Updated November 13, 2018

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

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

Keynote Address Video "Making America Healthier for All: What Each of us can Do"
Please follow the link below to view the full talk (~40 min):
https://www.youtube.com/watch?v=8tgqqtGU0pQ

Accompanying Slides http://www.starfieldsummit.com/s/02-Keynote_David-Williams.pdf

> *David R. Williams, PhD, MPH, is the Florence and Laura Norman Professor of Public Health at the Harvard T.H. Chan School of Public Health and Professor of African and African American Studies and Sociology at Harvard University.*
>
> *Dr. Williams is an internationally recognized authority on social influences on health. The Everyday Discrimination Scale that he developed is one of the most widely used measures of discrimination in health studies. He was ranked as one of the top 10 Most Cited Social Scientists in the world in 2005, as the Most Cited Black Scholar in the Social Sciences in 2008 and as one of the World's Most Influential Scientific Minds in 2014. Dr. Williams has served on the National Committee on Vital and Health Statistics and on eight committees for the National Academy of Medicine, including the committee that produced the Unequal Treatment report. He has also played a visible, national leadership role in raising awareness levels of the problem of health inequalities and identifying interventions to address them. This includes his service as the staff director of the Robert Wood Johnson Foundation's Commission to Build a Healthier America and as a key scientific advisor to the award-winning PBS film series, Unnatural Causes: Is inequality Making Us Sick?*

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Brief summary

In this keynote address, Dr. Williams reminds us that "all Americans are far less healthy than we could, and should be." Minorities, however, are far more likely to have more severe illness and die sooner. While socioeconomic status (SES) accounts for poor health outcomes, there is an added burden of race over and above SES. Where one grows up has a profound effect upon health outcomes and the legacy of segregation is intimately associated with the racialized outcomes we confront today. As we begin to approach our current landscape, Dr. Williams encourages us to understand and embrace upstream social determinants of health and structural racism as one way to move toward health equity.

Possible Questions for Group Discussion

After watching the talk, consider splitting your learners into smaller groups and facilitate discussion on the following questions.

1. What is the difference between health disparities and health inequities (Read Braveman, 2014)?
2. Can you provide an example of a health disparity in your local community?
3. What does Dr. Williams mean by "[biological] weathering?"
4. Can you provide an example of an upstream intervention in your local community?

For more in depth discussion read and refer to

- Braveman P. What Are Health Disparities and Health Equity? We Need to Be Clear. *Public Health Rep*.2014 Jan-Feb; 129(Suppl 2): 5–8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/ Accessed November 12, 2018.
    - This article articulates the difference between health disparities and health equity.

Resources for further exploration

Macro: In Health Care Transformation

- Bailey ZD, Krieger N, Agenor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet.* 2017;389(10077):1453-1463.
- Dickman SL, Himmelstein DU, Woolhandler S. Inequality and the health-care system in the USA. *Lancet.* 2017;389(10077):1431-1441.
    - Both of these articles are part of a five part series about the widening health inequities in US health and health care published in the *The Lancet* in 2017. To read all five articles go to http://www.thelancet.com/series/america-equity-equality-in-health**.**

Meso: In Quality Improvement

- Thornton RL, Glover CM, Cene CW, Glik DC, Henderson JA, Williams DR. Evaluating Strategies For Reducing Health Disparities By Addressing The Social Determinants Of Health. *Health Aff (Millwood).* 2016;35(8):1416-1423.
    - This article reviews scientific evidence for targeting upstream social determinants of health as a strategy for reducing health disparities.

Micro: In Clinical Encounters- Shared Decision Making

- Johns Hopkins Medicine. Minority Health Disparities: Michelle's Story. 2017. (~5 min) You Tube. https://www.youtube.com/watch?v=vlVZKZNXYBA Published April 18, 2017. Accessed November 12, 2018.
    - This video produced by Johns Hopkins exemplifies the power of partnering with patients to develop authentic and patient and community-centered strategies toward health equity.

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

Background

As mentioned by Dr. Williams in his keynote address, primary care and public health practitioners and proponents do not go into their professions with the intention to propagate gross social and health disparities but are likely complicit (due to insidious, complex historical and sociocultural forces) in perpetuating individual, institutional, and systemic biases. Accountability is "an obligation or willingness to accept responsibility or to account for one's actions" (Merriam-Webster). In health care, clinicians are held accountable to a myriad of, generally, disease-oriented metrics but these have not effectively changed the landscape of health inequities.

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.[1] Multi-sector and multi-stakeholder collaborations are critical. Amongst these key partners are vulnerable communities who must be included, heard, engaged and supported by health care systems and people (For more on engaging key partners, including patients, see Module: Understanding health experiences and values to address social determinants of health). Social accountability compels an equity lens.

