



*The Health Equity Curricular Toolkit:*  
Innovating and Advocating for  
Health Educators Striving for Health Equity

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October 9, 2019

# Disclosures

We have no financial disclosures.

# Objectives

- To describe the design and application of the *Health Equity Curricular Toolkit*.
- To experience the Toolkit.
- To identify opportunities to implement the Toolkit at participants' institutions.

FAMILY MEDICINE  
*for* AMERICA'S HEALTH

 Health is  
**Primary**  
BROUGHT TO YOU BY  
AMERICA'S FAMILY PHYSICIANS



## HEALTH EQUITY TEAM

Working together to reduce health  
disparities and increase the social  
accountability of primary care  
organizations across the US

Why?

We live in a  
nation of vast  
inequities.





**TheUpshot**

## *The Largest Health Disparity We Don't Talk About*

Americans with serious mental illnesses die 15 to 30 years earlier than those without.

By Dhruv Khullar

May 30, 2018



### Death and Mental Illness

Patients with schizophrenia are at a greater risk of dying at any given age than the population at large, and this disparity has been increasing.

Standardized mortality ratio of patients with schizophrenia vs. the general population.



By The New York Times | JAMA Psychiatry



Home » American Journal of Public Health (AJPH) » April 2015

### Persons With Disabilities as an Unrecognized Health Disparity Population

Gloria L. Krahn PhD, MPH, Deborah Klein Walker EdD, and Rosaly Correa-De-Araujo MD, PhD

[+] Author affiliations, information, and correspondence details

Accepted: July 07, 2014 Published Online: March 06, 2015

**Abstract** Full Text References PDF PDF Plus

Disability is an emerging field within public health; people with significant disabilities account for more than 12% of the US population. Disparity status for this group would allow federal and state governments to actively work to reduce inequities. We summarize the evidence and recommend that observed differences are sufficient to meet the criteria for health disparities: population-level differences in health outcomes that are related to a history of wide-ranging disadvantages, which are avoidable and not primarily caused by the underlying disability. We recommend future research and policy directions to address health inequities for individuals with disabilities; these include improved access to health care and human services, increased data to support decision-making, strengthened health and human services workforce capacity, explicit inclusion of disability in public health programs, and increased emergency preparedness.

# Why?

**WE NEED**  
to advance  
equitable outcomes  
for all people.

**WE WANT**  
more practical tools  
to promote equity  
for all.





# **STARFIELD II: HEALTH EQUITY SUMMIT**

*Primary Care's Role in Achieving Health Equity*

...

PORTLAND, OREGON — APRIL 22-25, 2017

*"In its most highly developed form, primary care is the point of entry into the health services system and the locus of responsibility for organizing care for patients and populations over time. There is a universally held belief that the substance of primary care is essentially simple. Nothing could be further from the truth."*

—Barbara Starfield, MD, MPH



<http://www.starfieldsummit.com/>

AMERICAN ACADEMY OF FAMILY PHYSICIANS



### The Devine Solution

- Non-black adults can be motivated to increase their awareness of bias against blacks, their concerns about the effects of bias and to implement strategies which were effective in producing substantial reductions in bias that remained evident three months later
- Implicit biases viewed as deeply engrained habits that can be replaced by learning new prejudice-reducing strategies including stereotype replacement, counter-stereotype imaging, individuation, perspective taking and increasing opportunities for interracial contact.

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. L. 2012 *J Exp Soc Psych*

## Keynote Address David Williams, PhD, MPH



### Medical Legal Partnership

- MDs can refer to new specialists: on-site attorneys
- Most low-income persons face legal issues that affect the quality of life and their management of disease
- Adding lawyers to medical team screens & assists families for problems that affect effective care & illness management
- Stressors addressed: housing, immigration, income support, food, education access, disability, family law
- A child with asthma in a moldy apartment will not breathe symptom free, regardless of meds, without improved living conditions

