Disparities Education
What is it & is it an area of Scholarship?
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Professor of Internal Medicine & Learning Health Sciences
Disclosures

• I have no “REAL” financial or other conflicts of interest
• I tend to work for these people non-profits on Education and Competencies
• Staff Physician at the ANN ARBOR VA HEALTH CARE SYSTEM
• ACGME
  – RRC
  – CLER
• AHME
• AAMC
  – GRA
  – GEA
• NBME
• SGIM
• AAIM
• Caremark Pharmacy - Spouse

My family thinks my focus on disparities is hilarious...they find it a bit odd that I use them as a muse
Goals

• Define & Demonstrate Health Disparities & Social Determinants Education

• Review the Evidence to Codify Disparities Education as an area of scholarship

• Discuss the resources needed to support faculty careers in this area
Core Principles
Social Determinants

Education Re: Core understanding of theoretical models and core values

Key Disparities Pt. Outcomes

Inquiry
- An established field of inquiry (research)
- Diversity of knowledge and input (workforce)

is key to developing an interest, advocacy

Punch Line: Take Home Point...
Prioritizing health disparities in medical education to improve care

• Core understanding of theoretical models and core values is key to developing an interest in the fields of inquiry
• The development of clinical skills and scientific acumen often leads to system level assessment and the desire to change policy
• A commitment to excellent patient care and the pursuit of equity can guide interest in translational research and a commitment to a diverse workforce
• Striving for excellence often leads one to embrace the impact of the social determinants of health and thus engage communities in meaningful transformation of health
The Start...

- My Personal Role in Gentrification
- “Mission Hill”
Boston is a diverse city

Boston’s Population in 2000, By Race/Ethnicity

- White: 49.9%
- Black: 23.8%
- Latino: 14.4%
- Asian: 7.5%
- Two or More: 3.1%
- Other: 1.7%

Source: U.S. Department of Commerce, Census 2000

Place of Origin Boston Residents

- U.S.: 73.6%
- Latin America: 4.8%
- Latin: 6.2%
- Europe: 5.9%
- Caribbean: 7.3%
- Asia: 2.2%
- Africa: 2.3%
- Other: 0.6%

Asthma Mortality Rates


- Asian: 20.4
- Black: 33.6
- Latino: 9.6
- White: 29.6

Source: Boston resident deaths, Massachusetts Department of Public Health Census 2000, U.S. Department of Commerce

SOURCES: Boston resident deaths, Massachusetts Department of Public Health Census 2000, U.S. Department of Commerce
What is Your Personal Experience with Factors Affecting Health?

Quiz
• Give yourself 1 point for each yes answer on #2, #4, #6, #8, and #10

• For Odd Numbers if you Answer Yes give yourself 3 points for each true Answer on #1, #3, #5, #7, #9, #11
If your score is 5-7 you need not worry. **Your retirement is secure and the monthly finances are considered just a small nuisance.** Do not worry given that you are a general internist you are likely firmly in the top 5% of U.S. income earners with measureable wealth. It will be important for you to listen to your patients and their needs; **empathy is your friend.**
<table>
<thead>
<tr>
<th>Income Category</th>
<th>2011 AGI</th>
<th>Percent of All Income</th>
<th>Percent of Income Taxes Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 1%</td>
<td>Over $388,905</td>
<td>18.7%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Top 5%</td>
<td>Over $167,728</td>
<td>33.9%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Top 10%</td>
<td>Over $120,136</td>
<td>45.4%</td>
<td>68.3%</td>
</tr>
<tr>
<td>Top 25%</td>
<td>Over $70,492</td>
<td>67.8%</td>
<td>85.6%</td>
</tr>
<tr>
<td>Top 50%</td>
<td>Over $34,823</td>
<td>88.5%</td>
<td>97.1%</td>
</tr>
<tr>
<td>Bottom 50%</td>
<td>Under $34,823</td>
<td>11.5%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

