

**Title: Community Engaged Care**

**Primary Contact:**

**Charles M Snyder, PhD, MPH, EDM**

**Assistant Vice Chancellor for Student Affairs and Community Engagement**

[Csnjde16@uthsc.edu](mailto:Csnjde16@uthsc.edu)

## **UTHSC Quality Enhancement Plan Executive Summary**

Population health research establishes that “zip code matters more than genetic code” in determining health outcomes across the lifespan. Researchers estimate that 20% of our health outcomes are driven by healthcare access and quality. But 80% of what shapes our health — from which diseases we get, to how well we age, from whether our children survive their first year, to our likelihood of suffering disabilities that decrease our quality of life — depends upon the *social determinants of health (SDoH)* which serves as the focus of our Quality Enhancement Plan (QEP). Socio-economic status, the neighborhoods we live in, our access to nutritious foods, and our belonging to stigmatized groups based on race, ethnicity, immigrant status, or sexuality or gender expression all shape our health outcomes. This leads to *Health disparities*, which occur when there is a gap between expected health outcomes and those experienced by a particular, disadvantaged group.

Increasingly health professionals are responsible for understanding the challenges presented by social determinants of health and for responding to health disparities. They are also expected to understand how biomedical providers have contributed to health disparities in quality of care and to develop skills in cultural humility. In short, health professionals are increasingly held accountable for contributing to health equity. To do that, they need an education that is deeply rooted in understanding how to recognize and address the social determinants of health in their practice. The UTHSC QEP, titled **Community Engaged Care (CEC)** addresses this need.

CEC will be implemented through five focal domains of activity- institutional capacity building, faculty development, academic program integration, co-curricular programing, and community service and service-learning activities. The CEC initiative offers our campus an important opportunity to support our faculty teaching SDoH in their classes through content workshops, faculty training in leading debriefings, and direct consultation and curriculum support in developing SDoH course content. Within the academic program, colleges across campus will be integrating SDoH into orientation activities, early coursework, and into clinical and simulation exercises throughout the program, as well as providing students opportunities to situate SDoH knowledge into context through community service and service-learning.

A cornerstone of CEC will be our co-curricular certificate in SDoH. By offering a curriculum that engages students in sustained critical inquiry about the relationship between healthcare and health disparities, we will provide a meaningful program for health professions students who want to enhance their practice. Topics in the co-curricular certificate will include housing policy, food insecurity, intercultural knowledge and cultural humility, healthcare policy, race and gender health disparities, narrative medicine, and many others. By developing this certificate program, we can create a structured experience that benefits students throughout the campus by enhancing their existing program.