front line healthcare personnel are stretched past the limits
- Need for more holistic care widely known and acknowledged

Assignments to be completed by 11:55 pm, on Sunday:

- Read The American Health Care Paradox, Chapter 3
- Complete the Book Discussion Board assignments
 - Question #1: If US caregivers could write prescriptions to address social, spiritual, or emotional needs; for what top reasons would they be written? List at least five.
 - Question #2: Do average US primary care providers have enough clinical time to fully address the needs of their patients? If not, what obstacles keep them from doing so?
- Read the assigned article: [Health Disparities Affect Millions in Rural U.S. Communities](#) (link)
- Complete the Article Discussion Board assignments
 - Question #1: Contrast the number of medical specialists per 100,000 people in rural and urban areas. What are your thoughts about the cause of this discrepancy?
 - Question #2: How does Eastern Tennessee State University Quillen College of Medicine prepare students to practice in rural locations?

Healthcare for Marginalized Americans Week 3: Learning from Abroad and Home Grown Innovations

- Models for more effective health care systems, such as in the Scandinavian countries, exist.
- The definition of health differs in the US and Scandinavia
- Rationing of health care is part of both the US and Scandinavian systems
- American creativity in health care technology, organization and financing with front line models of such

Assignments to be completed by 11:55 pm, on Sunday:

- Read The American Health Care Paradox, Chapters 4 and 5
- Complete the Book Discussion Board assignments
 - Question #1: Approximately, what percentage of US health gains in the last century are due to improved medical care? Contrast :1) the per capita expenditure in the US and Scandinavia on healthcare 2) the primary health outcomes in the US and Scandinavia.
 - Question #2: What are the methods used in the US and Scandinavia for rationing health care?
 - Question #3: What key tasks do patients/ clients provide in running Errera Community Care Center? What benefits does the Center experience from this?
- Read the assigned article: [Not Even Past: Social Vulnerability and the](#)

[Legacy of Redlining](#) (link)

- Watch the assigned video: [Housing Segregation and Redlining in America: A Short History, NPR](#) (link)
- Complete the Article Discussion Board assignments

Healthcare for Marginalized Americans Week 4: An American Way Forward and Continuing the Discourse

- Lessons from neighborhood/ community health centers and HMOs
- Collectively addressing social determinants of health requires a United States paradigm shift
- American individualism, mistrust of government, concepts of health, and massive financial investment in traditional medical care are immense obstacles to change

Assignments to be completed by 11:55 pm, on Sunday:

- Read The American Health Care Paradox, Chapters 6 and 7
- Complete the Book Discussion Board assignments
 - Question #1: The Neighborhood Health Centers which arose from President Lyndon Johnson's "War on Poverty" in the 1960s were opposed by mainstream medicine and conservative politicians on what grounds? What were the results of this opposition?
 - Question #2: Can the ever-expanding cost of providing medical care in the US be sustained? Can the cost be controlled by modifying the current healthcare sector in isolation? Why or why not?
- Read the assigned article: [Care of the Homeless: An Overview](#)
- Watch the assigned video: [Tacoma Homeless Get Their Feet Washed, Clipped and Checked](#) (link)
- Complete the Article Discussion Board assignments
 - Question #1: Homeless persons tend to present with the same medical conditions as the general public but at more advanced stages. Discuss factors that contribute to this.
 - Question #2: Screening for depression and substance abuse (including alcohol) in homeless people is best done with which instruments? What is the first focus in treatment of mental illness and substance abuse in homeless people?
- Download, complete and submit the Mid-Term Exam

Healthcare for Marginalized Americans Week 5: Introduction: Health Care Access in America and the Formal-Informal Hybrid Health Care System and Access to Care in Jackson Homes

- Health disparities abound due to race, income, language, etc.

- Health care “safety net”, emergency rooms, resources outside formal health care such as curanderisma.
- Formal-informal hybrid health care system
- Health care resources available to Jackson Homes are very heterogeneous and fraught with many obstacles

Assignments to be completed by 11:55 pm, on Sunday:

- Read Health Care Off the Books, Chapters 1 and 2
- Complete the Book Discussion Board assignments
 - Question #1: Please list and define four paths that the urban poor use to access treatment for their health problems.
 - Question #2: The “Tuskegee Study of Untreated Syphilis in the Negro Male” and other similar historical events are, to this day, major deterrents to medical care in many African American communities. Why is that?
 - Question #3: People living in poor communities such as Jackson Homes often believe their individual health is linked to that of others in the community. What are common narratives they believe? How might these narratives affect fear that people have about their health?
- Read the assigned articles
 - [Health Care Issues for Children and Adolescents in Foster Care and Kinship Care](#)
 - [Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting](#)
- Complete the Article Discussion Board assignments
 - Question #1: What are physiologic changes in individuals that can be caused by poverty? Does research contain suggestions that these changes might possibly be inherited?
 - Question #2: Why is early intervention and treatment so critically important for the children of poverty?
- Begin developing a draft for the Healthcare for Marginalized Americans Essay

