

Health Disparity: Why should we care? What can be done?

Meta-lessons from 15 years in the field

Fixing the Social Determinants of Health:
Emerging Lessons from Education, Practice, and Policy

Jeroan Allison, MD MS

February 27, 2018

Presentation Objectives

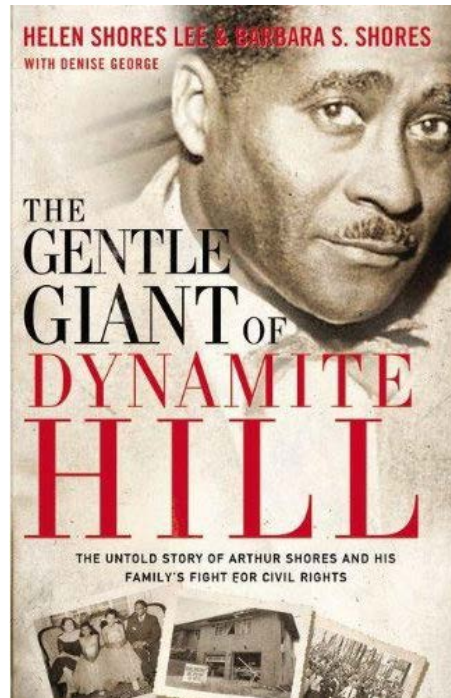
- Present a current, high-level overview of health disparities
- Review the link between the social determinants and health equity
- Provide a framework for health equity intervention
- Present selected current examples of health equity intervention and health disparity research

Some personal information will provide important context for this presentation.

- Those who have gone before and those working along side of me who are more capable and dedicated than myself bestow a rich legacy.
- I am thankful for the high-caliber teaching programs within our Department of Quantitative Health Sciences
- I have a personal passion for health equity research and statistical methodology.
- I have engaged in health equity research as a physician scientist for more than 15 years, and I hope that some of my insights presented today will be of value to you, now and in the future.



A single encounter changed my life ...
... for the better.



Health Disparities/Inequities

- Process
 - Care not based on best available evidence
 - Care not based on shared decision making
 - Care not based on cultural humility and respect
- Outcomes
 - Failure to achieve highest health potential given age, biology, and state of science
 - Difficult to disentangle multiple determinants of health
- Access

Carter-Pokras O, Baquet C. 2002. What is a health disparity? *Public Health Reports*. 117:426.434.

Adler N. Health Disparities: An Overview. Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business.

Physicians talk to Black patients less than White patients.

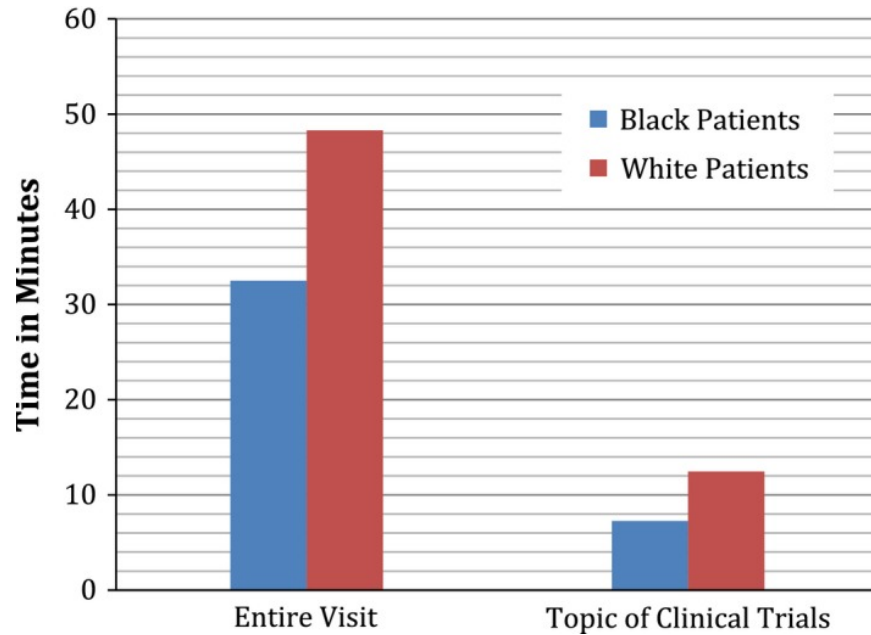


Figure 1. Time of entire visit and time of topic of clinical trials

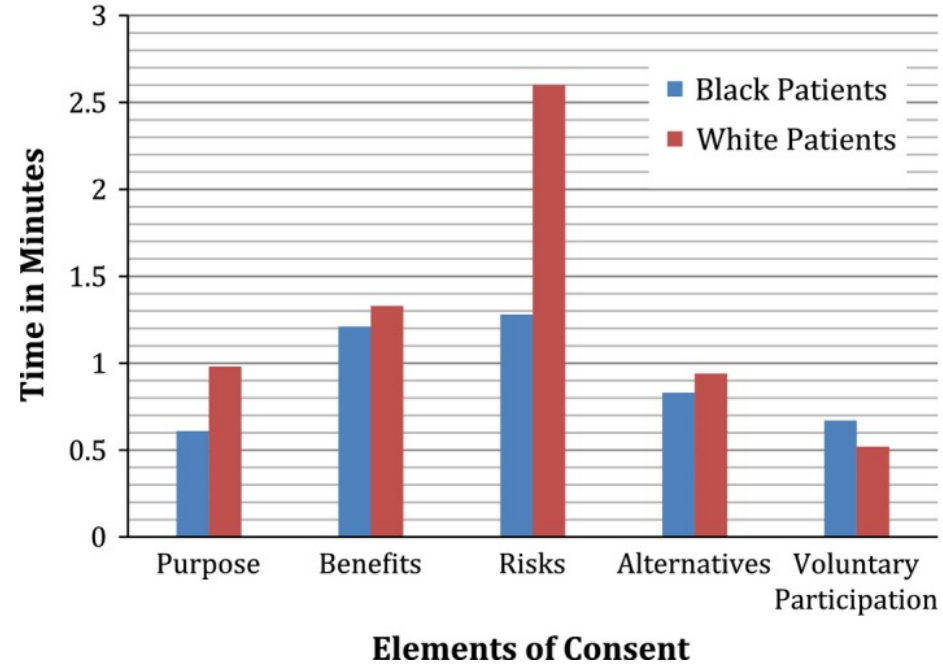


Figure 2. Time of subtopics of elements of consents



Cancer Facts

Asian Americans and Cancer



<http://www.aapcho.org/wp/wp-content/uploads/2015/08/Cancer-Facts-Asian-Americans-and-Cancer.pdf>



Indian Health Service

Indian Health Disparities



American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than the U.S. all races population (73.7 years to 78.1 years, respectively).

Indian Health Services Fact Sheet on Disparities.

