



UT TylerTM SCHOOL OF
MEDICINE



Community Engagement and Health Equity: A New Social Contract for Academic Medicine

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Learning Objectives

Participants will be able to:

- **Utilize a systems-based approach** in the design, development, and implementation of a **community advisory board (CAB)** to align community engagement goals and health equity outcomes.
- *Determine **how to use a CAB** to create information-sharing, dialogue, and feedback loops expand the collective understanding of health equity gaps in the region.*
- **Apply the Intersectional Health Equity Model** to determine how social identity and social determinants of health impact health outcomes.
- *Learn how to **co-construct community aligned transformational service projects, programs, and research priorities.***
- **Understand how partnerships** between schools of medicine and community stakeholders represent the new social contract in medicine.

We're proud to be the **156 member** of the national Association of American Medical Colleges (AAMC)!

As one of the newest medical schools in the nation, UT Tyler is leading the way in healthcare education.



Vision



The School of Medicine vision is to **improve the quality of life and reduce health disparities in our rural region** by training diverse, committed and culturally competent physician leaders who work cooperatively with interprofessional teams to develop innovative value-based healthcare systems, provide the highest quality care, discover novel treatments and improve processes, **and partner with the community to address social determinants of health.**

Mission

- **Community Engagement:** Embed the School of Medicine within East Texas, focusing on communication, responsiveness, inclusion and community. **The School of Medicine is East Texas, and everything we do will be in partnership with our communities.**
- **Education:** Recruit, support and develop a diverse and representative healthcare and research workforce from East Texas, focused on **reducing health disparities in East Texas.**
- **Research:** Develop an array of biomedical, clinical, translational and population-based research programs focused on **understanding and eliminating health disparities in East Texas.**
- **Clinical:** Expand **access to top-quality healthcare in the local communities of East Texas** by developing and implementing innovative healthcare systems and leveraging existing infrastructure and programs.

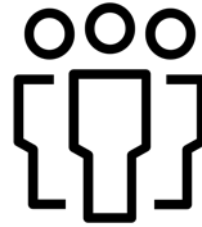


Values



Perseverance

Persisting in pursuit of success, despite any obstacles.



Community

Promoting a feeling of fellowship with others by focusing on our common attitudes, interests and goals.



Excellence

Refusing to accept anything but the best in all we do.



Creativity

Using our imagination to generate novel ideas to solve the problems of East Texas.



Respect

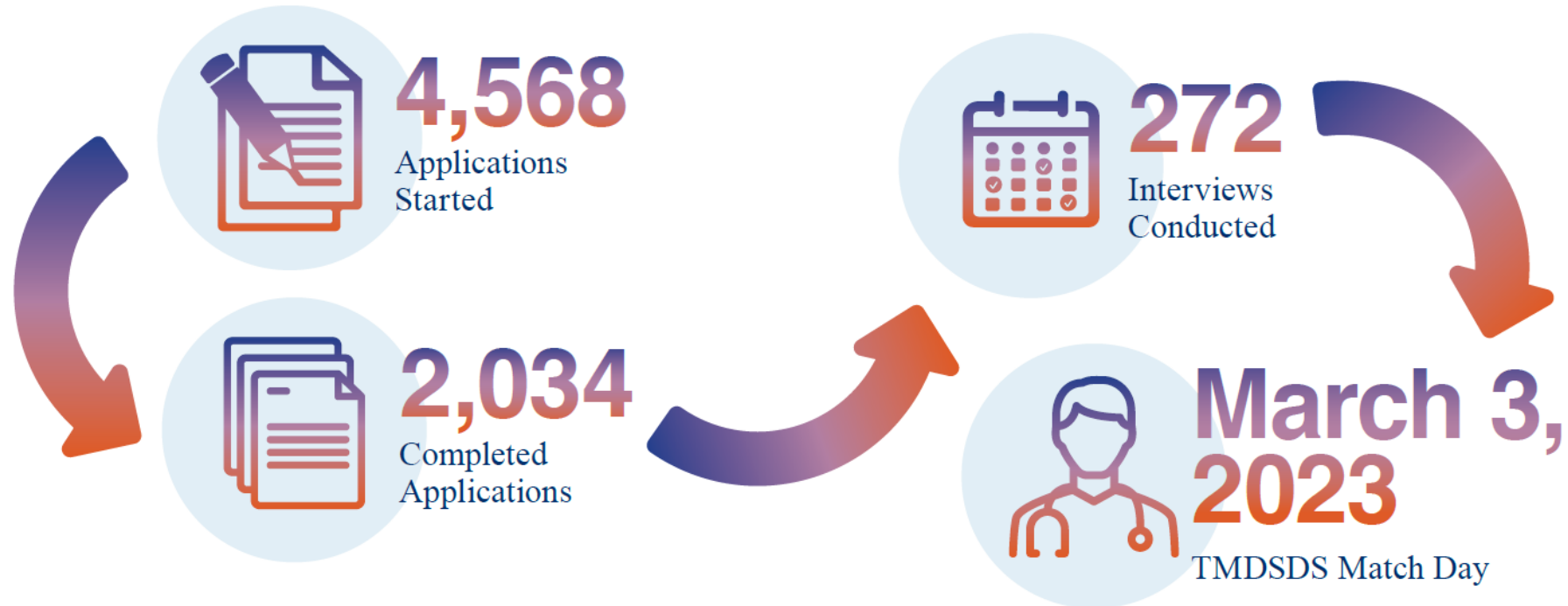
Remembering due regard for the feelings, wishes, rights and traditions of all.



