Student-Led Effort to Incorporate Social and Structural Determinants of Health into Undergraduate Medical Education: Civic Engagement, Advocacy, and Anti-Racism

Lucy Brown[1], Trilliah Fazle[1], Anna Feliciano[1], Faith Roberts [1], Jourdan Owens[1], Francesca Duncan MD[1]

Indiana University School of Medicine, Indianapolis, Indiana

INTRODUCTION

The recent wave of student and physician activism created a space to discuss racism in healthcare with a more critical lens. Students are interrogating the environment in which they will provide healthcare and the social and structural determinants of health—one being the lack of anti-racist education in undergraduate medical education.

The Black History Month Speaker Series (BHMSS) was formulated to highlight racism in healthcare. Participants learned about race and healthcare policy (RHP), maternal mortality (MM), racial health equity (RHE), voting barriers and civic engagement (CE), distrust of medical institutions among communities of color (D), and health disparities (HD).

OBJECTIVES

By the end of the speaker series, learners would:

Understand the origins of health disparities and the relationship between institutional racism and health care

Identify bias and barriers in patient care

Acknowledge instances of medical exploitation of African Americans in the United States and how this has led to mistrust

Possess effective communication tools to enhance interactions with patients and overall awareness of issues that affect Black communities

METHODS

Members of Student National Medical Association (SNMA) and Students for a National Health Program (SNaHP) organized a five-lecturer series for February 2021. Pre-BHMSS and post-BHMSS Qualtrics surveys assessed overall knowledge and comfort measured on a 4-point scale (1=very uncomfortable/no knowledge and 4=very comfortable/knowledgeable). Two-tailed unpaired *t*-test was utilized.

SCAN ME!

Figure 1. A list of national and local partner organizations was provided after the series to all participants with contact information and volunteer resources to encourage active community engagement and apply what they had learned.

RESULTS

Demographics	Post-BHMSS survey participants	IUSM*
Sex		
Female	49 (80.33%)	677 (47%)
Male	11 (18.03%)	784 (53%)
Non-binary	1 (1.64%)	
Race		
Caucasian	39 (62.90%)	896 (62.2%)
Black or African American	13 (20.97%)	94 (6.5%)
Asian	9 (14.52%)	223 (15.5%)
American Indian/Alaskan Native	0 (0.0%)	0 (0%)
Other	1 (1.61%)	
Home Geographic Region		
In-State		1140 (78.1%)
Midwest	44 (72.13%)	
Out-of-State		320 (21.9%)
Northeast	6 (9.84%)	
Southeast	6 (9.84%)	
Southwest	1 (1.64%)	
West	1 (1.64%)	
Other	3 (4.92%)	
Total Respondents/Total Students	61	1460

Table 1. Our study and IUSM demographic data with sex, race, and home geographic region. There were 61 total respondents. *IUSM numbers for all 4 years are based on IUSM 2020-2021 demographics data.