<https://www.ihs.gov/newsroom/factsheets/disparities/>

INTRODUCTION

Promoting a New Research Agenda

Health Disparities Research at the Intersection of Disability, Race, and Ethnicity

Willi Horner-Johnson, PhD, Glenn T. Fujiura, PhD,† and Tawara D. Goode, MA‡*

Med Care. 2014; 52: S1 – S2



Georgetown University
Center for Child and Human Development

Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review

Hudaisa Hafeez ¹, Muhammad Zeshan ², Muhammad A. Tahir ³, Nusrat Jahan ⁴, Sadiq Naveed ⁵

Sexual Victimization, Health Status, and VA Healthcare Utilization Among Lesbian and Bisexual OEF/OIF Veterans

*Kristin M. Mattocks, PhD, MPH^{1,2}, Anne Sadler, PhD, RN^{3,4}, Elizabeth M. Yano, PhD, MSPH^{5,6},
Erin E. Krebs, MD, MPH^{7,8}, Laurie Zephyrin, MD, MPH, MBA⁹, Cynthia Brandt, MD, MPH^{10,11},
Rachel Kimerling, PhD¹², Theo Sandfort, PhD¹³, Melissa E. Dichter, PhD, MSW¹⁴,
Jeffrey J. Weiss, PhD, MS¹⁵, Jeroan Allison, MD, MS², and Sally Haskell, MD^{10,11}*

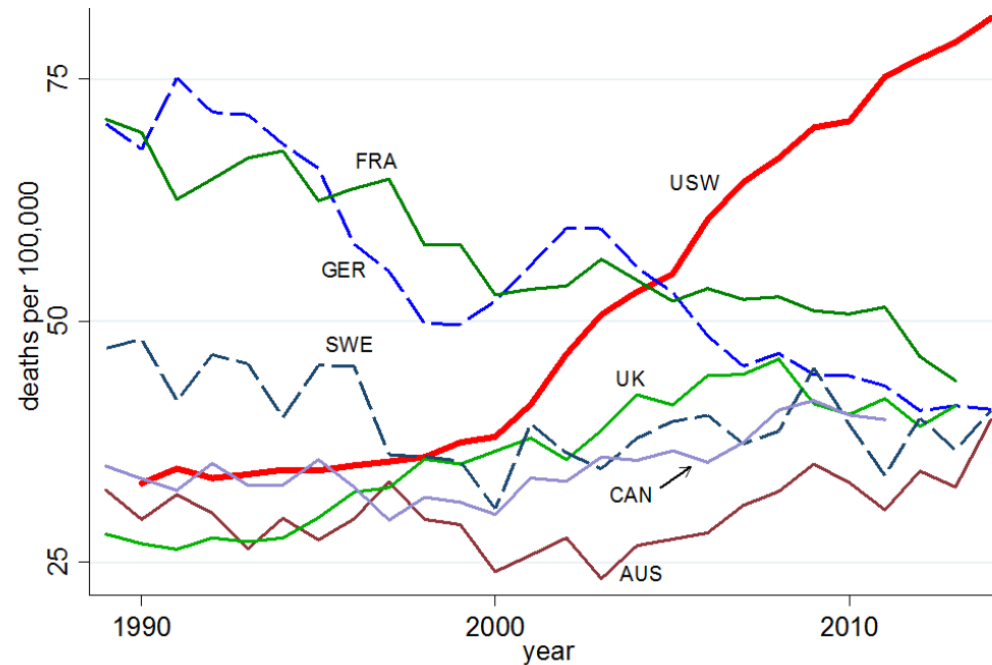
J Gen Intl Med. 2013. 28 (S2): S604-8.

Perceived Stigma, Discrimination, and Disclosure of Sexual Orientation Among a Sample of Lesbian Veterans Receiving Care in the Department of Veterans Affairs

*Kristin M. Mattocks, PhD, MPH^{1,2}, J. Cherry Sullivan, MPH¹, Christina Bertrand, BA¹,
Rebecca L. Kinney, MPH¹, Michelle D. Sherman, PhD³, and Carolyn Gustason, RN^{1,4}*

LGBT Health. 2015; 2(2): 1- 7.

Deaths of Despair: Drug, Alcohol, and Suicide Mortality among men and women ages 50-54



Case A, Deaton A. Mortality and morbidity in the 21st century. Brookings Papers on Economic Activity. Conference Version. March 2017

<https://www.brookings.edu/bpea-articles/mortality-and-morbidity-in-the-21st-century/>



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

National Healthcare Quality and Disparities Reports

Your source for the Reports, State Snapshots, and QR/DRnet

	Reports Read and download the full reports	National View National summary across quality measures	State View State-level summaries and snapshots across measures	Data Query Search data across specific measures	Resources Resources to improve quality performance
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National View

- Begin your investigation with national-level data
- View a national summary of overall performance in health care quality and disparities
- "Drill down" to view specific measures and respective benchmarks
- Examine national data across sociodemographic and other factors

1 2 3 4 5 6

<https://nhqrnet.ahrq.gov/inhqrdr/>

Summary of Health Disparities

- Disparities are pervasive across conditions and populations.
- Access has improved, but lack of access to health care remains important contributor.
- Access involves more than insurance.
- Many disparities are not decreasing over time.

Presentation Objectives

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- Review the link between the social determinants and health equity
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- Present selected current examples of health equity intervention and health disparity research

PRESIDENT OF THE WORLD MEDICAL ASSOCIATION

MICHAEL MARMOT

THE
HEALTH
GAP

THE CHALLENGE OF AN
UNEQUAL WORLD



Income is Linked to Poor Health.

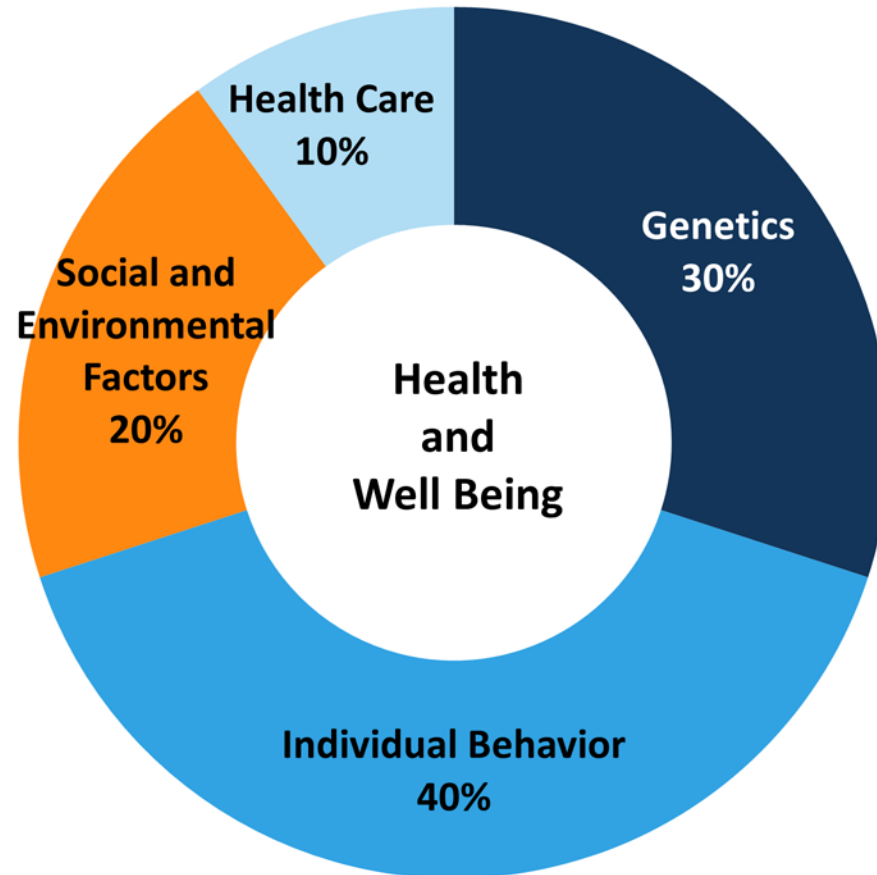


Braveman P, Egerter S. *Overcoming Obstacles to Health: Report From the Robert Wood Johnson Foundation to the Commission to Build a Healthier America*

<http://www.commissiononhealth.org/PDF/ObstaclesToHealth-Report.pdf>, p. 26

Data from National Health Interview Survey.

