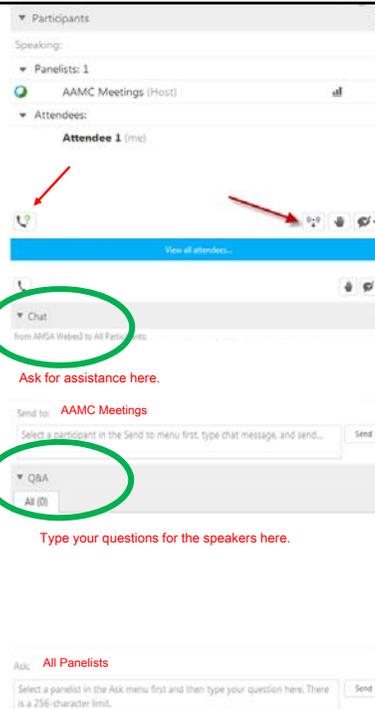


- **We will begin momentarily.**
- **This webinar is being recorded and will be available online next week.**
- Audio will be through your computer speakers.
 - Make sure your speakers are on and the volume is turned up.
 - If you have no sound once the webinar begins, click 
 - To request the phone number, click 
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- Type your questions for the speakers in the “**Q&A**” panel at the bottom. Send to “**All Panelists.**”



Beyond the Bedside: Social Determinants of Health Curriculum and Assessment in the Health Professions

May 15, 2017
1:00-2:30 p.m. ET



Learn
Serve
Lead



Association of
American Medical Colleges

Welcome & Introductions: Sherese Johnson, MPH, PMP



Lead Specialist, Public Health Initiatives
Association of American Medical Colleges



CDC's Academic Partnerships to Improve Health (APIH)

- CDC awarded AAMC, AACN, ASPPH, and APTR funds to:
 - Support enhanced teaching of concepts of population health
 - Provide practical, hands-on experience at the community level for public health, medical, and nursing students.
- For more information, visit:
 - www.aamc.org/cdc
 - www.aacn.nche.edu/public-health-nursing
 - www.cdc.gov/opphss/csels/dsepd/academic-partnerships



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Moderator:
Susan Swider, PhD, APHN-BC, FAAN
Rush University



- Professor, Department of Community, Systems and Mental Health Nursing
- Fellow of the American Academy of Nursing and of the Institute of Medicine of Chicago
- Appointed by President Obama in 2011 to the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health
- Past president of the Association of Community Health Nursing Educators (ACHNE)





About AACN

The American Association of Colleges of Nursing (AACN) is the national voice for baccalaureate and higher degree nursing education programs in the U.S.

Represent over 800 member schools

Education Standards	Leadership Development	Data Collection
Government Advocacy	Conferences	Faculty Enrichment
Communications	Special Projects	Leading Innovation



Improving Academic Programs

Undergraduate Faculty Toolkit/Resources:

www.aacn.nche.edu/public-health-nursing/curriculum-improvement

BSN Supplement to *Essentials*

- Since October 2013, 1,600 copies downloaded and disseminated
- Curriculum Best Practices
 - Since June 2013, 14,000 unique page views



Improving Academic Programs

- Webinars – Population Health Series – for all levels of nursing education – BSN, MSN, DNP
 - 16 webinars (one upcoming)
 - <http://www.aacn.nche.edu/webinars/topics> (search Public/Population Health)
- Innovations in Baccalaureate and Graduate Population Health Curriculum Awards – 2 Awards to BSN programs; 2 to graduate programs
 - <http://www.aacn.nche.edu/public-health-nursing/innovation-baccalaureate-grad-awards>



Improving Academic Programs

- Student Public Health Career Resources
 - Student Webinar Series
 - Student Resource Page: <http://www.aacn.nche.edu/public-health-nursing/resources-opportunities/student-resources>
- Grants to DNP projects in Population Health
 - <http://www.aacn.nche.edu/public-health-nursing/dnp-projects>



Improving Academic Programs

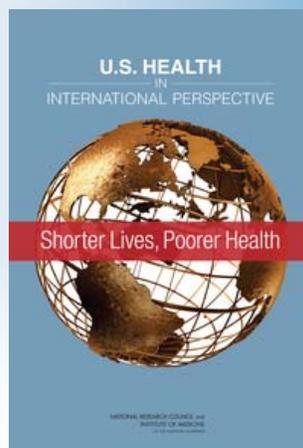
- Small Grants Program to Evaluate Population Health Initiatives
 - <http://www.aacn.nche.edu/public-health-nursing/small-grant-projects>
- Workforce Improvement Projects (WIPs)
 - Alcohol Screening and Brief Intervention Program for Advanced Practice Nurses and Nurse Leaders
 - Academic/Practice Partnerships to Impact Population Health in Chronic Disease and Emergency Response (ongoing)



American Association of Colleges of Nursing
One Dupont Circle NW, Suite 530
Washington, DC 20036
<http://www.aacn.nche.edu>

Joan Stanley, PhD, APRN-BC, FAAN, FAANP
Chief Academic Officer
jstanley@aacn.nche.edu

Health Care Challenges in the U.S.



Frieden Framework (2010)

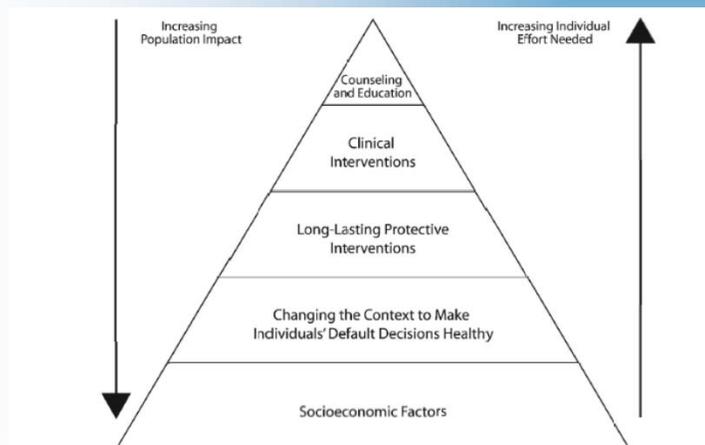
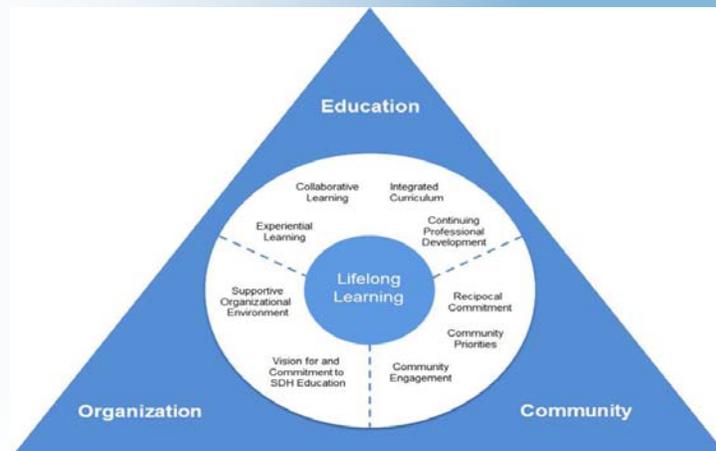


FIGURE 3-4 The Frieden framework.
SOURCE: Frieden, 2010. Reprinted with permission from the *American Journal of Public Health*.

NAS Conceptual Model for Health Professional Education in the Social Determinants of Health



NAS Recommendations for Teaching SDOH

- Create lifelong learners who appreciate relationships and collaborations for understanding and addressing community-identified needs and assets.
- Increase inclusivity and diversity of the health professional student body and faculty.
- Foster enabling environment that supports and values the integration of the framework's principles into their mission, culture, and work.
- Support evaluation research to identify effective approaches for learning about the SDOH in and with communities while improving health outcomes.

