



August 2023

Observances

- **Psoriasis Awareness Month**
- **Immunization Awareness Month**
- 8/01 | **Lammas/Lughnasadh** (Pagan, Wiccan, Druid; Marks the beginning of the harvest season)
- 8/30 | **Raksha Bandhan** (Hindu; a day for acknowledging siblings within the holy month of Shravan)

Events

- 9/8-9 | **Look at Larner: An In-Person View of the Larner College of Medicine**
- 9/13 | **Gender Equity Education Series – *Leading the Way to Equity: Creating Safe Environments for All*** – Tiffany Love, PhD, GNP, ANP, FACHE – [Zoom link](#)
- 9/10 | **VT Pride Festival and Parade** ([More information](#))
- 9/19 | **Imbasciani LGBTQ Health Equity Lecture – *Gender-Affirming Care as a Model for Healthcare*** – Dallas Ducar, MSN, APRN
- *Missed an event?* [Visit our video library](#)

Office of Diversity, Equity, and Inclusion (ODEI) News - Summer Intern Projects

Six medical students served as interns in the Office of Diversity, Equity and Inclusion over the summer, working on a variety of projects to enhance efforts toward building our culture of inclusion and equity in the Larner environment. Below are highlights of some of these projects.



Intersectionality in Medicine

By Christina Kirk

The term “**intersectionality**” was first coined by Kimberlé Crenshaw, an American civil rights advocate and leading scholar on critical race theory. The term was applied to the experience of Black women in her essay “[Demarginalizing the Intersection of Race and Sex](#),” where she argues that single-axis theory and praxis necessarily excludes the experiences of individuals who have overlapping marginalized identities. An **intersectional framework**, alternatively, acknowledges the multifaceted nature of identity, allowing these overlapping identities (such as gender, race, socioeconomic status, disability, religion, sexual orientation, and migration status) to be considered in conjunction with one another in a multi-axis form of theory and praxis.

As a part of my summer internship, I created a spreadsheet containing a list of scholarly works which explore the application of intersectionality in medicine, broadly organized by identities on which the work focuses. Full articles are linked and accompanied by a brief annotation describing the main ideas of each work. The primary limitation of this list is a dearth of works pertaining to individuals who are disabled and LGBTQ. Though works that examine the representation of disabled and LGBTQ individuals in medicine do exist, the vast majority of the literature on these subjects utilize a single-identity lens. This indicates a need for more research into disabled and LGBTQ individuals in medicine who claim additional marginalized identities.

I also generated a spreadsheet dedicated to intersectionality in medical professional development. Included on this spreadsheet are lists of scholarships, funds, learning programs, and conferences which are specifically targeted toward individuals in medicine possessing intersectional, marginalized identities or at promoting an intersectional framework in medical practice. With reference to the list of scholarly works above, this is a comparatively much shorter list. Accumulation of more resources was limited due to the fact that there are currently very few professional development resources that are explicitly intersectional. Most resources aimed at individuals of marginalized identities or promoting DEI among professional medical spaces took a single-identity approach. This highlights an area for further development of resources that make use of an intersectional framework to better represent the experiences of individuals from overlapping minority backgrounds. Both of these resources will be available on the ODEI website soon.



Gender/Sexual Harassment

By Joanna Pierce

When a member of the LCOM/UVMMC community experiences gender-based and/or sexual harassment, what can they do? Who can they report their experiences and concerns to? What resources are available to them?

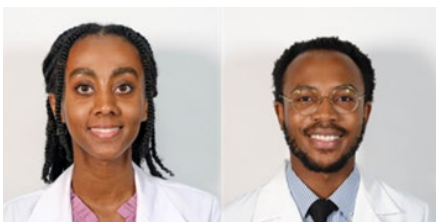
These are important questions, but ones that I admittedly did not have answers to prior to my work with the Office of Diversity Equity and Inclusion (ODEI). As a summer intern for ODEI, I worked as part of a team to investigate and clarify the gender based and sexual harassment reporting systems at LCOM and UVMCC. I was tasked with researching the harassment reporting structure employed by UVMCC. Through researching publicly available policies and meetings with representatives from UVMCC's Human Resources, I gained greater insight into who the policies applied to, how UVMCC personnel can report incidents of harassment, how human resources investigations are conducted, and what reporters can expect throughout the process. The end result was a visual map of UVMCC's gender-based and sexual harassment reporting process. While my summer internship is complete, I hope that my work has contributed to ODEI's mission to foster a culture of inclusion and equity and that it serves as a starting point for meaningful discussions about gender-based and sexual harassment within the LCOM/UVMCC community.

How Medical Journals have Discussed Race in the Past Century

By Manny Ogunlana and Meron Yishak

In 1870, several Black doctors tried to attend the annual national meeting of the American Medical Association (AMA) but they were denied admittance because of their race. These doctors and several white colleagues went on to found the National Medical Association, where Black doctors were welcome and Black health was a focus. Since 1909, these two organizations have been publishing parallel scientific journals, in which medical researchers have carried out discourse on health and the treatment of disease. This summer, the Office of Diversity Equity and Inclusion hired two first year medical students, Meron Yishak and Manny Ogunlana, to study how discussions on Black health and disease have evolved over time in these two journals.