Service

Transformational, service-focused leadership in achieving daring goals.

Admissions Recruitment for Inaugural Class

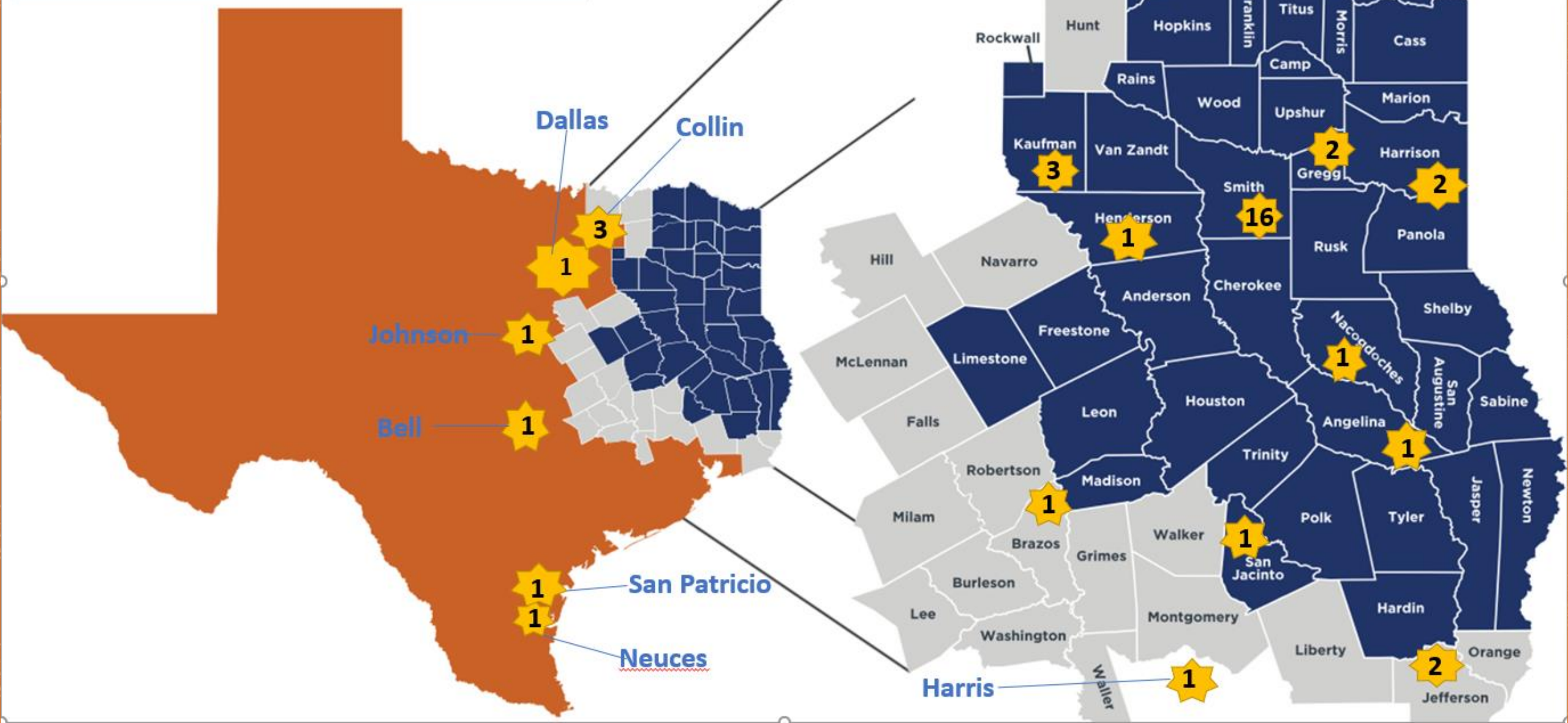


Highly Qualified...but from ETX!

	No interview (n=3344)				Invited for interview (n=272)			
Index	Range	Mean	SD	Median	Range	Mean	SD	Median
GTI	0.00-20.00	0.47	0.02	0.00	0.00-21.00	7.41	5.73	7.00
API	1.00-19.00	15.97	4.19	17.00	6.00-20.00	16.08	3.30	17.00
MCI	0.00-21.00	6.24	4.42	5.00	0.00-19.00	7.66	3.92	7.00
CASPer Z-score	-3.10-2.79	-0.15	0.94	-0.15	-2.79-2.9	-0.20	0.94	-0.20

East Texas Counties

Adjacent East Texas Counties



GME Expansion

Vision: Distribute GME across ETX to address physician workforce shortages in all high-need areas.

Applications in Development:

- Emergency Medicine Residency – Tyler
- Rural Family Medicine Residency – Jacksonville
- Pediatrics Residency – Tyler
- Urology Residency – Tyler
- Nephrology Fellowship – Tyler
- Hematology and Medical Oncology Fellowship – Tyler



GME Success

We have graduated 407 residents/fellows since 1988!

