



# **NCEAS** 2022 ANNUAL CONFERENCE

**Fostering Wellness during  
Turbulent Times through  
Education and Practice**

Northwestern



NATIONAL COLLABORATIVE FOR  
Education to Address  
the Social Determinants  
of Health

# Welcome

FEBRUARY 2022

Dear guests and presenters,

Welcome to the 2022 National Collaborative for Education to Address the Social Determinants of Health (NCEAS) Annual Conference. Our conference theme this year is Fostering Wellness through Turbulent Times through Education and Practice. We are excited to learn and share work on this topic by educators, students, and leaders from around the country.

Over the course of our three-day conference, you will hear from our distinguished plenary speakers, Drs. Julie Morita, Alicia Fernandez and Mona Khanna and Congresswoman Lauren Underwood. The program also includes 14 workshops and 16 oral presentations and a poster session.

We would like to invite you to use and share any SDOH resources or curriculum you discover on our [website](#). Visit our [curriculum collection](#) to find a host of contemporary teaching materials or submit your own institution's SDOH curriculum to us to share with others. Follow us on [Twitter](#) and subscribe to our newsletter to hear of our upcoming events and the latest in SDOH news.

Thank you for attending the NCEAS Annual conference and bringing your expertise, experiences, and perspectives. We hope you enjoy the program over the next three days.

Sincerely,



Stephen Persell, MD, MPH  
DIRECTOR OF NCEAS



Deborah S Clements, MD  
CO-DIRECTOR OF NCEAS



<b>1</b>	<b>Plenary Speakers</b>
<b>6</b>	<b>Wellness Session</b>
<b>8</b>	<b>Workshops</b>
<b>17</b>	<b>Oral Presentations</b>
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# Plenary Speakers

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## Julie Morita, MD

Executive Vice President of the Robert Wood Johnson Foundation



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### “Fireside Chat”

Monday, February 28, 2022, 1:00-2:00pm

Julie Morita, MD, is executive vice president of the Robert Wood Johnson Foundation (RWJF), where she oversees programming, policy, research and communications activities. As the nation’s largest private philanthropy dedicated solely to improving the nation’s health, RWJF is focused on advancing health equity where everyone in America has a fair and just opportunity to live the healthiest life possible. Dr. Morita has served on several federal, state and local public health committees including the Biden Transition COVID19 Advisory Board and in 2021 was appointed to the Advisory Committee to the Director of the Centers for Disease Control and Prevention.

Previously, she helped lead the Chicago Department of Public Health for nearly two decades, first as the Immunization Program medical director, then as chief medical officer and then ultimately, as commissioner. Dr. Morita began her medical career as a pediatrician in Tucson, Ariz., before moving into public health as an Epidemic Intelligence Service officer at the Centers for Disease Control and Prevention in Atlanta (CDC).

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## Alicia Fernandez, MD

Professor of Medicine



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### “Social Determinants of Health and Healthcare Disparities”

Tuesday, March 1, 2022, 9:00-10:00am

Alicia Fernandez, MD, is Professor of Medicine at UCSF and a general internist at Zuckerberg San Francisco General Hospital. She is the founding Director of the UCSF Latinx Center of Excellence, a HRSA and UCSF funded initiative to increase academic diversity. Dr. Fernandez directs the Latinx and Immigrant Health Research Program at the UCSF Center for Vulnerable Populations which generates actionable research to increase health equity and reduce health disparities in at-risk populations in the San Francisco Bay Area, California, and nationally.

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## Prerna Mona Khanna, M.D., MPH, FACP, FACPM, FACOEM, QME



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### **“Prospectively Overcoming the Social Determinants of Health for our Afghan Allies: Could This Controlled Assimilation Be a Model for Americans?”**

Wednesday, March 2, 2022, 1:00-2:00pm

Prerna Mona Khanna, MD, MPH, FACP, FACPM, FACOEM, QME is an Emmy Award-winning, triple board-certified practicing physician, and humanitarian and disaster response worker who has deployed to provide care in more than 15 mostly developing countries throughout the past 22 years. She also spent months each working on the frontlines of the two pandemics of her lifetime — COVID-19 and Ebola — and was just honored as the Women in White Coats Hero of the Year.

Her patient-centric work, whether it be providing grassroots medical care in congregate settings or educating the public through mass media, focuses on empowering vulnerable populations. She taught in the Health Disparities curriculums at the University of North Texas in Fort Worth for 7 consecutive years, and the University of Texas School of Public Health in Houston for 5 consecutive years.

After graduating from Northwestern University, Dr. Khanna attended the University of Illinois College of Medicine, where she is now adjunct faculty as an Associate in the Center for Global Health. Her post-doctoral training consisted of three residencies — in internal medicine, public health and occupational medicine. She has served as the Medical Director for 2 Southern California counties: San Bernardino and Riverside.

A five-time awardee of the American Medical Association Physicians Recognition Award, Dr. Khanna is the only medical doctor inducted into the Northwestern Medill Hall of Achievement. She is also the only medical journalist inducted into the prestigious Institute of Medicine of Chicago and the Delta Omega Public Health Honor Society. She is a Chicagoan of the Year, an Ellis Island Medalist for contribution to America by immigrants and a recipient of the Arthur P. Gold Foundation Humanism in Medicine Award.

Dr. Khanna’s dedication to global public service through medical care and media advocacy has earned praise from Congress, Texas and California governors, Illinois Secretary of State, Cities of Dallas and Fort Worth, San Bernardino and Riverside counties, the Veterans Administration, Rotary International, American Medical Association, University of Illinois, Johns Hopkins University, University of California at San Francisco, American College of Physicians, American College of Preventive Medicine, and the East-West Center, among numerous other organizations.

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## Congresswoman Lauren Underwood



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### “Fireside Chat”

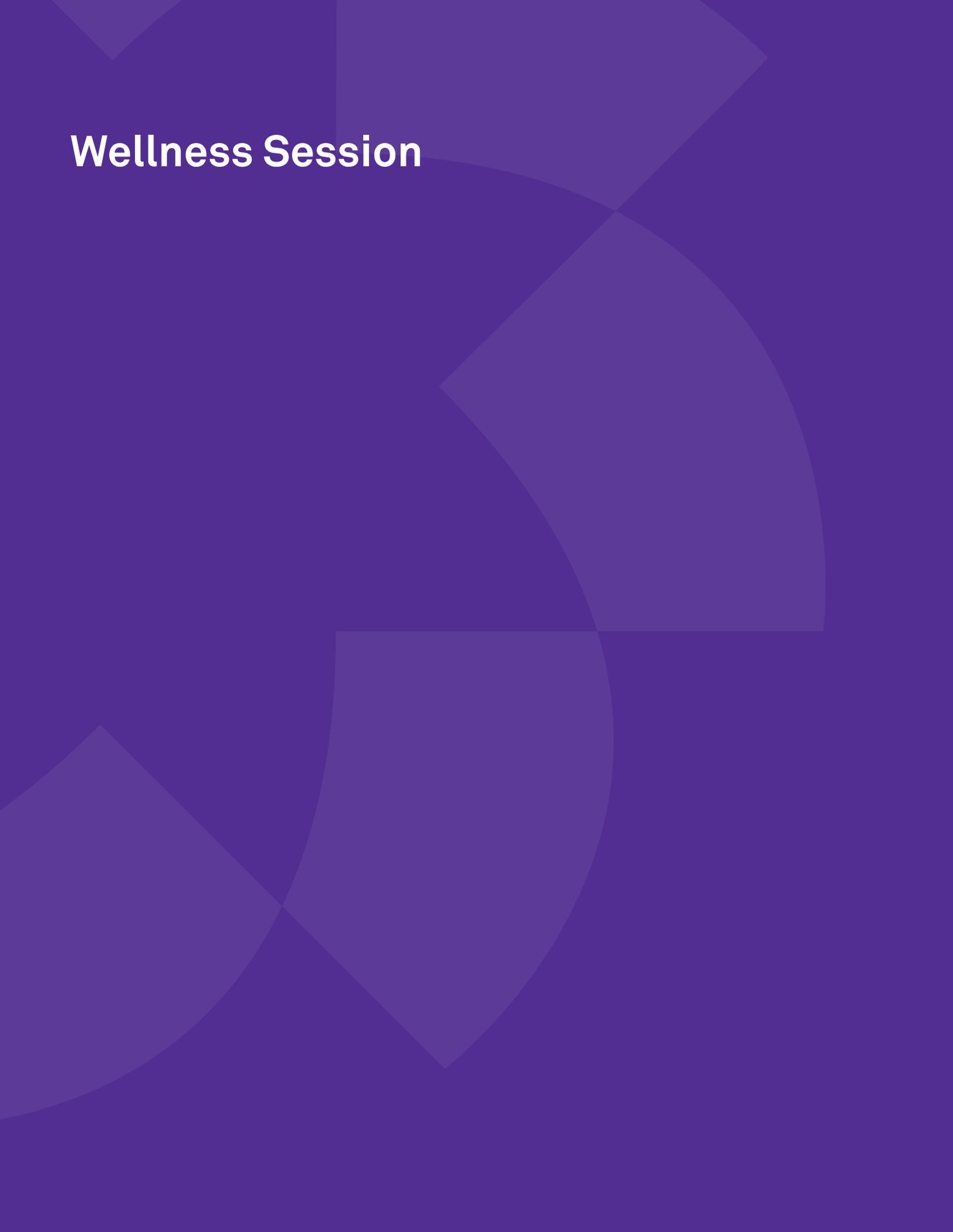
Monday, February 28, 2022, 4:00-4:35pm

Congresswoman Lauren Underwood serves Illinois’ 14th Congressional District and was sworn into the 116th U.S. Congress on January 3, 2019. Congresswoman Underwood is the first woman, the first person of color, and the first millennial to represent her community in Congress. She is also the youngest African American woman to serve in the United States House of Representatives.