Zuckerman et al. Pediatrics, 2004

### A Call to Action

“Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

- Robert F. Kennedy

<https://fmahealth.org/resources/starfield-summit-ii-speaker-presentations/>

# **IGNITE**

## **THEME 1:**

### **Social Determinants of Health**

- **Understanding Health Experiences and Values in Order to Address Social Determinants of Health**  
– *Nancy Pandhi, MD, MPH, PhD & Sarah Davis, JD, MPA*
- **Identifying and Addressing Patients' Social and Economic Needs in the Context of Clinical Care**  
– *Laura Gottlieb, MD, MPH*
- **Communities Working Together to Improve Health and Reduce Disparities**  
– *J. Lloyd Michener, MD*
- **Using Community-Level Social, Economic, and Environmental Data to Monitor Health Disparities and Guide Interventions**  
– *Elizabeth Steiner Hayward, MD*
- **An Action Learning Approach to Teaching the Social Determinants of Health**  
– *Viviana Martinez-Bianchi, MD, FAAFP*
- **Improving patient outcomes by enhancing student understanding of social determinants of health**  
– *Brigit Carter, PhD, RN, CCRN*

# **IGNITE**

## **THEME 2:**

### **Vulnerable Populations**

- **Why Rural Matters**
  - *Frederick Chen, MD, MPH*
- **People with Disabilities (Developmental and Intellectual Disabilities)**
  - *William Schwab, MD*
- **Racism, Sexism and Unconscious Bias**
  - *Denise Rodgers, MD, FAAFP*
- **Immigrant Populations**
  - *Michael Rodriguez, MD, MPH*
- **Intersectionality – The Interconnectedness of Class, Gender, Race and Other Types of Vulnerability**
  - *Somnath Saha, MD, MPH*



# IGNITE

## THEME 3: Economics and Policy

- International Efforts to Reduce Health Disparities
  - Michael Kidd, MD, MBBS*
- ACA Opened the Door for Payment Reform and Practice Transformation to Address SDoH, Now What?
  - Craig Hostetler, MHA*
- Community Vital Signs: Achieving Equity through Primary Care Means Checking More than Blood Pressure
  - Andrew Bazemore, MD, MPH*
- How Social and Environmental Determinants of Health Can Be Used to Pay Differently for Health Care
  - Robert Phillips, MD, MSPH*
- Access to Primary Care is not Enough: A Health Equity Road Map
  - Arlene Bierman, MD, MS*



# Toward Social Accountability



Social accountability in health care intentionally targets health care education, research, and services and addresses social determinants of health towards the priority health concerns of the people and communities served, with the goal of health equity.

## STARFIELD II

### HEALTH EQUITY SUMMIT

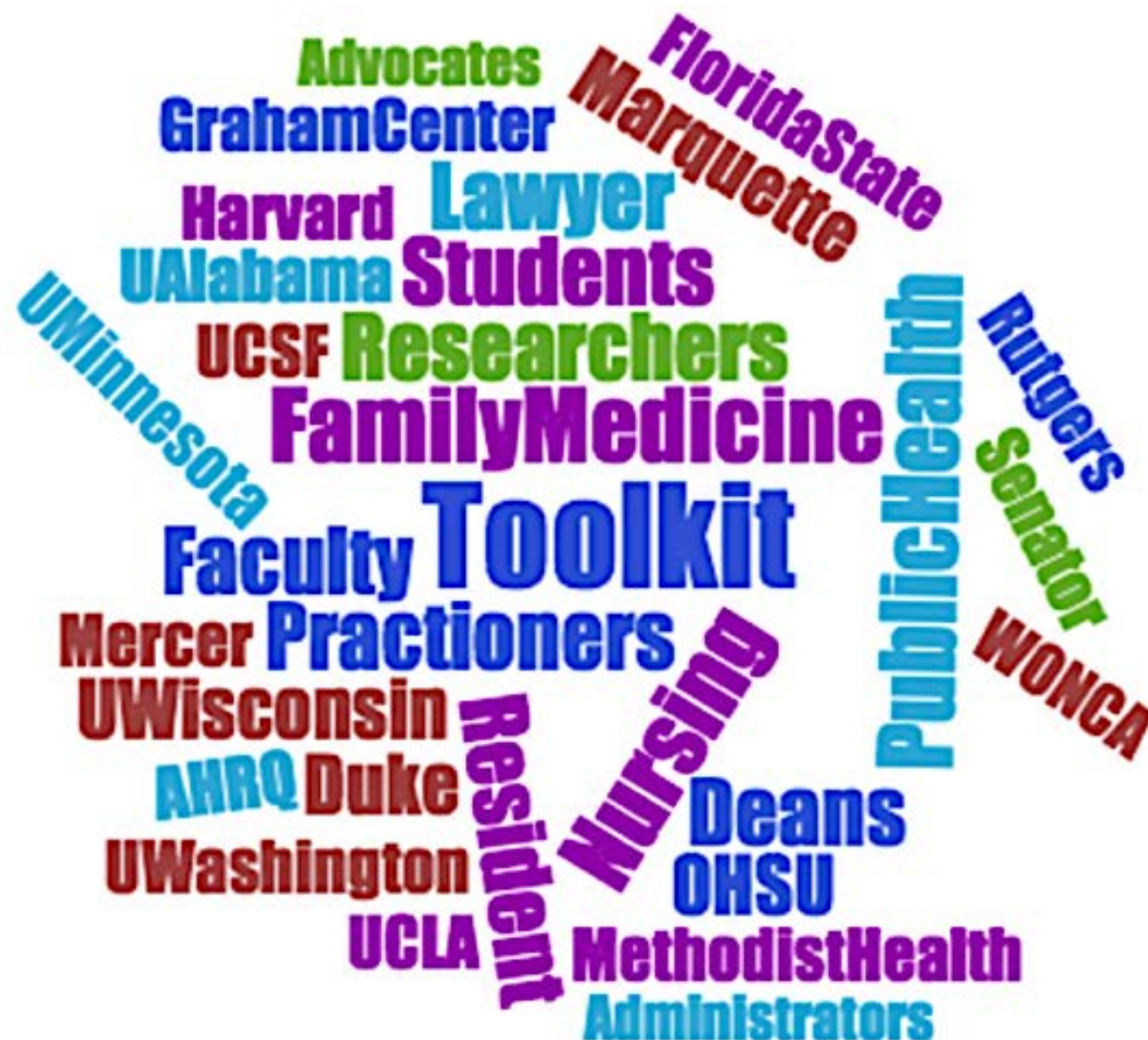
PRIMARY CARE'S ROLE IN ACHIEVING  
HEALTH EQUITY

