AAFP GLOBAL HEALTH SUMMIT

Primary Health Care and Family Medicine: Health Equity for All

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

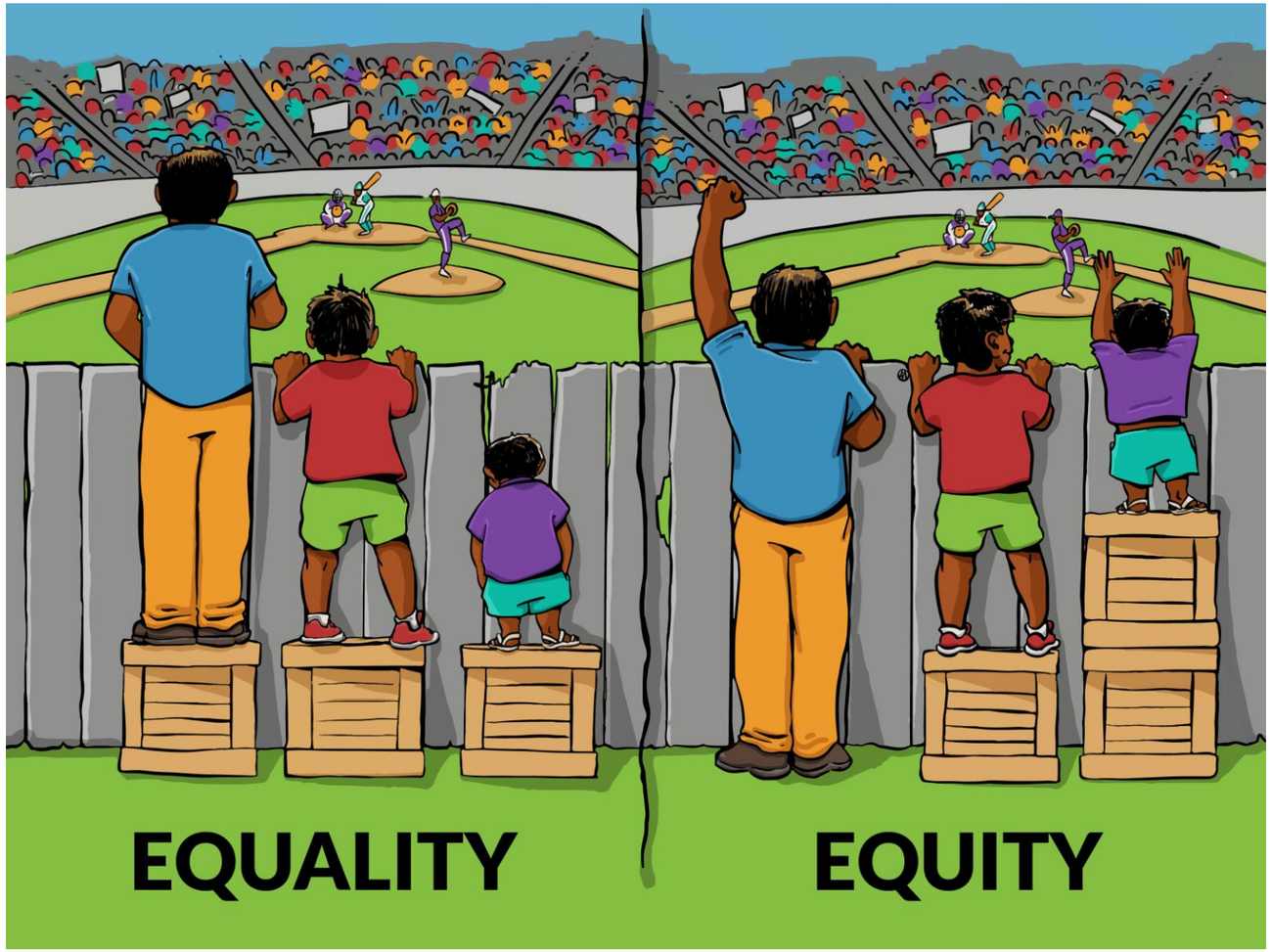
- Discussions: 25 minutes

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

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

National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity. Washington, DC: National Academies Press.

