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Engaging Stakeholders for Institutional Self-Reflection to Advance Health Equity

By: Robert Woollard*, Prattama Santoso Utomo*, Björg Pálsdóttir*, Andre-Jacques Neusy*, José Francisco García Gutiérrez*

*School of Medicine, University of British Columbia, Vancouver, Canada
*Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia
*Training for Health Equity Network: THEnet
*Training for Health Equity Network: THEnet
*Pan-American Health Organization (PAHO-WHO)

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Abstract

There has been growth of health inequities in health status and access to healthcare in the last century. The discrepancy in health needs to be restored by reemphasizing the importance of social accountability in health professions education. Introducing and promoting social accountability to health professions education institutions would provide double benefit as they will train and graduate healthcare professionals and operate as institutions with great consideration of social accountability and social determinants of health. The Institutional Self-Assessment of Social Accountability Tool (ISAT) has been designed and used to assist academic health sciences institutions in understanding their social accountability level and advances. The tool was developed as a collaborative initiative by the Pan-American Health Organization (PAHO-WHO). It brought together experts from organizations that developed tools to assess social accountability: the Training for Health Equity Network (THEnet), AMEE ASPIRE Awards, and the Beyond Flexner Alliance, now the Social Mission Alliance. Since 2021, a total of 10 institutions from countries in North America, Latin America, Africa, Eastern Mediterranean, and South Asia have completed the assessment and benefited from the process for their institution's social accountability growth. Nevertheless, there have been challenges in assessing institutional social accountability, including stakeholder engagement and dissenting opinions on the definition of social accountability. This paper is an attempt to reintroduce the importance of social accountability through stakeholder engagement and share some reflection on the use of ISAT from the past two years, which later will provide some suggestions for academic health institutions to engage in self-reflection and assessment of their social accountability advancements.

Introduction

It has been said that academic health sciences centers are the most complex organizations ever devised by human ingenuity. As such, the prospect of a worldwide organized effort at cultural change is intimidating. Nor should it be surprising that institutions that have sought for centuries to be centers of learning in the healing arts and sciences frequently drift away from serving those most in need of healing—or indeed of prevention for *those who suffer* (the root meaning of

"patient")—instead to focus on more readily delivered technologic responses to specific identified diseases. While this is in itself very worthy work, the last century has seen distressing growth of inequities in health status and in access to proven interventions to restore health. There has been a concomitant discrepancy in health resources devoted to preventing illness and enhancing the health of the populations than resources spent on therapeutic treatments for those already ill.

Since the turn of the Century, there has been a growing movement under the rubric of *social accountability of health professional schools* to address this imbalance and inequity. While the movement has gained some momentum, two things are increasingly evident. First, it is not a *complicated issue but* rather a *complex* issue. Unlike building a rocket to Mars, there are no predictable laws of physics that allow careful calibration to understand and correct our failures of building predictably on our successes, pointing towards success over time. Secondly, positive change must be fostered and driven by the institutions themselves. As in any complex system, it will depend on the relationships, systems, and subsystems contained within institutions and between them and the societies and policy environment in which they are embedded and putatively serve.

So, where might we look for guidance? Well, also, in the last quarter century, there has been increased exploration of the concepts of *professionalism* and *generalism*. Professionalism is the obligation that a profession owes to the society that grants it the privileges it enjoys—and few professions are as privileged as medicine. In its complex world, the quality of care given can be difficult to assess, so the paired concepts of self-assessment ("*Am I as good as I can be?")* and peer review (*"Do those involved in this work see mine as worthy?")* coupled with the system of continuous quality improvement ("*Can we do better tomorrow than we do today?")* become an absolute necessity. This privilege given to the medical profession comes with the moral obligation for practitioners to ask themselves these questions and apply them to the systems and environment in which they operate. In other words, to make their profession and the health system accountable to society.

The concept of generalism calls us to explore beyond the particular to nest our work not only in the whole patient but in the whole system required to address wellness and health equity: *A **generalist** keeps the whole in mind while attending to the individual parts, the system in mind when fixing individual problems and the end in mind when commencing the journey.*

Those developing and deploying the ISAT are leading us one step further to foster a ***global*** commitment to increased relevance and equity by promoting deep institutional self-assessment/reflection—a mirror, if you will—to show us what is important about ourselves using evidence-based ideas woven together and launching us towards continuous self-improvement.

Accreditation systems, properly used, offer the opportunity for institutional peer review linked in turn to CQI. Given the rich diversity of concepts of health and healing, wellness and disease, and systems of care, this is an audacious undertaking, but it is well launched and opening the door to hope that we might, in the 21st Century, realize the hope that Arnold Toynbee saw in the 20th:

"The twentieth century will be chiefly remembered by future generations not as an era of political conflicts or technical inventions, but as an age in which human society dared to think of the welfare of the whole human race as a practical objective."

