

# AN ACTION LEARNING APPROACH TO TEACHING THE SOCIAL DETERMINANTS OF HEALTH

Viviana Martinez-Bianchi, MD, FAAFP  
Program Director, Family Medicine Residency Program,  
Duke Community and Family Medicine  
Health Equity Team Chair, Family Medicine For America's Health

Portland, Oregon — April 22-25, 2017



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# Multiple frameworks for addressing social determinants of health

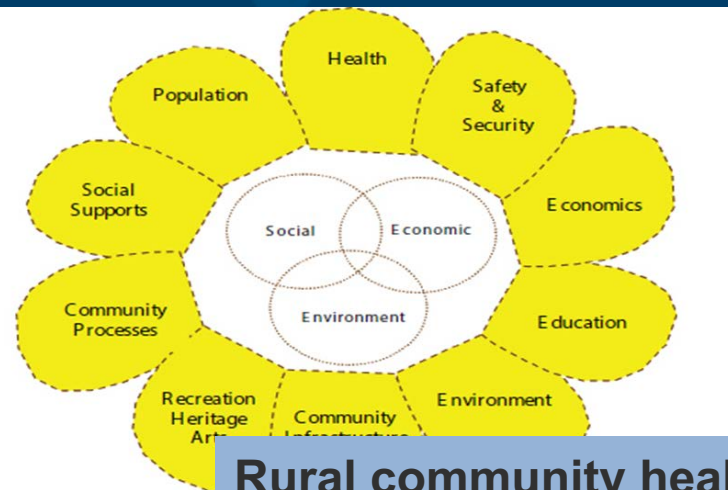
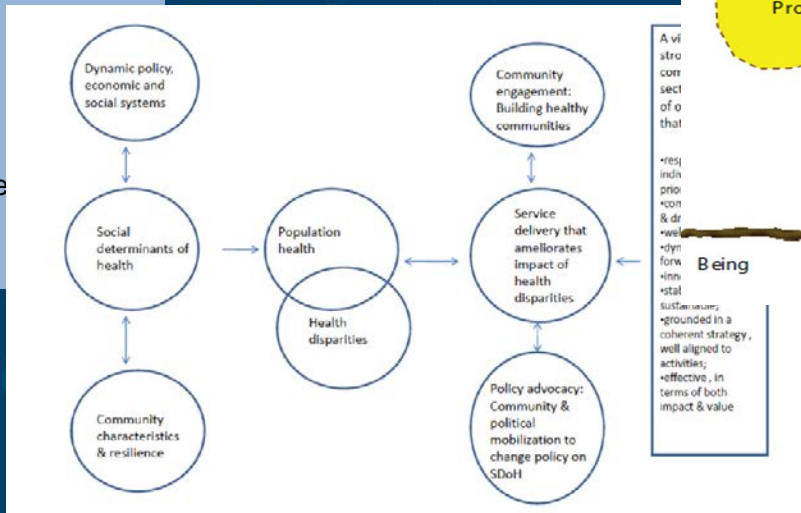
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# Reducing Disparities and Improving Population Health: The role of a vibrant community sector

