Medical school curriculum takes aim at social determinants of health

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There is a growing recognition in health care that social factors such as racial bias, access to care and housing and food insecurity, have a significant impact on people's health. Compounding and amplifying

those underlying inequalities are the ongoing disruptions related to the COVID-19 pandemic and social unrest in our country.

Although many health care organizations (National Academy of Medicine, American College of Physicians and the American Academy of Pediatrics) currently recommend that screening for social determinants of health (SDH) be included in clinical care, medical education has lagged behind in teaching students how to recognize and address these disparities with patients.

However, in a study published in the current issue of the *JAMA Network Open*, doctors at Wake Forest School of Medicine found that incorporating a health equity curriculum was associated with a significant improvement in students' knowledge and understanding of SDH and their confidence in working with underserved populations.

"Our goal was to better prepare our future doctors to recognize the social and economic factors that affect health and to think about new ways to help their future patients with these issues," said the study's corresponding author, Deepak Palakshappa, M.D., assistant professor of internal medicine and pediatrics at Wake Forest School of Medicine, part of Wake Forest Baptist Health.

"We wanted to offer it as part of our third-year training when medical students start seeing patients, rather than in the first- or second-year classroom setting like other medical schools that offer social equity curriculums."

The Wake Forest School of Medicine team, led by Nancy Denizard-Thompson, M.D., associate professor of internal medicine, developed and implemented the longitudinal health equity curriculum for third-year medical students at the school in 2018. Simultaneously, they began a study to evaluate the effectiveness of the curriculum on students' self-

reported knowledge of SDH and their confidence in working with underserved populations.

The curriculum consisted of health equity simulations, a series of online modules presenting available scientific data on the issues, and experiential learning through partnerships with community-based organizations in the city. For example, medical students would spend a day going out to help deliver food with Help Our People Eat (H.O.P.E.), a local group focused on access to food in low-income neighborhoods, Palakshappa said.

To evaluate the effectiveness of the new curriculum, the 314 third-year medical students in the classes of 2019 and 2020 were surveyed at baseline, at the end of third year and at graduation. The class of 2018, which did not participate in the curriculum, served as the control group.

Total self-reported knowledge and confidence scores increased between baseline and end of the third year of medical school by eight points based on a standard measuring method. Total scores at graduation remained higher by eight points for those who participated in the new program versus the control group.

"Ideally this experience will stay with students through residency and beyond, and hopefully they will begin incorporating screening for social determinants when they begin their practices," Palakshappa said.

Based on this research, the curriculum is now mandatory for all third-year medical students at Wake Forest School of Medicine.

Provided by Wake Forest University Baptist Medical Center

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