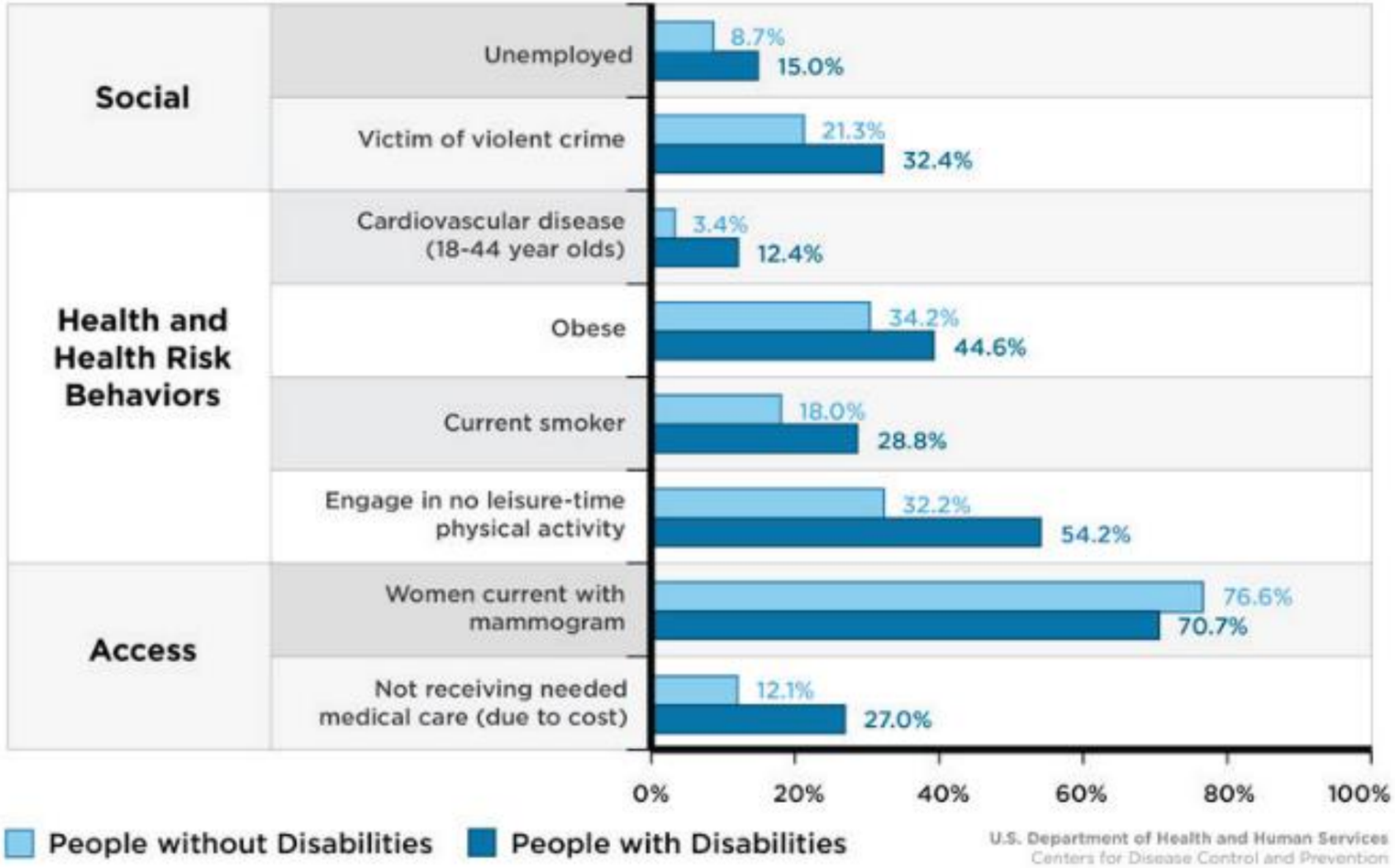


FIGURE 2-2 Factors affecting the health of people with disabilities and without disabilities.
SOURCE: CDC, 2015.

