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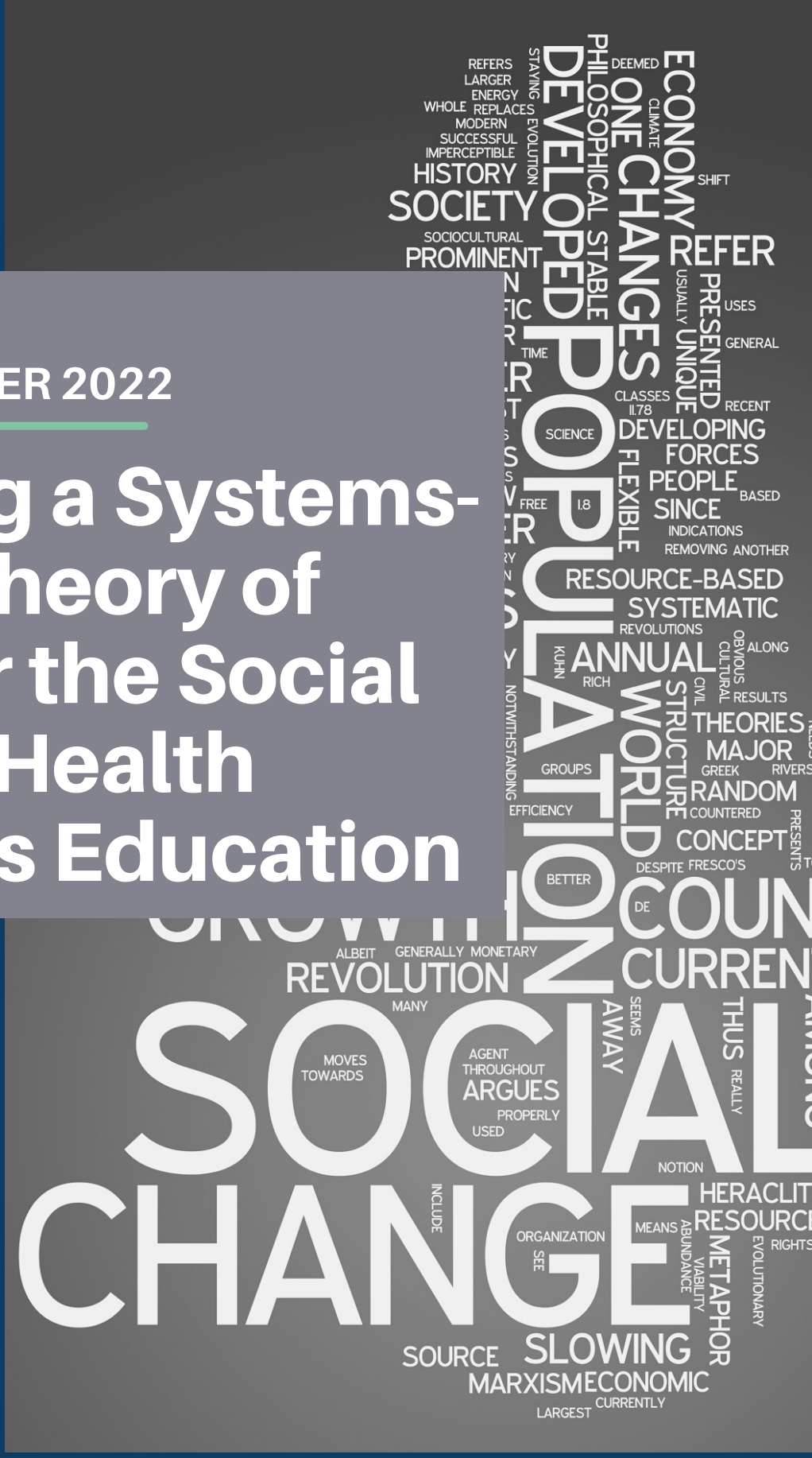
Developing a Systems-Oriented Theory of Change for the Social Mission of Health Professions Education



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Background

Health Professions Education & Health Equity

Health disparities continue to plague the United States and have been exacerbated and spotlighted by the COVID-19 pandemic. Multiple factors – rooted in upstream policies and power structures and manifest in all levels of society - drive these disparities. Achieving health equity, therefore, necessitates a multi-faceted, all-of-society approach. The health professions education (HPE) system is one of many that must be part of this endeavor.

Health care alone is not sufficient for achieving health equity, but it is unequivocally an important part of the equation. There is no health care without the people who provide it. In its broadest definition, the health workforce mediates almost all health policies and their effects on who receives health services and their quality. Therefore, the link between health equity and the training and education of the health workforce is crucial to define and publicize as part of a larger strategy to improve community health, reduce health disparities, and ultimately advance health equity.

Health professions schools graduate nearly a million students annually in the United States.[1] These schools play an important role in determining the future workforce, including which professions are produced, and whether graduates choose high-need specialties, practice in underserved populations, and have the skills and courage to advance health equity. The contribution of a health professions school in its mission, programs, and the performance of its graduates, faculty, and leadership in advancing health equity and addressing the health disparities of the society in which it exists is known as "social mission".