#### A guidebook to the HEALTH EQUITY CURRICULAR TOOLKIT

*Of all the forms of inequality, injustice in health care is the most shocking and inhumane.*  
Martin Luther King, Jr.  
Chicago, 1966

*Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance.*

Robert F. Kennedy  
South Africa, 1966



**INTRODUCTION**

**OVERARCHING GOALS**

**A CALL TO ACTION**

**AUDIENCE**

**LEARNING MODULES – CATEGORIES, FRAMING AND ORGANIZATION**

Categories

Socio-ecological framing

Social accountability and an equity lens

Module organization

**ESSENTIAL THOUGHTS ABOUT USING THIS TOOLKIT**

For the facilitator

For the learner

**DEFINITIONS**

**HEALTH EQUITY RESOURCES**

**INTERPROFESSIONAL TEACHING/FACILITATION**

**RESOURCES**

**EQUITY AND EMPOWERMENT LENS ASSESSMENT**

**WORKSHEET**

# Guidebook Table of Contents



# Supplemental Videos

Orientation to the Health Equity Curricular Toolkit

<https://youtu.be/xPo3FXaYiio>

Facilitating Conversations about Inequity, Oppression, and Privilege

<https://youtu.be/aE9s-sGt0js>

Application of the Equity and Empowerment Lens for Facilitators and Learners

<https://youtu.be/1hsl6lQjXnU>

An Orientation to the  
Health Equity Curricular  
Toolkit

Facilitating Conversations  
about Inequity, Oppression,  
and Privilege

Jennifer Edgoose, MD, MPH

Application of the Equity &  
Empowerment Lens for Facilitators  
and Learners

Jennifer Edgoose, MD, MPH

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# Audience

- We also hope this toolkit will feel accessible to all people engaged in trying to improve primary care and health outcomes for all. Target audience is:
  - Clinical and public health learners
  - Primary care faculty
- We provide guidance for which modules are appropriate for
  - All learners
  - Advanced learners
  - Faculty and fellows

# Macro to Micro Level Socio-Ecologic Model

## Organization

- Social Determinants of Health
- Vulnerable Populations
- Economics and Policy

Social and Behavioral Change Communication (SBCC) and Gender. The Health Communication Capacity Collaborative. Johns Hopkins Center for Communication Programs. 2017. <https://sbccimplementationkits.org/gender/sbcc-gender-models-and-frameworks/> Accessed November 19, 2017.

