

Duke

MARGOLIS CENTER
for Health Policy

Health Equity and Policy Toolkit *for Educators*



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MISSION

The mission of Duke-Margolis is to improve health, health equity and the value of health care through practical, innovative, and evidence-based policy solutions. Through our mission, we aim to educate and train the next generation of health policy leaders who will advance health and the value of health care at the local, state, national, and global levels in an equitable way.

DUKE CORE VALUES

RESPECT

We are a community of leaders, students, scholars, health care providers, and staff who affirm and encourage open expression, academic freedom, regard for others.

INCLUSION

We seek to welcome and fully engage people of diverse backgrounds, abilities, and perspectives to advance our work.

TRUST

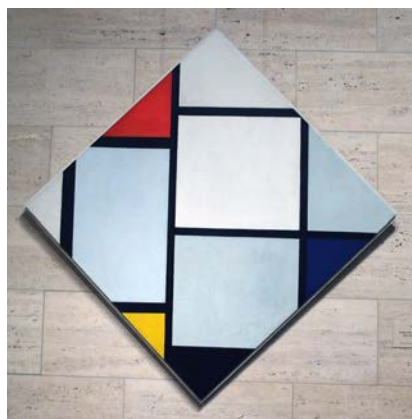
We are honest, credible, and reliable in our words, behaviors, and actions.

DISCOVERY

We seek to be an innovative community, improve our individual capabilities, and share knowledge.

EXCELLENCE

We perform high-quality education, research, patient care, and community enhancement and are always mindful of the enduring value of safety and continuous improvement.



"INCLUSION IS ABOUT
PLANNING FOR THE
SUCCESS OF ALL."
THINKINCLUSIVE.US

ABOUT THIS TOOLKIT

As a thought leader in health policy and research, the Duke-Margolis Center for Health Policy has a vital role in furthering our understanding of the impacts of racial inequities on health and health care and how health policies can dismantle or perpetuate them, and identify practical solutions to achieve health equity. As part of its mission, Duke-Margolis aims to educate and train the next generation of health policy leaders. Consequently, the Duke-Margolis education programs assume a key role in ensuring these learners hone the knowledge, skills, and attitudes to understand and address racial and ethnic health inequities, achieve health equity, and contribute to professional settings that are anti-racist and equitable. Moreover, with growing recognition as a health policy education leader, Duke-Margolis has an opportunity to model how education programs can advance health equity and create inclusive and restorative learning experiences.

This toolkit aims to provide health policy educators with tools and resources to incorporate health equity principles and concepts into their curriculum, courses, and programs. This toolkit's components were developed to evaluate and enhance Duke-Margolis' academic priorities, curriculum, and educational programming to make sure they align with the Center's goals related to anti-racism and health equity.

**"OF ALL THE FORMS OF
INEQUALITY,
INJUSTICE IN HEALTH
CARE IS THE MOST
SHOCKING AND
INHUMANE"**
- DR. MARTIN LUTHER
KING JR.



Divided into five sections, this toolkit provides an overview of important health equity and anti-racism-based concepts and resources for educators and students. The first section, "Teaching Health Equity in the Policy Context," demonstrates the importance of health equity in health care and health policy education and the role educators play in cultivating equitable and inclusive learning spaces. This section also outlines strategies for educators to consider when talking about race and racism in the classroom.

The second section, "Key Concepts and Themes," provides a starting place for educators who want to prioritize or incorporate health equity principles in their curriculum development. This section includes resources to explore the identified key themes in greater detail. The third section, "Curriculum Resources for Educators," provides resources for health policy educators to build courses and programs from an equity-based and anti-racist framework. This section also includes recommendations for articles, books, documents, videos, podcasts, and other educational materials to incorporate in courses or programs.

The fourth section, "Evaluation Methods and Metrics," provides an example evaluation plan for educators to use to evaluate their courses or programs. This section lists competencies for learners across different domains to build proficiency in understanding health equity.

The final section provides broad resources for educators and students in the Duke community, including information on health equity-related courses, and anti-racism training at Duke and beyond.



TEACHING HEALTH EQUITY IN THE POLICY CONTEXT

Section Overview:

What role do health policy educators play in foregrounding equity? Why does health equity need to be prioritized in policy research? This section introduces the importance of health equity in health care and health policy education and the role educators play in cultivating equitable and inclusive learning spaces. This section also outlines strategies for educators to consider when talking about race and racism in the classroom.

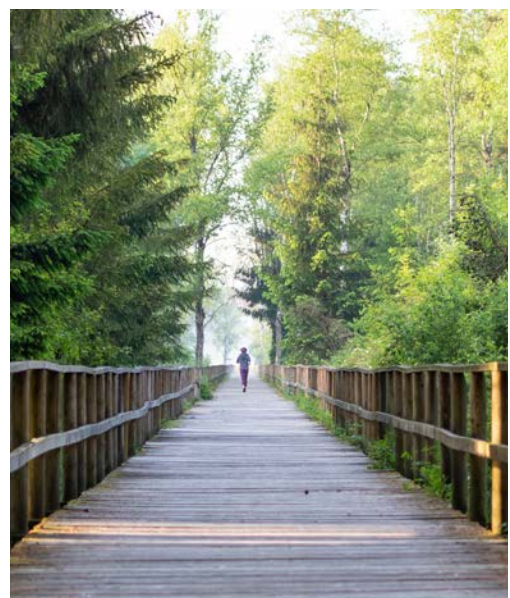
- ▶ **Why Equity in Health Policy Education Matters**
- ▶ **The Role of Health Policy Educators**
- ▶ **Strategies for Talking about Racism in the Classroom**

WHY EQUITY IN HEALTH POLICY EDUCATION MATTERS

Across the country, inequities among historically marginalized populations persist in every facet of society, including education, criminal justice, employment, housing, and health and health care. Structural racism, social and political determinants of health, and other factors have routinely disenfranchised populations, resulting in well-documented health inequities in access, outcomes, and patient experience among Black, Indigenous, and other people of color. Health policy and research inequities emerge in decisions about what research topics are pursued; who is included in the planning, implementation, and dissemination process; and, what and how data is collected, analyzed, and presented. Decisions in public policy making and research can perpetuate or dismantle historical and current health inequities.