Systems Perspective of Social Mission

While health professions schools and training programs certainly play a significant role in shaping the future health workforce, they do not operate in a vacuum. Just as multiple systems of influence contribute to health outcomes, so too do they interact with and exert pressure on the HPE enterprise in ways which facilitate or hinder social mission. We refer to this as the 'systems perspective of social mission'. Change agents both internal (e.g., students, faculty) and external (e.g, government, regulators, the current health workforce) to health professions schools live, learn, and work within these systems and wield the potential to influence HPE. This is evidenced, for example, when health professions schools adapt their curriculum and policies to meet new accreditation requirements,[2,3] or when health professions students unite to hold schools publicly accountable for their role in health and social justice.[4,5]

The consequences of focusing too narrowly on health professions schools' role in social mission without accounting for the influence of other systems represent barriers to advancing the social mission of HPE. If systems drivers aren't made explicit in social mission theory, they may lack consideration in the research and evaluation needed to develop a stronger evidence base for what works to advance HPE's contributions health equity. Most importantly, the lack of this systems acknowledgement is a missed opportunity for wider visibility, shared understanding, and collective action around social mission, with multiple agents of change viewing themselves as contributors to and benefactors of it (refer to Table 1 for examples). It also lets some of the potential change agents with the biggest stake and most powerful levers to influence social mission off the hook for it. We assert that multiple systems and the infinite change agents they host play a role in advancing social mission, but that they must first recognize their role and power in doing so.

Project Rationale and Aim

Prior social mission research has found a lack of a clear definition around what constitutes social mission in health professions education (HPE), wide heterogeneity in outcomes and metrics, and little specificity on how the expected impact of social mission-related activities would advance health equity.[6] Social mission scholars and advocates have called for strategies to accelerate understanding of what works in HPE to directly advance health equity goals and to promote adoption of social mission in mainstream HPE.[i,7] Among these is a stated need to develop a theoretical social mission framework to more clearly illustrate social mission activities and the mechanisms that drive them, outcomes, and the pathways by which HPE may contribute to health equity.[i]

Similar models and evaluation frameworks in the related area of social accountability,[8] such as TheNET's Social Accountability Theory of Change,[9] serve as relevant examples for this work. However, they omit the agents and mechanisms that shape social mission in a systems context.

Table 1. A summary of key benefits and contributions for select social mission change agents

Social Mission Change Agents	Key Contributions to Advancing Social Mission	Benefits of Contributing to Social Mission
Health systems	Make data available for research; communicate specific workforce needs to health professions schools	Profit from a workforce prepared to provide value-based care
Community members and organizations	Identify and communicate community needs; serve as clinical training sites; participate in research	Gain access to a health workforce that is prepared to meet community needs
Health professions students	Demand schools provide training that supports social mission; participate in program evaluations and research	Access evidence-based training programs that support social mission

Source: Excerpted and adapted from Erikson & Ziemann, 2021[i]

We also note that prior social mission and social accountability frameworks omit or underemphasize the role structural racism has and continues to play in HPE, activities to combat it as prerequisite to advancing social mission, and demonstrable equity and inclusion outcomes beyond student body demographics. By omitting the role of structural racism from guiding social mission frameworks, the perpetuation of social injustices in the health system is reinforced. Using just one example, race continues to be presented as a biological construct in medical school curricula,[10,11] potentially imprinting future physicians with harmful stereotypes that will result in biased and discriminatory health care practices that hurt minority patients and contribute to health disparities. Structural racism must therefore be acknowledged as a powerful influencer in HPE - and its dismantling a target of activity - if health equity is to be advanced via the training of future health professionals.

Our focus on structural racism reflects the urgency of the moment combined with the growing understanding of the extent and reach of racism in HPE – including application processes and testing standards, curriculum and extracurricular activities, faculty and leadership opportunities, and school culture – and the harm it causes not only to Black students, faculty and administrators but to the broader education community, health care delivery and society at large.[12,13] We acknowledge there are multiple systems of oppression related to gender and sexual identity, disabilities, and other demographic and economic factors, as well as their intersectionality. The emphasis on structural racism

is not intended to diminish the need for educational reforms related to these other marginalized populations and in fact, hope it will lead to broader systemic changes that will benefit all populations facing discrimination and other injustices in HPE.

In this report, we present a consensus-driven, systems-oriented theory of change for the social mission of HPE that builds upon existing models while addressing the content gaps noted. The underlying systems-perspective rationale for social mission is presented as Figure 1 and serves as the narrative for the theory of change presented in this report.

Figure 1. Systems Perspective of the Social Mission of Health Professions Education

Theory of Change Development Process

We used an iterative and collaborative process to develop the theory of change, recognizing that a consensus-driven approach is important to wider socialization of and responsiveness to the tool.
First, we conducted a literature review to identify existing logic models and evaluation frameworks related to social mission or social accountability, a list of which is included as Appendix A. Then, we performed a qualitative content analysis of elements contained within these resources to identify 1) common themes and core elements across resources for inclusion in the theory of change, and 2) content gaps that should be addressed.

