

Establishing a Social Accountability Framework Across Dell Med's Four Pillars

Differentiating Diversity, Inclusion and Equity

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Evolving Projects

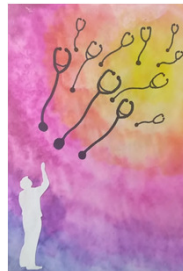
1. Developing equity-advancing initiatives in accordance with strategic plan/map. Plan created in consultation with newly forming health equity think tank. Measures of progress to be established during creation of health equity strategic map.
2. Organizational alignment already underway through leadership of newly formed Coordinating Committee on Language Access.
3. Amplifying contributions to community led programs such as the City's Community Health Improvement Plan and Mayor's Institutional Racism Task Force.
4. Infusing Social Determinants of Health into the longitudinal Primary Care, Family Medicine, and Community Clerkship curriculum
5. Narrative Medicine curriculum for medical students and residents
6. Reassessing trainings and other courses that address bias, cultural competence and racism to define role-specific competency-building needs across Dell Med and then implement them.
7. Proposal to create a Pop-up Institute on Sexual and Gender Minority Health under review

Grant team members

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Background

1. Dell Med Mission: Revolutionize how people get and stay healthy
Improving health in the community as a model for the nation
Redesigning the academic health environment to better serve society
Through 4 Pillars: Education, Clinical, Research, Community Impact
2. Social Determinants of Health in Primary Care: Didactic sessions in the primary care clerkship incorporate themes of healthcare equity, health systems science, and sociopolitical history to reinforce how social determinants of health are based on structural systems that can be changed to improve equity.



Credit: Emmalie Berkovsky, MS2

3. Narrative Medicine curriculum: Supervised home visits are currently required for second year medical students and internal medicine residents. Learners then submit an original narrative reflection (prose, poetry, art, or other expression) inspired by their experience in the patient's home. Goal is to increase empathy and understanding of social determinants of health, and reduce burnout by fostering human connections
4. Unconscious bias trainings well established.

Need/Gap Addressed

1. Equity needs to be differentiated from diversity and inclusion in order to delineate a focus on mitigating inequities
2. Lack of a shared conceptualization of health equity
3. School's pillars are siloes
4. Most community and equity work is in Population Health
4. Some medical school operations and policies to address language barriers are only now under development
5. Community demand for measurable social accountability and eliminating disparities is high
6. Innovative UME curriculum must diffuse into GME experience
7. Evidence base for impact of training about bias, racism and social determinants is still evolving
8. Social accountability must undergird all pillars.

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