AY 2022-2023	147
AY 2021-2022	145
AY 2020-2021	118
AY 2019-2020	88
AY 2018-2019	82
AY 2017-2018	75
AY 2016-2017	73
AY 2015-2016	77



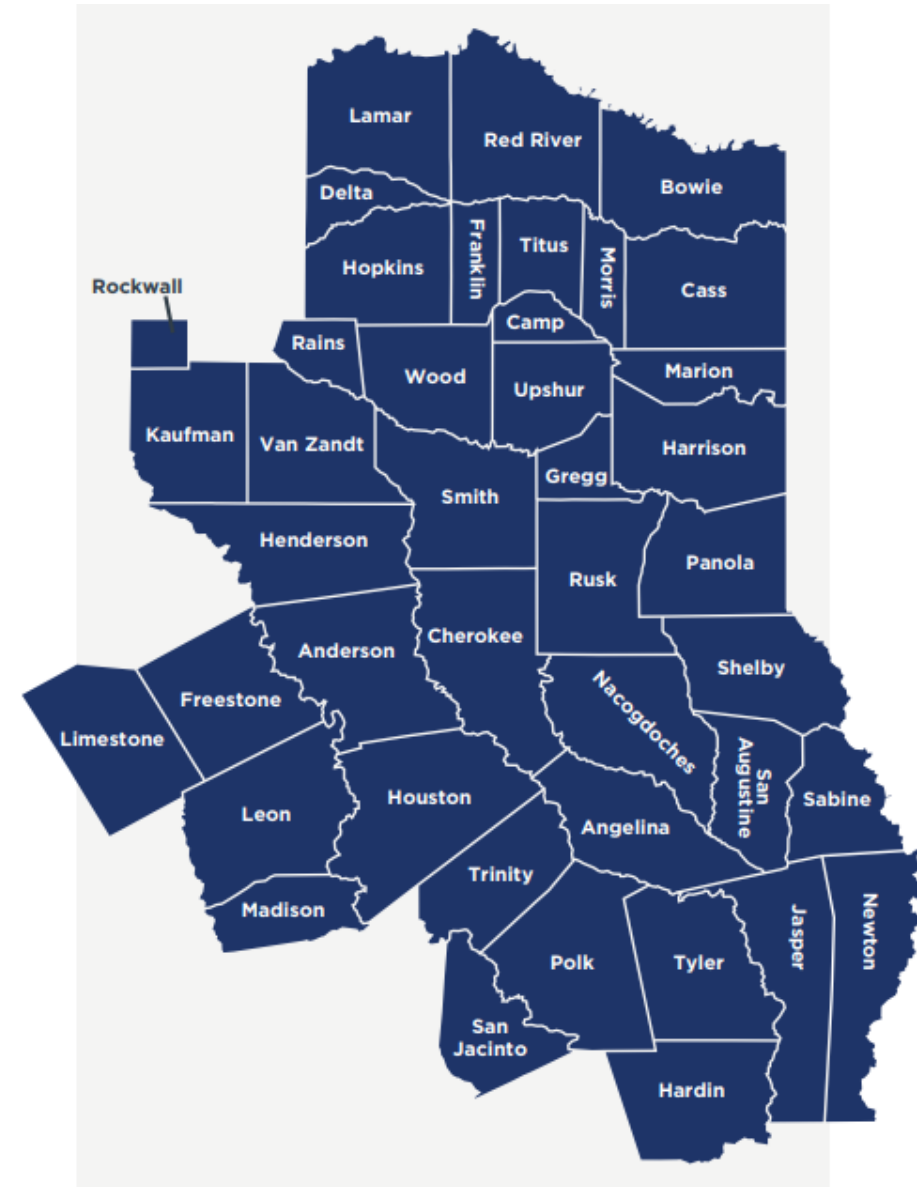
Our Community Partnerships

- Mission and vision-driven partners align with School of Medicine goals.
- Explicitly community engaged from day one.



Geographical Region

- We have identified Northeast Texas as a 42-county region that encompasses Texas Department of State Health Services Region 4/5 North and seven additional counties.
- This area is used by The University of Texas at Tyler School of Medicine for recruitment and clinical placements with the goal of reducing health disparities and improving the quality of life in the region.



Health Challenges in East Texas

WHY do we need a medical school?

- Dire Health Outcomes
- Shortage of Physicians
- More and Better Access to Healthcare

