Let's Not Reinvent the Wheel: Using Communities of Learning and Practice to Address SDOH and Advance Health Equity

Memoona Hasnain, MD, MHPE, PhD[1]
Ashley Darcy-Mahoney, PhD, NNP-BC[2]

[1]Department of Family and Community Medicine, College of Medicine, University of Illinois at Chicago, Chicago, Illinois

[2]School of Nursing, George Washington University, Washington, DC

ABSTRACT

BACKGROUND Despite advances in knowledge and science, evidence indicates that health care disparities and inequities continue to exist across diverse populations. Educating and training the next generation of health professionals to focus on addressing social determinants of health (SDOH) and advancing health equity is a key priority. This aim requires educational institutions, communities, and educators to strive for change in health professions education, to attain the goal of creating transformative educational systems that better meet the public health needs of the 21st Century.

PURPOSE AND OUTCOMES Communities of practice (CoPs) are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. The National Collaborative for Education to Address Social Determinants of Health (NCEAS) CoP is focused on integrating SDOH into the formal education of health professionals. The NCEAS CoP is one model to replicate how health professions educators can work together for transformative health workforce education and development. The NCEAS CoP will continue to advance health equity by sharing evidence-based models of education and practice that address SDOH and help build and sustain a culture of health and well-being through sharing models for transformative health professions education.

CONCLUSIONS Our work is an example that shows we can build partnerships across communities and professions, thereby freely sharing ideas and curricular innovations that address the systemic inequities that continue to fuel persistent health disparities and inequities, and contribute to moral distress and burnout of our health professionals.

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INTRODUCTION

Despite advances in knowledge and science, evidence from leading national agencies indicates that health care disparities continue to exist across diverse populations.[1-3] The 2001 report from the Committee on the Quality of Health Care in America made an urgent call for fundamental change to close the quality gap and redesign the American health care system.[4] Two decades after this groundbreaking report, inequities in health persist. As Braveman and colleagues[5] note, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." These nonmedical factors, known as social determinants of health (SDOH), are emerging as major influencers of human health and well-being.

In examining possible solutions that have been suggested to fix the broken health care system and address health disparities in the United States, efforts to develop a health care workforce prepared to address SDOH, structural racism, and upstream factors continue to emerge as key priorities.[6-9] Educating and training the next generation of health professionals to focus on addressing SDOH and advancing health equity requires capable, well-prepared health professions educators who can prepare the future health workforce. Barriers to developing a critical mass of health professions educators include lack of specialized training, lack of resources, lack of high-quality curricular content, and lack of cultural receptiveness to educational changes.

Creating communities of practice (CoP) is one approach to filling these gaps. In this article, we describe the development, implementation, outcomes, and evolution

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CORRESPONDING AUTHOR

Memoona Hasnain
College of Medicine, University of Illinois at Chicago
1919 W Taylor St
Chicago, IL 60612
memoona@uic.edu

of the National Collaborative for Education to Address the Social Determinants of Health (NCEAS) CoP.

NCEAS CoP

Development

The NCEAS was formed in 2016 through grant support from the Health Resources and Services Administration and successfully established an academic program to conduct systems-level research and disseminate best practices to advance primary care training and to support the development of a workforce that can effectively address SDOH. Early on in our initiative, we recognized the value of establishing a CoP program to support the work of health professions educators.

To develop the NCEAS CoP, we drew on the work of Wenger-Trayner and Wenger-Trayner.[10] A CoP is a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. CoP is an emerging framework with 3 core characteristics: domain, community, and practice (Figure 1). A CoP has a shared domain of interest. Membership therefore implies a commitment to the domain and leads to shared competence that distinguishes members from other people. The community pursues their interest in their domain, members engage in joint activities and discussions, help each other, and share information. The practice members of a CoP develop a shared repertoire of resources: experiences, stories, tools, and ways of addressing recurring problems. It is the combination of these 3 elements that constitutes a CoP, and it is by developing these 3 elements in parallel that one cultivates such a community.[10] A CoP differs from other forms of organization in several ways (Table 1).[11]

