

Silence Is Not the Answer:

Addressing Modern Day Social Injustice in Your Graduate Medical
Education Curriculum

Megan Aylor, MD – Oregon Health and Science University

Michelle Brooks – Stanford University

Brian Lurie, MD MPH – Atlantic Health Program

Amanda Osta, MD – University of Illinois College of Medicine at Chicago

Patricia Poitevien, MD, MSc – New York University School of Medicine



HASSENFELD
CHILDREN'S
HOSPITAL
OF NEW YORK
AT NYU LANGONE



Goryeb
Children's Hospital 

ATLANTIC HEALTH SYSTEM

Trusted Network of Caring™

Objectives

- Describe structural bias, its historical roots, and its impact on health outcomes
- Identify gaps in Pediatric medical education curricula in regards to structural bias and social justice and discuss our role as medical educators in addressing these.
- Develop educational strategies to enhance our learners' knowledge, skills, and attitudes when working with underrepresented populations

Agenda

- Introduction
- Privilege Activity (interactive)
- Identify and Define yourself Activity (interactive)
- Brief Didactic
 - Define structural bias and social justice
 - Describe historical roots and health disparities
- Identify gaps in Pediatric Medical Education curricula and Introduction of Social Justice Curricula
- Development of Educational Activities (interactive)

Why is this important?

Of all forms of inequity, injustice in health care is the most shocking and inhuman.”

Martin Luther King, Jr., National Convention of the Medical Committee for Human Rights, Chicago, 1966

Healthy People 2020

- Health starts in our homes, schools, workplaces, neighborhoods, and communities.
- Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.

Why is this important?

- Statistics:
 - 64% of US medical students come from families whose income is > \$100,000
 - 22% from families whose income is > \$250,000
 - <7% with annual incomes below \$25,000
- Most academic medical centers are in urban settings:
 - Socially and economically disadvantaged
 - Profound health problems
- We must teach the knowledge and skills needed to provide care to such economically and historically marginalized patients who are often minorities

Why is this important for medical educators?

- What we are taught:
 - Health disparities exist at higher rates among minorities
 - Look at the individual as the single most important determinant of his or her health
 - A person's health status is largely within their control through their health behavior choices
- What we aren't taught:
 - Curricula does little to address WHY disparities exist
 - We rarely focus on:
 - Social structures
 - Cultural structures
 - Legal structures
 - Political structures
 - Medical structures

White Coats for Black Lives

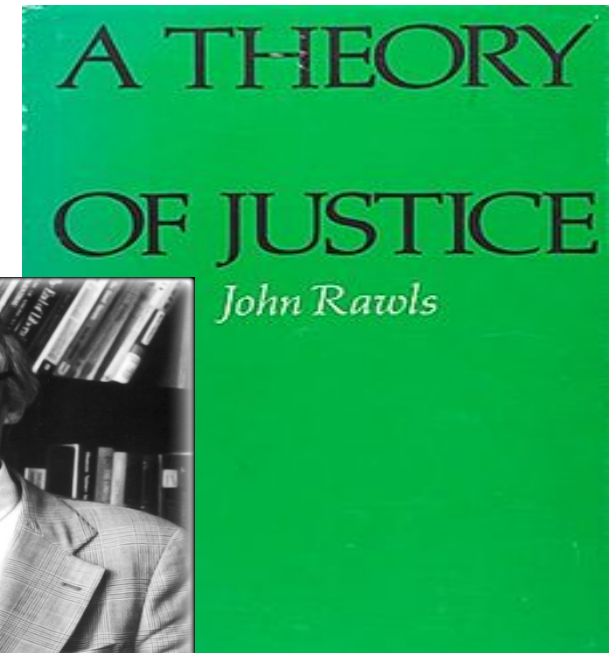
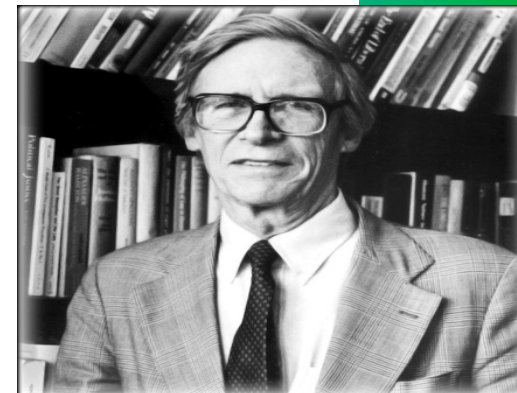
- It is more important now than ever that we affirm our commitment to Black lives, to Indigenous lives, to Muslim lives, to queer lives, to immigrant lives. We must continue to partner with, listen to and learn from those in our communities who are most marginalized and ensure that they remain at the center of our work.

Privilege Activity

Identify and Define Yourself Activity

Social Justice

- John Rawls; A Theory of Justice – 1970
- A Theory of Justice must regulate “the inequities in life prospects between citizens that arise from social starting positions, natural advantages and historical contingencies.”
- “Justice as Fairness”
 - The liberty principle
 - The difference principle



Social Justice

- The Liberty Principle:
 - Each person is to have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all
- The Difference Principle
 - Social and economic inequalities are to be arranged so that they are both:
 - To the greatest benefit of the least advantaged
 - Attached to offices and positions open to all under conditions of fair equality and opportunity

Social Justice in Medicine

“Health Inequities are differences [in health] which are unnecessary and avoidable but, in addition are also considered unfair and unjust.” – M. Whitehead; *Concepts and Principles of Equity and Health*; WHO; 1990

Health Inequity  Unequal access to healthcare

Health Inequity  Unequal health OUTCOMES

Social Justice in Medicine

- IOM 2002
 - *These access-related factors are likely the most significant barriers to equitable care, and must be addressed as an important first step toward eliminating healthcare disparities.*
 - *The committee is asked, however, to assess whether **other factors** may contribute to health-care disparities once these “threshold” factors (i.e., racial and ethnic differences in income, health insurance status, and geography) are held constant, and to specifically address whether bias, discrimination, or stereotyping at the individual, institutional, and health systems levels may explain some part of these disparities.*

Social Justice in Medicine

- IOM 2002
 - *Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.*

Structural Bias

- The normalized and legitimized range of policies, practices, and attitudes that routinely produce cumulative and chronic adverse outcomes for minority populations
 - the main driver of social inequality in America today.
 - targets specific, easily stereotyped and generalizable attributes of individuals, such as [race](#) and [gender](#).
- Power and Legitimacy both play an important role in the identification of structural bias and who is affected by it.

