

Starfield Summit II: Health Equity Summit  
Curriculum Toolkit

**International Efforts to Reduce Health Disparities**

IGNITE presentation by Michael Kidd, AM, MBBS, MD, FAHMS

Module by Elizabeth Paddock, MD and Bailey Murph, MPH

Appropriate Audience: All learners.

Related Modules:

- Understanding Health Experiences and Values to Address Social Determinants of Health.
- Why Rural Matters.
- Intersectionality—The Interconnectedness of Class, Gender, Race and Other Types of Vulnerability.
- Communities Working Together to Improve Health and Reduce Disparities.
- Community Vital Signs: Achieving Equity through Primary Care Means Checking More than Blood Pressure.

Learning Objectives

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

1. Describe the critical role of primary care in global health.
2. Provide examples of approaches to patient-centered care used globally.
3. Appreciate the role of the World Organization of Family Doctors (WONCA) and other global organizations in strengthening primary care to enhance quality of life for people around the world.

Background

*In 2011 Barbara Starfield wrote, “Inequity is built into health systems—especially western health systems that are based on a view of health needs disease by disease. Therefore, the benefits of primary care, which is person- and population-, rather than disease-focused, are underappreciated. Data provide evidence not only of its (primary care’s) benefit to populations but also of its preferential benefit to the socially disadvantaged.”<sup>1</sup>*

This module will introduce participants to innovative healthcare programming across the globe. There is a clear link between poverty and poor health. While uneven distribution of social determinants of health (SDoH) affects health outcomes such as life expectancies and risk behaviors, the way health systems operate in different countries systematically affects the affordability of healthcare services and access of populations to high quality health care services. This combination of internal and external forces shapes the likelihood of equitable or inequitable outcomes.

Dr. Michael Kidd is a past president of WONCA<sup>2</sup> (2013-2016). In his presentation he introduces several models of primary care delivery around the world all involving family doctors,

community nurses and community health workers (CHWs) working together to meet community health care needs. By exploring different systems of health care delivery, we may find ideas and inspiration to promote health equity particularly for our most marginalized populations and alleviate the consequences of social deprivation both internationally and in the United States.

### Ignite Video

Please follow the link below to view the full talk given by Professor Michael Kidd (~15 min):

[Video Link](#)

### Accompanying Slides

[Slides](#)

### Questions for Group Discussion

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

1. Health inequity is a problem that exists in health care systems globally. Dr. Barbara Starfield posits that health systems should look to treat people, not just diseases, as a means toward health equity. What does she mean by this?
2. Describe the vertical and horizontal components of health equity delivery.
3. Recognizing that the benefits of primary care, including health equity improvements, are amplified when care is of higher quality, what can we do to improve performance measurement and the quality of primary care systems globally? (Read about the Primary Care Health Performance Initiative)
4. What does place-based healthcare mean to you? How might approaching healthcare from this perspective change outcomes?
5. What are the lessons from other countries which have been most successful in addressing health inequities through improvements in primary health care?
6. What interprofessional team structures can effectively deliver primary care and enhance better health outcomes and improve health equity?
7. How do we improve the equitable distribution of health resources according to health needs?
8. How do we train our current and future health workforce to better recognize and address health inequities, and to be advocates for change?

### Applying an Equity Lens in Professional Practice

As you reflect on the material in this module consider how you will apply it in your professional practice by asking questions based upon the Equity and Empowerment Lens' 5Ps:

**Purpose:** Many of the most inspiring models of social accountability in health care are found outside of the United States. As you learn about exemplar innovations investing in primary care

in other parts of the world, propose a specific innovation that you would you like to propose for the community you care for that specifically addresses health inequities? Alternatively, if you have an opportunity to work outside the U.S., propose a specific global health intervention that you think would reduce health inequities? (For example, you could consider a proposal involving CHWs)

**People:** Who is more likely to be positively affected by your proposal? Who is more likely to be negatively affected by your proposal?

**Place:** Does this intervention/practice/policy account for a person or group's emotional or physical safety? Are there issues of environmental justice to consider?

**Process:** How does your organization engage the community in planning, decision-making and evaluation? What actions or strategies could build inclusion?

**Power:** What is your decision-making structure? Who will be held accountable for this intervention? Are there populations whose interests and voices are being ignored or placed above others'?