Congresswoman Underwood serves on the House Committee on Veterans’ Affairs, and the House Committee on Appropriations. Congresswoman Underwood co-founded and co-chairs the [Black Maternal Health Caucus](#), which elevates the Black maternal health crisis within Congress and advances policy solutions to improve maternal health outcomes and end disparities. She also serves on the House Democratic Steering and Policy Committee. Rep. Underwood is a member of the Future Forum, a group of young Democratic Members of Congress committed to listening to and standing up for the next generation of Americans, the Congressional Black Caucus (CBC), and the LGBT Equality Caucus. As a strong supporter of addressing the gun violence epidemic, Congresswoman Underwood is a member of the Gun Violence Prevention Task Force.

Prior to her election to Congress, Congresswoman Underwood worked with a Medicaid plan in Chicago to ensure that it provided high-quality, cost-efficient care. She served as a Senior Advisor at the U.S. Department of Health and Human Services (HHS), helping communities across the country prevent, prepare for, and respond to disasters, bioterror threats, and public health emergencies. As a career public servant at HHS, she helped implement the Affordable Care Act — broadening access for those on Medicare, improving health care quality, and reforming private insurance. Congresswoman Underwood also taught future nurse practitioners through Georgetown University’s online master’s program. Congresswoman Underwood is a graduate of the University of Michigan and Johns Hopkins University. She graduated from Neuqua Valley High School and is a lifelong Girl Scout. She resides in Naperville, Illinois.

# Wellness Session

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## Realizing the Quadruple Aim: Opportunities and Challenges in Healing the Healers via Health Workforce Empowerment, Resilience and Compassion Training

Wednesday, March 2, 4:00-5:00pm

### FACILITATOR

Memoona Hasnain, MD, MHPE, PhD, Professor and Associate Head for Faculty Development & Research, Department of Family and Community Medicine; Associate Dean for Faculty Development, College of Medicine; Co-Director, [ENGAGE-IL](#), University of Illinois at Chicago; Co-Chair, Community of Practice, National Collaborative for Education to Address Social Determinants of Health

Email: [memoona@uic.edu](mailto:memoona@uic.edu) Twitter: [@memoona\\_hasnain](https://twitter.com/memoona_hasnain)

### DESCRIPTION

Addressing care team well-being is an important dimension of the Quadruple Aim and is even more critical during the unprecedented challenges and stressors of the COVID-19 Pandemic. Evidence indicates that health professionals suffer from increasing rates of anxiety, depression, substance abuse, and burnout. Clinicians are at immense risk of moral distress and burnout, which negatively affect attitudes and behaviors and have implications for patient outcomes and adverse events. Burnout undermines a fundamental societal need for safe care and is costly for health care organizations. Physician burnout costs the U.S. healthcare system an estimated \$4.6 billion per year and nursing burnout costs \$9 billion per year. Empathy and compassion are core foundations in healthcare and have been shown to mitigate the negative effects of stress and burnout among health professions. Dr. Hasnain will share how compassion training has been implemented at her institution, highlighting successes and lessons learned along the way. This session will engage participants in exploring opportunities, challenges, and future directions for integrating compassion training in health professions education and practice, as well as potential impacts on learners, practitioners, patients, and health systems.

# Workshops



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## Utilizing Existing Educational Frameworks and Community Assets to Enhance Advocacy Education throughout the Learner Continuum

Monday, February 28, 2:00-3:00pm

### FACILITATORS

Stacy B. Ellen, DO FAAP, Associate Professor of Clinical Pediatrics, Drexel University College of Medicine; Tanner Walsh, MD, Assistant Professor of Pediatrics Drexel University College of Medicine; Esther K. Chung, MD, MPH, Professor of Pediatrics, University of Washington School of Medicine and Seattle Children's Hospital; Rebecca Carter, MD, Assistant Professor of Pediatrics, University of Maryland School of Medicine; Leora Mogilner, MD, Associate Professor of Pediatrics, Icahn School of Medicine at Mount Sinai; Amanda Micucio, DO, Clinical Assistant Professor of Pediatrics, Sidney Kimmel Medical College of Thomas Jefferson University

### DESCRIPTION

Pediatric educators are tasked with teaching learners across a continuum, ranging from undifferentiated medical students seeking to understand the basic concepts of advocacy to senior residents seeking employment or fellowships with opportunities to advocate for patients. The COVID-19 pandemic, amplifying health inequities and the role of social determinants and drivers of health (SDoH), calls for strengthening advocacy curriculum in medical education. This workshop provides a framework for developing advocacy curricula and strengthening existing advocacy teaching. Workshop leaders will share their experience with directing longstanding advocacy curricula, engage attendees in the use of advocacy asset mapping tools, discuss opportunities for incorporating advocacy into existing rotations, and highlight multidisciplinary resources to develop innovative curricula. Participants will be asked to consider untapped resources for interdisciplinary advocacy teaching at their home institutions and to share successes and barriers to connecting with community partners. Leaders will facilitate breakout sessions and provide opportunities to exchange ideas throughout the workshop.

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## How to Incorporate Health Equity into the Medical Curriculum

Monday, February 28, 2:00-3:00pm

### FACILITATORS

Andrea Berry, Instructor of Medical Education and Executive Director of Faculty Life, University of Central Florida College of Medicine; Tracy MacIntosh, Associate Dean of Diversity, Equity and Inclusion, University of Central Florida College of Medicine; Sanjana Mathur, Adjunct Faculty, University of Central Florida College of Medicine; Anuja Mehta, Program Director of General Psychiatry Residency at UCF/HCA; Olga Karasik, Associate Program Director for the Internal Medicine Residency Program at UCF/HCA

### DESCRIPTION

Bias laden language permeates undergraduate and graduate medical education curricula. While generally incorporated unconsciously, learners across the continuum are often put in uncomfortable situations when their faculty and supervisors demonstrate such bias. More importantly, through their role models, many learners receive the message that bias is supported in medicine thus sustaining such practices in future generations. As the social pendulum shifts to equity and representation across all realms, it is necessary to restructure the way these social constructs are portrayed in medicine. In this highly interactive workshop, participants will identify ways in which bias currently exists in case-based, didactic and bedside teaching encounters. This will be followed up with thought provoking questions to guide participants in replacing such statements with opportunities to integrate structural competence and health equity questions and content instead. Finally, participants will be placed in breakout rooms based on where they teach most (didactic, case-based, bedside) to further delve into opportunities to integrate race-conscious language and principles into curricula.

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## The Future of Nursing 2020-2030: Charting a Path to Health Equity

Monday, February 28, 3:00-4:00pm

### FACILITATORS

Ashley Darcy Mahoney, PhD, NP, Associate Professor, George Washington School of Nursing; Marcus Henderson MSN, RN

### DESCRIPTION

The decade ahead will test the nation, nearly 4 million nurses in new and complex ways. Nurses live and work at the intersection of health, education, and communities and in a wide array of settings and practice at a range of professional levels. They are often the most frequent line of contact with people of all backgrounds and experiences seeking care and they represent the largest of the health care professions.

This workshop will explore the blueprint for the next decade of nursing as outlined in its new report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Panelists will examine why the United States maintains some of the poorest health outcomes among developed nations through a discussion on the roots of health inequities and social determinants of health and the health implications thereof. Panelists will strategize how the nursing profession can work to address social determinants of health and achieve health equity.