Decades of research explain how structural racism, social and political determinants of health, and other risk factors routinely disenfranchise and are the main causes of disparities in health access, outcomes, and patient experience among Black, Indigenous, and other people of color. Understanding the interactions between systemic racism, intersecting identities, and structural policies help illuminate the ways racism impacts people's lived experiences. Health equity should be a strategic priority for leaders in health care and health policy as systemic inequities contribute to disproportionate disease rates and adverse health outcomes for Black, Indigenous, and other people of color.

Educators have important influence on what skills and tools learners take with them when they leave the classroom. Health policy educators play a key role in advancing health equity by developing curriculum that critically examines structural inequities in the health system and identifies solutions to mitigate them. Health policy educators can leverage their courses and programs to support the deconstruction and decolonization of the health care space by cultivating a new class of leaders who are equip to advance health equity through research and policy action.



STRATEGIES FOR TEACHING HEALTH EQUITY IN EDUCATIONAL SETTINGS

Educators wield important power in shaping learning experiences. Here are some framing questions to take into consideration when talking about health equity in an anti-racist classroom or program environment.

Self-Awareness, Self-Reflection and Acknowledging Implicit Bias

- Think about what identities, impressions, and opinions students and educators bring to the classroom space
- Acknowledge how these biases play into professor-student interactions and embrace the challenge of working past them
- Create a trusting and open classroom setting by encouraging reflection and compassion

Prepare for Difficult Conversations

- Acknowledge that many topics will be difficult to discuss, and encourage students to attempt to address these topics
- Create safe and brave spaces that allow for vulnerability and authenticity while also holding each person accountable to participate in mutual learning and critical thinking
- Cultivate an environment where students are able to have productive and empathetic dialogue not hostile debate
- Acknowledge the way discussions about race make people feel and determine ways to manage strong emotions that might get in the way of productive conversations

Level-setting

- Assess students knowledge and preconceptions
- When students present a flawed argument, inquire as to how the argument was formed and challenge the argument
- Identify what students should take away from certain discussions
- Explicitly outline the expectations related to cultivating an equitable classroom environment and reinforce those expectations routinely

STRATEGIES FOR TEACHING HEALTH EQUITY

Other Tips

- Teach foundations before big ideas
 - Ensure that students have a grasp of foundational ideas related to health equity before moving on to the application of those ideas
- Encourage students to not only apply concepts of health equity to the course materials and activities but also to carry these skills into their future coursework and outside of the classroom
- Engage with the multiple dimensions of learning
 - Expand beyond texts and find ways to apply learning outside of the classroom
- Educators should design courses intentionally and feature the intellectual work of individuals from historically marginalized communities and backgrounds

Resources

- [Overcoming Implicit Bias](#) (Duke Tip Teacher's Workshop)
- [Strategies for an Inclusive Classroom](#) (Duke Graduate School)
- [Diversity and Inclusion in Teaching](#) (Duke Graduate School)
- [Best Practices for Inclusive Assessment](#) (Learning Innovation, Duke University)
- [Make Your Classroom Inclusive from Day One](#) (Learning Innovation, Duke University)
- [Awareness of Implicit Biases](#) (Poorvu Center for Teaching and Learning, Yale University)
- [Teaching Race: Pedagogy and Practice](#) (Center for Teaching, Vanderbilt University)
- [The Role of the Teacher in a Personalized, Competency-Based Classroom](#) (Knowledge Works)
- [Overview of the Concept of Competencies](#) (The Wing Institute)
- [Competencies to Address Racism in Classrooms](#) (Greater Good Magazine, Berkeley University)

KEY CONCEPTS AND THEMES

Section Overview:

This section serves as a starting place for health policy educators who want to prioritize health equity principles in their curriculum development. This section is intended to highlight a few broad themes relevant to understanding health equity and its application in research, health care, and policy. The resources provided in this section can be used to contextualize these concepts in greater detail.

► Concepts and Themes:

- *Health Equity*
- *Understanding Systemic Root Causes*
- *Applying Health Equity Principles to Research Design*
- *Developing Policy Responses to Advance Health Equity*

What is Health Equity?

Health equity means that all people have a fair and just opportunity to attain their full health and well-being potential. The [Robert Wood Johnson Foundation](#) (RWJF) notes that achieving health equity "requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." The [National Academies of Science, Engineering and Medicine](#) states that "health inequities arise from intrapersonal, interpersonal, institutional, systemic mechanisms, and the unequal allocation of power and resources."

