

BUSM Core Advocacy Curriculum

| Year | Course | Social Determinant(s) Covered | Description/Objectives | Format | | | | | | | Advocacy Knowledge | | | Advocacy Level | | | | |
|--------|--------|---|---|---------|---------------------|-------------------|-------------------|---------------------|--------------|---------|--------------------|--------|----------|-------------------|--------------------|------------------------------|-------------------|---|
| | | | | Lecture | Guest Speaker/Panel | Group Discussions | Flipped Classroom | Reading/Video/Other | Supplemental | Project | Background | Skills | Clinical | Project/ Research | Individual Patient | Community, City, or Hospital | State or National | |
| | | | | | | | | | | | | | | | | | | |
| BUSM I | HBM | LGBTQ, Reproductive rights/justice and Sexual Health, Sexual violence/IPV, Disability | Teaching sexuality for individuals with physical/intellectual disabilities, sex work, IPV, and coercive relationships | X | X | X | | | | | ? | | | | X | | | |
| | | LGBTQ, alternative family formation (foster families, adoption), death and dying | Teach students about topics like pregnancy, parenting, family formation, alternative family formation, divorce, senescence, death and dying, and depression | X | X | X | | | | | X | | | | | X | | |
| | | Racism | A mixture of structural and interpersonal racism along with reparations in medicine in regards to medicine's history and our active complicity | X | X | X | | X | | | X | | | | | X | | |
| | | Classism/Wealth Inequity/Poverty, Housing, Food insecurity, Immigrant/Refugee | Using the refugee experience as an example of toxic stress, also homelessness and childhood trauma | X | X | X | | | | | X | | | | | X | | |
| | | Reproductive rights/justice and Sexual Health, Addiction | The day will feature a NEJM article from Nora Volkow about pathophysiology of addiction, pregnancy and substance use, and small group work with motivational interviewing | X | | X | | | | | X | | | | | X | | |
| | | Choosing to work in a medically underserved community | "The day will focus on sleep, depression/burnout, a narrative medicine piece about the patient examining the doctor, the contrast between individuals who choose to make their lives dedicated to people who work with medically underserved vs medically overserved, and talking about hanging onto your ideals in medical school." | X | | X | | X | | X | X | | | | | X | | |
| | EPH | Health insurance-related barriers to care | Reviewed several charts from Kaiser Family Foundation about rising rates of underinsurance, the widening wealth gap in the U.S., racial and ethnic discrepancies in access to healthcare and health outcomes, and increased mortality associated with lack of health insurance | X | | | | | | | X | | | | | | | |
| | | LGBTQ, Reproductive rights/justice and Sexual Health, Substance use | Reviewed global implications of HIV research being conducted in the U.S., stigma perpetuated by the Reagan administration and the lack of efforts to address the AIDS epidemic, and current examples of stigma and inequities associated with HIV | X | X | | | | | | X | | | | | X | | |
| | | Disability, Immigrant/Refugee, mental health advocacy | Reviewed adverse events that occur at hospital discharge that lead to avoidable hospital readmission (emphasis on language barriers, mental illness, substance use, and gender), evidence based programs shown to reduce readmission rates, and the importance of community based programs, family caregivers and behavioral health in care transitions | X | X | | | | | | X | | | | | X | X | |
| | | None | Discussed using internet/smartphone apps to track health or look for health information, but did not describe health divide this might be creating between people who don't have access to these devices | X | | | | | | | | | | | | | | |
| | | Mental health advocacy, Substance Use Disorder | Panel/lecture on patient centered medical homes, discussion of disease burden due to mental health and substance use disorders, discussion of health systems solutions that can save money and improve outcomes | X | X | | | | | | X | | | | | X | X | |
| | | Classism/Wealth Inequity/Poverty, Violence (gun, street, other), Housing, Food insecurity, Education, environment--> mentions | 1. Looked at US county maps showing poverty percentage, unemployment rates, education status, health insurance status, heart disease. Defined social determinants of health as the conditions in which people are born, grow, live, work, and age...and the fundamental drivers of these conditions 2. Learned Boston has the biggest income inequality gap, huge rent burden, bad commute times determined not by distance but public transport access. Learned about community health assessment. 3. Learned about Healthy Community Design Principles effect on health, including Built Environment, and how this impacts physical activity, sense of safety, social cohesion, access to other determinants of health. 4. Social capital, social equity juxtaposed with allostatic load and this can affect health outcomes. Life-course perspective: early life events plus cumulative allostatic load--> disparities in health. | X | | | | | | | X | | | | | X | X | X |
| | | Racism, Classism/Wealth Inequity/Poverty, Housing, Food insecurity | 1. Discuss the influence of social factors on health 2. Describe the BMC THRIVE social determinants of health screening and referral process 3. Describe BMC interventions to help patients with housing and food insecurity 4. Discuss potential impact of THRIVE on health outcomes | X | X | | | | | | X | | X | X | | X | X | |
| | | Classism/Wealth Inequity/Poverty | 1. Describe the community health center movement in the US 2. Describe how community health centers are funded and governed including the requirements of a federal qualified health center 3. Define the goals of community health centers today | X | X | | | | | | X | | | | | X | | |
| | | Classism/Wealth Inequity/Poverty, Disability, Mental health advocacy, Housing | Medical-Legal partnership lecture about long wait times for subsidized housing, prohibitively high costs of living, housing barriers and safety concerns, and specific ways providers can advocate for housing modifications for their patients, including general housing rights, laws surrounding eviction, and awareness that landlords are legally required to provide reasonable accommodations to people with disabilities.) | X | X | | | | | | X | X | X | | | X | | |
| | | General Legislative Advocacy | Within a two-hour session, students came up with a topic to "advocate for" with our IP group from anything we wanted that impacted health and used the Midwest Academy Strategy Chart (which we were introduced to that day) to analyze the issue. Students used it to consider stakeholders, and consider tactics. There was a link to a Community Tool Box Website with a chapter on Conducting a Direct Action Campaign and different ways to do this (ie letter writing, lobbying, hearings, demonstrations, boycotts, | X | X | X | X | | | | | X | X | | | X | X | X |

