

# IDEAS

INCLUSION, DIVERSITY, EQUITY, ADVOCACY, SUPPORT

HSC ODI QUARTERLY NEWSLETTER  
SUMMER 2023

## THE END OF AFFIRMATIVE ACTION

Affirmative action, at the very least, is a practice that was implemented in the 1960s to increase the representation of minority groups – most specifically, gender and racial minorities – in education and other areas from which they have been historically excluded or denied access. In June, this practice was ruled unconstitutional by the United States Supreme Court in admissions programs at Harvard and the University of North Carolina, as this practice “violat[e]s the Equal Protection Clause of the Fourteenth Amendment.” While some felt this was a necessary ruling that rendered college admissions processes equal and in which applicants will be admitted based on academic achievement, others were outraged and felt unsure about the future of diversity in higher education.

This reversal of affirmative action practices not only affects admissions for undergraduate education, it also impacts professional degree program admissions such as medical and dental programs. Racial/ethnic minority groups are underrepresented in many healthcare careers, especially those that require years of additional education and training beyond an undergraduate degree. Admissions for these programs are competitive and have historically been, and in some cases still are, lacking in diversity. This is evident by viewing the demographics not only at UofL (see page 2), but nationally.

The Association of American Medical Colleges reports that of all MD-granting medical school graduates in 2022, 51% self-identified as White. And as of 2018, the active physician workforce identified as 56% White. Per the American Dental Association, the percentage of dental school graduates in 2021 who self-identified as White was 49% and their Health Policy Institute acknowledges that “ethnic and racial diversity among dentists does not mirror that of the U.S. population” with less than 30% of the dentist workforce identifying as a race other than White. The American Association of Colleges of Nursing reports that underrepresented groups only accounted for 19% of the registered nurse workforce as of 2020. While ethnicities that have been historically underrepresented in these programs and career fields is greater than it has been in past decades, the overall representation still falls short compared to the racial demographics of the patient population. How will this be affected when race is not considered, among all other factors, for admission into these academic programs?

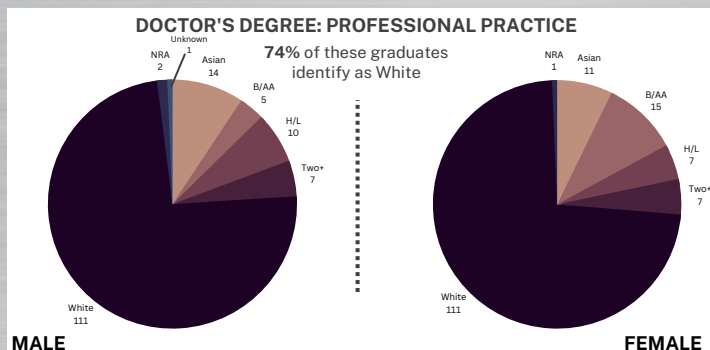
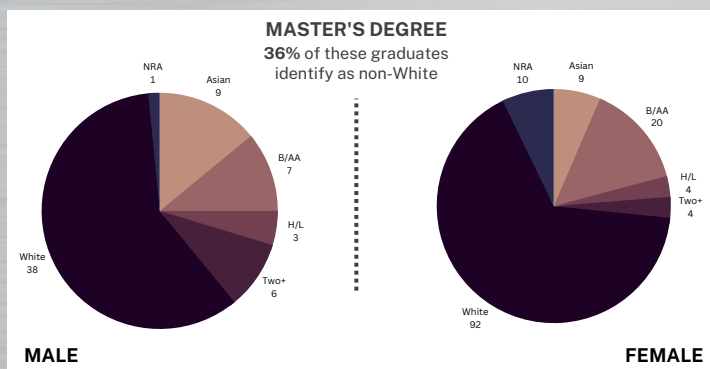
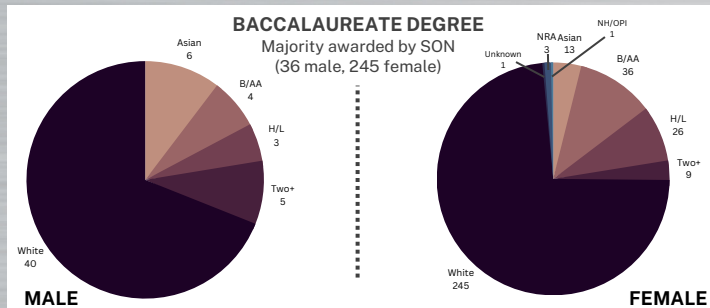
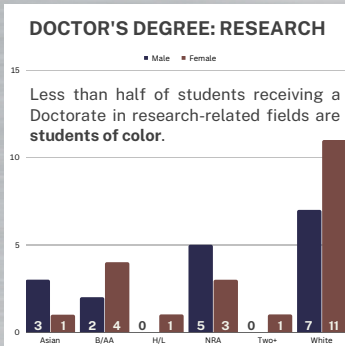
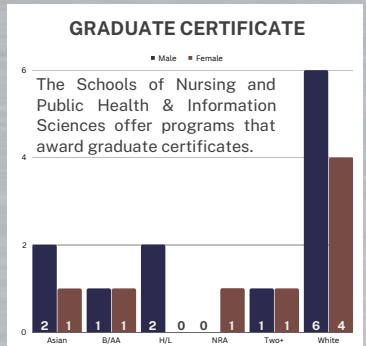
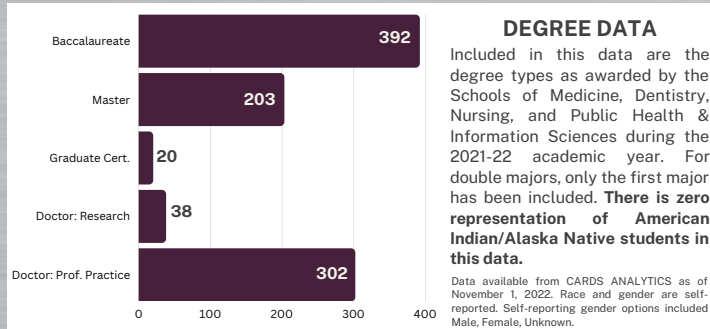
*"Should healthcare practitioners in America look like America?"*

