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

"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%

Theme	Table 1B: Qualitative analysis of focus group data Representative quotations		
	(Focus Group numb	er, Participant number)	
	"Building a more inclusive blood and transplant system for LGBTQIA+ peoples"	"Addressing racial disparities in blood, stem cell, and organ & tissue donor pools"	
Maria Maria	(n = 38 focus group participants*)	(n = 38 focus group participants**)	
Prioritize	If you expand the number for donors) who are in the system as you showed with that case study, then the	7 didn't realize how big of a diverse population we needs for these sort of donations. If just didn't realize how	
inclusion	jodds of finding a positive match goes-up. It's definitely	intricate that process was and how different populations.	
	something that's helpful for patients on the other side of	have very energific meets and that's why diversity is	
	the donation who receive those stem cells or that blood.	have very specific needs and that's intry diversity is needed 1(G1, P3)	
	If think that was really useful in kind of thinking not only		
	on the side where people recognize the imbalance and	"At the biological level, I didn't fully appreciate that you	
	unfamess of the restriction, but also on the other side	needed this certain degree of genetic compatibility with	
	where there's an opportunity to kind of improve the access and availability for people who do need it."	blood donation. I shought shat all we look at is ABO antigens. And that doesn't really have too much of an	
	(G2,P2)	ancestral basis in it. But from this workshop, I learned th some of the minor blood antigens, like the Phesus antige	
	"The mental health aspects of feeling stigmatized and	and the Duffy antigens, these are a lot more based in	
	being kind of excluded from something like blood donation. It can affect trust in the health system overall.	ancestry and that they can elicit clinically significant immune responses that can be potentially life threatening	
	So that's another reason that I think that advocating for	And so it is important to find or to have a very diverse	
	inclusivity would be important for physicians" (GB, P11)	donor pool so that we can find matching blood products, too." (G9, P33)	
	7 think anytime you can dismande 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 duty as stewards of the system" (G9, P14)		
Recognize	(GW, P14)	"To one defended if your supprison that so many confines	
discrimination	And I make that ancover director part according to several and	"To me, definitely it was surprising that so many policies revolved around people from Africa and how that's really discriminatory for people who come from those regions	
discrimination	MSM that that Ninot supply is safe . That's an	discrimination for second who come from those regions	
	inherently atiomatizing act, because you're having to say	because obviously they're going to visit more." (G7, P30)	
	inherently stigmatizing act, because you're having to say look. It's just as clean, just as good." (G17, P33)		
	■ 1000 H 0000 AL 10 H	"The frace-based! GFR calculation flor kidney	
	"I have concern(s) with the third criteria (changes to	transplantation). That's a clear example of how racism	
	blood donor eligibility criteria need to be acceptable to	can play into people's access to these donations that are	
	patients). I would also be concerned to what degree the patient's perspectives have stigms or homophobia, and	of limited supply:"(G2, P8)	
	patient's perspectives have stigma or homopriosia, and what kind of work is being done to try to counter that	"It fifte workshop" presented structural racism over time	
	stigma. I want to know how do see analyze the patient's	and how there are certain kinds of issues that are still	
	operangetives? And who gets to aution and decide	lingering and they showed that, for example, that recent	
	perspectives? And who gets to judge and decide whether there is bias." (G16, P31)	screening questionnaire that has assumptions that are	
		untitive in it. even in our modern day " (G10, P36)	
Understand	'I don't think anyone would look at it and say, why do we	"I think, as was mentioned in the video, there are certain	
barriers to	do it the way that we do: especially with the three criteria	yacial groups that have a greater mistrust in the	
change	of, not worsening safety, not worsening the blood supply	healthcare system for example, indigenous population	
	and patients have to be accepting of the changes. That's all sensible. I'm just frustrated at the unintended	barrier for them to donate, because if you don't trust	
	consequences of that policy, meaning that it's hard to	healthcare, how can you give a part of yourself?" (G10,	
	change discriminatory policies." (G15, P27)	IPM)	
	'7 like the example (presented in the workshop), where	'We saw that some of those policies were overturned	
	sometimes you can have the scientists and the doctors	about travel or having lived in those specific African	
	and the government on board (with a change), but it's	countries. But unfortunately the damage has been done	
	not acceptable to patients. And I think that is really good	having people from those regions or having ties to those	