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

The Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Heiman HJ, Artiga A. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. The Kaiser Commission on Medicaid and the Uninsured. November 15 Issue Brief. <http://kff.org/disparities-policy>

Presentation Objectives

- Present a current, high-level overview of health disparities
- Review the link between the social determinants and health equity
- Provide a framework for health equity intervention
- Present selected current examples of health equity intervention and health disparity research

Finding Answers

Disparities Research for Change

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About Us

Research & Evaluation Projects

Tools to Reduce Disparities

News & Updates



Roadmap to Reduce Disparities

Learn what works—and what doesn't—to reduce racial and ethnic disparities. A guide to achieving equity while improving quality of care.



1 Linking Quality and Equity

2 Creating a Culture of Equity

3 Diagnosing the Disparity

4 Designing the Activity

5 Securing Buy-in

6 Implementing Change

<http://www.solvingdisparities.org/>



Beyond the Classic Randomized Study Design for Health Equity Intervention Research: An Overview of Selected Approaches

All excellent health equity research is scientifically sound.

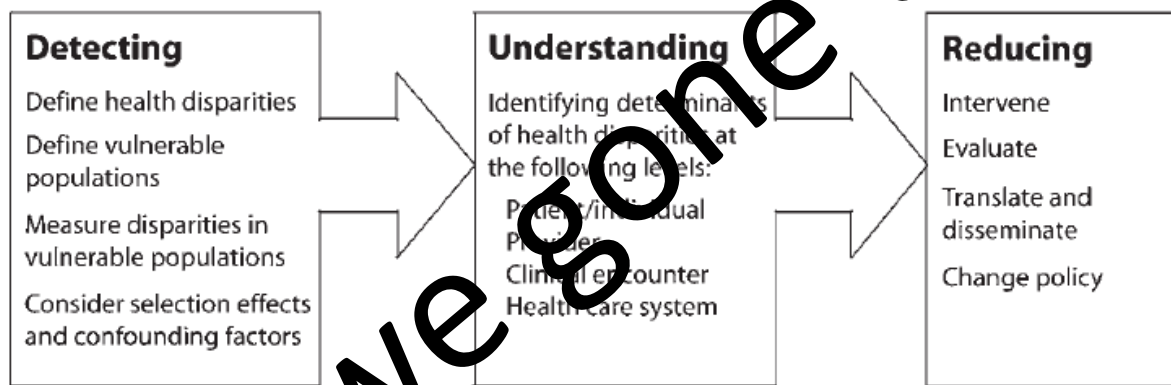
Not all scientifically sound health equity research is excellent.

It is possible to achieve high-quality study design while respecting the wishes and needs of partnering individual and communities.



Advancing Health Disparities Research Within the Health Care System: A Conceptual Framework

Amy M. Kilbourne, PhD, Galen Switzer, PhD, Kelly Hyman, PhD, Megan Crowley-Matoka, PhD, and Michael J. Fine, MD, MSc



Note. In our framework, the health disparities research agenda progresses in 3 sequential phases of research. Phase 1 (detecting disparities) informs phase 2 studies (understanding disparities), which in turn informs phase 3 research (interventions to reduce or eliminate disparities).

FIGURE 1—The 3 phases of the disparities research agenda.

Am J Public Health. 2006; 96: 2113-2121

Have we gone too far?

Medical Debt and Related Financial Consequences Among Older African American and White Adults

Jacqueline C. Wiltshire, PhD, MPH, Keith Elder, PhD, MPH, Catarina Kiefe, MD, PhD, and Jeroan J. Allison, MD, MS

Am J Public Health. 2016 Jun;106(6):1086-91



STUDENT ARTICLE – DOCTORAL

RAHI–SATHI Indo-U.S. Collaboration: The Evolution of a Trainee-Led Twinning Model in Global Health Into a Multidisciplinary Collaborative Program

Apurv Soni,^{a*} Nisha Fahey,^{a,b*} Abraham Jaffe,^a Shyamsundar Raithatha,^c Nitin Raithatha,^c Anusha Prabhakaran,^c Tiffany A Moore Simas,^a Nancy Byatt,^a Jagdish Vankar,^c Michael Chin,^a Ajay G Phatak,^c Shirish Srivastava,^c David D McManus,^a Eileen O’Keefe,^d Harshil Patel,^c Niket Patel,^c Dharti Patel,^c Michaela Tracey,^a Jasmine A Khubchandani,^a Haley Newman,^a Allison Earon,^a Hannah Rosenfield,^a Anna Handorf,^a Brittany Novak,^a John Bostrom,^a Anindita Deb,^a Soaham Desai,^c Dipen Patel,^c Archana Nimbalkar,^c Kandarp Talati,^c Milagros Rosal,^a Patricia McQuilkin,^a Himanshu Pandya,^c Heena P Santry,^a Sunil Thanvi,^c Utpala Kharod,^c Melissa Fischer,^a Jeroan Allison,^a Somashekhar M Nimbalkar^c

GLOBAL HEALTH: SCIENCE AND PRACTICE

CY 2016
GLOBAL HEALTH
RESEARCH AND PRACTICE



The Special Journal partnered with AGOR to identify manuscripts from the meeting conference abstracts to be published in 2017 or 2018.

We look forward to next year's competition and every year to come!

Winning Manuscripts from:

Endoparasitology Category: *Self-Reported Malaria in the Tropics*

American Medical Association (AMA) Category: *An Innovative Model for Student Engagement in Global Health Policy*

Global Health Category: *Adaptation of a Translational Medicine into a Multidisciplinary Collaborative Program of Medical Research and Education*