One such model is the "Equity and Empowerment Lens" (https://multco.us/file/31827/download), developed in Multnomah County, Oregon. It provides a deeply contextual, relational and trauma-informed framework that promotes shared language, collective inputs, and a structured process that challenges a one-dimensional, top-

down approach. Ultimately, it aspires toward transformational impact as much as simple transactional metric driven outputs.

Videos

- Introduction to "Shifting the Paradigm Toward Social Accountability"
  Please follow the link below to view the full talk given by Jennifer Edgoose, MD, MPH (~8min) https://www.youtube.com/watch?v=wxboH4rZNmc
- "Shifting the Paradigm Toward Social Accountability: The Equity and Empowerment Lens"
  Please follow the link below to view the full talk given by Sonali Sangeeta Balajee, MS (~37min) https://www.youtube.com/watch?v=NbJdp8jiotY
- "Application of the Equity and Empowerment Lens:
  https://youtu.be/1hsl6lQjXnU (13 min).
  This supplementary video further explains how to apply the Equity and Empowerment Lens to real practice.

Accompanying Slides http://www.starfieldsummit.com/s/Shifting-the-paradigm-to-social-accountability.pdf

Possible Questions for Group Discussion

1) Where do you think your health professional education, training, residency, or clinic fits in Boelen's "social obligation scale"[2]?
2) What do you think is often forgotten or not considered when an equity lens is not applied?
3) What would be an example of a transactional metric?
4) What would be an example of a transformational metric?
5) Propose or review a quality improvement intervention.
6) Apply the Equity and Empowerment Lens worksheet (see appendix). Reflect on what the Equity and Empowerment Lens prompts you to consider that you may not have thought about without the tool.

For more in-depth discussion read and refer to:

- Boelen C. Why should social accountability be a benchmark for excellence in medical education? *Educ Med*.2016;17(3):101-105.
  - Dr. Boelen, former coordinator of the WHO program of human resources for health, is perhaps the leading expert of social accountability in medical education which he clearly describes in this article.
- Ventres W, Boelen C, Haq C. Time for action: key considerations for implementing social accountability in the education of health professionals. *Adv Health Sci Educ Theory Pract.2018 Oct;23(4):853-862. doi: 10.1007/s10459-017-9792-z. Epub 2017 Sep 12.*.
  - In this article, the authors explore the critical elements necessary to implement social accountability in health professional education.

- Equity and Empowerment Lens. Multnomah County Office of Diversity and Equity website. https://multco.us/diversity-equity/equity-and-empowerment-lens Accessed November 12, 2018.
    - This website provides an in depth exploration of the Equity and Empowerment Lens including foundational assumptions, a logic model, and the Equity and Empowerment Lens worksheet.

Resources for further exploration

Macro:

- Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. http://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx Accessed November 12, 2018.
    - This guide offers a framework for organizations to move toward health equity and is based on five components:
        1. Make health equity a strategic priority;
        2. Develop structure and processes to support health equity work;
        3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact, such as health care services, socioeconomic status, physical environment, and healthy behaviors;
        4. Decrease institutional racism within the organization; and
        5. Develop partnerships with community organizations to improve health and equity.
- Chin MH, Clarke AR, Nocon RS, et al. A roadmap and best practices for organizations to reduce racial and ethnic disparities in health care. *J Gen Intern Med.* 2012;27(8):992-1000.
    - This paper summarizes the lessons learned from twelve systematic reviews conducted by the Robert Wood Johnson Foundation's "Finding Answers: Disparities Research for Change" initiative (www.solvingdisparities.org). The authors propose a roadmap for organizations seeking to reduce health disparities based on the following steps:
        1. Recognize disparities and commit to reducing them
        2. Implement a basic quality improvement structure and process
        3. Make equity an integral component of quality improvement efforts
        4. Design the intervention(s)
        5. Implement, evaluate, and adjust the intervention(s)
        6. Sustain the intervention(s)

Meso:

- American Public Health Association. *Better Health Through Equity: Case Studies in Reframing Public Health Work*. Washington, D.C.: APHA; 2015.

https://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx Accessed November 13, 2018.
    - This report highlights state and local efforts from health agencies and one Tribal Nation across Colorado, Oregon, Texas, Virginia and Wisconsin to address the root causes of health inequities. Those root causes include racism and unequal distribution and access to resources such as a living wage, health care and quality education and housing. The report features the stories of the health agencies as they shifted their thinking and their work from focusing on health disparities to advancing health equity.
- International Federation of Medical Students' Associations (IFMSA). *The Students' Toolkit Social Accountability in Medical Schools*. Amsterdam, Netherlands: International Federation of Medical Students' Associations; 2017. https://ifmsa.org/wp-content/uploads/2017/09/Toolkit-on-Social-Accountability_Final-v.32.pdf Accessed November 13, 2018.
    - This toolkit was produced primarily by medical students who are members of the IFMSA, in collaboration with Training for Health Equity Network (THEnet). It is aimed at medical students and introduces social accountability and its core principles and provides a framework and tools to help students make their medical schools more socially accountable.