-Jamar Slocum, MD, MBA, MPH, and Earl Stewart, Jr., MD  
*Will Our Healthcare Workforce Ever Look Like America?*  
MedPage Today (July 2023)

## THE FUTURE OF HEALTHCARE

In an opinion piece for MedPage Today, Drs. Jamar Slocum and Earl Stewart, Jr. assert that “affirmative action initiatives have resulted in the successful graduation of underrepresented minority physicians and, in so doing, leads to increased access to healthcare for underserved communities.”

# Graduating Degree Types by Race & Gender



| Legend | Abbreviation | Full Name                              |
|--------|--------------|--|
| B/AA   | -            | Black/African American                 |
| NH/OPI | -            | Native Hawaiian/Other Pacific Islander |
| H/L    | -            | Hispanic/Latino                        |
| NRA    | -            | Non-resident Alien                     |
| Two+   | -            | Two or more races                      |

Without initiatives like these, there are "significant threats to absolving healthcare crises affecting this country, such as the achievement of parity in healthcare access for all."

In a statement from the AAMC, the ruling "demonstrates a lack of understanding of the critical benefits of racial and ethnic diversity in educational settings and a failure to recognize the urgent need to address health inequities." Similarly, the American Nurses Association stated, "This ruling is a setback to decades of efforts to address harms, lack of access and inequality for professional opportunities and advancement." Statements from the American Public Health Association and the American Dental Education Association express the same concerns for the coming effect of this ruling on their workforces and quality of care to diverse patient populations.

Individuals and institutions invested in diversifying education and educational outcomes have been observing trends in states that have already eliminated affirmative action practices - most notably California and Michigan, where legislation to ban the practice at public universities passed in 1996 and 2006, respectively. "Most [students] do not want to attend a university where there's not a critical mass of same race peers," said Mitchell Chang, the associate vice chancellor of equity, diversity and inclusion at UCLA. Those students are "at greater risk of being stereotyped and isolated" as a result of schools being made less diverse by affirmative action bans.

In failing to recognize and understand race and the complexities of identity beyond that - age, gender, nationality, socioeconomic status, religion, ability/disability, language, etc. - colleges and universities are losing out on even more variety in perspective and experience amongst their student population and therefore, those qualities will be limited in future educators. A drop in racial diversity will lead to poor representation in other minority identity groups as well. The dismissal of affirmative action hurts us all.

# WEIGHT BIAS, OBESITY STIGMA & FATPHOBIA



Credit: Creativa Images

Obesity is often considered a person-problem, in which the individual is solely faulted for their weight, instead of a health-problem, where genetics and underlying or chronic conditions are also taken into consideration. Social determinants of health play a critical role as well, including personal relationships; environmental settings where people live, work, play, gather; and consistent access to healthy and affordable foods. These causalities are sometimes overlooked in medical settings.