Racism and Health Inequities

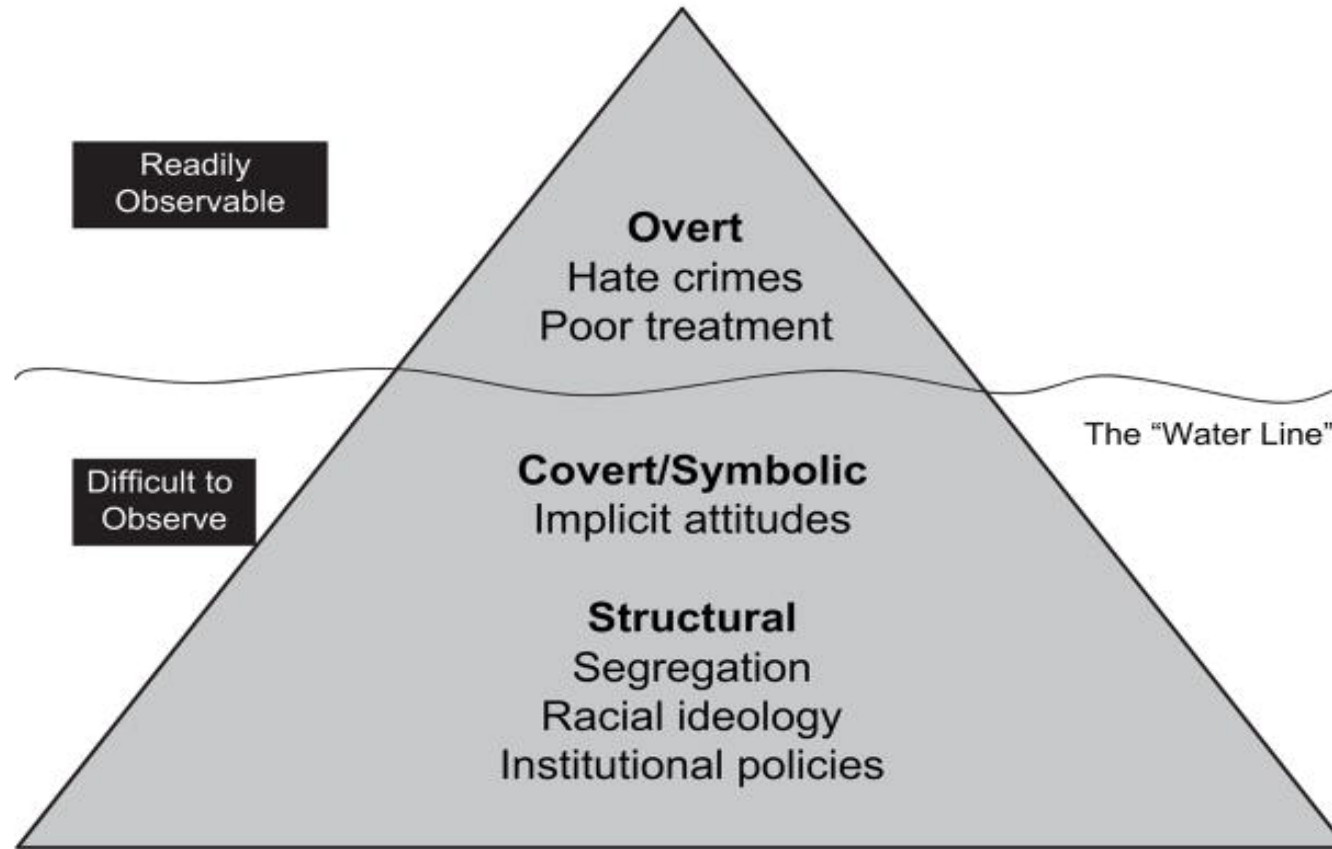
“The Negro death rate and sickness are largely matters of social and economic condition and not due to racial traits and tendencies”

