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How the Diversity of Curriculum Prepares Future Physician Assistants (PA's) to Provide Healthcare for Underserved Populations

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The Diversity of Curriculum Prepares Future Physician Assistants to Provide Healthcare for Underserved Populations

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Abstract

This research project was conducted to explore the availability of the diverse curriculum in the Physician Assistant programs by region as well as the scope of PA responsibility across the United States. Using the information collected, the association between Physician Assistant curriculum and underserved population health outcomes by region was examined. In conclusion, this research has assisted in understanding the relationship between PA education and health outcomes.

Introduction

Background
- There are over 200 accredited PA programs in the United States. Each school has their own curriculum and offers different specialty courses. This poses the question, do certain curriculum elements in PA programs lead to better health outcomes for the communities that PAs go on to serve?

Objectives:
- To explore the availability of diverse curriculum in PA programs by region
- To examine the association between PA curriculum and underserved population health outcomes and regions

Methodology

Study Population:
- 157 accredited Physician Assistant Programs in the United States and each of the 51 states in the U.S.

Measures
- Analyzing the curriculum of accredited PA programs, specifically looking for curriculum topics including: gerontology, women's health, genomes, social determinants, and environmental determinants
- Examining women's health outcomes, geriatric health, social determinants, and environmental determinants rankings by state
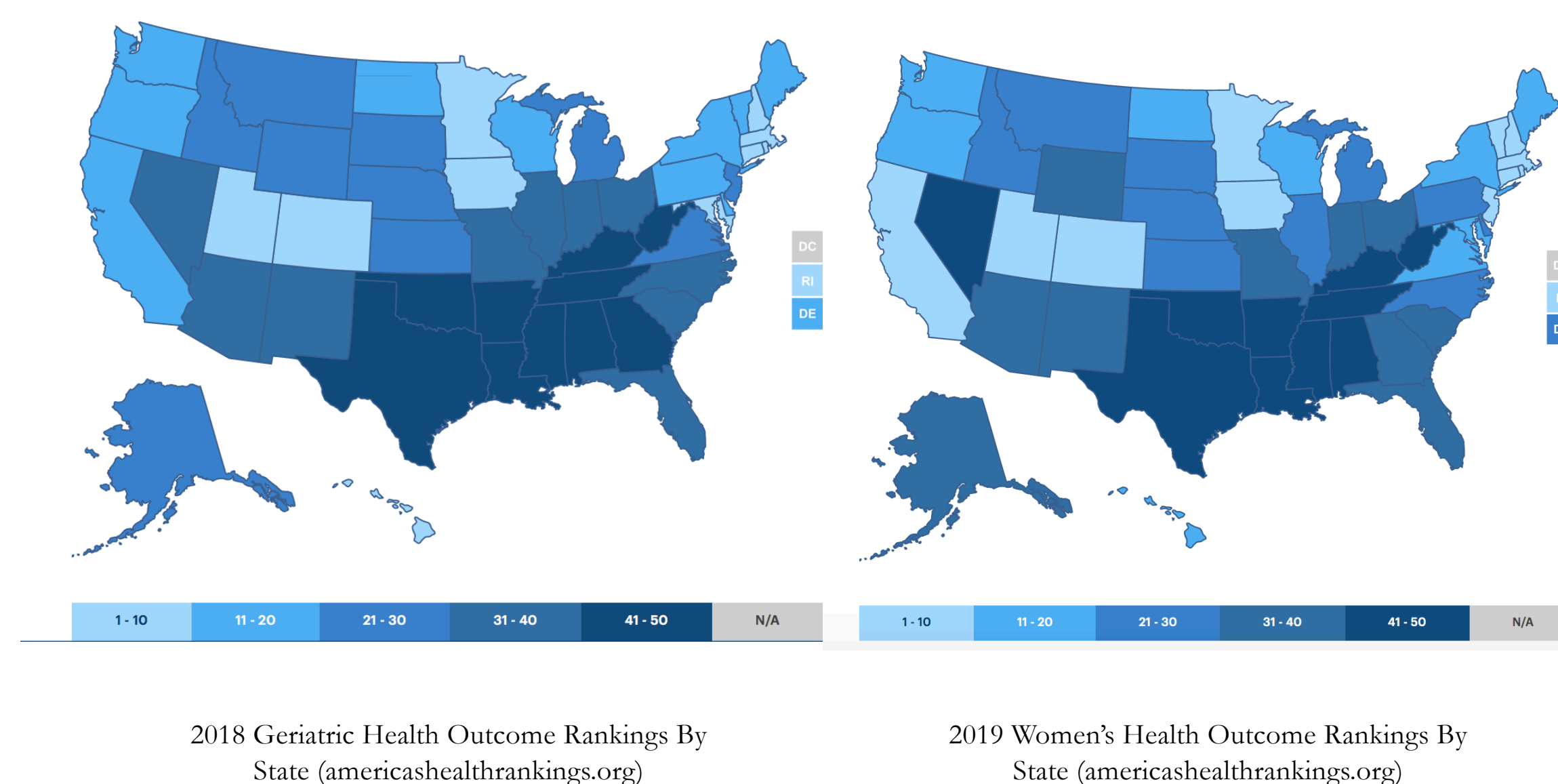
Descriptive Statistics
- 20/51 states ranked poorly for Geriatric Health
- 18/51 states ranked poorly for Women's Health
- 27/51 states ranked highly for Social Determinants (specifically inability to receive healthcare due to cost)
- 15/51 states ranked highly for Environmental Determinants (specifically severe housing problems)

Results/Discussion

 When analyzing the states that ranked poorly nationally for geriatric health outcomes, those states also exhibited a low ratio of PA programs in the state that offered a gerontology course, only had one PA program in the state, or did not have a PA program at all. The states that ranked poorly nationally for women's health outcomes also illustrated the same trend. The poorly ranked states had a lower ratio of PA programs in the state that offered a women's health course compared to the states that were not ranked poorly for women's health outcomes that had very high ratios of PA programs in those state that offered women's health courses. Furthermore, the states that were the worst ranked for social determinants, in this case the social determinant evaluated was the inability to receive health care due to cost, either had a low ratio of PA programs in the state that offered a social determinants course or no such course was offered. Lastly, the states that ranked the worst for environmental determinants, in this case the environmental determinant evaluated was severe housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities), did not offer environmental determinants courses at the PA programs in that state or exhibited a low ratio of PA programs in the state that did offer such a course.

This data illustrates that the states that have poor geriatric and women's health outcomes and are the worst ranked for social and environmental determinants also lack PA programs courses covering such topics.

2018 Geriatric Health Outcome Rankings By State (americashealthrankings.org)

2019 Women's Health Outcome Rankings By State (americashealthrankings.org)

Conclusion

In conclusion, the data collected confirms that there is a positive relationship between health outcomes and Physician Assistant program curriculum. The states that do have PA programs that offer courses in women's health, geriatric health, social determinants, and environmental determinants often have better rankings in those categories nationally than states whose PA programs do not offer them or do not have PA programs. Therefore, if the PA programs in the poorly ranked states introduce those curriculum topics or if the states that do not have PA programs form a program that implements a curriculum including the discussed courses, the health outcomes for the underserved populations would improve.

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Analyzed University Program websites see appendix

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