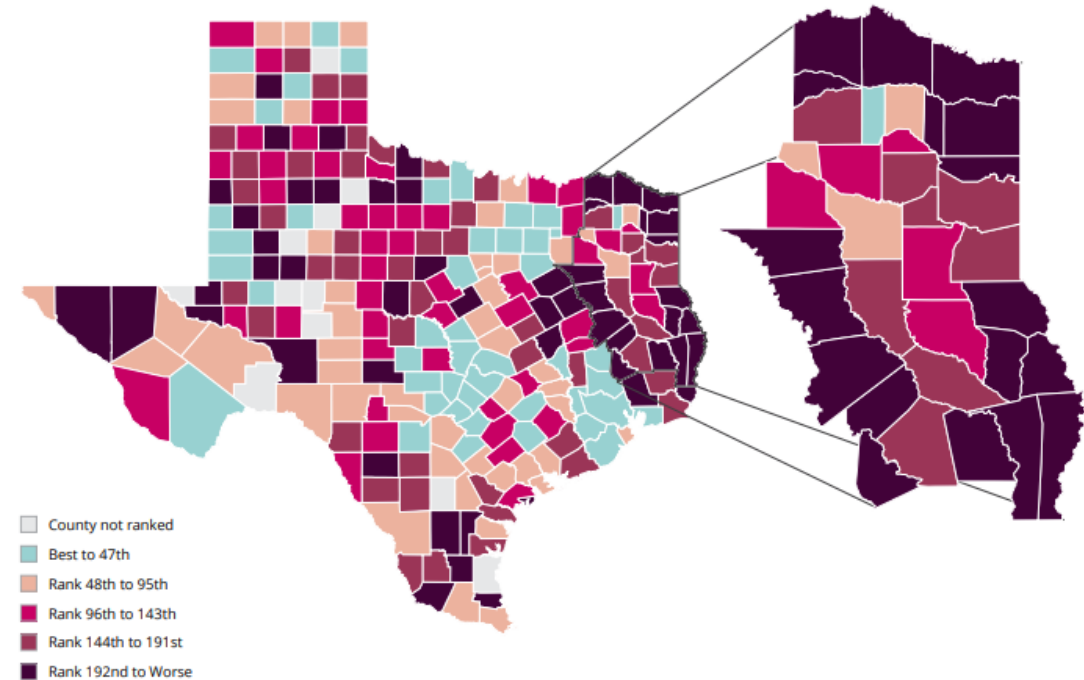


Poor Regional Health Outcomes

Figure 6. County Health Outcome Rankings: Texas Highlighting Northeast Texas (2019)

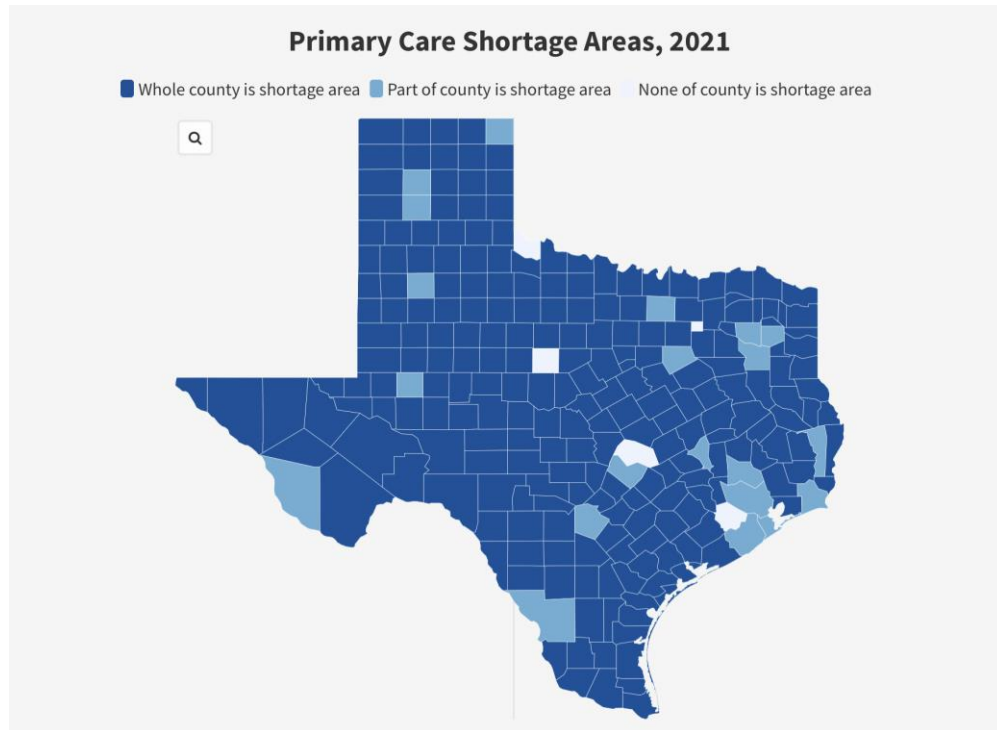
Among all counties in Texas, 26 of the 35 counties in the Northeast Texas region ranked in the worst two quartiles on the health outcomes and factors scores (Figure 6).

“If East Texas were a state, we would rank between 47-51 in most major health outcomes.”