### Enabling Environments

- Leadership
- Resources and Services
- Policies and Regulations
- Guidance and Protocols
- Religious and Cultural Values
- Gender Norms
- Media and Technology
- Income Equality

### Service Delivery

- Access
- Quality
- Client volume
- Client satisfaction

### Community

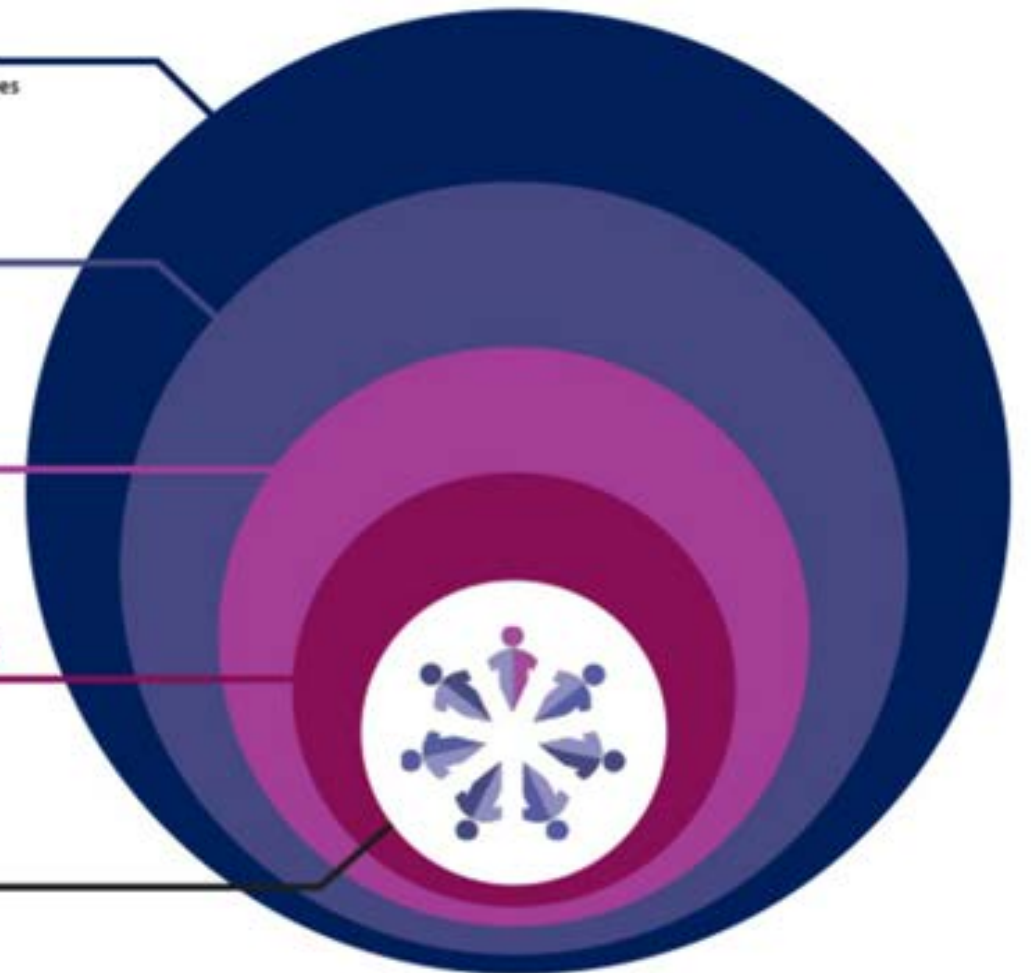
- Leadership
- Access to Information
- Social Capital
- Collective Efficacy

### Family and Peer Networks

- Peer Influence
- Spousal Communication
- Partner and Family Influence
- Social Support

### Individuals

- Knowledge
- Skills
- Beliefs and Values
- Self-Efficacy
- Perceived Norms
- Emotions



# Module Organization

- Learning objectives
- Brief background/context
- “Ignite” video (each about 6-12 minutes) led by an expert in the field and the accompanying slides
- Questions for the facilitator for group discussion
- An invitation to propose an actionable response to the discussion with an opportunity to apply an equity lens
- Links to material in an annotated bibliography for more in depth reading and more advanced discussion
- A list of words and concepts used in the module that are defined at the end of the Guidebook