Structural racism and the unequal distribution of opportunities and resources routinely create systemic barriers to health care for marginalized racial and ethnic communities and along the lines of gender, immigrant status, and disability. This disenfranchisement is the root cause of disparities in health access, outcomes, and patient experience in the United States and around the world. Moreover, other social and economic factors that impact health, called social determinants of health, determine where we live, work, play, and pray. The impact of these factors demonstrates that one's health is not merely a result of individual behavior, but largely due to barriers in systems and institutions that prevent everyone from achieving the same securities and sense of well-being.

Recommended Reading:

- [Health Affairs - Health Equity Topic Page](#)
- Braveman P, Arkin E, Orleans T, et al. [What is Health Equity?](#) Robert Wood Johnson Foundation. 2017
- Braveman P. [A New Definition Of Health Equity To Guide Future Efforts And Measure Progress](#). Health Affairs Blog June 22, 2017
- Braveman PA, Kumanyika S, Fielding J, et al. [Health Disparities and Health Equity: The Issue is Justice](#). Am J Public Health. 2011;101 Suppl 1(Suppl 1):S149-S155. doi:10.2105/AJPH.2010.300062
- Braveman P, Gruskin S. [Defining equity in health](#). J Epidemiol Community Health. 2003;57(4):254-258. doi:10.1136/jech.57.4.254

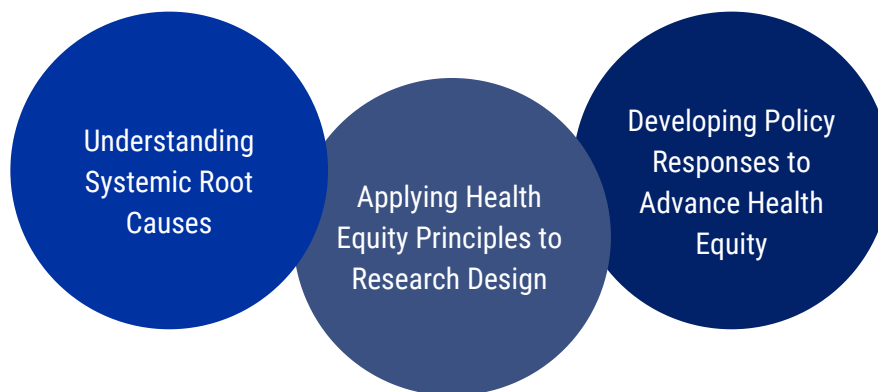
Glossaries:

- [Racial Equity Tools Glossary](#)
- [Vermont Department of Health - Health Equity Terms](#)
- [CTSI Community Engaged Research Initiative e-Library: Health Equity](#)
- [American Heart Association - Structural Racism and Health Equity Language Guide](#)

Key Themes

The Robert Wood Johnson Foundation describes health equity as a fundamental cornerstone in building a "culture of health" that engages a multi-sector and multidisciplinary approach to improve population health and well-being. In order to achieve this culture of health, the social, economic, physical, and environmental factors that impact health need to be critically examined. These factors include structural violence, racism, and discrimination, which prevent some communities from accessing affordable, high-quality health care.

The Center's education initiatives focus on three foundational themes related to advancing health equity and anti-racism. Below are illustrative resources for each theme that can serve as a starting place for educators who wish to delve into health equity related topics.



Understanding Systemic Root Causes

Illustrative Resources:

- Jones CP. Levels of racism: a theoretic framework and a gardener's tale. AM J Public Health. 2000 August; 90(8): 1212-1215
- Amutah C, Greenidge K, Mante A, et al. Misrepresenting Race - The Role of Medical Schools in Propagating Physician Bias. N Engl J Med. 2021;384:872-878
- Cerdeña JP, Plaisime MV, Tsai J. From race-based to race-conscious medicine: how anti-racist uprisings call us to act. Lancet. 2020;396(10257):1125-1128
- Purnell, T.S., Simpson, D.C., Callender, C.O. and Boulware, L.E. (2021), Dismantling Structural Racism as a Root Cause of Racial Disparities in COVID-19 and Transplantation. Am J Transplant. Accepted Author Manuscript. <https://doi.org/10.1111/ajt.16543>
- Yearby R. Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause. J Law Med Ethics. 2020;48(3):518-526. doi:10.1177/1073110520958876

Applying Health Equity Principles to Research Design

Illustrative Resources:

- [Communities in Action: Pathways to Health Equity Report](#) (2017)
- Barrett NJ, Ingraham KL, Bethea K, et al. [Project PLACE: Enhancing community and academic partnerships to describe and address health disparities](#). Adv Cancer Res. 2020;146:167-188.
- Begun JW, Kahn LM, Cunningham BA, Malcolm JK, Potthoff S. [A Measure of the Potential Impact of Hospital Community Health Activities on Population Health and Equity](#). J Public Health Manag Pract. 2018;24(5):417-423
- Frerichs L, Lich KH, Dave G, Corbie-Smith G. [Integrating Systems Science and Community-Based Participatory Research to Achieve Health Equity](#). Am J Public Health. 2016;106(2):215-222.
- Gracia JN, Ruffin J. [Partnership, research, and leadership to advance health equity and eliminate health disparities](#). Am J Public Health. 2014;104 Suppl 4(Suppl 4):S520-S521.
- Silberberg M, Martinez-Bianchi V. [Community and Stakeholder Engagement](#). Prim Care. 2019;46(4):587-594.
- Williams DR, Lawrence JA, Davis BA. [Racism and Health: Evidence and Needed Research](#). Annual Review of Public Health. 2019;40(1):105-125
- Young TL, Carter-Edwards L, Frerichs L, et al. [Action Learning Cohort Series: An Innovative Community-Engaged Approach for Translating Research Into Practice](#). Health Promot Pract. 2021;22(1):63-71.