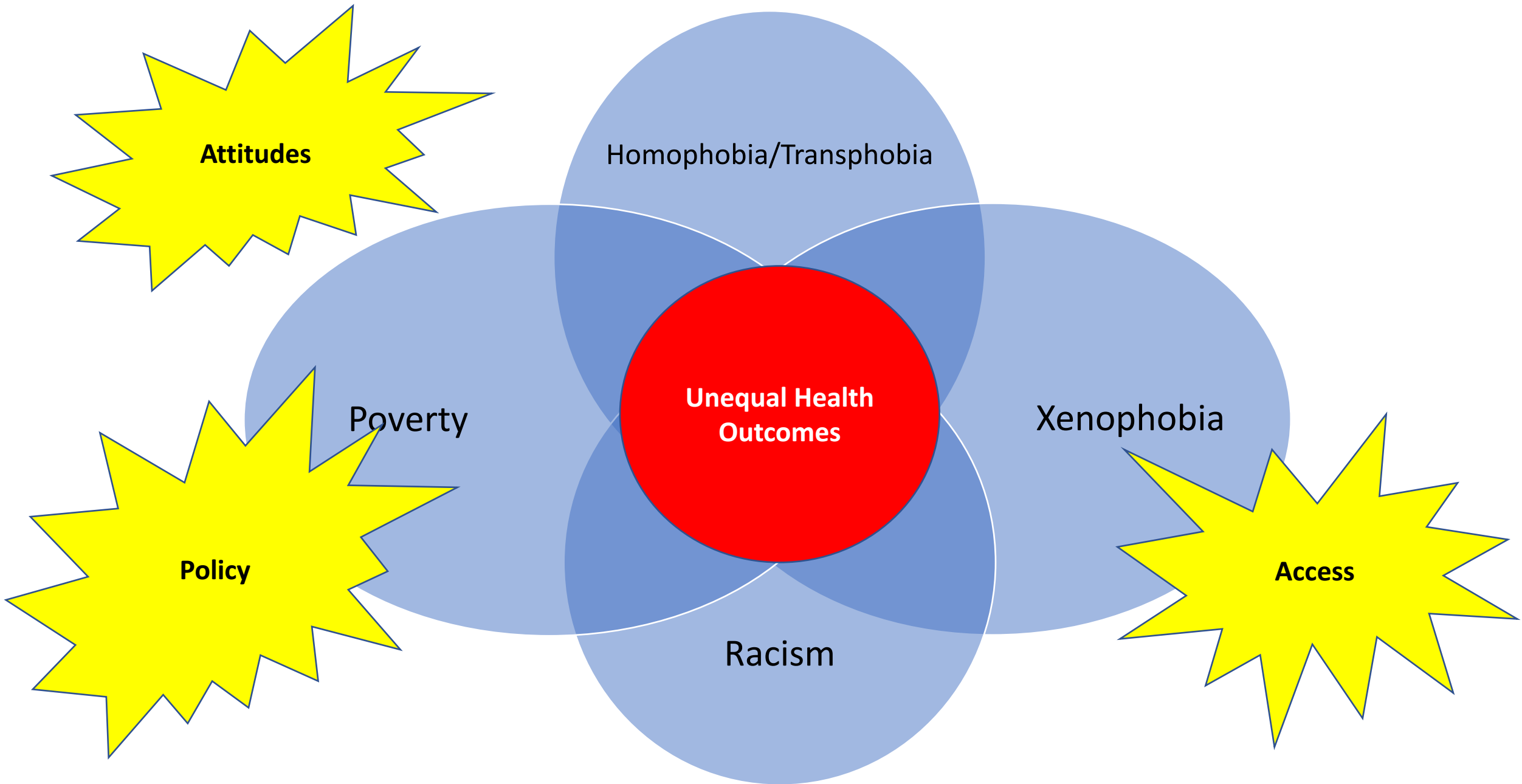
W.E.B. Du Bois -

Implicit Bias

- Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
- These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

