What can you apply at your home institution?

Curriculum/Med School

- IPE: get students to become activists toward social mission; cross-disciplinary training in social services; SDOH a natural focus of IPE groups
- Need specifics re: what learners can DO as learners then professionals with info about SDOH they receive
- Pipeline: increase recruitment and preparation of more rural, poor ethnic pops
- Enhance community-based learning
- Open campus to community
- Develop SD checklist, implement Resident screening tool
- Teach advocacy, Develop SDOH lectures, to inform faculty
- Strengthen resident education in SDOH, equity
- Involve SDOH in Intern PS/QI workshops
- Bring SDOH, incl TED Talk to students in student forum
- State AHECs- apply new partnership models
- As student/resident, become more vocal, become an advocate
- Incorporate SDOH to discharge planning and outpt follow-up
- Incorporate teaching on Institutional racism
- Be mindful that lessons about racism applies to how we treat med studs
- New med school- plan social mission integrated into org structure, curric, etc
- Instituting Social Mission throughout all aspects of a new medical school
- Have IPE students part of QI process, teach cost-containment
- Residents: learn to use EMR as population health management tool, Teach activism
- Incorporate SDOH into next ACGME iteration of Milestones across the US
- Implement "project-based learning"
- Create SDOH curriculum throughout the continuum of education
- Propose a longitudinal med stud curriculum exposing studs to community resources and contexts—prison health, patient advocacy, homeless shelters, etc—to this add skills development
- New Med Schools—Kaiser, Incarnate Word, etc—incorporate Social Mission in all phases
- Incorporate Social Med into all educ phases—from STEM to UME to residentcy
- THCs- disseminate idea of catalyzing rural, community-based, IPE primary care education in THCs using state Medicaid GME $ (40 states receive $4 billion/year); create model state Medicaid plan for this—so all states can access
- Don't "academize" SDOH—organize students and faculty to walk the talk, agitate and act!
- Demand and mandate SDOH a part of LCME accreditation
- Facilitate collaboration between junior faculty of multiple institutions on SDOH
- Arrange talks on SDOH with students and id allies within the faculty
- Residency—alter residency application process to "credit" and value applicants with demographic and experiential background congruent with this Movement
- Residency—incorporate SDOH into residents required QI projects and community experiences
- Residency—research: increase emphasis research which fulfills social mission
- Morning Report—incorporate Social Mission into that

- Incorporate “strength-based Asset Mapping into academic organization.
- Initiate universal SDOH screening
- Advocate for longitudinal, ambulatory, community-based clerkships.
- CHWs’ curriculum—incorporate training in racism

Speakers

- Bring thought leaders to campus
- Invite BF 2015 speakers to campus
- Invite Camara Jones, Josh Sharfstein could to speak at ADFM meeting, to Union leaders—credibility of physicians speaking about non-traditional determinants

Healthcare/Health Professions Organizations

- Create Clearinghouse to share ideas, steal ideas
- Improve communication within org. around importance of diversity in our workforce
- Use movement to generate new models of care and payment
- Health Extension- Use Beyond Flexner turnout and publicity to health ext. expansion
- Encourage AHCs to increase meaningful community engagement, allocate funds to task
- Measure attitude changes
- Work with ACGME and other alphabet soup org leaders to leverage their positions in achieving incorporation of SDOH into their org missions and actions
- Work with healthcare unions
- Incorporate Social Mission into each component of AHC—each mission , each college, each hospital
- Create clear metrics to gauge level of achievement of Social Mission in participating orgs
- Disseminate the One Hope model to unions, healthcare systems
- That AAHC has embraced this model is a great lesson for other big organizations
- Use SDOH to envigorate local chapters of health orgs like Primary Care Progress, Pas, Midwives
- ID leader interested in SDOH at Community Hospitals, increase Hosp involvement with community priorities
- Engage community colleges
- Engage students in this work—include SDOH equity in education and service
- Cooperative Extension: Beef up visibility in community health work within Land Grant univs and Flag ship Univs, work with all regional AHCs, present webinars for extension, incorporate racism into training
- Cooperative Extension: in Georgia, link U of Georgia (land grant) with Morehouse
- Bring speakers and facilitators from Conference to home institutions to inspire change
- Align Help Desk, Patient Volunteer, CHW functions under patient engagement coordinator
- Bring to light and address “institutional racism”
- Identify crazy, “shirtless” person(s) at each institution, organization and link them for moral support
- Expand terminology of SDOH to include “Political Determinants of Health”

Community

- Identify their assets
- Arrange for High School students, allied health, med students to work with them
- Work on empowerment
- Empower community via education of youth to work on local SDs, educate classmates
- Keep focus on amplifying community voice
- Incorporate “community asset mapping” into clinical curriculums
- Link NM CHW models with others and implement multi-state, multi-site pilots

- Increase “Bright Spotting” and “Hot Spotting” in communities to dev. Action plan
- Use “world café” style to broker joint work on SDOH with campus and community

- CHWs
  - How to incorporate into AHC, into clinical settings
  - Promote CHWs in preventive medicine
- Grant-writing, Dissemination, seeking Funding
  - Incorporate SDOH in grant requests, in medical writing
  - Publish articles on this conference, on Hx of Flexner Reforms
  - Write papers on diffusion of innovation between Land Grant/Coop Ext and UNM’s Health Extension
- Movement
  - Take responsibility for involving 2 other people in your setting
  - Find our “Second Followers” in connecting organizations to med schools
  - Welcome groups outside clinical space—econ dev, prisoner re-entry, education, etc)
  - Collaborate with local groups (between different sectors)t o improve health equity
  - Share stories and evidence
  - ID what success looks like
  - Emphasize team-based approach to implementing SDOH
  - Build evidence base for Social Mission
  - Cross pollinate, share resources across different groups at Conference
  - Getting started—“N=1” start with one pt, addressing her SDOH, then build; “hardest thing about getting started, is getting started”
  - Support sub-movements in this endeavor: “Young Student & Resident,” “Young Volunteer Flexnerians,” etc
  - Create Post-Flexnerian List Serv, disseminate Help Desk Toolkit,
  - Develop media plan—Quick start media kit, disseminate via webinar
  - Begin to address institutional racism in own work environment
  - Continue partnering with and promoting SDOH with delivery systems, FQHCs, etc to create value-added innovations re: how health delivered in a state
  - Broaden network partners to include: non-proifts, Natl Phys Alliance, Doctors for America, Doctors without Borders, School Districts, Inter-Faith Efforts, American indian Efforts, Agri-Life and One Health (at Tex A&M), Black Women Physicians
  - Link with Washington State’s newly created “accountable Communi9ties of Health”
  - Many D.O. schools ripe for affiliation with this movement at fac, res, student, admin level
  - Use Triple Aim as agent for change linking CHCs with academic health institutions