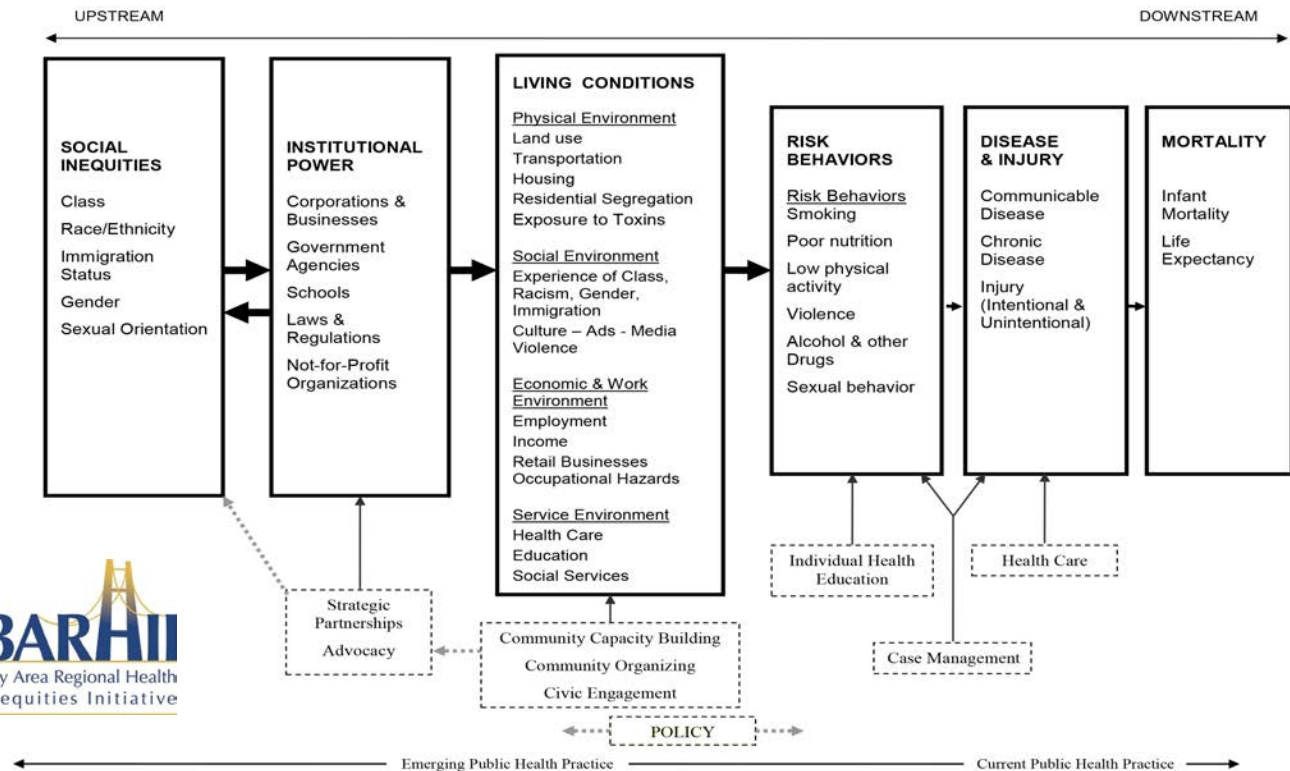
Audrey Danaher, We  
Institute  
August, 2011



**Rural community health and well-being: A guide to action.** Annis R, Racher F, Beattie M Brandon, Manitoba: Rural Development Institute; 2004

# BARHII's Public Health Framework for Reducing Health Inequities

Health equity and  
community  
engagement report.  
Best practices,  
challenges and  
recommendations for  
local health  
departments



**A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice).**  
Solar O, Irwin A.



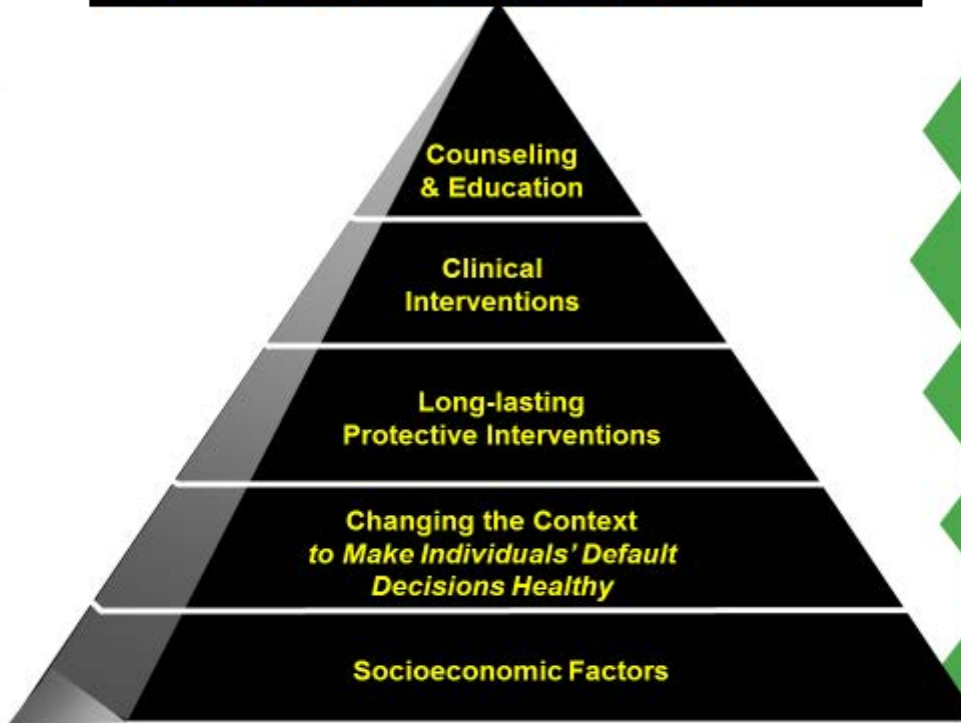


## Factors That Affect Health

Smallest  
Impact



Largest  
Impact



## Examples

Condoms, eat healthy,  
be physically active

Rx for high blood  
pressure, high  
cholesterol

Immunizations, brief  
intervention, cessation  
treatment, colonoscopy

Fluoridation, 0g trans  
fat, iodization, smoke-  
free laws, tobacco tax

Addressing poverty,  
education, housing,  
inequality

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Frieden TR. A framework for public health action. Am J Public Health. 2010;100(4):590–595.