Levels of Bias





Attitudes

Homophobia/Transphobia

Poverty

**Unequal Health
Outcomes**

Xenophobia

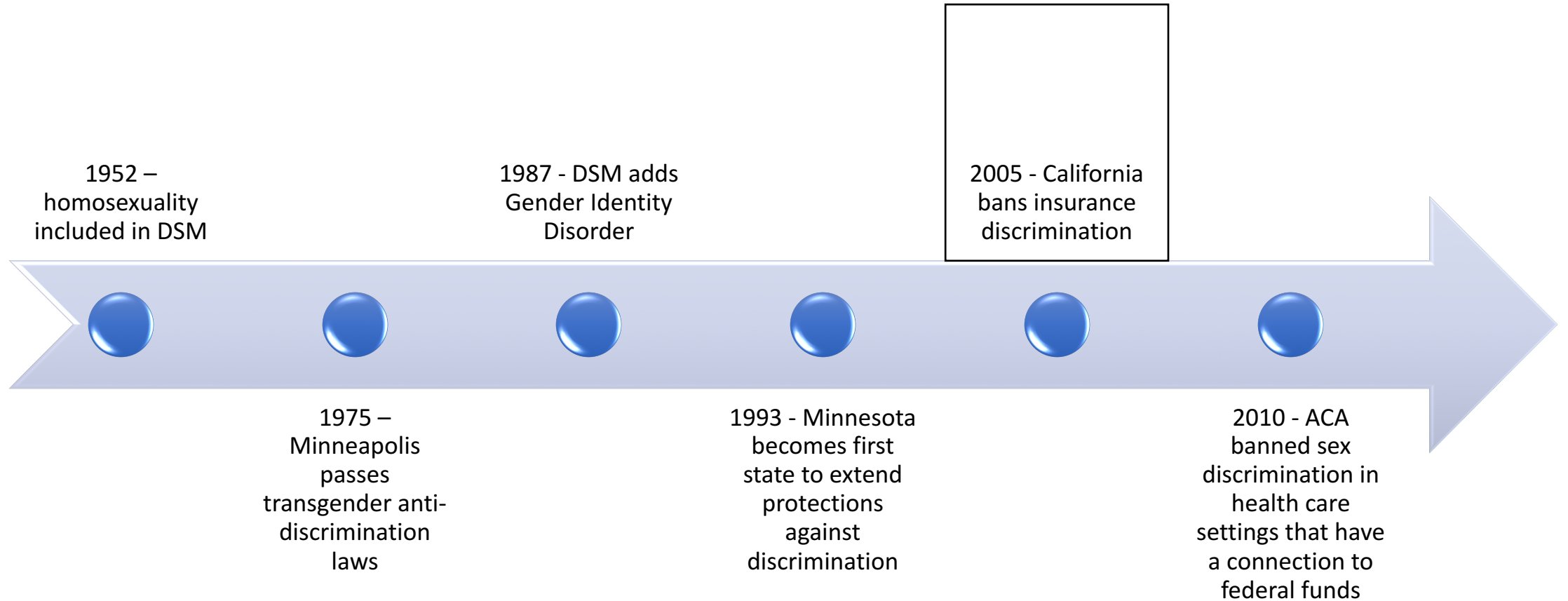
Policy

Racism

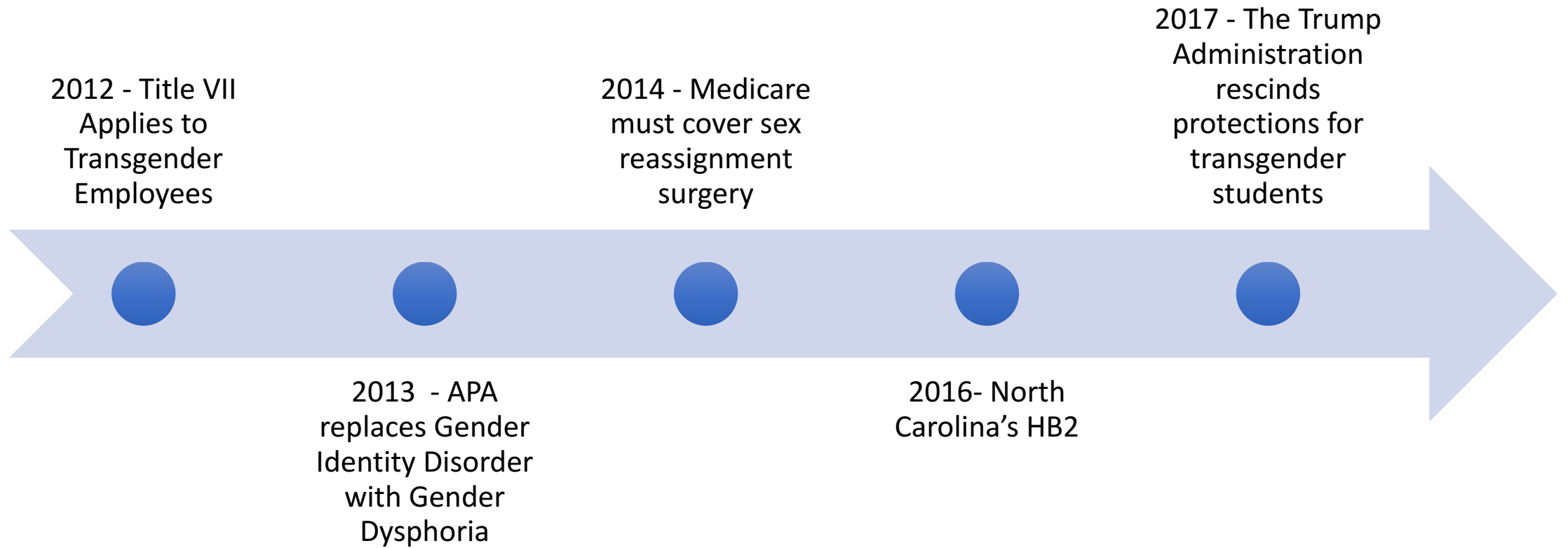
Access

Homophobia/Transphobia

LGBTQ Policy



LGBTQ Policy



Leelah Alcorn's Story

"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights...My death needs to mean something... My death needs to be counted in the number of transgender people who commit suicide this year. Fix society. Please."

LGBTQ Policy

2012 - Title VII
Applies to
Transgender
Employees

2014 - Medicare
must cover sex
reassignment
surgery

2017 - The Trump
Administration
rescinds
protections for
transgender
students

2013 - APA
replaces Gender
Identity Disorder
with Gender
Dysphoria

2016- North
Carolina's HB2



Risk Behaviors, Health Disparities and Related Issues for Transgender Youth

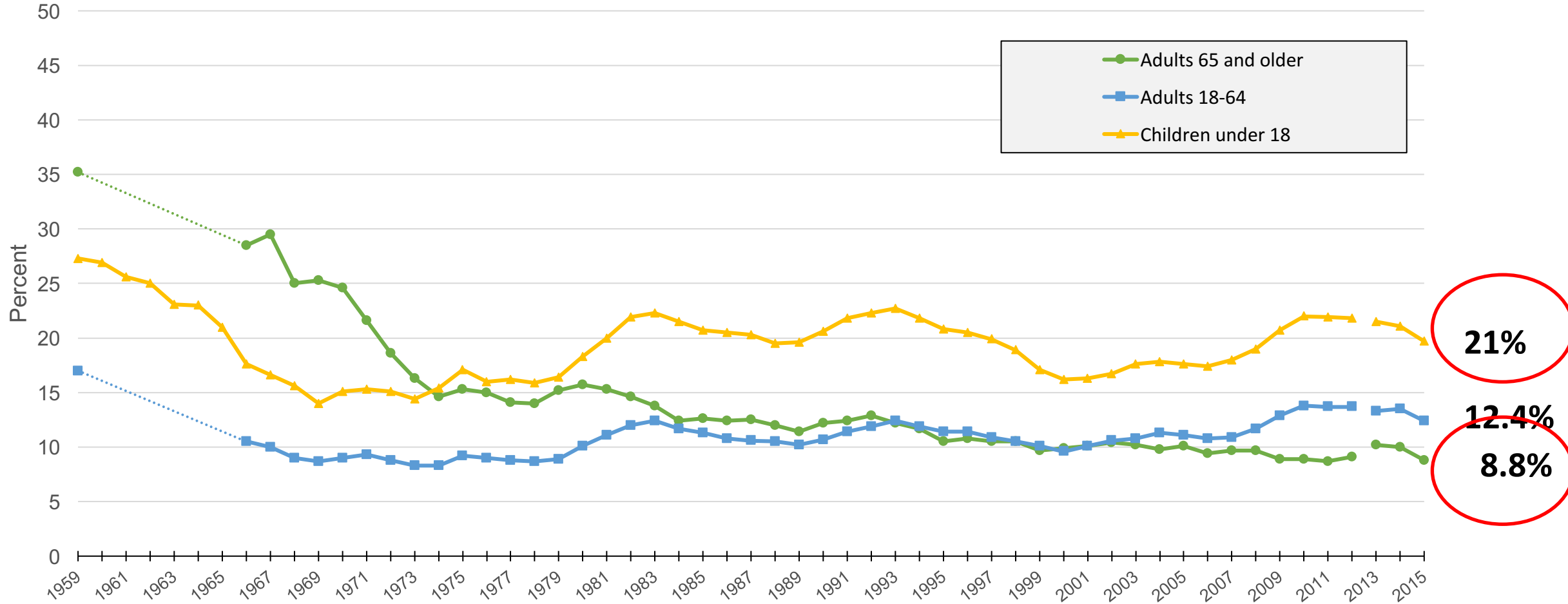
- Smoking
- Alcohol and substance abuse
- Anxiety, Depression, Suicide Attempts
- HIV, STIs
- Bullying and Victimization
- Homelessness
- Eating Disorders
- Limited Access to care