Panelist: Melissa Klein, MD, MEd
Cincinnati Children's Hospital
Medical Center (CCHMC)



- Associate Professor of Pediatrics
- Director, Primary Care and Community Pediatrics Pathway of the Pediatric Residency
- Director, General Pediatrics Master Educator Fellowship



Panelist: F. Joseph Real, MD, MEd
Cincinnati Children's Hospital
Medical Center (CCHMC)



- Attending Physician, Division of General and Community Pediatrics
- General Pediatric Master Educator Fellow



Learning Objectives

- Identify **community-based partnerships** that could enhance health professions training in social determinants of health
- Describe examples of **integrated curricula** on social determinants of health
- Discuss **methods to assess** learners' ability to apply knowledge and skills about the social determinants of health during routine care
- Recognize **population health** outcomes related to social determinants training

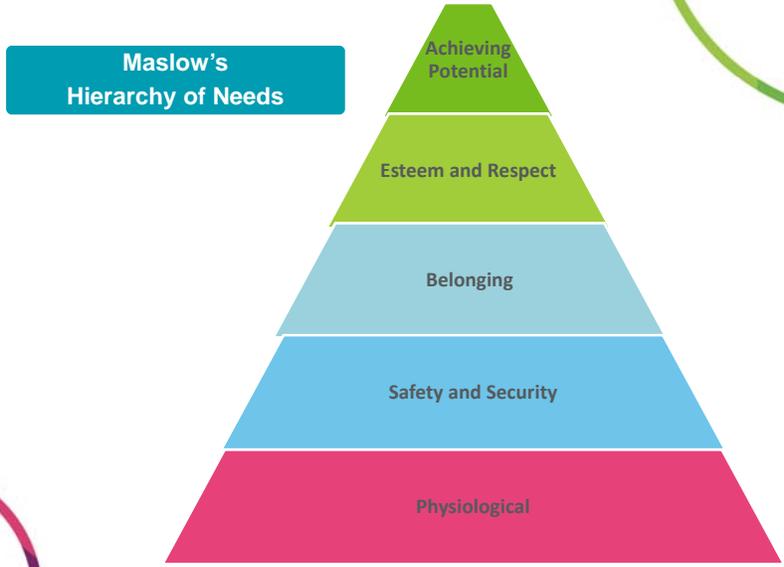


Roadmap

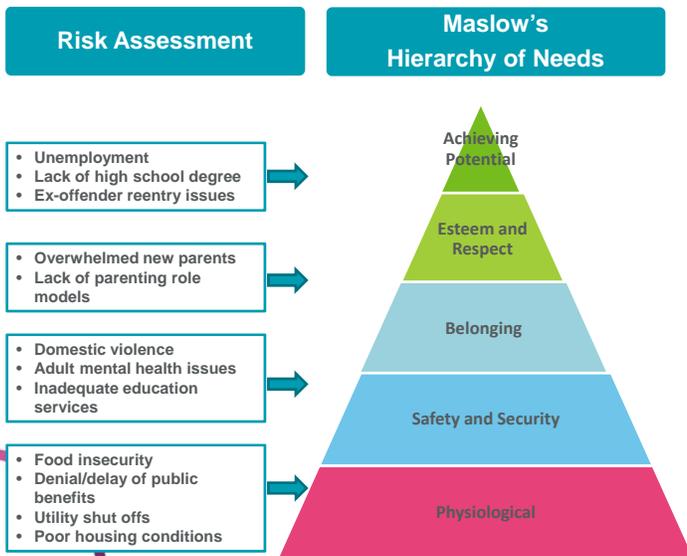
- **Background** on the social determinants of health
- **Advocacy** curriculum
- **Geomedicine** curriculum
 - Neighborhood tour
 - Senior level curriculum
- **Population health** outcomes



Prioritize Risks and Community Partners

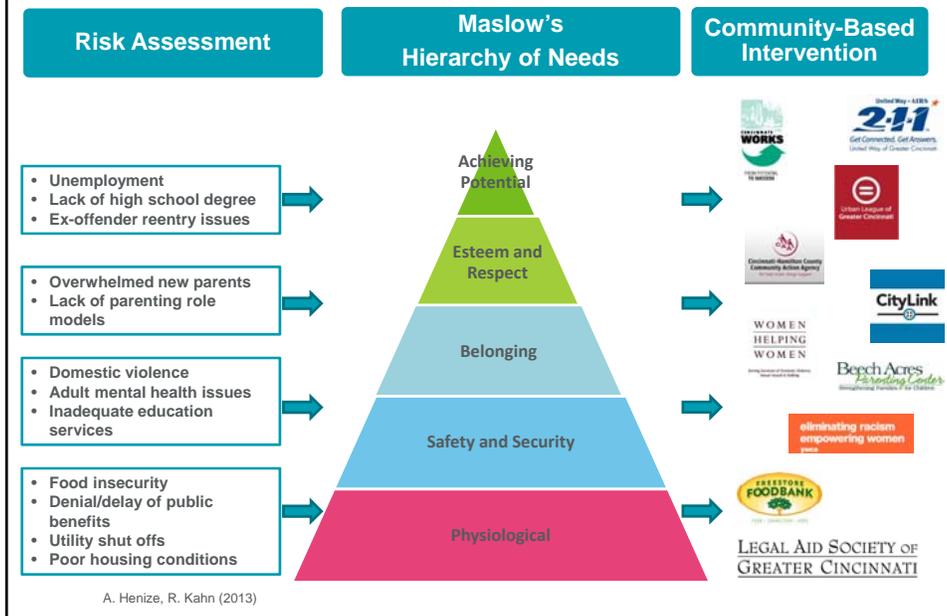


Prioritize Risks and Community Partners



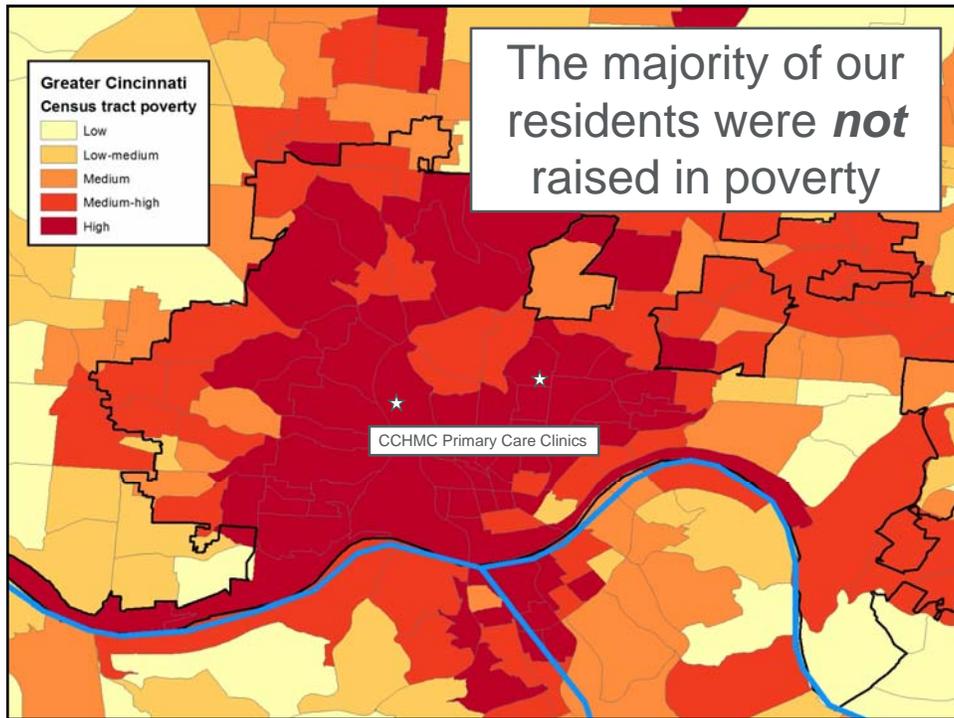
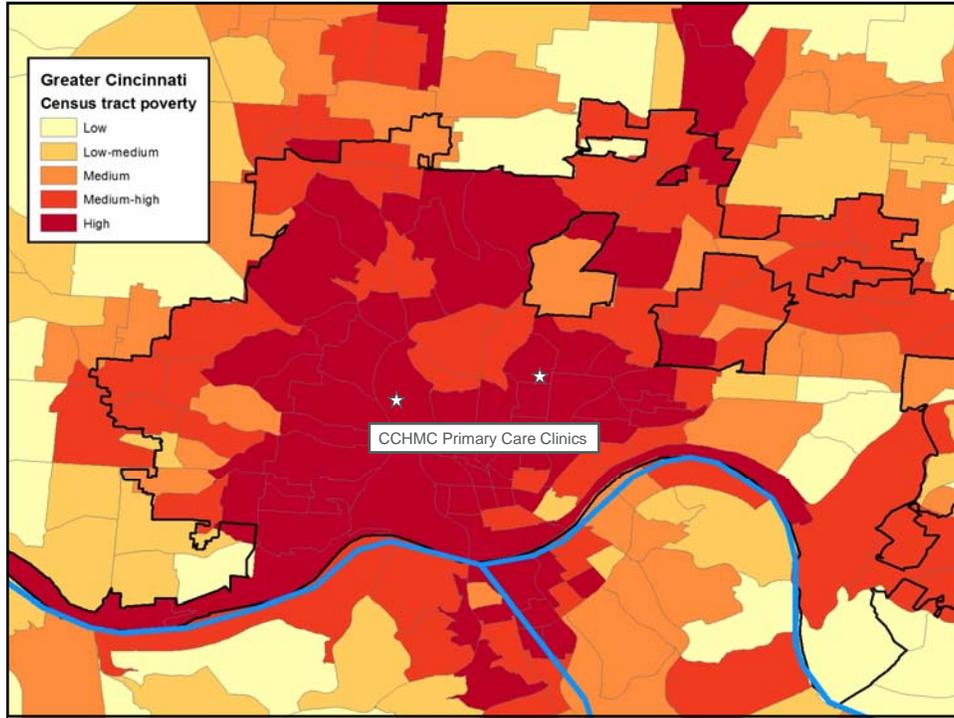
A. Henize, R. Kahn (2013)