Second, we hosted a workshop at the 2022 Beyond Flexner Alliance (now the Social Mission Alliance) Annual Meeting, which draws attendees committed to the advancement of health equity in HPE, including students, faculty, researchers, practitioners, and community members. The aim of the workshop was to gather feedback on the systems-level change beyond health professions schools that can influence social mission and the mechanisms by which they can do so.

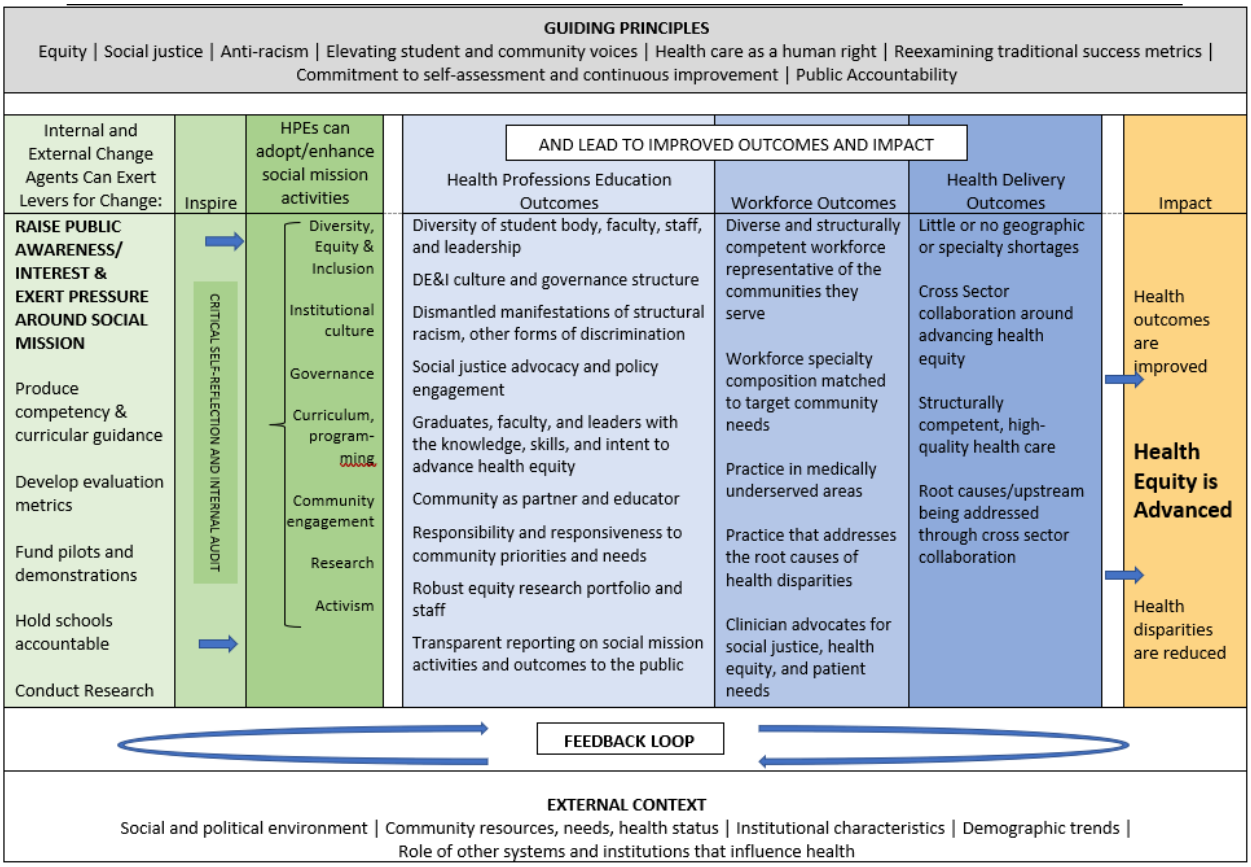
Third, we hosted a half-day workshop with an advisory committee to present an initial version of the theory of change, gather feedback, and refine the model. The advisory committee was comprised of 7 members and included social mission researchers, social mission advocates, health professions students, and a family medicine practitioner.

The theory of change presented in this report represents the culmination of findings and consensus-building from the three-step process outlined. However, it should not be interpreted as static. We intend to continue to gather feedback from social mission stakeholders to strengthen and expand buy-in, which we believe is necessary to help change agents acknowledge and embrace their roles in advancing the social mission of HPE. This theory of change is a living model, which will be updated periodically to reflect feedback from these stakeholder bodies, which may include professional associations, health care systems, policy makers, and community organizations.

A Theory of Change for a Systems Approach to the Social Mission of HPE

The development process described above resulted in the *Theory of Change for a Systems Approach to the Social Mission of HPE* ("social mission TOC"), presented in Figure 2 (for a larger image, refer to Appendix B). It is comprised of multiple, inter-related elements, and supplemented by two nested tables, which are described in further detail below.