Developing Policy Responses to Advance Health Equity

Illustrative Resources:

- Jones CP, Holden KB, Belton A. [Strategies for Achieving Health Equity: Concern about the Whole Plus Concern about the Hole](#). Ethn Dis. 2019;29(Suppl 2):345-348. Published 2019 Jun 13.
- Bailey ZD, Feldman JM, Bassett MT. [How Structural Racism Works - Racist Policies as a Root Cause of U.S. Racial Health Inequities](#). N Engl J Med. 2020;10.1056/NEJMms2025396.
- Pérez-Stable EJ, Sayre MH. [Reducing Health Disparities to Promote Health Equity through Policy Research](#). Ethn Dis. 2019;29(Suppl 2):321-322. Published 2019 Jun 13.
- Hall M, Graffunder C, Metzler M. [Policy Approaches to Advancing Health Equity](#). J Public Health Manag Pract. 2016;22 Suppl 1:S50-S59.

A Closer Look

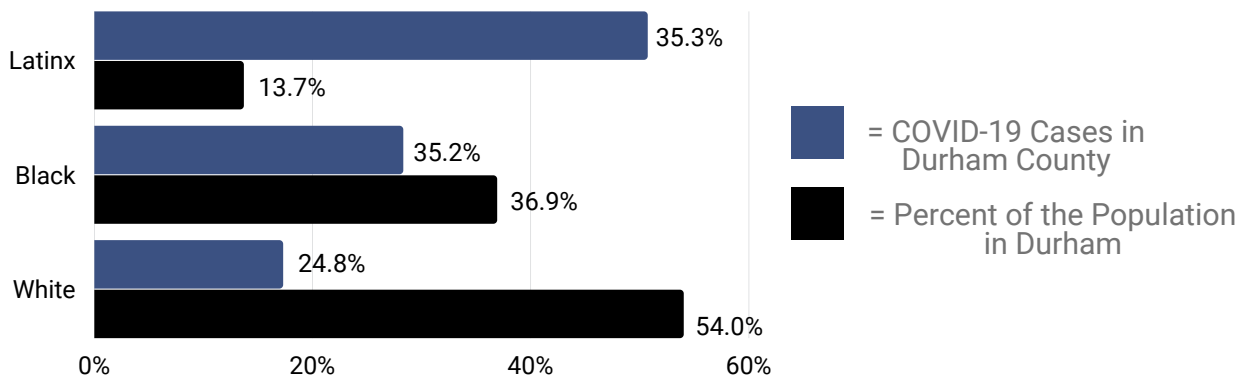
LOCAL STATISTICS ON HEALTH INEQUITY

Understanding what health inequities and disparities exist locally is crucial for determining what policy levers can promote access to and utilization of care in specific communities. For example, looking at the numbers of insured individuals in a given community can provide information about who has access to health care and services. In Durham County, 15.1% of the adult population is uninsured. Of those uninsured, 46.2% are Latinx and 15.1% are Black ([Durham County 2016 State of the County Health Report](#)).

Insurance status is important to consider because uninsured individuals have to pay large expenses for treatment and services. To expand on inequities in the healthcare system, 28% of the Black population sampled in a telephone survey stated feeling disrespect from health care providers due to health insurance status. Also, one-third of a Latinx respondents stated similar experiences due to English-language ability ([Friedman et al. 2005](#)). Discrimination in patient-provider interactions can decrease the likelihood of minorities seeking care and foster mistrust in the healthcare system.

REPORTED COVID-19 CASES IN DURHAM

Data Retrieved on March 31, 2021 and from the US Census Bureau



The effect of the insurance gap has only worsened through the COVID-19 pandemic, further exacerbating existing inequities. As of April 1, 2021, there have been 23,768 confirmed cases of COVID-19 in Durham County. Of people diagnosed with COVID-19, 35.3% are Hispanic or Latinx, 35.2% are Black, and 24.8% are White ([Durham County Public Health Department](#)). In Durham County overall, 54% of people are White, 36.9% are Black, and 13.7% are Latinx, demonstrating the disproportionate affect that COVID-19 has on the Black and Latinx communities compared to the overall population statistics ([U.S. Census Bureau](#)). Barriers to quality health care, such as those described here (e.g., lack of insurance and discrimination), have made it increasingly difficult for minority communities to access necessary COVID-19 testing and treatment, exacerbating the already enormous burden this disease has placed on these populations.

A black and white photograph of a Gothic-style building, likely a university hall, with a series of pointed arches and stone masonry. The building is partially obscured by a large tree on the left. The image is in grayscale, with the building's details and the tree's foliage clearly visible.

CURRICULUM RESOURCES FOR EDUCATORS

Section Overview:

► Creating Objectives

Goal: To help educators define the learning space and set learning objectives that create an environment conducive to discussing health equity

► Core Competencies

Goal: To help learners build expertise and capabilities in health policy research that advance health equity

► Course and Program Resources

Goal: To provide resources for course and program development and activities related to operationalizing health equity in policy work

CREATING OBJECTIVES

Educators may consider developing a robust set of objectives that define the type of learning space they wish to create for their course or program. These objectives should include elements that focus on advancing health equity in an inclusive and effective learning environment. Objectives can be a process or outcome-oriented, high-level or specific. Below are example objectives that can be tailored depending on the needs of learners and course or program design:

01 — Creating a Safe and Brave Environment

To create a safe and brave environment for all learners to explore the issues of racism and health equity and its social, emotional, and spiritual repercussions.