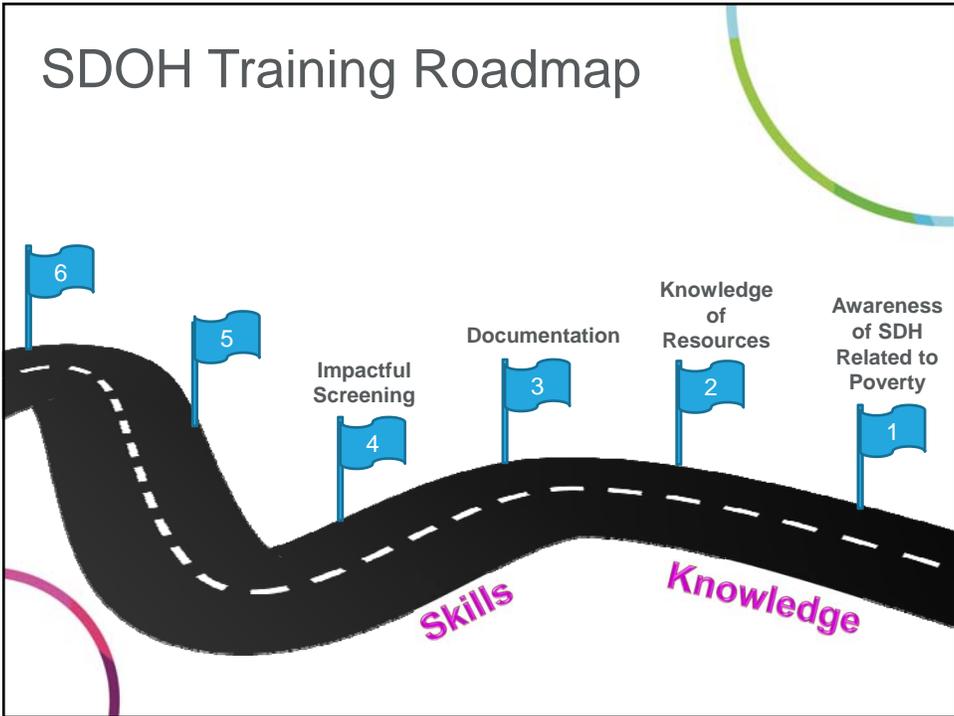
Prioritize Risks and Community Partners

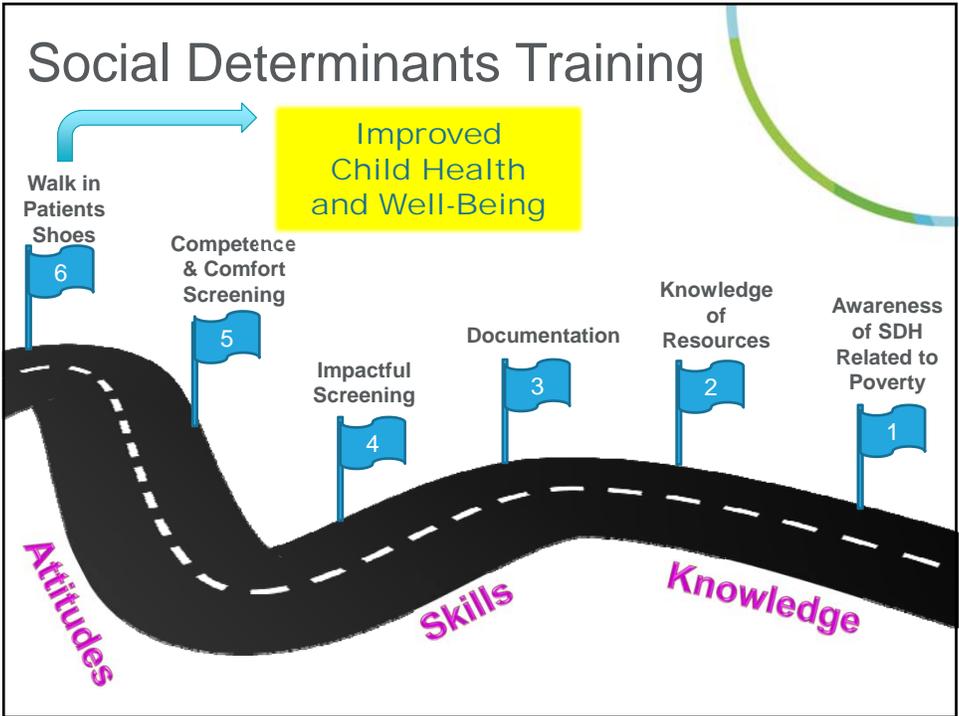
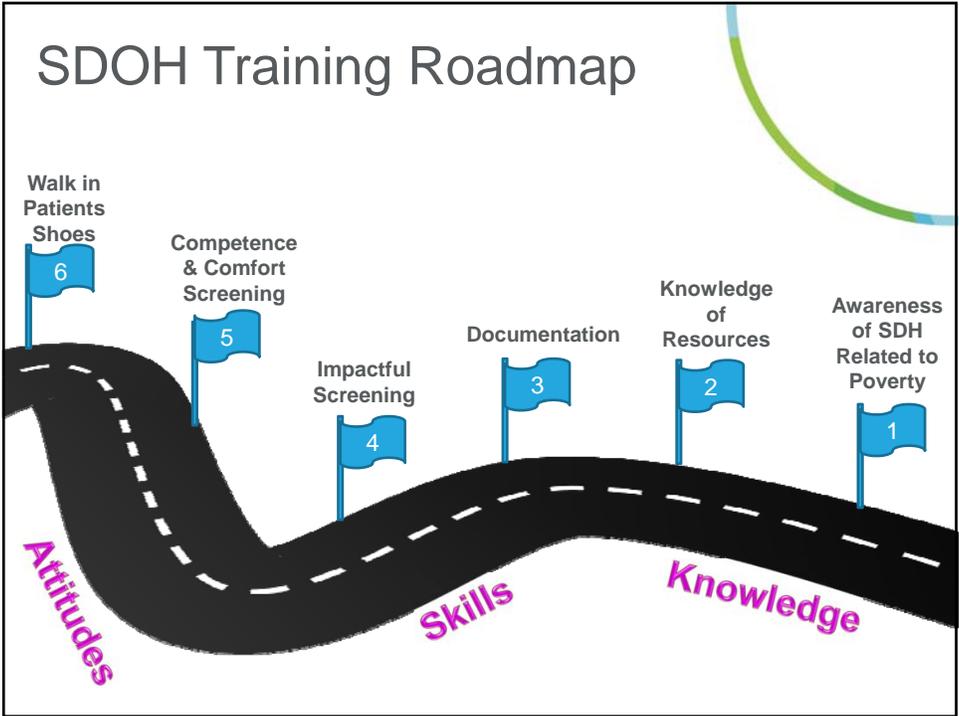


Social Determinants of Health Physician Training in Cincinnati









Surviving Poverty – Intern Advocacy

- Poverty and health curriculum
- Multi-disciplinary training
- Combination of:
 - Immersion field trips
 - Facilitated didactics
 - Reflective exercise

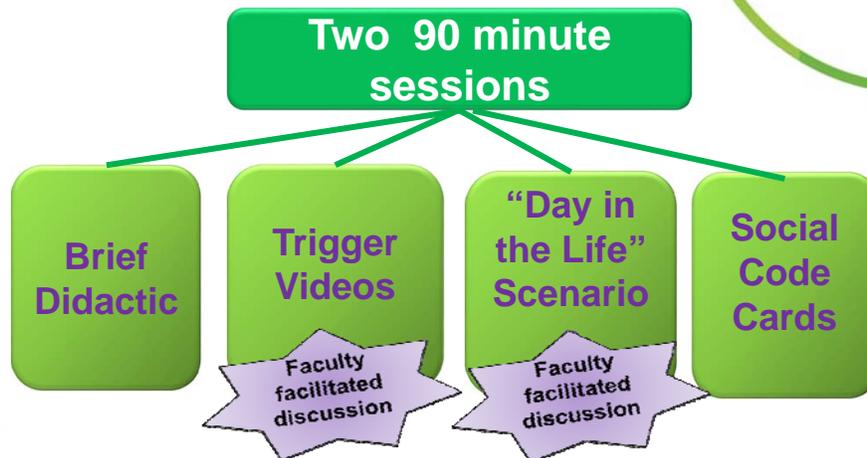


Melissa Klein, MD, et al. Training in Social Determinants of Health in Primary Care: Does it Change Resident Behavior? *Academic Pediatrics*, 2011; 11(5): 387-393

Evaluation Metrics

Improved documentation of
social determinants in
electronic health record (EHR)

Social History Video Curriculum



Topics: FI & benefits, housing and asthma; education; maternal depression & intimate partner violence

Social History Video Curriculum Outcomes – Direct Observation

On direct observation, residents:

- Spent more time discussing social risks
- Discussed more risks

www.mededportal.org/publication/9575

Melissa Klein, MD, MEd, et al. Can a Video Curriculum on the Social Determinants of Health Affect Residents' Practice and Families' Perceptions of Care? *Academic Pediatrics*, 2014.



