

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

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## Rationale

- Health outcomes in the elderly 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 this population with chronic conditions, many of whom live in Atlantic City Housing Authority residencies.

## Project Goal

- Through multidisciplinary partnerships, medical residents will provide outreach to underserved seniors at a low-income housing development and build mutual trust and understanding.
- Identify needs of the community as well as increase health ownership, health literacy, and resource access.

## Sustainability

- Incorporate into medical training curriculum
- Recruit new cohorts yearly
- Integrate to institution's family medicine residency
- Expand model to local housing developments and senior centers
- In subsequent years, collect pre and post intervention data such as: demographics, vitals, healthcare usage, PHQ-9, MMSE, ADL, 6MWT, health literacy assessments, resource awareness surveys
- Present findings at local and national conferences
- Duplication to family and internal medicine programs nationally

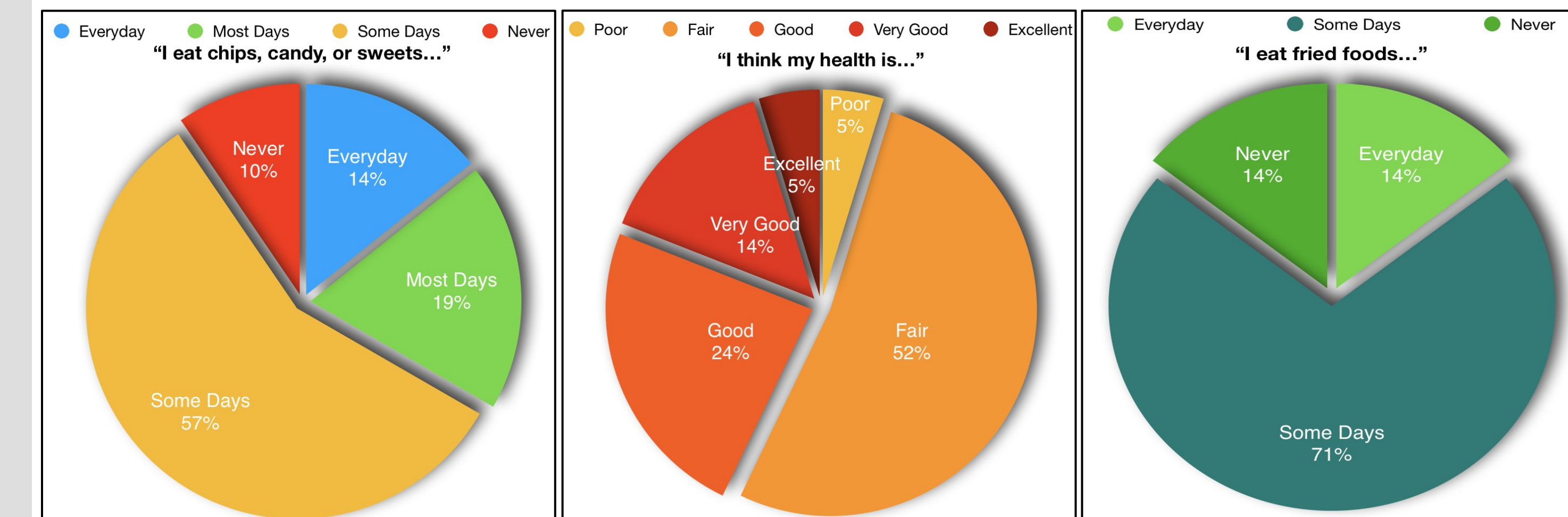
## Methodology

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

Challenges	Action Plan
Medical Resident Scheduling	Coordinated with chief residents with support from faculty and non-participating residents
Diminishing Senior Attendance	Partnered with building, clinic, and current participants and used flyers, word-of-mouth, and desirable activities like bingo.
Social dynamics among seniors and housing frustrations	Medical residents continued to build trust and used communication and people skills to make sure seniors felt supported and heard.

## Discussion

- In the inaugural year, we limited extensive surveying and data collection as our primary objective was trust.
- We did conduct an initial nutrition survey however with 21 participants who self-reported the following:



- Developing trust evidenced by seniors' program feedback and their openness in sharing personal and healthcare experiences.
- Outreach activities developed on needs and requests included:

- Color Your Plate
- Hydration
- Self-Care
- Health Bingo
- At Home Physical Activity
- Blood Pressure Check
- Types of Fats
- Eating on a Budget

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