Figure 2. Theory of Change for a Systems Approach to the Social Mission of Health Professions Education



Guiding Principles: These principles were identified by collaborators as those which, if espoused by health professions schools and influencing change agents, facilitate decision making and action to strengthen the social mission of HPE. Equity, social justice, and anti-racism were emphasized as necessary principles if the structural racism and other systems of oppression still manifest in HPE, health systems, and health care delivery are to be acknowledged and dismantled. There was also consensus around the need for communities and students – often the passive recipients of HPE and programming – to be valued as partners and leaders in informing and making decisions. Recognizing health care as a human right is inherent to health equity pursuits, while the principle of reexamining traditional success metrics speaks to a shift in the valuation of educational and health delivery outcomes, with greater emphasis placed on those more squarely aligned with equity. Lastly, progress toward advancing health equity in HPE will require a commitment to ongoing self-assessment and continuous improvement paired with recognition of health professions educators' public accountability to produce a workforce that meets the nation's needs.

External Context: We acknowledge the many environmental, social, political, and other forces external to HPE that nonetheless influence it. These external factors may facilitate or hinder social mission by serving as reinforcing or countervailing influencers on external change agents and HPE institutions. There are stakeholders who will want to protect the status quo as well as well entrenched systems, such as health care financing models or tenure track pressures, that can stand in the way of transformation of the nature and magnitude required to achieve health equity. Being aware of these countervailing forces and identifying opportunities for change agents to demonstrate to relevant stakeholders how advancing social mission will support their respective interests will be an important part of transforming health education.

Agents & Levers for Change: Change agents may be individuals or groups with any leverage to influence HPE institutions' social mission activities through incentivization or the threat of negative consequences. They may be internal to health professions education institutions or represent systems outside of HPE that have the power to drive change. Our advisory group and collaborators identified six broad mechanisms (i.e., levers for change) by which change agents may influence the advancement of the social mission of HPE. These levers for change and their potential change agents are defined in more detail in Appendix C. We assert that any of these levers can promote new or enhanced social mission activities within HPE institutions, either alone or in combination with one another. Importantly, levers for change can also influence one another, ultimately acting synergistically to advance social mission. There was consensus among those who helped developed the social mission TOC that public pressure is a powerful force, that serves as the lever for change with the greatest potential to transform the HPE enterprise – from policy, to programming, to culture. This public pressure is predicated on public awareness of and interest in the connection between the role of HPE and health equity.

Social Mission Change Agents:
Everyone has a role to play

Internal to HPE institutions:

Current & prospective students; faculty; staff; administration; leadership

External to HPE institutions (Systems):

Current health workforce (Healthcare); patients, community members, and members of the public (The Public); employers (Labor market); professional associations, licensing boards, accreditors (Regulation & Professionalization); policy makers (Federal and state government); researchers, journals, media (Communications & Dissemination); mission-driven funders (Philanthropy); advocates (Non-governmental Organizations) *(and more…)*

Institutional Social Mission Activities: Multiple prior evaluation and theoretical frameworks have described the role and function of health professions schools in relation to social mission or social accountability. The seven institutional social mission activity domains included in the social mission TOC draw from those existing resources. Each of these domains presents an opportunity for action to advance social mission within health professions schools and can be targeted for transformation via levers of change.

A common activity that must be applied across all domains to advance social mission and the creation of inclusive and equitable educational environments is a critical internal examination of the ways power, privilege, and structural racism manifest themselves in health professions education, thus perpetuating systems of oppression. This inward-facing activity facilitates schools' self-reflection and reckoning with implicit and explicit oppressions and injustices and represents an initial step in the long-

term commitment needed to address them. Institutional social mission activities are described in further detail in Appendix D.

Outcomes: Three categories of outcomes: HPE; workforce; and health delivery are included in the social mission TOC. HPE institution's performance on social mission outcomes can be used to guide further changes within institutions and the systems that influence them, represented as a feedback loop in Figure 2.

HPE Outcomes: These outcomes are those specific to the educational or training environment, programming, student body, or school community. Though not exclusively, many of them may be considered short-term or proximate outcomes. Some of these outcomes – such as student diversity (especially racial/ethnic diversity), knowledge, and skills - have been the primary focus of much of the social mission evaluation and outcomes research to date.[i] Others like inclusive institutional culture, community partnerships, and institutional advocacy have been less emphasized. The social mission TOC therefore reinforces and expands upon some of the traditional outcomes used in social mission research.

Workforce Outcomes: Workforce outcomes are included as a precondition of and intermediate step to the advancement of health equity in the United States. Many of them have been defined de facto in prior social mission research, most notably by Mullan and colleagues in their seminal ranking of medical schools' social mission.[14] The workforce outcomes included in the social mission TOC are long-term outcomes that collectively would achieve a health workforce designed to meeting the priority health needs of society. They include: high need health specialties (which may vary based on community need but would emphasize primary care specialization); practice in underserved areas, like health professional shortage areas, rural communities, and community health centers; practicing in ways that address the root causes of health disparities (i.e., the structural and social determinates of health); and a diverse and structurally competent workforce. Social mission TOC collaborators agreed that when discussing health workforce diversity, 'diversity' should be considered beyond just race and ethnicity to be inclusive of multiple dimensions (e.g., socioeconomic, demographic, sexual and gender identity, physical ability, etc.). While other social mission frameworks have identified cultural competency as an outcome, the systems TOC instead emphasizes structural competency to address the limitations and critique of cultural competency as an end goal in health professions training and instead reframe it to enable clinicians to "recognize ways that institutions, neighborhood conditions, market forces, public policies, and health care delivery systems shape symptoms and diseases."[15] Lastly, recognizing the potential and power of clinicians as advocates for the communities they serve, the systems TOC expands upon prior frameworks by emphasizing individual and collective clinician advocacy as a priority social mission outcome.

