

SUMR 2022

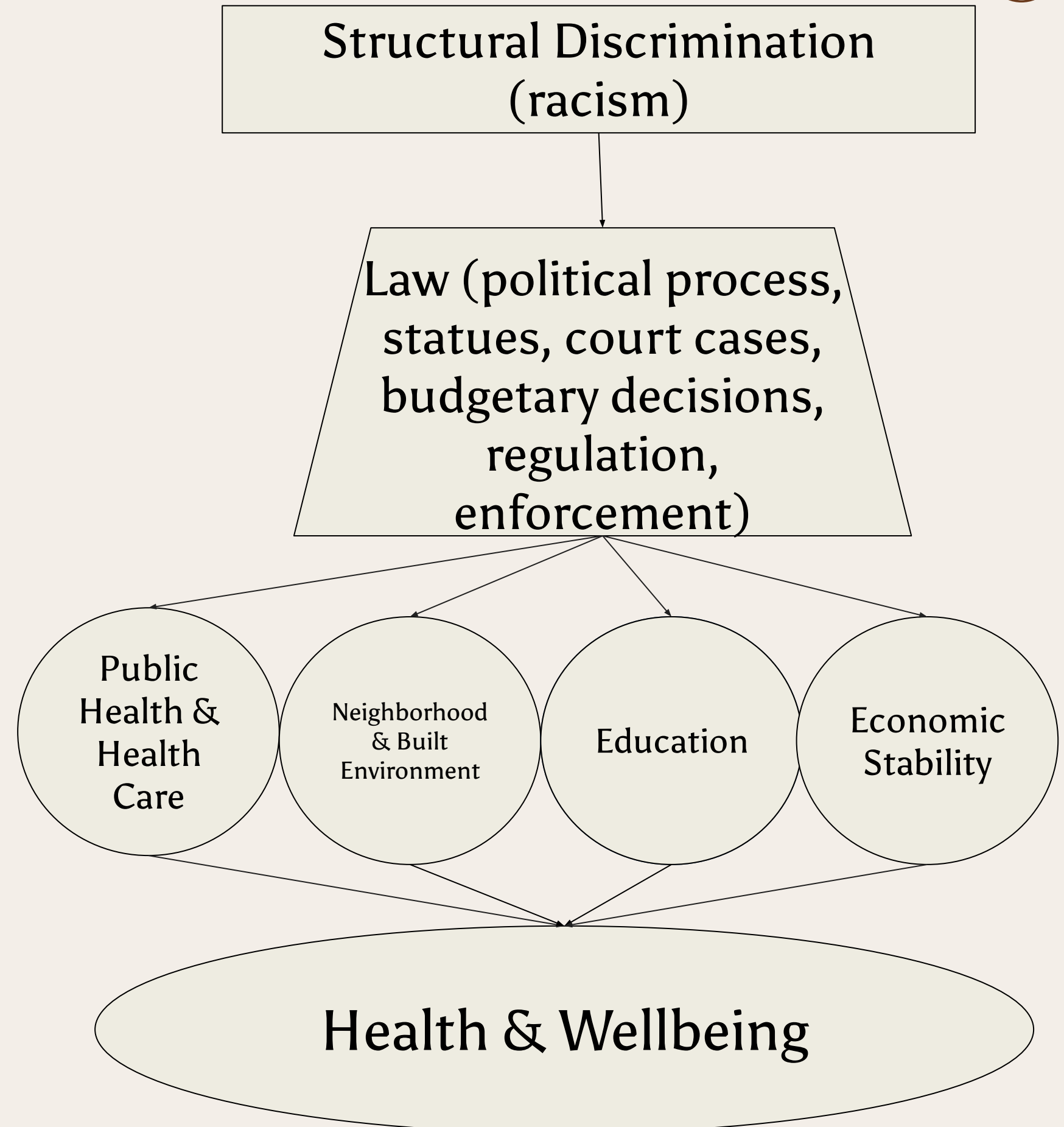
# Evaluating the Use Of Antiracism in the Masters In Public Health Curriculum

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# Background

- Racism (structural, institutional, interpersonal) is a fundamental driver for health disparities
- Structural racism is the root cause of the social determinants of health
- Racism is a public health crisis!



## Aims

- Review and synthesize existing literature related to use of race/ethnicity in public health
- Conduct content analysis of Penn's MPH curricular slides to understand the ways in which race/ethnicity is (or is not) presented
- Contextualize findings with existing literature to provide recommendations on how to improve content to be more anti-racist.