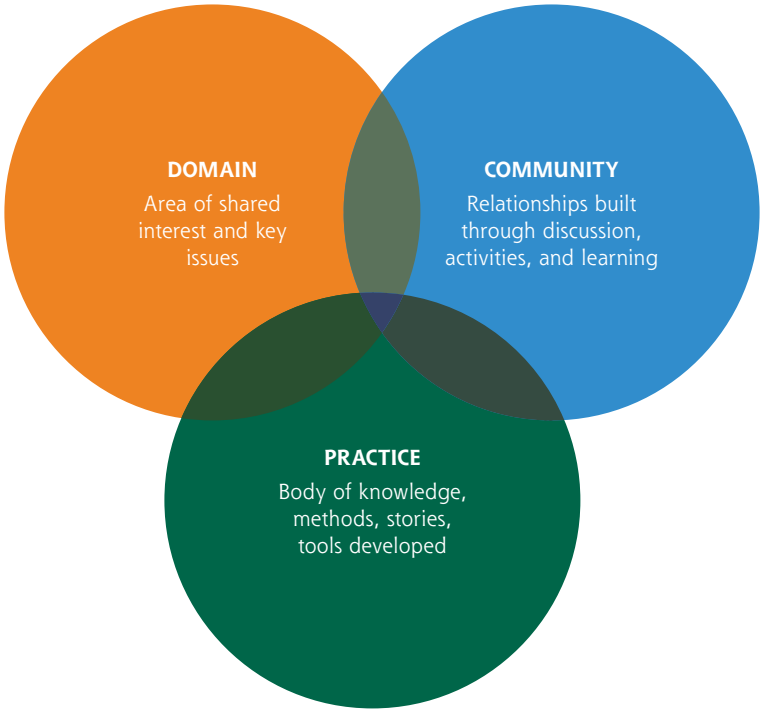
The NCEAS CoP is designed to focus on integrating SDOH into the formal education of health professionals, and to exchange ideas and knowledge around SDOH, exploring all aspects of health equity in health professions education through purposeful conversations, allowing the learning and dissemination of knowledge to spread into both formal and informal curricula for the next generation of health professionals. We built our CoP drawing from the wisdom of a cross-sectorial group; each member demonstrated a commitment to health professions education and came with areas of expertise that were needed to advance education to address SDOH and advance health equity. This commitment was especially important as training around SDOH is historically underaddressed in health professions education. Furthermore, not all programs, institutions, and community partners have the needed expertise in developing educational materials. In addition, health professions educators (and their schools) typically work in silos and try to solve common problems with finite resources (time, human capital, funding, etc). For example, schools of nursing and medicine are both working to educate students to advance health equity by understanding childhood adversities and trauma and its impact on lifelong health; however, educators rarely work together to create modules or curricula that often mirror each other in their objectives.

Given the importance of interprofessional collaboration,[12] we established a CoP of educators with an interprofessional lens to foster collaborative learning, share best practices, and disseminate scholarship to advance education to address SDOH. Allowing open access to resources and learning from each other enables better use of resources. The pervasive problems in health and society will not be solved in siloed zones; using each other's strengths synergistically is cost-effective and enables better use of educational resources across professions and disciplines. These are among the guiding principles that underpinned the development and implementation of our CoP. Our CoP has 3 main process objectives: (1) engage the NCEAS network and general public on SDOH education topics through community blogs, webinars, and Twitter chats; (2) plan and host the annual NCEAS national conference; and (3) launch the Just in Time Research Round Up.

Implementation

The NCEAS CoP successfully brought together a group of educators and health professionals to work collaboratively with the NCEAS in developing knowledge and contributing to shared resources. The CoP recruited 15 health professions

Figure 1. Model for communities of practice.



Adapted with permission from Wenger-Trayner and Wenger-Trayner.[10]

Table 1. A Snapshot Comparison of Forms of Organization

Form	What's the purpose?	Who belongs?	What holds it together?	How long does it last?
Community of practice	To develop members' capabilities; to build and exchange knowledge	Members who select themselves	Passion, commitment, and identification with the group's expertise	As long as there is interest in maintaining the group
Formal work group	To deliver a product or service	Everyone who reports to the group's manager	Job requirements and common goals	Until the next reorganization
Project team	To accomplish a specific task	Employees assigned by senior management	The project's milestones and goals	Until the project has been completed
Informal network	To collect and pass on business information	Friends and business acquaintances	Mutual needs	As long as people have a reason to connect

Note: The 4 forms of organization are useful in complementary ways.

