# Draft Curricular Organization using Health Justice Pillars & *KSoM Domains*
### *(This is a living document!)*

| DISTRIBUTIVE HEALTH JUSTICE | PROCEDURAL HEALTH JUSTICE | RETRIBUTIVE & RESTORATIVE HEALTH JUSTICE |
|---|---|---|
| *All members get their 'fair share' of health - i.e.* **equal opportunity to be healthy and equal access to health care.** *This includes equal opportunities to live healthy lifestyles and to access health and wellness care.* | ***Fairness in the rules, decisions, and implementation of health, health care, and health policy.*** *This can relate to everything from clinical decision guidelines, health care delivery, how patients are treated in the health system, decisions on what insurance will cover.* | ***Taking action to right the wrongs*** *of health inequities and past injustices. Retributive = punishing the offenders; Restorative = repairing the damage caused by health inequities and injustice* |
| *KSoM Domain: Foundations in Health Justice* | | |
| -Recognize historical context of racism and economic inequality on health disparities | -Principles of cultural humility & implicit bias<br>-Develop skills required to have culturally sensitive discussions with colleagues, patients, and caregivers | -Models of mitigating or rectifying the health inequities that currently exist<br>-Other health systems that have more equitable outcomes<br>-Applying Critical Race Theory in health care |
| *KSoM Domain: Social Determinants of Health* | | |
| -Understanding health disparities in the context of historical structural inequity<br>-Understanding current health disparities and barriers to achieving health equity | -Incorporating the understanding of a patient's SDoH in providing equitable, patient-centered care<br>-Biopsychosocial model of patient care | -Developing solutions to mitigate and decrease SDoH |
| *KSoM Domain: Health Systems and Structures* | | |
| -PT in the continuum of care<br>-PT role in wellness/prevention<br>-Direct access in PT<br>-Multi-payer model of health care payment & its effect on accessing healthcare | -Referral systems to/from PT<br>-Billing/reimbursement<br>-Overutilization/underutilization of services<br>-Medical vs PT diagnosis<br>-PT as a primary care provider<br>-Imaging in PT | -Novel/innovative healthcare delivery models (restorative justice)<br>-Building leadership skills in order to advocate for health justice at the professional, systemic level.<br>-PT malpractice and consequences of malpractice (retributive justice) |

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## KSoM Domain: Advocacy

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|---|---|---|
| -Increasing awareness of the value of PT<br>-Increasing access to PT, including specialty PT | -Professional advocacy for increasing use of PT in primary care roles<br>-Professional advocacy for increasing awareness of PT specialties by other health care providers | -Building advocacy and leadership skills beyond the PT profession & into societal, political, and community level.<br>-Allow for service learning experiences beyond healthcare/wellness and into social and environmental justice |

## KSoM Domain: High Value Care, Patient Safety, and Quality Improvement

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|---|---|---|
| | -Cultural humility<br>-Implicit bias in clinical decision making<br>-Ableism in PT<br>-Health behavior change<br>-Ethics/professionalism<br>-Interprofessional collaboration<br>-Clinical care/patient management<br>   ● Recognizing cognitive biases to decrease errors in clinical reasoning<br>   ● Systems screening<br>   ● Differential diagnosis<br>   ● Utilization of clinical prediction rules<br>   ● Utilization of clinical practice guidelines<br>   ● Utilization of clinical outcome measures<br>   ● Application of the ICF in for patient-centered care<br>   ● Evidence-informed practice | -Cultural humility<br>-Trauma-informed care<br>-Integration of traditional healing and non-Western healthcare practices<br>-Using the quality improvement cycle (Plan-Do-Study-Act) to enhance clinical outcomes at the individual provider and system level<br>-Community empowerment programs versus charitable services |

## KSoM Domain: Clinical Informatics and Health Information Technology

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|---|---|---|
| -EMR equitable practices (ex. Non-binary and self-reported gender identities; pt has direct access to their medical record) | -Utilization of standardized clinical outcome measures<br>-Standardized care delivery models | |

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|---|---|---|
| -Clinical documentation standards (e.g. using inclusive language)<br>-Inclusive language standards | -EMR - information sharing & utilization across care settings | |