# FRAMEWORKS and REQUIREMENTS FOR EDUCATION ON SOCIAL DETERMINANTS OF HEALTH

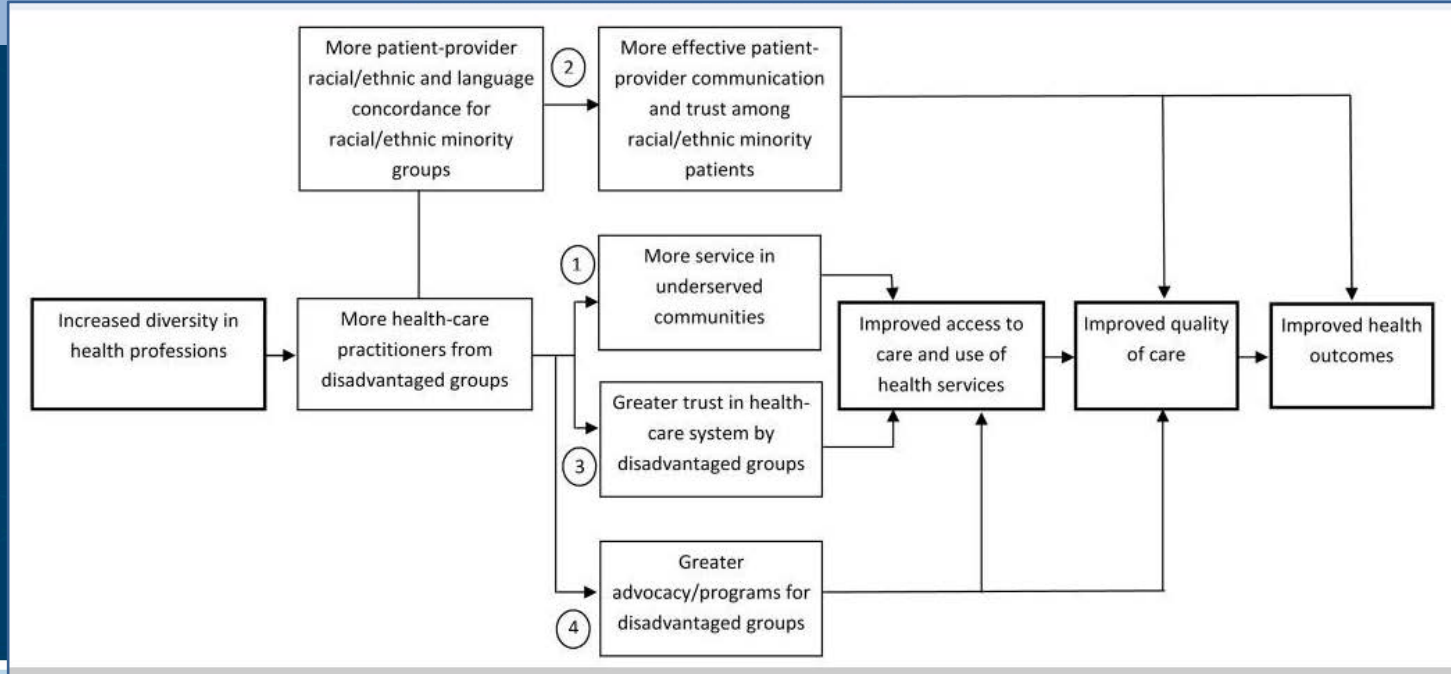
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# Using Social Determinants of Health to Link Health Workforce Diversity, Care Quality and Access, and Health Disparities to Achieve Health Equity in Nursing

Williams SD, Hansen K, Smithey M, et al. *Public Health Reports*. 2014;129 (Suppl 2):32-36.





# A Framework for Service-Learning in Dental Education

Karen M. Yoder, Ph.D.



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### What Needs Are We Addressing?

Who do we serve?

What are their needs?



### How Do We Work?

Who do we believe in?

How do we work with others?



### What Do We Do?

How do we manage resources?

Who are the educators and how are they trained?



### What Difference Do We Make?

Where are our graduates?

What are our graduates doing?



# ACGME CLER visits

Clinical Learning  
Environment Review (CLER)



## *HQ Pathway 5: Resident/fellow and faculty member education on reducing health care disparities*

Formal educational activities that create a shared mental model with regard to health care quality-related goals, tools, and techniques are necessary for health care professionals to consistently work in a well-coordinated manner to achieve a true patient-centered approach that considers the variety of circumstances and needs of individual patients

### **Properties include:**

- Residents/fellows and faculty members receive education on identifying and reducing health care disparities relevant to the patient population served by the clinical site.