For more in depth discussion read and refer to:

- Macinko J, Guanais FC. Evaluation of the impact of the Family Health Program on infant mortality in Brazil, 1990–2002. *J Epidemiol Community Health*. 2006;60(1):13-19. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465542/pdf/13.pdf>. Accessed May 13, 2018.
  - Analysis of publicly available secondary datasets showed significant reduction in infant mortality rates attributed to The Family Health Program in Brazil, an innovative interprofessional team of physicians, nurses, nursing assistants, and community health workers providing primary care.
- Promising Practices. The Primary Health Care Performance Initiative (PHCPI) website. <https://phcperformanceinitiative.org/tools/promising-practices>. Accessed May 13 2018.
  - The PHCPI was officially launched by the Bill & Melinda Gates Foundation, World Bank Group, and World Health Organization on the sidelines of the UN General Assembly in September 2015. PCHPI catalyzes improvements in primary health care through better measurement and knowledge sharing. They have evaluated 22 successful reforms in health care and found eight essential characteristics that can be adopted to improve primary health care performance.
- Starfield B. Global health, equity, and primary care. *J Am Board Fam Med*. 2007; 20 (6:) 511-513. <http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/starfield/Star~%20global%20health%20equity%20and%20PC%202007.pdf>. Accessed May 13, 2018.
  - As healthcare in the 21<sup>st</sup> century has moved from the management of specific diseases often clustered around acute infectious illness to a system

grappling with multimorbidity juxtaposed against costs of care and technologic opportunities, world organizations of primary care physicians are best posed to take on these complex challenges.

- Starfield, B. The hidden inequity in health care. *Int J Equity Health*. 2011;10:15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3094214/pdf/1475-9276-10-15.pdf>. Accessed May 13, 2018.
  - This editorial considers the differences between health inequity and health inequality. She describes how inequity can be both horizontal and vertical and how primary care is best suited to address both dimensions being patient and population-centered rather than disease-focused.
  
- Message from the Director General; Primary care: putting people first. In: *Primary Health Care—Now More than Ever*. The World Health Report 2008. Geneva, Switzerland: World Health Organization. [http://www.who.int/whr/2008/08\\_contents\\_en.pdf?ua=1](http://www.who.int/whr/2008/08_contents_en.pdf?ua=1) Accessed on May 13, 2018.
  - This report argues that moving towards health for all requires substantial reorientation and reform of the ways health systems operate in society today by moving towards the renewal of primary health care. There are 4 areas of reform they focus on: universal coverage; service delivery reforms (reorganization of health services to be more relevant and responsive); public policy reforms (integrating public health with primary care); and leadership reforms.

#### Resources for Further Exploration

#### **Macro: In Health Care Transformation**

- Executive Summary:1-23. In: Commission on the Social Determinants of Health Final Report.. *Closing the gap in a generation: Health equity through action on the social determinants of health*. . Geneva, Switzerland:World Health Organization; 2008. [http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703\\_eng.pdf;jsessionid=BF55189B80BDE98BDBC0AFCAD8FAA666?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=BF55189B80BDE98BDBC0AFCAD8FAA666?sequence=1). Accessed May 13, 2018.
  - Social and economic policies determine whether a child can grow and develop to its full potential and live a flourishing life, or a blighted one. The Commission on SDoH calls on the WHO and all governments to lead global action on the SDoH with the aim of achieving health equity. Their overarching recommendations are to: 1) Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age; 2) Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally; and 3) Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the SDoH, and raise public awareness about the SDoH.

- Place-Based Initiative. Center for the Study of Social Policy website.  
<https://www.cssp.org/community/neighborhood-investment/place-based-initiatives>  
 Accessed June 9, 2018.
  - Place matters. People do better when they live in strong and supportive communities. Healthier places have health-promoting environments.
- Macinko J, Starfield B, Shi L. The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD Countries, 1979-1998). *Health Serv Res*, 2003; 38(3):381-65.  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360919/pdf/hesr\\_149.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360919/pdf/hesr_149.pdf). Accessed May 13, 2018.
  - Analysis of 18 wealthy OECD countries over three decades found that strong primary care system and practice characteristics such as geographic regulation, longitudinality, coordination, and community orientation were associated with improved population health.
- Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q*, 2005; 83: 457-502.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/pdf/milq0083-0457.pdf>.  
 Accessed May 13, 2018.
  - This review shows that primary care helps prevent illness and death, regardless of whether the care is characterized by supply of primary care physicians, a relationship with a source of primary care, or the receipt of important features of primary care. The evidence also shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations, a finding that holds in both cross-national and within-national studies.
- Kidd M, ed. *The Contribution of Family Medicine to Improving Health Systems: A Guidebook from the World Organization of Family Doctors, Second Edition*. London, England: Radcliff Publishing Ltd; 2013.  
<http://www.globalfamilydoctor.com/InternationalIssues/WONCAGuidebook.aspx>.  
 Accessed July 3, 2018.
  - This guidebook was written to show how family medicine can help countries maintain health and wellbeing through developing productive, coordinated and cost-effective approaches to health care. Chapter 1 focuses on the challenges of ensuring consistent access to high-quality health care for the entire population. It specifically discusses peoples current and evolving healthcare needs and introduces the role of family physicians in health systems and discusses the challenges of implementing primary health care.