• 7-15

• If your score is between 7-15, congratulations you have likely learned from past experiences or been attuned to the concerns of others around you. Remember however, social determinants come in all shapes and sizes, remember to take the patients’ perspective into consideration.
• >18

• If you have scored >18 you are a transcultural adventurer. You are able to navigate across social strata and provide an empathetic ear to your patients. Remember, you cannot help everyone, self-care will be crucial to your career longevity.
Can you navigate Here?
Determinants and Disparities

SOCIAL DETERMINANTS THE KEY TO BETTER HEALTH

Socioeconomic, Cultural, and Environmental Conditions
- Education
- Unemployment
- Poverty/Income
- Housing
- Work
- Environment & Exposures
- Living and Environmental Conditions
- Diet/Food Production
- Bias
- Healthcare System

Social and Community Networks

Individual Lifestyle Factors

Genetic predisposition 30%
Behavioral patterns 40%
Health care 10%
Social circumstances 15%
Environmental exposure 5%

10%
Determinants and Disparities

• **Social Determinants of Health** are the **conditions in which people are born, grow, live, work and age.**

• **Health Disparities** are **differences in health** that is closely linked with social or economic disadvantage.

• **Health Care Disparities** are **differences in the availability, accessibility and quality of health care services** aimed at prevention, treatment and management of diseases and their complications.
MEDICAL EDUCATION’S ROLE

• Academic Medicine is thought of as the “gatekeepers and the value setters for Medicine”

• “…There are responsibilities toward the social mission of working to eliminate health disparities … [in] partnerships with Communities”
Evidence Based Education

• Standardization of Learning outcomes / individualization of the learning process
• Integration of Knowledge and clinical experience
• Development of habits of inquiry and innovation
• Focus on professional identity formation

Educating Physicians: A Call for Reform of Medical School and Residency
Molly Cook, David M. Irby, Bridget C. O’Brien
PRINCIPLES OF PEDAGOGY

• Determine what is core
• Competence means minimal standard
• Self-directed
• Assessment driven
• Remediate Gaps
• Commitment to excellence

Educating Physicians: A Call for Reform of Medical School and Residency
Molly Cook, David M. Irby, Bridget C. O’Brien
Jossey-Bass/Carnegie Foundation for the Advancement of Teaching, 2010,
important theoretical models for all levels of learners

Conceptual Framework - Barriers and Mediators of Equitable Healthcare

**Barriers**
- Personal/Family
  - Acceptability
  - Cultural
  - Language/literacy
  - Attitudes, beliefs
  - Preferences
  - Involvement in care
  - Health behavior
  - Education/income
- Structural
  - Availability of appointments
  - How organized
  - Transportation
- Financial
  - Insurance coverage
  - Reimbursement levels
  - Public support

**Use of Services**
- Visits
  - Primary care
  - Specialty
  - Emergency
- Procedures
  - Preventive
  - Diagnostic
  - Therapeutic

**Mediators**
- Quality of Providers
  - Cultural competence
  - Communication skills
  - Medical knowledge
  - Technical skills
  - Bias/stereotyping
- Appropriateness of care
- Efficacy of treatment
- Patient adherence

**Outcomes**
- Health Status
  - Mortality
  - Morbidity
  - Well-being
  - Functioning
- Equity of Services
  - Patient views of care
  - Experiences
  - Satisfaction
  - Effective partnership

Citation: Lisa A Cooper, et al. Designing and Evaluating Interventions to Eliminate Racial and Ethnic Disparities in Health Care JGIM, 2002

Cancer Epigenetics

Gene names in red indicate regulation by epigenetic alteration (promoter methylation, mRNA).
A red asterisk (*) indicates epigenetic reduction of expression in one or more types of cancer.
Key Components often of Health Disparities Education Curriculum

- Identities
- Implicit and Explicit Bias
- Epidemiology
- Genetics vs. Social Constructs
- Social Determinants
- Cultural competency – sensitivity – humility – awareness etc...
- Patient centered Communication
- Quality improvement principles
- Community engagement
- Patient engagement
Asset Based Community Development (ABCD)

**ABCD Model**
- Focuses on the positive capabilities and strengths (ASSETS) of individuals to identify problems and create solutions

**Deficit Model**
- Define individuals in negative terms
- Ignore what is positive and works well in particular sub-group


Identifying Patient Assets

Asset Based Patient Interviewing
Ask Patients the following:

1. What are you most proud?
2. What resources are available to you in your community and social circles that will help ‘us/you’ achieve?
3. Do you know anyone who has managed [similar situation/condition] successfully?