Not unlike today, the medical literature of the early 20th century focused on what we know today as the social determinants of health. However, the JAMA and JNMA were divided on their approach. Both recognized that certain diseases such as tuberculosis and syphilis were more prevalent in Black populations, however, publications in JAMA sought, ultimately to use information on health disparities to prevent these diseases from spreading to white people. Publications in JNMA aimed to improve the well-being of Black people for their own sake. Interestingly, articles from both journals encouraged the use of education in Black populations as a tool to improve Black health, recognizing that social behavior influences health outcomes and disease transmission. However, authors from JAMA proposed that one of the primary



obstacles to achieving optimum health in Black communities was a lack of discipline, for which they needed white interventions in the form of education. JNMA authors argued that a lack of economic opportunities imposed by laws that impacted Black people unequally was the primary obstacle to desired

Black health outcomes. They proposed that education would bring opportunities to Black communities which would then allow them to attain better living conditions.

Education would only be a part of the solution. Articles from JAMA largely agreed that racial disparities in disease prevalence were largely due to heritable factors and that there wasn't much to be done. JNMA contributors argued that environmental factors caused by racism, economic disadvantages, and segregation were more significant. Meron, who focused on this earlier time period summed up the two contrasting stances: "Inheritance implied little can be done to change the outcome of greater disease prevalence in Black populations, whereas environmental implied changeable factors that could save Black American lives."

As time went on, both journals began using rigorous statistical and experimental methodologies rather than assumptions to draw conclusions. They focused less on social determinants of health and more on biological mechanisms of disease. There was also a decrease in racist rhetoric as the journals moved into the 1960s. With the Civil Rights movement came an emboldening of JNMA, which directly called out JAMA for not supporting Black physicians. And, after antidiscrimination legislation of the 1960's forced the AMA to fully integrate, JAMA and JNMA became similar in their handling of issues related to Black health. They focused less on genetic differences and more on differences related to circumstance. Manny, who covered this time period said "As time progressed, more studies from both journals focused on the social determinants of health and its impacts on Black health, and this rang true across a wide array of topics."

Today, both journals are publishing articles on the social determinants of health and contain works that aim to change systems that cause or contribute to racial health disparities. Manny and Meron wrote an annotated bibliography on 63 papers from JAMA and JNMA and will be presenting on their findings at the UVM Health Equity Summit this October.

Join the Gender Equity Listserv!

Want to keep up to date on Gender Equity events and initiatives? Join the [Gender Equity Listserv](#).

Professional Development Opportunities

2023 Mid-Career Women Faculty Leadership Development Seminar

InterContinental Buckhead Atlanta, an IHG Hotel

Atlanta, GA

Tuesday, December 5 - Thursday, December 7, 2023

Women faculty play a significant role in advancing the mission and goals of their institutions, and academic medicine, yet they continue to be underrepresented in leadership positions

within the physician and scientific workforce. If you are an associate professor with a minimum of two years of experience in your current faculty appointment, plan to apply to join us for the Mid-Career Women Faculty Leadership Development Seminar. There, you'll expand your network, employ strategies for career and leadership development, and brainstorm ways to advance women in academic medicine and science!

[Read More →](#)

Applications accepted for 2023-24 Disparities Leadership Program

The Disparities Solutions Center at Massachusetts General Hospital is accepting applications for its Disparities Leadership Program, a year-long executive education program designed for leaders from health care organizations seeking to implement practical strategies to eliminate racial and ethnic disparities in health care, particularly through quality improvement. The deadline for [applications](#) is Sept. 1.

[Read More →](#)

Articles of Interest

'Yourself in all your forms' A grounded theory exploration of identity safety in medical students

By Justin L. Bullock, Javeed Sukhera, Amira del Pino-Jones, Timothy G. Dyster, Jonathan S Ilgen, Tai M. Lockspeiser, Pim W. Teunissen, Karen E. Hauer

Identity threats, such as stereotype threat and microaggressions, impair learning and erode well-being. In contrast to identity threat, less is known about how learners experience feelings of safety regarding their identity. This exploratory study aims to develop a theory of identity safety in the clinical learning environment.

[Read More →](#)

ChatGPT, AI in health care and the future of medicine with AMA President Jesse Ehrenfeld, MD, MPH

The use of generative AI, like ChatGPT, in medicine has the potential to unburden physicians and help restore the patient-physician relationship. However, regulatory uncertainty and liability concerns are barriers to adoption. American Medical Association President Jesse Ehrenfeld, MD, MPH, joins to discuss the many ways generative AI will change health care. AMA Chief Experience Officer Todd Unger hosts.

[Listen →](#)

From the AAMC

AAMCNews: How can medical schools boost racial diversity in the wake of the recent Supreme Court ruling?

The court's rejection of considering race in college admissions leaves academic leaders worried, but hopeful about other diversity strategies.

[Read More→](#)

Opinion: An ill-advised Supreme Court decision could impact health care in underserved communities

A new AAMC opinion piece published on CNN.com and authored by David J. Skorton, MD, AAMC president and CEO, and Frank R. Trinity, JD, AAMC chief legal officer, explores how the Supreme Court's decision on race-conscious admissions will ultimately impact the health of people everywhere. "The court's ruling ... is a consequential decision that could harm our nation's health for generations to come, unless those of us who are entrusted with training our future doctors use every tool available within the law to avert this outcome," the authors wrote.

[Read More→](#)

Recording available from AMA webinar on medical education and the Supreme Court decision

In response to the Supreme Court ruling that prohibits race-conscious admissions policies, the American Medical Association (AMA) recently convened a group of thought leaders in medical education and health equity to discuss the negative impact of the decision on diversity efforts in medical education, the relationship between a diverse health care workforce and health equity, and more. Panelists included David Acosta, MD, AAMC chief diversity and inclusion officer, and leaders from AMA, the Accreditation Council for Graduate Medical Education, UC Davis School of Medicine, and Meharry Medical College.

[Watch→](#)

The United States needs more Spanish-speaking physicians

There are more than 40 million Spanish speakers in the country. Advocates and researchers say training more bilingual physicians could improve equitable care in Latino communities.

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