National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity. Washington, DC: National Academies Press.

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

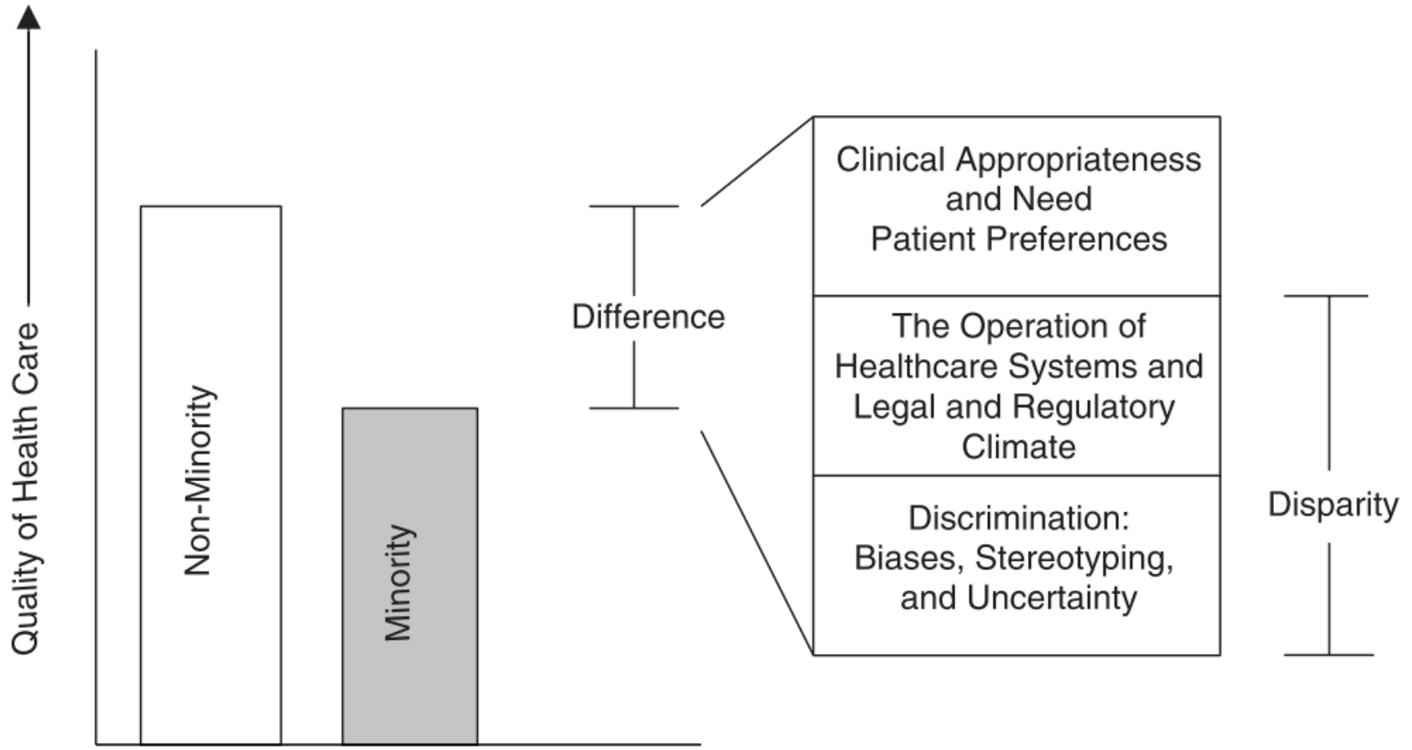


FIGURE S-1 Differences, disparities, and discrimination: Populations with equal access to healthcare. SOURCE: Gomes and McGuire, 2001.

National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity. Washington, DC: National Academies Press.

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

National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity. Washington, DC: National Academies Press.

