“Your fear of being publicly exposed as a fraud is a stress-related disorder called ‘Impostor Syndrome.’ It’s common among people in high-profile authority positions, and, of course, in actual phonies, like you.”
We’re really the same, me and you. Same manufacturer even ...

Just ignore him!!
Allied Health Professions Education as a Determinant of Health Outcomes

Shafik Dharamsi, Ph.D.
Dean, College of Health Sciences
Charles H. & Shirley T. Leavell Chair in Health Sciences
Causes of the Causes....

Do we not always find the diseases of the populace traceable to defects in society

Rudolph Virchow
Do Inequalities Kill People?

“It is not inequalities that kill people...it those who are responsible for these inequalities that kill people.”

Navarro V.

What we mean by social determinants of health

Int J Health Serv. 2009;39:423-441
The most unequal regions in the world

GINI index measure of inequality

Source: GINI Index (World Bank estimate)
"Education can enable empowerment ... but it is also implicit in the reproduction of social inequalities."

Michael Watts
Emeritus Professor
University of California, Berkeley
Critical Issues in Dental Education

How Dentists Account for Social Responsibility: Economic Imperatives and Professional Obligations

Shafik Dharamsi, Ph.D.; Daniel D. Pratt, Ph.D.; Michael I. MacEntee, Ph.D., L.D.S.(l), F.R.C.D.(C)

Abstract: This study explores how dentists explain the concept of social responsibility and its relationship to issues affecting access to oral health care by vulnerable segments of the population. Analysis of open-ended interviews with thirty-four dentists, including dental educators, and administrators and officials of dental public health programs in Canada and the United States revealed that four main themes—economics, professionalism, individual choice, and politics— influenced the respondents’ sense of social responsibility in dentistry. There was a belief that social responsibility in dentistry is dominated by economic imperatives that impact negatively on the policies and practices directing access to care. Yet, despite the highly critical stance on dentistry as a business, there was practical recognition of the economic realities of dental practice. Nevertheless, those who focused on social responsibility as a professional obligation highlighted the privileges of self-governance along with the accompanying duty to serve the welfare of everyone and not just those who are socioeconomically advantaged.

Dr. Dharamsi is Assistant Professor, Department of Family Practice, and Associate Director of the Centre for International Health; Dr. Pratt is Professor, Department of Educational Studies; and Dr. MacEntee is Professor, Department of Oral Health Sciences—all at the University of British Columbia. Direct correspondence and requests for reprints to Dr. Shafik Dharamsi, 300-5950 University Boulevard, Department of Family Practice, University of British Columbia, Vancouver, British Columbia, Canada, V6T 1Z3.
“social responsibility is not at forefront of the thinking of our profession”

“We work under a market system”

“a tendency for care to be delivered as defined by insurance plans and for patients to sometimes be encouraged to have care because it’s covered.”

“monetarization of medicine . . . and the kind of health care that’s delivered becoming extraordinarily dictated by what is profitable.”

“Is social consciousness billable?!”
"For God sake, Jim, I'm a Doctor!!

“This is important but we really need our students to develop proficiency in clinical and surgical skills...the other ‘stuff’ they can figure out later, once they get going in their careers.”

“The curriculum is so focused on... getting students through the process... the currency to graduate... is not social responsibility but passing] tests and getting clinical credits.”
HEALTH REFORM DEVELOPMENTS

September 25, 2018

Efforts have been made over the past several decades to achieve meaningful health reform. The number “three” figures prominently in such attempts. One version focuses on: increasing access to health care, improving quality, and reducing costs. Pursuing any one of these aims often has the unwanted outcome of making it difficult to realize the other two. Another version based on the number three is known as the Triple Aim, which consists of improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care.
What impact do allied health professionals have on population health outcomes?


What do we know?

Our next generation of health professionals will need to be able to:

- Meet the health needs of the aging population,
- Respond to the growing prevalence of chronic disease,
- Help address the cost burden of chronic disease and co-morbidities,
- Understand and respond to population risk profiles
- Shift from secondary and tertiary to primary and preventive care
- Focus on the increasing emphasis on health equity and population health
- Be prepared to function in interprofessional teams
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

1. Fragmented, outdated, and static curricula produce ill-equipped graduates
2. Mismatch of competencies to patient and population needs
3. Poor teamwork
4. Persistent gender stratification of professional status
5. Narrow technical focus without broader contextual understanding
6. Episodic encounters rather than continuous care
7. Predominant hospital orientation at the expense of primary care
8. Quantitative and qualitative imbalances in the professional labor market; and
9. Weak leadership to improve health-system performance
Transformative Education

Can’t go back to seeing the world in the same way...
Never being able to be in the world in the same way...
What kind of learning do students need to meet emerging challenges in the workplace, in a diverse democracy, and in an interconnected world?

