

(20%) responded they had received “no training.” Based on this information, we incorporated several workshops and lectures into the internal medicine resident curriculum, including a sexual history taking workshop, a lecture on HIV preexposure prophylaxis, and topics commonly encountered in the LGBT primary care setting.

Conclusion: Disparities in healthcare continue to affect the LGBT patient population. We demonstrated a statistically significant difference in internal medicine residents’ comfort level in obtaining a sexual history from LGBT patients. The goal of implementing LGBT-specific teaching into the internal medicine curriculum was to improve the comfort level in sexual history taking and reduce this healthcare disparity. After quantifying the effect that educational sessions have had on sexual history taking comfort, we will use this information to further design educational initiatives aimed at improving LGBT cultural competency and working toward eliminating disparities in LGBT patient care.

PROJECT MANAGEMENT PLAN – Processes to Address Health Disparities

Vision Statement	The Ochsner Health System serves a community that is defined by its diversity. A portrait of this community displays a spectrum of individuals from different ethnic, cultural, and socioeconomic backgrounds. It is the vision of the NI V team that we will leverage the Ochsner CHNA to identify and evaluate these populations and their needs, leading to the development of toolkits to be applied across the education continuum to drive improvement.
Team Objectives	Our objectives were as follows: <ul style="list-style-type: none"> • Direct all activities toward improvement in the care of populations in need • Identify populations (those engaged in the project will identify the populations, based on their experience in the Ochsner clinical environment and their interest and passion to improve a specific aspect of care) • Identify stakeholders as specific populations are defined and incorporate them into the workgroup activity • Develop focused projects that will address the needs of specific populations with targeted strategies to improve the quality of care
Success Factors	The most successful part of our work was that it provided a much broader understanding of the inequity of the care provided and the populations in greatest need. We were inspired by the overwhelming interest and determination of the residents and students who participated to work toward addressing these inequities.
Barriers	The largest barrier encountered was engagement over the long haul and maintaining the necessary level of organizational commitment. We worked to overcome this challenge by continuing project monthly check-ins and identifying broader organizational efforts to leverage available support for sustaining and spreading existing work.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to not try to conquer the world and to spend enough time on the front end of the project to clearly define realistic aims and outcomes.

Orlando Health, Orlando, FL

Increasing Vietnamese Patients in the Resident Clinic

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Background: The Mills-50 district in Orlando has a large Vietnamese community and is in proximity to the Internal Medicine Residency Continuity Clinic. Despite the proximity, Vietnamese patients enrolled in the clinic are less than 5%. Many immigrated to the area without access to healthcare. A literature review and needs assessment identified hepatitis B virus (HBV) as a prevalent disease among the immigrant Vietnamese population. The aim of this project was to increase the number of Vietnamese patients in the Internal Medicine Residency Continuity Clinic by 25% within a period of 6 months by raising awareness of HBV.

Methods: A questionnaire was created and distributed to 40 current Vietnamese patients in the resident clinic to determine their knowledge of HBV and their immunization status. Several health screening events were held in the community, and information for the clinic was provided for eligible individuals. Eligible individuals included those living in the county who were uninsured and without a primary doctor. The number of Vietnamese patients in the clinic was compared before and after intervention.

Results: Of those surveyed, 3 in 5 patients answered questions incorrectly regarding transmission of HBV. One in 3 patients did not know his/her immunization status. After the intervention, the Vietnamese population in the resident clinic increased by 33% in 6 months, from 81 patients to 121 patients.

Conclusion: Access to healthcare is a problem in our community. We learned that there was great interest in the Vietnamese community to learn more about HBV. We found the best way to educate the community was to coordinate with local leaders and participate in health screening events. By participating in community health events, we were able to increase awareness of a disease prevalent in the Vietnamese community and increase their access to healthcare. We hope to utilize the skills we learned from this project to improve access of care to other groups experiencing health disparities in our community.

PROJECT MANAGEMENT PLAN – Increasing Vietnamese Patients in the Resident Clinic

Vision Statement	Through this project, we look to increase access to healthcare in an underrepresented group by bringing awareness regarding screening, transmission, and treatment of a disease prevalent among this group. We seek to apply the strategies learned by this project to increase access to healthcare for other underrepresented groups in the community.
Team Objectives	The aim of this project was to increase the number of Vietnamese patients in the Internal Medicine Residency Continuity Clinic by 25% within a period of 6 months by raising awareness of hepatitis B virus (HBV).
Success Factors	The most successful part of our work was raising awareness about HBV by providing free educational events. We also were able to increase access to healthcare by providing information about our clinic for the uninsured.
Barriers	The largest barrier encountered was that many of the uninsured we encountered were not eligible for our clinic because of their citizenship status or their income was above the threshold. We worked to overcome this challenge by making these patients aware of another clinic in the community where they could receive primary care.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to establish relationships with community leaders!! They have experience with getting out into the community and having an impact.

**OSF Saint Francis Medical Center and University of Illinois College of Medicine, Peoria, IL
The Influence of Comprehensive Care Coordination on Patients With Chronic Medical Conditions and Special Healthcare Needs in a Community Pediatric Residency Program Continuity Clinic**

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Background: The prevalence of chronic disease among American children has increased as a result of decreased mortality from once-fatal diseases. Pediatric healthcare providers must be prepared to tend to an increasing number