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## Leading Case Discussions Depicting Communication Barriers Facing Transgender and Gender Diverse Patients

Monday, February 28, 3:00-4:00pm

### FACILITATORS

Cole Roblee, BA, Medical Student, Chicago Medical School at Rosalind Franklin University, Chicago Medical School at Rosalind Franklin University; Joseph Rumenapp, PhD, Medical Student, Chicago Medical School at Rosalind Franklin University

### DESCRIPTION

This workshop will discuss four cases illustrating how interprofessional healthcare providers can overcome communication barriers with transgender and gender diverse (TGD) patients to enhance physical, mental, and social wellness. The workshop will then review strategies for applying these cases within other organizations.

Each of the four cases includes a clinical vignette presenting a common communication problem that TGD people experience when accessing healthcare. Follow-up questions and a facilitator guide are provided, which highlight how communication between interprofessional team members can support quality care for this patient population.

The workshop will highlight facilitation strategies which leverage existing expertise within organizations. Our peer-led model encourages empowerment at all levels of other organizations as we seek to foster well-being and self-authenticity in traditionally hierarchical educational spaces. The workshop presenters will also discuss their experience facilitating the case discussions virtually and in-person to meet the needs of the COVID-19 pandemic.

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## Case-Based Instruction as a Novel Tool to Integrate Social Determinants of Physical and Mental Health into Undergraduate Medical Education (UME)

Monday, February 28, 3:00-4:00pm

### FACILITATORS

Camellia M. Bellis, MEd, Co-Director Health Equity Longitudinal Curricular Theme, University of Arizona College of Medicine - Phoenix; Farshad Fani Marvasti, MD, MPH, Associate Professor of Family, Community and Preventive Medicine, University of Arizona College of Medicine - Phoenix; Janet Maurer, MBA, MD, Clinical Professor of Medicine, University of Arizona College of Medicine - Phoenix

### DESCRIPTION

As medical schools continue to shift attention to how the Social Determinants of Health (SDOH) impact patient care and health outcomes, it is critical to find novel and effective ways to integrate this content into undergraduate medical education. Case-based instruction (CBI) provides a novel tool to engage learners in a rich discussion around social determinants in the context of a clinical case. CBI sessions at the University of Arizona College of Medicine Phoenix (UA COM-P) are limited to 8 students and 1 faculty making them an ideal instructional setting that enables robust discussion and application of concepts for learners. Presenters in this session will share their experience with revising clinical CBI cases as part of a pilot project to incorporate SDOH content into the preclinical curriculum at the UA COM-P. This presentation will include an explanation of the entire process involved including faculty development to optimize facilitator knowledge of SDOH, examples of clinical cases before and after SDOH integration, and the results of pre/post surveys and qualitative assessment of impact on facilitator knowledge and attitudes around this topic. Based on the experiences that will be relayed by the presenters in this session, participants will have a real-world example of how best to incorporate SDOH content into their own medical school curriculum. Presenters will also share how they are shifting to race-conscious medicine, including connecting health disparities to root causes such as racism into case-based instruction.

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## Cultural Humility Workshop

Tuesday, March 1, 10:00-11:00am

### FACILITATORS

Guhan Krishnan, BS, MD Candidate 2023, Chicago Medical School, Rosalind Franklin University; Shashank Sandu, BS, University of Illinois Chicago

### DESCRIPTION

This workshop on cultural humility and cultural competency was virtually piloted to fourteen student volunteers at the New Volunteering Living Society (NLVS) free clinic in Chicago, Illinois, and later presented to an audience of thirty medical students, faculty, and undergraduates. The lecture was presented in a large-group format, followed by an interactive case-based discussion with student facilitators. Cases were suggested and formatted based on observation of recurrent patient interactions at a free clinic healthcare clinic in Rogers Park, Chicago. The structured discussions were designed to reinforce and assess participants' understanding of cultural humility and implicit biases rather than identify a single approach for each case. Discussions were held in a safe space and were moderated by trained students. This workshop further contextualized cultural humility by providing frameworks and strategies for patient-centered, culturally sensitive healthcare. Student volunteers assessed the workshop with qualitative and quantitative pre-and post-surveys.

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## The Hospital to Prison Pipeline: A Medical-Legal Workshop Evaluating the Intersection between Policing, Medical Treatment, and the Social Determinants of Health

Tuesday, March 1, 10:00-11:00am

### FACILITATORS

Anu Dairkee, MD, JD Candidate, Loyola University Chicago School of Law, University of Illinois at Chicago College of Medicine; Marci Laragh, MD, Clinical Assistant Professor of Medicine, University of Illinois at Chicago; Cheryl Conner MD, MPH, Clinical Assistant Professor of Medicine, University of Illinois at Chicago; Maria Hawilo, JD, Distinguished Professor in Residence, Loyola University Chicago School of Law; Alexa Van Brunt, JD, Clinical Professor of Law, Northwestern Law School and Director of the MacArthur Center Clinic

### DESCRIPTION

The focus of this interdisciplinary medical-legal workshop will be to explore the complexities and consequences to patient and provider when patients are suspected to have illicit substances in their possession in the healthcare setting. We will discuss the mass carceral state as a public health epidemic, and focus on the disparate impact on people of color. We will discuss the rights of health care workers and patients, particularly in hospital settings, and the consequences when policing and surveillance intersect with those rights. Finally, we will conclude by investigating possible solutions being implemented and proposed by various healthcare organizations.

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## Community and Conversation: Empowering HESJAR (Health Equity, Social Justice and Anti-racism) Efforts through Student-Community Intersectional Dialogues

Tuesday, March 1, 10:00-11:00am

### FACILITATORS

Adwoa Osei, MD FAAP, Assistant Professor of Pediatrics, University of California Riverside School of Medicine; Carlos Cortes, PhD, Emeritus Professor of History, University of California Riverside; Brigham Willis, MD, M.ED, Professor of Pediatrics, University of California Riverside School of Medicine; Hana Abdirahman, Medical Student, University of California Riverside School of Medicine; Catherine Banh, Medical Student, University of California Riverside School of Medicine

### DESCRIPTION

Conversation is one of the strongest ways to cultivate personal, community and organizational change. Given this, a novel new effort at the University of California Riverside SOM to improve health equity is a series of community diversity dialogues conducted and led by our students. In our workshop, we propose to replicate and train participants in the dialogue process, engaging them in critically analyzing the dialogue structure to adapt it to their own programs.

These dialogues arose as one way to address the fact that a lack of understanding of impedes interpersonal communication and the ability of patients from marginalized groups to effectively access health care opportunities. Medical education should help students better deal with these obstacles to improve health outcomes for underserved groups. Communication strategies must be taught and actively practiced because they are medically relevant and lead to improved health outcomes.

To address this, our medical school launched a series of public dialogues involving medical students, faculty, and community members, called Community Conversations: Changing Systems, Challenging Attitudes. We recruited community panels that reflected an intersection of multiple social factors, such as racial/ethnic identity, sex, religion, age, sexual orientation, dis/ different ability, gender identity, and language ability.

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## Precepting Toward Social Justice: Expanding Social Justice Conversations in the Family Medicine Clinical Setting

Tuesday, March 1, 11:00-12:00pm

### FACILITATORS

Kathryn Freeman, MD, University of Minnesota Department of Family Medicine and Community Health; Nicole Chaisson, MD, MPH, Assistant Professor, University of Minnesota, Department of Family Medicine and Community Health, University of Minnesota Medical Center Residency Program; Roli Dwivedi, MD, Department of Family Medicine and Community Health, Community University Health Care Center; Clarice Konshok, MD, Co-Associate Program Director, University of Centracare St. Cloud Family Medicine Residency; Christopher Reif, MD, Department of Family Medicine and Community Health, Community University Health Care Center; Erin Westfall, DO, Associate Program Director, University of Minnesota Mankato Family Medicine Residency, Assistant Professor of Family Medicine, Mayo Clinic

### DESCRIPTION

2020 amplified the need to address systemic racism, promote health equity, and integrate these concepts into care we provide our patients and communities AND the way we educate our learners. Family medicine residency faculty have varied knowledge and skills at incorporating social and structural determinants of health, racism and oppression into clinical care and teaching, and are seeking further support. New materials outlining historical and structural barriers, data highlighting stark inequalities, and patient stories of frustration and distrust are available to teach faculty and learners. Yet often these opportunities offer passive learning through panel discussion, readings, or lecture. Few offer specific tools for educators to integrate these concepts into regular patient care.