Micro:

- The Center for Social Inclusion. *Talking about Race Toolkit: Affirm, Counter, Transform*. New York, NY: The Center for Social Inclusion; 2015. http://www.centerforsocialinclusion.org/wp-content/uploads/2015/08/CSI-Talking-About-Race-Toolkit.pdf Accessed November 13, 2018.
    - Dr. Bonzo Reddick asks Sonali Balajee how can we *strategically* promote a paradigm shift? What language should we use? This is a tool to help prompt inclusive language and thought processes to promote challenging dialogue that will enable opportunity for change. Find opportunities to practice its use in both your personal and professional life.

<u>Words and Concepts Used in this Module that are Defined in the Guidebook</u>

- Downstream determinants of public health (Downstream)
- Health equity
- Implicit (unconscious) bias
- Minority
- Relational
- Socioeconomic status (SES)
- Social determinants of health
- Transactional metric
- Transformational metric
- Trauma-informed approach
- Upstream determinants of public health (Upstream)
- Weathering (biological weathering)

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References

1. Boelen C, Heck JE. *Defining and measuring social accountability in medical schools*. Geneva: World Health Organization;1995.
2. Boelen C. Why should social accountability be a benchmark for excellence in medical education? *Educ Med*.2016;17(3):101-105.

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APPENDIX

Equity and Empowerment Lens Assessment Worksheet

What is the Purpose?/Define Outcomes

1. Circle which area this intervention/practice/policy will primarily impact:

    a. Clinical health metric (e.g. hemoglobin A1c)
    b. Access to services
    c. Social determinant of health (e.g. education, housing)
    d. Other

2. What are you or your team trying to improve?

_____

_____

_____

3. Who does this intend to serve?

_____

_____

_____

4. What data or evidence guides this intervention/practice/policy/etc. (Consider all demographic data; maps; qualitative experience, etc.)?

_____

_____

_____

5. What is the data telling you about inequities experienced in the community?

_____

_____

_____

6. Does the data take into account community priorities and culturally-specific feedback?

_____

_____

_____

Connection to People

7. Who, in the community and in your organization, will be most affected by and concerned with this intervention/practice/policy? Consider positive and negative impacts to the physical, mental, spiritual and contextual health of groups including for potential trauma/re-trauma; and to the distribution of resources. Have you sought their input?

Demographics (group affected – be specific and consider staff)	Differential impacts **Positive – benefit**	Differential impacts **Negative – burden**	**Structural causes for benefits and burdens***

*Think deep (e.g. challenge yourself to consider not merely “lack of funding” but why is there lack of funding?)

Connection to Place

8. Does this intervention/practice/policy account for a person or group's emotional or physical safety?

_____

_____

_____

9. Does this intervention/practice/policy affect the environment or are there issues of environmental justice to consider?

_____

_____

_____

10. How are resources and investments distributed geographically?

_____

_____

_____

Connection to Process and Power

11. What barriers do you and your team encounter in making changes related to equity and racial justice?

_____

_____

_____

12. How does your organization engage the community in planning, decision-making and evaluation?

_____

_____

_____

    a. What policies, processes and social relationships intentionally include communities affected by inequities?

    _____

    _____

    _____

    b. What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?

    _____

    _____

    _____

    c. What actions or strategies could build inclusion?

    _____

    _____

    _____

13. How does the intervention/practice/policy build community capacity and power in communities most affected by inequities?

_____

_____

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References: The Equity and Empowerment Lens Worksheet is adapted from Equity and Empowerment Lens 2012. Multnomah County Office of Diversity and Equity. https://multco.us/file/31833/download Accessed November 13, 2018.

Five possible key questions:

- **PURPOSE:** What is the problem you are trying to solve? Describe your proposed intervention.
- **PEOPLE:** Which patients are positively and negatively affected by this intervention?
- **PLACE:** How does this intervention account for patients' emotional and physical safety and their need to be productive and feel valued?
- **PROCESS:** How are we meaningfully including and excluding patients in the process?
- **POWER:** How could we better integrate voices and priorities of all stakeholders?