

PERSPECTIVE



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In March 2012, the AAHC Board of Directors formally endorsed the Association's *Social Determinants of Health Initiative* (www.aahcdc.org/Resources/SocialDeterminantsofHealth.aspx). It is remarkable that our Board asked the Association to take a leadership position on this issue and to develop means to assist our

members in incorporating the social determinants of health into their education, research, and clinical programs. Doing so requires a culture change for many of our members, which is never easy, and suggests that such change will occur relatively slowly over a substantial period of time.

Looking at this issue broadly, the traditional benchmarks of academic health centers' success will eventually be supplemented with measures of the health and well-being of the communities they serve. Many of our members are already leading in this area, and this issue focuses on three distinct approaches.

Santa J. Ono, president of the University of Cincinnati, describes his institution's "comprehensive" strategy, including partnerships, leadership opportunities, and providing medical students a first-hand experience as to how health is impacted by the circumstances of their patients' lives. He forthrightly notes the potential "competitive disadvantage" in carrying out the missions of healthcare and community service—and that this must be overcome.

Valerie Montgomery Rice, president and dean at Morehouse School of Medicine, complements the school's deep commitment to addressing the social determinants of health with a strong, community-based health program. Notably, she points out that "we have moved [beyond] a point of thinking about social determinants of health as being something that is only relegated to underserved or minority populations."

Michael J. Strong, dean of the Schulich School of Medicine & Dentistry of Western University in Ontario Canada, has a vantage point from a health system that differs from his U.S. counterparts. His students engage in community work at more than 60 different sites in a markedly broadened public health model. He notes the challenges of ensuring that the social determinants remain relevant in medical education programs and of thinking more proactively about patient risks "40 years from now."

As AAHC put it in a recent policy brief, if successful treatment outcomes are dependent, in part, on health professionals' awareness of upstream environmental, social, and behavioral factors that impact and potentially undermine the efficacy of patient care, *health professions curricula and training programs must be adapted to teach and emphasize this awareness*. AAHC's social determinants of health initiative is moving beyond meetings and a website to providing ongoing support for member institutions that wish to accelerate their progress in this area.

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LEADERSHIP PERSPECTIVES

Addressing the Social Determinants of Health



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Santa J. Ono, PhD // *President*
University of Cincinnati, Ohio

Like many mature cities, Cincinnati has its share of disparities in education, healthcare, and economic prosperity. As the major university in this region, we have a responsibility to address those disparities.

Our comprehensive strategy includes a number of significant programs. Through an initiative called the *Strive Partnership*, for example, the University of Cincinnati plays a pivotal role in bringing leaders of regional school systems together with CEOs of Fortune 500 companies to define actionable steps to ameliorate disparities in economic prosperity, educational attainment, and health.

I chair the Research Council of the United Way of Cincinnati, which investigates both education and health disparities in our area. Our university adds value to this effort by leveraging faculty expertise to accurately monitor different metrics and draw on those data to develop evidence-based strategies that will address disparities. In essence, the university is the engine that provides the evidence. I am also the chair of Urban Serving Universities Health Steering Committee, a subsection of the Association of Public and Land-grant Universities (APLU). This health initiative works locally with each member institution to convene teams of health professionals who can identify, test, and share best practices for improving the health of urban and underserved minority populations. One of our goals is to develop a healthcare workforce that mirrors the diversity of the communities we serve.

All of our UC medical students take the course “Physician and Society,” which focuses on social determinants with Cincinnati as its laboratory. Working in teams, students interact with community agencies to better understand local health disparities, and then map a plan of action to address given concerns. Students learn firsthand that health and disease are impacted by the communities in which patients live and that it is important for physicians to be active citizens of the communities they serve.

In some cases, there is actually a competitive disadvantage in carrying out our missions of healthcare and community service, especially when compared to institutions that do not have those added responsibilities. We certainly want to do this, but we also have to be competitive locally with systems that do not have these responsibilities.

Academic health centers have a unique set of resources, knowledge, and the wherewithal to make a healthy contribution to our communities. As a state university that has in our name the word “Cincinnati,” we are here to transform the lives of our students and to transform the city. That’s a mission that we take very seriously.



