Incorporating Health Equity Education into Family Medicine Clerkship

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Disclosure

• No financial disclosure

• The opinions and assertions expressed herein are those of the author and do not necessarily reflect the official policy or position of the Uniformed Services University or the Department of Defense
Objectives

- Define health equity, health & healthcare disparities, social determinants of health (SDoH)
- Review health equity curricula in undergraduate medical education (UME) & discuss areas of future curricular development
- Share ideas & resources to design or enhance health equity curriculum
- Discuss in groups ideas for health equity curriculum, identify barriers to implementation of curriculum & propose possible solutions
Session Structure

• Presentation: 20 minutes

• Discussions: 25 minutes
Health Equity

“Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities”.

-Healthy People 2020
Equality vs. Equity

Interaction Institute for Social change
Artist: Angus Maguire
Health Disparities

“A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.”

-Healthy People 2020
<table>
<thead>
<tr>
<th>Areas of Health Disparity</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality &amp; Health status</td>
<td>African Americans (AA) &amp; American Indian/Alaskan Native (AI/AN) with higher mortality &amp; poor health status</td>
</tr>
<tr>
<td>Cardiovascular disease &amp; mortality</td>
<td>AA 30x more likely than whites to die from heart disease</td>
</tr>
<tr>
<td></td>
<td>AA men 2x more likely to die from stroke</td>
</tr>
<tr>
<td></td>
<td>AA &amp; AI/AN women with highest rates of stroke related deaths</td>
</tr>
<tr>
<td>Cancer mortality</td>
<td>AA women with higher mortality from breast &amp; cervical cancer</td>
</tr>
<tr>
<td></td>
<td>AA men with higher mortality from colon cancer</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Higher rates among AA men (particularly gay &amp; bisexual men)</td>
</tr>
<tr>
<td>Preterm birth &amp; Infant mortality</td>
<td>Higher rates among AA women</td>
</tr>
<tr>
<td>Obesity</td>
<td>Highest among Hispanic children &amp; adolescents</td>
</tr>
<tr>
<td>Death from homicide</td>
<td>Highest among AA men followed by Hispanics &amp; AI/AN</td>
</tr>
<tr>
<td>Death from suicide</td>
<td>Highest among AI/AN</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>Drinking highest among gay &amp; bisexual men, lesbian women</td>
</tr>
<tr>
<td></td>
<td>Heavy drinking highest among lesbian &amp; bisexual women</td>
</tr>
<tr>
<td>Current smoking</td>
<td>Highest among gay men &amp; lesbian women</td>
</tr>
<tr>
<td>Delaying health care due to cost</td>
<td>Highest among gay &amp; bisexual men, lesbian &amp; bisexual women</td>
</tr>
<tr>
<td>Violence, victimization, harassment, and discrimination</td>
<td>Higher rates among LGBT+ individuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social</th>
<th>People without Disabilities</th>
<th>People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>8.7%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Victim of violent crime</td>
<td>21.3%</td>
<td>32.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Health Risk Behaviors</th>
<th>People without Disabilities</th>
<th>People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease (18-44 year olds)</td>
<td>3.4%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Obese</td>
<td>34.2%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>18.0%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Engage in no leisure-time physical activity</td>
<td>32.2%</td>
<td>54.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access</th>
<th>People without Disabilities</th>
<th>People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women current with mammogram</td>
<td>12.1%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Not receiving needed medical care (due to cost)</td>
<td>27.0%</td>
<td>70.7%</td>
</tr>
</tbody>
</table>

**FIGURE 2-2** Factors affecting the health of people with disabilities and without disabilities.

**SOURCE:** CDC, 2015.
FIGURE 2-4 Map of life expectancy disparities in New Orleans, Louisiana.

https://www.aafp.org/about/policies/all/socialdeterminantofhealth-positionpaper.html
Health Care Disparities

• “Racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention”.

-Institute of Medicine: Unequal Treatment
Areas of Health Care Disparities

- Cardiovascular care
- Cancer diagnosis, treatment & analgesia use
- HIV/AIDS care
- End-stage renal disease & renal transplantation
- Pediatric care
- Maternal & child health
- Mental health
- Rehabilitative & nursing home services
- Many surgical procedures

Social Determinants of Health

“Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

-Healthy People 2020
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Support systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Community engagement</td>
<td>Provider availability</td>
<td></td>
</tr>
<tr>
<td>Medical bills</td>
<td>Walkability</td>
<td>Higher education</td>
<td>Discrimination</td>
<td>Provider linguistic and cultural competency</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Zip code / geography</td>
<td></td>
<td>Stress</td>
<td>Quality of care</td>
<td></td>
</tr>
</tbody>
</table>

## Health Outcomes
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

LIVING CONDITIONS
- Physical Environment
  - Land Use
  - Transportation
  - Housing
  - Residential Segregation
  - Exposure to Toxins
- Economic & Work Environment
  - Employment
  - Income
  - Retail Businesses
  - Occupational Hazards
- Social Environment
  - Experience of Class
  - Racism
  - Gender
  - Immigration
  - Culture - Ads - Media
  - Violence

