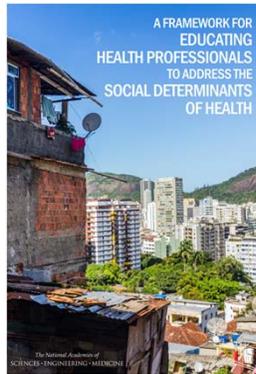


BOARD ON GLOBAL HEALTH



A Framework for Educating Health Professionals to Address the Social Determinants of Health

SPONSORS OF THE STUDY

Individual sponsors of the NASEM's **Global Forum on Innovation in Health Professional Education**—who called for study of this topic—provided the financial support to undertake the study.

Global Forum Co-Chairs:

Susan Scrimshaw, President, The Sage Colleges
Malcolm Cox, Former Chief Academic Affiliations
Officer, U.S. Department of Veterans Affairs

SPONSORS OF THE STUDY

This study was supported by contracts between the National Academy of Sciences and the Academic Collaborative for Integrative Health, the Academy of Nutrition and Dietetics, the Accreditation Council for Graduate Medical Education, the Aetna Foundation, the Alliance for Continuing Education in the Health Professions, the American Academy of Family Physicians, the American Academy of Nursing, the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Board of Family Medicine, the American Board of Internal Medicine, the American College of Nurse-Midwives, the American Congress of Obstetricians and Gynecologists (ACOG)/American Board of Obstetrics and Gynecology (ABOG), the American Council of Academic Physical Therapy, the American Dental Education Association, the American Medical Association, the American Occupational Therapy Association, the American Psychological Association, the American Society for Nutrition, the American Speech-Language Hearing Association, the Association of American Medical Colleges, the Association of American Veterinary Medical Colleges, the Association of Schools and Colleges of Optometry, the Association of Schools and Programs of Public Health, the Association of Schools of the Allied Health Professions, the Council of Academic Programs in Communication Sciences and Disorders, the Council on Social Work Education, Ghent University, Health Resources and Services Administration, the Josiah Macy Jr. Foundation, Kaiser Permanente, the National Academies of Practice, the National Association of Social Workers, the National Board of Certified Counselors, Inc. and Affiliates, the National Board of Medical Examiners, the National League for Nursing, the Office of Academic Affiliations—Veterans Health Administration, the Organization for Associate Degree Nursing, the Physician Assistant Education Association, the Robert Wood Johnson Foundation, the Society for Simulation in Healthcare, the Uniformed Services University of the Health Sciences, and the University of Toronto. [Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author\(s\) and do not necessarily reflect the views of the organizations or agencies that provided support for the project.](#)

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CHARGE TO THE COMMITTEE

A diverse committee of experts was tasked with developing a high-level framework for educating health professionals to address the social determinants of health. Such a framework would draw on lessons learned by educators working in this sphere.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

THE COMMITTEE

SANDRA D. LANE (Chair), Laura J. and L. Douglas Meredith Professor of Public Health and Anthropology, Syracuse University
JORGE DELVA, Professor and Associate Dean, University of Michigan School of Social Work
JULIAN FISHER, Research Associate, Peter L. Reichertz Institute for Medical Informatics; University of Braunschweig—Institute of Technology, Hannover Medical School
BIANCA FROGNER, Associate Professor and Director of Center for Health Workforce Studies, Department of Family Medicine, University of Washington School of Medicine
CARA V. JAMES, Director, Office of Minority Health, Centers for Medicare and Medicaid Services
MALUAL MABUR, Health Promotion Specialist and Community Health Outreach Worker, City of Portland, Maine; Student, University of New England
LAURA MAGAÑA VALLADARES, Academic Dean, National Institute of Public Health, Mexico
SPERO M. MANSON, Distinguished Professor and Director, Centers for American Indian & Alaska Native Health, University of Colorado at Denver
ADEWALE TROUTMAN, Associate Dean for Health Equity and Community Engagement, University of South Florida
ANTONIA M. VILLARRUEL, Professor and Margaret Bond Simon Dean of Nursing, University of Pennsylvania School of Nursing

Consultants
SUSAN SCRIMSHAW, President, The Sage Colleges
SARA WILLEMS, Professor, Inequity in Health Care, Ghent University
KAREN ANDERSON, Senior Program Officer, IOM
RONA BRIERE, Consultant Editor