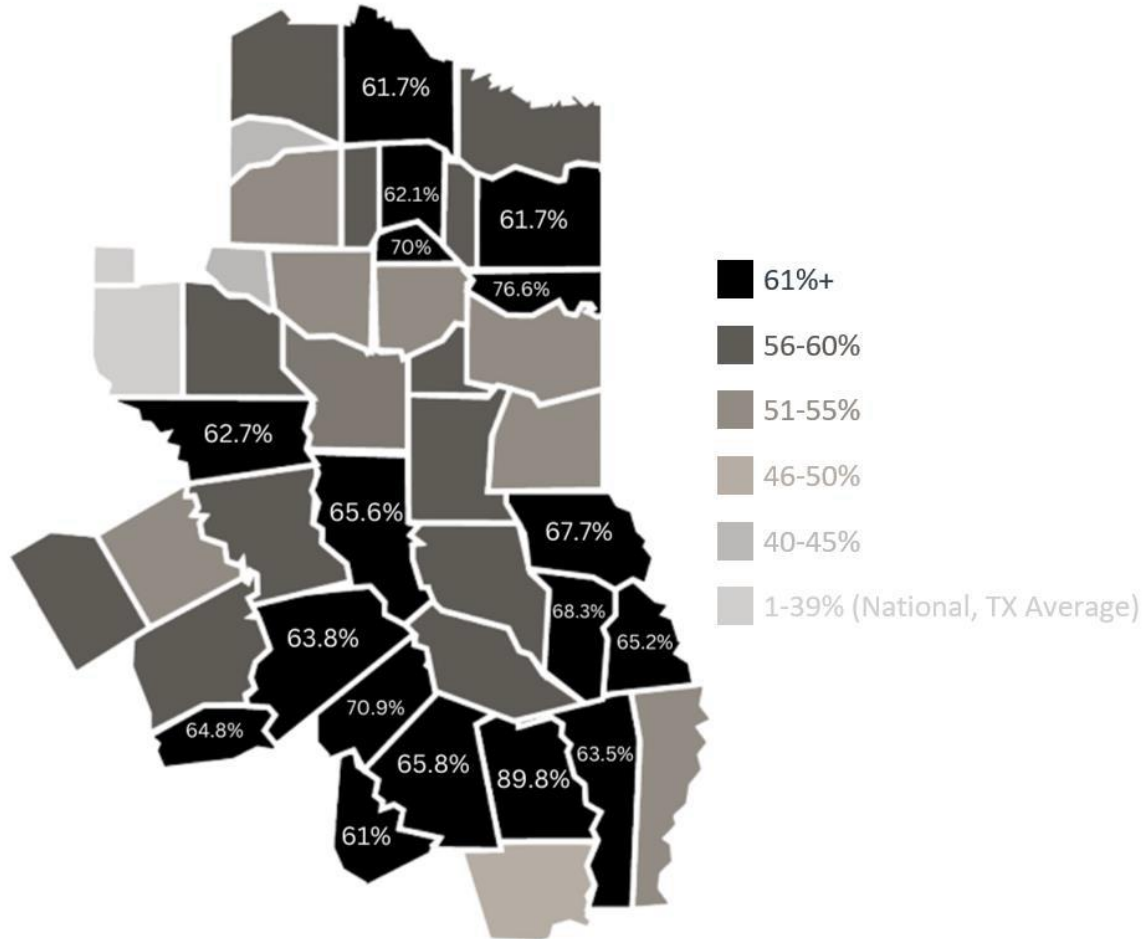
Data source: County Health Rankings and Roadmaps. The University of Wisconsin Population Health Institute.

Critical Shortage of Primary Care Physicians in Texas



Association of American Medical Colleges: by 2033, the nation will have **a shortage of between 54,100 and 139,000 physicians**, “with the most alarming gaps in primary care and rural communities.”

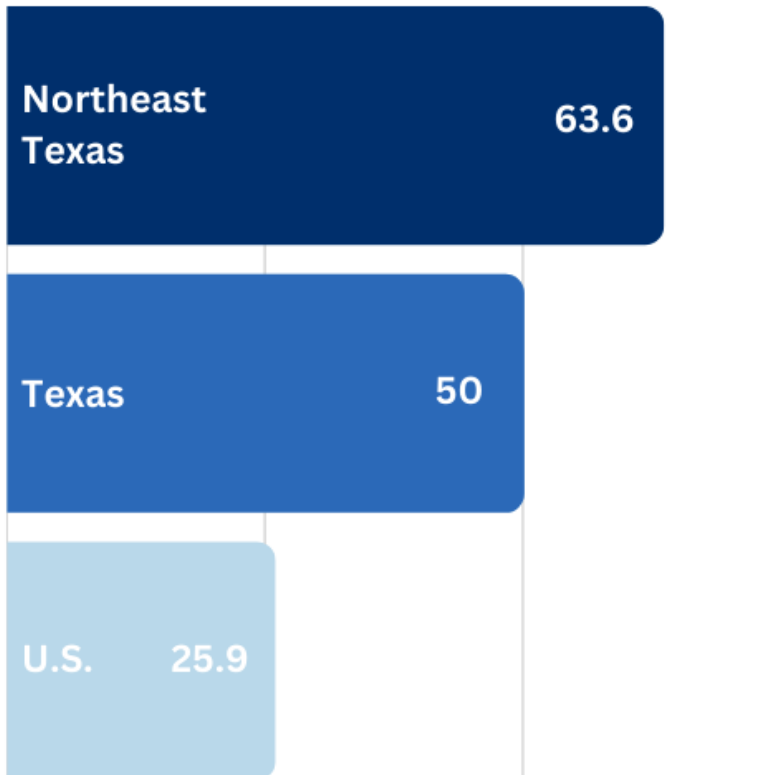
Access and Coverage Issues



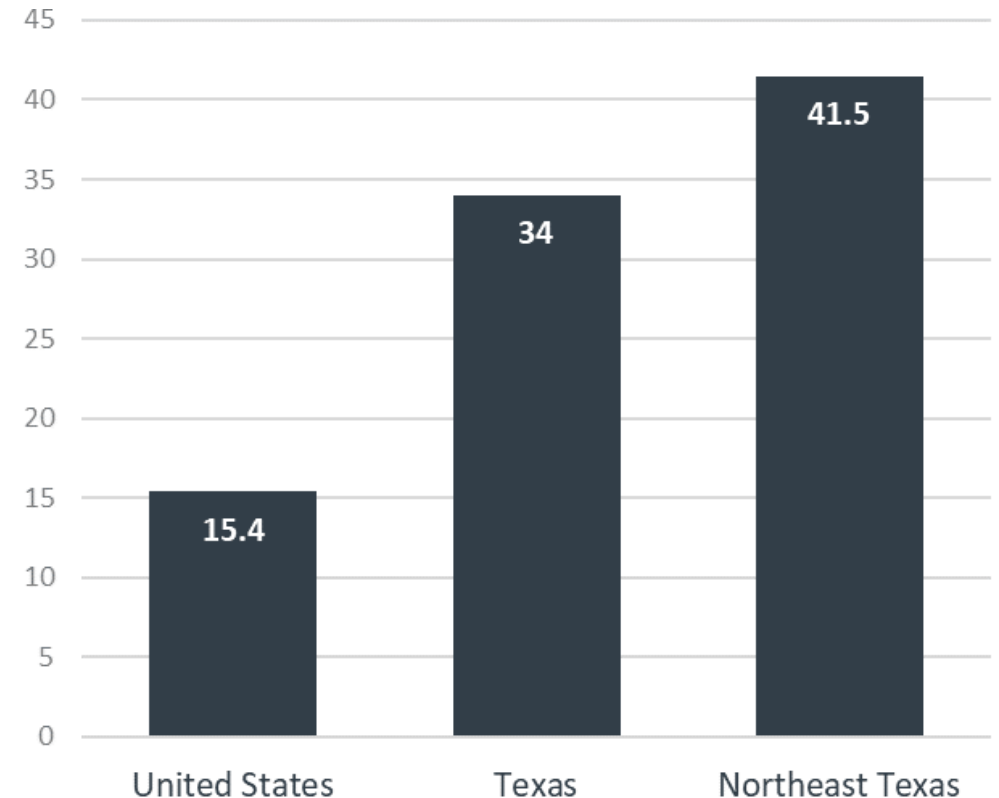
- Percentages on Medicaid / CHIP
- National / TX average is 38%