	at illustrating how hard it is to have changes go through, because it's easy for me to sit here and be like, oh yeah.	countries feeling that mistrust and their blood isn't wante It's not enough to just overturn those policies and expect	
	they should just lift the restrictions because the data	those groups to be willing to donate again. It requires	
	already supports it, but it's good to understand what it	advocacy and work to regain that trust. And we see that	
	actually looks like to by and implement that " (G16, P30)		
		as well *(G7, P28)	
		*One hurdle isould be the lack of diverse healthcare	
		professionals to advocate for their specific community. Bi	
	1	If you sook 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 all the work." (G5, P21)	
Collaborate	I think that I'm more able to respond to an individual	"I think it fheathcare messaging! should come from someone that the patients or the general population from	
with	patient's health. By advocating with the patient. And this	someone that the patients or the general population from	
advocates	was specifically because I'm now able to tell any MSM	these diverse populations trust. So whether that's, like,	
from diverse	patient / have that you can save a life through stem cell- donation. And that also is removing the stigms, so	their specific healthcare provider who maybe they can	
communities	phonation. And that also is removing the sagma, so phey're not feeling like they're being completely	relate to, or specific organizations that they work with wh are also knowledgeable about the area, I think is really	
to address	excluded. Also like by removing the stigms, they might	important, especially people who may be culturally or	
disparities	be able to tell their family and friends that they're doing	important, especially people who may be culturally or ethnically or spiritually similar." (G2, P10)	
	this. And it's just a good way to get knowledge out. (G11).		
	P17)	"You can't just fix somebody else's problem - or what you	
	Library and the second second second	think their problem is. You need to understand from their	
	"You need to talk to many groups and convince all these different stakeholders that this ban isn't good. And i	point of view, what are their goals, what do they care	
	different stakeholders that this ban isn't good. And i think that was a very important lesson to kind of	about, what is actually blocking (the solution)? And once understanding this, working with them and the communit	
	highlight, that you can't necessarily change things alone:	to be able to (solve the problem)." (G3, P11)	
	need to work with others and also see the other groups	as we men to poor a one proceeding. (Got, P. (1))	
	wews to help address their concerns to help quide the		
	ship * (G4, P4) As a doctor, if I really want to help my patients best, I		
Build a culture	'As a doctor, if I really want to help my patients best, I	If think personally it's helped me develop an even greate	
which	need to advocate for the individual for sure, but I also need to be doing something at a policy level or at a	sense of empathy for patients who might come in and might be skeptical of health care or things like that.	
supports	need to be doing something at a policy level or at a population health level because I think that's where you	Imight be skeptical of health care or things like that. Understanding the extent of historical discrimination can	
inclusion	population health level because I think that's where you have a bigger impact. And I think this workshop helped	be a pathway for understanding certain perceptions	
	me realize this even more: if you see discrimination. if	towards blood donation, health care allocation, anything	
	me realize this even more: if you see discrimination, if you see a lack of resources, if you see a need for stem	tike that. That's what my takeausity is, you know	
	cell donors, you need to go at an upstream level. You	understanding that" (G8, P31)	
	need to go at a more broader population health level or		
	health policy because that's where you can reach them.	"[The workshop] really encouraged me to think critically about policies that are in place and the wording of things.	
	lail. I think that's where you can have the most impact."	about potcies that are in place and the wording of things	
	(G1, P1)	And it's making me reflect back on encounters I've had	
	'I think that social inclusion is part of community and	with previous patients or statements on questionnaires and really think about how that's impacting the patient's	
	I HIMM HIM JOCIES INCUSION IS DEST OF COMMUNITY AND	and really think about how that's impacting the patient's perception of the healthcare system and whether it's	
	population health. Preparing us with this kind of	action as a harrier or doing any positive work "107" Ph?	
	Anowledge base will help us promote that to our peers	acting as a barrier or doing any positive work." (G7, P27	
	knowledge base will help us promote that to our peers and our patients, and it will produce a snowball effect - if we educate our peers and maybe even our patients in	acting as a barrier or doing any positive work." (G7, P27)	
	Anowledge base will help us promote that to our peers	acting as a barrier or doing any positive work." (G7, P27)	

Figure 1

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