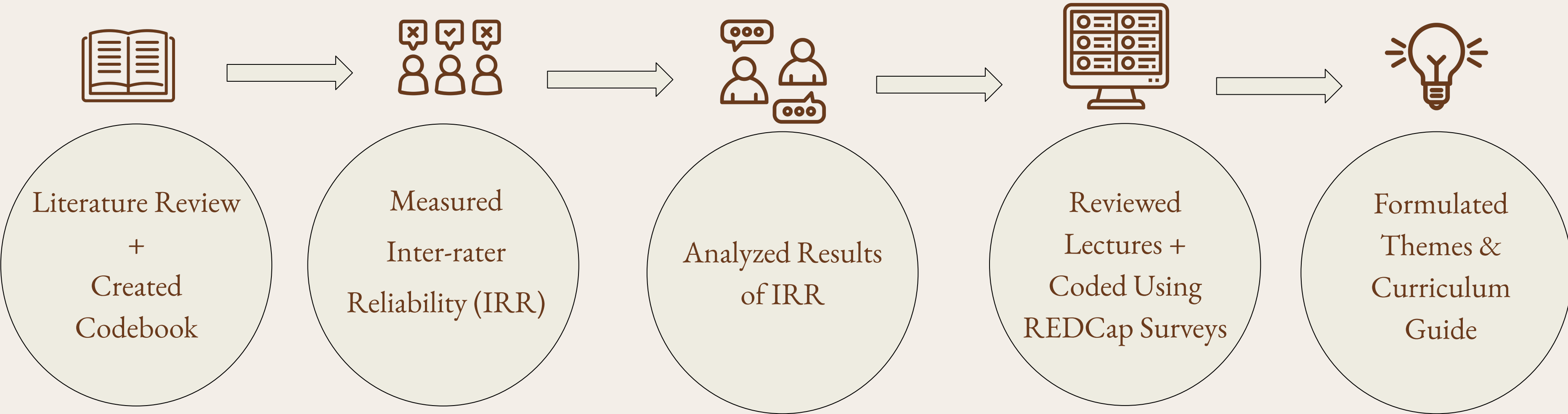
## Central Guiding Hypothesis

- Informed by prior work analyzing the medical school curricula, our central hypothesis is that Penn's MPH program may have patterns of misuse of race/ethnicity