Corbie-Smith G. Changing the Paradigm: Using an Asset Model to Promote Health Equity. Presented at the 2009 SGIM 32nd National Meeting, Miami, FL.
Using Assets to Further Health Equity

Assets of Veterans

- Disciplined approach to work
- Ability to work as a team
- Leadership skills
- Respect and integrity
- Ability to perform under pressure
- Communication skills
- Strong technical skills
- Attitude of perseverance
- Problem-solving skills
- Ability to adapt quickly

Social Distance as a factor of Health Care Disparities

**Physicians**
- White: 75%
- African American: 6.3%
- Asian American: 12.8%
- Native American: 0.5%
- Hispanic: 5.5%
- Advanced Degree: 100%
- Management Professional Occupation: 100%

**Veterans**
- White: 80%
- African American: 10.8%
- Asian American: 1.3%
- Native American: 0.6%
- Hispanic: 6.0%
- Advanced Degree: 10.2%
- Management Professional Occupation: 34.6%

*Male veterans only*

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Prioritizing health disparities in medical education to improve care

UHC’s Quality & Accountability Ranking Scorecard - 2014

Integrating QI into the curriculum... Ideal place to discuss Determinants, Disparities, and Equity
Miller’s Pyramid of Assessment & Kirkpatrick’s Hierarchy of Evaluation

- KNOWS ?Teaching
- KNOWS HOW ?Testing
- SHOWS ?Measurement
- DOES Competence

Complex Assessment Strategies are needed
What Makes a Discipline?

- **Codification**: Knowledge can be consolidated, into succinct & interdependent theoretical formulations

- **Paradigm development**: A clearly defined "academic law" or ordering of knowledge and associated social structures

- **Consensus**: The core of the paradigm development concept is the degree of consensus about theory, methods, techniques, and problems
  - same technical literature
  - similar education & professional initiation
  - A cohesiveness in the community
Scholarship Reconsidered

Scholarship
Ernest Boyer redefined scholarship as:

- Scholarship of discovery
- Scholarship of integration
- Scholarship of application
- Scholarship of teaching

“Scholarship Reconsidered.” Carnegie Foundation for the Advancement of Teaching. 1990
Glassick, Huber and Maeroff looked at the measurement of “quality” and published six standards of scholarship:

- Clear goals
- Adequate preparation
- Appropriate methods
- Significant results
- Effective presentation
- Reflective critique

Lee Shulman sought to further define the Scholarship of Teaching by stating that to be scholarship, the work must meet these criteria:

– The work must be made public.
– The work must be available for peer review and critiqued according to accepted standards.
– The work must be able to be reproduced and built on by other scholars.

Gonzalez...Early Efforts & Successes

• Developed a health disparities elective
  – Published focus groups on students’ perspectives on what they want in health disparities education in JGIM
  – Helped make me more competitive for Internal Career Development Award that paid for my M.Ed. (2010-2012)
    • Master’s thesis focused on exploring patient’s perspectives on medication reconciliation who were at risk for low health literacy and limited English proficiency

• D3 EHP16488-03- Evaluation of Health Disparities Interventions in the Bronx (2012-2013)

• Preliminary work led to being selected as a co-investigator on grant1R25HD068835-01- Strengthening Behavioral & Social Science in Medical School Education, P. Marantz, PI.(2011 to Present).
Current Funding

• Robert Wood Johnson Foundation Harold Amos Medical Faculty Development Program
  – Four year career development award with 70% protected time for educational research in implicit bias recognition and management (2013-2017).
• Site PI for multi-institutional study in implicit bias in interprofessional students.
• NIH Loan Repayment Program for educational research in health disparities
• Gold Humanism Scholarship to attend Harvard Macy Institute Program for Medical Educators.