Social History Video Curriculum Outcomes – Parent Report

During today's visit, did the doctor ask you if :	Odds of Screening (Interventions vs. Control)	95% C.I.*
You had enough food	1.95	0.66-5.75
You had difficulty receiving your public benefits (SNAP, Cash Assistance/TANF)	1.33	0.56-3.12
Your house is safe to live in	3.22	0.34-30.21
You feel unsafe or afraid of your partner	2.16	1.01-4.63*
You were happy with your child's school services	1.57	0.47-5.26
You feel depressed or sad	2.63	1.15-5.99*



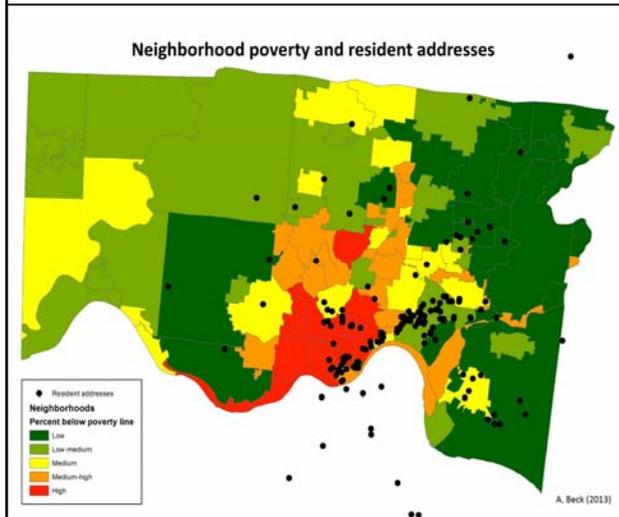
Social History Video Curriculum Outcomes – Physician Practice

Increased referral rate to Medical Legal Partnership (1.6 to 3.2% of patients)

Increased distribution of formula to infants in food insecure households (4.8 to 7.6%)



The Geomedicine Curriculum

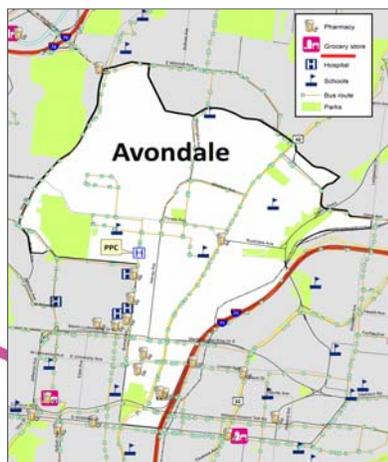


To improve understanding of neighborhood impact on health



The Geomedicine Curriculum

INTERN

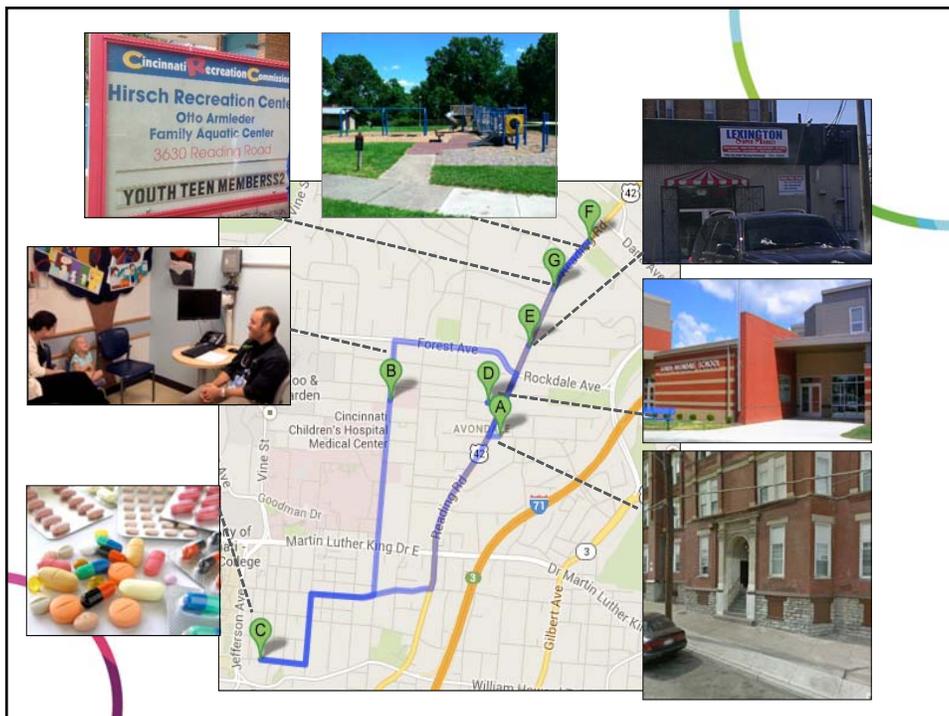
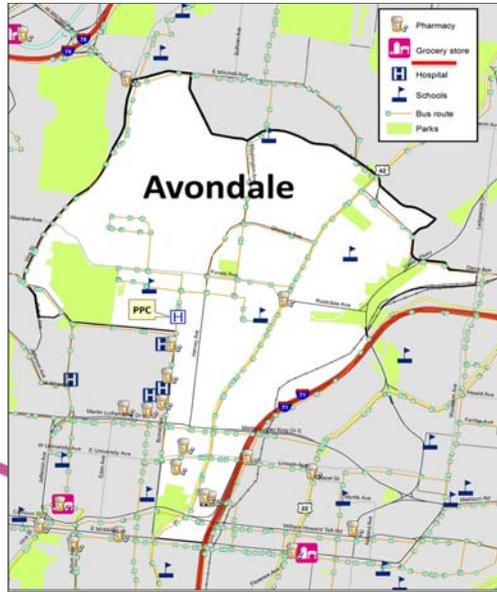


SENIOR

Module 1	
Module 2	
Module 3	



Neighborhood Tour



Neighborhood Tour

Improved self-assessed competence at identifying barriers and tailoring advice

Increased empathy toward families and enhanced community-mindedness

F. Joseph Real, MD, et al. A Self-Guided Tour of an Impoverished Neighborhood Changes Pediatric Residents' Perspectives. *Medical Science Educator*, 2015

Senior Curriculum

Module 1	
Module 2	
Module 3	

Senior Curriculum

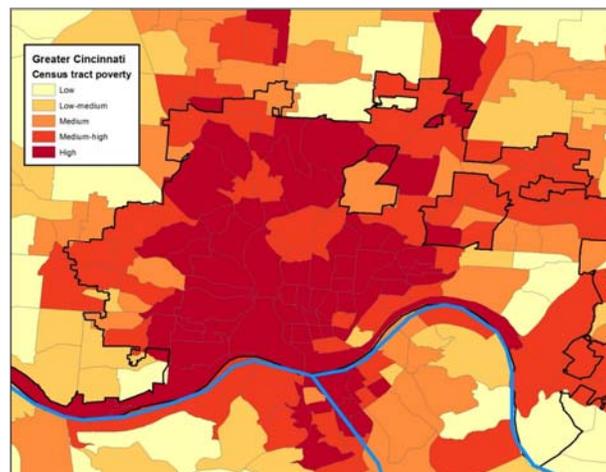
Improved self-assessed competence at advising families on safe play and transportation

Parents reported increased helpfulness of anticipatory guidance and advice delivered by residents

F. Joseph Real, MD, et al. Impact of a Neighborhood-based Curriculum on the Helpfulness of Pediatric Residents' Anticipatory Guidance to Impoverished Families. *Maternal and Child Health Journal*, in press.

F. Joe Real, MD, et al. Location, Location, Location: Teaching about Neighborhoods in Pediatrics. *Academic Pediatrics*, in 2017.

