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## The 65th ASH Annual Meeting Abstracts

## POSTER ABSTRACTS

## 901.HEALTH SERVICES AND QUALITY IMPROVEMENT - NON-MALIGNANT CONDITIONS

"Advancing a More Inclusive Blood and Transplant System for Marginalized Groups": Development and Evaluation of a Transfusion Medicine Health Equity and Advocacy Curriculum

Sylvia Okonofua 1,2,3, Aaron Rosenfeld 1,4,3, Romy Segall 4,1, Murdoch Leeies 5,6, Matthew Yan, MD 7,8, Jennie Haw 9,7, Warren B Fingrut, MD 1,10

- <sup>1</sup> Stem Cell Club, Toronto, Canada
- <sup>2</sup>Black Donors Save Lives, Regina, Canada
- <sup>3</sup>Equal contribution, Toronto, Canada
- <sup>4</sup>University of Toronto, Toronto, Canada
- <sup>5</sup>University of Manitoba, Winnipeg, CAN
- <sup>6</sup>Transplant Manitoba Gift of Life program, Winnipeg, Canada
- <sup>7</sup> Canadian Blood Services, Ottawa, Canada
- <sup>8</sup> University of British Columbia, Vancouver, Canada
- <sup>9</sup> Carleton University, Ottawa, Canada
- <sup>10</sup> Harvard T.H. Chan School of Public Health, Boston

Introduction: Health advocacy is an important skill for healthcare professionals to develop, but is challenging to teach. Here, we describe the development & evaluation of a curriculum to support healthcare professionals & trainees to develop as health advocates through advancing health equity across donation products for marginalized groups.

Methods: We developed a transfusion medicine health equity & advocacy curriculum "Advancing a more inclusive blood and transplant system for marginalized groups". This curriculum included two workshops focusing on advancing inclusion across donation products for 1) LGBTQIA+ & 2) racialized peoples. The first workshop, "Building a more inclusive blood and transplant system for LGBTQIA+ peoples" outlined blood, stem cell, & organ & tissue donation in Canada for gay, bisexual, & other men who have sex with men, starting from the historical policies & the context in which they were first put in place, to today's policies & where future policies may lie. The second workshop, "Addressing racial disparities in blood, stem cell, and organ & tissue donor pools", outlined disparities in donor pools across donation products, barriers to donation impacting racialized/ ethnic populations, & structural racism in donation policies (i.e. policies which disproportionately impact racialized/ ethnic peoples). The workshops also presented content from national campaigns to engage LGBTQIA+ peoples (stemcellclub.ca/SavingLivesWithPride) & Black peoples (stemcellclub.ca/BlackDonorsSaveLives) to donation (Figure 1). Both workshops concluded with facilitated discussion groups supporting participants to reflect on donation policies for marginalized groups & their consequences, & how to help overcome barriers to donation. The curriculum was published to stemcellclub.ca/training & piloted with a national cohort of Canadian medical students. Quantitative & qualitative analyses (using a thematic analysis approach) were conducted to evaluate participants' perspectives on the impact of the workshop on their development as health advocates.

Results: We hosted these workshops at 9 medical schools across Canada 10/2020-3/2023. 142 medical students participated, of whom 103/142 completed pre- & post- workshop surveys (73% response rate). 64/103 (62%) of survey respondents were female, 47/103 (46%) identified as racialized or LGBTQIA+, & 86/103 (83%) were pre-clerkship with 17/103 (17%) in clerkship. Results from quantitative & qualitative analyses of participants' perspectives on the role of these workshops in their development as health advocates are shown in Table 1A-B. Nearly all participants strongly agreed/ agreed the workshops supported their development as health advocates (101/103, 98%), including the abilities to: advocate for patients beyond the clinical environment; work with patients/ communities to address & identify determinants of health that affect them; respond to the needs of communities/ populations by advocating with them for system-level change; apply a process of continuous quality improvement to health promotion activities; & contribute to a process to improve the health of a community/population they will serve. Nearly all felt that the workshop should be incorporated into medical curricula (99/103, 96%).

Following each workshop, a subset of medical students (n = 38 for each) participated in focus groups to share their perspectives on what they learned. Qualitative analysis identified rich examples of participants' development as health advocates POSTER ABSTRACTS Session 901

through their participation in the workshops, across the following themes: prioritize inclusion; recognize discrimination; understand barriers to change; collaborate with advocates from diverse communities to address disparities; & build a culture which supports inclusion.