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

Figure 1

Social Determinants of Health

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

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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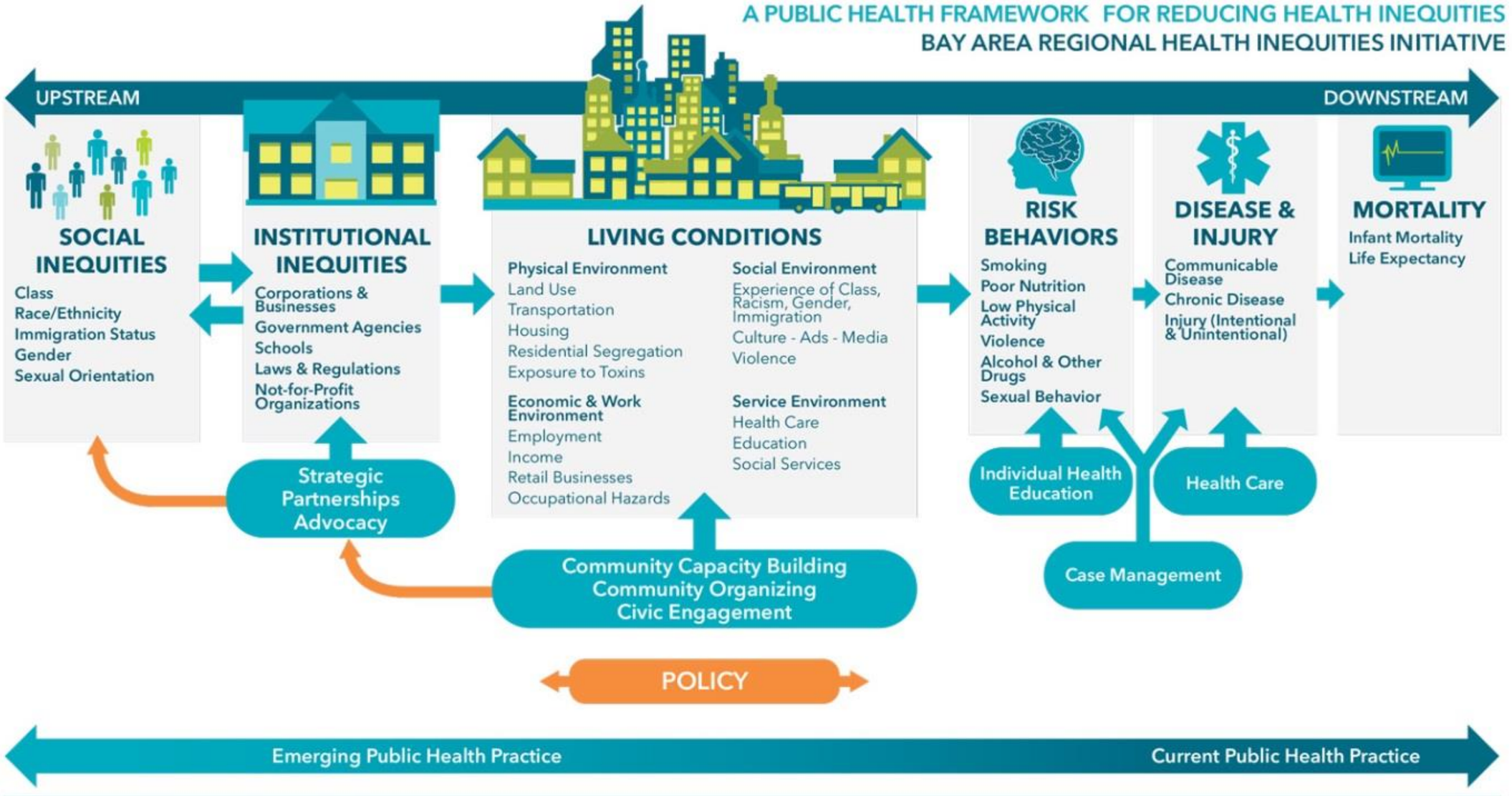
https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/



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

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

PRiMER
peer-reviewed reports in medical education research

research brief

Racial and Ethnic Health Disparities Curricula in US Medical Schools: A CERA Study

