

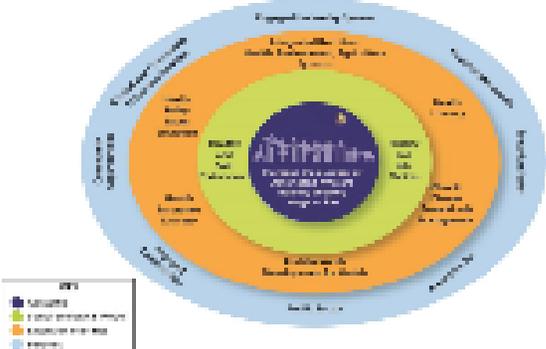
Core Determinants of Health Education/Training Evidence Table

Article /Doc #	Author/Title	Type of Education/ Training	Description/Determinants	Mitigation/ Referral of SDH	Evidence Rating (Level/Quality)		Public Domain/ Authorization/ Licensing
1	Developing an Integrated Curriculum on the Health of Marginalized Populations: Successes, Challenges, and Next Steps  Developing an Integrated Curricula	Experiential learning, quality improvement, and didactic Education	Increase trainee awareness and understanding of marginalization and health disparities, and improve trainee attitudes towards and comfort in working with marginalized groups. The broader goal was to encourage trainees to think of their patients in a more nuanced, contextual manner by shifting educational culture. *medical residents and students	N	V	C	Unknown
2	Culturally Competent Nursing Care: A Cornerstone of Caring https://ccnm.thinkculturalhealth.hhs.gov/	Electronic	Unknown <i>"...offers the latest research and resources, including the HHS Office of Minority Health's enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care"</i>	NA	III	NA	Public
3	Litmos http://www.litmos.com/learning-management-platform-lms/?campaign=sem_brand&network=g&device=c&creativeid=48008700940&placement=&keyword=litmos%20healthcare&bm=e&gclid=CLHK_OjldECFdgegQodZUEQNA	Unknown Mentioned in survey response	Unknown	NA	NA	NA	Commercial
4	Training medical students in the social determinants of health: the Health Scholars Program at Puentes de Salud, Philadelphia, PA  training-medical-students-in-the-social	Didactic instruction with service experiences	Introduction to the SD; links between education and health; providing primary care in under-resourced settings and innovative care models; integrating the social determinants of health into the practice of medicine; Culturally specific Latino content *medical and health professional students	Yes	III	B	Unknown

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5	<p>The Urban and Community Health Pathway</p>  <p>The Urban and Community Health F</p>	<p>Readings, didactics, case discussions, and site visits</p>	<p>Links training with community needs and assets to prepare students with the knowledge, skills, and attitudes to provide effective care in urban, underserved settings; promote community health; and reduce health disparities</p> <p>*physicians</p> <p>Uses Medical College of Wisconsin population-based model of patient-centered care</p> <p>Describe the influence of nonbiologic health determinants (e.g., gender, race, culture, SES, health literacy) on health and well-being; the natural progression of disease; and on the delivery of effective medical care.</p> <p>Integrate knowledge of socioeconomic health determinants in assessment, diagnosis, and management of common illnesses (e.g., asthma, depression, hypertension, diabetes, influenza, HIV).</p> <p>Discuss how public policy and population-based initiatives can influence health determinants and outcomes.</p>	No	III	B	Unknown

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6	Unique Premedical Education Experience in Public Health and Equity: Combined BA/MD Summer Practicum  Unique Premedical Education Experienc	Shadowing, tutorials, narrative writings; and 4) group community projects	Increase skills in the areas of public health, equity based interventions and patient safety skills to address the medical needs of patients in the 21st century. Provide a strong foundation for practicing medicine with sensitivity to New Mexicans and their public health and medical needs.	No	III	B	Unknown
7	Teaching Students to Work With Vulnerable Populations Through a Patient Advocacy Course  Teaching Students to Work With Vulne	Service learning with	Online poverty simulation, reflection, and discussion; several online and in-class lessons; team assignments; home visit; reflective journals *nursing and other health students	No	IV	B	Unknown
8	IOM A Framework for Educating Health Professionals to Address the Social Determinants of Health https://www.maxwell.syr.edu/uploadedFiles/anthro/News/IOM.SDH.full%20report.pdf	Conceptual frameworks; training for researchers and legislators;	National Framework for Health and Wellness (IOM, 2015) INDEPTH Training and Research Centers of Excellence (INTRECs). These centers provide training related to the social determinants of health to INDEPTH researchers and enable information sharing with decision makers (INTREC, n.d-a). Taught by faculty and specialists from Germany, Ghana, Indonesia, the	Yes	III	B	Unknown 