**Conclusion:** We present the first-ever curriculum in health equity in transfusion medicine to our knowledge, focusing on advancing inclusion across donation products & addressing disparities impacting patients & donors from marginalized groups. We also share the perspective of a national cohort of medical students in Canada that their participation in this curriculum contributed to their development as health advocates. This workshop is a model for teaching health advocacy to healthcare professionals & trainees, and is relevant to a wide audience across medicine.

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"Participating in this workshop supported me to develop skills to"	"Building a more inclusive blood and transplant system for LGBTQIA+ peoples" (n = 65 pre/post survey participants)	"Addressing racial disparities in blood, stem cell, and organ & tissue donor pools" (n = 38 pre/post survey participants)
Advocate for patients beyond the clinical environment	56/65, 85%	33/38, 87%
Work with patients to address and identify determinants of health that affect them	58/65, 88%	35/38, 92%
Work with communities to address and identify determinants of health that affect them	55/65, 83%	32/38, 84%
Respond to the needs of the communities or populations by advocating with them for system-level change in a socially accountable manner	49/65, 74%	32/38, 84%
Apply a process of continuous quality improvement to health promotion	53/65, 80%	32/38, 84%
Contribute to a process to improve the health of a community	59/65, 91%	38/38, 100%

Table 1B: Qualitative analysis of focus group data Theme Representative quotations			
	(Focus Group number, Participant number)		
	transplant system for LGBTQIA+ peoples"	cell, and organ & tissue donor pools"	
Prioritize	(n = 38 focus group participants*)  If you expand the number (of donors) who are in the	(n = 38 focus group participants**)  7 didn't realize how big of a diverse population we needs	
odds of finitians of finitians of finitians of finitians on the side unflatiness where there access and (G2,P2)  "The execution of finitians of finite fini	system as you showed with that case study, then the odds of finding a positive match goes up. It's definitely something that's helpful for patients on the other side of	for these sort of donations. If just didn't realize how innicate that process was and how different populations have very specific needs and that's why diversity is needed. (G1, P3)	
	the donation who receive those stem cells or that blood. I think that was really useful in kind of thinking not only on the side where people recognize the imbalance and lunfarmess of the restriction, but also on the other side.	needed " (G1, P3)  "At the biological level, I didn't fully appreciate that you needed this certain degree of genetic compatibility with	
	where there's an apportunity to kind of improve the access and availability for people who do need it." (G2.P2)	blood donation. I thought that all we look at is ABO antigens. And that doesn't really have too much of an ancestral basis in it. But from this workshop, I learned th some of the minor blood anticens. We the Rhesus antice.	
	"The mental health aspects of fiseling alignmatized and being kind of excluded from something like blood donation, it can affect trust in the health system overall. So that's another reason that I think that advocating for inclusivity would be important for physicians" (G8, P11)	and the Duffy antigens, these are a lot more based in ancestry and that they can eloit clinically significant immune responses that can be ponentially life threatening. And so it is important to find or to have a very diverse donor pool so that we can find matching blood products. loo." (GR, P33):	
	7 think anytime you can dismande a system that is currently not working or is accluding or has a negative connectation, or impact on people who access services, we should. That's our duty as stewards of the system' kGp. P141.		
Recognize	'And I think that another difficult part about that is when	To me, definitely it was surprising that so many policies	
discrimination	you're pushing to prove that the blood of gay people and MSM, that that blood supply is safe - That's an	revolved around people from Africa and how that's really discriminatory for people who come from those regions because obviously they're going to visit more." (G7, P30)	
	look, it's just as clean, just as good "(G17, P33)"	The Irace-based! GFR calculation for kidney	
0/000 patie	"I have concernial with the third criteria (changes to based donor eligibility criteria need to be acceptable to patients). I would also be concerned to what degree the patient's perspectives have stigma or homophobia, and	transplantation). That's a clear example of how racism can play into people's access to these donations that are of limited supply." (G2, PfI)	
	what kind of work is being done to by to counter that	"It fifte workshop" presented structural racism over time	
	stigma. I want to know how do we analyze the patient's perspectives? And who gets to judge and decide whether there is bias." (G16, P31)	and how there are certain kinds of issues that are still largering and they showed that, for example, that recent screening questionnaire that has assumptions that are settine in it. even in our modern day." (G10, P36)	
Understand barriers to	Y don't think anyone would look at it and say, why do we do it the way that we do; especially with the three criteria of, not worsening safety, not worsening the blood supply	"I think, as was mentioned in the video, there are certain	
