The WWAMI Program: Founding Goals (1971)

1) Access to Publicly Supported Medical Education
2) Increase the number of primary care providers (MD) to address maldistribution of physicians
3) Create Community-Based Medical Education
4) Expand GME and CME across WWAMI
5) Avoid excessive capital costs by using existing educational infrastructure
## Medical School Seats per 100K Population

<table>
<thead>
<tr>
<th>State</th>
<th>Medical School Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>15.6</td>
</tr>
<tr>
<td>New York</td>
<td>10.2</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>9.7</td>
</tr>
<tr>
<td>North Dakota</td>
<td>9.4</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>7.0</td>
</tr>
<tr>
<td>US Average</td>
<td>6.6</td>
</tr>
<tr>
<td>Minnesota</td>
<td>5.6</td>
</tr>
<tr>
<td>Hawaii</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Wyoming</strong></td>
<td>3.8</td>
</tr>
<tr>
<td>California</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Montana</strong></td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td>2.0</td>
</tr>
<tr>
<td>Idaho</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Alaska</strong></td>
<td>1.2</td>
</tr>
<tr>
<td>Delaware</td>
<td>0.0</td>
</tr>
</tbody>
</table>

*prior to 2007 Expansion*
## Public vs. Private Medical Education

### Student Finances 2007

<table>
<thead>
<tr>
<th></th>
<th>WWAMI</th>
<th>PUBLIC*</th>
<th>PRIVATE*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STUDENT TUITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident</td>
<td>$15,872</td>
<td>$19,700</td>
<td>$36,014</td>
</tr>
<tr>
<td>Non-Resident</td>
<td>$37,694</td>
<td>$38,670</td>
<td>$37,595</td>
</tr>
<tr>
<td><strong>TOTAL STUDENT DEBT</strong></td>
<td>$104,919*</td>
<td>$120,000</td>
<td>$160,000</td>
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<tr>
<td>(at Graduation)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **IMPACT ON RESIDENCY (SPECIALTY) CHOICE**
- **IMPACT ON PRACTICE SITE**

*Mean Numbers*
Percent of SOM Graduates Selecting Primary Care Residencies

*Primary care residencies defined as Family Medicine, Pediatrics and Internal Medicine (primary care track only) for UW convention.
Tracking the Founding Goals
1971 - 2007

3) Create Community-Based Medical Education

- Pre Medical Outreach
- 1st Year University-Based Curriculum
- Rural Underserved Opportunities Program (RUOP)
- 3rd and 4th Year Clerkships
- WWAMI Rural Integrated Training Experience (WRITE)
- Community Service
University-Based First Year Curriculum

Disciplines

◆ Anatomy (microscopic/Embryology)
◆ Biochemistry
◆ Molecular and Cellular Basis of Disease
◆ Nervous System/Human Behavior
◆ Immunology
◆ Introduction to Clinical Medicine
◆ Critical Reading
Objective: To create a collaborative biomedical research consortium among the WWAMI state universities and the University of Washington

- Affiliate Faculty Positions – Library Access
- “LARIAT” – Linking state universities to Internet II
- Shared Regional Research Projects
  - BRIN (Biomedical Research Infrastructure Network) (2004)
  - Biodefense and Emerging Infectious Diseases (2005)
  - Clinical and Transitional Science Award (2007)
Rural/Underserved Opportunities Program (R/UOP)

Offers students between first and second years elective preceptorships with practicing physicians in rural and medically underserved urban areas

- 19 years experience involving over 300 community sites and now consistently over half (60%) of all 1st year students
- 120+ currently active sites throughout the WWAMI region
- Can be combined with the Independent Investigative Inquiry (III) focused on Community-Oriented Primary Care
Affordable Greenhouse Construction: A Response to the Climatic and Geographic Impediments to a Diabetic Diet in Heart Butte, MT

University of Washington School of Medicine, Ill Intervention, 2007

Megan Chandler, WWAMI, MS-II

Purpose

This project seeks to offset the geographical and climatic features that challenge attempts to attain a healthy diet by integrating the concept of an inexpensive family greenhouse into home gardening programs implemented by local diabetes organizations and active gardeners already operating within Heart Butte. A greenhouse, correctly utilized will extend the growing season for plants that require more than ninety days to reach maturity and protect seedlings that would easily be damaged by late spring frosts thereby allowing citizens to supplement their diets with affordable vegetables.

Methods

Research was done to design the appropriate structure necessary for the extreme weather that Heart Butte experiences. The North Carolina Cooperative Extension Service a division of the North Carolina State University College of Agriculture and Life Sciences has engineered an inexpensive, stable greenhouse that can withstand high winds and up to four inches of snow. Contributions from local gardeners allowed for its construction in Heart Butte during which time four individuals were trained in its assembly. Materials were attained from local businesses with costs totaling $150.

Community training and awareness of the greenhouse design was organized through the Blackfeet Special Diabetes Program titled the “Healthy Heart Project.” Already involved in community outreach and patient contact through a family gardening program and the diabetic clinic at the hospital this community-based organization was the ideal group with which to network.

During a Diabetic Clinic held at the hospital staff of Healthy Heart and associated patients were trained on the greenhouse construction process.