*The focus will be on the extent to which individuals receive education on the clinical site's priorities and goals for addressing health care disparities in its patient population.*

## CLER Pathways to Excellence

Expectations for an optimal clinical  
learning environment to achieve safe  
and high quality patient care

Accreditation Council for Graduate Medical Education

Source ACGME CLER brochure accessed 4.10.17  
[https://www.acgme.org/Portals/0/PDFs/CLER/CLER\\_Brochure.pdf](https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Brochure.pdf)





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### AAMC AHEAD



The AAMC Accelerating Health Equity, Advancing through Discovery

(AHEAD) initiative seeks to identify, evaluate, and disseminate effective and replicable AAMC-member institution practices that improve community health and reduce health inequities.

## Health Equity Research and Policy



### AAMC AHEAD Cycle 4: Health Equity Systems Cohort

On February 23rd the AAMC hosted its first live-streamed workshop of a multi-meeting to map participating institutions' community health-focused activities, and subsequently evaluate impacts for patients, communities, learn institutions themselves.

The workshop included speakers from the VA, NIH, CMS, HRSA, and CDC stakeholders.

[View the workshop presentations.](#)

[Download the site mapping tools.](#)

### Toolkit: Communities, Social Justice and Academic Medical Centers



Recent events in Baltimore and elsewhere have rekindled the ongoing national dialogue about social injustice. Let's continue the conversation we started at Learn Serve Lead 2015: The AAMC Annual Meeting and develop concrete actions that an individual, an institution, or the AAMC can take to address social determinants and health inequities. We encourage you

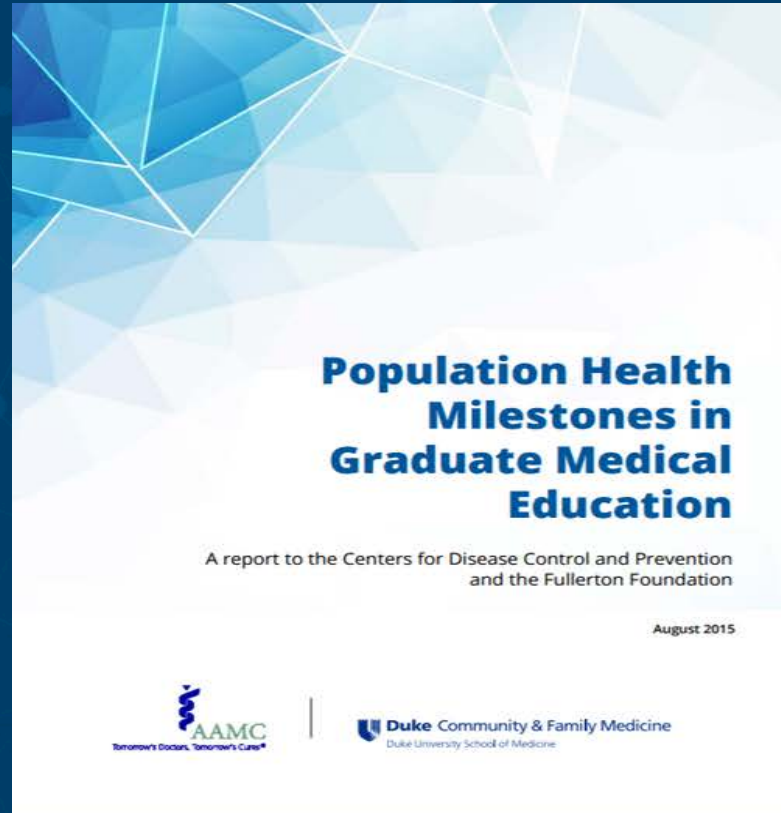
to use this toolkit to engage your institution and the communities it serves to explore how your clinical, research and education missions can improve community health and close health and health care gaps.