University of Colorado
CUH 2016
April 9-11, 2016



NEIGHBORHOOD SOCIO-ECONOMIC STATUS PREDICTS HEALTH-RELATED QUALITY OF LIFE TRAJECTORIES AFTER ACUTE CORONARY SYNDROME

Lisa Nobel, MS MD/PhD Candidate, University Of Massachusetts Medical School

William Jesdale, PhD, University Of Massachusetts Medical School

Jennifer Tjia, MD MS, University Of Massachusetts Medical School

Molly E. Waring, PhD, University Of Massachusetts Medical School

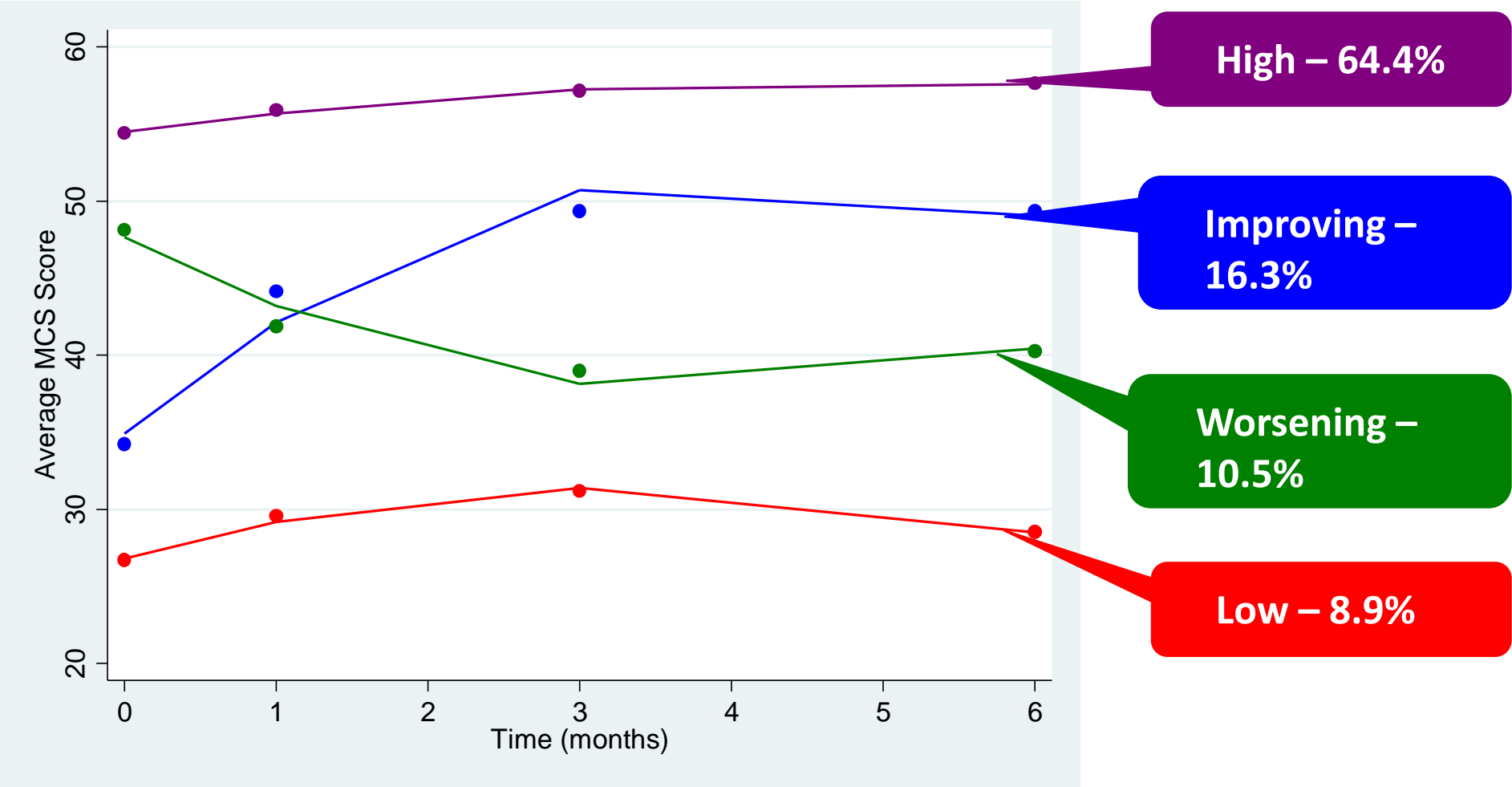
David C. Parish, MD MPH, Mercer University

Arlene S. Ash, PhD, University Of Massachusetts Medical School

Catarina I. Kiefe, MD PhD, University Of Massachusetts Medical School

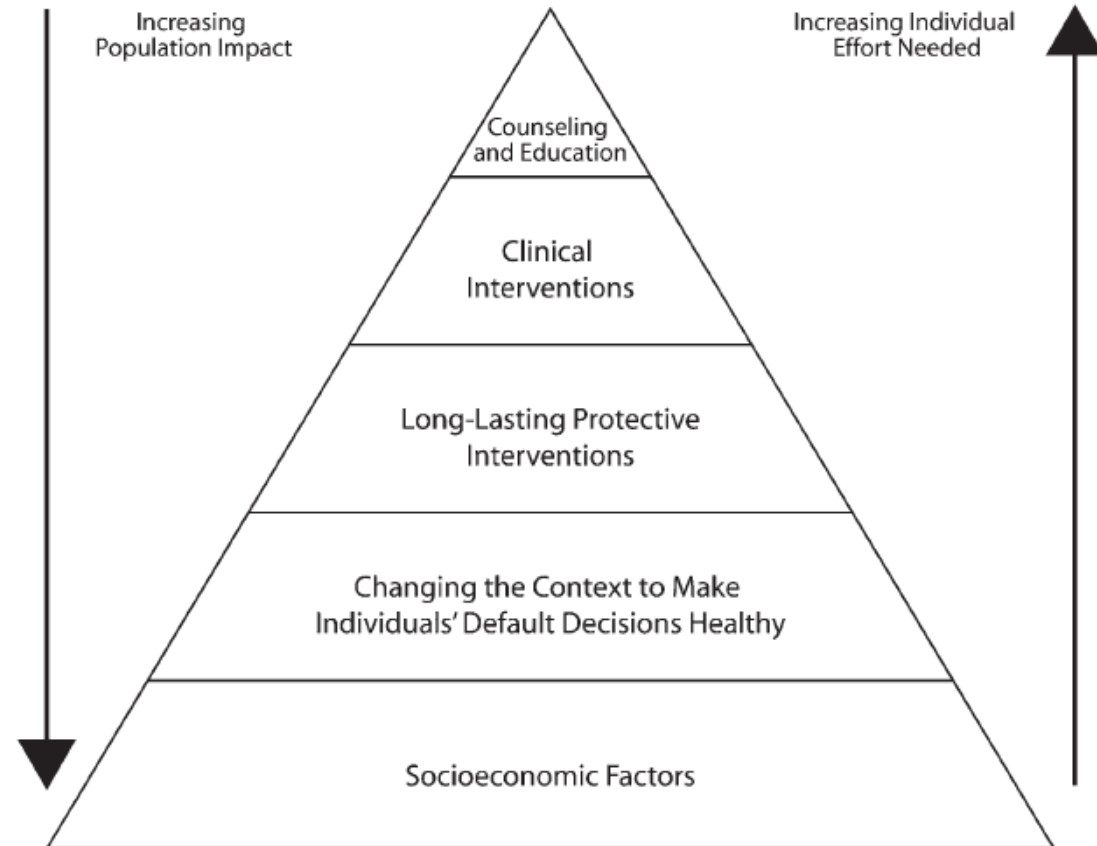
Jeroan J. Allison, MD MS, University Of Massachusetts Medical School

Results – Trajectories of MCS at 6 Months Post Discharge



Levels of Health Equity Intervention

- Patient
- Provider
- System
- Policy



Frieden, T. Am J Public Health; 2010; 104(4): 590 – 595.

A rising tide does not float all boats.

The Joint Commission Journal on Quality and Patient Safety

Performance Improvement

Leveraging Quality Improvement to Achieve Equity in
Health Care

Alexander R. Green, M.D., M.P.H.; Aswita Tan-McGrory, M.P.H.; Marina C. Cervantes; Joseph R. Betancourt, M.D., M.P.H.

Jt Comm J Qual Patient Saf. 2010; 36(10): 435-42.

The Alabama Collaborative for Cardiovascular Equality

Jeroan J. Allison, MD, MS.



Funded by the National Heart Lung and Blood Institute

Reported Racial Discrimination, Trust in Physicians, and Medication Adherence Among Inner-City African Americans With Hypertension

| Yendelela L. Cuffee, PhD, MPH, J. Lee Hargraves, PhD, Milagros Rosal, PhD, Becky A. Briesacher, PhD, Antoinette Schoenthaler, EdD, MA, Sharina Person, PhD, Sandral Hullett, MD, MPH, and Jeroan Allison, MD, MS

Cuffee, YL. Am J Public Health. 2013; 103(11):e55-62.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828720/>

CSI: Birmingham

A Culturally Sensitive Intervention for Blood Pressure Control with Storytelling DVDs



TIME

The New York Times

Ann Intern Med. 2011;154:77-84.