Reprinted with permission from Wenger and Snyder.[11]

educators from across the nation. Initially, the group largely comprised physicians; over time, we expanded to include health professionals in nursing, social work, and physician assistant programs. Members were largely recruited from like-minded organizations such as the Beyond Flexner Alliance and the American Public Health Association, and through intentional outreach to known experts in SDOH and health disparities. We requested potential members to write a short description of their interest in joining the CoP, their areas of expertise, and their commitment to disseminating work related to SDOH in health professions education. We cultivated a group with varying expertise, diverse interests, and multidisciplinary background.

The group meets quarterly; each member is asked to commit at least 15 hours annually and receives a modest annual honorarium. The CoP members identify specific roles that they are interested in, such as generating content for the program website (eg, writing blogs, reviewing curated resources) and presenting at the NCEAS national conference and in our ongoing educational webinars. The CoP started with a physician lead and transitioned to 2 physician coleads. After the original CoP leader departed in 2020, we added a nursing colead to strengthen the scope and reach of our work with an interprofessional lens.

Outcomes

Attaining the objectives that we set forth for our CoP is an ongoing journey; we have collectively contributed to a variety of scholarly activities that relate to education to address SDOH and advance health equity. This contribution includes conference presentations, blogs, webinars, contemporary research reviews, and other scholarly work.[13-17] NCEAS has hosted 3 annual conferences (the 2020 conference was canceled because of the COVID-19 pandemic) and 18 webinars, and has published 38 blogs[16] and 4 Research Round Ups.[17] Our CoP aims to ensure that health professions educators stay up to date by growing/expanding an open-access, interdisciplinary curricular repository curated by peer expert educators for health professions educators to easily integrate this important content, and to promote the sharing of curricular content between fields and across institutions and thereby address SDOH and advance health equity. The NCEAS curated Curriculum Collection (**https://sdoheducation.org/curriculum-collection/**) includes 191 educational resources that have been peer reviewed and includes commentary to help guide educators using the site. Our Curriculum Collection is an indexed database of curricula and assessment materials (eg, courses, simulations, cases, and experiential learning opportunities) that are ready to be implemented or adapted to various settings and audiences. To maintain rigor and high quality, all submissions are peer reviewed by our CoP members.

Evolution: Challenges and Lessons Learned

A CoP cannot be created in a vacuum. In most cases, informal networks of people with the ability and the passion to further develop an organization's core mission, vision, and values already exist, as was true at NCEAS. The challenge is to identify such individuals and help them come together as a CoP. Creating and sustaining our CoP has been a major undertaking. The COVID-19 pandemic posed unprecedented challenges to the ways in which we worked. We have been fortunate to be able to persevere and carry this work forward because of the commitment of our team to our shared vision.

On the basis of key lessons we learned from our work, we offer the following practical recommendations for others working in this area:

1. Link work to advance health equity with health workforce development. It is critically important to share best practices and evidence-based resources to better prepare educators tasked with training the future health care workforce to address SDOH and advance health equity. We continue to strive to offer a platform where cutting-edge curricular innovations are available freely and can be easily be shared. In

particular, our CoP took note to highlight specific issues for vulnerable populations and continues to amplify and integrate community voices to ensure development of more equitable solutions to persisting problems in health and society.[13,14] Our curated Curriculum Collection highlights critical subject areas for educators teaching SDOH to a variety of audiences.

2. Use digital technology and multimodal education to advance health equity by creating cross-disciplinary learning communities without walls; be nimble and ready to pivot. We use social media and digital technology to showcase what the community members, students, and clinical partners are doing in health professions education to advance health equity. Our efforts include recurring annual national conferences, webinars, blogs, and social media presence. The annual conference has served as a hub for like-minded health professions educators to meet and exchange ideas and innovations, as well as share challenges and opportunities. Our dissemination efforts have allowed noteworthy leaders in the field to inspire and galvanize the mission of education to address SDOH. Keynote speakers at our conferences have included prominent physicians and nurses, and other national leaders. A few of our eminent speakers have included Congresswoman Lauren Underwood, Dr Kenya Beard, Dr Marcella Nunez Smith, Dr Mona Khanna, and Dr Holly Humphrey. To accommodate the changes necessitated by the COVID-19 pandemic, we moved our conference online and also made it more accessible by creating half-day conference options over 3 days to build community for clinicians and educators who may have varied clinical and teaching responsibilities.