Higher education needs to engage in developing responsible learners whose sense of social responsibility and ethical judgment is marked by intellectual honesty, social justice, and a discernment of ethical consequences of various decisions and actions.

In this turbulent and dynamic century, our nation’s diverse democracy and interdependent global community requires a more informed, engaged, and socially responsible citizenry. Personal and social responsibility should be core elements of a 21st century education if our world is to thrive.
Health starts where we live, learn, work and play.

WHAT MAKES US HEALTHY?

- 20% Health Behaviors
- 20% Clinical Care
- 5% Genes and Biology
- 55% Social and Economic Factors

Adapted from http://www.cdc.gov/socialdeterminants/FAQ.html
Competence and Conscience

“In many fields, skills have become ends. Scholars are busy sorting, counting, and decoding. We are turning out technicians....

But the crisis of our time relates not to technical competence, but to a loss of social and historical perspective, to the disastrous divorce of competence from conscience....

Once professionals begin to practice, they stop thinking beyond the technical aspects of their work....

Professionals must be able to make judgments that are not only technically correct but also ethically and socially considerate.”

Ernest Boyer
1928-1995
Health Science education as a determinant of health outcomes

“Every system is perfectly designed to get the results it gets. If we keep doing what we have been doing, we’ll keep getting what we’ve always gotten.”

Dr. Paul Batalden - on the healthcare system and quality improvement.

“The definition of lunacy is to keep doing what you’ve always done and expect a different result.”

Albert Einstein
Conflating the social determinants of health and the social processes that shape these determinants’ unequal distribution can seriously mislead policy.

“The best of science and the best of caring to improve the health of the public."
Accreditation Bodies Calling For Greater Attention to Social Accountability -

“healthcare disparities and the development of solutions to related burdens,

the importance of meeting the healthcare needs of medically underserved populations ... and

core professional attributes, such as altruism and social accountability...”

“Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.”
Health Professionals’ Attitudes Towards Homelessness

26. I believe that those who enter medicine or other health disciplines want to help those in need.

- Strongly disagree: 3.1%
- Disagree: 16.4%
- Neither agree nor disagree: 18.8%
- Agree: 37.5%
- Strongly agree: 24.2%

Total Respondents 101 (Year 1 MD Students)
Health Professionals’ Attitudes Towards Homelessness

33. I believe that health professionals are too pressed for time to investigate psychosocial issues routinely.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>10.2%</td>
<td>13</td>
</tr>
<tr>
<td>Agree</td>
<td>46.5%</td>
<td>59</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>22%</td>
<td>28</td>
</tr>
<tr>
<td>Disagree</td>
<td>16.5%</td>
<td>21</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4.7%</td>
<td>7</td>
</tr>
</tbody>
</table>

Medical students from high SES backgrounds are less inclined to want a patient from low SES background in their practice than high SES patients.

Physicians with low SES backgrounds (low parental income and education) showed significantly higher levels of service to poor patients than physicians with high SES backgrounds, even after adjustment for physician race, ethnic background and sex.

The MS-IVs are less favorably inclined toward caring for the medically indigent than MS-Is


Longitudinal findings revealed that commitment to caring for the medically underserved was greater when students entered medical school than when they graduated.
Education having a negative influence


“I wanted to tell you how excited I am to see [that] school is not all about long hours of studying and feeling disconnected from society...thank-you for firing this interest in us.”

“When you are lectured on things like socio-economic status, it doesn’t quite sink in, you really need that personal experience to kind of realize [and] to see those communities and be out there... It is just different than being told in a classroom.”

“In the process of putting this project together we learned a lot about teamwork and how to integrate and relay our professional knowledge in a relatable way to the public. It was an extremely rewarding experience [that] taught us the most important lesson of all, about the value of communication and respect in patient care. “
“.... [M]any university officials and faculty members continue to feel ambivalent about deliberate efforts to address practical problems of society.

And though competition drives university leaders and their faculties to unremitting effort, what competition rewards is chiefly success in fields that command academic prestige rather than success in responding to important social needs.”
The Essence of Human Societies

Society is the total network of relations between human beings. The components of society are thus not human beings but the relations between them. In a social structure individuals are merely the foci in the network of relationships.... A visible and palpable collection of people is not a society; it is a crowd. A crowd, unlike a society, can be assembled, dispersed, photographed, or massacred.

Arnold Toynbee