11 tips to integrate health equity content into medical education

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Timothy M. Smith
Senior News Writer

Health equity has become a vital domain within medical education, but many faculty and administrators struggle to incorporate it into their curricula, perhaps because it seems to not fit neatly within existing silos. But there are some practical steps medical educators can take to help students approach health care in an equity-informed way.

Following are highlights from an article published in the *AMA Journal of Ethics*® (@JournalofEthics) by Alden M. Landry, MD, MPH, assistant dean for diversity inclusion and community partnership at Harvard Medical School. He offered recommendations—some for faculty, some for administrators and some for both—to inspire changes in teaching methods and integrate health equity content in classroom and clinical environments.

A checklist of goals and actions

Dr. Landry provided guidance in 11 areas. Following are excerpts from each.

Give cultural context to case-based learning. Management of conditions can be greatly affected by access to care, health literacy, insurance status and even medical mistrust. Such elements can readily be written into existing case vignettes.

“Awareness of social determinants challenges learners to think about the complete patient rather than isolated medical ailments,” Dr. Landry wrote.

Discuss how systemic racism and bias cause health disparities. When inequities are discussed, they are often superficially anchored in race. “A position of equity would acknowledge that race is a social construct and that therefore racism—not race—contributes to health disparities between certain groups,” Dr. Landry noted.

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Call attention to the demographics tables in research. Diversity, or lack thereof, can affect the quality of a study. “Educators can address students’ concerns regarding the validity of findings as applied to patients whose data are missing from the original research,” he wrote. “Doing so aids students in developing a strong understanding of social determinants of health as they pertain to evidence-based practices.”

Be inclusive. Curricula are vulnerable to stereotypical presentations of race in connection to certain diseases or social circumstances. It is critical to be broadly inclusive when showing visual examples in case-based learning, as varying skin complexions can sway diagnosis, as well as when inviting patients to discuss their diseases, since social and cultural experiences can affect disease course.

Differentiate facts from myths. Misinformation can compound stereotypes and worsen the effects of implicit bias. “The hierarchical structure of health professions education discourages students and trainees from openly challenging inaccurate information,” Dr. Landry wrote, adding that “educators must call out the myths, discuss their origins and supplant them with evidence.”

Scrap stand-alone lectures on health equity. “Lack of content integration further distances clinicians from underlying social contexts that affect patients’ health status,” he noted. “An overarching goal should be to eliminate views of health equity and medicine as separate.”

Factor in current events and popular culture. The lived experiences of people from marginalized groups can supply insights into their clinical concerns and guide clinical management. “Students should be made aware of the interplay among culture, disease prevalence, disease management and adherence,” Dr. Landry wrote.

Promote diversity among faculty. Those from backgrounds underrepresented in medicine may have differing perspectives and methods of teaching, while those who have practiced in different settings might be able to provide useful anecdotes and describe unique career experiences.

Don’t ask a single person to speak for their entire community. “It is an unrealistic and unfair expectation to assume that the thoughts and views of an entire racial/ethnic group can be represented by a single member,” Dr. Landry wrote.

Ask for help, regardless of your level of expertise. No physician can stay on top of every development relevant to health equity. “To fill knowledge gaps, identify and engage health equity experts that are outside of your particular health field or specialty; candidly ask for advice on methods of teaching health equity topics to student audiences,” he wrote.

Lean into the issue. “The students want this content,” Dr. Landry added. “More importantly, patients will benefit.” The AMA Accelerating Change in Medical Education Consortium has published an online guide to examine issues of equity and inclusion within an institution’s educational programming.

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Launched last year, the AMA Center for Health Equity has a mandate to embed health equity across the organization so that health equity becomes part of the practice, process, action, innovation and organizational performance and outcomes.

The March issue of *AMA Journal of Ethics* further explores racial and ethnic health equity in the U.S.

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