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

WORK OF THE COMMITTEE

- Background commissioned paper
- Literature searches
- Public testimony
- Personal experiences

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

REPORT BACKGROUND

Presented by: Adewale Troutman

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Defining the Social Determinants of Health

The WHO (2015) defines **Social Determinants of Health** as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Defining Health Inequities

Health inequities, “the unfair and avoidable differences in health between groups of people within countries and between countries (WHO, 2016),” stem from the social determinants of health and result in stark differences in health and health outcomes.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Terms Used to Describe Differences

Other terms used to describe such differences reflect the countries in which they are used. For example:

United States - “**disparities**” often denotes racial or ethnic disparities (HHS, 2016) involving structural racism and other forms of unfair and unjust discrimination that create gaps in health among segments of the population.

United Kingdom - “**inequalities**” is typically used to describe differences in health among groups based on socioeconomic conditions (Marmot and Allen, 2014).

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Addressing the Social Determinants of Health

Without addressing the underlying causes of disease and ill health, the risk of perpetuating a cycle of **inequity, disparity, and inequality** will remain for generations to come.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

KEY ISSUES

Presented by: Sandra Lane

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

DEFINING HEALTH PROFESSIONALS

Health professionals are:

“the service providers who link people to technology, information, and knowledge. They are also caregivers, communicators and educators, team members, managers, leaders, and policy makers.” (Frenk et al., 2010). Some work with individuals while others address issues affecting populations.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

UNDERSTANDING AND TAKING ACTION

- The social determinants of health can and should be integral to **all** health professional education and training.
- With continued formal and informal learning, health professionals are best positioned to **work with others on taking action** on the social determinants of health for improving the health and well-being of individuals, communities, and populations.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

ROLE OF EDUCATORS

- Create lifelong learners
- Instill a passion to further explore and address the root causes of health disparities and health inequities

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

PARTNERSHIPS

Partnerships are key to effectively addressing the social determinants of health

- Relationships among policy makers, educators, representatives of the health and nonhealth professions, community organizations, and community members
- Bidirectional linkages form equality in the partnerships
- Expose learners to the broader social, political, and environmental context
- Learners are challenged to solve problems and make new connections through exposure to other professions, sectors, and populations

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

TRANSFORMATIVE LEARNING

Transformative learning is key to addressing the social determinants of health

Shift from passive learning to more active participation in educational activities that build creative thinking and decision making as well as competencies in collaboration. (Frenk et al., 2010)

Desired competencies from transformative learning:

- search, analyze, and synthesize information for decision making;
- collaborate and partner effectively with others;
- work with, understand, and value the vital role of all players within health systems and other sectors that impact health; and
- apply global efforts addressing health inequities to local priorities and actions.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE



Educating health professionals to address the social determinants of health

Prof. dr. Sara Willems

dr. Kaatje Van Roy

Prof. dr. Jan De Maeseneer

Research group Equity in Health Care

Department of Family Medicine and Primary Health Care

Ghent University, Belgium

Aim of the background paper

To provide a review of the literature that describes the current practice of educating health professionals to address the social determinants of health in and with communities.

To formulate recommendations on how to strengthen health professional education by addressing the social determinants of health.

19

Methods

Systematic literature review

- database search by IOM team
- step-wise screening and analysis by Ugent team
 - using a screening instrument
 - by two independent researchers

→ 33 articles included in the study

20

Main findings

- **General descriptives** of the identified programs:
number, location, student group, position in the curriculum
- **Content** of the programs:
aims, theoretical framework, pedagogical/educational approach

21

Main findings: highlights

- Only **33 papers** were found describing training programs for health professional students addressing the SDH in/with the community
- Majority of programs for **medical or nursing students**, sometimes interprofessional group
- The vast majority of the programs are from the **US** (25)
Canada (5), Australia (1), Serbia (1), Belgium (1)

22

- Some programs are **obligatory**, others **elective or extra-curricular** (sometimes only a selection of students allowed)
 - impact of a program being mandatory: ?
- Huge variation in **length and intensity** of training
 - however, often lack of detailed information in the papers
 - How/to what extent the community-based activity is integrated in the classroom-based curriculum: often not clear
 - not possible to evaluate intense immersion experiences versus longer term but less intense programs

23

- Variation in types of **communities involved**
 - local versus international
 - e.g. homeless shelters, community health centers, schools, Aids support organizations,...
- Most often '**service-learning**' as educational approach
 - 'Service'**: also benefits for communities
! 'social justice' versus 'charity'
 - 'Learning'**: including proper preparation and guidance throughout the experience
+ reflection!

