Community Engagement for Health Equity and Trainee Well-being: Lessons from Three Approaches

STFM Annual Spring Conference 2018

Introductions

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Land acknowledgment

Agenda

- Three Approaches to Community Engagement
 - 1. Clínica Martín-Baró: Collaboration + Direct Patient Care
 - 2. White Coats 4 Black Lives: Community Empowerment
 - 3. Do No Harm: Direct Action
- Small Group Discussion
- Share Out









- Student-organized free clinic run as a <u>collaboration</u> between UCSF and SF State University Latin@ Studies Department
- Provides students with <u>direct patient care</u> experience while learning about socio-economic context of health for a specific immigrant community
- Collaborative model designed to support students of color from low-income backgrounds to pursue careers in service of similar communities

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White Coats 4 Black Lives

- To eliminate racial bias in the practice of medicine and recognize **racism as a threat** to the health and wellbeing of people of color
- Partnered with Bayview-Hunters Point community to provide **health education** workshops about sexual health
 - Identified community expert (Brittney Doyle), built rapport through line-dancing, outreached in community to meet folx, organized town halls to assess community's needs and asks
- Health knowledge as a powerful tool for self- and <u>community empowerment</u>; shared narratives as a radical form of healing and self-love/preservation







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- Healers, health workers, and activists accompanying communities affected by state sanctioned violence
- Show up and support our community partners in whatever ways we are asked to (e.g. Frisco 5, Standing Rock, The Village, Families of people murdered by SFPD)
- Engage in *direct action*













Small Group Discussions

- 1. What do you see as barriers to community engagement during medical training?
- 2. How do you think community engagement is related to trainee well-being?
- 3. What changes in your program might help facilitate trainee well-being through community engagement?

What will you commit to?

Share-Out

Barriers to Community Engagement during Medical Training

- Many trainees are **not from where they train** and/or are not familiar with community work already taking place
- Divide between Pre-Clinical vs. Clinical years during Medical School
 - "It's like going to a different country:" difficult to build sustainable relationships
- Acculturation into "medical community," separate from other communities
 - Bleeds into physician-led advocacy work: we need to "go out" and help communities
- "White-coat washing:" sanitizing lived experiences into case studies
 - Promotes false "expertise" about marginalized communities
- Lack of Time/Energy
 - Ableism in medical training; Long work hours; low (or negative) pay
- Lack of institutional resources dedicated to training physicians in community engagement

Community Engagement Promotes Trainee Wellbeing

"Participation in social justice movement work has been **essential to helping me** [stay] grounded in my medical training...and this feels like an outlet that I can use to know I am at least addressing these systemic factors in some small ways."

"The movement work I've had the opportunity to be a part of and the spaces I've been invited into as a result of supporting community-led social justice initiatives have been **filled with so much love and joy**."

"I feel more grounded in the San Francisco community and have role-models for the kind of physician I want to be."

"Medical training is dehumanizing; this work keeps us sane."

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