**Meso: In Quality Improvement**

- Chetty UJ, O'Donnell P, Blane D, Willems S, World Organization of Family Doctors (WONCA) Special Interest Group on Health Equity. The role of primary care in improving health equity: Report of a workshop held by the WONCA Health Equity Special Interest Group at the 2015 WONCA Europe Conference in Istanbul, Turkey. *Int J Equity Health*. 2016;15:128.  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975904/pdf/12939\\_2016\\_Article\\_415.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975904/pdf/12939_2016_Article_415.pdf). Accessed May 13, 2018.
  - The World Organization of Family Doctors (WONCA) Special Interest Group on Health Equity was established in 2014 to provide a focus of support, education, research and policy on issues relating to promotion of health equity in primary care settings. This 2015 workshop provided an opportunity to rally political and public support around health equity.
  
- Patel V. Mental Health for All by Involving All. Presented at TEDGlobal 2012; June 27, 2012; Edinburgh, Scotland.  
[https://www.ted.com/talks/vikram\\_patel\\_mental\\_health\\_for\\_all\\_by\\_involving\\_all](https://www.ted.com/talks/vikram_patel_mental_health_for_all_by_involving_all). Accessed May 13, 2018.
  - The burden of mental illness is significant worldwide. In wealthy nations about half receive appropriate care, but in developing nations up to 90% go untreated. In this TED talk, Vikram Patel outlines an approach involving training members of communities to give mental health interventions.
  
- Roa A. How Community Health Workers Dramatically Improve Healthcare. *The Atlantic*.  
<https://www.theatlantic.com/health/archive/2014/02/how-community-health-workers-dramatically-improve-healthcare/283555/>. Published February 4, 2014. Accessed May 13, 2018.
  - This article discusses how community health workers improve healthcare both in the US and abroad. Much of the work in the US is driven from the ground up in areas of poverty and fragmented access to healthcare.
  
- Walker J. Backpacks that Save Lives? You bet. Huffington Post website.  
[https://www.huffingtonpost.com/jeffrey-walker/chwplus\\_b\\_3862483.html](https://www.huffingtonpost.com/jeffrey-walker/chwplus_b_3862483.html); Published September 3, 2013. Accessed May 13, 2018.
  
- Community Health Worker (CHW) Backpack PLUS. unicef website.  
<http://unicefstories.org/model/chwbackpackplus/>. Accessed May 13, 2018.
  - This article reviews a global project supported by UNICEF, Save the Children, One Million Community Health Workers Campaign and Millennium Development Goals health alliance called Backpack PLUS. This initiative provides basic health care resources to communities who live far from healthcare facilities. When basic lifesaving interventions such as antibiotics, oral rehydration salts, immunizations and mosquito nets are put into a backpack carried by a trained and supervised community health worker, child mortalities have decreased by over 25%.

## Micro: In Clinical Encounters- Shared Decision Making

- Desalvo K. New Orleans Rises Anew: Community Health after Katrina. *Ann Intern Med.* 2016;164(1):57-58. <http://annals.org/aim/fullarticle/2466372/new-orleans-rises-anew-community-health-after-katrina>. Accessed May 13, 2018.
  - Following Hurricane Katrina's devastation in 2006, New Orleans was presented with an opportunity to revamp the delivery of healthcare in the city and surrounding area. The U.S. Public Service Commissioned Corps. Officers tried a new path and have attempted to set up a healthcare system that is prepared to face natural disasters, to create a safe environment that fosters improvements in quality improvement, to change payment structures and move towards excellent team-based care. The community was heavily involved in making the decisions necessary to get this vision off the ground. Reflecting on the past 10 years, the author argues that while healthcare is necessary it is not sufficient to create a healthy community. She feels that we need a strong public health infrastructure to be able to achieve that.
- Besser M. Mothers Helping Mothers Fight HIV. Presented at TEDGlobal 2010; July 14, 2010; Oxford, England. [https://www.ted.com/talks/mitchell\\_besser\\_mothers\\_helping\\_mothers\\_fight\\_hiv/up-next](https://www.ted.com/talks/mitchell_besser_mothers_helping_mothers_fight_hiv/up-next). Accessed May 13, 2018.
  - In sub-Saharan Africa, HIV infections are more prevalent and doctors scarcer than anywhere else in the world. With a lack of medical professionals, Mitchell Besser enlisted the help of his patients to create mothers2mothers -- an extraordinary network of HIV-positive women whose support for each other is changing and saving lives.

### Words and Concepts Used in this Module that are Defined in the Guidebook

- Community Health Worker
- Global Health
- Patient Navigator
- Place-Based Initiative
- Patient-Centered
- Primary Care
- WONCA. (World Organization of Family Doctors)

### References

1. Starfield B. The hidden inequity in health care. *Int J Equity Health.* 2011;10:15.
2. WONCA. Global Family Doctor website. <https://www.wonca.net/AboutWonca/ExecutiveCommittee/IPPresident.aspx>. Accessed October 2, 2018.

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