- [Facilitator Guide PDF](#)
- [Slides PDF](#)
- [Reflection Sheet PDF](#)
- [Table Discussion Sheet PDF](#)

If you have any questions or want to share details about your institution's experience with the



# Population Health Milestones address health equity, social determinants of health

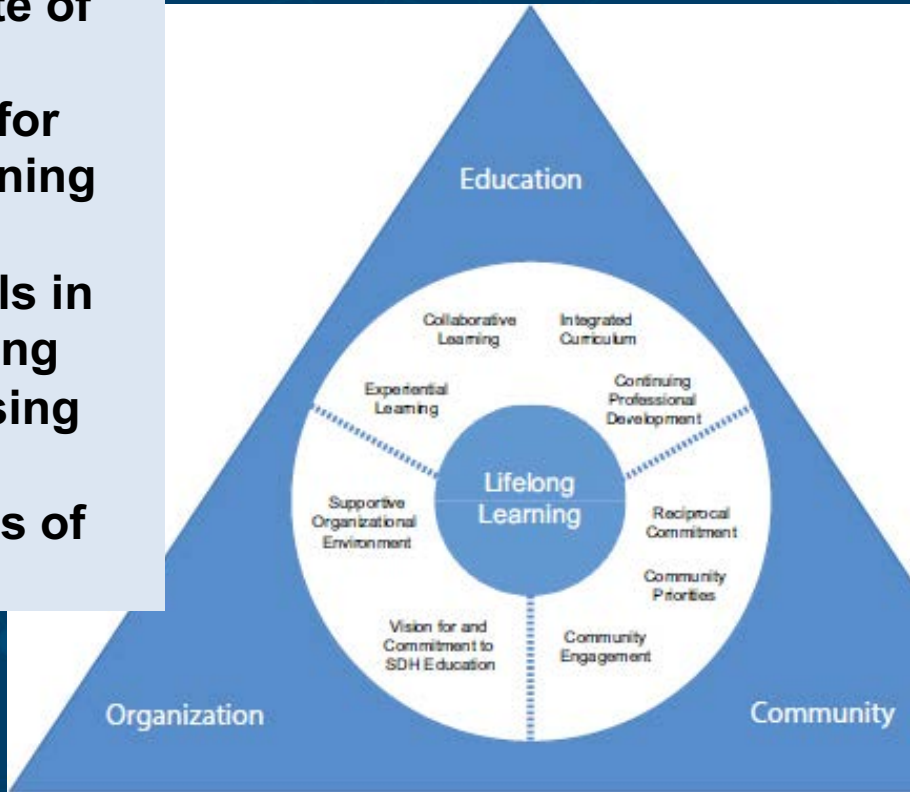


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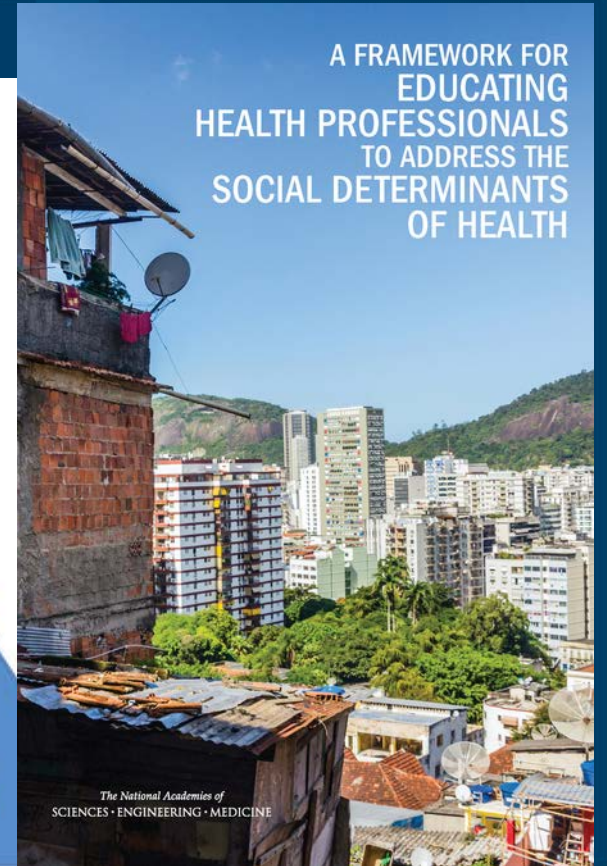
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**2016 Institute of  
Medicine:  
Framework for  
lifelong learning  
for health  
professionals in  
understanding  
and addressing  
the social  
determinants of  
health.**



A FRAMEWORK FOR  
EDUCATING  
HEALTH PROFESSIONALS  
TO ADDRESS THE  
SOCIAL DETERMINANTS  
OF HEALTH



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# Social and financial benefits

*“Taking action on the social determinants of health as a core function of health professionals’ work holds promise for improving individual and population health outcomes, leading in turn to significant financial benefits.*

*Congruent with these economic gains, however, Sir Michael Marmot stresses that taking action to reduce health inequalities is a “matter of social justice”*

From A Framework for Educating Health Professionals to Address the Social Determinants of Health