Those with larger bodies are unfortunately stigmatized, as society commonly fails to accept and accommodate people of varying body sizes. People who are overweight (and even those who are underweight) may avoid seeking regular, preventive medical care due to the stigma and bias they have received from healthcare professionals. These incidents of bias may include a lack of accessible furniture in waiting areas and patient rooms; limits on medical supplies and equipment such as scales, blood pressure cuffs, exam gowns, and diagnostic machines; and real or perceived judgement of weight and appearance. Overweight and obese patients are frequently told by their providers to be more active, eat less, and just lose weight - as though the patient has never considered or attempted to do so - instead of being tested for illnesses that might perpetuate weight gain or inhibit weight loss, and instead of being diagnosed and treated for diseases that put them at greater risk of remaining overweight and higher risk of mortality.

For this patient population, pain and ailments are often written off as weight-related and can therefore be managed by dropping the excess weight. Many heavier patients do not consider themselves heard or taken seriously during appointments, and come away feeling discriminated, stereotyped, undervalued, stressed, embarrassed, and reluctant to seek continual care, leading to negative health outcomes.

The stigma is rarely challenged in healthcare education, with medical schools dedicating an average of 10 hours to obesity competencies over a four-year curriculum, per [a 2020 study](#). [A separate study](#) found that among second-, third-, and fourth-year dental students, 79% received 0-1 hours of formal education on obesity. 56% of nursing students [reported that](#) their undergraduate training did not prepare them or only slightly prepared them for managing patients with obesity; in contrast, 58% of graduate nursing students felt their additional education and training prepared them very or extremely well for working with this patient group.

Weight bias exists beyond healthcare education, as it is prevalent in clinical policies, research practices, and of course, during patient interactions. But simple changes can make a big difference and can be the start of combating weight-related stigmas. Students and professionals can adopt person-first language, putting the person before the condition (i.e., 'a person with autism', instead of 'an autistic person'). Maintaining eye contact and avoiding expressions of skepticism and disgust go a long way as well. Simple as it seems, many clinicians unknowingly exhibit these behaviors.

**Combating Weight Bias:** Harvard University's [Project Implicit](#) has created an Implicit Association Test for weight. These tests measure "the strength of associations between concepts (e.g., black people, gay people) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy)." This is a good starting point for determining what attitudes are held regarding specific groups or populations - attitudes of which we are unaware. The [University of Illinois-Chicago School of Public Health](#) is taking steps to fight [fatphobia](#), a bias against overweight individuals rooted in blame and moral failure. Fatphobia can be linked to racism, classism, and misogyny, among other oppressive systems. UIC is educating the public on how to be weight-inclusive and explore the privilege that may come with living in a thin body. The [Obesity Medicine Association](#) offers a four-week curriculum on obesity medicine for medical students and residents in select specialties. And the [UConn Rudd Center for Food Policy and Obesity](#) has multiple resources to learn more about weight bias and stigma.

Additional reading:

*Fearing the Black Body: The Racial Origins of Fat Phobia*, Sabrina Strings

*Body Respect: What Conventional Health Books Get Wrong, Leave Out, and Just Plain Fail to Understand*, Linda Bacon, PhD, & Lucy Aphramor, PhD, RD

# 2023 SHPEP



*SHPEP scholars at the HSC Courtyard*

For the 17th year, the Summer Health Professions Education Program (SHPEP) was hosted at UofL - one of 12 program sites in the country. 80 first- and second-year undergraduate students from all over the U.S. participated in this six-week program, comprised of two weeks of virtual learning and four weeks of in-person, hands-on learning and experiences. These prospective medical, dental, nursing, and pharmacy students received an introduction to health professions and education through advanced courses, healthcare panels, patient simulations, and shadowing. In addition to these opportunities, students were provided with information on the application process, admissions, and additional requirements for entering into these professional programs.

During the virtual component of the program, some students woke up before 6:00 a.m. to log on from the west coast, with others participating into the evening from Puerto Rico, and one student joining from Ireland while completing a study abroad program concurrently. Despite the time differences and length of travel, all 80 students made their way to Louisville for the in-person portion from June 20-July 14.

After arriving in Louisville, students continued the coursework that began virtually, receiving instruction in Biochemistry, Organic Chemistry, and Physiology.