Finding Answers:
Disparities Research for Change


Robert Wood Johnson Foundation

**BIRMINGHAM
BUSINESS JOURNAL**

BBJ Businessperson of the Year: Dr. Sandral Hullett

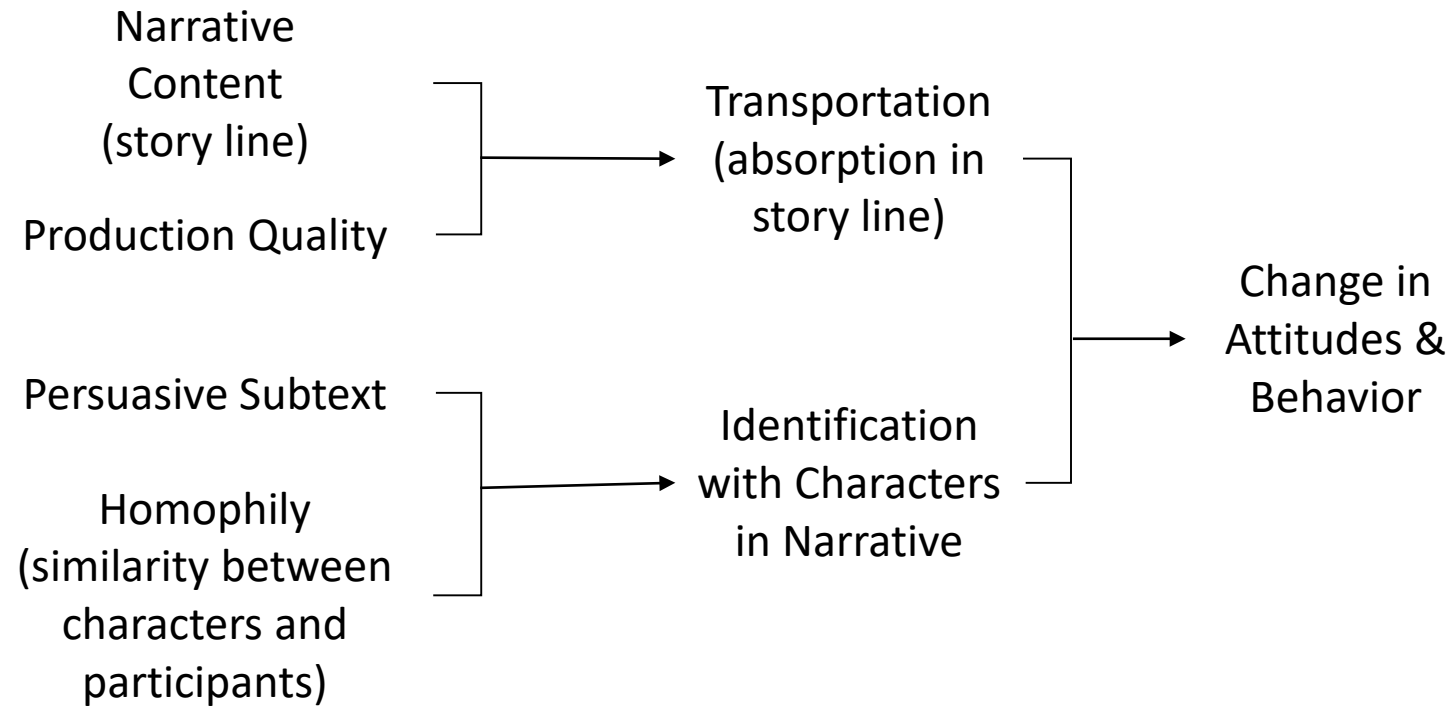
Sandral Hullett turned JeffCo's public hospital into a national model

Dec 27, 2009, 11:00pm CST

When a problem exists in a community, the solution exists there also.



Storytelling has a strong conceptual basis.



Slater M. *Communication Theory*. 2002; 12 (1): 173-191.

Gerrig, RJ. *Psychological Science*. 1991; 2: 3367-340.

Main Menu



Culturally Appropriate Storytelling to Improve Blood Pressure

A Randomized Trial

Thomas K. Houston, MD, MPH; Jeroan J. Allison, MD, MSc; Marc Sussman, MHA; Wendy Horn, PhD; Cheryl L. Holt, PhD; John Trobaugh, MFA; Maribel Salas, MD, PhD; Maria Pisu, PhD; Yendelela L. Cuffee, MPH; Damien Larkin, MA; Sharina D. Person, PhD; Bruce Barton, PhD; Catarina I. Kiefe, PhD, MD; and Sandral Hullett, MD, MPH

Houston. Ann Intern Med; 2011; 154: 77-84

<http://annals.org/aim/article/746718/culturally-appropriate-storytelling-improve-blood-pressure-randomized-trial>

g
HEALTH

HEALTH
WOMEN WARY OF
HORMONE USE
PAGE 10

OPERA
'DEATH' GOES
SOUL-SEARCHING
PAGE 3

ART
GARDNER NAMES
NEW CURATOR
PAGE 6

What's her story?

SHARING TALES MAY
BE GOOD MEDICINE
FOR ALL KINDS OF ILLS
BY KAREN WEINKAUB PAGE 12



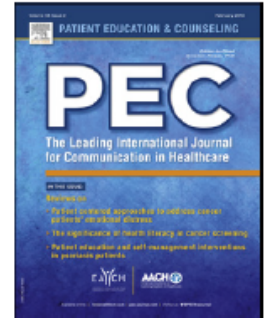


ELSEVIER

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

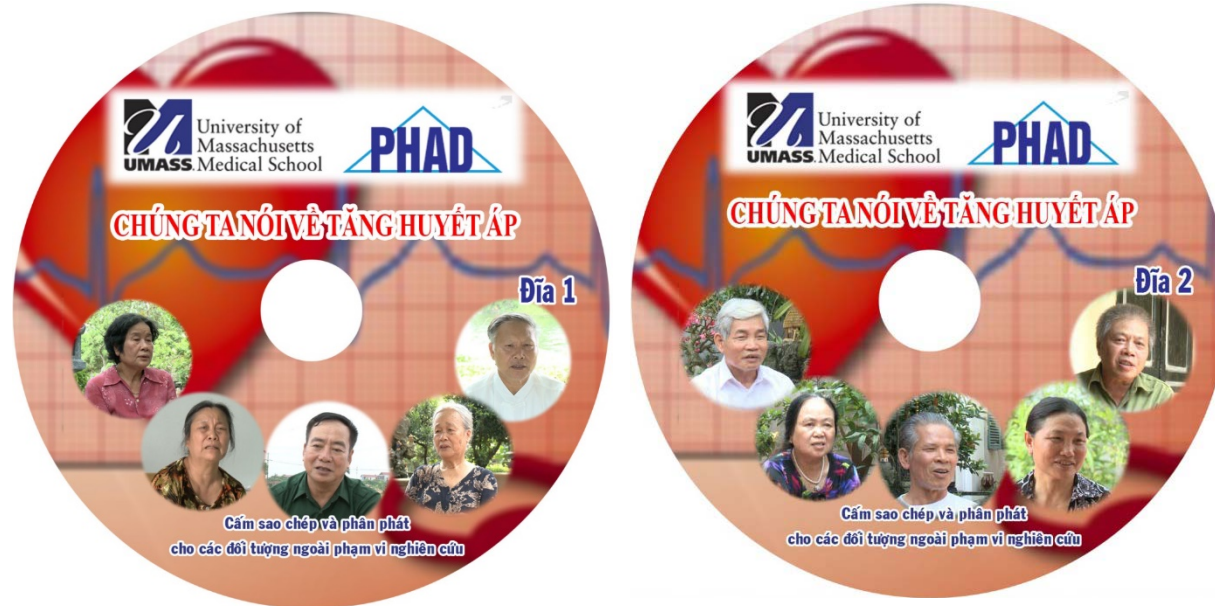


Can stories influence African-American patients' intentions to change hypertension management behaviors? A randomized control trial