Healthcare for Marginalized Americans Week 6: Sick, Poor and without Care and On the Poor Side of Things

- The emergence of a hybrid system
- Family, friends and the underground economy
- Hybrid systems exist because of the formal system

Assignments to be completed by 11:55 pm, Sunday:

- Read Health Care Off the Books, Chapters 3 and 4

- Complete the Book Discussion Board assignments
 - Question #1: What are some methods used to reduce risks of using intermediaries for treatment of health problems? What are potential harms?
 - Question #2: As a volunteer health care provider in a free clinic, you discover that one of your regular patients is selling most of her Neurontin prescription to neighbors and friends each month. Her Neurontin is legitimately prescribed by you for diabetic neuropathy. How would you deal with this behavior?
- Read the assigned articles:
 - [Cultural Humility vs. Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education](#)
 - [Cultural Competence in Health Care: Is it important for people with chronic conditions?](#) (link)
- Complete the Article Discussion Board assignments
 - Question #1: Why is personal humility an essential prerequisite of patient focused interviewing?
 - Question #2: Describe the atmosphere created by effective patient focused interviewing from both the patient and caregiver points of view.
 - Question #3: What are some ingredients of cross cultural, skill based approaches to increasing cultural competence (humility)? Why are these best combined with learning facts about specific cultural groups?
- Submit your draft for Healthcare for Marginalized Americans Essay to receive instructor feedback

Healthcare for Marginalized Americans Week 7: The Doctor Is In

- Intense role conflict for caregivers due to inadequate resources
- Risks of violating usual norms, rules and practices
- Reasons for using (or not) informal assistance to needy patients

Assignments to be completed by 11:55 pm, Sunday:

- Read Health Care Off the Books, Chapter 5,6, and 7
- Complete the Book Discussion Board assignments
 - Question #1: What seminal change in the doctor-patient relationship has occurred due to the managed care approach to healthcare financing? What are some negative effects of this change?
 - Question #2: Contrast the attitudes, thoughts, emotions of caregivers who use informal assistance strategies for needy patients with those who do not.

- Question #3: Medical and sociological research often overlooks the heterogeneity of access to formal healthcare that exists in poor communities. How does this heterogeneity contribute to the existence of a formal-informal hybrid healthcare system?
- Read the assigned article: [Health Care Safety-Net Programs After the Affordable Care Act](#)
- Complete the Article Discussion Board assignments
 - Question #1: Is a strong health care safety net an adequate substitute for insurance? What are some appropriate roles that the safety net can fill?
 - Question #2: What are some program changes made by free and charitable clinics in response to the Affordable Care Act? Have these enhanced or detracted from the day-to-day operations of these clinics?
- Submit your final Health Care for Marginalized Americans Essay for grading

Healthcare for Marginalized Americans Week 8: Final Exam

Final Exam Simulation

The Healthcare for Marginalized Americans Final Exam Simulation will take place in an online meeting. All course learners will login at the specified hour. Over a period of 120 minutes, learners will take part in the [SPENT Simulation](#) and in case studies on healthcare issues of marginalized persons that require analysis and solutions. Score on the final exam simulation will be tabulated according to the rubric below. A minimum score of ≥80% is required.

Simulation Exercise Grading Rubric

- Leadership (weight: 40%)
 - Satisfactory
 - Learner effectively guides other participants
 - Learner speaks clearly and concisely with other participants
 - Not Satisfactory
 - Learner does not effectively guide other participants
 - Learner does not speak clearly and concisely with other participants
- Presentation (weight: 40%)
 - Satisfactory
 - Presenter is organized
 - Rationales are logically organized
 - Not Satisfactory

- Presenter is not organized
 - Rationales are not logically organized
- Participation (weight: 20%)
 - Satisfactory
 - Learner asks thoughtful questions of the other presenters
 - Learner makes recommendations to the other presenters
 - Not Satisfactory
 - Learner does not ask thoughtful questions of the other presenters
 - Learner does not make recommendations to the other presenters

Essay

Learners will compose an essay on the subject Transforming American health care to improve end results for marginalized people. Due dates for the draft submission (followed by feedback from the instructor) and final submission are posted above. A suggested outline for this essay is:

Introduction

- Define healthcare needs of one marginalized American people group
- Describe existing resources for alleviating these needs

Main body

- Recommend new or improved interventions to increase health outcomes for these people
- Discuss the resources required, potential obstacles, and potential benefits of these interventions.

Conclusion(s)

- Present a plan necessary to implement your recommended interventions.
- Include a strategy for building support for this plan among relevant stakeholders.

The completed essay must conform to the following specifications.