02 — Acknowledging Historical and Ongoing Oppression

To provide an accepting and supportive atmosphere for Black, Indigenous, and other people of color that acknowledges the hurt they have suffered due to the oppression of systemic racism and discrimination.

03 — Obtaining Accurate Information about History

To make available educational opportunities for all learners to obtain accurate information about the history and rich heritage of Black, Indigenous, and other people of color and related health inequities.

04 — Recognizing Racism and Bigotry

To educate learners on how to recognize racism in its various manifestations, including the most blatant forms of bigotry to its most subtle, unaware, and sometimes passive forms.

05 — Examining Biases and Conditioned Misinformation

To ensure learners examine attitudes, assumptions, feelings, and beliefs about Black, Indigenous, and other people of color and their cultures and identify methods by which society has conditioned both whites and people of color with misinformation.

06 — Unlearning Racist Patterns

To assist white, non-Hispanic Americans to discover how racism and health equity has affected their lives, to become sensitized to the experiences of Black, Indigenous, and other people of color, to unlearn racist patterns, and to empower themselves to interrupt racist remarks and attitudes.

07 — Building Coalitions

To build coalitions and associations with other groups and individuals at Duke and with community, state, and national organizations who share a commitment to racial justice and health equity.

CREATING CORE COMPETENCIES

Core competencies are the defining capabilities, skills, and proficiencies that all students need to engage in deep, lifelong learning and solution-oriented coalition building. Educators need to ask themselves what competencies learners should develop in a given course or program. Importantly, *what competencies are needed for health policy students to adequately understand and address health inequities, health disparities, and structural racism?*

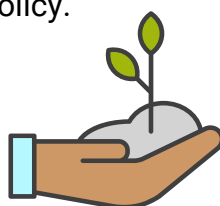
The Duke-Margolis education programs aim to increase awareness and knowledge of foundational principles related to health policy and health equity for learners to apply in their future research, clinical, public health, and policy careers. Our framework draws on American Public Health Association's Health Equity Principles and Duke University's Health Disparities Research Curriculum to inform seven competencies, detailed below. These competencies aim to equip health leaders with the tools and knowledge to provide just and ethical opportunities for all; understand systemic root causes to health inequities; apply health equity principles to research, program and policy design; and develop policy that advances health equity.

KEY CONCEPTUAL COMPETENCIES

Health Equity Foundations

Goal: To identify and define key concepts of health equity and how they shape health policy

Objectives: 1) Define health inequities, systemic racism, community, racial justice, intersectionality, cultural humility, and social, structural, and political determinants of health; 2) Understand the difference between equality, equity, and disparity; 3) Understand the social-cultural construction of race; and 4) Understand the connection between health equity and health policy.



Systemic Racism and Root Causes

Goal: To understand structural factors that are key drivers of health inequities

Objectives: 1) Identify and understand how structural policies, systemic racism, and social, structural, and political determinants of health interact; and 2) Identify and understand how systemic racism and root causes are key drivers of health inequities and how to address them through policy change.

KEY SKILLS-BASED COMPETENCIES

Critical Thinking and Assessment

Goal: To explore tools to support the critical assessment, measurement and evaluation of health policies that lead to health inequities

Objectives: 1) To identify tools, frameworks, and approaches to assess, measure, and evaluate structural policies to mitigate the effects of systemic racism, and social and political determinants of health on health inequities; and 2) Understand principles of community engagement and community-based participatory research and how these strategies can be used to inform policy-making.

Research Design and Policy Development

Goal: To explore strategies to design research and policy interventions to advance health equity

Objectives: 1) Identify research and policy strategies to co-develop solutions that are culturally and linguistically accessible; 2) Respect the diverse voices and perspectives from different communities; and 3) Support empowerment and informed decision-making.

Community Engagement and Partnership

Goal: To foster engagement in research and policy development

Objectives: 1) Understand principles of participatory research and community engagement and how they can be used to inform policy-making; 2) Identify strategies to build trust; 3) Understand what research is considered community-engaged research; and 4) Learn about community-academic partnerships and the roles of the researchers collaborating with communities.

Leadership

Goal: To recognize role as researcher, policymaker, public health practitioner, or clinical practitioner in health equity

Objective: Identify strategies to prioritize health equity in policy responses and to be accountable to communities most impacted by systems of oppression.

Communication

Goal: To increase awareness and knowledge to become strong and informed allies

Objectives: 1) Learn health equity standards and best practices for communicating research and policy findings, including with communities, academic, and policy audiences, and 2) Understand communication that embeds cultural humility.



Health Policy and Equity Course and Program Resources

Situating theories and concepts related to health equity within a health policy or health care-related course is very important. It requires intentional course design and thoughtful consideration about the kind of learning space that is being created.