24

Program evaluations and outcome:

- if present, often methodologically weak
- mostly focus on learning outcomes (often self-report)
- rarely community perspective or impact on SDH
- no information on long term effects

Replication of programs: difficult due to lack of information

25

Recommendations

- With regard to the present study
- With regard to further development of this type of learning
- With regard to future research
- With regard to ethical considerations

26

With regard to the present study

- Need for further search of papers
e.g. screening reference lists, use of alternative search terms (e.g. 'SDH' not often used in papers <-> 'health inequity' or 'health disparity',...

27

With regard to further development of this type of learning

- *Tendency* towards positive evaluations
→ further implementation *seems* recommended
- Awareness of 'service' + 'learning'
- Need for student guidance
balance between support and first hand experience
- Length of training?
No hard data available (too short → reciprocal benefits??)
- Prior reflection on time constraints

28

With regard to future research

Need for additional research!

- Introducing new programs = implementation of evaluation
- Publication of results + including detailed information
- Development of valid and reliable instruments
- Evaluation by all parties involved + broader than the focus on learning outcomes for the students
- Efforts for long term evaluations

29

With regard to ethical considerations

- Working with vulnerable populations
 - cave power relations
 - proper guidance for students
 - ethically and culturally sensitive staff (teachers & community workers)
- Sustainability of the collaborations (cfr 'service' component)

30



CONTACT

prof. dr. Sara Willems

Sara.Willems@UGent.be

Department of Family Medicine and Primary Health Care

Research Group Equity in Health Care

De Pintelaan 185, 6K3

9000 GENT, Belgium

31

THE FRAMEWORK

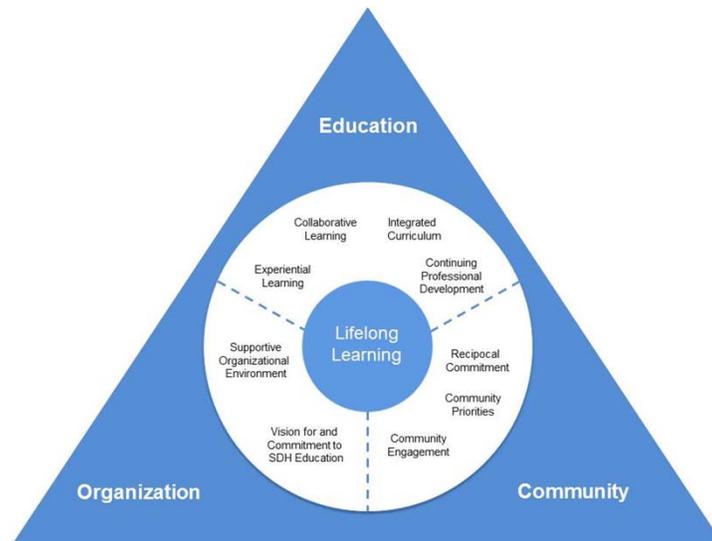
**Presented by Julian Fisher
(via webcast)**