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			<p>Netherlands, South Africa, Sweden, and the United States.</p> <p>Society for Public Health Education's State Health Policy Institute (SHPI) curriculum, designed to educate U.S. state legislators and other professionals in the latest policies and research in chronic disease prevention, control and eliminating disparities (SOPHE, n.d.).</p>				
9	<p>Working Upstream Skills for Social Change A Resource Guide for Developing a Course on Advocacy for Public Health</p> <p>http://bmsg.org/sites/default/files/bmsg_handbook_working_upstream.pdf</p>		<p>Importance of social change and advocacy to achieving the overall goals of public health. Specifically, this will include:</p> <ol style="list-style-type: none"> 1. A population-based approach to public health 2. The prevention paradox 3. The nature of the social gradient 4. The roles of advocacy and public policy in pursuing public health goals. 	No	IV	B	Unknown
10	<p>Community Colleges and Public Health Project</p> <p>https://www.league.org/sites/default/files/private_data/imported/league_books/CCPHFinalReport.pdf</p>	Sample course content outlines	<p>Public Health: Generalist & Specializations and the Health Navigator prototype curricular models</p> <p>Human Health/Personal Health and Wellness including a population health and determinants of health focus</p> <p>Epidemiologic principles and population perspective—rates, risk factors, and health status indicators of morbidity and mortality; disease</p>	Yes	IV	B	Unknown

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			<p>determinants, causation, and types of epidemiologic research; plus public health surveillance and vital statistics.</p> <p>Health and social and behavioral sciences—social determinants of health and methods for altering behaviors at the individual and population levels.</p> <p>Health disparities and vulnerable populations—overview of public health’s commitment to vulnerable populations, including maternal and child health, aging, persons with disabilities, and socioeconomically disadvantaged populations.</p> <p>Primary, secondary, and tertiary prevention.</p> <p>Social-economic, cultural, and religious impacts on prevention and treatment of disease.</p> <p>Risk assessment—meaning of measures of the magnitude of the risk, impact of multiple risk factor intervention.</p> <p>Prevention through the life-cycle— Infants, children, adolescents, adults, older adults, elderly.</p> <p>Assessing individual and community needs—engaging individuals and/or</p>				
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			<p>their families in on-going health assessment efforts; engaging communities in assessing community-wide needs.</p> <p>Connecting individuals and communities with available resources—connecting individuals with self-care and health care resources; connecting communities with local, state and national resources.</p> <p>Accessing long-term care and other outpatient/community resources.</p> <p>Disparities in health status, diversity in populations, and health promotion programs—identify population groups and health disparities.</p> <p>Innovative and future health education issues—explore emerging health education, health promotion, and health promotion practice (i.e., innovative programs, trends in disease that are of concern, etc.).</p>				
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Evidence Guide	
Evidence Levels I, II, & III (Includes Experimental, Quasi-Experimental & Non-Experimental Research Studies)	
<p><u>Level I:</u> Experimental study, randomized controlled trial (RCT); Systematic review of RCTs, with or without meta-analysis</p> <p><u>Level II:</u> Quasi-experimental Study; Systematic review of a combination of RCTs and quasi-experimental, or quasi-experimental studies only, with or without meta-analysis.</p> <p><u>Level III:</u> Non-experimental study; Systematic review of a combination of RCTs, quasi-experimental and non-experimental, or non-experimental studies only, with or without meta-analysis; Qualitative study or systematic review, with or without meta-analysis</p>	<p><u>A High Quality:</u> Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence</p> <p><u>B Good Quality:</u> Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence</p> <p><u>C Low Quality or Major Flaws:</u> Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn</p>
Evidence Level IV (Includes Clinical Practice Guidelines & Position Statements)	
<p>Opinion of respected authorities and/or nationally recognized expert committee/consensus panels based on scientific evidence includes: clinical practice guidelines & consensus panels</p>	<p><u>A High Quality:</u> Material officially sponsored by a professional, public, private organization, or government agency; documentation of a systematic literature search strategy; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies and definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years</p> <p><u>B Good Quality:</u> Material officially sponsored by a professional, public, private organization, or government agency; reasonably thorough and appropriate systematic literature search strategy; reasonably consistent results, sufficient numbers of well-designed studies; evaluation of strengths and limitations of included studies with fairly definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years</p> <p><u>C Low Quality or Major Flaws:</u> Material not sponsored by an official organization or agency; undefined, poorly defined, or limited literature search strategy; no evaluation of strengths and limitations of included studies, insufficient evidence with inconsistent results, conclusions cannot be drawn; not revised within the last 5 years</p>

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Evidence Level V (Includes Literature Reviews, Expert Opinion, Quality Improvement, Financial/Program Evaluation)	
<p>Based on experiential and non-research evidence. Includes: Literature review; Quality improvement, program or financial evaluation; Case reports; Opinion of nationally recognized experts(s) based on experiential evidence</p>	<p>Organizational Experience: <u>A High Quality:</u> Clear aims and objectives; consistent results across multiple settings; formal quality improvement; financial or program evaluation methods used; definitive conclusions consistent recommendations with thorough reference to scientific evidence <u>B Good Quality:</u> Clear aims and objectives; consistent results in a single setting; formal quality improvement or financial or program evaluation methods used; reasonably consistent recommendations with some reference to scientific evidence <u>C Low Quality or Major Flaws:</u> Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement, financial or program evaluation methods; recommendations cannot be made</p> <p>Literature Review, Expert Opinion, Case Report, Community Standard, Clinician Experience, Consumer Preference: <u>A High Quality:</u> Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader(s) in the field <u>B Good Quality:</u> Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions <u>C Low Quality or Major Flaws:</u> Expertise is not discernible or is dubious; conclusions cannot be drawn</p> <p style="text-align: right;">Dearholt & Dang, 2012</p>