and patients have to 1 all sensible. The just if consequences of that change discriminator;  "I like the example for sometimes you can in and the government o not acceptable to pail at illustration from the because it a eary for they about just like the	[of, not worsening safety, not worsening the blood supply and patients have to be accepting of the changes. That's all sansible. I'm just frustrated at the unintended.	and black populations. And I think that provides a big barrier for them to donate. because if you don't trust	
	consequences of that policy, meaning that it's hard to change discriminatory policies." (G15, P27)	[healthcare], how can you give a part of yourself?" (G10, P34)	
	'I like the example [presented in the workshop], where sometimes you can have the scientists and the doctors and the government on board (with a change), but it's	"We saw that some of those policies were overturned about travel or having lived in those specific African countries. But unfortunately the damage has been done	
	not acceptable to passens. And I think that is really good all illustrating how hand it is to have changes on through, because it's easy for me to sat here and be iller, oh years they should just fit the restrictions because the data already supports it, but it's good to understand what it actually looks like to by and emplement that " (G1d, P30).	having people from those regions or having less to those counties feeling that missions and their blood first wurde. It's not enough to just overteen those policies and expect those groups to be willing to donate again. It requires advocably and sock to regain that frust. And we see that with anome of the regulations reliating to LGBTQ+ donors as well." (37, P28)	
		'One hurdle would be the lack of diverse healthcare professionals to advocate for their specific community to if you look at the ones see do have, it can be an added burdler for these individuals to feel like they have to take on all the responsibility and all the work. (GS, P21)	
Collaborate with	I think that I'm more able to respond to an individual patient's health. By advocating with the patient. And this was specifically because I'm now able to tell any MSM	"I think it fleathcare messaging! should come from someone that the patients or the general population from	
advocates from diverse communities	patient I have that you can save a life through stem cell donation. And that also is removing the stigma, so they're not feeling like they're being completely.	these diverse populations trust. So whether that's, like, their specific healthcare provider who maybe they can relate to, or specific organizations that they work with wit are also knowledgeable about the area, I think is really	
to address disparities	excluded. Also like by removing the stigma, they might be able to tell their family and friends that they're doing this. And it's aut a good way to get knowledge out. (G11)	important, especially people who may be culturally or ethnically or spiritually similar." (G2, P10)	
P17) "You need to tal different stakeh think that was a highlight, that y need to serik us serik us serik us	P17)	"You can't just fix somebody else's problem - or what you shink their problem is. You need to understand from their point of view, what are their goals, what do they care	
	need to work with others and also see the other groups views to help address their concerns to help quite the	about, what is actually blocking the solution?? And once understanding this, working with them and the communit to be able to flowe the problem? (G3, P11)	
Build a culture which supports	thip." (C4, P4)  "As a dioctor, if I really want to help my patients best, I need to advocate for the individual for sure, but I also need to be doing something at a policy level or at a population health level because I think that's where you	If think personally it's helped me develop an even greate sense of empathy for patients who might come in and might be skeptical of health care or things like that Understanding the extent of historical discrimination can	
inclusion have me in cold cold cold cold cold cold cold cold	population means invest occasions - shinks data is innere you have a bigger impact. And I shink this workshop helped me realize this even more: If you see discrimination, If you see a lisch of indources, If you see a need for stiten cell disnors, you need to go at an upstiteam level. You need to go at a more broader population health level or	Consistencing for existing in the state of instruction content perceptions towards blood donation, health care allocation, anything fike that. That's what my takeaway is, you know, understanding that" (CB, P31)	
	need to go at a more broader population health level or health policy, because that's where you can reach them all i films that's where you can have the most impact." (G1, P1)	"The workshood ready encouraged me to think critically about policies that are in place and the working of things And its making me reflect back on encounters I've had with previous patients or statements on questionnaires	
	"I think that social inclusion is part of community and population health. Preparing us with this kind of	and really think about how that's impacting the patient's perception of the healthcare system and inhether it's acting as a barrier or doing any positive work." (GT, P2T)	
	knowledge base will help us promote that to our peers and our patients, and it will produce a snowball effect - it we educate our peers and maybe even our patients in	acting as a barrier or doing any positive work." (G7, P27)	
ď.	the future together as a whole, it will improve the health of the community." (G11, P16)		

Figure 1

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