3. Curate high-quality resources and make them available freely and easily. Although resources such as MedEdPORTAL are extremely valuable, they are often behind a paywall and are rarely used beyond a single profession. NCEAS has created a robust dissemination platform for curricular innovations addressing SDOH, including the curated Curriculum Collection and General Resources (available at **https://sdoheducation.org/**). It is well known that there is a paucity of literature and published curricula aimed at teaching future health professionals about SDOH. Our Curriculum Collection has finally started to bridge this publication and dissemination gap, allowing educators to easily access and implement novel curricula, free of cost.

4. Integrate well-being of the care team as a central part of advancing health equity. Throughout the pandemic and continuing in many of our conference themes, clinician and learner well-being is consistently highlighted. Our CoP participants are committed to regular and ongoing collaboration, communication, and connection with members of the group. These collaborative meetings often lead to discussions of well-being. Opportunities to discuss, reflect, and learn from each person's community offers a chance to think about the well-being of various health care team members from their own lens. In addition to our learners being trained in a largely siloed approach, the teachers themselves are rarely provided an environment that offers highly collaborative and robust approaches to solving the critical challenge of compassion fatigue in our future workforce. Hence, we recommend making "healing the healers" a priority.[14]

5. Create synergy and use the wisdom of the interprofessional team, and do not forget the power of the pen. Although our CoP is an interprofessional team, it did not start that way. The multifaceted challenges of the social, economic, and structural ills in health and society require interdisciplinary and multifactorial solutions. We need to capitalize on the opportunity to engage with and draw from the wisdom of multiple health professions, while still speaking the same language, acknowledging with respect the varying areas of knowledge and expertise, and meeting the needs of different accrediting bodies. By purposefully networking at interprofessional conferences, such as the Beyond Flexner Alliance Conference, we can grow and support the diverse interprofessional community of health professions educators committed to addressing SDOH by sustaining established networks and offering faculty development to improve expertise of this new and expanding CoP. Wherever possible, we recommend sharing work through scholarly writing and using various platforms for dissemination.

FUTURE DIRECTIONS

The growing underresourced and vulnerable populations in the United States call for developing a future health workforce dedicated to and capable of meeting the needs of these populations.[18] The literature is replete with calls for all health professionals to understand concepts associated with health equity, such as health disparities, culturally competent care, structural racism, and social justice. Integrating SDOH into health professions education and evidence-based recommendations continues to gain momentum.[19] The body of literature on educating health professionals about SDOH is extensive; the CoP is one model to facilitate and advance this work.[20] These calls align with the Health Resources and Services Administration's most recent strategic plan, which has a mission to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs.[21] Relevant, real-world, practical strategies to adapt curricula, implement new competencies and programs of study, collaborate across professions, and measure outcomes are hard to access, however. Sometimes they are behind a paywall and professions do not talk to one another in higher education, and frankly, academic content alone is insufficient to provide students with the knowledge, skills, and abilities they need to address SDOH and advance health equity.[6-9] Hence, sharing and providing easy access of best practices and resources is critical to support health professions educators.

The NCEAS CoP will continue to advance health equity by sharing evidence-based models of care that address SDOH and help build and sustain a culture of health and well-being. Our work is an example showing that we can

build partnerships across communities and professions, and can freely share ideas and curricular innovations that address the systemic inequities that have fueled wide and persistent health disparities and inequities and contributed to moral distress and burnout of our health professionals. Our collective resources are limited and our energies are finite; let us not reinvent the wheel by working in silos.

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Key words: social determinants of health; communities of practice; collaboration; interdisciplinary communication; medical education; health professions education; curricula; health equity; primary care workforce; disparities; vulnerable populations

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