RISK BEHAVIORS
- Smoking
- Poor Nutrition
- Low Physical Activity
- Violence
- Alcohol & Other Drugs
- Sexual Behavior

DISEASE & INJURY
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

MORTALITY
- Infant Mortality
- Life Expectancy

Strategic Partnerships Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

POLLICY

Emerging Public Health Practice
Current Public Health Practice

https://www.aafp.org/about/policies/all/socialdeterminantsofhealth-positionpaper.html

AMERICAN ACADEMY OF FAMILY PHYSICIANS
State of Health Equity Teaching in UME
What is the Requirement for Medical Schools?

• LCME Standards 7.6: Cultural Competence and Health Care Disparities

“The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.”

• Medical schools are increasingly incorporating education on cultural competence & health disparities into their curricula
• Each school has different teaching approach & there is no standard curriculum across the medical schools
What are the Impacts of Teaching about Health Equity on Students?

• Gain knowledge, attitudes & skills needed to provide optimal care to underserved populations
• Impacts students attitudes towards primary care
• Associated with increased number of students choosing primary care & family medicine

Schneider BN et al. *Family medicine.* 2017;49(4):282-288
92% of surveyed FM department chairs reported their institutions have health disparities curriculum, but the majority were not satisfied with the content and quality of curriculum.

41% of IM clerkship directors reported having curriculum on racial/ethnic health disparities; 61% reported that IM clerkship should address this topic.
To map from published literature key characteristics about teaching SDoH

- Identified key concepts, curricular logistics, educator & student characteristics
- 3571 article screened
- 22 articles included in final review
## Summary of curricular findings

| Content | • Definition of SDoH & how it impacts health of individuals & population  
• Community engagement; Understanding the local context; Health policy & advocacy; Student professional development  
• Population health; Diversity; Leadership |
| --- | --- |
| Educational Methods | • Traditional didactics & classroom-based participatory teaching: case-based, small group & peer teaching  
• Experiential learning: clinic-based (clerkship or elective) or community-based (service-projects, CBPR & neighborhood tours)  
• Reflection & Critical reflection |
| Logistics | • Timing: short-term (≤6 weeks); intermediate (6 weeks – 1 year); longitudinal (≥ 1 year)  
• All students, Elective or Selective |
| Educators | • Medical school faculty; interdisciplinary faculty; community educators; peers |
| Assessment | • Survey; Reflections; Project evaluation; Graduation outcomes; Feedback  
• Performance-based student assessment – clinic-based  
• Objective clinical skills Examination (OSCE) |
| Outcomes | • Self-reported changes in knowledge, skills & attitude  
• Recognition of impact of social determinants of health  
• Desire to serve the underserved |

Conclusions

• Growing interest in SDoH in UME, but curricular integration is at early stages
• Heterogeneous content & varying teaching methods
• Limited integrated & longitudinal curricula
• Lack of objective assessment of learners & program
• Insufficient time & funding for SDoH education

Recommendations

• Effective instructional & assessment tools
• Standardized competencies
• Reliable funding
• Institutional prioritization & focus on SDoH

## Examples of Health Equity Curricula

<table>
<thead>
<tr>
<th>Institution</th>
<th>Target</th>
<th>Content</th>
<th>Educational Method</th>
<th>Assessment</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical College of Wisconsin (Community Medicine Curriculum)$^1$</td>
<td>Family medicine clerkship (4 weeks)</td>
<td>Community medicine orientation, Community-based experience, Didactics, Reflection</td>
<td>Clinical cases - Kleinman/social context review of systems, Assigned reading, Implicit association test, Community education, Uninsured patient care, Patient interview project, Community home visit, Didactic sessions</td>
<td>Quiz, Class participation, Structured rubric scoring of reflection papers</td>
<td>Increased appreciation of SDoH, Improved understanding &amp; empathy, Rewarding experience for faculty</td>
</tr>
<tr>
<td>University of New Mexico (Health Policy &amp; Advocacy)$^2$</td>
<td>Family medicine clerkship (8 weeks)</td>
<td>Healthy policy, Advocacy, Comparative health systems, Health care finance, Public health, Global health, SDoH, Policy analysis</td>
<td>Didactic, Small-group discussion, Student-led presentations, Patient interview</td>
<td>Pre &amp; post survey, Focus group</td>
<td>Increased knowledge &amp; confidence</td>
</tr>
</tbody>
</table>