Population Health Outcomes



Legal Aid Partner - MLP

Strives to resolve serious legal problems of low-income people, promote economic and family stability and reduce poverty through effective legal assistance

Services

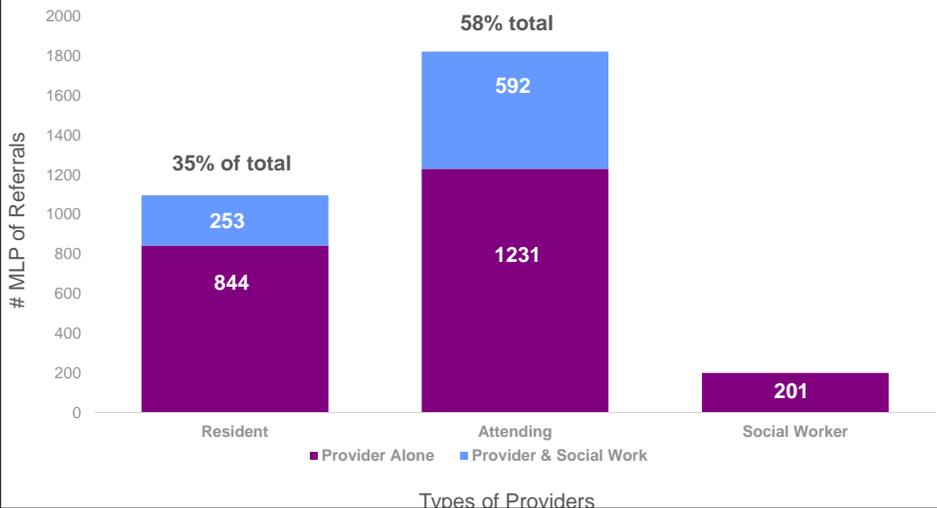
*Housing	Employment
*Income	*Public Benefits
*Education	Family law
Immigration	Domestic Violence*

Medical Legal Partnership

<http://medical-legalpartnership.org/partnerships/#/states=124>

Patient Level Outcomes: MLP Referrals

Referred 4,929 patient families ~10,000 children affected
~800 referrals annually (~3% referral rate)
>500 pediatric residents trained



Partnership with Food Bank

- FSFB devoted to ending the root causes of hunger and poverty
- Largest emergency food provider in the Tristate
 - Distributes ~20 million meals to member agencies in 9 counties in OH, KY and IN
- Child focused programs
 - Kids Café
 - Power Packs



Keeping Infants Nourished and Developing (KIND)

- **Minimize food insecurity** among infants cared for in primary care clinics
- Develop a leading **collaborative program that trains physicians** to screen and intervene for household hunger
- **Secure critical supports** for families, including linkages to income stabilizing programs

KIND Outcomes

>4,500 cans distributed at
initial site (since 2011)
~80 cans/month

Mary Carol Burkhardt, MD, et al. Enhancing Accurate Identification of Food Insecurity Using Quality Improvement Techniques. *Pediatrics*, 2012.

Andrew F. Beck, MD MPH, et al. Forging a clinical-community partnership to address food insecurity in pediatric primary care. *Pediatrics*, 2014.



KIND Outcomes

KIND associated with
increased preventive services
(i.e. developmental screening,
immunizations)

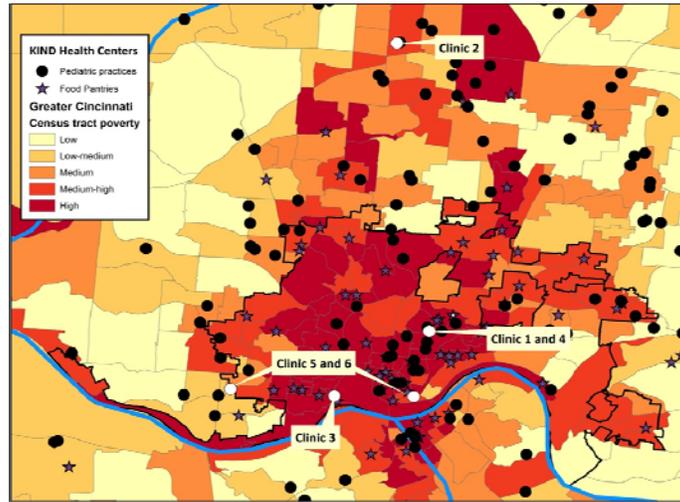
Mary Carol Burkhardt, MD, et al. Enhancing Accurate Identification of Food Insecurity Using Quality Improvement Techniques. *Pediatrics*, 2012.

Andrew F. Beck, MD MPH, et al. Forging a clinical-community partnership to address food insecurity in pediatric primary care. *Pediatrics*, 2014.



Spread of a Successful Intervention

KIND spread to 12 additional primary care centers



DIVISION OF GENERAL AND COMMUNITY PEDIATRICS

F. Joseph Real, MD
 Nick DeBlasio, MD
 Zeina Samaan, MD
 Andrew Beck, MD, MPH
 Thomas DeWitt, MD, FAAP
 Melissa Klein, MD, MEd
 Rob Kahn, MD, MPH
 Adrienne Henize, JD
 Jeanne Spaulding, MA

ADDITIONAL PARTNERS

Elaine Fink, JD,
 Donita Parrish, JD,
 Virginia Tallent, JD,
 Deanna White
 paralegal and the legal
 support at Legal Aid
 Society of Greater
 Cincinnati
 Kurt Reiber and the staff at
 the FreeStore FoodBank





“Unless someone like you
cares a whole awful lot,
nothing is going to get better.
It’s not.”
Dr. Seuss’ The Lorax

Q&A Session

A screenshot of a web-based Q&A session interface. At the top left, a dropdown menu is set to 'Q&A', which is circled in red. Below this is a text input field with the placeholder text 'Type your questions here.'. Underneath the input field is a dropdown menu labeled 'Ask:' with 'All Panelists' selected. A red arrow points to this dropdown menu. At the bottom right of the form is a 'Send' button. Below the input field, there is a small note: 'Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit.'

Moderator:
Susan Swider, PhD,
APHN-BC, FAAN
Rush University

Type your questions in the **‘Q&A’** panel at the bottom right of your screen and send to **“All Panelists.”**



Panelist: Sandra Davis, PhD, DPM,
ACNP-BC
The George Washington University
School of Nursing



- Assistant Professor and Director, Adult-Gerontology Primary Care Nurse Practitioner Program
- Board certified as an Acute Care Nurse Practitioner
- President, Nurse Practitioner Association of the District of Columbia



Panelist: Pamela Slaven-Lee, DNP,
FNP-C
The George Washington University
School of Nursing



- Clinical Assistant Professor and Assistant Dean, MSN Program
- Certified Healthcare Simulation Educator (CHSE)
- Founding Board Member of Wreaths Across America

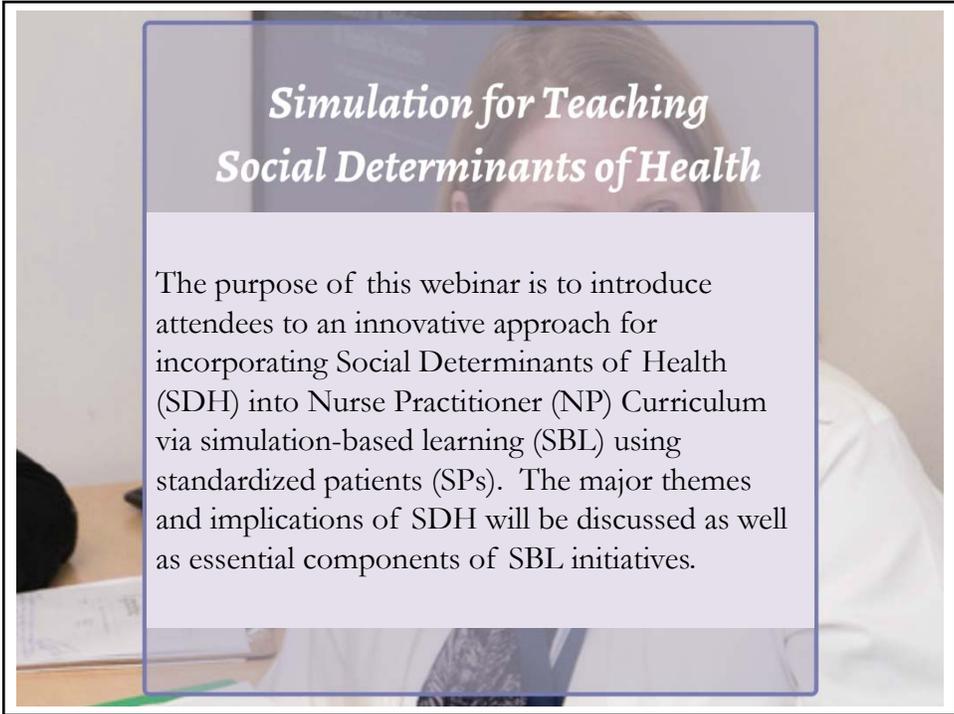




Teaching Graduate Nursing Students Social Determinants of Health with Simulation Based Learning

A Simulation-Based Innovation

Sandra Davis, PhD, DPM, ACNP-BC
Pamela Slaven-Lee, DNP, FNP-C, CHSE



Simulation for Teaching Social Determinants of Health

The purpose of this webinar is to introduce attendees to an innovative approach for incorporating Social Determinants of Health (SDH) into Nurse Practitioner (NP) Curriculum via simulation-based learning (SBL) using standardized patients (SPs). The major themes and implications of SDH will be discussed as well as essential components of SBL initiatives.