# We have a problem

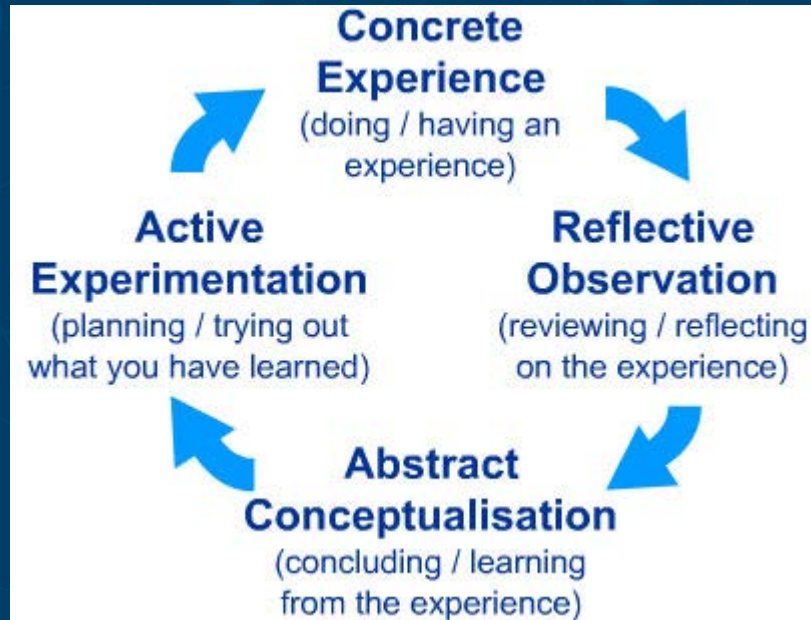
“Most curriculums now include some time for health disparities but are dwarfed by the time on biomedical concepts. Most infuriating is that the time does not reflect the predominant causes of excess mortality.

The term ‘social determinants’ groups many heterogeneous variables at multiple levels under one huge umbrella. It would be like grouping most of the medical school curriculum and calling it the biological determinants of health.”

Jonathan Jimenez, MD, MPH PGY 2



# Experiential Learning as vital component (Kolb -1984)



“Exploration of one’s biases and positions needs to continue throughout life, reaching deeper levels as the health professional matures cognitively, personally, and professionally”

(El-Sayed and El-Sayed, 2014).



Training health professionals who can see the river of disease that flows into our clinics and hospitals and will go to identify what happens upstream







Awareness Programs

City of Medicine  
Academy Programs

Summer Programs

College Readiness  
Resources

Volunteer Sign-up

## City of Medicine Academy Programs

The Duke AHEC Program partners with the City of Medicine Academy (CMA) each year to offer specially designed programs and experiences for enrolled students. The CMA is an academically rigorous high school designed to prepare high school students for post-secondary health care education or to enter into the health care workforce. The Duke AHEC Program has partnered with Durham Public Schools health career focused program/school since the mid-1990's to provide pipeline programs that provide students with a minimum of 20 hours of instruction and exposure to a myriad of health care jobs available.



"Learning how to educate and learning how to listen are equally important for health professionals, students, and trainees if they are to work effectively in and with communities."

A Framework for Educating Health Professionals to Address the Social Determinants of Health. , NAP 2016



## Collaborative Learning

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# Fixing problems in the community with community input



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# Problem solvers



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Why are  
you here?

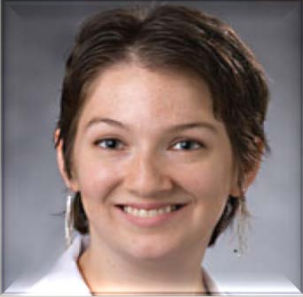
# WHAT IGNITES YOUR PASSION?





Mental healthcare delivery for undocumented immigrants in North Carolina.

Tiffany Cagle, MD, Family Medicine Resident, PGY 2





Audio documentary and establishing adherence to National Class Standards  
Maria Portela Martinez, MD, Family Medicine Resident, PGY-2 and PGY 3



# CATALINA

*"Tengo que pagar mi compra y la renta de mi casa y mandar dinero (a Mexico), después con el dinero que sobra escojo uno o dos medicinas que puedo recoger. Mi prioridad es tratar mi depresión y mi diabetes, las demás tendrán que esperar..." ("I have to pay my rent and my groceries and send money (to Mexico), with the money leftover I often have to choose which one or two medicines of the many medicines I have been prescribed I can pick up. I usually pick my diabetes and depression medicine, the rest can wait...")*



Catalina is a Latino patient who is legal, has health insurance and works as a housekeeper to support her family of four in Durham and her relatives in Mexico. She suffers from diabetes, hypertension, anxiety, depression and high blood cholesterol.

