

Training and Education Programs for Underserved Populations

COMPETENCY MAP for the CERTIFICATE IN HEALTH EQUITY STUDIES

The Centers for Disease Control state that health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Achieving health equity requires ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. Health equity education involves equipping future health care professionals with knowledge about and skills for intervening at the intersection of medical and social care, whether at the individual, system or population level.

UCSF graduate level learners who rotate at Zuckerberg San Francisco General (ZSFG) and are committed to working with underserved populations are eligible to obtain the **STEP UP Certificate in Health Equity Studies**. Completion of the certificate program demonstrates the achievement of educational competencies considered fundamental to future work with vulnerable populations.

The five educational domains addressed in the STEP UP Health Equity Certificate Program are described below. For each domain, a definition, competencies and example learning activities are listed. To complete the program, trainees must demonstrate the achievement of at least two competencies in each of the five Certificate domains. This is done by completing one relevant learning activity in each of the two chosen competencies, for a total of 10 learning activities. Additionally, trainees must complete a scholarly project component related to practicing skills to meet the needs of underserved populations.

Note that the competencies are sometimes overlapping across domains; to maximize learning, the same activity may not be used to meet requirements in two competencies. Documentation of activities can be submitted at any time during training but must be completed by the end of February prior to residency graduation.

ZSFG Certificate Health Equity Studies

Website: http://stepup.ucsf.edu/

Domain 1: Advocacy & Leadership

Definitions

Advocacy is the act or process of supporting a cause or proposal. Advocacy competencies relevant to health equity include knowledge about social determinants of health and both knowledge and skills related to how specific programs, larger systems and social policies can be used to promote individual and population health.

Leadership is defined by a set of knowledge, skills and attitudes necessary for creating and responding to change, guiding organizations and working with and through others. Leadership competencies relevant to health equity involve attitudes, knowledge and skills related to collaboration, evaluation and self-care.

Con	npetency	A	ctivity Examples
1.1	Demonstrate understanding of major		
	policies affecting US health care.	a)	Watch one of the presentations in the Georgetown University webinar series on Back to the Basics:
			Understanding Medicaid and CHIP
		b)	Read this issue brief on Exploring the Public Option in California.
		c)	Attend a lecture or event focused on health care policy.
1.2	Understand the various roles health	a)	Read and reflect on designated <u>articles.</u>
	care practitioners can play in effecting	b)	Watch this Dialogue 4 Health webinar om <u>"Take Action: Raising Your Voice in Support of Public Health</u>
	change in health care systems and		and Access to Care."
	policies.	c)	Attend a lecture or event where health care practitioners come together to advocate for or against
			specific structures, policies or systems.
1.3	Advocate for public health policies,	a)	Prepare testimony to delivery before a legislative or regulatory body.
	programs and resources.	b)	Prepare all or part of a policy brief.
		c)	Participate in a legislative visit.
1.4	Educate the public about current and	a)	Write a letter to the editor, commentary or op-ed.
	emerging health issues impacting	b)	Participate in a community-based educational activity.
	underserved populations.		
1.5	Employ traditional and social media	a)	Participate in ZSFG Writing for Change media session.
	skills, and identify the different media	b)	Submit a letter to the editor, commentary or op-ed.
	outlets available to communicate a	c)	Conduct a Facebook or Twitter campaign to highlight an issue of import.
	message.		
1.6	Use a political analysis framework to	a)	Read and write a reflection on designated articles.
	identify key players, their influence on	b)	Participate in a UCSF/ZSFG session on advocacy.
	policy and how you might work with		
	them to advance your position.		

1.7	Listen to others in an unbiased	a)	Submit evaluations demonstrating unbiased and respectful listening.
	manner, respect points of view of	b)	Facilitate a group discussion that promotes diverse opinions and perspectives.
	others, and promote the expression of	c)	Watch and comment on The Ineffective Physician – Non Motivational Approach and The Effective
	diverse opinions and perspectives.		Physician Motivational Interviewing Demonstration
		d)	Watch this video lecture on Stereotype Threat.
1.8	Learn to identify burn out and	a)	Review the AMA Toolkit on Physician Resiliency
	demonstrate self-care.	b)	Listen to the NEJM Podcast "Despite Burnout There is Still Joy in Medicine."
		c)	Write a personal mission statement.
		d)	Read and reflect on designated articles.

