

Advancing Health Equity: The Role of Family Medicine

PDW and RPS Residency Education Symposium
March 23-27th

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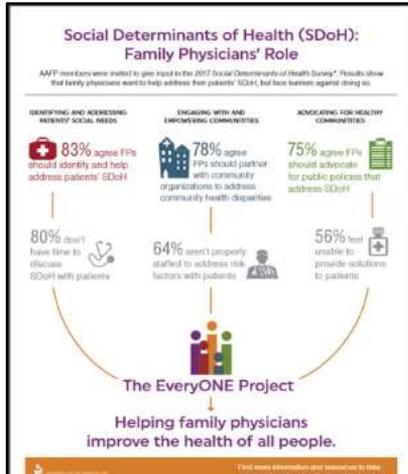


Poll #1

How much of a priority are the social determinants of health in your organization?

- A. Essential
- B. High
- C. Somewhat
- D. Low
- E. Not a priority

2017 Social Determinants of Health (SDOH) Survey



About the Survey

- Measures family physicians' perceptions of SDOH and supporting activities (screening, referral, advocacy)
- Identifies barriers to integrating SDOH into practice

Teaching Faculty were more likely to

- Be involved in their local community health needs assessments and improvement plans
- Indicate SDOH as an 'essential' or 'high' priority (54.3% vs 39.7%)

How will the data be used

- AAFP Board Metric
- Content develop (toolkits, training, webinars)

AAFP Strategic Priority

- The mission of the AAFP is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.
- The AAFP aims to take a leadership role in addressing diversity and social determinants of health (SDOH) as they impact individuals, families, and communities across the lifespan and to strive for health equity.



The EveryONE Project

Advancing health equity in every community

Strategic Priorities



Workforce Development

We will increase diversity and pursue comprehensive representation in medical schools, residency programs, and the entire field of medicine.



Health in All Policies

We will advocate for policies and legislative efforts through a lens of seeking equal health for all communities, families, and individuals.



Interdisciplinary Collaboration

We will form key partnerships with organizations and groups that share our values and fortify our fight to eliminate health inequities.



Evidence-based Knowledge

We will develop tools and share research findings to fill knowledge gaps and raise awareness of issues surrounding social determinants of health.

Our Purpose

- Create and support a culture of health equity to empower family physicians
- Collaboration with family physicians, their practice teams, chapters, and other partners
- Offer tools and resources to help educate family physicians
- Support research and policy development to support advocacy
- Encourage workforce diversity

Poll #2

Does your organization have the resources to support education and training on the social determinants of health?

- A. Yes
- B. Somewhat
- C. No

Content Development

Topics

- Impact of SDOH
- Screening for SDOH risks
- Referral to community resources
- Incorporating practice teams
- Advocacy
- Best practices
- Overcoming challenges and barriers

Delivery Formats

- In-person
- Webinars
- Issue briefs
- Policy statements
- Position papers
- Conference abstracts
- Workshops
- Journal submissions

AAFP SDOH Toolkit



Phases of Development

Physician level: Screening for SDOH and referring patients to community-based resources.

Timeline – January 2018

Practice level: Transforming practices to address SDOH.

Timeline – March 2018

Community level: Community engagement and advocacy

Timeline - TBD

Health Equity Toolkit



Target Audience

- clinical and public health learners including medical and public health students and primary care residents
- primary care faculty who would like an opportunity to further explore this area that often was not intentionally and adequately covered in past medical school and residency curricula

Topics

- SOCIAL DETERMINANTS OF HEALTH IN PRIMARY CARE
- VULNERABLE POPULATIONS
- ECONOMICS AND POLICY
- SOCIAL ACCOUNTABILITY

Poll #3

What are the barriers or challenges to addressing social determinants of health in your organization?

- A. Lack of buy-in from leadership
- B. Lack of faculty experts
- C. Funding
- D. Accreditation
- E. Time

Exercise

- Clinical case study involving a health disparity
- Health Equity Assessment Checklist
- Using a health equity lens, develop non-clinical recommendations that would have changed the outcome for this patient

Case Study

ST is a 16-year-old single, African American woman. She began prenatal care during the second trimester of a recent pregnancy and subsequently only had intermittent care with her medical provider. Her pregnancy was complicated by smoking, poor weight gain, a chlamydial infection of her cervix, and ongoing psychosocial stressors (including unemployment, dropping out of high school, and a faltering relationship with the father of the baby).

At 30 weeks gestation, ST developed vaginal spotting associated with lower abdominal cramping. After two days, she called her medical provider and was seen at the hospital. Unfortunately, by the time she sought medical attention, ST was already in advanced preterm labor. Despite medical interventions, labor was not arrested and ST delivered an 1100 gram baby boy. The infant developed Group B Streptococcal septicemia and died on his 5th day of life despite aggressive treatment.

Check List

1. What were the most prominent social determinants of ST's birth outcome?
2. What clinical interventions could have helped address ST's social determinants?
3. What population-based interventions could have helped address ST's social determinants?
4. What recommendations would you have made to improve the likelihood of a successful birth outcome for ST?
5. What challenges might you have experienced making these recommendations and how might you overcome them?
6. How would you apply the lessons learned and your recommendations to ensure that all individuals in ST's peer group (potentially poor, teenage, minority, women) have successful birth outcomes?
7. What challenges might you experience making recommendations to improve birth outcomes among this population and how might you overcome them?
8. What might the unintended consequences be?
9. What will you do to ensure the intervention reduces inequalities?
10. How will you know if these inequalities have been reduced?

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



Social Q & A

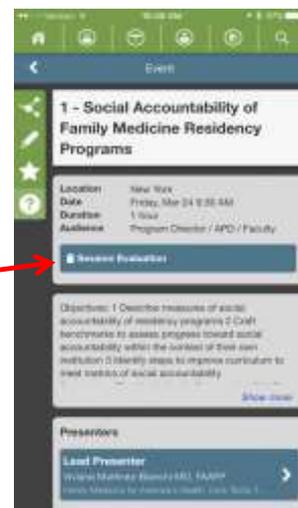
15

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Please...

Complete the
session evaluation.

Thank you.



16

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