Theme	Potential Approaches	Consider These Resources
Social Construction of Race	<ul style="list-style-type: none"> • Make space for students to share their own experiences • Acknowledge the way discussions about race can make people feel • Define prejudice, bias, and the various forms of racism 	<p>Geronimus AT, Pearson JA, Linnenbringer E, et al. <u>Weathering in Detroit: Place, Race, Ethnicity, and Poverty as Conceptually Fluctuating Social Constructs Shaping Variation in Allostatic Load</u>. The Milbank Quarterly 98, no. 4 (December 2020): 1171–1218.</p>
Structural Racism in Health	<ul style="list-style-type: none"> • Have students trace the historic root causes of institutionalized racism in health care • Have students critically interrogate race-based medicine and understand the need to rigorously examine racism itself (not the notion of biological race) and its impact on health outcomes. <ul style="list-style-type: none"> ◦ Ex. BiDiI, COVID-19 inequities 	<p>Purnell, T.S., Simpson, D.C., Callender, C.O. and Boulware, L.E. (2021), <u>Dismantling Structural Racism as a Root Cause of Racial Disparities in COVID-19 and Transplantation</u>. Am J Transplant. Accepted Author Manuscript. https://doi.org/10.1111/ajt.16543</p> <p>Bailey ZD, Feldman JM, Bassett MT. <u>How Structural Racism Works - Racist Policies as a Root Cause of U.S. Racial Health Inequities</u>.</p>
Social, Structural, and Political Determinants of Health (SDOH)	<ul style="list-style-type: none"> • Reorient the conversation from "identifying" SDOH to support skill-building for learners/trainees to intervene on SDOH. 	<p>Yearby R. <u>Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause</u>. J Law Med Ethics. 2020;48(3):518-526.</p>

Health Policy and Equity Course and Program Resources

Theme/Topic	Potential Approaches	Consider These Resources
Social, Structural, and Political Determinants of Health (SDOH) cont.	<ul style="list-style-type: none"> Incorporate contextualized experiential learning activities to help students understand the connections between sociopolitical phenomenon and health using films, bioethical inquiries, books, memoirs, ethnographies 	
Health Equity Standards for Research Design and Publishing	<ul style="list-style-type: none"> Have students think about their position in society, their connections to power, place, and people. <i>How do those identities impact the research questions they are interested in asking?</i> Refer to Health Affairs Blog for standards for research and publishing on racial health inequities 	<p>Boyd RW, Lindo EG, Weeks LD, McLemore MR. <u>On Racism: A New Standard for Publishing On Racial Health Inequities.</u> (Health Affairs Blog)</p> <p>Williams DR, Lawrence JA, Davis BA. <u>Racism and Health: Evidence and Needed Research. Annual Review of Public Health.</u></p>
Community Engagement and Community-based Participatory Research	<ul style="list-style-type: none"> Discuss the different forms of community-engaged research design Explore community-based research projects that have been successful and examine the approaches those projects adopted 	<p><u>Principles of community engagement.</u> In, Principles of Community Engagement, 2nd ed. Washington, DC: NIH-Publication. 2011</p>

Course and Program Resources

Theme/Topic	Potential Approaches	Consider These Resources
Strategies for Coalition-Building and Trusted Partnerships to Inform Practice and Policy Change	<ul style="list-style-type: none"> Engage community partners in classroom discussion Create classroom agreements/ideals that reflect student's shared understanding of how they will interact with and treat one another 	<p>Barrett, N. J., T. Vann, J. Wilder, K. Ingraham, V. Worthy, X. Boyce, R. Reyes, et al. <u>Implementing a Health Equity Agenda at the Duke Cancer Institute.</u></p> <p>Martinez-Bianchi V, Frank B, Edgoose J, et al. <u>Addressing Family Medicine's Capacity to Improve Health Equity Through Collaboration, Accountability and Coalition-Building</u></p>
Assessing Health Equity in Research	<ul style="list-style-type: none"> Create a field experience for students that provides education in the community For research projects, work with community partners to assess needs and resources Do a case study on successful community-based projects, investigate their successes and challenges 	<p>Richman L, Pearson J, Beasley C, Stanifer J. <u>Addressing health inequalities in diverse, rural communities: An unmet need.</u></p>
Policy Solutions to Advance Health Equity	<ul style="list-style-type: none"> Have students identify and critically discuss strategies for improving health equity at individual, institutional, and systemic levels 	<p>Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. <u>Structural racism and health inequities in the USA: evidence and interventions.</u></p>

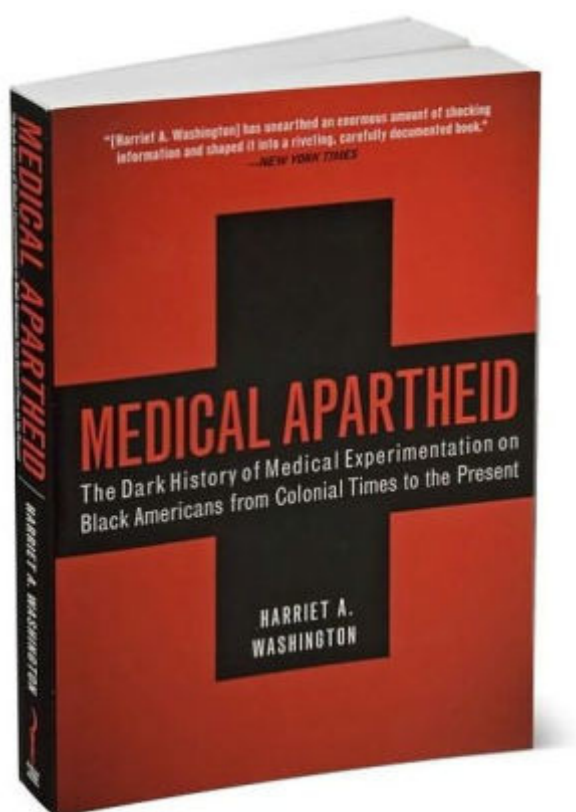
EQUITY AND ANTI-RACISM RESOURCE LIBRARY

For more resources, in addition to the ones listed above, visit the [Duke-Margolis Equity and Anti-Racism Resource Library](#). The aim of this library is to compile a broad resource repository – one that has particular relevance to health policy research and analysis and one that can be added to continually over time.