32

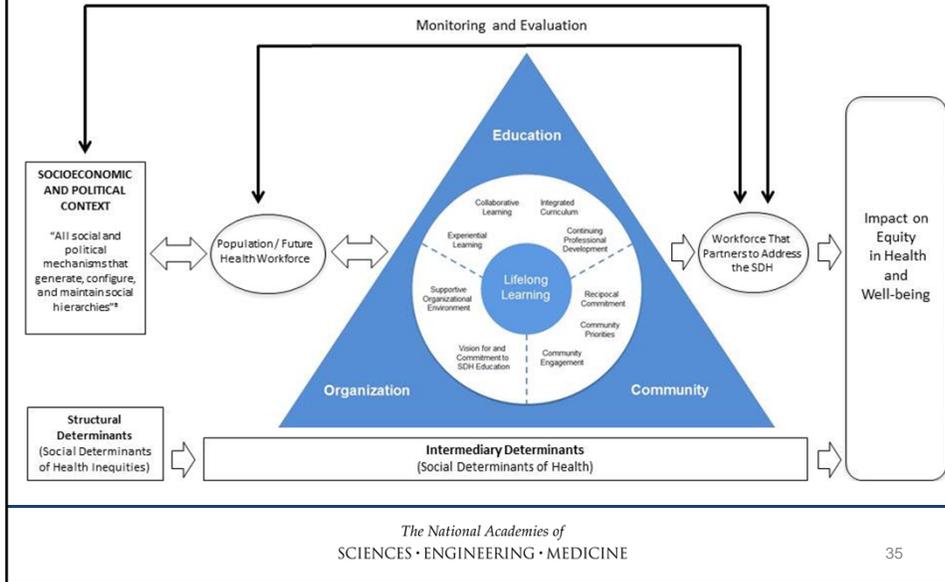
A Unifying Framework

Based on its review of the literature and multiple calls for action, the **committee concludes** that there is a need and a demand for a holistic, consistent, coherent structure that aligns education, health, and other sectors to better meet local needs in partnership with communities.

THE FRAMEWORK



CONCEPTUAL MODEL



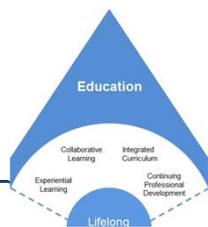
4 RECOMMENDATIONS

- 3 Framework Recommendations
- 1 Building the Evidence Recommendation

EDUCATION DOMAIN

Presented by Laura Magaña Valladares

- Experiential Learning
- Collaborative Learning
- Integrated Curriculum
- Continuing Professional Development



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Components of the Education Domain

Experiential Learning

- Applied learning
- Community engagement
- Performance assessment

Collaborative Learning

- Problem/project-based learning
- Student engagement
- Critical thinking

Integrated Curriculum

- Interprofessional
- Cross-sectoral
- Longitudinally organized

Continuing Professional Development

- Faculty development
- Interprofessional workplace learning

Recommendation 1: EDUCATION

Health professional educators should use the framework presented in this report as a guide for creating lifelong learners who appreciate the value of relationships and collaborations for understanding and addressing community-identified needs and for strengthening **community assets**.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Building the Evidence

Health professional educators should:

- publish literature on analyses and lessons learned from curricula that offers learning opportunities that are responsive to the evolving needs and assets of local communities; and
- document cases studies of health professional advocacy using a health in all policies approach.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

COMMUNITY DOMAIN

Presented by Jorge Delva

- Reciprocal commitment
- Community priorities
- Community engagement



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Components of the Community Domain

Reciprocal commitment

- Community assets
- Willingness to engage
- Networks
- Resources

Community priorities

- Evaluation of health impacts toward equity and well-being

Community engagement

- Workforce diversity
- Recruitment, retention

Partnering with Communities

- The community is an **equal partner** in teaching health professionals, faculty, and students about its experiences and how the social determinants have shaped the lives of its members.
- Community members educate health professionals about the **priorities of the community**
- Through **shifts in power** from health professionals to community members and organizations, the community shares responsibility for developing strategies for the creation of learning opportunities that can advance health equity based on community priorities.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Recommendation 2: **COMMUNITY**

To prepare health professionals to take action on the social determinants in health in, with, and across communities, health professional and educational associations and organizations at the global, regional, and national levels should apply the concepts embodied in the framework in **partnering with communities** to increase the inclusivity and the diversity of the health professional student body and faculty.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Enabling Action

To enable action on this recommendation, health professional education and training institutions should support pipelines to higher education in the health professions in underserved communities, thus expanding the pool of viable candidates who have themselves been negatively affected by the social determinants of health.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

ORGANIZATION DOMAIN

Presented by Cara James

- Vision for and Commitment to SDH Education
- Supportive Organizational Environment



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Components of the Organization Domain

Vision for and Commitment to SDH education

- Policies/strategies/program reviews
- Resources
- Infrastructure
- Promotion/career Pathways

Supportive Organizational Environment

- Transformative learning
- Dissemination of pedagogical research
- Faculty development/continuing professional development

Recommendation 3: ORGANIZATION

Governments and individual ministries (e.g., signatories of the Rio Declaration), health professional and educational associations and organizations, and community groups should **foster an enabling environment that supports and values the integration of the framework's principles into their mission, culture, and work.**