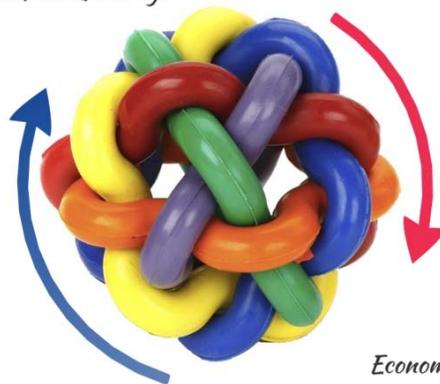
Objectives

- Discuss the social, political, and economic factors that influence health, health disparities, health equity, and the SDH
- Identify structural and intermediary determinants of health
- Discuss integration of SDH and SBL
- Demonstrate the use of evidence-based debrief models to facilitate reflective analysis to and clinical learning
- Discuss research initiatives regarding SDH and SBL

What are Social Determinants of Health (SDH)?

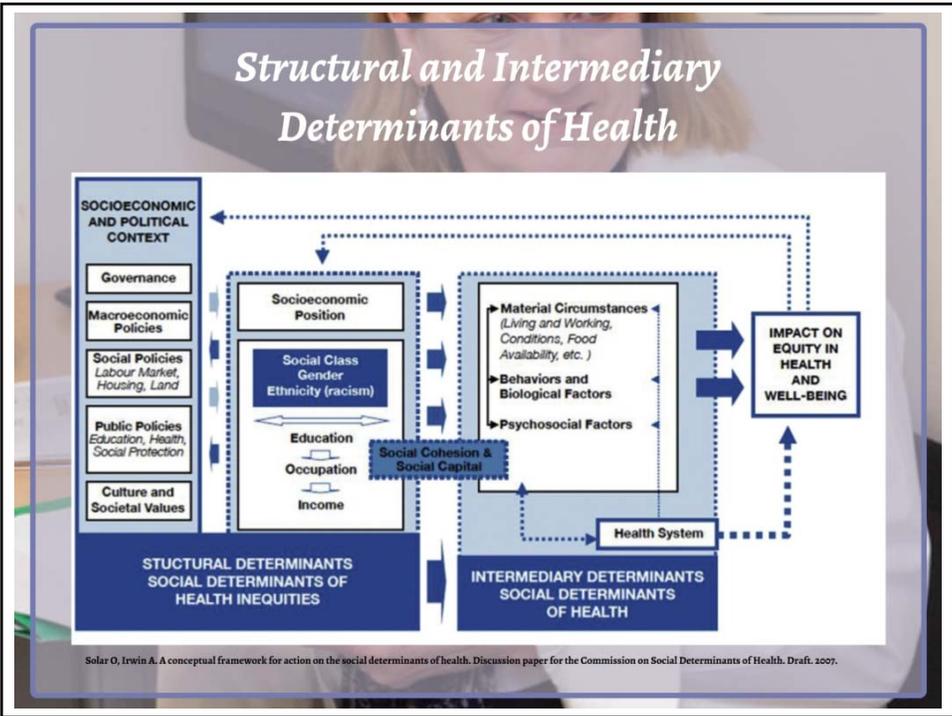
*Conditions into which people
are born, grow, work, and age*

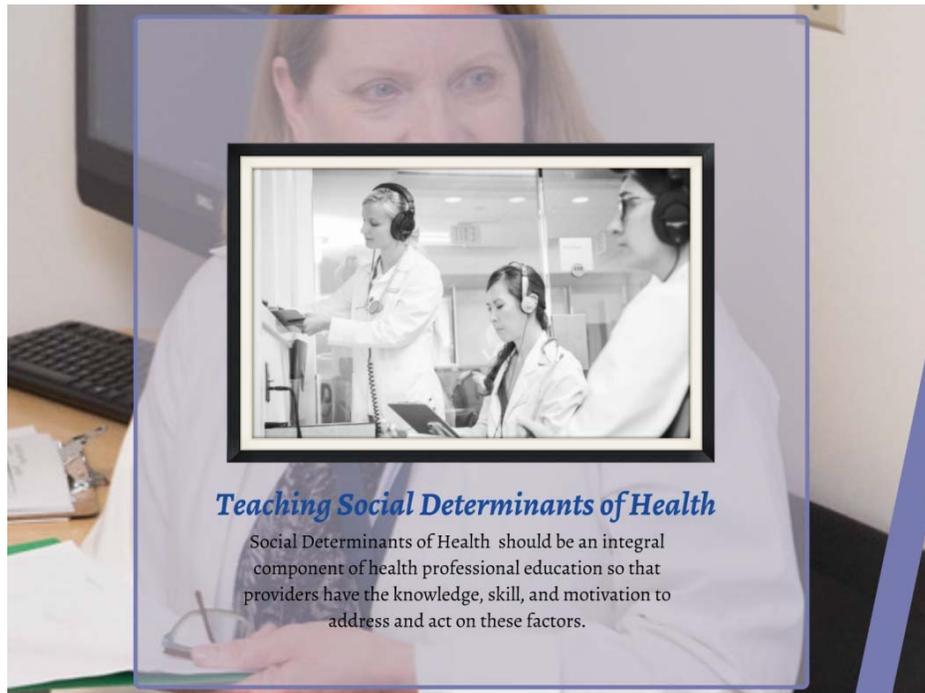
Societal norms



Political systems

*Economic policies
Developmental agendas
Social policies*



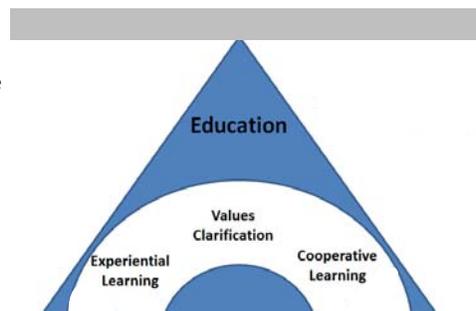


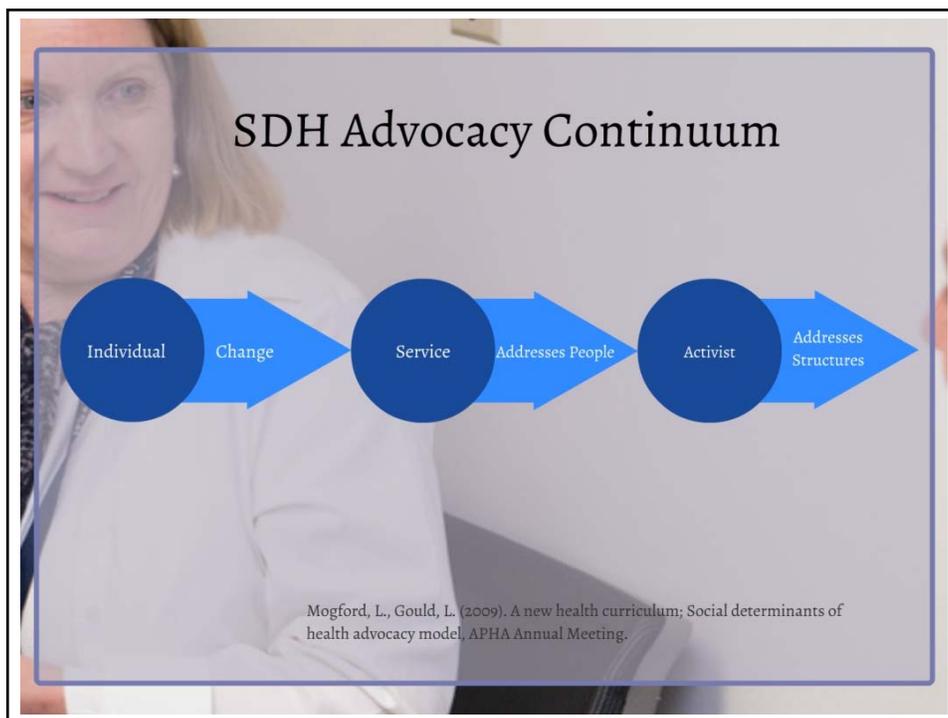
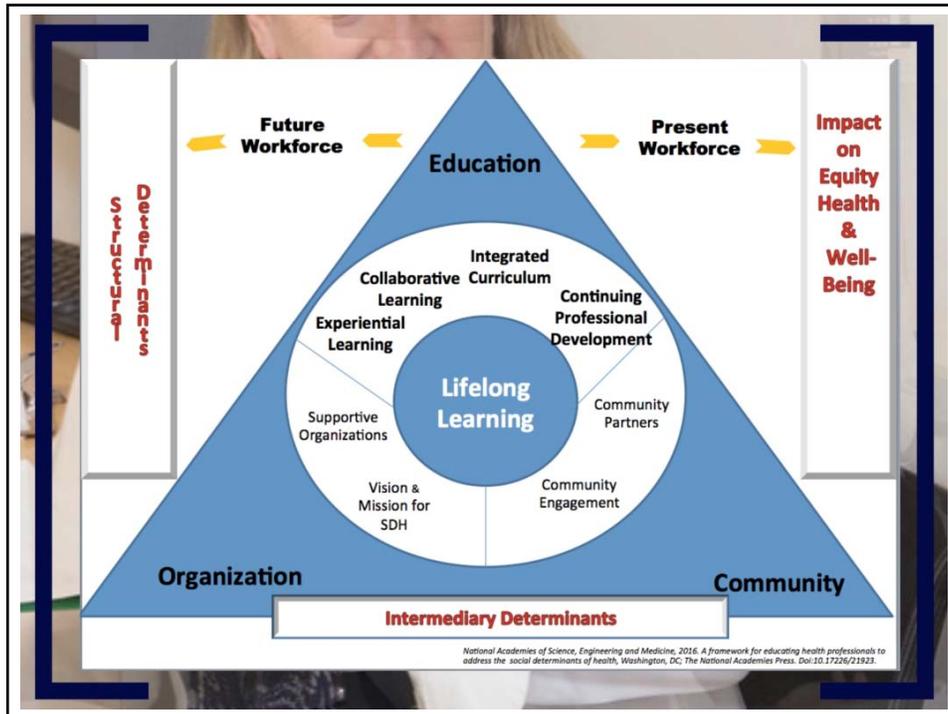
Teaching Social Determinants of Health