Pediatrics as an Example

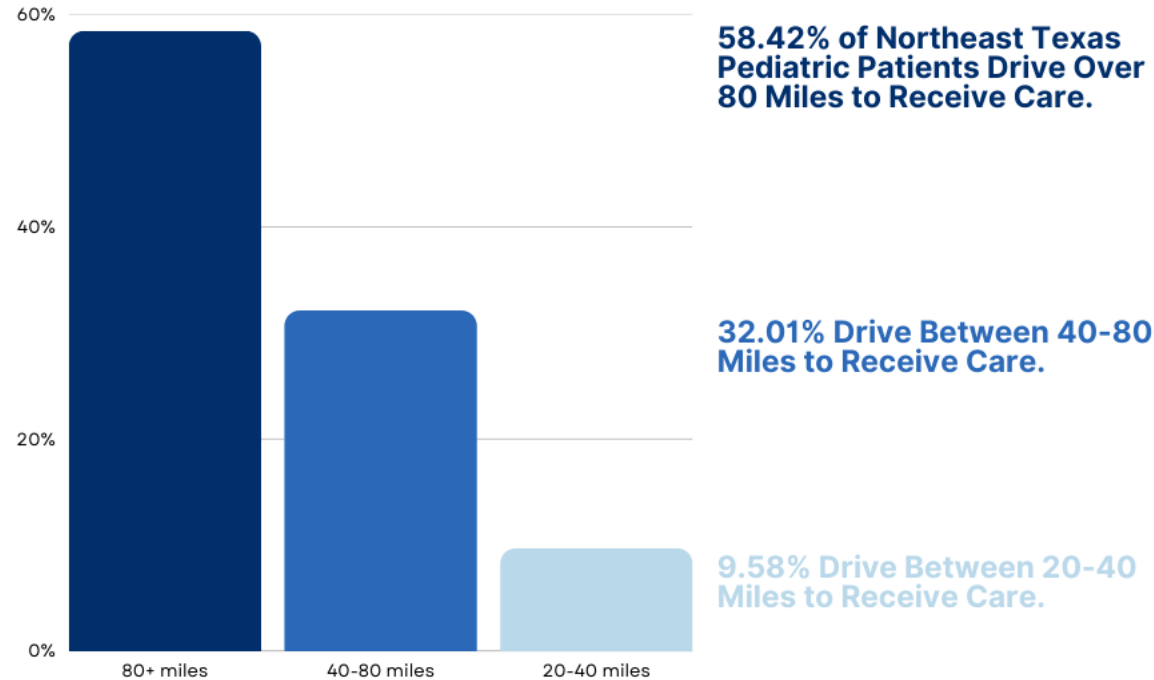
Pediatric Mortality (per 100k)



Teen birth rates (per 1000 pop)



Difficulty Getting There...



	PEDIATRIC MED-SURG BEDS	PEDIATRIC ICU BEDS
Northeast Texas	109	0
Statewide	2,524	612

Paradigm Shift in Academic Medicine

New Social Contract

- AAMC call to establish 4th mission: community collaboration (Skorton, 2020)
- Social contract definition
 - Serves as a metaphor for “medicine’s relationship with the society it serves” (Cruess et al.,2017)
 - ...“the expectations that society has of physicians to be competent, ethical, and responsive to the health needs of society in return for what society provides physicians” (Prasad et al., 2019)
- Community collaboration entails...
 - Creating new paradigm of medical education and clinical care (Skorton, 2020)
 - Move beyond established academic medicine mission – research, clinical care, and medical education (Skorton, 2020)
 - Established focus “no longer enough” (Skorton, 2020); insufficient to “achieve health justice for all” (Alberti, Fair & Skorton, 2021)
 - Doing more to effect change
 - Recognize the community as a stakeholder (Hoggard et al.,2023)
 - Work in partnership with communities we serve (Hoggard et al., 2023); “listen and engage” (Skorton, 2020)
 - Seek out opportunities for “improvement” (Skorton, 2020); jointly craft solutions
 - Tackle “fundamental causes of health inequities” (Alberti, Fair & Skorton, 2021)
 - Utilize academic health centers as mechanism to build relationships & trust (Hoggard et al.,2023)
 - Engage strategies such as COPC and CEHC (Hoggard et al., 2023)