The Precepting Toward Social Justice (PTSJ) Cards and Curriculum is one tool to advance both faculty and learner knowledge, attitudes, and skills around these issues, with an intentional focus on integrating principles within clinical work. The cards were developed by faculty at Community University Healthcare Clinic (CUHCC) and adapted by the University of Minnesota Department of Family Medicine and Community Health (UMN DFMCH) Community Health Committee. The PTSJ themes and questions are based on the American Academy of Family Physicians (AAFP) Urban Practice Curricular Guidelines with links to the American College of Graduate Medical Education (ACGME) milestones. The cards promote discussion, reflection, and incorporation of social determinants of health, anti-racism, and anti-oppression within primary care clinics. The PTSJ Curriculum is one way to bring discussion of these concepts from the classroom to the exam room by facilitating dialogue between faculty/learner, and ultimately between physician/patient. The technique provides a simple structure to highlight these principles in practice.

Each of twelve-monthly cards has three guiding questions — one knowledge, one skill, and one attitude — placed on a laminated, ID badge-sized card focused on a central theme. Faculty and learners use the cards to facilitate conversations during precepting in the outpatient continuity clinic — however, they could be utilized on inpatient rotations as well. Prior to the launch of each monthly PTSJ card, faculty receive background information on the monthly topic, including a short (approx 15 min) reading or video to either review individually or as a faculty group followed by a discussion. Faculty learn together and with residents through use of the cards and by incorporating honest dialogue, self-reflection, and an iterative process, integrating these topics into patient care and education in a way that honors and respects patients' knowledge, lived experiences, and comforts.

This workshop will review the background information and concepts used to develop the PTSJ Curriculum and data from the initial role out across the 8 UMN DFMCH residency programs. It will outline an implementation strategy, demonstrate various techniques to facilitate conversations and will provide time for participants to practice using the PTSJ cards with sample cases. There will be a robust discussion with participants to identify further opportunities to incorporate and engage with these concepts in our daily work, and share tools which bring these issues to the forefront.

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## Redesigning Healthcare through SDOH Clinical Integration & Partnerships

Tuesday, March 1, 11:00-12:00pm

### FACILITATORS

Katie Ward, DNP, RN, Associate Vice President Clinical Integration & Outcomes, SDOH Institute; Adrienne Bradley, MOD, Director Community Impact, SDOH Institute; Talore Gray-Peel, MPH, Program Officer, ProMedica Impact Fund

### DESCRIPTION

ProMedica's Social Determinants of Health Institute leaders will walk participants through how this integrated health system redesigned care delivery to integrate SDOH screening, connect patients to services, and developed new interventions throughout their footprint. In addition, speakers will share how ProMedica is aligning its community-based work and national investments and partnerships to continue to drive healthier communities and neighborhoods, while growing the evidence base around what works in an effort to transform the health landscape that currently is too expensive and not achieving high levels of quality.

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## Establishing Psychologically Safe Learning Environments to Address Social Determinants of Health

Wednesday, March 2, 2:00-3:00pm

### FACILITATORS

Rebecca Dougherty, MD, MSc, Assistant Professor of Medicine, Zucker School of Medicine at Hofstra/Northwell; Taranjeet Ahuja, DO, MEd, Assistant Professor of Medicine, Zucker School of Medicine at Hofstra/Northwell; Janice Thomas John, DO, MS, MPH, Assistant Professor of Medicine, Zucker School of Medicine at Hofstra/Northwell

### DESCRIPTION

Social Determinants of Health (SDOH) are defined as the conditions in which people are born, grow and age. (1) The Social Determinants of Health account for over 80% of a persons' total health whereas clinical care accounts for 20%. (2) It is critical that physicians address a patients' SDOH during their patient care encounter. Many curricula exist within UME and GME, however those who supervise interns and residents, Hospital Medicine attendings, report little formal instruction in SDOH. Indeed, in a study of Pediatric Hospitalists, 37% reported having received education about SDH during their professional training and a majority, 86%, expressed a desire for training which would thus impact their ability to screen patients for SDOH. (3) Therefore, it is critical that this education be provided to ultimately improve patient care. Additionally, it is important that psychological safety has been established in a learning environment to promote discussions about SDOH. Creating a psychological safe learning space is listed as the first ground rule in Peeks' Lessons for teaching about Race and Racism: Successfully Leading Fearless Discussions (4) We describe a workshop targeting academic hospitalists who are engaged in precepting residents and medical students.

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## Introducing a New Health Equity Framework: A Query Based Approach to Anti-Racism, Social Justice and Equity in Teaching and Clinical Care

Wednesday, March 2, 2:00-3:00pm

### FACILITATORS

Adwoa Osei, MD, FAAP, Assistant Professor of Pediatrics, University of California Riverside School of Medicine; Carlos Cortes, PhD, Emeritus Professor of History, University of California Riverside

### DESCRIPTION

Rationale: Physicians and educators must continue to identify how conscious and unconscious biases can affect patient care and learning, explain how aspects of diversity intersect with health and learning outcomes, commit to anti-racism, and challenge themselves to learn from others while developing skills as effective cross-cultural communicators and advocates for high-quality education and patient care. In 2020, our School of Medicine established a new curricular thread in Health Equity, Social Justice, and Anti-Racism (HESJAR) to address three basic competencies:

Communicate bidirectionally with members of all societal groups to prioritize fair opportunities for everyone to attain their full health potential (health equity).

Serve and advocate for patients and learners from all backgrounds by recognizing their common humanity as well as the unique intersectional differences that reflect the various societal groups to which they belong (social justice).

Identify when and how racial factors affecting medical education, health care systems and patient management plans must be actively addressed for equitable health care outcomes (anti-racism).

Drawing from prior work on health equity models, our student led conversations with communities of diversity and focused group listening sessions, we created a Health Equity Framework (HEF) for use in teaching and clinical settings, as part of our curricular plan. For ease and effectiveness of use, HEF helps faculty address all three competencies with a single basic question, supported by a series of brief, optional follow-up questions. It is simple, practical, query based and gives ample opportunities for reflection on individual-level factors, relational- and systems-level determinants of health, historical, cultural and cumulative life-course perspectives. This streamlined teaching strategy enables faculty to quickly, clearly, and economically integrate HESJAR into teaching and clinical care. Because of HEF brevity, practicality, and applicability, it has been well received and easily implemented in our institution. We present this model not only to share but hopefully to collaborate with other institutions. We believe faculty from other medical schools will be able to readily adapt it to their own curricula and pedagogy.

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## AmeriCorps as a Pathway to Developing Culturally Competent Healthcare Professionals

Wednesday, March 2, 3:00-4:00pm

### FACILITATORS

Niki Messmore, MEd, Director of Medical Service Learning, Indiana University; Daniella Feijoo, BA, Graduate Assistant for Community Engagement, Alexandria Gottfried, BS, Medical Student; Dua Tariq, Undergraduate, Intern for Medical Service Learning

### DESCRIPTION

Given the call to action around anti-racism efforts and reducing health disparities, it is imperative to start reimagining medical student education. The incorporation of an AmeriCorps program into medical student education during the didactic learning period allows for a space where students can connect with and contribute to their community. To train physicians who are competent in effectively working with patients of different backgrounds, we used the AmeriCorps program as a platform for experiential learning and professional development. As an alternative to the traditional lab research summer, rising second year students served full-time at one nonprofit. In weekly seminars students increased their knowledge about social issues and healthcare disparities, while also practicing advocacy surrounding these issues to be prepared for scenarios they may encounter in clinical training. Topics included: racism, ableism, classism, and trauma-informed care. We will present the program outcomes on student awareness and confidence in working with underserved populations, the impact it had on student wellness, and outline how this strategy can benefit medical schools.

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## Advancing Health Equity by Innovating in the SDoH Space