Rounding out these lessons, hands-on experiences, and general preparation for professional programs were sessions on career planning, financial literacy, and the importance of mental health. But the key takeaway for many students was the topic of health equity. Karla Perez, a junior at the University of Puerto Rico who is hoping to attend medical school after graduating, shared that, "Unknowingly, I was already aware of [health equity], I just didn't know it was a term. So definitely when going into my future profession, I want to have that in mind because in Puerto Rico, it's pretty split up."



*Above: Students meeting for virtual lessons during the first two weeks of the program; Below: Students at the ULSD Simulation Lab*



From top left to bottom right: Students receiving Stop the Bleed training from UofL Health; hands-on experience at SUCOP; simulation with UofL School of Nursing; graduation day



"Now I'm able to inform others, make them more aware of it so we can do better," added Yesalee Lopez, also a junior at the University of Puerto Rico interested in medicine. Carson Montalta feels it will change how he practices medicine in the future "knowing more about health equity, knowing that I can make a difference." Montalta attends the University of Kentucky and is from Marion, KY.

During the final week of the program, students presented an "Unessay". This project encouraged the students to think beyond a formal, written paper and showcase their creativity. Submissions included poetry, videos, board games, drawings, and a giant toothbrush, among a wide variety of different media. Many of these presentations were on the topic of health equity, including language barriers, Black maternal mortality, racism and implicit bias, access to care and facilities, rural healthcare, social determinants, and nutrition and food deserts.

This year's SHPEP was the first time students have been invited for in-person experiences since 2019 due to the Covid-19 pandemic. Students raved about the hands-on portions of the program and appreciated the opportunities to learn not only about their field of interest, but also about those that they do not intend to pursue, giving them exposure to other health professions they had not considered. Montalta shared, "I feel like I know a lot about medicine but I don't know as much about dentists or pharmacists, what they do. And I definitely know more about that now." Montalta, Lopez, and Perez all highly recommend the program to future healthcare professionals and encourage anyone interested in those careers to apply. Applications for the 2024 program open on November 1.



The HSC ODI would like to give **special thanks to the Robert Wood Johnson Foundation** for being the main funding source for this program and creating opportunities for future healthcare professionals. We are extremely grateful for their support. Additional thanks to: UofL Schools of Medicine, Dentistry, Nursing, and Public Health & Information Sciences; Sullivan University College of Pharmacy and Health Sciences; UofL Health; Norton Healthcare; University Housing; Aramark; Miller Transportation; Muhammad Ali Center; Supplies Over Seas; LGBT Center at HSC; Martin and Muir Counseling; UofL Office for Institutional Equity; Louisville Metro Government Department of Health & Wellness; UofL Writing Center; University Career Center; U.S. Department of Health & Human Services; UofL Student Recreation Center; UofL Privacy Office; Kentucky Center for Foundational Health; UofL REACH; our Student Development Assistants; and all of the additional staff and volunteers who made this year's program a success. This would not have been possible without your support!

THANK  
YOU!

# Parents/Guardians of LGBTQ+ Children Support Group

The LGBT Center and Employee Success Center have collaborated to launch a new support group for UofL employees who are the parents/guardians of LGBTQ+ children. While the members of the group will collaboratively determine the agenda, priorities, and meeting frequency, the overall goal of the group will be to build a community of care and build relationships with others who are on a similar journey. The group meets monthly via MS Teams. Register [here](#) to learn more.



**Upcoming meeting dates:** September 12; October 10

## 2023-24 LGBTQ+ Affirming Healthcare Series Fall Dates Announced!

The LGBTQ+ Affirming Healthcare Series takes place during the academic year and includes presentations and online patient simulations. Using an evidence-based approach, the series provides training, education and applicable skills to aid participants in improving health outcomes for members of the LGBTQ+ community. The series is specifically designed for students, healthcare professionals, health advocates, community members and anyone committed to providing LGBTQ+ affirming care. Participants who meet the requirements will receive a certificate of completion. Sessions are open to all who are interested in increasing their knowledge of LGBTQ+ affirming care practices, whether or not they plan to earn a certificate of completion. Presented by the HSC LGBT Center and HSC ODI.

### 2023 Fall Semester Dates:

**Session One:** Thursday, September 21

**Session Two:** Thursday, October 19\*

**Session Three:** Thursday, November 16

**Register and learn more [here](#)!**

\*Pride Keynote

*"[The series] helped me put into perspective the extent discrimination can have on LGBTQ patients."*

-Participant Testimonial



Questions, comments, praise, criticism, corrections, submissions, or general conversation?

**WE WOULD LOVE TO HEAR FROM YOU!**

Contact us at [hscodi@louisville.edu](mailto:hscodi@louisville.edu)