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Year	Course	Social Determinant(s) Covered	Description/Objectives	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
		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	х	х					?				х		
		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	х	х					х				Х		
		Racism	A mixture of structural and interpersonal racism along with reparations in medicine in regards to medicine's history and our active complicity	х	х	х		х			х				х		
	HBM	Classism/Wealth Inequity/Poverty, Housing, Food insecurity, Immigrant/Refugee	Using the refugee experience as an example of toxic stress, also homelessness and childhood trauma	х	х	Х					х				Х		
		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 "The day will focus on sleep, depression/burnout, a narrative	Х		x					x				Х		
		Choosing to work in a medically underserved community	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	х				x		
		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	х							х						
		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						х				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, mentai liness, 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	physical/intellectual       x					x	x							
١		None Discussed using internet/smart for health information, but did r be creating between people wh devices	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	х													
BUSM		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	х	x						х				x	x	
	EPH	Classism/Wealth Inequity/Poverty, Violence (gun, street, other), Housing, Food insecurity, Education, environment> mentions	<ol> <li>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 ageand the fundamental drivers of these conditions</li> <li>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.</li> <li>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.</li> <li>Social capital, social equity juxtaposed with allostatic load and this can affect health outcomes. Life-course perspective: early life events plus cumulative allostatic load&gt; disparities in health.</li> </ol>	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	х						х		x	х	х	x	
		Classism/Wealth Inequity/Poverty	<ol> <li>Describe the community health center movement in the US</li> <li>Describe how community health centers are funded and governed including the requirements of a federal qualified health center</li> <li>Define the goals of community health centers today</li> </ol>	х	х						х				Х		
		Classism/Wealth Inequity/Poverty, Disability, Mental health advocacy, Housing	Beild of the second	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	х	x	x				х	x			X	x	x

Food insecurity	speech" to present to classmates with a specific target in mind. There were a few links for help creating this, but most students felt they did not have time to even open/use them. Learned about rates of obesity and undernutrition and the role of												
	food insecurity in each. Food insecurity disporportionally affects black/hispanic race/ethnicity. Learned about specific outcomes of food insecurity on different ages. Learned about SNAP, WIC, some resources for screening, BMC pantry/kitchen. Learned how to take a food history, there was a bullet point about counseling food assistance programs, avenues for advocacy (make healthy food cheaper, tax unhealthy foods, improve access, limit marketing, make school lunches healthier.	x	x					x	x	x	×	×	
Immigrant/Refugee, Language/literacy	<ol> <li>Recognize the influence of communication on health care</li> <li>Define low literacy, low health literacy and limited English proficiency</li> <li>Describe the difference between interpretation and translation</li> <li>Describe the legal requirements for interpretation</li> <li>List best practices for working with an interpreter</li> <li>Apply best practices for assessing and adjusting to a given patient's literacy level</li> </ol>	x					:	x			×		
Classism/Wealth Inequity/Poverty, Housing, substance use	<ol> <li>Review the neighborhoods of Boston and resources to determine demographics and health disparities that exist</li> <li>Discuss the impact of historical factors and social determinants on health in our local communities</li> <li>List steps in an approach to assess the health of a community</li> <li>Define the scope of services provided by the local public health department to address chronic and acute public health needs</li> </ol>	x	x					x			×	×	
Environmental	Learned how to take an environmental history and general environmental factors that can impact health; learned about CO2's impact on health, Climate Ready Boston initiative preparing for flooding/emergency response, how different size/type contaminants in the air affect lungs/death, and possible solutions including clean air cabs, Boston Diesel Emissions Reduction Ordinance (Pollution control technology, low emission fuel, anti- idling), Roxbury Environmental Empowerment Project, and BPHC healthy homes dealing with indoor air	x						×			×	×	
Classism/Wealth Inequity/Poverty, Housing, neighborhood you live in	Groups went through one of three different cases with different SDH affecting an individual with asthma (different ages, different zip codes, different housing/life issues, insurance differences, etc). Students used Health of Boston Report to find what SDH might be specific for someone in that neighborhood and create a web of causation for the burden of asthma for that patient. Created long term and short term goals for the patient and identified stakeholders. Used an article to apply for evidence based medicine. Created a care plan with a hypothetical team.			x	x	x		x	x		×	×	
Substance Use	Discussed drivers of the opioid epidemic including SDH, reducing stigma	х	х					х			Х		
Substance Use	Students learned over half of deaths in homeless individuals attributable to tobacco/alcohol/drug use. Learned about SPOT clinic, BMC needle exchange, Narcan distribution, harm reduction in general, discussed idea that abstinence should not be a precondition for help/keeping people alive and healthy. Learned about what SIFs are, data supporting them, hope to get more individuals with SUD advocating for them.	x	x				:	x	x		×	×	
Mental health, gender	Trauma defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Discussed how having a gun increases death, ACEs impact health of children/life potential forever. Consequences of trauma: financial, STDs risk, depression/suicide, pain/anxiety/PTSD, certain cancers more likely, alcohol/drug/tobacco use> less likely to seek care. Discussed how to provide a safe place.	x						x			×		
Racism, Mental health advocacy, stress as a SDH	<ol> <li>Discuss impact of stress on health at a population level.</li> <li>Discuss sources of stress including social and environment.</li> </ol>	х						x			x		
Racism	Watched a video full of very blatant micro/macroagressions (racial and gender related) and discussed interactions, feelings, personal stories, how it affects patient care. Discussed Camara Jones gardener story and how different levels of racism apply here. Discussed how it applies to the neighborhoods students are looking at in community projects.			х	x			x			×	×	
Violence (gun, street, other)	Discussed epidemiology of gun violence, which populations it predominantly affects, financial cost to society. Discussed how to screen patients and ask about firearm use, as well as how to advocate for gun safety through research, legislation, and local interventions.	х						x	x	x	×	×	(
Immigrant/Refugee	Discussed how immigration status affects all sorts of federal benefits which impacts health and wellbeing, and how anti- immigrant government policies and individual behaviors effects health (ie. after 9/11 Arab-named women have more low birth weight babies; threats of detention> toxic stress; zero tolerance policy> more acute anxiety). Reviewed definitions of various immigration statuses.	x	x					x	×		×	×	(
Racism, Classism/Wealth Inequity/Poverty, Violence (gun, street, other), Housing, Neighborhood	Read "All Souls" by Michael McDonald and discussed it as a class or wrote reflections. The idea was to be introduced to the idea of neighborhood separation in Boston and issues such as busing. We were also introduced to how neighborhoods, particularly the issues of Southie, impacted health and behaviors.			x		x		x			×	×	
Housing, Neighborhood, Classism	Students learned about a community organization and essentially created a faux advocacy project to better support their mission and impact social determinants of health for the community/neighborhood. The goal was to learn about community health needs/services while developing an understanding of socioeconomic, cultural, and neighborhood factors that influence patient and community health and quality of life.						x	×	x		x x	×	
General Advocacy	Students had community nearing and quality of me. Students had to write a service learning reflection on some experience in medical school with service in the community. Reflection included organization, hours, mission, how organization addresses SDH, and what student did. Reflection also included how this informed student's understanding of SDH/community needs, how student envisions role as physician advocate, and						x	×	x		×	×	:

	PrISM	Disability	(In genomics module): Define the components of effective communication between physicians and parents when receiving a prenatal or postnatal diagnosis of Down syndrome. Identify the resources available to physicians wanting to improve their communication skills in this arena and to families seeking support throughout this experience. Discuss the life-long decision-making in which families and patients are engaged.	x	х	x		x		×	
	Doctoring I										
=	DRx <sup>1</sup>										
BUSM	Doctoring II										
BUSM III	OBGYN, Peds, Medicine, Psychiatry		Screening for SDH, some lectures about health disparities, large disability curriculum within pediatrics, overall lack of advocacy training apart from screening curriculum								
BUSM IV											

	Course	Session Title/Topic Description/Objectives			Description/Objectives Format Advocac Knowled							Adv Lev	vocao rel	су			
Year				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
		Global Health	Class 3: Advocacy and the Global AIDS response Understand the significance of highly active antiretroviral therapy (HAART) and its role in global response to AIDS	×	x	x		×			x	x	x	x	x	x	x
BUSMI	Other Enrichment Opportunities	Maternal-Child Health Racism	Class 1: Racism 101 1. Understand the differences between individual, interpersonal and structural racism 2. Begin to Understand personal privilege when it comes to race and discuss how this affects daily interactions 3. 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 4. Understand differences between prejudice, discrimination, stereotypes 5. Discuss current issues in Boston affecting residents of color Class 2: History of Racism in Medicine Class 3: Critical Race Theory -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 Class 4: Genetics/Construction of Race Class 5: Racism on the Wards -Develop an action plan to manage patient encounters that may be racist -Develop an action plan to manage patient encounters that may be racist -Iduates students on the resources available to them from BMC/BUSM when managing a problematic supervisor Class 6: Today's clinical cases 1. Understanding of the current medical system and how it may perpetuate injustices and how health professionals may address those inequities 2. Increase awareness of health topics while exploring racial health disparities within fields of maternal health, cancer, dermatology, and other specialties 3. Identify ways in which health professionals can support and advocate community-led efforts to improve health 4.Understanding of health inequities in Boston and existing efforts to address them	×	x	x		x			x				x	×	x
		Sexual and Reproductive Health	and existing enotes to address them Spectrum of Sexual Practice -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. Sexual function and dysfunction	x	x	x		x			x	x	x	x	x	x	x
			-List common concerns related to sexual function, including but not limited to -chronic														