Wednesday, March 2, 3:00-4:00pm

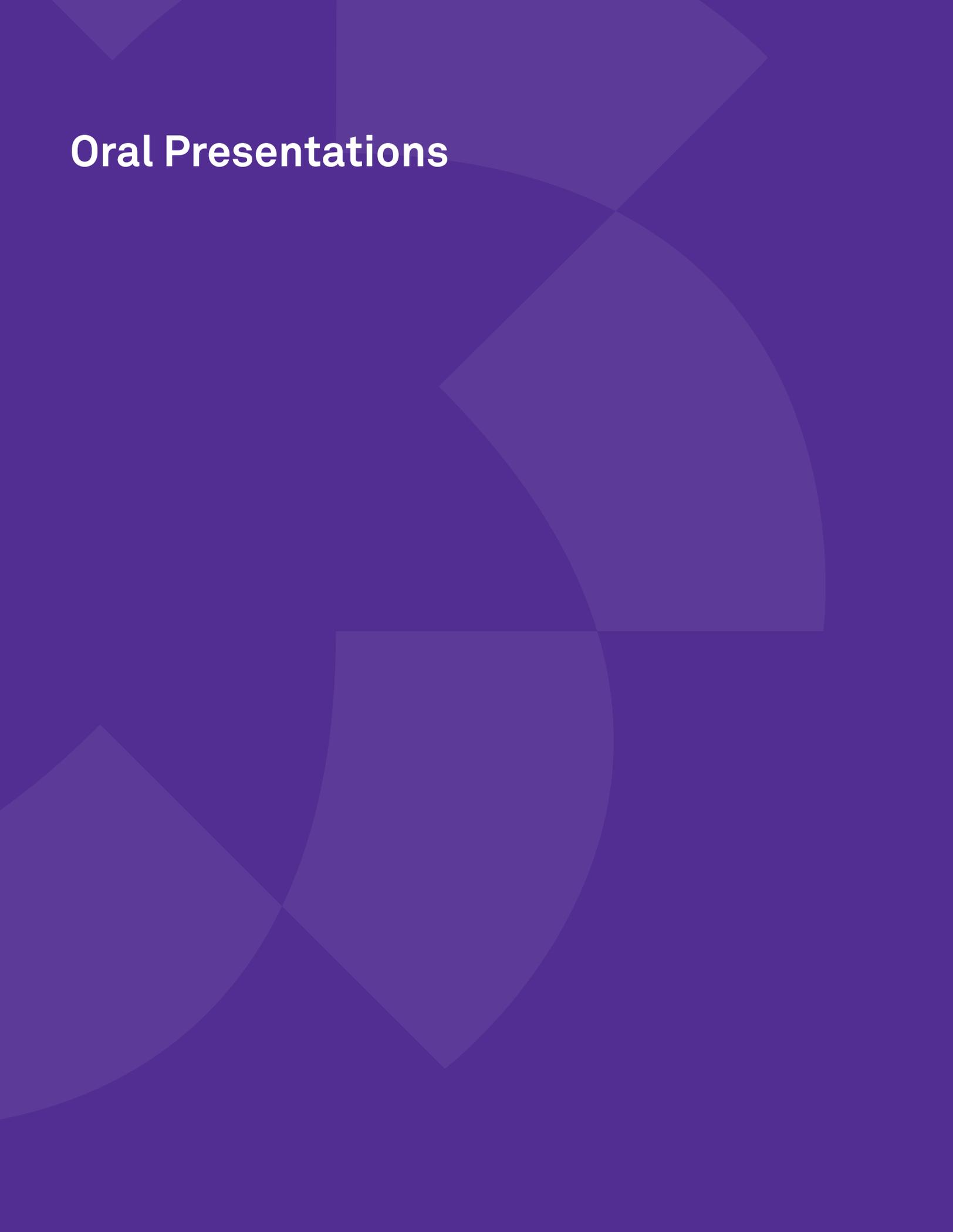
### FACILITATORS

Paige Stanton, MA, Director of Social Innovation, Care Connect, Flagler Health+ Care Connect; John Eaton, Administrator of Community Health Improvement, Flagler Health+

### DESCRIPTION

There is a growing body of research that supports the notion that social health factors such as environment, socioeconomic status, and health behaviors affect up to 80% of our overall health. As this research continues to develop it has become increasingly clear that the intersection of health and social factors must be addressed to improve health outcomes for patients and their communities. In St. Johns County Florida, Care Connect+ is transforming the way communities address social determinants of health, through digital innovation, provider alignment and deployment of its proven HUB model for unified intake, referral, engagement, and navigation. Care Connect+ has demonstrated success in advancing key health factors like homelessness, mental health, social isolation and in overcoming systemic barriers, to positively affect change and build healthier communities. This presentation will discuss the innovative programs and processes that Care Connect+ has created to address social needs and drive greater impact in the communities it serves.

# Oral Presentations



# Oral Presentation Session 1

## Anti-Racism and Health Equity in Undergraduate Medical Education

Monday, February 28 2:00-3:00pm

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### Evaluation of a Health Equity and Advocacy Based Medical School Curriculum Reform

#### PRESENTER

Julia Johnson, BS, MS2, University of Kentucky

#### DESCRIPTION

Medical education curricula have lapsed about material regarding social determinants of health. As a formative period of education of young doctors and given known effects of societal factors on patient outcomes, medical schools must do better in providing adequate content about health equity and advocacy. An occasional example or optional course on these issues is not enough: Content and experiences throughout training readies students to treat patients professionally, proficiently, and with respect, regardless of their race, ethnicity, culture, religion, sexual orientation, socio-economic status, education, and disability. There has been a resurgent interest to create an explicit, longitudinal curricular thread in our institution's curriculum to train our learners through multiple opportunities across all four years of medical school. The Health Equity and Advocacy Thread (HEAT) was introduced in 2020 and is the new repository for specific health equity content for each year of our medical school curriculum. To assess how our medical school's curriculum can best inform students to address social determinants of health and treat patients with varying backgrounds, we created a survey comprised of Likert-scale items from two validated 1,2,3 surveys, the Self-Assessment of Perceived Level of Cultural Competence (SAPLCC)<sup>4</sup> and the Cross-Cultural Care Survey (CCCS)<sup>5</sup>. Administered at baseline to incoming first-year medical students, we will assess for change in knowledge, skills, and attitudes about health equity at the beginning of their second, third, and fourth years and when they graduate from medical school. In addition to items from the SAPLCC and CCCS, additional questions were added to the survey specific to our medical school's courses and their efficacy in medical education to train our learners to provide equitable treatment for diverse patient populations. Through this rigorous evaluative process, we will gain important information about existing biases and gaps in student knowledge and attitudes toward different patient populations, and of our programmatic success in creating a physician workforce that is better informed and better prepared to meet the needs of their patients.

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### Near-Peer Facilitation of Cultural Humility Workshop Supports Sustainable Curricular Improvement

#### PRESENTERS

Guhan Krishnan, BS, MD Candidate 2023, Chicago Medical School, Rosalind Franklin University; Shashank Sandu, BS, University of Illinois, Chicago

#### DESCRIPTION

A new educational workshop on cultural humility was virtually piloted to student volunteers at the New Volunteering Living Society (NLVS) free clinic in Chicago, Illinois, and later presented to an audience of 40 medical students, faculty, and undergraduates. The lecture was presented in a large-group format, followed by an interactive case-based discussion with student facilitators. Cases were suggested and formatted by students who observed similar cases from local, free clinic settings. The structured discussions were designed to reinforce and assess participants understanding of cultural humility and implicit biases rather than identify a single correct approach for each case. Discussions were held in a safe space and were moderated by trained students in a near-peer facilitation setting. This workshop further contextualized cultural humility by providing frameworks and strategies for students to consider their own implicit biases in delivering patient-centered, culturally sensitive healthcare. A mixed-methods study was employed to assess the efficacy of the workshop, which included both qualitative and quantitative pre-and post-survey analysis.

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## Exploring the Social Determinants of Health in an Anti-Racism Workshop with a Historical Lens

### PRESENTERS

Shashank Sandu, BS, BA, University of Illinois Chicago; Jim Zhang, BA, Chicago Medical School at Rosalind Franklin University of Medicine and Science; Guhan Krishnan, BS, Chicago Medical School at Rosalind Franklin University of Medicine and Science

### DESCRIPTION

A growing need to examine the social determinants of health, harmful impacts of racism, and resulting inequities in healthcare has culminated in nationwide efforts to integrate anti-racism training into didactic and skills based medical curricula. Because the social determinants of health are intimately intertwined with many disparities present today, we posit that a historical approach to studying the social determinants of health is both beneficial and necessary to understanding the inequities present in healthcare today. Free clinics have historically addressed the exclusion of people of color in healthcare, making them valuable sources of information to draw from in educating and combating discriminatory practices in the provision of care. It is also imperative to acknowledge racism as a health crisis by actively educating both undergraduate and medical students not only on the social determinants of health, but also on effective strategies to recognize biases in care delivery and be actively anti-racist. A unique, interactive workshop on anti-racism was developed as a training series for free clinic student volunteers at the New Life Volunteering Society (NLVS) in Chicago, Illinois. This interactive workshop disseminates awareness of race-founded disparities in healthcare by providing and analyzing different types of racism, the history of discrimination in America, and anti-racist frameworks.