Structural Competency

The trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication "non-compliance," trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health.

Metzl JM, Hansen H. Structural Competency: Theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine.* 2014;103:126-133.

Health Delivery Outcomes: Collectively, as health professions training programs produce a workforce with the skills and training (including structural competency) as well as the motivation and courage to advance health equity, we will see a dramatic change in how health care is delivered. While these changes will not happen overnight, provider engagement in a systems level approach to advancing health equity will foster greater alignment with community needs. As more providers train in high need specialties and practice in medically underserved communities, this could ultimately lead to little or no geographic or specialty shortages. Further, a structurally competent workforce will work to put in place evidence-based practices concordant with community needs and preferences. They will also advance institutional and public policies that enable cross-sector collaborations and enhance health systems' ability to address the social and economic conditions that affect community health.

Impact: The ultimate goal of social mission is to advance health equity by improving health outcomes and reducing health disparities in communities. Ostensibly, the culmination the HPE, workforce, and health delivery outcomes defined – initially driven by levers of change and institutional social mission activities - would contribute to the achievement of this goal. We map out but one theoretical example of this evolution in Figure 3.

Figure 3. Example of Application of the Theory of Change for a Systems Approach to the Social Mission of Health Professions Education to the Social Determinants of Health (SDoH)

LEVERS FOR CHANGE	SOCIAL MISSION ACTIVITY	HPE OUTCOME	WORKFORCE OUTCOME	HEALTH DELIVERY OUTCOME	IMPACT
New SDoH accreditation and certification requirements make schools **accountable** for transforming curriculum to better incorporate SDoH. **Funders** support development of SDoH competencies/ trainings and **research** to identify best practices.	Health professions schools pilot and adopt innovative SDoH curriculum to meet accreditation standards and ensure high pass rates on certification exams.	Graduates possess skills and training to address SDoH within the context of healthcare delivery	Clinicians' practice includes screening for the SDoH, accounting for them in care plans, and linking patients to needed services and resources.	The SDoH are normed and prioritized in mainstream clinical care leading to increased cross-sector collaboration to further enhance the ability to meet patient needs, including addressing root causes.	Community health outcomes are improved, because health mediating factors (SDoH) are addressed

Accountability

The question of who should be accountable for the social mission of HPE is one that has been discussed in the literature,[iv,16,17] and the answer has implications for policies targeting health professions schools and the systems that influence them. There is no denying that health professions schools lie at the center of HPE and thus play a considerable role in shaping HPE and the future health workforce produced. However, placing the onus of responsibility and accountability on schools alone fails to communicate the web of influencing factors (and necessary resources) that must be in place to support social mission and risks backfiring if schools thus feel overwhelmed by the seeming enormity of the task being asked of them. Further, unless entities beyond the schools - health systems, employers, the media, and health equity advocates, to name a few – are explicitly defined as important players in the HPE ecosystem and see themselves as such – the power of these potential agents of change will never be fully harnessed in ways that advance health equity through HPE.

How to hold HPE accountable for social mission presents an opportunity for change agents to play an active role in defining, implementing, and socializing evaluation metrics. This is important, given evidence that those most entrenched in HPE may do a poor job evaluating schools' performance in efforts to advance social mission aims.[18] Thus, the inclusion of external accountability stewards is warranted. Successful examples of this relationship already exist. For example, the Social Mission Metrics Initiative,[19] led by researchers at the George Washington University, provides a system of metrics and self-assessment tool allowing schools to benchmark and track their social mission performance. Though self-assessment participation is voluntary and individual school-level results are confidential, the institutional self-analysis it provides is a potent tool for change and improvement,[20] and the initiative demonstrates the important role of researchers in health social mission accountability. Researchers have also held HPE accreditors accountable by explicitly identifying the extent to which each includes social mission content in accreditation standards – highlighting strong and weak performers.[21]

Funders like the federal government can also play a role in accountability by providing financial support to perform and disseminate needed research to shine a light on effective strategies for advancing social mission, institutional exemplars, and areas of needed improvement. For example, the Health Resources and Services Administration (HRSA) funds 2 health workforce research centers focused on health equity in HPE and training.[22,23] U.S. News & World Report – relied upon by prospective students and others for their highly publicized national rankings of educational institutions - has recently added medical school rankings based on social mission outcomes: most diverse medical schools; medical schools with the most graduates practicing in primary care; medical schools with the most graduates practicing in rural areas; and medical schools with the most graduates practicing in Health Professional Shortage Areas. This latter example highlights the contributions of change agents as non-traditional as the media in promoting social mission accountability.

