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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 the 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>"Addressing racial disparities in blood, stem cell, and organ & tissue donor pools" (n = 38 focus group participants*)</p>
Recognize discrimination	<p>"The mental health aspects of feeling stigmatized and being kind of excited 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)</p> <p>"I think anytime you can dismantle a system that is currently not working or is excluding or has a negative connotation, or impact on people who access services, we should. That's our job as stewards of the system" (G9, P14)</p> <p>"I think that another difficult part about that is when you're pushing to prove that the blood of gay people and MSM is just as safe... That's an inherently stigmatizing and because you're having to say look, it's just as clean, just as good" (G17, P33)</p> <p>"I have concerns with the third criteria [changes to blood 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 what kind of work is being done to try to counter that stigma. I want to know how do we analyze the patient's perspective? And who gets to judge and decide whether there is bias" (G16, P31)</p>
Understand barriers to change	<p>"I 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 increasing safety, not worsening the blood supply 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, P24)</p> <p>"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 not acceptable to patients. And I think that is really good... [discussing how hard it is to have changes go through, because it's easy for me to sit here and be like, oh yeah, they should just let the politicians because the state already supports it, but it's good to understand what it actually looks like to try and implement that]" (G16, P30)</p> <p>"I think that some of those policies were overturned about trust 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 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 questions relating to LGBTQ+ donors as well" (G7, P28)</p> <p>"One hurdle would be the lack of diverse healthcare professionals to advocate for their specific community. But 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 the work" (G5, P21)</p>
Collaborate with advocates from diverse communities to address disparities	<p>"I think that I'm more able to respond to an individual patient's needs. By advocating with the patient. And this was specifically because I'm now able to tell any MSM patient I saw that you can give a life through stem cell donation. And that also is removing the stigma, so they're not feeling like they're being completely 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 a good way to get knowledge out" (G11, P17)</p> <p>"You need to talk to many groups and convince all these different stakeholders that this can't just go. And I think that was a very important reason to kind of highlight, that you can't necessarily change things alone, need to work with others and also see the other groups needs to help address their concerns to help guide the [work]" (G4, P4)</p> <p>"I think that social inclusion is part of community and population health. Preparing us with this knowledge and our patients, and I think that's a powerful effect... if we educate our peers and maybe even our patients in the future higher we can do, it will improve the health of the community" (G1, P18)</p>
Build a culture which supports inclusion	<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" (G6, 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 we had with previous patients or statements on questionnaires and really think about how that's impacting the patient's perception of the healthcare system and whether it's acting as a barrier or doing any positive work" (G7, P27)</p>

Figure 1

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