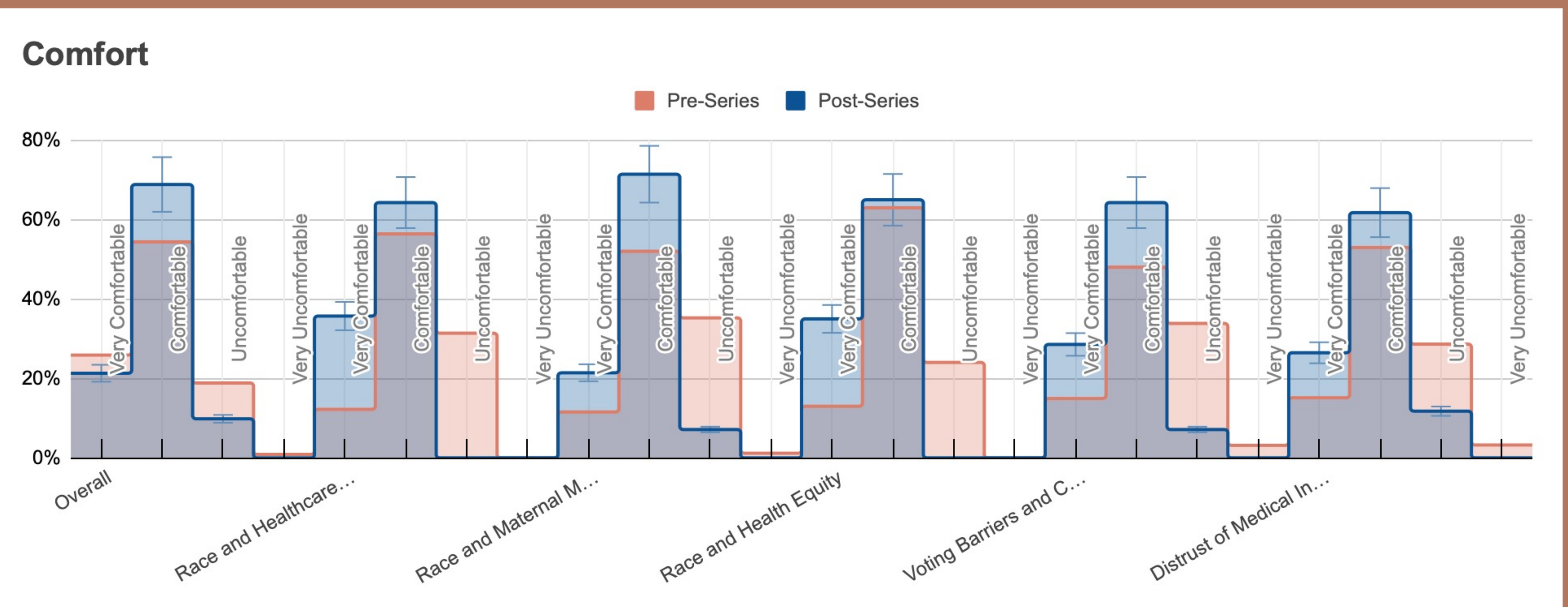

Figure 2 Post-Series exhibited increased "comfort" addressing HP, MM, HE, CE, and D (μ difference=0.55 [95% CI=0.30, 0.80] $p<0.001$; 0.40 [0.14, 0.66] $p<0.01$; 0.46 [0.18, 0.74] $p<0.01$; 0.47 [0.053, 0.87] $p<0.05$; 0.35 [0.09, 0.61] $p<0.01$); however, there was no change in HD "comfort."

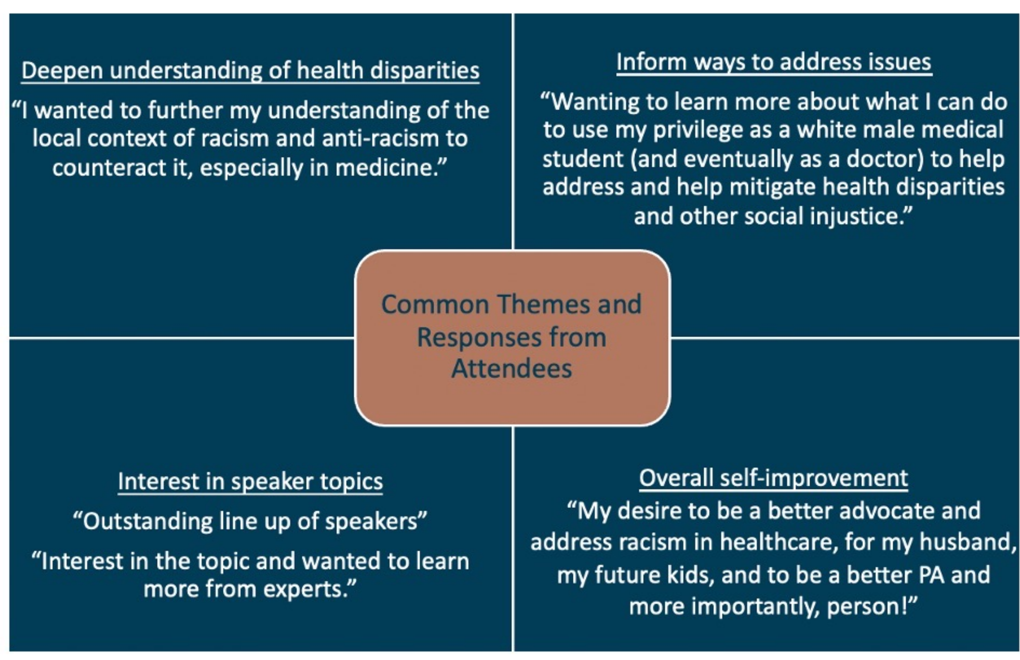

Table 2. We explored the open-ended question responses from the Black History Month Speaker Series surveys. We asked attendees what motivated them to attend this inaugural Black History Month Speaker Series. Common themes emerged and notable quotations were taken from responses as shown.