# Methods



# Methods



6

courses

130

lectures

5011

total slides

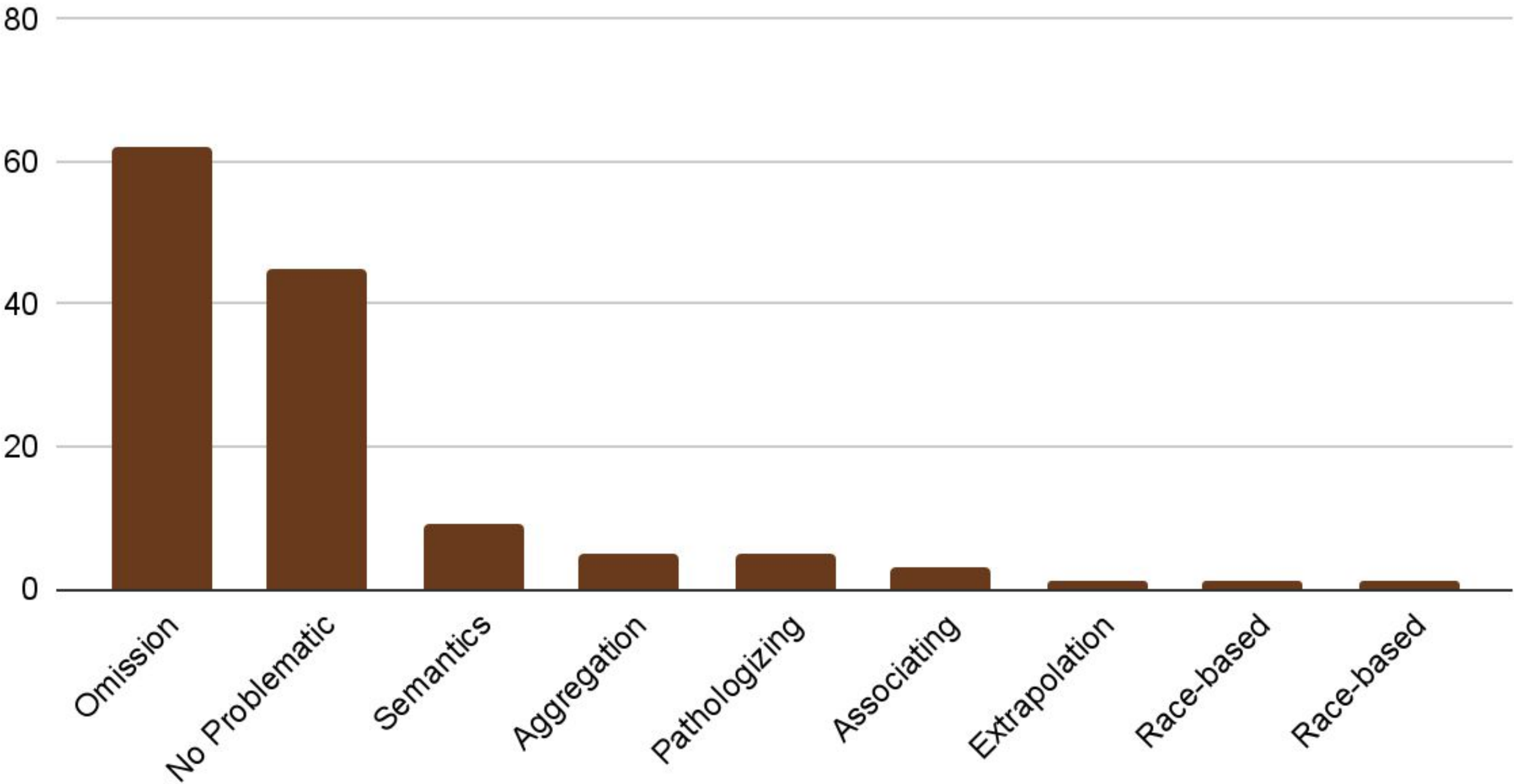
49

lectures flagged as having topic of interest

110

slides flagged as having topic of interest

# Problematic Contexts of Slides Flagged for Interest



# Findings



# Findings



Themes	Definition
Omission	Not addressing race/ethnicity at all when discussing a racialized topic; mentioning other demographics (sex, age, geographic location) without mentioning race; presenting information in “colorblind” manner
Semantics	Lack of specificity, precision, and accuracy
Learner-Driven Discussion	Learners, rather than professors, present information on race/ethnicity
Pathologizing & Stigmatizing communities	The tendency to link marginalized communities with increased disease burden, due to biological factors (stigma)
Aggregation/Extrapolation	Generalizing trends about entire populations based on specific instances;
Raced-Based Decision Making	Presentation of links between racial groups and specific diseases

## J.C. Childs v. Weis (1969)

- Case background . . .
  - 7 mo pregnant woman shows up at 2:00 AM at Greenville Hospital w/ bleeding and labor pains. She lives in Garland TX, and her Dr practices there.
  - Nurse calls Dr Weis who is at home. Some confusion about that exchange; nurse tells woman to go to her Dr in Garland, 45 miles away ('you'll be fine')
  - On the way, baby is born, subsequently passes; parents sue alleging Dr Weis had a duty to treat her
- Resolution:
  - No evidence to suggest that Dr Weis had a duty to treat her because no 'contract' created.



## Current Curricula for PUBH5070 Public Health Law & Ethics

This slide uses the J.C. Childs v. Weis as a case study for negligence, stating the background of the case, while failing to mention that the pregnant woman involved in the case was Black.

**Up-to-Date Evidence:** Racial disparities persist both in maternal and fetal mortality rates. Black women are 3x more likely to die due to pregnancy-related causes (Hoyert, 2020). Black women have more than twice the fetal mortality rate compared to White women (Pruitt et al., 2020).

## In short: Randomization is...

- ...the only way to deal with unknown prognostic factors
  - randomization distributes known prognostic factors (e.g., age, sex, etc.) evenly between treated and control groups
  - *and* it also distributes unknown prognostic factors evenly between treated and control groups
  - In this way, randomization uses STUDY DESIGN to control for potential confounding (measuring the effect of B when you think you are measuring the effect of A)

## Current Curricula for PUBH5020 Epidemiology

This slide omits the mention of race as a prognostic factor in randomized trials.

**Up-to-Date Evidence:** In addition, race is a prognostic factor *not* because it is a direct indicator of health, but because the impact of structural racism is not taken into consideration (Gee, G. C., & Ford, C. L. , 2011) , nor adjusted for when conducting randomized trials. Race based effects exist as a consequence of structural racism, manifested through systems of health and government. Therefore, race is an adverse prognostic factor (Vigneswaran, H. T, et al., 2022) because it serves as a proxy for racism, which is difficult to measure.



## FY 19 CHNA (cont).

- ▶ Root causes/systemic issues?
- ▶ “Across the counties, respondents cited multiple barriers related to social determinants of health that create additional challenges for behavioral health patients.”
- ▶ “These determinants include a lack of affordable housing, limited employment opportunities, lack of access to healthy foods and poor nutrition, limited transportation, and low socioeconomic status. Exposure to these conditions creates chronic stress and trauma that result in poorer physical and mental health.”
- ▶ “Respondents stressed the persistence of stigma towards people with mental health conditions and substance use disorder among health care providers. Stigma can lead to providers dismissing patients’ concerns or can expose patients to trauma and discrimination within healthcare settings.”

## Current Curricula for PUBH5020 Epidemiology:

This slide is related to mental health policy and notes made in a Community Health Assessment. Although this slide does mention systemic issues, it does so without mentioning race, while also conflating the SDoH with social risk factors.