Further involvement of other stakeholder groups in creating greater accountability for social mission in HPE could energize non-traditional players in their role as social mission change agents while increasing pressure on health professions schools and the systems that shape them. Importantly, the people and groups that the HPE enterprise should be accountable to should be the ones assessing social mission performance. Students' perceptions, for example, are arguably the most meaningful measure of schools' performance in creating inclusive and supportive environments and cultures. When student voices are critical of HPE's performance in this area and its negative implications for health equity, it can draw attention to the matter, forcing discussions around accountability.[24]

Ultimately, the intended benefactors of social mission are communities and the individual members of the public who comprise them. For HPE institutions to meet their obligation to ensure "a positive social return on investment to public health",[iv] they must be able to demonstrate improved community health outcomes. Community feedback thus features prominently as a performance indicator in existing social mission evaluation and assessment models, but could be further socialized as a valued indicator of HPE quality broadly. By recognizing communities as the ultimate authority on their social mission performance, HPE institutions can solidify their accountability to communities and the public at large.

Next Steps

This report and appended resources are a step along the way in a larger, ongoing effort to engage and activate all stakeholders in their roles as social mission change agents. We thus envision the Theory of Change for a Systems Approach to the Social Mission of Health Professions Education and its supplemental tables as living documents that will continue to evolve based on feedback received. The versions presented in this report are intended as a springboard for further collaboration, discussion, and innovation in social mission. Further, while this version of the TOC focuses primarily on health professions schools, we believe it has broader applicability to residency training and continuing education that requires additional consideration.

Working with and through the Social Mission Alliance,[25] we will further socialize and refine the Social Mission TOC with stakeholders beyond those who contributed to its original development. Since this report was initially drafted, its authors have already received thoughtful constructive feedback from 'boots on the ground' equity champions, which will be incorporated into future iterations of these tools. The authors assert that public pressure is one of the most powerful tools for driving the structural changes needed to advance health equity. Feedback on this work from the public at large is welcome and appreciated and can be directed to Margaret Ziemann at mziemann@gwu.edu.

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APPENDIX A

Existing Social Accountability and Social Mission Frameworks

1. **The National Social Mission Self-Assessment (2017)**. The Social Mission Metrics Initiative. https://doi.org/10.1097/acm.0000000000003324
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APPENDIX B

Theory of Change for a Systems Approach to the Social Mission of Health Professions Education

GUIDING PRINCIPLES

Equity | Social justice | Anti-racism | Elevating student and community voices | Health care as a human right | Reexamining traditional success metrics | Commitment to self-assessment and continuous improvement | Public Accountability

Internal and External Change Agents Can Exert Levers for Change:	Inspire	HPEs can adopt/enhance social mission activities	AND LEAD TO IMPROVED OUTCOMES AND IMPACT Health Professions Education Outcomes	Workforce Outcomes	Health Delivery Outcomes	Impact
RAISE PUBLIC AWARENESS/ INTEREST & EXERT PRESSURE AROUND SOCIAL MISSION Produce competency & curricular guidance Develop evaluation metrics Fund pilots and demonstrations Hold schools accountable Conduct Research	CRITICAL SELF-REFLECTION AND INTERNAL AUDIT	Diversity, Equity & Inclusion Institutional culture Governance Curriculum, program-ming Community engagement Research Activism	Diversity of student body, faculty, staff, and leadership DE&I culture and governance structure Dismantled manifestations of structural racism, other forms of discrimination Social justice advocacy and policy engagement Graduates, faculty, and leaders with the knowledge, skills, and intent to advance health equity Community as partner and educator Responsibility and responsiveness to community priorities and needs Robust equity research portfolio and staff Transparent reporting on social mission activities and outcomes to the public	Diverse and structurally competent workforce representative of the communities they serve Workforce specialty composition matched to target community needs Practice in medically underserved areas Practice that addresses the root causes of health disparities Clinician advocates for social justice, health equity, and patient needs	Little or no geographic or specialty shortages Cross Sector collaboration around advancing health equity Structurally competent, high-quality health care Root causes/upstream being addressed through cross sector collaboration	Health outcomes are improved **Health Equity is Advanced** Health disparities are reduced

FEEDBACK LOOP

APPENDIX B

EXTERNAL CONTEXT

Social and political environment | Community resources, needs, health status | Institutional characteristics | Demographic trends | Role of other systems and institutions that influence health

APPENDIX C: SOCIAL MISSION LEVERS FOR CHANGE

Lever for Change	Definition	Strategies	Change Agents (Examples)	Early Examples of what has already been done
PUBLIC PRESSURE	Advocate and hold institutions and health care enterprise accountable for social mission and health equity	Advocate for health professions schools, health systems, and the organizations that represent them to play a more active role in advancing health equity and dismantling structural racism Assess and publicize schools' commitment to social mission Ensure recruitment, hiring, and retention practices reflect demand for a health workforce prepared to advance health equity Demand representation and elevate voices of those typically not brought to the table	Current and prospective students Current health workforce Advocacy organizations Health workforce employers Patients Communities Media Researchers Journals Elected officials Unions	Advocating: White Coats 4 Black Lives Racial Justice Report Card Social Mission (Beyond Flexner) Alliance Assessing and publicizing: Social Mission Metrics Initiative US News and World Report Best Medical School Rankings for Diversity and Practice Areas Building a workforce for health equity: Kaiser Permanente investment to start a medical school to bring mission driven students into their integrated healthcare system Demanding Representation: Health Affairs journal outreach to encourage and support submissions from researchers of color

