

WHAT CAN SOCIETY OF TEACHERS OF FAMILY MEDICINE MEMBERS DO TO INCREASE HEALTH EQUITY?

**Family Medicine for America's Health,
Health Equity Team.**

Portland, Oregon — April 22-25, 2017



STARFIELD SUMMIT

Family Medicine for America's Health, Health Equity Team:

Viviana Martinez-Bianchi, MD; Team Leader.
Jennifer Edgoose, MD, MPH
Laura Gottlieb, MD, MPH
Joedrecka Brown Speights, MD
Jewell Carr, MD
Wanda Goncalves, MD
Christina Kelly, MD

Christina Kelly
Jay Lee, MD, MPH
Ronna D. New, DO
Bonzo Reddick, MPH, MD
Karen Smith, MD
Jane Weida, MD, FMAH Board Liaison.

STFM Emerging Leader Fellow: Ronya Green, MD, MPH.
Member of Summit Advisory Panel: Kim Yu, MD
Summit lead note taker: Brian Park, MD MPH, PGY-3

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

STARFIELD II: HEALTH EQUITY SUMMIT

Primary Care's Role in Achieving Health Equity

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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



The Devine Solu

- Non-black adults can be motivated awareness of bias against blacks, the effects of bias and to implement were effective in producing substantial bias that remained evident three months
- Implicit biases viewed as deep habits that can be replaced by prejudice-reducing strategies: stereotype replacement, counter-stereotyping, individuation, perspective taking, and increasing opportunities for intergroup 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

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

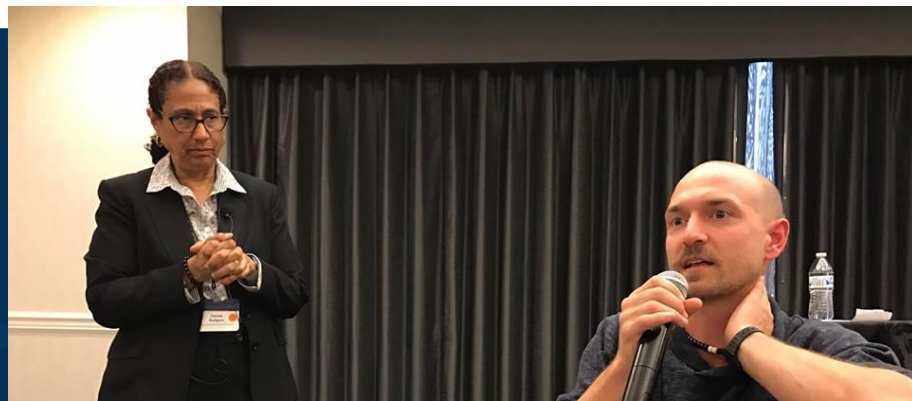
- Stressors addressed: housing, immigration, income support, food, education access, disability, family law
- A child with asthma in a moldy apartment will not breathe symptom free, regardless of meds, without improved living conditions

Zuckerman et al. *Pediatrics*, 2004

IGNITE Theme 1: Social Determinants of Health in Primary Care

- **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*





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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 & 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

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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.

ARE WE SOCIALLY ACCOUNTABLE?

Healthcare institutions are generally **socially responsible** (being aware of their duty to respond to society's needs) and some can be seen being **socially responsive** (implementing interventions to address these needs). But few are wholly **SOCIALLY ACCOUNTABILITY**.

Table 1 The social obligation scale.

	Responsibility	Responsiveness	Accountability
	Implicitly	Explicitly	Anticipatively
Social needs identified			
Institutional objectives	Defined by faculty	Inspired from data	Defined with society
Educational programs	Community-oriented	Community-based	Contextualized
Quality of graduates	«Good» practitioners	Meeting criteria of professionalism	Health system change agents
Focus of evaluation	Process	Outcome	Impact
Assessors	Internal	External	Health partners

Boelen C. Why should social accountability be a benchmark for excellence in medical education? *Educ Med*.2016;17(3):101-105.



DEVELOPING METRICS OF SOCIAL ACCOUNTABILITY

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SAMPLE METRICS

- **Clinical Practices:**

- A database is updated quarterly regarding the health outcomes of an underserved population the clinical system is willing to share healthcare responsibility for with other community stakeholders

- **Medical Schools:**

- The medical school measures the number of main stakeholders in the health and social sectors of the region who are permanent members of the faculty council annually.

- **Residency Programs:**

- Once a year the residency program organizes an open forum in which faculty, residents, and community members discuss the health priorities of the community, and sets at least one strategic goal that aligns with those priorities.

Boelen et al. The social accountability of medical schools and its indicators. *Education for Health*.2012;25 (3):180-194.
Cultural and Linguistic Standards (<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>)



SAMPLE METRICS

- **STFM:**
 - The organization reviews and grades the diversity of its leadership.
- **Advocacy:**
 - Each year the advocacy platform is viewed through the equity empowerment lens framework and one strategic goal per year focuses on defining equity measures within each advocacy priority.

Boelen et al. The social accountability of medical schools and its indicators. *Education for Health*.2012;25 (3):180-194.
Cultural and Linguistic Standards (<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf>)
Equity and Empowerment Lens (<https://multco.us/diversity-equity/equity-and-empowerment-lens>)



OBJECTIVES FOR EACH GROUP

1. To (rapidly) explore 4 questions that will lead us to develop socially accountable metrics that will move us toward health equity
2. To report out one:
 - Current metric needing enhancement
 - New metric needed
 - Barrier identified
 - Partner needed

DOMAINS:

- Clinical practices
- Medical schools programs
- Residency programs
- STFM
- Advocacy



We want you to divide in groups according to your work or interest

- Clinical care: Jennifer
- Residency: Jewell
- Medical schools: Christina and Jo
- STFM: Jane and Viviana
- Advocacy: Ronya and Kim



CURRENT METRICS

What metrics do we have that we should further enhance or incentivize?

DOMAINS:

- Clinical practices
- Medical schools programs
- Residency programs
- STFM
- Advocacy



METRICS NEEDED

What metrics do we need to develop?

DOMAINS:

- Clinical practices
- Medical schools programs
- Residency programs
- STFM
- Advocacy



BARRIERS

Why haven't we developed these metrics?
What are the barriers?

DOMAINS:

- Clinical practices
- Medical schools programs
- Residency programs
- STFM
- Advocacy



PARTNERS (10 min)

Who are the partners you need to further develop these metrics?

DOMAINS:

- Clinical practices
- Medical schools programs
- Residency programs
- STFM
- Advocacy



Questions?

- Thank you!