- Approximately 2500 words
- At least 10 references
- References may be in any recognized style (AMA, APA, etc.), and the same style should be used throughout
- Footnotes are preferred over endnotes

Essay Grading Rubric

- Content – (weight: 60%)
 - Excellent
 - Background of the issue is comprehensively reviewed
 - Rationales are logically organized
 - Alternate views are extensively included
 - Good
 - Background of the issue is adequately reviewed
 - Rationales are organized
 - Alternate views are sufficiently included
 - Fair
 - Background of the issue is reviewed
 - Rationales are somewhat organized
 - Alternate views are somewhat included
 - Poor
 - Background of the issue is not reviewed
 - Rationales are poorly organized
 - Alternate views are not included
- Structure/organization – (weight: 20%)
 - Excellent
 - Strong introductory paragraph
 - Clear concluding statement
 - Good
 - Good introductory paragraph
 - Good concluding statement
 - Fair
 - Modest introductory paragraph
 - Modest concluding statement
 - Poor
 - Poor introductory paragraph
 - Poor concluding statement
- References – (weight: 20%)
 - Satisfactory
 - Required minimum number are included
 - Organized in a recognized reference style
 - Not Satisfactory
 - Does not have required minimum number
 - Not organized in a recognized reference style

Explanation of Assignments:

Due Dates: All assignments are due on Sunday at 11:55 pm of the week they are assigned.

Participation: Learners are required to fully participate in the course content, including readings, discussions, and essay.

Punctuality: This is a professional level course. All assignments are expected to be submitted on time. Any learner who becomes more than two weeks behind in submitting any assignment is subject to dismissal from the course.

Professionalism Requirement: This is a learning experience for professionals. Assignments are expected to be completed with excellence.

Assigned Articles: Each week, a journal article is assigned for learners to critically review, including questions posed on the subjects of each article. Articles originally published more than 10 years ago are intentionally selected for their ground-breaking impact and contributions to the field of Healthcare for Marginalized Americans. Up-to-date articles are preferentially selected when relevant.

Discussion Board Participation: Learners are required to post at least one response to each of the questions posed, and respond to at least one fellow classmate's responses, stating with what they agree or disagree about the response and why. A post that simply agrees with something someone else said without further explanation is not satisfactory and will be counted as if there were no post.

Inadequate learner performance will be managed according to the Student Probation, Suspension, Dismissal, and Readmission Policy. This policy is located within the Student Resources tab on the INMED website.

Requirements for Successful Completion & Course Grade Determination:

Element	Weight
7 satisfactory book discussion board posts	10%
7 satisfactory article discussion board posts	10%
HC for Marginalized Americans Mid-Term Exam	20%
HC for Marginalized Americans Essay $\geq 80\%$	20%
HC for Marginalized Americans Final Exam $\geq 80\%$	20%
Weekly classroom participation	20%

In addition, course completion also requires:

- Participation in all weekly virtual classes
- Achievement of $\geq 80\%$ on the Healthcare for Marginalized Americans Essay and Healthcare for Marginalized Americans Final Exam
- Cumulative course score $\geq 80\%$

- Complete course evaluation and credit claims forms at the course conclusion.

Course grades will be assigned according to the INMED Course Grading System:

A	90–100 %	4.00
B	80–89 %	3.00
C	70–79 %	2.00
D	60–69 %	1.00
F	0–59 %	0.00

Learners whose evaluation is acceptable will receive academic credit for the INMED Healthcare for Marginalized Americans Course. Those learners whose evaluation is not acceptable will receive a certificate of participation and the opportunity to remediate.

Remediation:

If a learner does not complete this course and achieve the required competencies, the faculty may require the learner to 1) remediate the component(s) that the learner did not satisfactorily complete, or 2) repeat the entire course. Learners must repeat payment of tuition in order to retake a failed course.

Academic Integrity:

Honesty is a fundamental necessity of life. This is a professional-level learning experience. All students are expected to be self-motivated, to perform with excellence, and to be thoroughly honest throughout their process of learning. If any INMED faculty suspects a student has engaged in Academic Dishonesty, the INMED faculty may initiate the posted Academic Integrity Policy and Process.

Withdrawal and Refund Policy:

Please refer to the posted Withdrawal and Refund Policy.

Course Faculty:

Fred Loper, MD

Dr. Loper is a graduate of the University of Oklahoma School of Medicine. As a third-year medical student, he was part of the founding of Good Shepherd

Ministries Medical Clinic-- a faith-based, not-for-profit clinic that serves the uninsured people of Oklahoma City to this day. After completing his residency at the University of Oklahoma, Dr. Loper served as a primary care physician at Central Oklahoma Medical Group (COMG). In 1986, he was appointed as the National Missionary for Medical Missions for a North American mission board, and in 2005, he became Executive Director of Baptist Medical Dental Fellowship, leading physicians, dentists and other health professionals in volunteer healthcare service in the US and abroad. In 2012, Dr. Loper returned to Good Shepherd Ministries Medical Clinic to serve as their full-time medical director and completed his active practice career as an Associate Physician at Community Health Centers of Oklahoma, a Federally Qualified Health Center.