Although she has lived here for over 20 years, she doesn't know how to read or write English. Although Catalina is "good about going

## Documenting Medicine

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### En Sus Zapatos: Serving the Hispanic Populations: Challenges of the Primary Care Doctor

Tags

health disparities, Hispanic, Latina

# EN SUS ZAPATOS



#### Serving the Hispanic Population: Challenges of the Primary Care Doctor

By: Dr Maria Portela

Immigrants from Puerto Rico, almost 50% of the patients I see are Latino. In North Carolina, Hispanics account for more than 63% of the population growth in the last years.

National Standards for Culturally and Linguistically Appropriate Services

# Nature and Scope of Homeless Medical Respite Needs

Farhad Modarai, DO, Family Medicine Resident, PGY-2





# LGBTQ Community Health Care Forums



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LGBTQ Community Health Care Forum

Public · Hosted by Duke Family Medicine Residency



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Dedicated to collaboratively improving the quality of life in our community

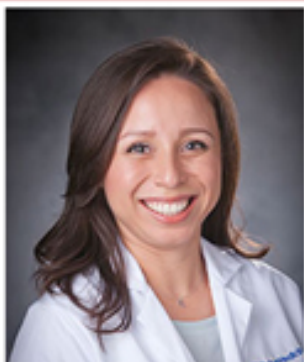
Latino Health interest group



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Family Medicine Leads  
Emerging Leader  
Institute



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## Moving toward a more radical medicine

I carry this knowledge with me into my clinical training and it directly informs my work.

Like the Black Panther Party put into practice with its survival programs, [services \[linked\] to a program of societal transformation](#)" (Nels

I want to see a more radical medicine, one where improving the prison system and working toward economic justice. One where we decolonize both mental and reproductive health. One where we have access to our food and the environment.

There are so many paths toward these aspirations. Naming racial inequities in interpersonal relationships, is one starting place.

Maybe then we can finally explain the increased burden of disease among black Americans by structural racism, rather than gene

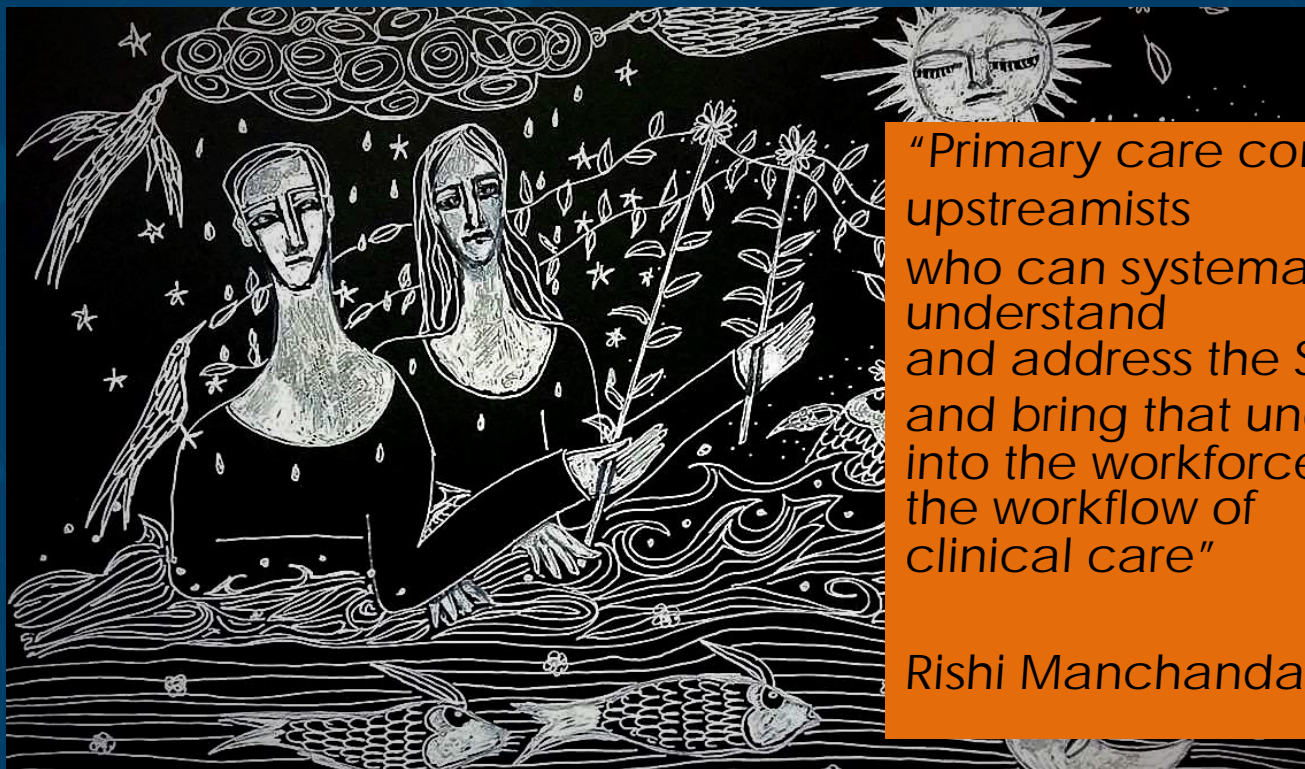
As Dorothy Roberts writes in the first chapter of "[Fatal Invention: Re-create Race in the Twentieth Century](#)" (2012):