## Examples of Health Equity Curricula

<table>
<thead>
<tr>
<th>Institution</th>
<th>Target</th>
<th>Content</th>
<th>Teaching Method</th>
<th>Assessment</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York University (Community Medicine Program)(^1)</td>
<td>3(^{rd}) and 4(^{th}) year students <strong>Family medicine</strong> or ambulatory clerkship or elective</td>
<td>SDoH Health Care for the homeless Clinical care Advocacy Population health Policy</td>
<td>Clinical session Clinical precepting Structured reading Lecture series Case presentations Team discussions</td>
<td>Pre &amp; post surveys Debriefing Direct clinical encounter observation</td>
<td>Improvements in knowledge, attitudes, self-efficacy, and specific clinical skills</td>
</tr>
<tr>
<td>Brown University (‘Shades of Providence’)(^2)</td>
<td>All MS1– initial 2 weeks MS2 and MS3 with inter-professional teams <strong>Family medicine</strong> clerkship MS 4 Elective</td>
<td>Health disparities concepts and clinical skills Community exploration Mapping Exercise</td>
<td>Lecture Required reading Community experience Assignment Small group sessions Inter-professional workshop Clinical case presentation</td>
<td>Questions on exam Survey OSCE Social &amp; Community Context of Care (SACC) project</td>
<td>Increased confidence in knowledge &amp; skills of health disparities Team-building skills</td>
</tr>
</tbody>
</table>

\(^1\)Asgary R et al. *Perspectives on medical education.* 2016;5(3):154-162  
Considerations for Health Equity
Curricular Development
• Geocoded & mapped free clinics & medical schools in 10 US states
• Identified 435 free clinics & 60 medical schools
• Partnerships between free clinics & medical schools feasible & mutually beneficial
• Opportunities for service learning projects, inter-professional education & public health & prevention practice
• Provide needed health care services to underserved population
• Preceptor within the community, clinical rotation in diverse population & exposure to health disparities within the community

VanderWielen et al. Med Educ Online. 2015;20:27535
Curricular integration of social medicine: a prospective for medical educators

Allison A. Vanderbilt¹*, Reginald F. Baugh², Patricia A. Hogue³, Julie A. Brennan⁴ and Imran I. Ali⁵

• Curricular reform with integrated longitudinal social medicine component
• Exercises to increase awareness of implicit bias
• Clinical rotations & electives serving diverse patient groups
• Quality improvement projects focusing on health care disparities
• Self-reflection
• Racism is one of the determinants of health disparities & teaching about racism reduces biases
• There are few medical education curriculum on racism
• Faculty development workshop & tool kit presented at the 2016 STFM annual spring conference
• Improved knowledge & attitudes about racism & health inequities
• Improved confidence in teaching learners to reduce racism in patient care

**Table 1: Content Considerations for Teaching About Racism in Medicine**

<table>
<thead>
<tr>
<th>Content Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical context of race and racism</td>
</tr>
<tr>
<td>Race as a biologic versus social construct</td>
</tr>
<tr>
<td>Challenges with naming racism</td>
</tr>
<tr>
<td>Differences between health disparities and racism</td>
</tr>
<tr>
<td>Strategies for teaching and reflecting upon internalized processes (e.g., implicit bias, stereotype threat, myth of inferiority, imposter syndrome, “model minority”)</td>
</tr>
<tr>
<td>Acknowledgment and deconstruction of privilege</td>
</tr>
<tr>
<td>Microaggressions experienced by clinicians as well as patients</td>
</tr>
<tr>
<td>The physician’s role as gatekeepers within systems</td>
</tr>
<tr>
<td>Use of discrete cultural competency “courses” versus longitudinal or integrated teaching strategies</td>
</tr>
<tr>
<td>Navigating conflict and group dynamics</td>
</tr>
</tbody>
</table>

Health Equity Curricular Resources

• Toolkit for Teaching about Racism
  Anderson A, Speights JSB et al. STFM Annual Spring Conference; 2017.

• Health Equity Curricular Toolkit & Guidebook

Health Equity Curricular Toolkit
Discussion
Small Group Discussion #1

• If you have health equity curriculum in FM clerkship, share the curricular content, teaching methods, timing & assessment.

• If you do not have curriculum, discuss how you foresee incorporating health equity into your FM clerkship.

• Discuss in small groups: 8 minutes
Small Group Discussion #2

• What barriers have you encountered or anticipate in incorporating health equity curriculum into FM clerkship?

• What are some strategies on how you mitigated or plan to mitigate those barriers?

• Discuss in small groups: 8 minutes
Large Group Debriefing

• Summary of existing curricula or plans for implementing a curricula on health equity

• Summary of barriers to incorporating health equity curriculum & mitigating factors

• 8 minutes
Summary Recommendations

• Seek buy-in from institution, department, faculty & students
• Outline goals & objectives consisting of desired attitudes, values & competencies
• Decide on content, target, educational methods, educators, outcomes, & assessment methods
• Aim for multimodal longitudinal didactics & experiential learning activities
• Offer faculty development
• Provide both formative & summative evaluations
• Plan for assessment of long-term impact
Questions?
References


- LCME Functions and Structure of Medical Schools. Standards for Accreditation of Medical Education Programs Leading to the MD Degree. Liaison Committee on Medical Education; 2019.