Barbara G. Bokhour^{a,b,*}, Gemmae M. Fix^{a,b}, Howard S. Gordon^{c,d}, Judith A. Long^{e,f},
Kathryn DeLaughter^a, Michelle B. Orner^a, Charlene Pope^{g,h}, Thomas K. Houston^{a,i}

Chúng ta nói về bệnh Tăng huyết áp



INSTITUTE OF POPULATION, HEALTH AND DEVELOPMENT
Working for community's health

Conclusions about Storytelling

- Understanding the root causes of health disparities leads to effective interventions
- Story telling holds important potential
 - Taps into wellspring of community wisdom
 - Understanding common and particular root causes
 - Applicable to a many populations, settings, and conditions

Journal of Reproductive and Infant Psychology
Vol. 30, No. 5, November 2012, 436–449



**Patient, provider, and system-level barriers and facilitators to
addressing perinatal depression**

Nancy Byatt*, Kathleen Biebel, Rebecca S. Lundquist, Tiffany A. Moore Simas,
Gifty Debordes-Jackson, Jeroan Allison and Douglas Ziedonis

University of Massachusetts Medical School, Worcester, Massachusetts, USA

PRogram In Support of Moms (PRISM): Stepped Care Approach for Ob/Gyn Settings

Nancy Byatt, DO, MS, MBA, FAPM
Psychiatry and Ob/Gyn

Tiffany A. Moore Simas, MD, MPH,
MEd, FACOG
Ob/Gyn, Psychiatry and Pediatrics

Jeroan Allison, MD, MS
Quantitative Health Sciences



1 U01 DP006093-01

Debate

Open Access

Implementation research design: integrating participatory action research into randomized controlled trials

Luci K Leykum^{*1,2}, Jacqueline A Pugh^{1,2}, Holly J Lanham⁴, Joel Harmon³ and Reuben R McDaniel Jr⁴

Address: ¹VERDICT, a VA HSR&D REAP at the South Texas Veterans Health Care System, San Antonio, Texas, USA, ²Department of Medicine, School of Medicine, University of Texas Health Science Center at San Antonio, San Antonio, Texas, USA, ³School of Business, Fairleigh Dickinson University, Madison, New Jersey, USA and ⁴Department of Information, Risk and Operations Management, McCombs School of Business, The University of Texas at Austin, Austin, Texas, USA

Email: Luci K Leykum^{*} - Leykum@uthscsa.edu; Jacqueline A Pugh - jacque.pugh@gmail.com; Holly J Lanham - Holly.Lanham@phd.mcombs.utexas.edu; Joel Harmon - harmon@fdu.edu; Reuben R McDaniel - reuben.mcdaniel@mcombs.utexas.edu

^{*} Corresponding author

Published: 23 October 2009

Received: 10 July 2007

Implementation Science 2009, 4:69 doi:10.1186/1748-5908-4-69

Accepted: 23 October 2009

The screenshot shows the homepage of the Community Legal Aid website. At the top left is the logo with silhouettes of a family and the text "Community Legal Aid" and "Fairness and justice... for all.". To the right is a search bar and social media icons for Facebook, Twitter, and LinkedIn. A navigation menu includes "HOME", "ABOUT US", "OUR WORK", "NEWS", and "CONTACT". Below the navigation are three buttons: "Get Help" (red) with "It's free" in a smaller font, "Get Involved" (blue), and "Give" (green). The main content area features a video player with a testimonial from Joel, a man in a wheelchair. The testimonial text reads: "I felt taken advantage of, but with Medha's expertise, she made a quick and dramatic difference." Below this is the text "Joel fought to get his urgent medical needs met." and a "READ MORE" link. A vertical blue bar on the right side of the video player contains the text "Exit site quickly". At the bottom left of the video player are six small square icons, the first of which is filled with blue.

<http://www.communitylegal.org/>

Going Upstream with Numbers & Stories that Measure a Primary Care Payment Reform Model's Impact on the Social Determinants of Health

Germán Chiriboga, MPH

Beverly Nazarian, MD

Valerie Zolezzi-Wyndham, JD

Medical-Legal Partnership Summit

Integrating Health and Legal Services to Transform Care Delivery

April 5-7, 2017 • National Harbor, Maryland

The Gaylord National Resort & Convention Center

On April 5-7, 2017, more than 400 leaders from the allied health, health, law, and public health fields gathered in National Harbor, Maryland to for the Medical-Legal Partnership Summit. There they shared research, insights, and best practices about where and how to most effectively integrate civil legal



University of Massachusetts Center for Health Equity Intervention Research



Funded by NIMHD grant 1P60MD006912



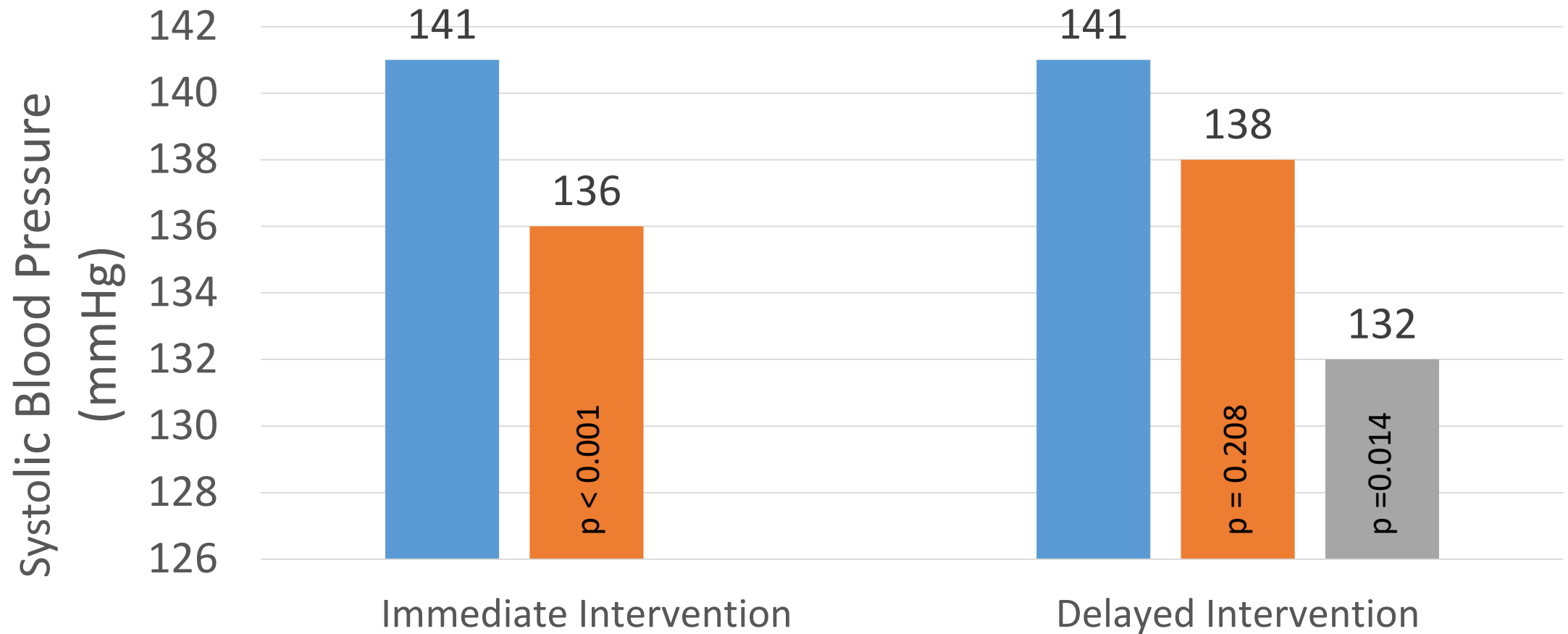
The overarching aims of CHEIR is to eliminate health disparities by:

- Developing interventions, such as storytelling, that are tailored to deep cultural structure and literacy
- Promoting, energizing, and training the next generation of scientists interested in health equity research
- Infusing education and bi-directional academic-community learning throughout

Empowering Community Health Workers with Tools and Storytelling

- Two community health clinics with > 90% of patients below federal poverty line
- Embedded community health workers
- Intervention
 - Motivational interviewing
 - Storytelling
- Patients
 - 171 Randomized to intermediate or delayed intervention
 - 93% follow up for immediate intervention
 - 69% follow up for delayed intervention

Empowering Community Health Workers with Tools and Storytelling



Lo que dicen las madres sobre sexo



En la comunidad
puertorriqueña
no hablamos
de sexo.

Es tiempo.

*Minerva Ramos y
Minerva Figueroa*

www.PorAhiDicen.umb.edu (413) 224-8333

Puerto Rican
PRCC
CULTURAL CENTER

 **CHEIR**

The UMass Center for Health Equity Intervention Research

NIMD Grant # P60MD006912

Format: Abstract

J Racial Ethn Health Disparities. 2017 May 19. doi: 10.1007/s40615-017-0376-7. [Epub ahead of print]

The Health Equity Scholars Program: Innovation in the Leaky Pipeline.

Upshur CC¹, Wrighting DM², Bacigalupe G³, Becker J², Hayman L⁴, Lewis B⁵, Mignon S⁶, Rokop ME⁷, Sweet E⁸, Torres MI⁹



[Reporter Home](#)

[Reporter Archive](#)

Beyond Hospital Walls: Teaching Students About Social Determinants of Health

AAMC Reporter: September 2012

—By Barbara A. Gabriel, special to the *Reporter*

“In medical school, it’s very easy to think that what we do in medicine is what matters the most in health care, that the action is in the clinic and hospital,” said Jeroan Allison, M.D., professor and vice chair of quantitative health sciences and associate vice provost for health disparities research at the University of Massachusetts Medical School. “But that’s not true. The context of patients’ lives is the most powerful determinant of health.”



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American Medical Colleges

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AAMC Health Equity Research Virtual Site Visit



University of
Massachusetts
UMASS Medical School

<https://www.aamc.org/initiatives/research/healthequity/397524/vsvumass.html>

FM101: Determinants of Health Course

- Course content
 - Pervasive nature of health disparities
 - Multiple and complex health determinants
 - Relationship of communities, culture, and the medical care system with health
 - Role of epidemiologic and biostatistical principles
- Clinician's role as
 - Advocate
 - Inter-professional team member
- Reflections on bias at personal, physician, and institutional levels
- Population health clerkship
 - Community immersion
 - Service-learning projects

There Are No Accidents: Preventing Youth Gun Violence

Raghu K. Appasani, Jonathan Durgin, Jordan Piazza, Jerome Rogich, Robert Slamin, Roger Yang, Esther Borer, Michael Hirsh MD



Injury Free Coalition for Kids of Worcester works with community leaders on:

- A bi-weekly car seat safety check
- A playground safety improvement/renovation project
- A gun buyback/violence prevention program called "Goods For Guns"
- "Safe at Home" home childproofing kits



Project Implicit®

The 2013 general audience book that fully explains the IAT



PROJECT IMPLICIT SOCIAL ATTITUDES

Log in or register to find out your implicit associations about race, gender, sexual orientation, and other topics!

 E-mail Address

[LOGIN](#)

[REGISTER](#)

Or, continue as a guest by selecting from our available language/nation demonstration sites:



United States (English)



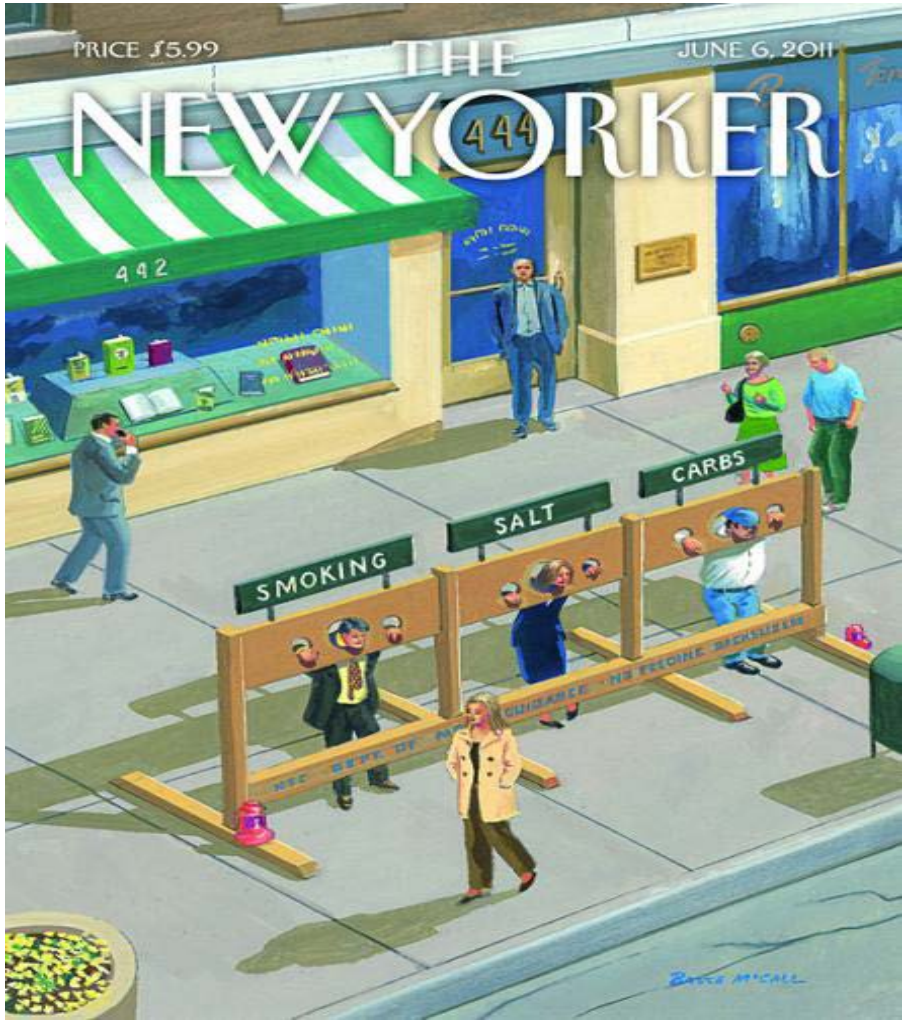
[GO!](#)

PROJECT IMPLICIT MENTAL HEALTH

Find out your implicit associations about self-esteem, anxiety, alcohol, and other topics! [GO!](#)

PROJECT IMPLICIT FEATURED TASK

Test your preference for President Obama compared to other political figures. [GO!](#)



Pre-clinical Student Reflections on Implicit Bias in Medical Education

Christine Motzkus, Racquel J Wells, Xingyue Wang,
Sonia Chimienti, Deborah Plummer, Jeroan Allison, Suzanne Cashman

As a Hispanic male, I was distressed to learn I harbored unconscious bias against those like me. At first I was disturbed, but then I was thankful for the opportunity to prevent this from affecting my future work as a doctor.