Mansi Shah, MD

Mansi Shah, MD

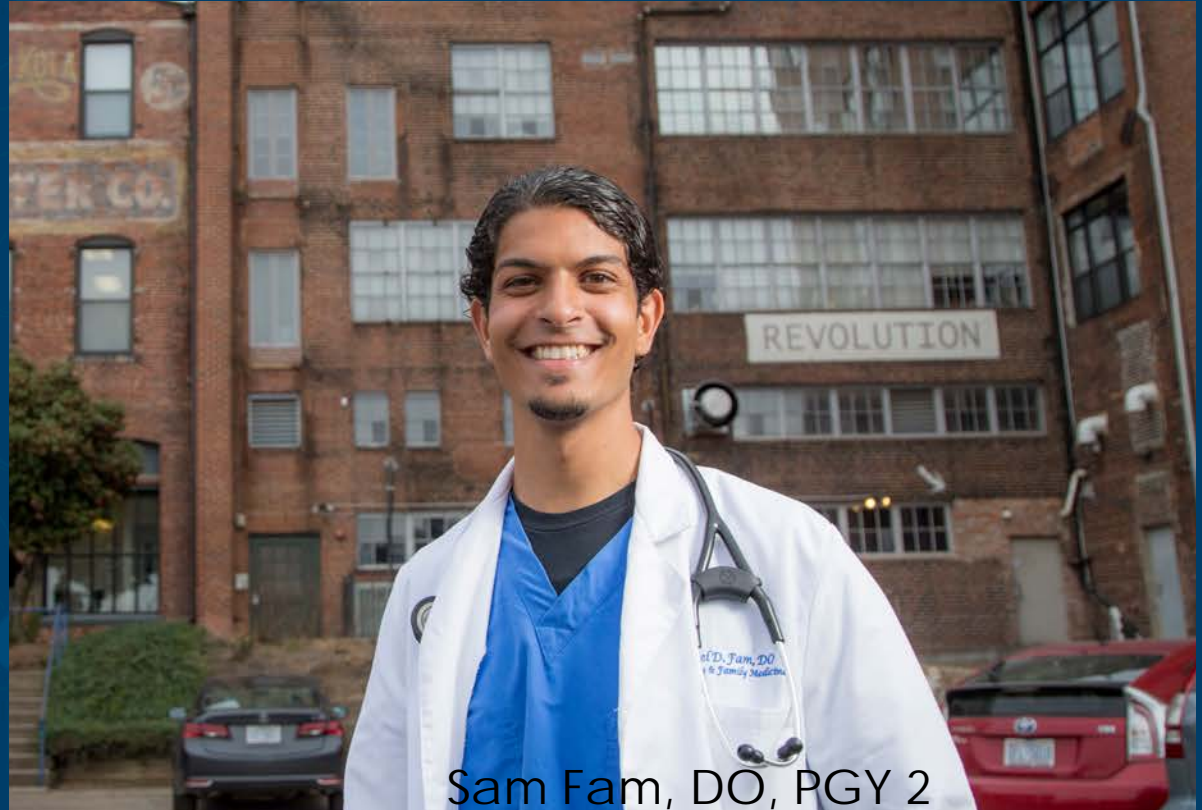




"Primary care comprehensivists, upstreamists who can systematically understand and address the SDH and bring that understanding into the workforce and the workflow of clinical care"

Rishi Manchanda, MD, MPH

We need an  
educational  
REVOLUTION  
on social  
determinants  
of health



Sam Fam, DO, PGY 2

"I come back to the crucial inclusion of history and analysis of power. For biology, we spend all this time talking about the mechanism so that we can create solutions in the laboratory.

Well, what are the mechanisms for the social determinants of health? Who benefits from the status quo? Who loses? What should we, a profession dedicated to the health of our patients, do about it? What are mechanisms for a change?

Placing trainees in their patient's shoes is important, but I worry we would not look up, above the patient to the history, culture, and laws that created his situation.

If we think we can cure cancer, why couldn't we cure diabetes with a different set of tools? "

Jonathan Jimenez, MD, MPH, PGY2  
Duke Family Medicine Residency Program



Muchas gracias!

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