Domain 2: Social Determinants of Health and Structural Competency

Definition

Social determinants of health (SDH) are the economic and social conditions that underlie health and health outcomes. Examples include income and social status, social support networks, education and literacy, employment and working conditions, physical environments, culture and access to health care. Structural competency is a term that refers to how clinical training and health care systems can intervene above the level of individual patients on social structures, institutions and policies that must be altered to improve population health and promote health equity.

Con	npetency	Activity Examples
2.1	Understand how social, behavioral,	a) Complete the Roots of Inequality Lesson on <u>Root Causes</u> (must login to view)
	environmental and biological factors	b) Read and write a reflection on designated <u>articles</u> .
	contribute to specific individual and	c) Review and reflect on this webinar on structural competency.
	population health outcomes.	
2.2	Distinguish between health disparities	a) Attend relevant educational sessions
	and health care disparities.	b) Read and write a reflection on designated <u>articles</u> .
2.3	Define and describe health equity.	a) Read and write a reflection on designated <u>articles</u> .
		b) Complete <u>Health Equity</u> course at the Michigan Public Health Training Academy.
2.4	Understand the life course approach	a) Read and write a reflection on designated articles.
	to health and health disparities.	b) Watch the lecture Life Course Health Development: A Framework to Guide Research, Practice, and
		Health Reform
2.5	Understand the socio-economic	a) Listen to Fresh Air podcast on Government Created Ghettos.

history of the Bay Area.	b) c)	Access <u>SF</u> and <u>Alameda</u> health data and comment on health trends for specific populations over time. Read and write a reflection on designated <u>articles</u> .
2.6 Understand ways that health care	a)	Review and reflect on this webinar on structural competency.
systems can help address	b)	Read and write a reflection on designated <u>articles</u> .
structural determinants of health.		

Domain 3: Community Engagement and Community Relationships

<u>Definitions</u>

Academic center community engagement is the collaboration between institutions of higher education and their larger communities (local, regional, state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and advocacy. Methods for community engagement for academic institutions specifically related to health equity include community service, service-learning, community-based participatory research, training and technical assistance, and capacity-building. Community relationships deal with complexities of community assessment and building sustainable community partnerships.

Cor	npetency	Act	tivity Examples
3.1	Describe the principles of	a)	Complete the CLE course on Community Engagement and describe how you would begin to develop a
	community partnership.		community partnership with a local agency.
		b)	Develop or participate in a community partnership.
		c)	Read and write a reflection on designated <u>articles</u> .
3.2	Describe methods for community	a)	Complete the CLE course on Community Engagement and describe how you would undertake a community
	assessment.		assessment on a given issue.
3.3	Identify best practices for	a)	Site visit to exemplary community-engaged project, demonstrating best practices in community
	community-engaged interventions		engagement, followed by written or verbal reflection.
	that result in meaningful	b)	Listen to this podcast on Understanding San Francisco's Opioid Crisis with Dr. Philip Coffin
	improvement in health equity.	c)	Participate in a community engaged project and reflect on challenges and successes.
		d)	Complete online modules about Community Oriented Primary Care.
3.4	Understand the fundamentals of	a)	Watch and reflect on this webinar on Case Studies of Community Led Models.
	Community Based Participatory	b)	Watch and reflect on this webinar on Community Based Participatory Research.
	Research and other community	c)	Watch and reflect on this webinar on Enhancing the Impact of Community Engaged Scholarship.
	engagement strategies for	d)	Read and write a reflection on designated <u>articles</u> .
	research.		

- 3.5 Describe how community engagement principles can be applied to both local and global efforts to achieve health equity.
- a) Complete the CLE course on <u>Clinical Care in Low Income Settings</u> and write a reflection on the Global Women's Issues module. (Contact joanie.rothstein@ucsf.edu to get course code.)
- b) Watch this <u>seminar</u> entitled *Health Happens in Neighborhoods and What We Can Do About It.* (Start video at minute 15).

Domain 4: Cultural Humility and Cultural Responsiveness

<u>Definition</u>

Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-provider dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. Cultural humility and cultural responsiveness training is one of the few areas of U.S. health professional clinical training where trainees examine social aspects of health in terms of differences by race/ethnicity and socioeconomic status, but it often focuses on patients' beliefs, doctor-patient communication, and culture as a causal variable in individual outcomes rather than on the institutional causes of population differences in health. Health professionals advancing health equity will need to have knowledge and skills across these domains.