---UMass MS II, Reflective Essay

“I believe that as a medical student, it is essential to realize that even students can take steps that can have larger consequences.”

---UMass MS II, Reflective Essay

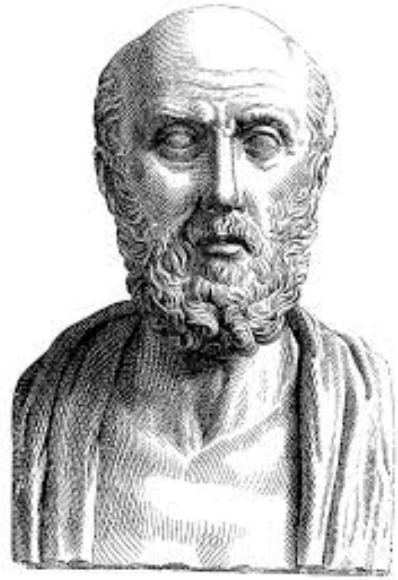
**CULTURAL HUMILITY VERSUS CULTURAL
COMPETENCE: A CRITICAL DISTINCTION IN
DEFINING PHYSICIAN TRAINING OUTCOMES
IN MULTICULTURAL EDUCATION**

MELANIE TERVALON, MD, MPH

Children's Hospital Oakland

JANN MURRAY-GARCÍA, MD, MPH

University of California, San Francisco



It's more important to know
what sort of person has a disease
than to know what sort of disease a person has.
---Hippocrates

COmmuNity-engaged SimULation Training for Blood Pressure Control (CONSULT-BP)

Participants	Early-stage clinicians (resident physicians and doctor of nursing practice students)
Intervention	Experiential learning to increase bias awareness, improve cultural competency, promote better clinical management and patient engagement
Outcome	Improved blood pressure control for patients of color
Design	Stepped wedge

Mayo Clinic &
First Institutional Baptist Church
cordially invite you to attend its
Discussion of Black Health & Research

Tuesday, February 16, 2016

6:30pm – 8:30pm

- Presentation on ethnicity-specific health screening & prevention
- Discussion of perceptions & myths regarding clinical research and minority populations
- Open floor for questions & answers

First Institutional Baptist Church

1141 East Jefferson Street

Phoenix, AZ 85034

RSVP for this event at (602) 385-3900

First Institutional Baptist Church
FiBC
Dr. Warren H. Stewart, Sr.
Senior Pastor



Mayo Clinic Arizona
Community Internal
Medicine

13400 East Shea Blvd
Scottsdale, AZ 85259
<http://www.mayoclinic.org/>

Appointment information:
Phone: (480) 301-8087
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Lauren Powell, PhD Candidate

Visiting Research Fellow

Mayo Clinic Arizona

Lauren Powell is a PhD candidate in the Clinical and Population Health Research program at the University of Massachusetts Medical School. Her research focuses on the effects of racism on health, and increasing the participation of minorities in clinical research studies. Lauren graduated from Xavier University of Louisiana with a B.S. in Biochemistry. She is active in the Worcester community and is a member of the Worcester Partnership for Racial & Ethnic Health Equity.



CHEIR

The UMass Center for Health Equity Intervention Research



ORIGINAL ARTICLE

Psychometric Development of the Research and Knowledge Scale (RaKS)

Lauren R. Powell, BS* Elizabeth Ojukwu, BS† Sharina D. Person, PhD,† Jeroan Allison, MD, MSc, †
Milagros C. Rosal, PhD,‡ and Stephenie C. Lemon, PhD‡

STRIDE

(Strengthening Translational Research in Diverse Enrollment)

- Culturally tailored e-consent
- Simulation-based training in cultural humility
- Storytelling to advance research literacy



1U01TR001812-01

Meaningful Engagement of ACOs With Communities

The New Population Health Management

Jennifer L Hefner, PhD, MPH, Brian Hilligoss, PhD, MSIS, † Cynthia Sieck, PhD, MPH,*
Daniel M. Walker, PhD, MPH,* Lindsey Sova, MPH,* Paula H. Song, PhD, ‡
and Ann Scheck McAlearney, ScD, MS* †*



In the last decade, the term “population health” being used so widely that it risks becoming another *mot du jour*.

We need to:

- Develop systems that focus on health rather than on medical care
- Integrate public health and social services as part of the community

---Dr. Suzanne Cashman

New UMMS study shows how to account for social disparities in health care costs

Arleen Ash: ‘Ignoring social risk leads to underpayment when treating vulnerable populations’

By Jim Fessenden

UMass Medical School Communications

August 07, 2017

<http://www.umassmed.edu/news/news-archives/2017/08/new-umms-study-shows-how-to-account-for-social-disparities-in-health-care-costs/>

<http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2647322>



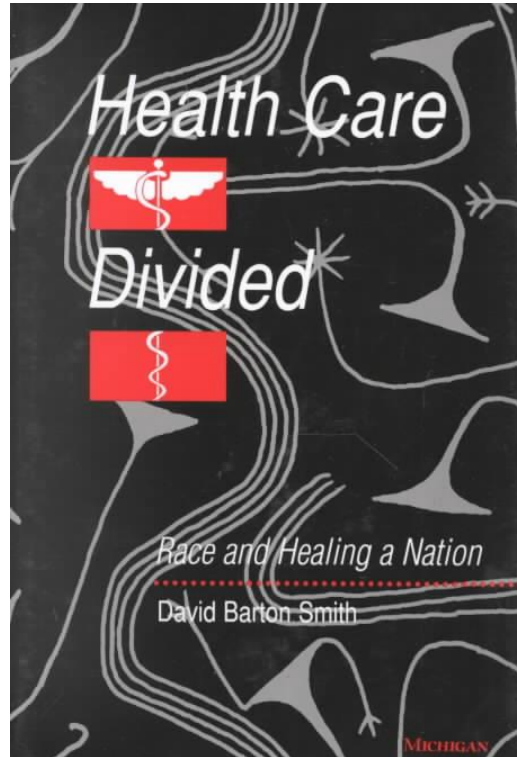
Paying for social-determinants-of-health supports innovative care for vulnerable.
Innovative way of addressing SDOH in MA Medicaid.
Helping eliminate neighborhood based underpayment.

Presentation Objectives

- Present a current, high-level overview of health disparities
- Review the link between the social determinants and health equity
- Provide a framework for health equity intervention
- Present selected current examples of health equity intervention and health disparity research

To achieve health equity, we need to:

- Achieve with a deep understanding of root causes
- Tap into community wisdom
- Conduct high-quality scientific studies that are respectful of our communities
- Move beyond the individual to focus on the base of the impact pyramid
- Develop effective educational programming that instills proper cultural attitudes in the medical workforce and nurtures all who are deserving
- Engage diverse communities in biomedical research



Such problems require far more profound commitments---in time, in redirection of resources, and in reallocation of power---than is possible for individuals.



“A race, like an individual, lifts itself up by lifting others up.”

----Booker T. Washington