Achieving Health Equity & Systems Transformation Through Community Engagement: A Conceptual Model



Source: Organizing Committee for Assessing Meaningful Community Engagement In Health & Health Care Programs & Policies, NAM, 2022

Benefits of ACE Model



Group Exercise



SOM CAB: A New Social Contract

CAB Purpose

The Community Advisory Board (CAB) is comprised of diverse leaders representing nonprofit, for-profit, and educational organizations who will work in partnership with the School of Medicine (SOM). Participating members will serve in an advisory role and provide advice and recommendations to the SOM that help to:

- Align campus and community resources to develop shared knowledge, awareness, and to establish a collaborative process that strengthens this alliance,
- Create information-sharing, bi-directional dialogue and feedback loops between community and SOM leaders that expand our understanding of health equity gaps within the region,
- Share creative suggestions and novel ideas that guide the focus of the SOM's work and clarifies how the SOM can add value to the East Texas community,
- Consider the social, economic, historical, and environmental contexts and systems that have perpetuated health inequities within the region, and
- Co-construct community-aligned transformational service projects, programs, and research priorities to reduce disparities in health outcomes and improve the quality of life and health in East Texas.

Member Composition

- LMHA (2)
- FQHC (4)
- CCBHC
- Other Nonprofits (14)
- East Texas Food Bank
- East Texas Council of Governments
- NET Health
- VA North Texas Health Care System at Tyler
- Office of Public Health Policy, Texas Dept of State Health Services
- University stakeholders (faculty, clinicians, staff, and sr. leaders)

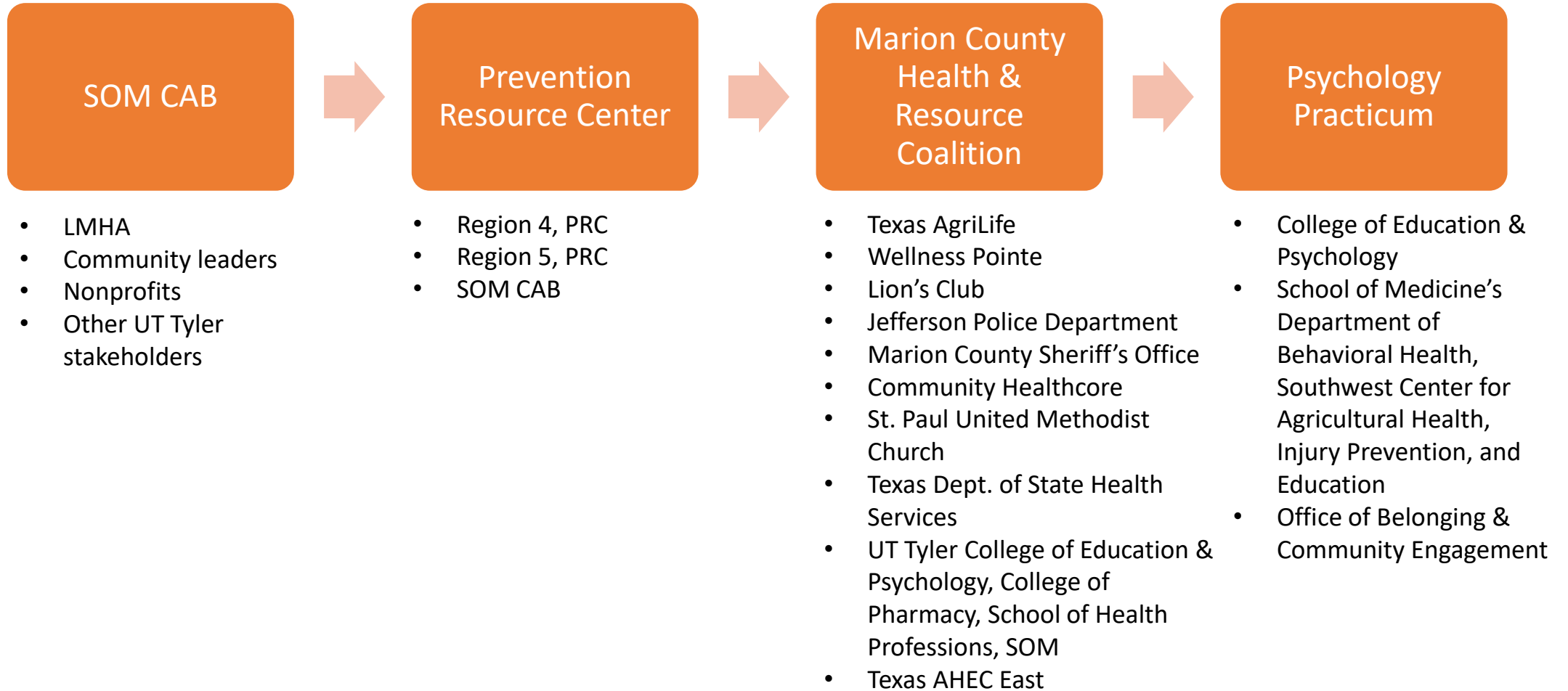
Top 5 Health Needs

- Mental health
- Rural access (e.g., transportation)
- Across the lifespan: chronic disease management prevention
- Qualified supply of medical professionals
- Lifestyle management (e.g., smoking, preventive care) – community education and research

CAB Core Efforts

- Engaging community stakeholders
- Developing relationships; building trust
- Establishing an agenda
- Data assessment to determine where greatest needs lie
- Building coalitions of support and investment
- Aligning institutional resources to these needs

Community Aligned Solutions



Group Exercise



Health Care: An Intersectional Analysis

Intersectionality Defined

“[moving] beyond examining individual factors such as biology, socioeconomic status, sex, gender, and race. Instead, it focuses on the relationships and interactions between such factors, and across multiple levels of society, to determine how health is shaped across population groups and geographical contexts” (Kapilashrami & Hankivsky, 2018).