Frederick M. Chen, MD, MPH | Frederica Overstreet, MD, MPH | Allison M. Cole, MD, MPH | Amanda Kost, MD, MEd | Joedrecka S. Brown Speights, MD

Published: 6/22/2017 | DOI: 10.22454/PRiMER.2017.1.6

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

Teaching About Racial/Ethnic Health Disparities: A National Survey of Clerkship Directors in Internal Medicine

Shobhina Chheda , Paul A. Hemmer & Steven Durning

41% of IM clerkship directors reported having curriculum on racial/ethnic health disparities;
61% reported that IM clerkship should address this topic

Chheda S, Hemmer PA, Durning S. *Teaching and Learning in Medicine.* 2009;21(2):127-130.

Teaching the Social Determinants of Health in Undergraduate Medical Education: a Scoping Review

Ashti Doobay-Persaud, MD[1,2], Mark D. Adler, MD[3,4], Tami R. Bartell, MPH[5], Natalie E. Sheneman[2], Mayra D. Martinez[2], Karen A. Mangold, MD, MEd[3,4], Patricia Smith, MLIS[6], and Karen M. Sheehan, MD, MPH[3]

- 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

Doobay-Persaud A, Adler MD, Bartell TR, et al. *Journal of general internal medicine.* 2019;34(5):720-730.

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

Doobay-Persaud A, Adler MD, Bartell TR, et al. *Journal of general internal medicine.* 2019;34(5):720-730.

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

Doobay-Persaud A, Adler MD, Bartell TR, et al. *Journal of general internal medicine.* 2019;34(5):720-730.

Examples of Health Equity Curricula

Institution	Target	Content	Educational Method	Assessment	Outcomes
Medical College of Wisconsin (Community Medicine Curriculum)[1]	**Family medicine** clerkship (4 weeks)	Community medicine orientation Community-based experience Didactics Reflection	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	Quiz Class participation Structured rubric scoring of reflection papers	Increased appreciation of SDoH Improved understanding & empathy Rewarding experience for faculty
University of New Mexico (Health Policy & Advocacy)[2]	**Family medicine** clerkship (8 weeks)	Healthy policy Advocacy Comparative health systems Health care finance Public health Global health SDoH Policy analysis	Didactic Small-group discussion Student-led presentations Patient interview	Pre & post survey Focus group	Increased knowledge & confidence

[1]Bernstein R et al. *MedEdPORTAL: the journal of teaching and learning resources.* 2016;12:10417.
[2]McGrew CM et al. *Family medicine.* 2015;47(10):799-802

Examples of Health Equity Curricula

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

[1]Asgary R et al. *Perspectives on medical education.* 2016;5(3):154-162
[2]Erlich M et al. *Rhode Island medical journal (2013).* 2014;97(9):22-25

Considerations for Health Equity Curricular Development

SHORT COMMUNICATION

Health disparities and underserved populations: a potential solution, medical school partnerships with free clinics to improve curriculum

Lynn M. VanderWielen[1]*, Allison A. Vanderbilt[2,3], Steven H. Crossman[4], Sallie D. Mayer[5], Alexander S. Enurah[6], Samuel S. Gordon[7] and Melissa K. Bradner[4]

- 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

SHORT COMMUNICATION

Curricular integration of social medicine: a prospective for medical educators

Allison A. Vanderbilt[1]*, Reginald F. Baugh[2], Patricia A. Hogue[3], Julie A. Brennan[4] and Imran I. Ali[5]

- 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

Vanderbilt AA et al. *Med Educ Online.* 2016;21:30586

Addressing Racism in Medical Education:

An Interactive Training Module

Tanya White-Davis, PsyD; Jennifer Edgoose, MD, MPH; Joedrecka S. Brown Speights, MD; Kathryn Fraser, PhD; Jeffrey M. Ring, PhD; Jessica Guh, MD; George W. Saba, PhD