“One of our goals is to develop a healthcare workforce that mirrors the diversity of the communities we serve.”

Valerie Montgomery Rice, MD // *President and Dean*
Morehouse School of Medicine, Georgia

The Morehouse School of Medicine was founded to address the physician shortage in the nation and in Georgia. Our curriculum is rooted in primary care, and more than 60 percent of our students pursue careers in primary care.

We are deeply committed to addressing social determinants of health. We believe that medicine today requires that we look not just at the disease process, but at the factors and environmental influences that contribute to disease. Our new vision statement, “leading the creation and advancement of health equity,” is predicated on addressing each individual holistically, which of course encompasses the social determinants.

Because we have a strong, community-based focused health program, we can develop modules of learning that encourage students to think holistically about these issues. Our collaborative, interdisciplinary approach to learning also helps us focus on the social determinants. The first semester of medical school here begins with students doing a community health assessment—part of a longitudinal community health program in which students participate their entire first year. Students work through community consortiums to better understand neighborhood challenges and opportunities from a population and public health perspective.

As part of our research work, we have a mobile research unit that is used for community-based participatory research. But recognizing that issues of access to care and knowledge about effective health practices can be barriers to individual health, the unit devotes as much as 40 percent of its time to providing services and education to the community.

We were recently awarded grant funds to advance our capacity to advocate for research policy related to the Mental Health Parity Act. Another grant supports our *Patient Centered Medical Home and Neighborhood Project*, which seeks to develop a dashboard of metrics that would be available to a primary care provider in real time to help improve health in underserved communities.

I am always excited when I am able to engage in conversations about the social determinants. Importantly, we have moved from a point of thinking about social determinants of health as being something that is only relegated to underserved or minority populations. We are beginning to recognize that the environment in which a person lives, where they play, and where they pray, is actually influenced by many factors, and we as healthcare professionals have an opportunity and a responsibility to always take that into consideration when we are caring for a patient. This is an area that needs to engage a broader audience.



“...issues of access to care and knowledge about effective health practices can be barriers to individual health...”

Michael J. Strong, MD, FRCPC, FAAN, FCAHS // *Dean,*
Schulich School of Medicine & Dentistry Western University, Ontario

We integrate social determinants within the curriculum itself. Offering opportunities for students to engage in community work at more than 60 different sites, our school uses all of southwestern Ontario as its teaching domain. Throughout our curriculum, students are challenged to think about health as a continuum and to consider how social determinants factor significantly in the evolution of health. Based on the ecosystem that they might be studying at any given time, students get to witness firsthand many different social determinants as they relate to regional health.

Four years ago, we started building an inter-faculty program in public health, with an entirely different view than a traditional public health program. We want to understand how we can best evaluate the social determinants of health over time and, importantly, develop a capacity to impact health determinants in real time. How do we understand regional risk factors for health in southwestern Ontario? How do we start to inform relevant health policy? We recruited a faculty complement that investigates everything from social determinants of health to economic outcomes to how we might scale observations from small groups of individuals to understand how given interventions might make a difference in a population.

We have also engaged in strategic educational and research partnerships in select sites around the world. In particular, our work in Africa has a decided focus on social determinants. Working collaboratively in countries such as Tanzania and Kenya, our students have opportunities to understand healthcare delivery and social determinants in quite different environments and contexts.

Given the burgeoning base of knowledge in medicine and time constraints in our curriculum, one of our challenges is to ensure that studying social determinants stays relevant as part of medical education. There is a constant struggle between the need to teach specific facts and the equally important need to ensure that students also consider social determinants as factors in population health writ large.

There is a huge opportunity today for us to think differently about how we deliver healthcare, and to think more proactively about patient risks 40 years from now. Having the population understand this, as well, is critical. In Canada, there are just 17 medical schools. We are the ones who are responsible for the delivery of the next generation of healthcare providers. If we are not teaching healthcare professionals to think about social determinants and how they factor in health outcomes, who will?



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