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## Critical Consciousness in Medicine: Developing Health Equity Components within Medical School Curricula

### PRESENTERS

Madeleine DeGrange, BS, Medical Student, LSUHSC School of Medicine Department of Medical Education; William Boles, BS, Medical Student, LSUHSC School of Medicine; Lamiya Tauhid, BS, Medical Student, LSUHSC School of Medicine; Mima Fondong, BS, MSc, LSUHSC School of Medicine

### DESCRIPTION

There has been increased focus on the structural forces that perpetuate systems of oppression in the United States. Within American medical education, standards for approaching these subjects have been fleeting. Questions of racism, sexism and the determinants of health inequity remain contentious due to their absence within traditional medical school curricula, as well as educator's discomfort and unfamiliarity with such subjects. Yet, inequitable health care systems remain a principal driver of divergent health outcomes that cost the US economy billions of dollars per year. Thus, educational forums for future physicians to critically assess healthcare institutions and their relationship to inequities are essential to move the needle. At the Louisiana State University Health Sciences Center (LSUHSC) School of Medicine in New Orleans, a novel workshop series was created and implemented by second year medical students in 2016. This student-led series initially included five workshops utilizing a combination of small-group and large-group discussions on the topics of microaggressions, privilege, social determinants of health, and implicit bias. Since that time, the workshop series now known as Critical Consciousness in Medicine (CCM) includes eight workshops, covering additional topics from white privilege to LGBTQ+ health, as well as integrating case-based learning components, reflective writing, and guest speakers. Starting in the 2021-2022 academic year, the CCM workshops have been formally adopted as core curriculum for medical students at LSUHSC. What began as a small impetus for change became an integral component of medical education and training at LSUHSC. The development of this series has offered enormous insight into content-delivery approaches, as well as opportunities for critical reflection on institutional responsibility for teaching such essential subject matter.

In our presentation, we discuss how a workshop created by dedicated medical students transitioned into a full course for first- and second-year students at LSUHSC. We will outline the development of the CCM workshop series, its correspondence to new educational guidelines, lessons learned, student growth, and initial results of a qualitative evaluation.

# Oral Presentation Session 2

## Interdisciplinary Practice and Policy to Address SDOH

Tuesday, March 1 11:00am-12:00pm

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### Interprofessional Case Conferencing to Address Complex Biopsychosocial Needs

#### PRESENTER

Jaimie Pollock, RN, BSN, DNP Student, University of Maryland School of Nursing

#### DESCRIPTION

**Problem:** A community assessment of Southwest Baltimore found a population with medical, economic, and social needs. The population needs are directly impacted by its resident's social determinants of health in this community, including homelessness, poverty, unemployment and unmet medical needs. Professional departments within a newly established community center work independently without a structured collaborative process or shared documentation despite mutual patients with multiple complex biopsychosocial needs.

**Purpose:** The purpose of the quality improvement project was to implement and evaluate the effectiveness of interprofessional case conferencing.

**Methods:** Department leaders from case management, health and wellness, financial advisement, workforce development, and community outreach were trained on the concepts of the social determinants of health, care coordination, and case conferencing. The evaluation of complex biopsychosocial needs was incorporated into each department workflows. Patients who were found to require intervention from multiple departments are referred to the case conferencing team. This interprofessional team meets weekly or biweekly to discuss shared patients, provide updates, and set goals, all of which is documented on a single shared template accessible to all. Pertinent data collected and analyzed using run charts includes: total patients referred, number of patients discussed at conferences, attendance of professionals at conferences, and number of individual goals met.

**Preliminary Results:** The plan is to discuss our findings in terms of the process and outcome measures.

**Preliminary Conclusions:** The plan is to summarize the overall conclusions based on the purpose and goals of the project and to give implications for practice.

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## Should Medicaid Fund Housing?

### PRESENTERS

June Treston DNP, CRNP, Director: Family Nurse Practitioner Track, University of Pennsylvania; Evan Anderson, JD, PhD, Public Health Researcher & Faculty, University of Pennsylvania

### DESCRIPTION

The pandemic increased the rates, risks, and visibility of unstable housing. Unprecedented policy responses, and a broader reckoning with systemic inequality, may signal an opportunity to reverse long standing failures in housing policies. But the path forward is complex. Spending on housing programs is paltry. Medicaid spending has grown 763% since the 1970s; HUD spending increased a meager 1.6% over the same period. One strategy to reduce this imbalance is to revise or even repeal the 56-year-old prohibition on Medicaid paying rent. We explored the feasibility and potential value of this strategy by interviewing 20 key informants with diverse roles in the delivery of health and housing services. Participant responses underscored the complexity of addressing housing instability as one monolithic problem and the structural limitations of Medicaid as an interventional platform. Racial bias and the stigmatization of homelessness were key themes. These challenges, participants noted, produce overwhelming political barriers, which is a sobering argument for even more transformative approaches to achieving healthier housing policy.

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## The Influence of Ethnicity, Language Preferences, and Socioeconomic Factors on End of Life and Palliative Care Experiences in Pediatrics, Adolescents, and Young Adults with Cancer

### PRESENTERS

Batool El-Atoum, MD, Pediatric Hematology/Oncology Fellow, University of Utah; Katie Gradick, MD, MHS, Department of Pediatrics, Division of Pediatric Palliative Care, University of Utah; Kellee Parker, DO, MCR, Department of Pediatrics, Division of Hematology/Oncology, University of Utah; Dominic Moore, MD, Department of Pediatrics, Division of Pediatric Palliative Care, University of Utah; Mark Fluchel, MD, MSCI, Department of Pediatrics, Division of Hematology/Oncology, University of Utah; Ana C. Sanchez-Birkhead, PhD, WHNP-BC, APRN, College of Nursing, University of Utah

### DESCRIPTION

Several studies have demonstrated that children, adolescents, and young adults with cancer are more likely to receive aggressive care at end of life (EOL) compared to adults (Wolfe et al, N Engl J Med, 2000). In adults, there is evidence that high-intensity EOL care is associated with poor quality of life in patients near death and leads to poor mental health outcomes among their caregivers. In the adult literature, it has been shown that cancer patients with marginalized social identities are more likely to receive intensive EOL measures, which may or may not be concordant with their goals (Taylor et al, GynecolOncol, 2016). The influence of ethnicity, language preference, and socioeconomic factors on EOL experiences in children with cancer is not well understood. The aim of this study is to explore the intensity of EOL care and palliative care access for children with poor prognosis cancers, interviewing both English- and Spanish-preferring families.

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## Advocating for Improved Treatment of Veterans with Opioid Use Disorder: Implementation of an Inpatient Buprenorphine/Naloxone Order Set

### PRESENTER

Remy Bremner, MD, Resident Physician, Northwestern University Feinberg School of Medicine

### DESCRIPTION

Over time, treatment of opioid use disorder (OUD) has shifted from a focus on detoxification and abstinence to more evidence-based practices such as medication assisted treatment (MAT). The Jesse Brown VA Medical Center (JBVAMC) has a robust outpatient program for treatment of opioid use disorder, which is housed within its Drug Dependency Treatment Program (DDTC). However, on its inpatient medical services, initiation of MAT such as buprenorphine/naloxone remains a difficult and disjointed process leading to low rates of buprenorphine/naloxone initiation during hospitalizations.

Barriers to inpatient buprenorphine/naloxone prescription at the JBVAMC include disparate messages from involved teams regarding when and how to prescribe buprenorphine/naloxone, lack of clear policy, and lack of knowledge about buprenorphine/naloxone initiation protocols. Given the efficacy of buprenorphine/naloxone for treatment of OUD, low rates of inpatient buprenorphine/naloxone prescription contribute to health disparities and adversely affect patients treated at the VA.

# Oral Presentation Session 3

## Educational Innovations and SDOH

Wednesday, March 2 2:00-3:00pm

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### Evaluation of Constructivist Theory Based Social Determinants of Health Curriculum for Medical Students

#### PRESENTERS

Melanie Menning, MD, MPH, Assistant Professor of Family Medicine, Associate Residency Program Director, University of Nebraska Medical Center; Aleisha Nabower, MD, MHPTT, Assistant Professor Department of Pediatrics, University of Nebraska Medical Center; Susan Evans, MD, Assistant Professor Department of Family Medicine, University of Nebraska Medical Center; Shirley Delair, MD, MPH, Associate Dean for Diversity, Equity, and Inclusion, Chief, Division of Pediatric Infectious Diseases, Associate Professor of Pediatrics, University of Nebraska Medical Center; Andrea Jones, MD, Assistant Professor of Family Medicine, University of Nebraska Medical Center; Nathaniel Goodrich, MD, Associate Professor of Pediatrics, University of Nebraska Medical Center; Jennifer Liu, MD, MPH, Assistant Professor of Family Medicine, University of Nebraska Medical Center; Neil Kalsi, MD, Assistant Professor of Family Medicine, University of Nebraska Medical Center

#### DESCRIPTION

There is a need to incorporate education on social determinants of health (SDOH) throughout medical education.<sup>1</sup> Based on constructivist learning theory concepts; we created an activity for medical students to explore SDOH impact within our community. The session began with patient and provider testimonies. Students were divided into four groups each focusing on a specific population. They completed a virtual neighborhood survey and then an additional exercise specific to their assigned population including simulations, peer teaching, and didactic lectures. Next, a panel of local experts discussed the importance of advocacy. At the end, students were intermixed and shared what they learned. Pre and post surveys consisting of both objective knowledge questions and subjective confidence ratings were completed to evaluate the session. One hundred and seventeen fourth year medical students completed the surveys. There were statistically significant increases in their self-reported confidence in addressing SDOH with patients ( $p=0.001$ ), their confidence in referring patients to community resources to address SDOH ( $p=0.024$ ), and their confidence in their advocacy skills in terms of SDOH ( $p=0.010$ ). Additionally, there was a statistically significant improvement on five knowledge questions regarding SDOH ( $p=0.002$ ).