- 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

White-Davis T et al. *Family medicine.* 2018;50(5):364-368

Table 1: Content Considerations for Teaching About Racism in Medicine

Historical context of race and racism
Race as a biologic versus social construct
Challenges with naming racism
Differences between health disparities and racism
Strategies for teaching and reflecting upon internalized processes (eg, implicit bias, stereotype threat, myth of inferiority, imposter syndrome, "model minority")
Acknowledgment and deconstruction of privilege
Microaggressions experienced by clinicians as well as patients
The physician's role as gatekeepers within systems
Use of discrete cultural competency "courses" versus longitudinal or integrated teaching strategies
Navigating conflict and group dynamics

White-Davis T et al. *Family medicine.* 2018;50(5):364-368

Health Equity Curricular Resources

- Toolkit for Teaching about Racism

  Anderson A, Speights JSB et al. STFM Annual Spring Conference; 2017. https://connect.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=cf40991e-96e9-3e15-ef15-7be20cb04dc1&forceDialog=0

- Health Equity Curricular Toolkit & Guidebook

  Edgoose J, Davis S. et. al. Guidebook to Health Equity Curricular Toolkit. Parkway Leawood, KS: Health Equity Team for Family Medicine for America's Health; 2018. https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/health-equity-toolkit/hops19-he-guidebook.pdf

  Health Equity Curricular Toolkit

  https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/health-equity-tools.html

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

- American Academy of Family Physicians. Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper). https://www.aafp.org/about/policies/all/socialdeterminantofhealth-positionpaper.html. Accessed September 30, 2019.
- Asgary R, Naderi R, Gaughran M, Sckell B. A collaborative clinical and population-based curriculum for medical students to address primary care needs of the homeless in New York City shelters : Teaching homeless healthcare to medical students. *Perspectives on medical education.* 2016;5(3):154-162.
- Bernstein R, Ruffalo L, Bower D. A Multielement Community Medicine Curriculum for the Family Medicine Clerkship. *MedEdPORTAL : the journal of teaching and learning resources.* 2016;12:10417.
- Chheda S, Hemmer PA, Durning S. Teaching About Racial/Ethnic Health Disparities: A National Survey of Clerkship Directors in Internal Medicine. *Teaching and Learning in Medicine.* 2009;21(2):127-130.
- Cole McGrew M, Wayne S, Solan B, Snyder T, Ferguson C, Kalishman S. Health Policy and Advocacy for New Mexico Medical Students in the Family Medicine Clerkship. *Family medicine.* 2015;47(10):799-802.
- Doobay-Persaud A, Adler MD, Bartell TR, et al. Teaching the Social Determinants of Health in Undergraduate Medical Education: a Scoping Review. *Journal of general internal medicine.* 2019;34(5):720-730.
- Erlich M, Blake R, Dumenco L, White J, Dollase RH, George P. Health disparity curriculum at the Warren Alpert Medical School of Brown University. *Rhode Island medical journal (2013).* 2014;97(9):22-25.
- Healthy People 2020. Foundation Health Measures: Disparities. https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities. Accessed July 22, 2019.
- *Institute of Medicine 2003. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: The National Academies Press.
- Kaiser Family Foundation. Disparities in Health and Health Care: Five Key Questions and Answers.
- https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/. Accessed September 30, 2019.
- *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.
- *National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity.* Washington, DC: National Academies Press. doi:10.17226/24624.
- Schneider BN, Chessman A, Toffler W, Handler L, Steiner B, Biagioli FE. Medical Student Teaching and Recruiting: 50 Years of Balancing Two Educational Aims. *Family medicine.* 2017;49(4):282-288.
- Vanderbilt AA, Baugh RF, Hogue PA, Brennan JA, Ali, II. Curricular integration of social medicine: a prospective for medical educators. *Med Educ Online.* 2016;21:30586.
- VanderWielen LM, Vanderbilt AA, Crossman SH, et al. Health disparities and underserved populations: a potential solution, medical school partnerships with free clinics to improve curriculum. Med Educ Online. 2015;20:27535.
- White-Davis T, Edgoose J, Brown Speights JS, et al. Addressing Racism in Medical Education An Interactive Training Module. *Family medicine.* 2018;50(5):364-368.

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