# A Two-Part Introductory Module

Starfield Summit II: Health Equity Summit  
Curriculum Toolkit

**"Making America Healthier for All: What Each of Us Can Do"**

Presentation by Dr. David Williams, PhD, MPH

**"Shifting the Paradigm Toward Social Accountability"**

Presentation by Sonali Sangeeta Balajee, MS, Jennifer Edgoose, MD, MPH,  
Joedrecka Brown-Speights, MD, Bonzo Reddick, MD, MPH, FAAFP

Module by Jennifer Edgoose, MD, MPH

## Part 1: Introduction

You will explore many, if not all of the Starfield Summit modules, but feel it is important to listen to an address provided by Dr. David Williams, to introduce this

Address Video "Making America Healthier for All: What Each of us can Do"

Now the link below to view the full talk (~40 min):

[www.youtube.com/watch?v=8tgqqtGU0pQ](https://www.youtube.com/watch?v=8tgqqtGU0pQ)

Keynote Slides [http://www.starfieldsummit.com/s/02-Keynote\\_David-Williams.pdf](http://www.starfieldsummit.com/s/02-Keynote_David-Williams.pdf)

## Part 2: Shifting the Paradigm Toward Social Accountability

To understand how to further frame this toolkit we want to introduce to you the concept of social accountability. While the Starfield II Health Equity Summit culminated with this session, we felt learners should grapple with concepts of social accountability early as a foundational concept for the subsequent modules.

### Learning Objectives

After participating in this learning module, the participant will be able to:

1. Define social accountability in health care
2. Describe components of an equity and empowerment lens
3. Appreciate the benefits of using an equity and empowerment lens
4. Apply an equity and empowerment lens to a quality improvement intervention



# Applying an Equity and Empowerment Lens

<https://multco.us/diversity-equity/equity-and-empowerment-lens>



# Supplemental Videos

Orientation to the Health Equity Curricular Toolkit

<https://youtu.be/xPo3FXaYiio>

Facilitating Conversations about Inequity, Oppression, and Privilege

<https://youtu.be/aE9s-sGt0js>

Application of the Equity and Empowerment Lens for Facilitators and Learners

<https://youtu.be/1hsl6lQjXnU>

An Orientation to the  
Health Equity Curricular  
Toolkit

Jennifer Edgoose, MD, MPH  
Sarah Davis, JD, MPA

Facilitating Conversations  
about Inequity, Oppression,  
and Privilege

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Update July 26, 2018

Starfield Summit II: Health Equity Summit  
Curriculum Toolkit

**Improving Patient Outcomes by Enhancing Student Understanding of Social Determinants of Health**

IGNITE presentation by Brigit Carter, PhD, RN, CCRN  
and

**An Action Learning Approach to Teaching the Social Determinants of Health**

IGNITE presentation by Viviana Martinez-Bianchi, MD, FAAFP

Module by Brigit M. Carter, PhD, Kiersti Knox, MD and Lucas Stone, BS

Appropriate Audience: faculty and fellows for curriculum development on social determinants of health across multiple health professions|

Related modules:

- Identifying and Addressing Patients' Social and Economic Needs in the Context of Clinical Care
- Racism, Sexism and Unconscious Bias
- Communities Working Together to Improve Health and Reduce Disparities & Using Community-Level Social, Economic, and Environmental Data to Monitor Health Disparities and Guide Interventions

Learning Objectives

After engaging with this learning module, the participant will be able to:

1. Describe strategies to increase health professional students understanding of concepts and measures associated with social determinants of health (SDoH).
2. Link improved patient outcomes to addressing SDoH.
3. Apply community-based and community-driven educational frameworks to create experiential education opportunities for health professional students on SDoH.
4. Identify potential barriers related to the integration of SDoH concepts into didactic and/or simulation curricula and create a proactive plan to address individual student's experiences with SDoH as part of learning opportunities.

Background

There is strong evidence that all health professional students worldwide would benefit from a thorough knowledge base, understanding of the evidence, and the cultural sensitivities and competencies to effectively address health inequities and SDoH. The World Health Organization, in conjunction with the Commission on Health Disparities, has recommended that educational institutions and relevant ministries integrate SDoH into standard and compulsory training of health professional students.

