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

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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 COMMITTEE

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WORK OF THE COMMITTEE

• Background commissioned paper
• Literature searches
• Public testimony
• Personal experiences
REPORT BACKGROUND

Presented by: Adewale Troutman

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.”
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.

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).
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.

KEY ISSUES

Presented by: Sandra Lane
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.

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.
ROLE OF EDUCATORS

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

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
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.
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.

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
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

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)
- Some programs are **obligatory**, others **elective or extracurricular** (sometimes only a selection of students allowed)  
  \[\text{impact of a program being mandatory: ?}\]

- **Huge variation in length and intensity** of training  
  \[\text{however, often lack of detailed information in the papers}\]

- 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

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- **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!
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

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
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’,…)

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
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

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)
THE FRAMEWORK

Presented by Julian Fisher
(via webcast)
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.
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

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.

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.
COMMUNITY DOMAIN

Presented by Jorge Delva

- Reciprocal commitment
- Community priorities
- Community engagement

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.

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.
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.

ORGANIZATION DOMAIN

Presented by Cara James

• Vision for and Commitment to SDH Education
• Supportive Organizational Environment
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.

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.
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.

BUILDING THE EVIDENCE

Presented by Laura Magaña Valladares
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.

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.
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.
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.

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.
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.

• 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.
Personal Reflections from the Committee

Open Discussion

The National Academies of
SCIENTIFIC COMMUNITIES
References


HHS. 2016. _Healthypeople.Gov: Disparities_.


WHO. 2016. _Health systems: Equity_.