Population Health Assignment

In the clinical rotation that fulfills your population health requirement, describe what you observed in the clinical environment or community that related to healthcare disparities, challenges with population level health outcomes or inequity in the relevant community.

I spent 2 weeks at an American Diabetic Association Summer Camp where I was part of the medical team for a cabin of twelve 10 to 12-year-old Type I Diabetic campers. It was the most challenging yet most amazing growth during my medical school journey so far. As the cabin clinician, I was the leader of managing the camper’s insulin doses and blood sugars. However, there was so much more that I learned besides almost mastering the task of taking a camper’s blood sugar at 2am with a head lamp on reaching onto the top bunk and finding a finger to prick. I met campers (and counselors) who had the “coolest” most high-tech insulin pumps out there, the pumps looked i-Phones, which gave lifesaving medicine every day and all day to their body. Other campers had “normal” looking pumps that I had been used to seeing my mom use to manage her Type I Diabetes. Other campers used insulin pens. Some campers had continuous glucose monitors, most didn’t. Some had stylish fanny packs to safely carry their pump and supplies. Some knew how much insulin to give them based on their food intake, others were still learning. The single thing that determined which pump they had, which mode of injecting insulin into their strong bodies, or how they would check their blood sugar 4 to 6 times a day all depended on their health insurance which depended on their family’s income which depended on their parent’s education, and this longitudinal pathway could keep going. When I first learned about the difficulties in affording and accessing the latest insulin pumps and continuous glucose monitors I was shocked, angry and frustrated. Why does one child get to manage their chronic condition, more easily than the next child? Why does the insurance company charge thousands of dollars to families in order to keep their child alive? The financial burden of Type I Diabetes was a discussion topic that I never realized needs to happen.

Construct a statement that you could offer to a medical student entering the clinical rotation that fulfills your population health requirement that accurately depicts the general sentiment/attitudes of the faculty, residents and nursing staff in relation to disparities, population outcomes or inequity in the community or with the population with whom you worked. (maximum 250 words)

During my week of training for camp, one of the first messages I remember getting from the nurses and physicians running the camp went something like this. “We do not judge campers based on how we give them insulin.” Meaning most campers will have pumps, which to the cabin clinician makes giving insulin at busy meal times so much easier, but other campers will get insulin via pen injections which takes a few more seconds to administer. I didn’t realize the importance and power of that statement until the campers arrived the following day. The mode of insulin administration went so much deeper than a physical pump or needle, to the camper it was a symbol of their family’s wealth. That fragile comment about the difficulty in giving a shot to a camper could have affected that camper’s self-esteem more than I realized on day 1 of camp. The nurses knew that, I had to learn that, and I quickly did. I don’t know why and it doesn’t matter why one camper uses needles to give insulin and other uses a pump. As long as that child is getting insulin it does not matter how. I do not judge them. There is no better or worse way to give a lifesaving medicine.