APPENDIX C: SOCIAL MISSION LEVERS FOR CHANGE

COMPETENCIES & GUIDELINES; EVALUATION	Provide clarity around social mission-oriented expectations for schools and students, guidance on implementing social mission programming, and evaluation metrics aligned with social mission	Develop and distribute student competencies aligned with social mission Provide guidance on implementing social mission practices, policies, and programming Provide social mission training resources Update testing content and policies to incorporate social mission principles in evaluation efforts	Professional associations Advocacy organizations Accreditation bodies Licensing and certification boards Researchers "Best practices" HPE institutions Federal agencies (e.g., HRSA, Departments of Education; Labor)	Competencies: The Interprofessional Education Collaborative's Core Competencies for Interprofessional Collaborative Practice AAMC Diversity, Equity, and Inclusion Competencies Guidance: AACN Holistic admissions guidance Health Professions Accreditors Collaborative and National Center for Interprofessional Practice and Education Guidance on Developing Quality Interprofessional Education for the Health Professions NW SDoH American Academy of Pediatrics elimination of race-based treatment guidance National Collaborative for Education to Address the Social Determinants of Health Curriculum Collection Training: AMA Health Equity Education Center Evaluation: USMLE Step 1 transition to pass/fail MCAT testing accommodations

APPENDIX C: SOCIAL MISSION LEVERS FOR CHANGE

FUNDING	Incorporate social mission into funding values and priorities	Fund HPE pilots and programs intended to promote social mission and advance health equity Restructure financial incentives to be more squarely focused on equity (e.g., stipulated as a required part of evaluation) Provide funding for social mission research and evaluation to build the evidence base and identify what works New payment models that would incentivize training for value-based care Fund the dissemination and elevation of social mission achievements and best practices of less well-resourced HPE schools and programs	Federal government States Philanthropy Professional Associations	Pilots and programs: RWJF-funded Dental Pipeline Program RWJF-funded Summer Health Professions Education Program Stipulations tied to funding: CHGME Quality Bonus System HRSA Rural Residency Planning and Development Program Research and evaluation: HRSA funded National Collaborative for Education to Address the Social Determinants of Health HRSA funded Health Workforce Equity Research Centers Training for value-based care Kaiser Permanente investment to start a medical school to prepare students for value-based care health delivery models

APPENDIX C: SOCIAL MISSION LEVERS FOR CHANGE

ACCOUNTABILITY	Create social mission incentives for change through adoption and enforcement of policies that hold HPE institutions accountable, ultimately to the public	Define accountability measures Put in place audits to guide critical self-assessment of DE&I culture Incorporate social mission in accreditation standards Provide HPE institutions with the data and tools needed for social mission self-assessment and insert expectations around improvement and the milestones needed to demonstrate it Promote high performing institutions and those making progress in advancing social mission Elevate communities as gatekeepers of the health workforce pipeline	Federal government States Accrediting bodies Professional associations Researchers Journals Communities Students	Defining measures: Social Mission Metric Initiative Audits: Equity and Diversity Audit Tool for Canadian Medical Schools Accreditation standards: Multiple captured by Orban & colleagues (2022) across health professions education accrediting bodies Data and tools: National Social Mission Self-Assessment Promotion: U.S. News and World Report rankings of medical schools based on social mission outcomes Communities as gatekeepers: Temple University School of Medicine Community Interviewers

APPENDIX C: SOCIAL MISSION LEVERS FOR CHANGE

RESEARCH	Conduct and disseminate social mission research to build the evidence base and identify what works	Assess community and population needs that can inform institutional social mission priorities Rigorously evaluate health professions education policies, practices and programs to determine if they are meeting stated social mission objectives Make proprietary research tools and instruments available and accessible for purposes of conducting social mission research	Government, academic, and private sector research communities	Assessing needs: County Health Rankings, University of Wisconsin Social Vulnerability Index, CDC/Agency for Toxic Substances and Disease Registry Evaluation: HRSA Health Workforce Research Centers on equity in HPE Sharing resources: Mapping Inequality redlining data