Our course utilized both a real life and virtual component to effectively teach SDOH. We hope to share the curriculum with other schools and collaborate to further improve the course.

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## Implementation and Evaluation of Perinatal Depression Curriculum and Training

### PRESENTER

Gerri L. Mattson, MD, MSPH, FAAP, Pediatric Medical Consultant, Division of Public Health - Children and Youth Branch, North Carolina Department of Health and Human Services

### DESCRIPTION

About the Curriculum: Participating in this curriculum will provide learners with a deep dive into perinatal depression and will enable health care professionals to engage in small group discussions and learn alongside others from across the country. The goal of these interventions is to address the process skills needed; skills in problem solving, critical thinking, group process, change management and lifetime learning. The facilitator helps learners to balance basic science and clinical applications in problem discussion; encourages learner direction of the tutorials; and facilitates and supports good interpersonal relationships in the group. The role is to bring out the very best from the learners. The facilitator should not serve as the group's expert resource who will provide the answers, nor should the facilitator use this as a chance to lecture. The learning objectives correspond with the Accreditation Council for Graduate Medical Education Core Competencies for residency training programs to fulfill requirements and set context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients. Upon successful completion of the curriculum, trainees will possess the necessary skills and knowledge when screening for, and management of perinatal depression.

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## Social Determinants of Digital Health: Understanding Emerging Disparities Due to COVID-19

### PRESENTERS

Andrea Francis, BS, School of Medicine, The University of Texas Medical Branch, Galveston, TX; Balaji Jothishankar, MD, Department of Dermatology, Brigham and Women's Hospital; Vinod E. Nambudiri, MD MBA | Department of Dermatology, Brigham and Women's Hospital

### DESCRIPTION

Introduction: Social determinants of health are classified by the World Health Organization as conditions of daily life that lead to health inequities. The COVID-19 pandemic has created new challenges as technology-based delivery of remote care continues to further health disparities and exacerbate existing ones. With the newfound social determinants of digital health, it is important to prepare residents to provide optimal and equitable care given these new challenges. We sought to characterize these new digital health determinants in the context of the COVID-19 pandemic.

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## A Virtual Social Determinants of Health Curriculum for Professional Development Fellows

### PRESENTERS

Megan Rich, MD, MEd, Program Director, Community Primary Care Champions Fellowship, Mount St Joseph University & University of Cincinnati; Dan Hargraves, MSW, Program Coordinator, Community Primary Care Champions Fellowship; Melissa Gottschlich, PA-C, MPAS, Associate Director, Community Primary Care Champions Fellowship; Samantha De Jesus, Medical Student, University of Cincinnati; Fiza Warsi, Assistant Professor, University of Cincinnati

### DESCRIPTION

Background: Increasing evidence suggests that social and behavioral determinants of health are more likely to affect health outcomes than care received within the healthcare system. Thus, it is more important than ever that primary care providers (PCPs) are trained well in recognizing SDH and in advocating for patients and communities. Provider driven acts of advocacy can be categorized as agency — working the system by linking patients to community resources — and activism to change the system and public policy. Training PCPs, future healthcare leaders and community health advocates must include robust training in SDH and advocacy but overloaded curriculum in physician assistant (PA) and medical schools are not able to provide the time and space needed. Thus, continued professional development is an important way to promote growth in SDH-related knowledge and skills.

# Oral Presentation Session 4

## Interdisciplinary Advocacy and Education to Advance Anti-Racism

Wednesday, March 2 3:00-4:00pm

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### Jesse Brown for Black Lives (JB4BL): Advancing Health Equity for Black Veterans

#### PRESENTERS

Bijal Jain, MD, Clinical Assistant Professor, Northwestern University, Jesse Brown VA Medical Center; Sheryl Lowery, PharmD., BCPS, Clinical Pharmacy Practitioner, Jesse Brown VA Medical Center

#### DESCRIPTION

Introduction: The murder of George Floyd and COVID-19 pandemic heightened attention to racial and ethnic health disparities. Many in healthcare participated in demonstrations (White Coats for Black Lives) and began to examine the harms caused by racism in healthcare. The Jesse Brown VA Medical Center in Chicago, being one of the most integrated VAs in the country and serving more than 60,000 veterans in Chicago and Northwest Indiana, was no exception.

The Jesse Brown for Black Lives (JB4BL) taskforce was formed on June 10, 2020, with the intent to expose and combat racism that negatively impacts Veterans and Staff. The taskforce mission is to address racial and ethnic disparities in clinical care by fostering dialogue on racism, creating a space for self-reflection, education, advocacy work, and promoting staff well-being. The JB4BL is made up of five core committees (Clinical, Education, Courageous Conversations, Events and Visibility, and Mentoring) with approximately 85 volunteers.

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### The Development of the Chicago Coalition for Anti-Racism and Equity in Health (C-CARE in Health)

#### PRESENTERS

Ibraheem Hamzat, MD-Candidate, University of Chicago Pritzker School of Medicine; Olivia Bouchard, MPH, MSN-Candidate, Rush University College of Nursing; Derek Hu, MD-Candidate, University of Chicago Pritzker School of Medicine; Allie Yan, MD-Candidate, University of Chicago Pritzker School of Medicine; Amanda Bradke, MD, Assistant Professor of Internal Medicine, Rush University Medical Center; Marci Laragh, MD, Clinical Assistant Professor, Jesse Brown VA Medical Center

#### DESCRIPTION

There is growing recognition in healthcare that race is socially constructed, not biologically defined, and therefore health disparities are a direct result of structural and socioeconomic discrimination. Racism, not race, is a social determinant of health. The usage of race in clinical medicine has had a long, complicated, and often harmful history that continues to affect clinical decision making and therapeutics today. More recently, some within the field of medicine have begun critically examining what role race should play in practice guidelines and decision tools for diagnosis and treatment. One such example includes the American Academy of Pediatrics decision in May 2021 to retire their urinary tract infection (UTI) clinical practice guideline due to inappropriate use of race as a factor in theoretical disease risk, leading to differential care in non-white children. New calculators and algorithms without race corrections are also now validated and available for estimated glomerular filtration rate (eGFR) and Vaginal Birth after Cesarean (VBAC). These updated tools, however, have yet to be implemented by many healthcare institutions, and there are many more that remain to be addressed. In response to this important, unmet health equity need, our group was developed to assess the usage of race in clinical algorithms and make changes across Chicago institutions.

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## Educational Interventions to Reduce Bias and Enhance Professionalism in Health Care

### PRESENTERS

Aramandla Ramesh, PhD Associate Professor, Meharry Medical College; Paul D. Juarez, PhD, Professor of Family & Community Medicine, Meharry Medical College; Robert L. Cooper, PhD, Assistant Professor of Family & Community Medicine, Meharry Medical College; Katherine Y. Brown, EdD, Professor of Family & Community Medicine, Meharry Medical College; Jayne S. Reuben, PhD, Associate Professor of Biomedical Sciences, Texas A & M University; Regina S. Offodile, MD, Professor of Professional & Medical Education, Meharry Medical College; Asa E. Radix, MD, PHD, Infectious Disease/HIV Specialist, Callen-Lorde Community Health Center; Cheryl L. Holder, MD, Associate Dean for Diversity, Florida International University College of Medicine; Mohammad Tabatabai, PhD, Professor of Biostatistics, Meharry Medical College; Patricia Matthews-Juarez, PhD, Professor of Family & Community Medicine and Senior Vice President for Strategic Initiatives & Innovation, Meharry Medical College

### DESCRIPTION

Implicit bias is endemic in our healthcare system and affects the quality of clinical care, patient satisfaction, and is a contributing factor to healthcare disparities. Implicit bias is experienced by a range of vulnerable populations, including racial/ethnic minorities, sexual and gender minorities (LGBTQ), people experiencing homelessness and migrant farmworkers. Little has been published about how medical students are trained to identify and reduce the effects of implicit biases toward vulnerable populations. The National Center for Medical Education, Development and Research conducted a systematic review of the literature to determine the effectiveness of programs to reduce health care student or provider bias towards these LGBTQ patients. Despite promising support for bias education in increasing knowledge and comfort levels among medical, nursing, and dental students or providers towards LGBTQ persons, this systematic review did not identify any interventions that assessed changes in implicit bias among students or providers. No studies were found that addressed implicit bias among persons experiencing homelessness or migrant farm workers. Based on the research findings, our Community of Practice has developed curriculum modules and policy briefs that address implicit bias in medical education. This presentation also addresses various strategies we have adopted to disseminate information about implicit bias, including use of social media. Our interventions can serve as a model to stimulate related interventions for other allied health professions, to enhance professionalism in Health Care, and effective social media strategies for disseminating results.