		<ul> <li>pelvic pain, vaginismus, decreased libido, and erectile dysfunction.</li> <li>List evidence-based treatments for these common concerns.</li> <li>Take the histories of patients with these concerns and create an environment where patients feel comfortable discussing them</li> <li>Sex and Physical Disability</li> <li>Consider the intersections of the spectrum of sexual practice with illness and disability.</li> <li>Take a sexual history of a patient with a disability and provide appropriate counseling on sexual health.</li> <li>List some adaptive strategies used by people with disabilities for engaging in sex.</li> <li>Autonomy + Consent in Vulnerable Populations -Consider the role of pediatric sex education in sexual health and sexual violence, including new roles for peer to peer education.</li> <li>Take a pediatric/adolescent sexual history and provide age appropriate counseling on sexual health.</li> <li>List techniques for performing physical exams on pediatric patients.</li> <li>Abortion</li> <li>List current initiatives at the local, state, and federal level aimed at expanding or restricting access to contraception and/or abortion.</li> <li>Define reproductive justice.</li> <li>Be exposed to the role of health care professionals historically and currently in the fight for reproductive justice.</li> <li>Describe the various techniques used for pregnancy termination and perform 1st trimester surgical abortions on a papaya model.</li> <li>Take a GPA history.</li> <li>Sexual Physiology</li> <li>Describe the key components of the traditional sexual response model and the more contemporary biopsychosocial model of sexual function.</li> <li>Explain the concept of nesponsive desire and how it fits into the biopsychosocial model of sexual function.</li> <li>Explain the concept of nenconcordance between subjective and physiological arousal Explain the importance of understanding and addressing sexual hysiology of female and male orgasm based on current evidence</li> <li>Explain the anatomy, physiology, and e</li></ul>											
SPA1	Introduction to SDE, Racism, Classism	Scalpel Vasectomy Techniques. Class 1: Intro Explore various social determinants of health and the mechanisms by which these impact the health of people. Discussion various definitions of physician advocacy and apply these to cases in which advocacy could improve the patients' situations. Set the stage for the rest of the course, including respectful interactions with community advocates. Introduce the concepts of mental health, racism, and poverty and how these affect the topics to come. Provide examples of how mental health intersects with certain identities and social determinants of health Identify the institutions and systems involved in the support and management of people with serious mental illness in the United States Appreciate the importance and challenges of coalition-building and unifying multiple systems	x	X		x		x			x	x	x
	Housing & Homelessness	toward an advocacy goal Class 2: Housing How does housing work as a vaccine? Effects of housing on different health outcomes: COPD, asthma, allergies, etc. What is the definition of "affordable housing" and what are some pinitiatives that can help achieve this? What are some specific diseases that affect the homeless population?	×	х		x		x	x		x	X	x

			Discuss the long term effects of multiple moves,				-										
			homelessness, and the stress of rent on														
			children's disease and mental health.														
		Incarceration		х	Х			х			х				Х	х	Х
		Disability		Х	Х			Х			Х				Х	Х	Х
		Immigrant/Refugee Health & Xenophobia	What are some difficulties faced by immigrants and refugees when accessing health care? Identify some resources that might be helpful for immigrants What are some barriers that a physician might face while discussing mental health with immigrant/refugee populations Get a sense of different statuses of immigrants and refugees and how that affects their ability to get aid.	x	x			x			x				x	x	x
		Queer Health		Х	Х			Х			Х				Х	Х	Х
		Reproductive Justice	Learn how denying access to contraception and abortion impacts the health of women.	Х	Х			Х			Х				Х	Х	Х
		Substance Use	•••••	Х	Х			Х			Х				Х	Х	Х
		Gun Violence		х	Х			х			х				х	х	Х
BUSM II	SPA2	Advocacy Skills	8/12: Intro class and intro to longitudinal project with Michael Siegel, MD, MPH (BUSPH) 8/19: Strategizing 101: Designing an advocacy campaign & power mapping with Andy Hyatt, MD 8/26: Grassroots organizing and legislative advocacy with SIFMA NOW! 9/9: Media, op-eds, and "insider" advocacy with Kate White, MD (OBGVN, Family Planning) 9/16: Racism in Medicine Panel - more info TBA 9/23: Direct action & "outsider" advocacy, with Susan Yanow, MSW (Repro justice advocate)	x	x	x				x	x	x		x	x	x	x
BUSM III	SPA3	Clinical Advocacy, Reflection, Narrative Medicine	TBD			x			x		х		x		x		
BUSM IV	SPA4	Patient Advocacy and Community-Based Resources in Clinical Medicine	This elective will focus on helping medical students explore the social determinants of health and how physicians can assess and manage these social determinants of health as part of an inter-professional team. The main faculty mentor will be Dr. Megan Sandel, MD, MPH, who will meet with each student and help to coordinate the clinical setting in which the student will spend the four week block. Students will spend 50-75% of their time in this clinical setting or community based organization devoted to underserved patients (examples include Boston Healthcare for the Homeless Program; GROW clinic, or Project RESPECT Clinic). Students will choose a BMC faculty mentor at their clinical site who is invested in patient advocacy and a subject expert in the student's area of interest. The other 25-50% of time will be spent doing an advocacy focused research or intervention project.						x	x	x			x	x	x	x