Discussion

In a community where diabetes has become epidemic in its incidence and severity, community oriented medicine requires more than regular patient education and sensitization during visits to the clinic. Organizations targeting the disease have taken it upon themselves to go out into the community and support behaviors and encourage activities such as gardening. Health care providers outside of the clinic setting should support such proactive measures. Contributing new ideas that support the ongoing efforts of an organization increase its capacity. Physician involvement in that capacity building improves the legitimacy of the organization in the eyes of patients and attitudes of those outreach persons who are working outside the clinic.

The Blackfeet people often come together as a community to build traditional structures such as teepees, medicine lodges at the Sun Dance festivals and sweat lodges. Studies have recommended that interventions in community health be culturally sensitive and incorporate traditional values. Greenhouse construction is an example of how tribal traditions of building small shelters that enhance spiritual, social and family life can be extended into the area of food security.

Results

Number of people trained in greenhouse construction (directly): 4
Number of people trained in greenhouse construction (indirectly): 15
Number of community organization outreach workers trained: 5
Number of community organization with increased capacity: 1
Number of greenhouses constructed: 1

Members were very excited about the concept of a low cost greenhouse. Currently all the seedlings used in the outreach projects are from the Blackfeet Community College which is far from many of the communities around Browning in which Healthy Heart is trying to operate creating additional transport needs for all the plants. It was suggested that at least one greenhouse be built in town where they were operating that could be maintained by a single family or a group of families.

Background

In the town of Heart Butte, MT the high cost and distance to affordable food has a major impact on the diet of the local population. The nearest grocery store with vegetables is twenty miles away, but citizens often commute up to two hundred miles to purchase affordable groceries. Heart disease and diabetes, both chronic illnesses that require adherence to a specific diet high in vegetable content, are epidemics among the Native American Indian population. Diabetes mellitus in particular has an incidence among Native Americans three times that of the general U.S. population.

Heart Butte is located at a latitude known for high winds, a short growing season and killing frosts. This challenges many attempts by the community to cultivate crops that would supplement their diet. Positive dietary decision making in Heart Butte is undermined by the geographic, financial, and environmental choices available to the community.

References


Socioeconomic differences in food purchasing behavior and suggested implication for diet-related health promotion. Journal of Human Nutrition and Dietetics 13(1): 113-120.

Acknowledgements

Special thanks to Dr. Mary DesRosier and her family, John Padget, the Staff of the Heart Butte Clinic, The Healthy Heart Project, The Southern Piegan Diabetes Program and Blackfeet Community Hospital.
2005 WWAMI Faculty Survey
Ratings of the impact of teaching students on various aspects of clinical practice

A = Office
B = Patient care
C = Professional goals
D = Rel. with colleagues
E = Patient referrals
F = Productivity
G = Income
H = Work load
I = Keeping current
J = Computer literacy
### State Retention of Graduates from State-Supported Medical Schools

<table>
<thead>
<tr>
<th>Medical School</th>
<th>State Retention Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of California - Irvine</td>
<td>63%</td>
</tr>
<tr>
<td>WWAMI - Alaska</td>
<td></td>
</tr>
<tr>
<td>State resident return rate</td>
<td>47%</td>
</tr>
<tr>
<td>State resident &amp; WWAMI graduate return rate</td>
<td>84%</td>
</tr>
<tr>
<td>WWAMI - Idaho</td>
<td></td>
</tr>
<tr>
<td>State resident return rate</td>
<td>43%</td>
</tr>
<tr>
<td>State resident &amp; WWAMI graduate return</td>
<td>71%</td>
</tr>
<tr>
<td>WWAMI - Montana</td>
<td></td>
</tr>
<tr>
<td>State resident return rate</td>
<td>40%</td>
</tr>
<tr>
<td>State resident &amp; WWAMI graduate return rate</td>
<td>54%</td>
</tr>
<tr>
<td>WWAMI - Wyoming</td>
<td></td>
</tr>
<tr>
<td>State resident return rate</td>
<td>60%</td>
</tr>
</tbody>
</table>

- University of Oregon: 46%
- University of Utah: 42%
- University of South Dakota: 41%
  - NATIONAL AVERAGE: 39.0%
- University of North Dakota: 32%
- University of Vermont: 13%

Source: AMA Master File 2006
WWAMI Graduate File 2007
WWAMI

Keys to Success over 30 Years

- Sensitivity to community needs
  - Selecting the right students and residents
  - Providing learning experiences in community settings
- Ongoing communication with and support of 5 state legislatures
- Interdisciplinary program planning and cooperation
- Community-based medical education
- Volunteer, enthusiastic community preceptors
- Accountability to meet the founding goals
Community Based vs. Research Medical Schools

Sources of Revenue/Support

- Community-Based (Public) Approximately $110 Million
- Research Intense (Public) Approximately $900 Million
Distribution of Residents Engaged in Graduate Medical Education
(August 1, 2005)
Number of Resident Physicians per 100,000 Population

Source: JAMA September 6, 2006

Below national median

Above the national median of 25 residents per 100,000 population

At the national median

Below national median

Alaska
Hawaii
Rhode Island (68)
Connecticut (55)
Delaware (25)
Washington D.C. (334)