Social Inequity

- Transgender youth of color experience some of the highest levels of adversity in their daily lives due to the intersectionality of transphobia and racism.
- Transgender communities of color have lower levels of educational attainment in comparison to their white counterparts.
- Transgender respondents to the National Transgender Discrimination Survey (NTDS) were 4x more likely than the general population to have a household income of less than \$10,000
- Only 16 US states, the District of Columbia, and 150 cities and counties have explicit non-discrimination laws that include gender identity and expression.

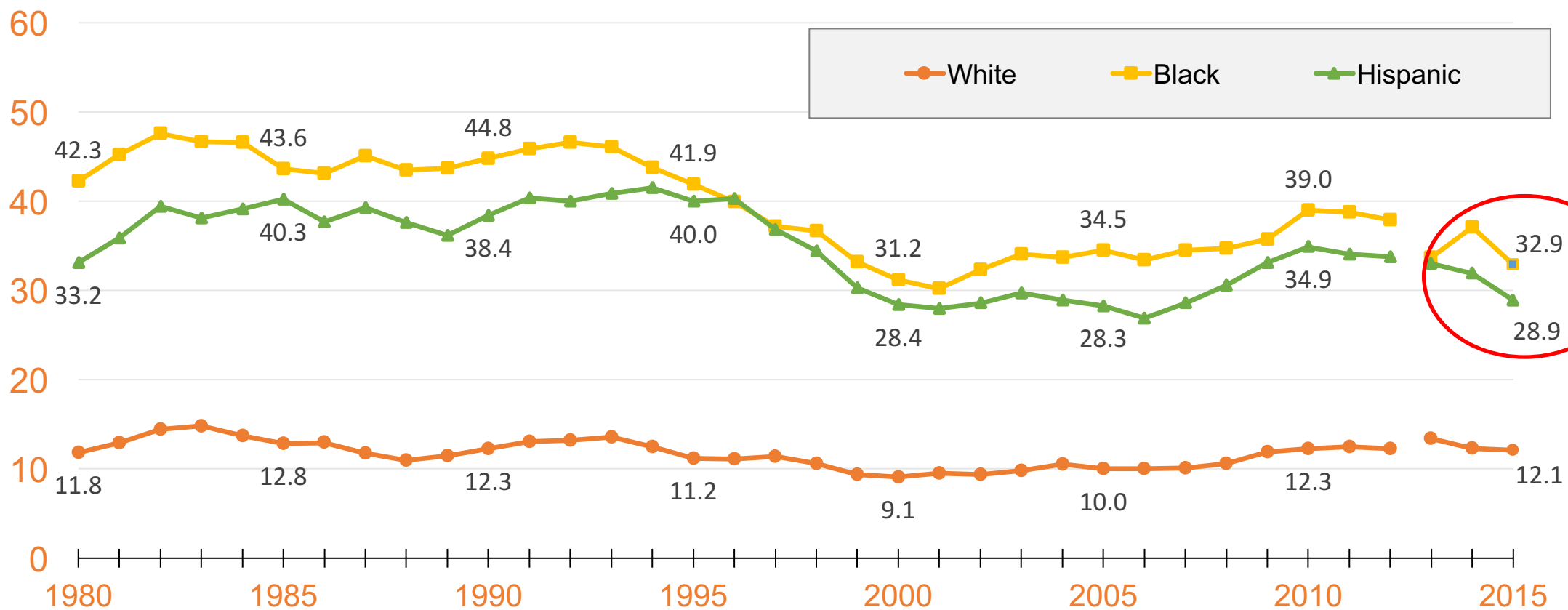
Poverty

U.S. POVERTY RATES BY AGE GROUP: 1959 TO 2015



**Estimates for 2013 and beyond are not directly comparable to previous years due a re-design of the income questions.*

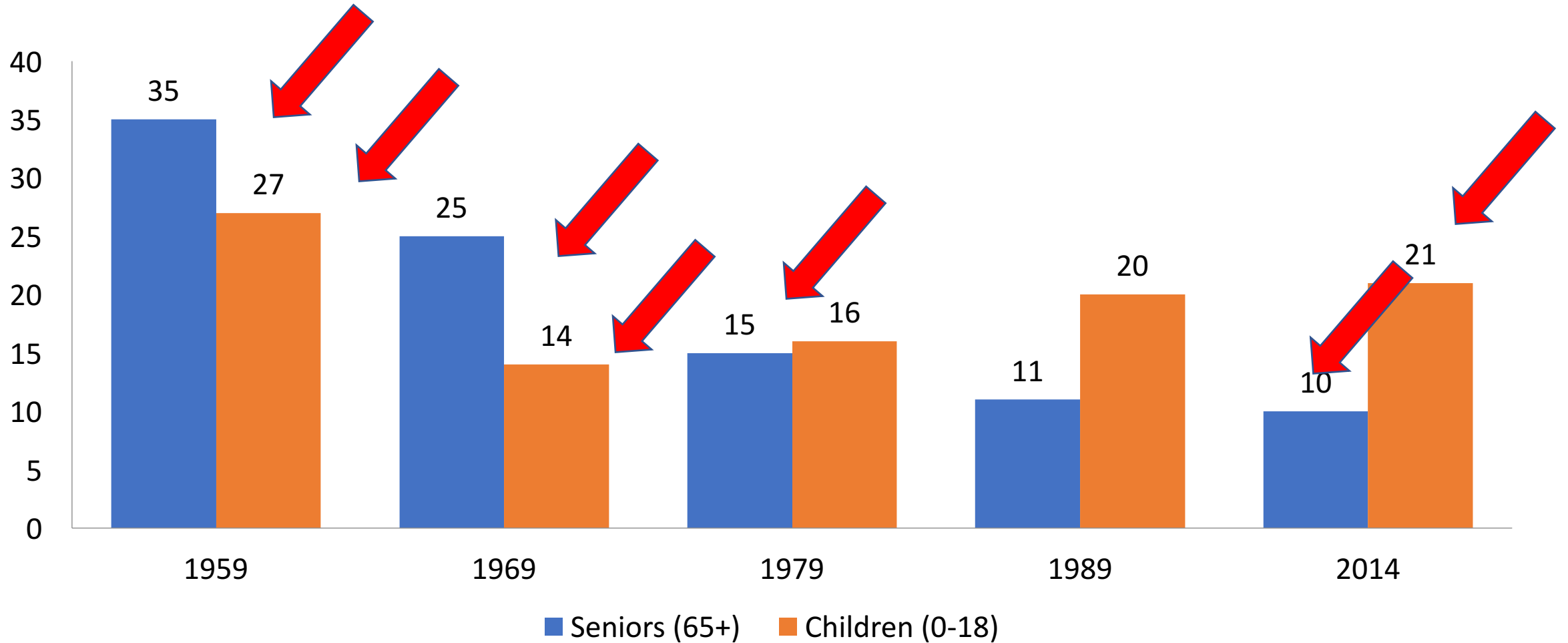