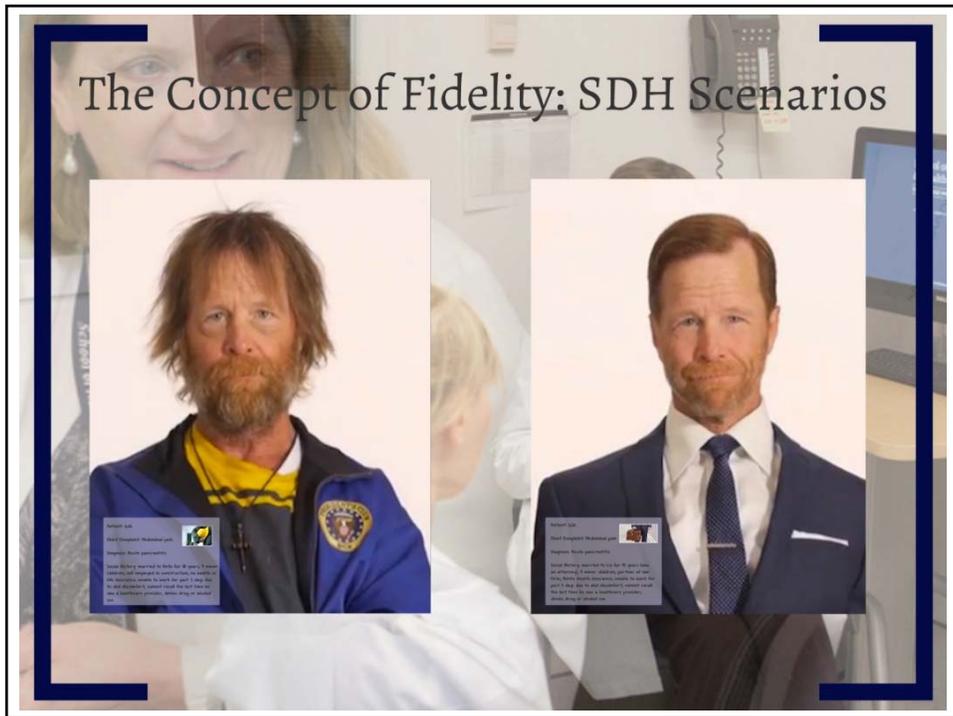
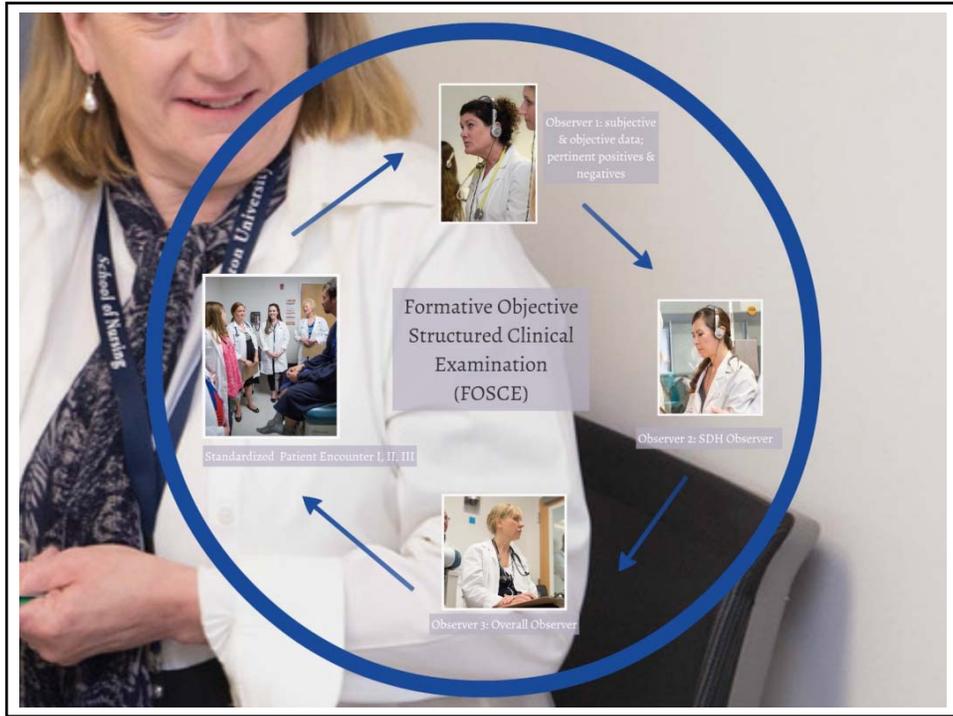
Social Determinants of Health should be an integral component of health professional education so that providers have the knowledge, skill, and motivation to address and act on these factors.

Pedagogy

- **Experiential Learning**
 - Simulation
 - Real world connection
 - Learning for a sustainable future
- **Values Clarification**
 - Awareness
 - Of personally held values
 - Reconsider
 - Modify poorly founded values
- **Cooperative Learning**
 - Share
 - Responsibility for learning
 - Gain
 - The same knowledge







Patient: G.W.

Chief Complaint: Abdominal pain

Diagnosis: Acute pancreatitis

Social History: married to Beth for 18 years; 4 minor children; self employed in construction; no health or life insurance; unable to work for past 3 days due to abd discomfort; cannot recall the last time he saw a healthcare provider; denies drug or alcohol use



Patient: G.W.

Chief Complaint: Abdominal pain

Diagnosis: Acute pancreatitis

Social History: married to Liz for 15 years (also an attorney); 4 minor children; partner at law firm; Aenta health insurance; unable to work for past 3 days due to abd discomfort; cannot recall the last time he saw a healthcare provider; denies drug or alcohol use



Debrief: Essential for Learning

School of Nursing
THE GEORGE WASHINGTON UNIVERSITY

Faculty Prompt for FOSCE Cases
Debrief for Meaningful Learning

Reflection: What was the one thing that affected you the most during the experience?

Emotion: How did that feel for you?

Reception: Presenting strengths and challenges in a nonthreatening manner, confidentiality and respect

Integration: variable case in context of nursing process

Assimilation: case no longer sets away from the moment that you will incorporate into your practice

Attributes of Learning in Debriefing

Duckworth, K.T. (2009). The essentials of debriefing in simulated learning: A concept analysis. *Nursing Education Perspectives*, 30(2), 109-114.

Case Notes:

Updated 8/2017 PSL



ENGAGE

EXPLORE

ELABORATE

EVALUATE

EXPLAIN

EXTEND

DEBRIEF FOR MEANINGFUL LEARNING MODEL

Duckworth, K. T. (2011). Model: Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*, 11(3), 204-215. <http://dx.doi.org/10.1016/j.cnsn.2010.01.005>.

Challenge Assumptions Taken for Granted

Right Thinking
Wrong Action

Right Thinking
Right Action

Wrong Thinking
Wrong Action

Wrong Thinking
Right Action

Integrating Social Determinants of Health in Health Care Education: Using Simulation Based Learning to Prepare Nurse Practitioner Students



Jessica Blakely, BS, BA; Pamela Slaven-Lee, DNP, FNP-C, CHSE; Sandra Davis, PhD, DPM, ACNP-BC;
Angela McNelis, PhD, RN, FAAN, ANEF, CNE; Patsy Deyo, MSN, RN; Ariene Pericak, MS, DA, FNP-BC, FAANP

The George Washington University School of Nursing

Background/Purpose

- The World Health Organization defines social determinants of health (SDH) as the conditions in which people are born, live, and age, as well as the policies, practices, norms, and systems that shape the conditions of daily life.
- An individual's housing, income, education opportunities, race or ethnicity, language, and many other factors often have a direct impact on his or her health outcomes.
- Research shows that health care providers often have the greatest impact on SDH in their primary care settings, yet primary care providers are rarely trained to recognize and integrate SDH in planning care.
- SDH should be a foundational and integral component of health professional education, so that providers will have the knowledge, skill, motivation, and passion to address and act on these factors.
- The purpose of this study was to test the impact of a simulation intervention on improving student knowledge about and confidence of assessing SDH in their clinical practice.