Timestamp

Appropriate audience

Related modules



# Evaluation by the AAFP National Research Network

## Evaluation Objectives:

- (1) Assess whether toolkit facilitates critical discussion and learning on topics around health disparities and health equity
- (2) Assess utility, usability & relevance of toolkit
- (3) Refine toolkit based on assessment





# Evaluation by the AAFP National Research Network

- Toolkit is being tested in 3 medical university primary care education settings
- Data will be collected from both facilitators and learners:

Quantitative:

- Pre-post assessment and surveys

Qualitative

- Interviews and focus groups



**Data Collection  
and Analysis**



# Evaluation by the AAFP National Research Network

## **Student and Resident participant focus groups to assess:**

- Increase in knowledge
- Understanding of health equity concepts
- Gather feedback regarding the relevance and accessibility of the toolkit content



# Evaluation by the AAFP National Research Network

## Status:

- Evaluation currently ongoing
- Sites have toolkit and are using with student and resident learners





# Time to explore...

Nob by Wendall

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PATIENT CARE
Clinical Recommendations by Topic
Clinical Recommendations by Type
Well-being and Prevention
Public Health Emergencies
Social Determinants of Health
Access to Health Care
Cultural Proficiency
Early Childhood Literacy
PTSD & TBI: Caring for Veterans
AAFP Policies on Health Equity Issues
The EveryONE Project®
Workforce Diversity
Interdisciplinary Collaboration
Advocacy for Health Equity
Education and Practice-Based Resources
EveryONE Project Strategic Priorities
AAFP Center for Diversity and Health

## Health Equity Curricular Toolkit

The Health Equity Curricular Toolkit was championed by the Health Equity Team of Family Medicine for America's Health and inspired by the Starfield II Health Equity Summit. This toolkit provides a structured curricular tool to facilitate exploration of some of the most pressing questions around **social determinants of health, vulnerable populations, and economics and policy**. The toolkit also provides resources to promote skill-building to confront drivers of persistent and pervasive inequities.

This toolkit is intended for clinical and public health learners and primary care faculty who would like an opportunity to further explore this area that often was not intentionally and adequately prioritized in past medical school and residency curricula.

The Guidebook to the Health Equity Curricular Toolkit includes a description of the socio-ecologic framework; the modular design; facilitation strategies; a glossary of definitions and health equity resources; and a worksheet to promote real-time application of an equity lens. This is accompanied by **14 modules** including an **introductory prerequisite 2-part module**. Three short videos were also developed to assist with use of the toolkit.

### Guidebook

- [A Guidebook to the Health Equity Curricular Toolkit \(57 page PDF\)](#)

### Introductory Prerequisite 2-part Module

- [Making America Healthier for All: What Each of Us Can Do \(Part 1\) AND Shifting the Paradigm Toward Social Accountability \(Part 2\) \(14 page PDF\)](#)

### Health Equity Modules

#### Social Determinants of Health Modules

- [Identifying and Addressing Patients' Social and Economic Needs in the Context of Clinical Care \(6 page PDF\)](#)
- [Communities Working Together to Improve Health and Reduce Disparities AND Community Health Improvement Plans and Patient-Centered Primary Care Homes as Tools to Address Health Disparities \(8 page PDF\)](#)
- [Improving Patient Outcomes by Enhancing Student Understanding of Social Determinants of Health AND An Action Learning Approach to Teaching the Social Determinants of Health \(8 page PDF\)](#)
- [Understanding Health Experiences and Values to Address Social Determinants of Health \(6 page PDF\)](#)

#### Vulnerable Population Modules

Find us on the AAFP  
Center for Diversity and  
Health Equity website

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

# Report Out

- What do you like about the toolkit?
- What did you find difficult?
- How would you use or disseminate the toolkit?
- What barriers do you see to implementation?
- What suggestions do you have to improve it?



# Thank you!

## Contact information:

- Jennifer Edgoose:  
[jennifer.edgoose@fammed.wisc.edu](mailto:jennifer.edgoose@fammed.wisc.edu)
- Viviana Martinez-Bianchi:  
[viviana.martinezbianchi@duke.edu](mailto:viviana.martinezbianchi@duke.edu)



Artwork by Fer Miguez. Multisector collaboration for health equity



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