



## 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**

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**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

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.

**Disclosures** No relevant conflicts of interest to declare.

Figure 1 – National campaigns to engage LGBTQIA+ peoples & Black peoples to donation



Table 1: Participants' perspectives on how their participation in the transfusion medicine health equity curriculum impacted their development as advocates.

**Table 1A: Quantitative analysis of pre- and post-workshop survey data**

"Participating in this workshop supported me to develop skills to..."	"Building a more inclusive blood and transplant system for LGBTQIA+ peoples" (n = 65 prepost survey participants)	"Addressing racial disparities in blood, stem cell, and organ & tissue donor pools" (n = 38 prepost 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)
Prioritize inclusion	<p>"Building a more inclusive blood and transplant system for LGBTQIA+ peoples" (n = 38 focus group participants*)</p> <p>"I don't realize how big of a diverse population we needed for these sort of donations. I just didn't realize how intricate that process was and how different populations have very specific needs and that's why diversity is needed" (G1, P3)</p> <p>"At the biological level, I didn't fully appreciate that you needed this certain degree of genetic compatibility with 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 that some of the minor blood antigens, like the Duffy antigen and the Duffy antigens, these are a lot more based in ancestry and that they can elicit clinically significant immune responses that can be potentially life threatening. And so it is important to find it is have a very diverse donor pool so that we can find matching blood products, too" (G9, P33)</p>
Recognize discrimination	<p>"Addressing racial disparities in blood, stem cell, and organ &amp; tissue donor pools" (n = 38 focus group participants*)</p> <p>"To me, definitely it was surprising that so many patients involved 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)</p> <p>"The race-based GFR calculation for kidney transplantation? That's a clear example of how racism can play into people's access to these donations that are limited supply" (G2, P6)</p> <p>"If the workshop presented structural racism over time and how there are certain kinds of issues that are still lingering and they showed that, for example, that recent screening questionnaire that has assumptions that are intrinsic in it... even in our modern day" (G10, P36)</p>
Understand barriers to change	<p>"Building a more inclusive blood and transplant system for LGBTQIA+ peoples" (n = 38 focus group participants*)</p> <p>"I think, as was mentioned in the video, there are certain racial groups that have a greater mistrust in the healthcare system... for example, indigenous populations and black populations. And I think that provides a big barrier for them to donate, because if you don't trust [healthcare], how can you give a part of yourself?" (G10, P34)</p> <p>"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 in having people from those regions or having ties to those countries feeling that mistrust and their blood can't be used. It's not enough to just overturn those policies and expect those groups to be willing to donate again. It requires advocacy and work to regain that trust. And we see that with some of the regulations relating to LGBTQIA+ donors as well" (G7, P35)</p> <p>"One hurdle would be the lack of diverse healthcare professionals to advocate for their specific community. But if you look at the ones we do have, it can be an added burden for these individuals to feel like they have to take on all the responsibility and do the work" (G9, P31)</p>
Collaborate with advocates from diverse communities to address disparities	<p>"Building a more inclusive blood and transplant system for LGBTQIA+ peoples" (n = 38 focus group participants*)</p> <p>"I think if healthcare messaging should come from someone that the patients or the general population from 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 who are also knowledgeable about the area. I think it's really important, especially people who may be culturally or ethnically or spiritually similar" (G2, P16)</p> <p>"You can't just let somebody else's problem... or what you think their problem is. You need to understand from their point of view, what are their goals, what do they care about, what is actually blocking [the solution]? And once understanding this, working with them and the community to be able to [solve the problem]" (G3, P11)</p>
Build a culture which supports inclusion	<p>"Building a more inclusive blood and transplant system for LGBTQIA+ peoples" (n = 38 focus group participants*)</p> <p>"I think personally it's helped me develop an even greater 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 be a pathway for understanding certain perceptions towards blood donation, health care allocation, anything like that. That's what my takeaway is, you know, understanding that" (G8, P31)</p> <p>"[The workshop] really encouraged me to think critically about policies that are in place and the wording of things. And it's making me reflect back on encounters I've had with previous patients or statements on questionnaires and really think about how that's impacting the patient's perception of the healthcare system whether it's acting as a barrier or doing any positive work" (G7, P27)</p>

Figure 1

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