APPENDIX D: INSTITUTIONAL SOCIAL MISSION ACTIVITIES

School Activity Domain	Scope	Social Mission Strategies	Real World Examples
Diversity	*The composition of a health professions school's students, staff, faculty, leadership, and governance*	Recruitment and admissions processes and policies that consider and promote a student body that is diverse in multiple dimensions (including but not limited to: race, ethnicity, sexual/gender identity, economically, physical ability) Participation and sponsorship of pipeline and enrichment programs Financial support for URM and financially vulnerable students Recruitment, hiring, and promotion practices, especially for faculty and top leadership positions, that emphasize and value diversity	An outcomes study demonstrating the value of holistic review on the diversity of medical school interview pools A commitment from New York University Grossman School of Medicine to addressing financial barriers to medical school by making it tuition-free A partnership between UC Davis and community colleges to boost the number of primary care physicians in underserved parts of Northern California
Curriculum and educational programming	*Formal curriculum, extracurricular activities, and clinical training opportunities*	Institute an equity-oriented curriculum that emphasizes health disparities, the social determinants of health, structural competence, patient-centered and value-based principles, and interprofessional collaboration and is tied to the needs of the community that the school serves Require community-engaged, experiential educational and clinical opportunities Eliminating teaching materials and methods that perpetuate systems of oppression and the pathologization of race; Provide context in discussions of unequal disease burden by R/E; Integrate case examples representative of diverse patient demographics and experiences	The Green Family Foundation Neighborhood Health Education Learning Program (NeighborhoodHELP) addresses the critical needs for primary and preventive care in the community through a required, interprofessional home visiting program for health professions students A medical student-led antiracist curricular effort using abolition as the guiding framework

APPENDIX D: INSTITUTIONAL SOCIAL MISSION ACTIVITIES

Governance	*Leadership and written policies that articulate and influence academic institutions' identity and management.*	Explicit commitment to and institutionalization of community, diversity, equity, and inclusion in school mission, guiding documents, and policies • Enforcing and holding all students, faculty, and organizational leaders responsible for adherence Diverse racial, ethnic, demographic, and experiential representation in decision making	An outcomes study finding a positive association between inclusion of social mission principles in medical schools' mission statements and output of graduates entering primary care A charter that emphasizes inclusion and community commitment at Arizona State University Valuing community oversight with a community advisory board at Geisinger Commonwealth School of Medicine
Institutional climate and culture	*The perceptions, attitudes, and expectations that define the institution, particularly as seen from the perspectives of individuals of different racial or ethnic backgrounds.*	Create and support resources, policies, and safe spaces that reflect a commitment to inclusion and non-discrimination Celebrate diversity Institute and provide financial support for programs that promote academic achievement, mentorship, sponsorship, socialization, and fellowship Normalize equity-oriented trainings, professional development, and associated expectations for all students, staff, faculty, and leadership Recognize, acknowledge, and celebrate the contributions of URM faculty and staff; rescind or transform institutional policies that historically prevented career advancement opportunities for them	An observational study finding that a positive primary care culture in medical school is supportive of primary care practice choice A publicly available self-assessment of school culture and plan for transformation at the University of Miami Miller School of Medicine A Center for Native American Health at Washington State University that provides holistic support for Native American and Alaskan students and celebrates their heritage

APPENDIX D: INSTITUTIONAL SOCIAL MISSION ACTIVITIES

Community engagement	*Bidirectional approach to building mutual trust, respect, benefit, and cultural hu mility across a variety of activities*	Conduct community needs assessment and build results into strategic plan, educational programming, and clinical services. Partner with community and local organizations that address health disparities, social determinants of health, or build community capacity Encourage informal linkages between students and community members Normalize the inclusion of community representatives in decision making Adopt community clinical training sites and preceptors	A unique initiative to involve community members in the selection of incoming medical students A partnership initiative between communities and academic institutions to advance health equity and social justice
Research	*The totality of a school's funded and unfunded programs of systematic investigation re lated to health, healthcare, or issues impacting health*	Value and reward equity-focused research at the same level as clinical and biomedical research, including in advancement, promotion, and tenure criteria Solicit and partner equally with community representatives and organizations to conduct research Teach students research skills that espouse principles of community-based participatory research (CBPR) and community engagement	A longitudinal experience for medical students at the University of Texas Southwestern emphasizing CBPR and culminating in a "Certificate of Knowledge in Community Medicine" Texas Center for Equity Promotion's considerations and recommendations for equity-centered research
Activism	*School support and student and faculty involvement in organizations*	Financial support and promotion of school-based advocacy organizations and opportunities Advocacy training for students, faculty, and staff	George Washington University's commitment to building health advocacy leaders through its Clinical Public Health Curriculum and Residency Fellowship in Health Policy

	and programs that focus on advocacy, health disparities, and social determinants of health.	Public demonstration of support for and commitment to diversity, equity, and inclusion Serving as an ally in community advocacy efforts Protecting school community's right to advocate without fear of retribution	Weil Cornell Medicine's funding of the Advocacy in Medicine annual conference
Across all activity domains: Seek out, identify, and dismantle manifestations of power, privilege, and structural racism in health professions schools' programming, policies, and practices An action plan for anti-racism in medical education from Columbia University The removal of racist monuments associated with health sciences and located on health sciences campuses Georgetown University's ongoing process of understanding and responding to its ties to slavery Performing equity audits, such as the Equity and Diversity Audit Tool for Canadian Medical Schools A multi-year, multi-faceted initiative to make UCSF "the most diverse, equitable and inclusive academic medical system in the country"			