Reflection: Lessons Learnt From ISAT

The Institutional Self-Assessment of Social Accountability Tool (ISAT) was developed as a collaborative initiative by the Pan-American Health Organization (PAHO-WHO). It brought together experts from organizations that developed tools to assess social accountability: the Training for Health Equity Network (THEnet), AMEE ASPIRE Awards, and the Beyond Flexner Alliance, now the Social Mission Alliance. Building on their work, the group defined 12 core indicators of social accountability in medical schools. The domains include students, faculty recruitment, faculty development, curriculum content, learning methods, types and locations of educational experiences, community-based research, governance, stakeholder partnership and engagement, school outcomes, societal impact, and other social accountability initiatives.

The inaugural ISAT assessment and launch was conducted in 2021. To date, a total of 10 institutions representing countries in North America, Latin America, Africa, Eastern Mediterranean, and Southeast Asia global regions completed the ISAT self-assessment and attended all the assessment processes.[i] The ISAT-assessed institutions are:

1. Faculty of Medicine, University of Gezira, Sudan
2. Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia
3. Multicampi School of Medical Sciences, Universidade Federal do Rio Grande do Norte, Brazil
4. Faculty of Medical Sciences, Universidad Nacional del Litoral, Argentina
5. Faculty of Medicine, Universidad Nacional Autonoma de Mexico, Mexico
6. Northern Ontario School of Medicine, Canada
7. Medical School, Nelson Mandela University, South Africa
8. Mahatma Gandhi Institute of Medical Sciences, India
9. Faculty of Medicine, Ain Shams University, Egypt
10. Gulf Medical University, United Arab Emirates.

The strength and usefulness of ISAT is that the assessment process is not an accreditation but a process of collaborative and stakeholder involvement to evaluate and start the advancement of the institution's social accountability. After the ISAT assessment is completed and acknowledgment and publication of the assessment results are given, assessed institutions will be convened regularly to continuously appraise their progress as expressed in the improvement plan during the assessment. Institutions will share their experience and support each other as a community of practice of the socially accountable medical and health professions schools.

Despite the tool being designed to be suitable for a broad spectrum of medical and health professions education programs, the general nature of the ISAT components is also a limitation of the assessment tool. Being general might accommodate the assessment of institutions from different countries with various backgrounds and conditions but also make the appraisal process challenging for the oversight committees who might not be familiar with the institutions'

context. Hence, the ISAT oversight committee consists of experts from various institutions around the globe, including English, Spanish, French, and Portuguese-speaking countries, to ensure sound representation of geographical diversities. In addition, the ISAT tool has been translated into English, Spanish, French, and Portuguese to mitigate language barriers. The oversight committee reviews ISAT applications in the respective language and also provides mentoring to institutions that request support.

Nevertheless, despite the detailed descriptions of indicators, participants interpreted social accountability differently and, therefore, rated themselves differently. Hence, there is a need to engage the community of practice of those who completed ISAT and first-time participants in reflecting on what social accountability looks like in practice and exploring whether clearer examples are required to ensure shared understanding. It might also be helpful to broaden the oversight committee to cover more geographic regions to encourage applicants from different regions and countries.

Future Directions

As reflected in experiences with the implementation of ISAT, social accountability, which gained traction in recent years, is a broad concept that leaves significant room for interpretation. In academic publications, authors often only reference the "obligation to direct education, research, and service activities towards addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve".[ii] They leave out the essential element of the WHO definition that "priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public."

Social accountability calls on academic institutions to think differently about how their institutions work and how they measure success. It expects institutions to examine how they can more actively contribute to strengthening the health system, reduce health inequities, and ultimately improve health and well-being in the communities they serve. ISAT is an important tool to get health workforce education institutions starting their social accountability journey to think about how their strategies align with needs and social accountability strategies.

Therefore, to be truly socially accountable, institutions need to engage a broader set of stakeholders in the evaluation process and in defining the measures of success for health workforce education establishments. Institutions also need to reflect and act on the systematic factors that underlie inequities and become more active participants in health system strengthening efforts. This means working across disciplines and sectors and better integrating education into service delivery.[iii] For example, the *Training for Health Equity Network* has developed an evaluation framework and tools to engage stakeholders in the assessment process.[iv] However, to identify what works, how, and in what contexts, education institutions need to scale up research related to social accountability, collaborate, and build on each other's work. In this way, we can build a broad evidence base to guide policies and practice.
While most educational institutions are still not adequately community-engaged and committed to addressing inequities, there is progress. Social accountability standards are included in the World Health Organization's National Health Workforce Accounts.[v] Some countries, such as

Canada and Australia, are including social accountability in their accreditation standards of medicine and pharmacy, respectively. There are collaborative efforts underway to advocate for greater integration of such standards in accreditation systems globally, such as the International Steering Committee of Social Accountability and Accreditation.

Health workforce education institutions influence the values, behaviors, and perspectives of important key stakeholders in health, yielding wide-ranging impacts. By partnering with, working in, and building trust with communities and across sectors, academic institutions have the potential to play a significant role in diminishing health disparities and enhancing readiness to confront future health crises and pandemics.

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