Methods

- Quasi-experimental pretest-posttest design.
- Subjects were students enrolled in the GWU Adult Gerontology Primary Care Nurse Practitioner (AGPCNP) and Family Nurse Practitioner (FNP) programs and participated in the Objective Structured Clinical Examinations (OSCE) simulation as part of their academic program.
- OSCE simulation focused on ability to gather and analyze patient health data, and then formulate a comprehensive plan of care.
- Prior to the OSCE, all students were assigned to read an article on SDH.
- Subjects who consented to participate in the study completed two pre and post-test questionnaires. A pre-test confidence questionnaire assessing their confidence in using SDH in delivery health care and a 10-item knowledge questionnaire assessing their understanding of and ability to assess SDH as a patient care component.
- Students were assigned to the control or experimental group in a 1:1 ratio.
- Control group received standard OSCE simulation.
- Experimental group received OSCE simulation that also contained SDH factors, such as high-stress occupations, low-income, and poor social support systems.

Results

- Subjects (N = 118; Control n = 57; Experimental n = 61) were predominantly female (87%), and had a median age of 26 years in a variety of specialty settings.

Age	Control		Experimental	
	n	%	n	%
18-24	10	17.5	12	19.7
25-34	20	35.1	24	39.3
35-44	15	26.3	18	29.5
45-54	10	17.5	12	19.7
55-64	5	8.8	6	9.8
65-74	7	12.3	8	13.1
75-84	0	0	0	0
85-94	0	0	0	0
95-104	0	0	0	0
105-114	0	0	0	0
115-124	0	0	0	0
125-134	0	0	0	0
135-144	0	0	0	0
145-154	0	0	0	0
155-164	0	0	0	0
165-174	0	0	0	0
175-184	0	0	0	0
185-194	0	0	0	0
195-204	0	0	0	0
205-214	0	0	0	0
215-224	0	0	0	0
225-234	0	0	0	0
235-244	0	0	0	0
245-254	0	0	0	0
255-264	0	0	0	0
265-274	0	0	0	0
275-284	0	0	0	0
285-294	0	0	0	0
295-304	0	0	0	0
305-314	0	0	0	0
315-324	0	0	0	0
325-334	0	0	0	0
335-344	0	0	0	0
345-354	0	0	0	0
355-364	0	0	0	0
365-374	0	0	0	0
375-384	0	0	0	0
385-394	0	0	0	0
395-404	0	0	0	0
405-414	0	0	0	0
415-424	0	0	0	0
425-434	0	0	0	0
435-444	0	0	0	0
445-454	0	0	0	0
455-464	0	0	0	0
465-474	0	0	0	0
475-484	0	0	0	0
485-494	0	0	0	0
495-504	0	0	0	0
505-514	0	0	0	0
515-524	0	0	0	0
525-534	0	0	0	0
535-544	0	0	0	0
545-554	0	0	0	0
555-564	0	0	0	0
565-574	0	0	0	0
575-584	0	0	0	0
585-594	0	0	0	0
595-604	0	0	0	0
605-614	0	0	0	0
615-624	0	0	0	0
625-634	0	0	0	0
635-644	0	0	0	0
645-654	0	0	0	0
655-664	0	0	0	0
665-674	0	0	0	0
675-684	0	0	0	0
685-694	0	0	0	0
695-704	0	0	0	0
705-714	0	0	0	0
715-724	0	0	0	0
725-734	0	0	0	0
735-744	0	0	0	0
745-754	0	0	0	0
755-764	0	0	0	0
765-774	0	0	0	0
775-784	0	0	0	0
785-794	0	0	0	0
795-804	0	0	0	0
805-814	0	0	0	0
815-824	0	0	0	0
825-834	0	0	0	0
835-844	0	0	0	0
845-854	0	0	0	0
855-864	0	0	0	0
865-874	0	0	0	0
875-884	0	0	0	0
885-894	0	0	0	0
895-904	0	0	0	0
905-914	0	0	0	0
915-924	0	0	0	0
925-934	0	0	0	0
935-944	0	0	0	0
945-954	0	0	0	0
955-964	0	0	0	0
965-974	0	0	0	0
975-984	0	0	0	0
985-994	0	0	0	0
995-1004	0	0	0	0

Findings

- Post intervention
- Manuscript
- For both groups
- Manuscript

Implications

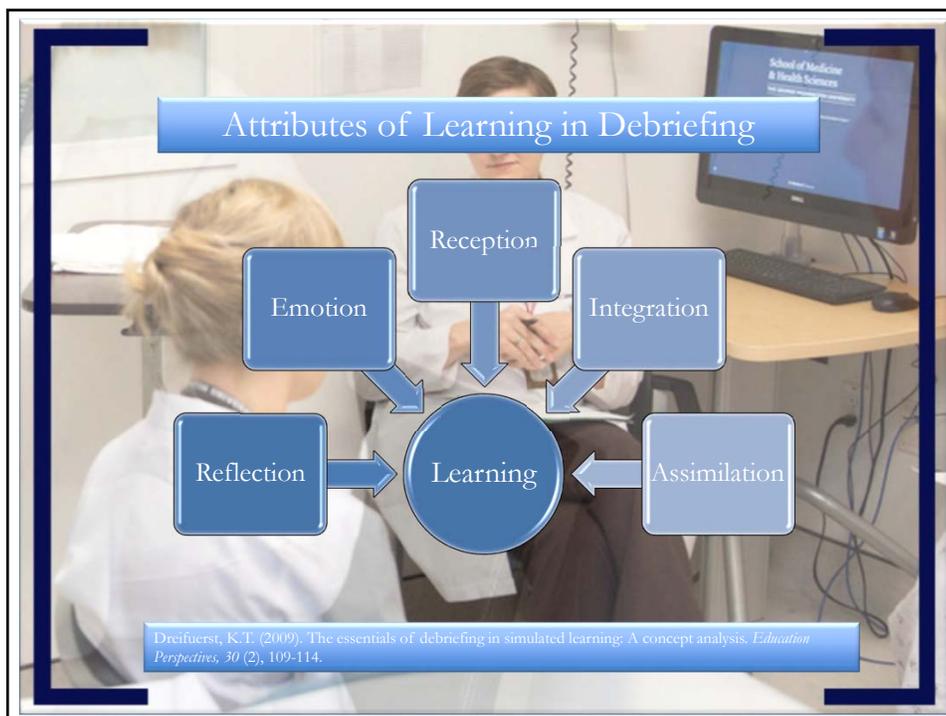
- Simulation-based learning is an effective way to increase student knowledge and confidence in using health data in assessing, developing and implementing plans of care for patients.
- Further research is needed to establish validity and reliability.
- Further research is needed to explore the sustained use of SDH after graduates enter practice.



References

1. Davis, S.L., & Deyo, P. (2015). Social determinants of health: Knowledge is sufficient, action is scarce. *The Journal of Nurse Practitioners*, 11(4), 424-428. doi:10.1016/j.npr.2015.03.001
2. Doherty, J.L., Roseman, A.W., Corbett, E.H., Lichtenstein-Kalton, S., Spaulding, J., Smith, R., & Cook, J. (2014). Preparation for primary care: A national framework and call for programmatic change. *Journal of the American Academy of Nurse Practitioners*, 42(2), 114-120. doi:10.1016/j.janp.2014.01.001
3. Pomeroy, J. (2014). Community health workers: An important method for addressing the social determinants of health. *Family Medicine*, 46(1), 20-26. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4044444/>

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References

- Davis, S.L., & Chapa, D.W. (2015). Social determinants of health: Knowledge to effective action for change. *The Journal for Nurse Practitioners*, 11(4), 424-429. doi:10.1016/j.nurpra.2015.01.029
- DeVoe, J.E., Bazemore, A.W., Cottrell, E.K., Likumahuwa-Ackman, S., Grandmont, J., Spach, N., & Gold, R. (2016). Perspectives in primary care: A conceptual framework and path for integrating social determinants of health into primary care practice. *Annals of Family Medicine*, 14(2), 104-108. doi:10.1370/afm.1903
- DrK.T. (2009). The essentials of debriefing in simulated learning: A concept analysis. *Education Perspectives*, 30 (2), 109-114.
- Dreifuerst, K. T. (2015, May). Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*, 11 (5), 268- 275. <http://dx.doi.org/10.1016/j.ecns.2015.01.005>.
- Freeman, J. (2016). Community health workers: An important method for addressing the social determinants of health. *Family Medicine*, 48(4), 257-259. Retrieved from <http://himmelfarb.gwu.edu>
- Mogford, L., Gould, L. (2009). A new health curriculum; Social determinants of health advocacy model, APHA Annual Meeting.
- National Academies of Science, Engineering and Medicine, 2016. A framework for educating health professionals to address the social determinants of health, Washington, DC; The National Academies Press. Doi:10.17226/21923.
- Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Discussion paper for the Commission on Social Determinants of Health. Draft. 2007. http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf?ua=1
- World Health Organization. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. 2008. http://www.who.int/social_determinants/thecommission/finalreport/en/.



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