Cultural Humility and Cultural Responsiveness

Competency		Activity Examples			
4.1	Define cultural humility and identify	a)	Attend a STEP UP <u>session</u> on cultural humility.		
	individual, organization and	b)	Read and write a reflection on designated articles.		
	population level humility.	c)	Watch video of STEP UP Grand Rounds on Islamophobia.		
		d)	Watch this video on Cultural Humility: People, Principles, and Practices		
4.2	Understand and give examples of	a)	Attend a STEP UP <u>session</u> on cultural influences.		
	cultural influences on individuals and	b)	Read and write a reflection on designated articles.		
	communities.				
4.3	Understand and demonstrate allyship	a)	Submit evaluations citing your work with diverse communities.		
	in your work with and in diverse	b)	Participate in a community-based project.		
	communities.	c)	Read and write a reflection on designated <u>articles</u> .		
4.4	Understand cultural and linguistic	a)	Understand when interpreter services are needed and how to access them at UCSF.		
	barriers to accessing health services	b)	Review the <u>CLAS Standards</u> .		
	and demonstrate effective use of	c)	Read and write a reflection on designated <u>articles</u> .		
	interpreter services.				
4.5	Understand how racism, implicit bias	a)	Watch the APHA webinar on Naming and Addressing Racism.		
	and microaggressions can play out in a	b)	Watch the Clinicians for the Underserved webinar on Addressing Race, Power and Privilege in Clinical		

health care setting.		Settings.
	c)	Review some of the Unconscious Bias resources on the UCSF Office of Diversity and Outreach's website.
	d)	Read and write a reflection on designated <u>articles</u> .
4.6 Identify populations that are missing	a)	Find articles on relevant populations and write a reflection.
from traditional 'underserved'	b)	Review the <u>Healthy People 2020</u> website and reports from the <u>IOM Health Disparities</u> collection and
definitions.		identify populations that are impacted by health disparities
	c)	Watch this webinar from the UCLA Center for Health Policy Research on Addressing Undocumented
		Immigrants' Health Care Needs through Safety Net Systems in CA
	d)	Read this <u>brief</u> on <i>Transgender Health Equity</i>
	e)	Watch this Grand Rounds lecture on <u>Transgender Health 2018: Care of the Transgender Person in SFHN.</u>

Domain 5: Quality and Equity Improvement / Health Systems

Definition

Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. Quality and Equity Improvement (QEI) related specifically to health equity includes knowledge and skills to improve care for underserved populations.

Con	npetency	Act	tivity Examples
5.1	Understand the various ways the term	a)	Read and write a reflection on designated articles.
	"population health" can be defined.		
5.2	Understand how QI can improve the	a)	Participate in a QEI project that specifically targets public health system or underserved population.
	care of underserved populations.	b)	Submit a description of a local QI resource that can be posted on the STEP UP website.
		c)	Find and review three QEI projects focused on the underserved at the <u>AHRQ Innovations Exchange</u> .
		d)	Read and write a reflection on designated <u>articles</u> .
5.3	Demonstrate how to use health care data to address scientific, political,	a)	Analyze a clinical or care scenario that leads to undesirable outcomes for a vulnerable population group; provide an alternative pathway.
	ethical or social health issues.	b)	Study the Robert Wood Johnson Foundation's <u>2018 County Health Rankings Report</u> and <u>study the data</u> from counties of interest.
		c)	Read and write a reflection on designated <u>articles</u> .
		d)	Watch this webinar on Making Data Work for the Public's Health: The Current Total
5.4	Understand the structure of the	a)	View this webinar on Models for Improving Medicaid Primary Care
	Medicaid delivery system and identify	b)	

	strategies to finance projects in safety	c)	Watch one of the presentations in the Georgetown University webinar series on <u>Back to the Basics</u> :
	net settings.		Understanding Medicaid and CHIP
		d)	Create a budget for a QEI project that you are working on in a safety-net setting.
		e)	Read and write a reflection on designated <u>articles</u> .
5.5	Understand how new technologies	a)	Apply new technology to a health improvement project you are working on in a safety net setting.
	can be employed to facilitate	b)	Complete online GIS mapping module courses
	community health improvement.	c)	View <u>webinar</u> on Digital Health and the Underserved
		d)	Read and write a reflection on designated <u>articles</u> .
5.6	Understand approaches to evaluation	a)	Complete a logic model for a project or program you are working on.
	for systems-based change in safety	b)	Read and write a reflection on designated <u>articles</u> .
	net settings.		