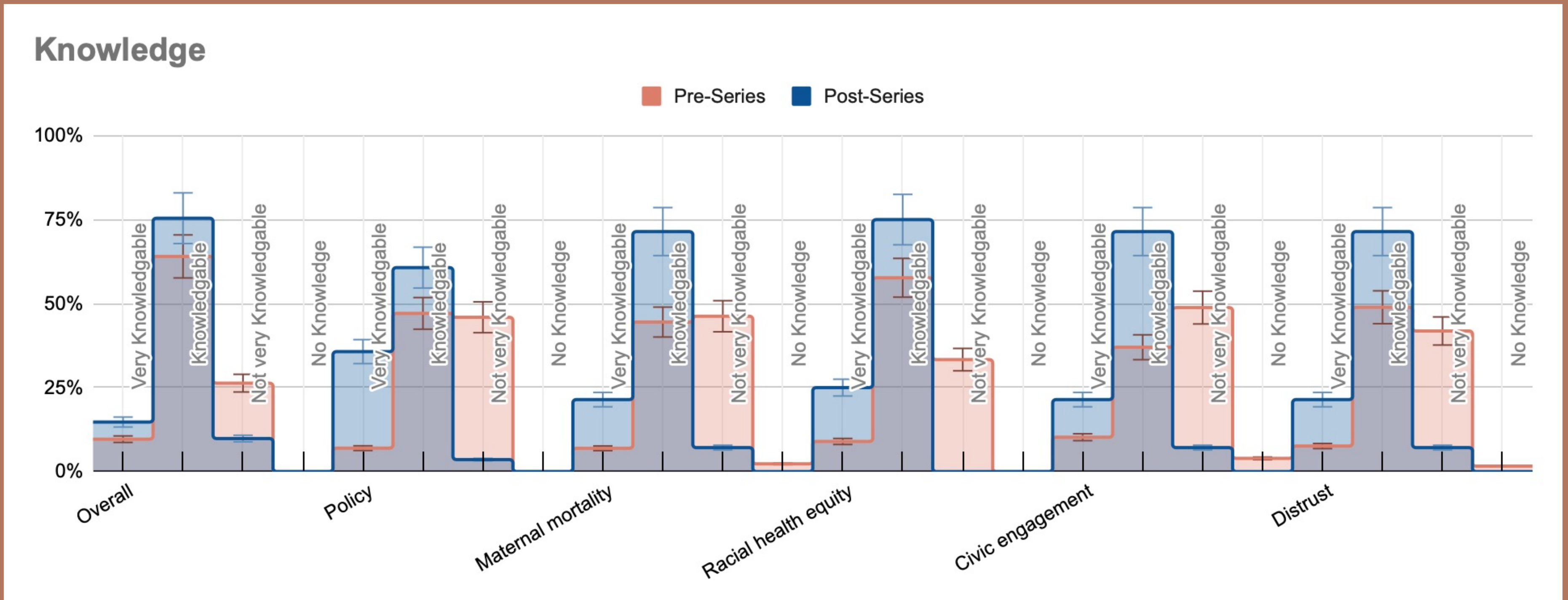

Figure 3. Post-Series reported increased "knowledge" about HP, MM, HE, CE, D, and HD (μ difference=0.71 [95% CI=0.47, 0.95] $p<0.001$; 0.58 [0.32, 0.84] $p<0.001$; 0.49 [0.21, 0.77] $p<0.001$; 0.61 [0.20, 1.0] $p<0.01$; 0.64 [0.40, 0.87] $p<0.001$; 0.22 [0.057, 0.38] $p<0.01$).

DISCUSSION

Knowledge and Comfort discussing key topics regarding racial inequity significantly improved after the Series.

Students quotes represent the value of the Speaker Series to current medical students.

The education tool (Figure 4) provided a blueprint on effective ways for students to communicate with patients of color in the clinical setting.

The BHMSS packet provided attendees with concrete action steps and ways to actively engage in with the local community to enact change.

Figure 4. Education Tool

CONCLUSION

Comfort and knowledge significantly increased across nearly all topics, suggesting insufficient prior awareness and the urgent need for integration of anti-racism education in undergraduate medical curriculum. BHMSS represents an innovative option for the incorporation of historical racial context that influences current medical practices and education. Knowledge acquired may foster valuable relationships between providers and patients and represents a potential solution to improved care for marginalized groups.

How will this deliver value to students, patients, and the community?

Students will gain the knowledge of the historical mistreatment and racial inequities within the healthcare system and be equipped with the skills to improve engagement with patients from diverse backgrounds.

This will strengthen the physician and patient relationship by increasing comfort while building rapport, thus leading to effective continuity of care. The outcome will decrease the disproportionate rates of morbidity and mortality for marginalized patients.

FUTURE CONSIDERATIONS:

STEPS FOR IMPLEMENTATION

1. Identify Strategy Purpose

Educate students with foundational knowledge of the historical impacts of injustice that have influenced current medical practices with the expectation of providing the highest standard of ethical and compassionate patient care for marginalized groups.

2. Define Resources for Execution

Involvement from faculty, staff, and administration

Involvement of medical students from diverse backgrounds

Involvement from curriculum officials

3. Select Course Integration

Foundational Medical Education Courses

IUSM PROPOSED IMPLEMENTATION

How will we assemble this?

Incorporate Series (and expansion) into Foundations of Clinical Practice (FCP) 1 and 2:

This course's curriculum includes topics of professionalism and medical ethics designed to continue to develop learners into future healthcare providers. We plan to implement topics surrounding social determinants of health, barriers to healthcare policy, preventative health, advanced communication, interprofessional education, and systems-based practice. These will be mandatory monthly 60-minute sessions (10/school year) standardized across all medical school campuses. Zoom sessions will be made available for those unable to attend life session on main campuses.

Session topics and speakers will be decided upon with student collaboration from Cultural Affinity SIGs + SNaHP. Students must demonstrate proficiency in the highest standard of ethical and compassionate patient care for marginalized groups through participation in a simulated standardized patient care experience (OSCE). The OSCE encounter will require students to practice having conversations about challenging topics and gauging the student's ability to communicate effectively and with compassion utilizing the education tool (Figure 4).