

BACKGROUND

- Addressing disparities requires partnerships between community, government, and health systems.
- Traditional health disparities curricula focus on variation in outcomes across groups without centering the lived experiences of individuals through community-based learning.
- Health Justice is a novel framework for using the expertise of community members to explore how health systems can intentionally redistribute economic, political, and cultural assets to oppressed groups in order to eliminate disparities.

OBJECTIVES

- To collaborate with community members and organizations to implement and evaluate a Health Justice Elective for pediatric residents that equips trainees to address historic injustices and social conditions leading to health disparities

METHODS

- The curriculum was designed using Kern's framework and was implemented as a 3-week resident-led elective.
- Achievement of course objectives was assessed through focus groups and post-course surveys.
- Course Objectives:
 - Define health justice
 - List key historical events and policies that contribute to health disparities
 - Gain clinical experience working with diverse patients
 - Interact with community members and local leaders
 - Learn about and develop relationships with community organizations in Denver through hands-on experiences
 - Develop concrete examples of ways in which the healthcare providers and healthcare systems can contribute to health justice in our community

EDUCATIONAL STRATEGIES

Educational Strategy	Description	Examples
Contextual Development	<ul style="list-style-type: none"> Discussion-based didactic sessions to review key vocabulary and foundational concepts Discussion of historical factors and current policies that contribute to health disparities Sessions highlighting strengths and assets among various communities 	<p><i>Topics for discussion:</i></p> <ul style="list-style-type: none"> -LGBTQIA + Health -Black / African American Health -Native American Health -Latinx / Hispanic Health -Asian American Health -Immigrant / Refugee Health -Disability & Neurodiversity -Substance Use Disorders -Housing Insecurity -Trauma Informed Care
Community Conversations	<ul style="list-style-type: none"> Discussions with experts, community leaders, and those with lived experiences in various areas Discussion guide was developed and delivered to community participants in advance of each community conversation 	<p><i>Speakers for Community Conversations:</i></p> <ul style="list-style-type: none"> -At Risk Intervention and Mentoring Program (AIM) -Boulder Ballet Adaptive Dance Program -Colorado Refugee Speakers Bureau -Court Appointed Special Advocates -Denver Indian Family Resource Center -Harm Reduction Action Center Needle Exchange Program -Nurse Family Partnership -Project VOYCE (youth community advocates) -Individuals with lived experiences from various minoritized and historically marginalized communities
Clinical Experiences	<ul style="list-style-type: none"> Opportunities for residents to work in or shadow at clinical sites that serve historically minoritized communities 	<p><i>Clinical Sites:</i></p> <ul style="list-style-type: none"> -Connections for Kids Clinic for children in foster and kinship care -Denver Health Refugee Clinic -TRUE Center for Gender Diversity
Community-Based Experiences	<ul style="list-style-type: none"> Opportunities for residents to engage with community organizations or participate in events hosted by community organizations 	<p><i>Community Sites:</i></p> <ul style="list-style-type: none"> -Casa de Paz (mobile welcome center for community members newly released from local immigration detention center) -Harm Reduction Action Center -We Don't Waste Food Program

Feasibility

- 14 pediatric resident participants over 3 sessions (Feb 2021, Sept 2021, Sept 2022)
- >25 Community Partners

Thematic Analysis

Residents' responses emphasized the value of the course, specific lessons learned and anticipated practice changes inspired by the elective, and the benefits of developing a network of colleagues and community partners committed to health justice.

Community members expressed appreciation for involvement in medical education, interest in future participation, and desire for continued partnership.

"The Health Justice Elective provided":

- Understanding of health justice & historical factors underlying health disparities
- New and deeper connections with peers as advocates and community members
- Experience working with diverse patients

"A justice-oriented physician":

- Practices cultural humility
- Centers the voices of community members
- Shows up for community-led initiatives
- Views Health Justice work as essential to practicing medicine

CONCLUSIONS

- The Health Justice Elective provided trainees with an understanding of Health Justice as a framework for addressing health disparities.
- Trainees gained knowledge of factors underlying health disparities, deepened connections with community members and peers, and gained experience working with diverse patients.
- Residents considered it highly valuable and community members appreciated the opportunity to share their knowledge.

RESULTS

Key Quotations from Post-Elective Survey and Focus Groups

Course Value

- "Hearing from speakers with lived experiences was most valuable because their journeys are beyond what any textbook or lecture could teach. The stories of these community members will stay with me and be an anchor for my advocacy."
- "It was very valuable to me to hear from community members with lived experiences, especially from the refugee and asylum seeker communities. It made me feel more connected, aware, and compassionate."

Lessons Learned

- "The first week, I learned more about historically oppressed communities, their strengths, the injustices they have endured, and the importance of language and context when having conversations with patients. ... The following weeks, I learned a lot more about some of the incredible assets that exist within Denver ... and about the importance of showing up."

Anticipated Practice Changes

- "One practice change I plan to make is... understanding the full history and story behind each community. For example, why [in] black communities a lot of the females don't want IUDs inserted... understanding what they're coming from, and the historical trauma that they've had to endure that lasts throughout generations and affects the... medical decisions that they make."
- "Asking people about [preferences for] person-first or identity-first language and how they relate to their identities in general"
- "I really want to make some sort of reproductive justice curriculum because I think the historical context is so important and learning the history has definitely changed how I think about contraceptive counseling."

FUTURE DIRECTIONS

- Promoting sustainability of project
- Expanding the curriculum to include interdisciplinary care team members across multiple levels of training
- Publishing and disseminating the curriculum

DISCLOSURES

- The authors have no personal financial conflicts of interest to disclose.