Linking Intersectionality to Health

- Olena Hankivsky, PhD, serves as the gender and health research chair for the Canadian Institutes of Health Research.
- She is also a senior scholar for the Michael Smith Foundation for Health Research.



Intersectionality & Health

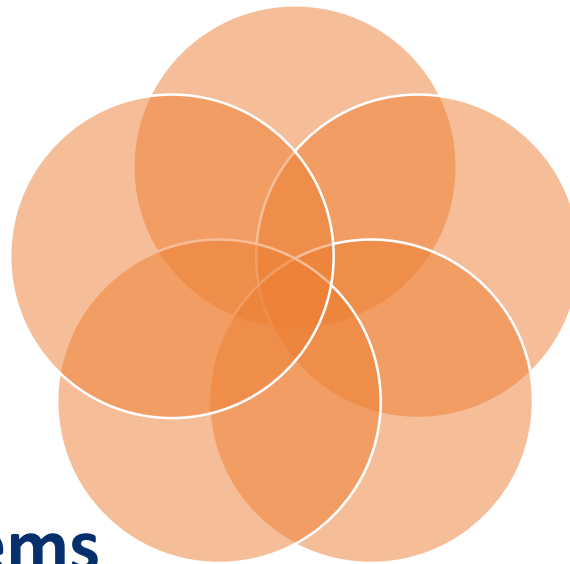
Individual Identity

Health
Outcomes

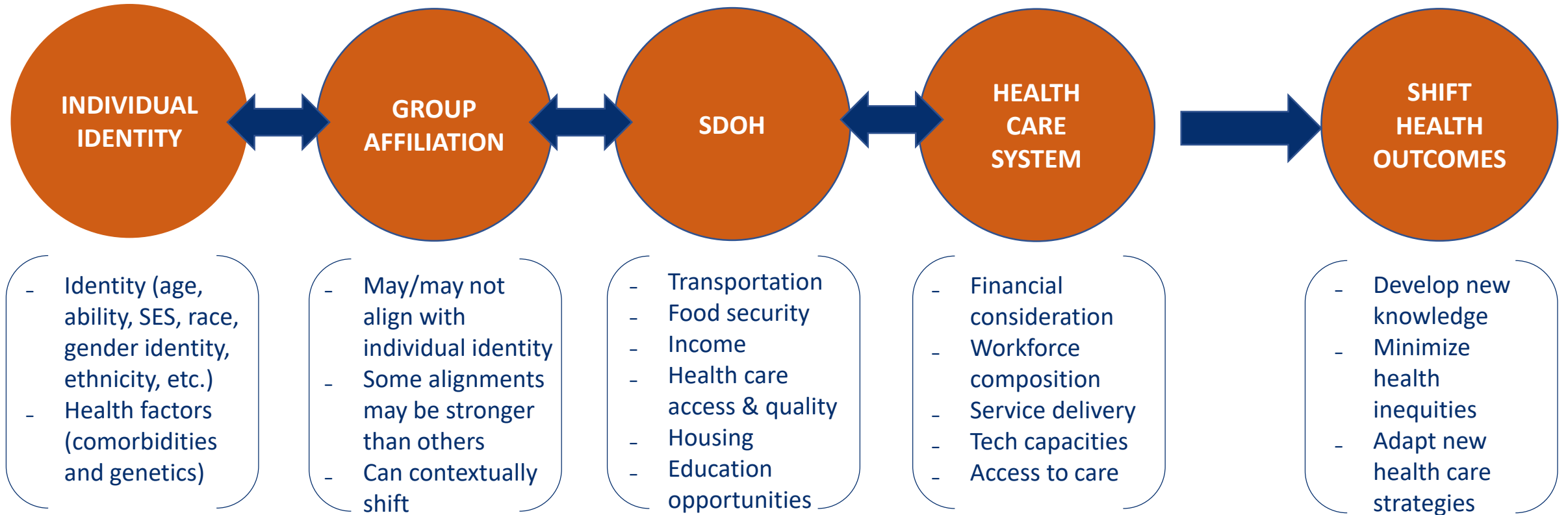
Group
Affiliation

Social Systems

SDOH



Intersectional Health Equity Model



Morales, 2023

Intersectional Benefits

- Disrupts homogeneous assumptions
- Shifts strategies beyond single-axis, additive approach of identity
- Examines the overlap between individual/group identity, SDOH, and social systems such as academic medicine to determine the relationships between these dynamics
- “...enhances understanding of not only who is left behind but why and how” (Kapilashrami & Hankivsky, 2018)
- Provides “multi-level analysis” and opportunities to craft community aligned solutions (Hankivsky, 2021)
- “Intersectionality...has the potential to help reach the goal of health equity even for the most vulnerable and marginalized groups in society” (Harari & Lee, 2021).

Final Thoughts

“There is no power for change greater than a community discovering what it cares about.”

– Margaret J. Wheatley

“Knowing is not enough; we must apply. Willing is not enough; we must do.”

– Goethe