**Up-to-Date Evidence:** The meaning of the SDoH is lost or skewed. The SDoH can impact everyone, and have neither negative or positive connotation. Social factors can confer health benefits to some populations, while harming others. Social risk factors, however, are “specific adverse social conditions that are associated with poor health,” (Green & Zook, 2019) (Alderwick & Gottlieb, 2019).

## Odds and Ends

- ▶ Catherine: Dutch COVID rules: museums and orchestras stage protest
- ▶ Van: Biden officials fear booster programs will limit global vaccine supply
- ▶ Ashely: COVID housing challenges for black women who are survivors of IPV
- ▶ Chelsea: Tonga tsunami sparks 'unprecedented disaster', government says
- ▶ Allison: As nations decide to live with the virus, some disease experts warn of surrendering too soon
- ▶ EB: Doctors Debate Whether Trans Teens Need Therapy Before Hormones

## Current Curricula for PUBH5050 Policy & Administration:

As it stands, the only mention of race in the slide deck is when a student mentions a racial group as an interesting tidbit.



Cont...

## Theme: Learner- Driven Discussion

14

### Final class, final exam

- Final exam is:
  - Cumulative
  - 80 minutes; approximately same number of questions
- After the midterm we will discuss the role of law within a social determinants of health framework, and end with some parting thoughts

### Current Curricula for PUBH5070 Public Health Law & Ethics:

As it is now, learners are only taught the impact of SDOH and law as an afterthought, after the final exam has taken place. The conversation surrounding this topic is based on the participation of the students.

**Up-to-Date Evidence:** The criminal justice system plays a major role in the health of historically marginalized communities, especially the Black community. Formerly incarcerated individuals are more likely to have poor health before, during and after incarceration, and being incarcerated is associated with poor mental and physical health (Wildeman & Wang, 2017).

## It was suspected that Kuru and TME were food-borne diseases

Kuru: highest prevalence in women and children in Papua, New Guinea. Women and children practised cannibalism



Mink farms in the early US outbreaks of TME had the same feed supplier



### Current Curricula for PUBH5020 Epidemiology

This slides leads learners to draw incomplete conclusions about the cultural behaviors of Papuans people (Paxian, 2022), particularly the women and children. There is little to no context.

**Up-to-Date Evidence:** “The cumulative effect of overrepresenting minorities as high-risk is the creation of an implicit link between race and predisposition to disease, which reinforces the view that race/ethnicity disparities in health stem from innate racial differences.” (Amutah, Greenidge et al, 2021)

# Limitations of the Study

## Consistency

- Lack of consistency in available class material in each course
- Every professor teaches differently, so there will always be inconsistency in how course material is presented.
- Single Site Study- generalizability

## Context

- Written content review may not reflect what is spoken or discussed beyond slide
- Lack of audio and visual recordings for every class, so we had to code the information on the slides exclusively
- Lack of information of discussions prompted by slides in the classroom

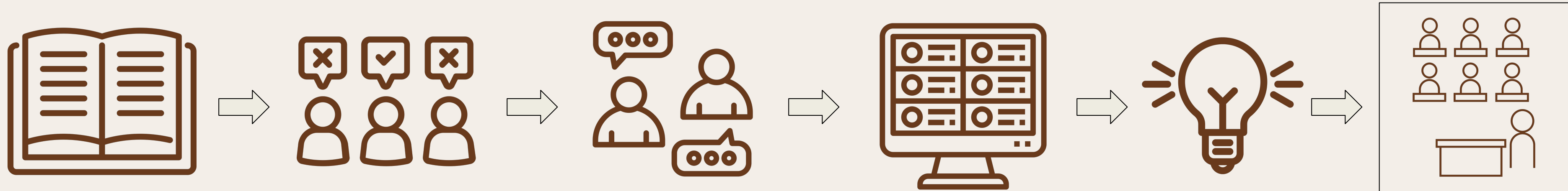


# Strengths of the Study

## Innovation

- To our knowledge, this research is the first study of its kind
- Large sample to analyze

# Next Steps...



# Significant Discoveries + Recommendations

Themes	Recommendations
Omission	Include race when discussing highly racialized topics/including demographics
Semantics	Define SDoH properly, without consolidation/confusing with social risk factors; teach SDoH using Critical Race Theory
Learner-Driven Discussion	Professor should dedicate time to discuss topic of race when mentioned in class and provide sources after class
Pathologizing & Stigmatizing communities	Provide complete cultural picture, use language that make it clear where disease derives from; insert disclaimer of not generalizing or pathologizing group of people.

# Lessons Learned

- Neglecting race and denying racism does nothing more than allow it to continue.
- Research is fun!

- Social justice and equity can exist in health research.

# Thank you to...



Jaya Aysola, MD,  
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# Questions?

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