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## Antiracist Public Health Week: Curating an Educational Series

### PRESENTERS

Sahand Golestan, MPH, Medical Student, Chicago Medical School, Rosalind Franklin University of Medicine & Science; Emily Terlap, Medical Student, Chicago Medical School; Anna Gomez, MS, Medical Student, Chicago Medical School; George Duncan, Medical Student, Chicago Medical School; Christina Khouri, MPH, Medical Student, Chicago Medical School; Nahae Kim, MPH, Medical Student, Chicago Medical School; Viral Mistry, PhD Student, School of Graduate and Postdoctoral Studies, Rosalind Franklin University of Medicine & Science; Maria Mercurio, Medical Student, Chicago Medical School; Faustina Adams, Medical Student, Chicago Medical School; Vanessa Fan, Medical Student, Chicago Medical School; Favour Oladipupo, Medical Student, Chicago Medical School; Heather Kind-Keppel, EdD, Assistant Professor of Humanities and Health Care, Rosalind Franklin University of Medicine and Science

### DESCRIPTION

Background: Racism is a persistent and ubiquitous element of U.S. social structure, manifested through racist ideas, policies, and institutions of power. To dismantle racism in medicine, programs and interventions can act in accordance with the Socioecological Model, which consists of structural, community, and individual levels as key components. Systems and institutions can achieve structural change through antiracist policies; interventions can achieve community-level change through a shift in the culture of medicine and the healthcare paradigm, and individual-level change through training and evaluation. As discussed by historian and professor Dr. Ibram X. Kendi, opposing racism is not achieved through passively disengaging with racist thoughts and actions, but rather through an active process of being antiracist; neutrality cannot exist in a system that benefits from complacency. To incorporate antiracism at the level of medical education, healthcare professions graduate students at Rosalind Franklin University of Medicine and Science organized an Antiracist Public Health Week centered on discussion and introspection. Participants were encouraged to be reflective and apply the work of Dr. Kendi through an intersectional framework to better understand the influence of racist policies and the built environment on health outcomes.

# Poster Presentations

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## Evaluating Student Food Selections after a Nutrition Education Intervention in a Montessori Community School

### PRESENTERS

Hannah Miller, Medical Student, UT Southwestern Medical Center; Michaela Carrington, RDN, UT Southwestern; Jijia Wang, PhD, UT Southwestern; Kathy Jones, Nutrition Coordinator, Lumin Education; Nora Gimpel, MD, UT Southwestern; Philip Day, PhD, UT Southwestern

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## Focus Group on Assessing Attitudes and Knowledge about Student Health and Healthcare on Campus at Paul Quinn College

### PRESENTERS

Hannah Miller, Medical Student, UT Southwestern Medical Center; Ameer Soomro; Heather Lanier, Medical Student, UT Southwestern; Thanos Rossopolous; Umaru Barrie, Medical Student, UT Southwestern; Chelsea Anas, Medical Student, UT Southwestern; Ashley Young; Whitney Stuard, Medical Student, UT Southwestern; Adam Soomro; Samantha Hickey; Manuel McGriff, Dean, Paul Quinn College; Glenda Davis, BSN, RN, Paul Quinn College; Nora Gimpel, MD, UT Southwestern; Philip Day, PhD, UT Southwestern; Victoria Udezi, MD, UT Southwestern

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## Developing a Healthcare Curriculum and Needs Assessment Program at Paul Quinn College

### PRESENTERS

Hannah Miller, Medical Student, UT Southwestern Medical Center; Heather Lanier, Medical Student, UT Southwestern; Ameer Soomro; Ashley Young; Chelsea Anasi, Medical Student, UT Southwestern; Thanos Rossopoulos; Umaru Barrie, Medical Student, UT Southwestern; Claudy Jean Pierre; Berford Moncriste; Jenelle Boyce; Kyras Brown, PhD; Angie Lyinbor; Ubayd Isa; Manuel McGriff, Dean, Paul Quinn College; Nora Gimpel, MD, UT Southwestern; Victoria Udezi, MD, UT Southwestern; Philip Day, PhD, UT Southwestern

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## The Layers of Medicine: Barriers to Diagnosing and Treating Heart Failure with Reduced Ejection Fraction, A Case Report

### PRESENTER

Haleigh Saari, DO, University of South Carolina - Prisma Columbia

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## JB4BL: Promoting Health Equity In Prescribing (Race Based Prescribing Analysis and Implicit Bias)

### PRESENTERS

Lonyel Williams PharmD, HTCL3, Adjunct Professor UIC College of Pharmacy, Jesse Brown VA Medical Center; Sheryl Lowery PharmD, BCPS, Adjunct Professor UIC College of Pharmacy; James Sluis, PharmD, BCACP, Adjunct Professor UIC College of Pharmacy

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## Using Peer-led Case Discussions to Improve Interprofessional Student's Comfort and Knowledge About Transgender and Gender Diverse Healthcare

### PRESENTERS

Zein Haidar, BS, Medical Student, Chicago Medical School at Rosalind Franklin University; Steven Zhou, BS, Medical Student, Chicago Medical School at Rosalind Franklin University

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## Podcasts as a learning tool for social determinants of health

### PRESENTERS

Jaewon Yoon, BA, Medical Student, Harvard Medical School; Balaji Jothishankar, MD, MBA, Advanced Dermatology Resident, Harvard Combined Dermatology Resident; Vinod Nambudiri, MD, MBA, Assistant Professor of Dermatology, Harvard Medical School

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## Medical Enrichment for Diverse Students (MEDS): An Innovative Student-Led Mentoring Program to Expand Diversity Pipeline Initiatives

### PRESENTERS

Anela Carrazana, BS, Medical Student, University of Central Florida College of Medicine; Ana Carrazana, BS, Medical Student, University of Central Florida; Hannah Wilson, BS, Medical Student, University of Central Florida; Muneeza Rashid, BS, Medical Student, University of Central Florida; Etta Conteh, BS, Medical Student, University of Central Florida; Yamilet Gonzalez, BS, Medical Student, University of Central Florida

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## Addressing Mental Health Services and Youth Development in Indianapolis – A Nonprofit's Approach to Holistic, Trauma-Informed Care

### PRESENTER

Samuel Garrison, MS, Medical Student, Indiana University School of Medicine

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## Interdisciplinary Students Lead THRIVE COVID Call Center to Support Patients with Social Needs

### PRESENTERS

Divya Satishchandra, BA, Medical Student, Boston University School of Medicine; Berit Lindell, BS, BA, Medical Student, Boston University School of Medicine; Kirsten Mojzisek, BA, Medical Student, Boston University School of Medicine; Linda Sprague Martinez, PhD, Associate Professor of Social Work, Boston University School of Social Work; Noelle Dimitri, PhD, LICSW, Doctoral Candidate, Boston University School of Social Work; Pablo Buitron de la Vega, MD, MSc, Assistant Professor of Medicine, Boston University School of Medicine

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## Identifying and Engaging Community Needs in Southeast Alabama

### PRESENTERS

Elizabeth Lanie, OMS II, Alabama College of Osteopathic Medicine; Lisa Ennis, MA, MS, MPH

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## Student and Faculty Facilitator's Attitudes, Barriers, and Facilitators in Delivering Interprofessional Diabetes Education through Telehealth

### PRESENTERS

Narmeen Rehman, BA, MS2, Wayne State University School of Medicine; Sanika Kulkarni, BS, MS2, Wayne State University School of Medicine; Ali Ranjbaran, BS, Wayne State University School of Medicine; Jessica Zhao, BS, MD Candidate, Wayne State University School of Medicine; Insaf N. Mohammad, PharmD, BCACP, Assistant Professor, Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences; Rima Charara, PharmD, Assistant Professor, Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences; Jennifer Mendez, PhD; Associate Professor, Emeritus, Wayne State University School of Medicine

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## Evaluation of Burnout and Work-Life Balance Among Medical Students Based on Ethnicities and Gender

### PRESENTERS

Ana Gonzalez, BS, University of Illinois at Chicago, College of Medicine; Karen Xie, DO, Associate Professor, Department of Radiology Program Director, Diagnostic Radiology Residency Program University of Illinois at Chicago, College of Medicine; Zhihua Li, University of Illinois at Chicago, College of Medicine