Additional Duke Resource Libraries:

- [CTSI Community Engaged Research Initiative e-Library](#)
- [Anti-racism Resources](#) – Duke University School of Medicine
- [Anti-racism and Black Liberation](#) – Duke University Libraries
- [Resources for Understanding and Confronting Racism and its Impact](#) – Office for Institutional Equity
- [Anti-racism Resources](#) – Faculty Advancement – includes resources for Black, Indigenous and People of Color (BIPOC) to engage in self-care, academic leaders and faculty, entire Duke Community, parents to rear anti-racist children

[Click here for the Library.](#)



OUR 2021 SUMMER
READING BOOK IS
MEDICAL APARTHEID BY
HARRIET WASHINGTON

EVALUATION METHODS AND METRICS

COMPETENCY-BASED EVALUATION PLAN

To evaluate a course or program's success in the aforementioned areas, it is important to establish an accountability framework. There are many different evaluation approaches to consider but generally an accountability framework may involve evaluating the effectiveness of activities against identified goals. Our program utilizes a competency-based evaluation plan which defines the applied skills and knowledge needed for learners to demonstrate success in health equity scholarship, research, and action. Here, we propose an evaluation process that cuts across three domains:

1) Learning/Curriculum – Evaluate the course or program curriculum to ensure that it examines the depth of structural racism and its impact on health, health care, and policy. The curriculum should help equip learners with the tools and knowledge they need to: provide just and ethical opportunities to health; understand systemic root causes of racism; apply health equity principles to research, program, and health policy design; and develop health policy that advances health equity.

2) People – Evaluate the course or program on the diversity of representation of students, mentors, and program teams.

3) Culture – Assess the course or programs' success at providing a learning environment where students can explore issues of racism and health equity and its social, emotional, and spiritual repercussions in a restorative way.

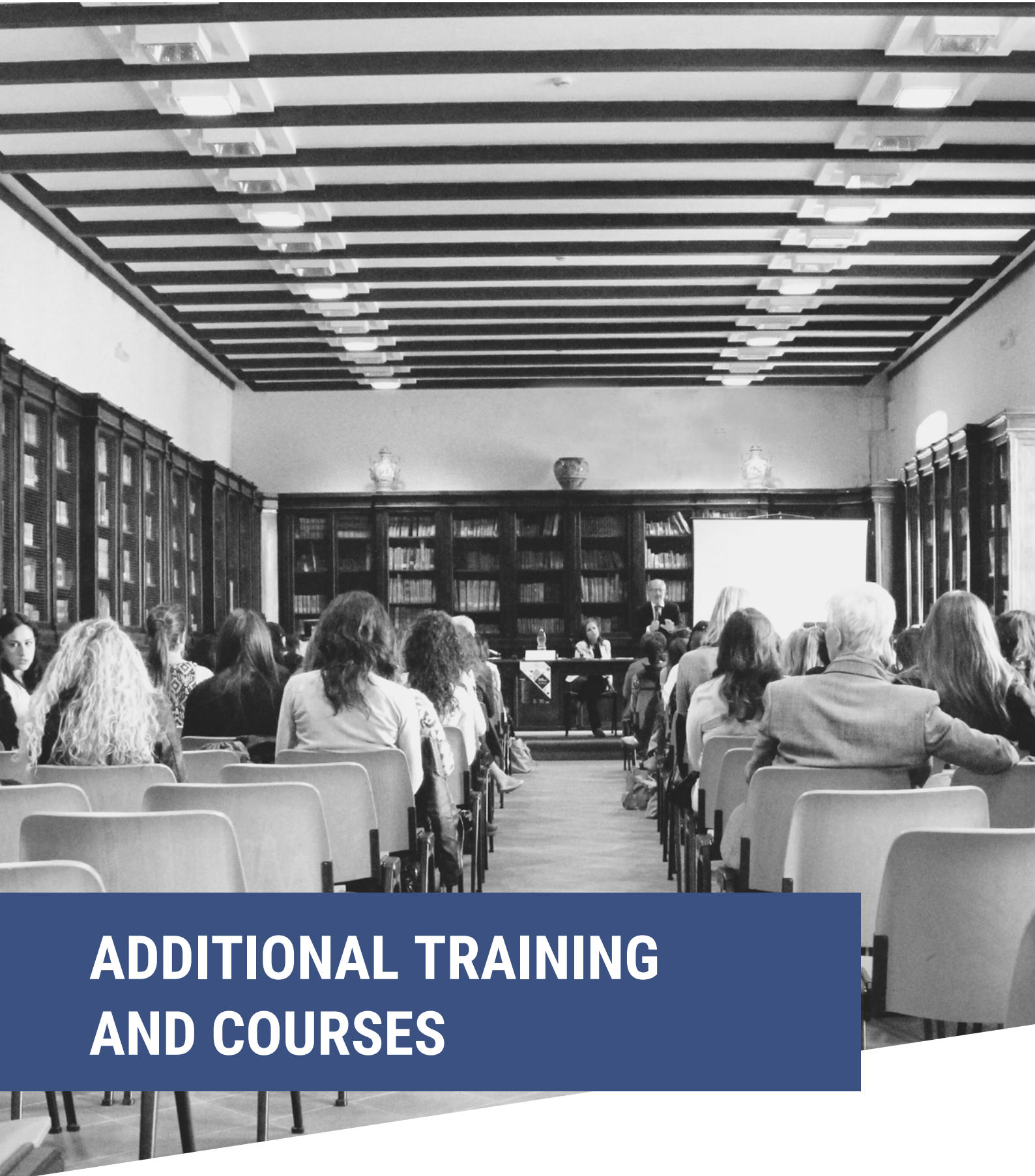
The next page provides a sample evaluation plan in which learners can rate their competency across each of the domains and topics before and after the course/program.

