NEED FOR INNOVATION

EXPANDING NEED FOR SDH AND HEALTH EQUITY EDUCATION
- Social determinants of health (SDH) and health equity have a greater influence on health than a person’s genetic code
- Residents must learn to identify AND address inequalities in our communities and within health and institutional policies
- Training in this area requires a continuum approach to learning with deliberate spaced practice and interweaving to be effective

INHERENT CHALLENGES
- Residency (and faculty) time for longitudinal curriculum is limited
- Requires flexible/agile approach to take advantage of varied opportunities
- Longitudinal experiences are rarely described

PROJECT AIM

To design, implement and evaluate a longitudinal residency curriculum to prepare community responsive physicians competent to address the social determinants of health and health equity

METHODS – APPROACH

COMMUNITY HEALTH ADVOCACY AND MANAGING POPULATIONS (CHAMP) CURRICULUM – A LONGITUDINAL APPROACH

STRUCTURE
- Orientation in year one integrates a focus on core principles of community health and SDH
- Community health block rotation in year two emphasizes experiential learning with community partners
- Population health management block rotation in year two emphasizes clinic based population management
- Lead for Health longitudinal engagement track in community and population health spans years two and three

CONTENT
- Advocacy is incorporated in all elements of CHAMP
- The longitudinal curriculum incorporates community partnerships, population analysis, and specialty clinical experiences
- CHAMP emphasizes identification of SDH and their downstream effects on health, and teaches residents to engage community members, leverage population health data, and build and lead interdisciplinary teams to address health disparities consistent with ACGME milestones

CHAMP Longitudinal Curriculum by Training Year

DATA SOURCES

KIRKPATRICK LEVELS AND CATEGORIES

- REACTION - SATISFACTION
  1. What is Learned 13%
    - Residents learn health equity and SDH
    - Residents learn complexity without becoming overwhelmed
  2. Strategies to Improve Learning 13%
    - Desire feedback on ROF from residents
    - Desire setting to help residents reflect/process experience

APPLICATION TO PRACTICE/BEHAVIOR
- 1. Prepare for future of health care 13%
- 2. Integrate partner organizations and/or population management resources in care 87%

OUTCOMES/RESULTS
- 1. Find meaning and purpose 13%
- 2. Add value to partner organizations 25%
- 3. Improve continued partnership 25%

LEARNING
- What is Learned 13%
  - Residents learn health equity and SDH
  - Residents learn complexity without becoming overwhelmed
- Strategies to Increase Learning 13%
  - Desire feedback on ROF from residents
  - Desire setting to help residents reflect/process experience

CONCLUSIONS & NEXT STEPS

STRENGTHS
- Community partners, residents, faculty, and residency leadership were all satisfied with curriculum, particularly regarding relationship building and mentorship
- Competency milestone ratings improved within each year of training.
- Community partners reported key impacts both individual and for their organization.
- Faculty and Community Partners consistently reported (re)finding and rekindling their meaning and purpose through teaching residents in this area.

AREAS FOR IMPROVEMENT
- The CHAMP curriculum while perceived by program leadership as central to the residency’s identity, that identity was not reflected in learner responses

FEASIBILITY ROI
- Shift to population/value based health care can serve as a key driver for curriculum implementation.