Cristina M. Gonzalez, MD, MEd
Assistant Professor of Medicine, Albert Einstein College of Medicine
Academic Hospitalist, Montefiore Medical Center-Weiler Division
Health Disparities Education Publications


The Prevalence of Social and Behavioral Topics and Related Educational Opportunities During Attending Rounds

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COI and Funding

• No Conflicts of Interest to Report

• Funding provided by NIH/OBSSR/NCCAM grant #R25AT006573 awarded to Dr. Satterfield
The Prevalence of Social and Behavioral Topics and Related Educational Opportunities During Attending Rounds


Abstract

Purpose
To quantify the prevalence of social and behavioral sciences (SBS) topics during patient care and to rate team response to these topics once introduced.

Method
This cross-sectional study used five independent raters to observe 80 inpatient ward teams on internal medicine and pediatric services during attending rounds at two academic hospitals over a five-month period. Patient-level primary outcomes—prevalence of SBS topic discussions and rate of positive responses to discussions—were captured using an observational tool and summarized at the team level using hierarchical models. Teams were scored on patient- and learner-centered behaviors.

Results
Observations were made of 80 attendings, 83 residents, 75 interns, 78 medical students, and 113 allied health providers. Teams saw a median of 8.0 patients per round (collectively, 622 patients), and 97.1% had at least one SBS topic arise (mean = 5.3 topics per patient). Common topics were pain (62%), nutrition (53%), social support (52%), and resources (39%). After adjusting for team characteristics, the number of discussion topics raised varied significantly among the four services and was associated with greater patient-centeredness. When topics were raised, 38% of teams’ responses were positive. Services varied with respect to learner- and patient-centeredness, with most services above average for learner-centered, and below average for patient-centered behaviors.

Conclusions
Of 30 SBS topics tracked, some were addressed commonly and others rarely. Multivariable analyses suggest that medium-sized teams can address SBS concerns by increasing time per patient and consistently adopting patient-centered behaviors.
Prioritizing health disparities in medical education to improve care
• What support must be provided to faculty who want to pursue this area of expertise – Health Disparities Education?
Table Discussion

• Marketing Skills
  – “Sell” disparities education to meet larger institutional priorities
  – Engaging non-minority team members

• Change Agent Training
  – Comfort straddling multiple professional stakeholder groups
  – Learning to talk about race/ racism in ways that pull people in
  – Leverage younger learners enthusiasm to propel your message and advocate on your behalf

• Ability to consider and be prepared to answer the "what's in it for me (or the institution)"
Table Discussion

• Being marginalized and not taken seriously as a researcher or educator at an R1 institution
• Measuring and documenting both the activities and the return to the university / division /department (something like a "social return on investment.")
• Thick Skin...
• Include recognition within promotion criteria.
• Better support in the clinical arena so that it is possible to take care of a panel of patients who may have unmet social and linguistic needs
Punch Line: Take Home Point...

- An established field of inquiry (research)
- Diversity of knowledge and input (workforce)

Key Disparities Pt. Outcomes

- is key to developing an interest, advocacy

Core Principles Social Determinants

- Education Re: Core understanding of theoretical models and core values
What Makes a Discipline?

1. Naming the field
2. Defining the field
3. Concepts
   a) What are the key concepts that have driven the field?
   b) How have the key concepts (assuming they exist) been defined?
   c) Is there an implicit core curriculum?
   d) Is this the core curriculum that we want and need and will it effectively serve all potential learner markets as well as employer/societal needs?
4. Evolution of Disparities Education:
   a) What is the history of the field?
   b) What are the implications of this history?
   c) What more can/should we add?
5. Theory
6. Methods
Integration of Professional Wisdom with the best available empirical evidence in making decision about how to deliver instruction