% CHILDREN LIVING IN POVERTY BY RACE ETHNICITY, 1980-2015



**Estimates for 2013 and beyond are not directly comparable to previous years due are-design of the income questions.*

% POVERTY OVER TIME: 1959-2014

SENIORS VS. CHILDREN



Sachs JD. *The Price of Civilization*. 2011, Random House, NY.
Chapter 10, pp. 185-208

Consequences of Poverty: Child Health

- Increased infant mortality
- Low birthweight and subsequent problems
- Chronic diseases such as asthma
- More food insecurity, poorer nutrition & growth
- Poorer access to quality health care and healthy food (transportation, food deserts)
- Increased accidental injury and mortality
- Increased obesity and its complications
- Increased exposure to toxins (i.e., lead) and pollutants

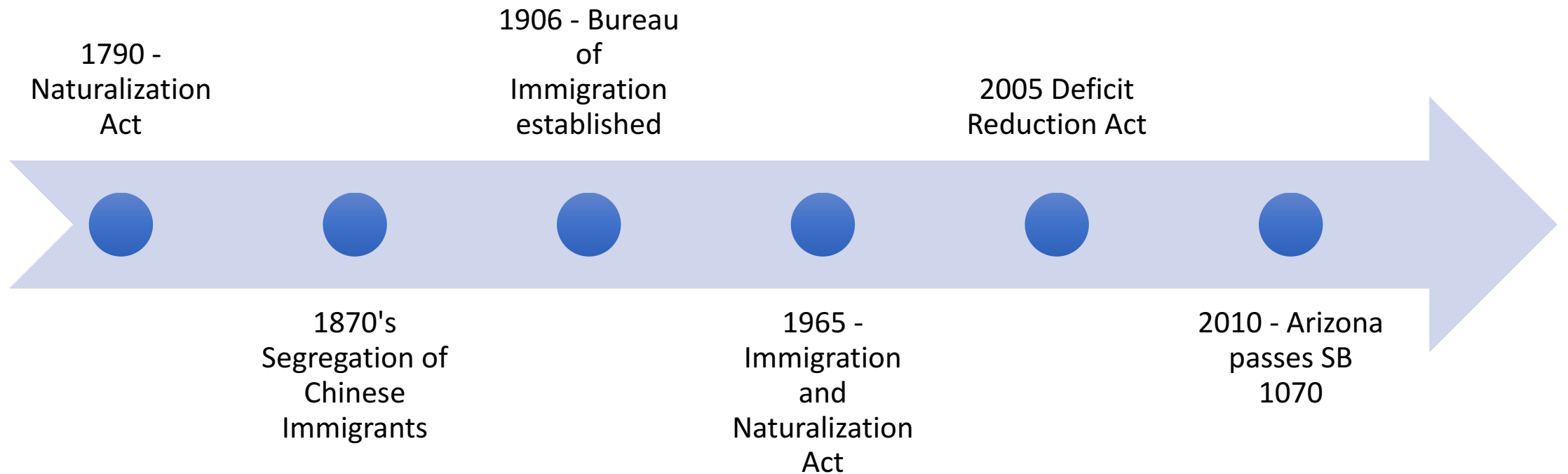
Moore KA et al. Children in poverty: trends, consequences, and policy options. 2009. Child Trends Research Brief