MEASURING PROGRESS

CORE COMPETENCY	EVALUATION METHOD
CURRICULUM	
Health Equity Foundations	Rate your awareness and understanding of health equity concepts (1-10)
Systemic Racism and Root Causes	Rate your awareness and understanding of how systemic racism and root causes interact and are key drivers of health inequity (1-10)
Critical Thinking and Assessment	Rate your knowledge of and comfort level to critically identify, assess, measure, and evaluate the structural policies, structural racism, and social and political determinants of health (1-10)
Community Engagement and Partnership	Rate your awareness and knowledge of principles of community-based participatory research and community engagement, strategies to build trust, and the role of researchers in collaborating with communities (1-10)
Research Design and Policy Development	Rate your knowledge of and comfort level to co-develop solutions that are culturally and linguistically accessible, respect the diverse voices and perspectives from different communities, and support empowerment and informed decision-making (1-10)
Leadership	Rate your knowledge of and comfort level to identify strategies to prioritize health equity in policy responses and to be accountable to communities most impacted by systemic root causes (1-10)

MEASURING PROGRESS

CORE COMPETENCY	EVALUATION METHOD
Communication	Rate your knowledge of health equity standards and best practices for communicating research and policy findings, including with communities and academic or policy audiences, in order to engage as strong and informed allies (1-10)
PEOPLE	
Participant Diversity	Rate how the program or course participants represent diverse backgrounds, experiences, disciplines, and interests (1-10)
Black, Indigenous, and people of color (BIPOC) Retention	Rate how the program or course support BIPOC participants retention (if applicable) (1-10)
CULTURE	
Learner Environment	Rate how learners and facilitators/instructors created a safe environment to explore individual experiences, as it relates to racism and health equity and its social, economic, political, emotional, and spiritual repercussions (1-10)
Learner Self-Assessment	Rate the overall opportunity to openly explore and discuss how racism and health equity has affected your life, identify and unlearn racist patterns, and empowered you to interrupt racist remarks, attitudes, behaviors, practices, and policies (1-10)
Broader Community Engagement	Rate how much you benefited from being connected to a broader community committed to racial justice and health equity, through new and sustained associations and partnerships with other groups and people at Duke (1-10)



ADDITIONAL TRAINING AND COURSES

EQUITY, DIVERSITY AND INCLUSION TRAININGS FOR STUDENTS AND EDUCATORS

Here are a few places at Duke that offer educational resources and training for students, faculty, and staff.

- [REACH – Health Disparities Research Works In Progress Seminar Series](#)
- [Center for Multicultural Affairs at Duke University](#)
- [Office for Institutional Equity at Duke University](#)
- [Duke Learning and Organizational Development](#)

Below are groups outside of Duke that offer their training and consultation services for hire for individuals, groups, or organizations:

- [National Association of County and City Health Officials – Health Equity and Social Justice](#)
- [Race Equity Institute – Groundwater Trainings and Phase I-III Workshops](#)
- [The Equity Paradigm – Racial Equity Workshops](#)
- [Michelle Johnson – Race Equity, Dismantling Racism, & Social Change Consultant](#)
- [Dr. Nathalie Edmond – Anti-Racism Consultant](#)

Professional Development Trainings for Equity and Anti-Racism:

- [The Equity Literacy Framework](#)
- [The National SEED Project \(Seeking Educational Equity and Diversity\)](#)

In addition to these resources, follow the Margolis Center on social media to receive communications about upcoming training for educators and learners.



HEALTH POLICY CURRICULUM AND EXPERIENTIAL LEARNING AND TRAINING OPPORTUNITIES FOR STUDENTS AT DUKE

Interested in attaining broader education and training in health policy at Duke?

The Margolis Center extends leadership and partnerships to provide innovative, interdisciplinary education and training opportunities in health policy across all learner levels at Duke University, including:

- Identifying and supporting foundational and applied courses in health and health care, health equity, health policy, and relevant analytic and research methods;
- Pursuing experiential health policy curriculum beyond the classroom through the Bass Connection Program;
- Offering a formal summer internship program in health policy; and,
- Supporting Margolis Scholars in Health Policy and Management.

For more details on these activities and initiatives, see the links below.

[Bass Connections Projects](#)

[Summer Internship Program](#)

[Scholars Program](#)

[Course List](#)



Thank You!

This toolkit was developed by Kamaria Kaalund, Sarah Dunn Phillips, Corinna Sorenson, and Andrea Thoumi. We thank members of the Anti-Racism and Equity Committees' Academic Programming and Education Sub-Committee, including Megan Knauer and Jasmine Masand, the Duke-Margolis Education Team, including Richa Bhatt and Julia Johnson, and the Duke-Margolis Education Leadership Team, including Gillian Sanders Schmidler and Janet Prvu Bettger for their valuable contributions.

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