Actions

To accomplish Recommendation 3, National Governments, individual ministries, health professional and educational associations and organizations should review, map, and align their educational and professional vision, mission, and standards to include SDH as described in the framework.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Demonstrating Support

The following actions would demonstrate organizational support for enhancing competency for addressing the social determinants of health:

- Produce and effectively disseminate case studies and evaluations on the use of the framework, integrating lessons learned to build and strengthen work on health professional education in the social determinants of health.
- Work with relevant government bodies to support and promote health professional education on the social determinants of health by aligning policies, planning, and financing and investments.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Demonstrating Support (cont'd)

- Introduce accreditation of health professional education where it does not exist and strengthen it where it does.
- Design and implement continuing professional development programs for faculty and teaching staff that promote health equity and are relevant to the evolving health and health care needs and priorities of local communities.
- Support experiential learning opportunities that are interprofessional, cross-sectoral, and involve partnering with communities.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

BUILDING THE EVIDENCE

Presented by Laura Magaña Valladares

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Recommendation 4: **BUILDING THE EVIDENCE**

Governments, health professional and educational associations and organizations, and community organizations should use the committee's framework and model to **guide and support evaluation research** aimed at identifying and illustrating effective approaches for learning about the social determinants of health **in and with communities while improving health outcomes**, thereby building the evidence base.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Demonstrating Action

To demonstrate full and equal partnerships, health professional and educational associations and organizations and community partners should prepare their respective networks to engage with one another in a systematic, comprehensive inquiry aimed at building the evidence base.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

MOVING FORWARD

Presented by Bianca Frogner

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Advocating for SDH Education

Many stakeholder groups are needed to **advocate for greater educational focus on the social determinants of health** because of the potential financial, social, and health benefits to society.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Requiring SDH Education

While **requirements under accreditation standards** may force programs to offer interprofessional, cross-sector, community-engaged learning, proper leadership support and adequate training also are necessary, or the quality of the programs offered may fulfill the requirements but fail to inspire a desire for lifelong learning in how to mitigate the root causes of ill health and disease.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Building the Business Case

There is a need to build a business case – current evidence is sparse.

- To this end, more data are needed to demonstrate efficient and equitable outcomes attributable to health professionals being educated in the social determinants of health.
- Using these data effectively will require understanding policies and what influences them from a macro-, meso-, and micro-level perspective.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Funding and Investment

Points to consider in future explorations of this topic:

- Funders of and payers for health professional education and research need to be part of any discussion moving forward. This group includes students, employers, governments, and foundations with a stake in how health professionals are educated to address the social determinants of health.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Funding and Investment

Points to consider in future explorations of this topic:

- Recognition that governments and ministries have the power to direct health professional education;
- Power brokers who control major resources within academic health centers and hospitals also have an important role in addressing the social determinants of health.
- Ministries can direct the use of funds through educational requirements.
- Foundations exert influence through the activities they support.

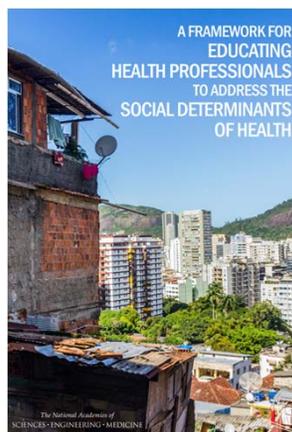
The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Personal Reflections from the Committee



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Open Discussion



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

References

- Frenk, J., L. Chen, Z. A. Bhutta, J. Cohen, N. Crisp, T. Evans, H. Fineberg, P. Garcia, Y. Ke, P. Kelley, B. Kistnasamy, A. Meleis, D. Naylor, A. Pablos-Mendez, S. Reddy, S. Scrimshaw, J. Sepulveda, D. Serwadda, and H. Zurayk. 2010. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *Lancet* 376(9756):1923-1958.
- HHS. 2016. *Healthypeople.Gov: Disparities*.
<http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
(accessed January 28, 2016).
- Marmot, M., and J. J. Allen. 2014. Social determinants of health equity. *Am J Public Health* 104 Suppl 4:S517-519.
- WHO (World Health Organization). 2015. Social determinants of health.
http://www.who.int/social_determinants/en/ (accessed November 11, 2015).
- WHO. 2016. *Health systems: Equity*.
<http://www.who.int/healthsystems/topics/equity/en/> (accessed February 2, 2016).