Consequences of Poverty: Well-Being

- More toxic stress impacting EBCD
- Poorer educational outcomes:
 - poor academic achievement
 - higher rates of HS dropout
- Less positive social and emotional development
- More problem behaviors leading to “TAEs”
 - Early unprotected sex with increased teen pregnancy
 - Drug and alcohol abuse
 - Increased criminal behavior as adolescents and adults
- More likely to be poor adults
 - Low productivity and low earnings
- Especially if deep poverty (<50% FPL), long-term poverty, or poverty in early childhood

Immigration vs Xenophobia

Immigration Policy



Immigration: Border Security and Immigration Enforcement Improvements (EO signed on Jan 25, 2017)

- Complete operational control of the southern border (“The Wall”)
- Increase number of detention facilities and increase number of border agents
- Detain undocumented immigrants pending the outcome of their removal proceedings or their removal from the country to the extent permitted by law (Expedited removal)
- Empower State and local law enforcement agencies across the country to perform the functions of an immigration officer (Local Law enforcement can become ICE)
- End the parole and asylum provisions which currently protects undocumented immigrants who can not safely return home
- Unaccompanied alien children are properly processed, when appropriate, are safely repatriated in accordance with law.

How this EO Affects Families

- Up to 8 million people in the US are affected
- Expedited removal –
 - Bypasses Immigration Courts
 - Currently for people who have been in the US for less than 14 days and within 100 miles of border
 - Could be expanded to those who live farther from border, and in the US for up to 2 years
 - Increasing deportation for minor crimes (or even just accused of minor crimes)
 - Possibly cutting funding to sanctuary cities/counties

Health Disparities faced by Immigrants

- Documented
 - Immigrant paradox
 - Decreased access to health care
- Undocumented
 - Decreased access to health care
 - Stress, anxiety, depression
 - Increase rates of premature and low birth weight infants

Curriculum

- Must address the patient is not a set of characteristics, demographics and stereotypes
- Must examine uncomfortable realities that are difficult to confront

ACA revised: American Health Care Act

- Released on March 6, 2017 by the Ways & Means and Energy & Commerce
- No change:
 - Covering preexisting conditions
 - Cover adult children up to age 26
 - Cap out-of-pocket expenditures
 - Prohibits: discrimination based on race, nationality, disability, age, or sex

ACA: American Health Care Act

- **Focuses on changing:**

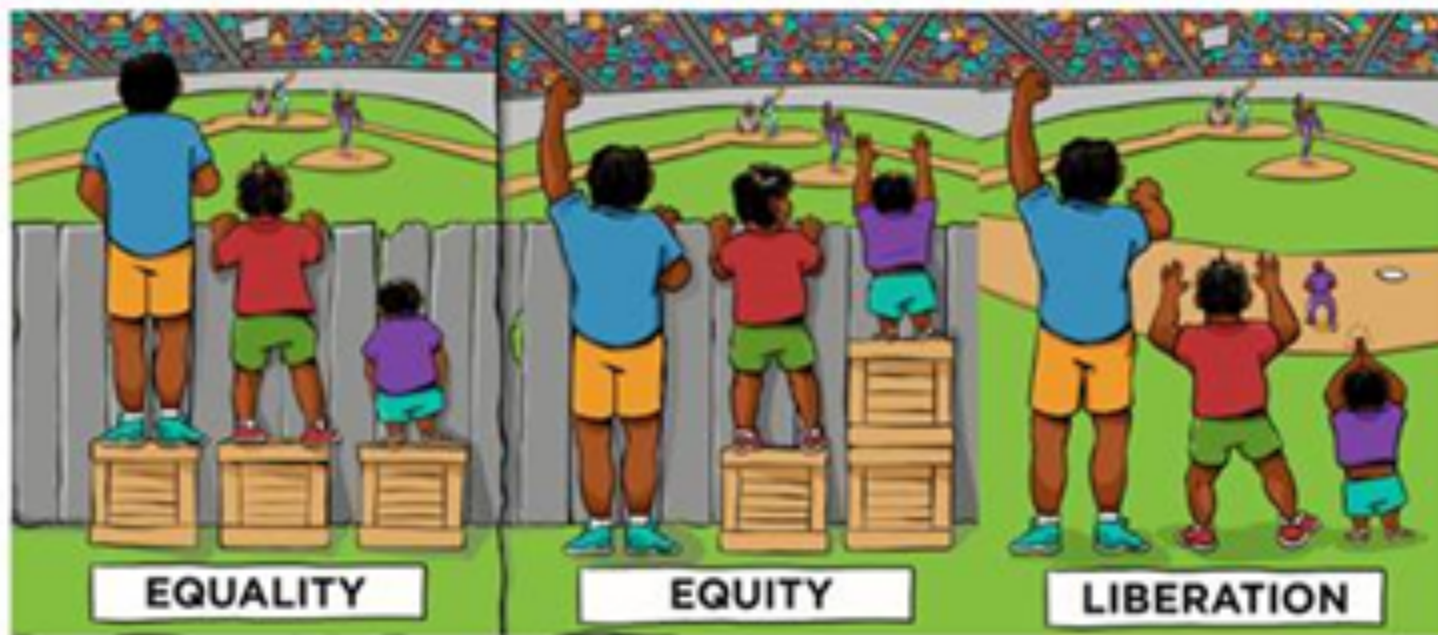
- Ends Medicaid expansion for low-income adults
- Repeals the ACA prevention and public health fund after 2018
- Prohibits federal funding to Planned Parenthood
- Repeals cost-sharing reduction provisions (causing higher deductibles for low-income individuals)
- Replaces Individual Mandate with Continuous Coverage Requirement, will lead to a greater cost for older people
- Repeal tax provisions (health insurance tax, Rx tax, Medicare tax if income >\$200,000, tanning tax)
- Gives tax credit for those purchasing on marketplace; tax credits vary based on age, older individual have to spend more to qualify for tax credits