BUSM Supplemental Advocacy Curriculum

| Year | Course | Session Title/Topic | Description/Objectives | Format | | | | | | | Advocacy Knowledge | | | Advocacy Level | | | | |
|--------|--------------------------------|--------------------------------|--|---------|---------------------|-------------------|-------------------|---------------------|--------------|---------|--------------------|--------|----------|-------------------|--------------------|------------------------------|-------------------|---|
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| BUSM I | Other Enrichment Opportunities | Global Health | <p>Class 3: Advocacy and the Global AIDS response</p> <ul style="list-style-type: none"> --Understand the significance of highly active antiretroviral therapy (HAART) and its role in global response to AIDS. --Discuss the main challenges faced in negotiating the cost of AIDS treatment and solutions for lowering the cost of treatment. --Define PEPFAR and its political significance in generating global AIDS funding and expanding access to AIDS treatment and prevention. <p>Class 7: Maternal + Child Health</p> <ul style="list-style-type: none"> --Explain how social, political, economic, and environmental issues, including proper access to care and emergency services, affect a woman's health and that of her children. --Identify strategies (and their limitations) to effectively improve health care delivery to women and children <p>Class 8: Mental health</p> <ul style="list-style-type: none"> --Identify the reasons that mental health receives little attention from practitioners, researchers, policymakers, and funders of global health efforts. --Identify ways that programs can be designed and resources allocated to reduce burden of mental illness around the globe. --Describe the global psychiatry research programs and opportunities at Boston Medical Center. | X | X | X | | X | | | | X | X | X | X | X | X | |
| | | Maternal-Child Health | | | | | | | | | | | | | | | | |
| | | Racism | <p>Class 1: Racism 101</p> <ol style="list-style-type: none"> Understand the differences between individual, interpersonal and structural racism Begin to Understand personal privilege when it comes to race and discuss how this affects daily interactions Foster discussion and build relationships in the context of topics around racism. Begin to understand how the three levels of racism are implicated in medicine Understand differences between prejudice, discrimination, stereotypes Discuss current issues in Boston affecting residents of color <p>Class 2: History of Racism in Medicine</p> <p>Class 3: Critical Race Theory</p> <ul style="list-style-type: none"> -Define what CRT is and how it can be applied to medicine -Understand how CRT can be used to move from a health disparities lens to a health equity lens <p>Class 4: Genetics/Construction of Race</p> <p>Class 5: Racism on the Wards</p> <ul style="list-style-type: none"> -Discuss strategies to navigate situations where racism may be faced on the wards -Develop an action plan to manage patient encounters that may be racist -Educate students on the resources available to them from BMC/BUSM when managing a problematic supervisor <p>Class 6: Today's clinical cases</p> <ol style="list-style-type: none"> Understanding of the current medical system and how it may perpetuate injustices and how health professionals may address those inequities Increase awareness of health topics while exploring racial health disparities within fields of maternal health, cancer, dermatology, and other specialties Identify ways in which health professionals can support and advocate community-led efforts to improve health Understanding of health inequities in Boston and existing efforts to address them | X | X | X | | X | | | | X | | | | X | X | X |
| | | Sexual and Reproductive Health | <p>Spectrum of Sexual Practice</p> <ul style="list-style-type: none"> -Define sexuality. -Consider the role of pleasure in sexual health (and general health) and gain familiarity with the broad spectrum of sexual practice (including but not limited to kink, non-monogamy, and use of sex toys). -Take a sexual history that is inclusive of the spectrum of sexual practice. <p>Sexual function and dysfunction</p> <ul style="list-style-type: none"> -List common concerns related to sexual function, including but not limited to -chronic | X | X | X | | X | | | | X | X | X | X | X | X | X |

