Chapter 1
Asynchronous Education for Graduate Medical Trainees to Reduce Health Disparities and Address Social Determinants of Health:
Online Education for Graduate Medical Trainees

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ABSTRACT

Health disparities and social determinants of health are directly linked to access, quality of healthcare, and increase in morbidity and mortality in minority and diverse communities. It is accepted that physicians lead healthcare teams; therefore, academic medical centers must assume the responsibility to provide training to reduce health disparities. The nation's academic medical centers and teaching hospitals have a responsibility to provide education on how healthcare disparities impacts diverse patient populations. This chapter provides a detailed overview of the curriculum development process and design of two asynchronous learning modules on health

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INTRODUCTION

The many chronicled associations between health disparities, social determinants of health, rising healthcare cost and minority status illustrates the need for the healthcare workforce to be trained in culturally appropriate evidence based medicine (Braveman, Egerter, Woolf, & Marks, 2011; LaVeist & Pierre, 2014). Initiatives such as the Healthy People 2020, the National Partnership for Action to End Health Disparities, the National Prevention Strategy, and the Sullivan Commission on Diversity in the Healthcare Workforce implore health care profession to consider not only the patient, but also the overall community and how the built environment impacts the diversity of the healthcare workforce (Jackson & Gracia, 2014; LaVeist & Pierre, 2014). For instance, LaVeist and Pierre (2014) posed a 3 Ds (determinants, disparities, and diversity) conceptual framework that incorporates social determinants, health disparities and equity, and workforce diversity. The authors suggest that using this framework would lead to six public health benefits; improved quality of care, increased cultural competency, expanded access to care to under-resourced communities, improved research, and benefit society and minority providers in private practice (2014).

Additionally, policy changes under the Affordable Care Act of 2010 (ACA) (Office of the Legislative Counsel, 2010) support health disparities education and training. A key feature of ACA relates to the elimination of health disparities by creating new approaches to reduce social determinants of health (LaVeist & Pierre, 2014; Office of the Legislative Counsel, 2010). A provision of ACA is to create new training opportunities for healthcare teams, which are most often led by physicians. Thus, there is a societal imperative for the next generation of physicians to be competent in recognizing and meeting the needs of diverse patient populations.

Arguably, the responsibility to increase understanding and provide education on how health care disparities impacts diverse patient populations, largely falls on academic medical centers and teaching hospitals. However, few Graduate Medical Education (GME) programs have formal training in the complexity of sociocultural risk factors and other health care inequities, which customarily result in poor health outcomes, often for the most vulnerable patient populations, especially racial/ethnic minorities, immigrants, and those with issues of functional literacy.

Fortunately, public accountability through accreditation and other forces are driving curricular transformations in medical education. Several stakeholder organizations such as the Institute of Medicine (IOM), American Board of Medical Specialties, Association of American Medical Colleges, the taskforce that developed the "Kelly Report: Health Disparities in America (Kelly, 2015)" and other proponents have issued a call to action and advocate for cultural competency as an important aspect

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