Congressional Budget Office Response

- Responded on March 13, 2017
- Enacting the AHCA would reduce federal deficit by \$337 billion over next decade
 - Reduction in Medicaid expansion
 - Elimination of subsidies for non-group health insurance
- Increase the number of people who are uninsured by 24 million over same period
 - Increase uninsured by 14 million by 2018: repealing individual mandate
 - Rest of uninsured would come from eliminating Medicaid Expansion



Don't just tell a different version of the same story.
Change The Story!



Brief Review of Current Medical School Social Justice Curriculum

Article

The
Curriculum

Alexander
and

Abstract

The
and
of d
of u
In th
defi
ther
justi
mul
Inte
Sche
SIV

Perspective

BLOG

Remembering Freddie Gray: Medical Education for Social Justice

Delese Wear, PhD, Joseph Zarconi, MD, Julie M. Aultman, PhD, Michelle R. Chyatte, DrPH, MPH, and Arno K. Kumagai, MD

Abstract

Recent attention to racial disparities in law enforcement, highlighted by the death of Freddie Gray, raises questions about whether medical education adequately prepares physicians to care for persons particularly affected by societal inequities and injustice who present to clinics, hospitals, and emergency rooms. In this Perspective, the authors propose that medical school curricula should address such

orientation. The authors detail two specific approaches—antiracist pedagogy and the concept of structural competency—to construct a curriculum oriented toward appropriate care for patients who are victimized by extremely challenging social and economic disadvantages and who present with health concerns that arise from these disadvantages. In memory of Freddie Gray, the authors describe a curriculum,

learners and naming specific resources that can be brought to bear on these strategies. The fundamental aim of such a curriculum is to help trainees and faculty understand how equitable access to skilled and respectful health care is often denied; how we and the institutions where we learn, teach, and work can be complicit in this reality; and how we can work toward eliminating the societal injustices that interfere with the

Other Published Curriculum: Med Ed Portal

- Team Based Learning for M1 at University of Central Florida: Used Story of Henrietta Lacks
- 4th year elective at U of Michigan. Caring with Compassion — Uninsured, Homeless, Underserved, and At-Risk Populations
- Stopping Discrimination Before It Starts – Impact of Civil Rights Laws on Healthcare disparities (published in 2009): Joint Project of National Consortium for Multicultural Education for Health Professionals, Stanford, and US Department of Civil Rights

Dartmouth Social Justice Curriculum

- Defined core competencies in social justice education
- Identified key topics that a social justice curriculum should cover
- Assessed social justice curricula other institutions
- Determined medical school-affiliated community outreach sites at which teaching could be paired with hands-on work
- Provided examples of the integration of social justice teaching into the core (i.e., basic science) curriculum

Keys of Dartmouth Social Justice Curriculum

- Evaluation of students
- Evaluation of project's value to community
- Importance of Experiential Learning to Social Justice

Activity – develop an educational activity

- 1) Sit at table corresponding to topic you would like to work on
 - a) ACA/ AHCA
 - b) Immigration Health
 - c) Violence
 - d) Transgender Health
 - e) Poverty
- 2) Goal of activity provided
 - Goal corresponds with a Dartmouth Curriculum competency
- 3) Develop 2 objectives for an educational activity
- 4) Develop an educational activity
 - a) Advocacy/Community Activity
 - b) Complementary small group/workshop
 - c) Self reflection

Curriculum development in 45 minutes!

- Table Topic: Transgender Health
- Goal: Identify populations or individuals at risk for poor access to basic services, and the determinants of access

Small group activity: Objectives

- Objectives—specific & measurable
 - Describe structural barriers and individual barriers to accessing healthcare and services for transgender youth
 - Identify ways for Pediatricians to overcome barriers to accessing healthcare and basic services for transgender youth

Small Group Activity: Educational Strategies

- Longitudinal community outreach experience
- Advocacy: Didactic education or readings on current laws which will impact basic services for transgender youth. Identify a need and write a letter, call senators and/or representatives, make an appointment to speak in person to local representatives, etc. to advocate for improved services.
- Complementary topic small group/workshop
 - Role play different communication styles when working with transgender youth.
 - Discuss ways to make the office more inviting for transgender youth.
 - Discuss federal and state laws which can impact the health of transgender youth (ie HB 2 in North Carolina)
- Self reflection
 - Imagine you have concerns about your gender identity, or are transgender. How might you feel about the visit with your doctor? What are some barriers that may prevent you from accessing care? How would you feel if the provider asked you about your gender in a judgmental way or the office staff was not trained to work with transgender youth?
 - Your state just passed a law which mandates all people to use the bathroom of their birth sex. You are a high school student and are transgender. What potential health consequences might you face in dealing with this situation?

Immigration health

Please select 1 competency:

- Understand the relationship between power structures and access to medical care
- Conduct effective, well-informed advocacy on behalf of underserved or disenfranchised populations or individual patients

Learning Objectives (specific, measurable)	1. 2.
Educational Strategies (reflective writing, community outreach efforts)	1. 2. 3.
Implementation (resources needed, removal of barriers)	
Evaluation & Feedback	