

# VIRTUAL SOCIAL JUSTICE CONFERENCE

M A R C H 2 6 , 2 0 2 1



HOSTED BY



**MGH INSTITUTE**  
OF HEALTH PROFESSIONS  
Office of Justice, Equity,  
Diversity, and Inclusion

WEB



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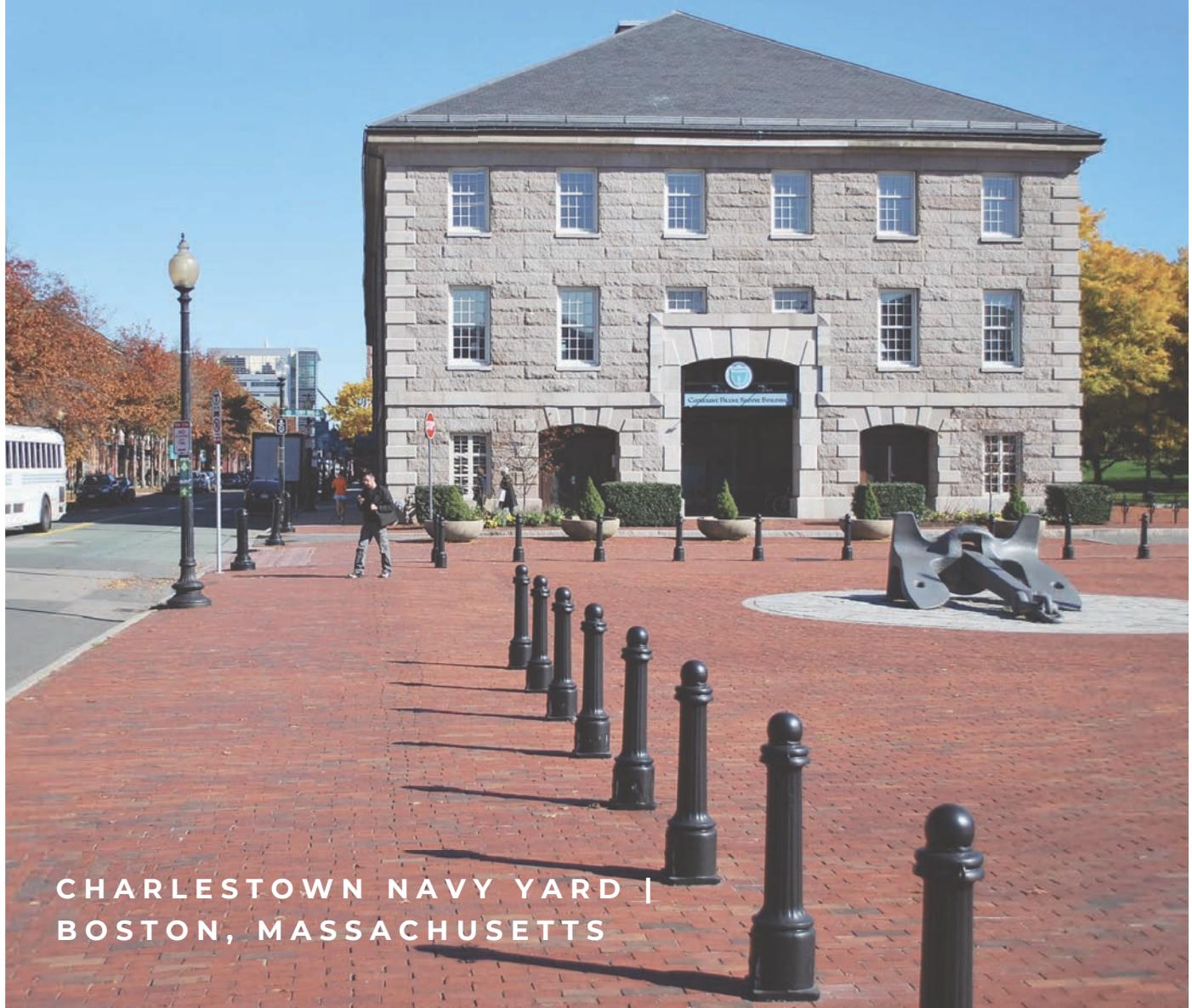
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**CHARLESTOWN NAVY YARD |  
BOSTON, MASSACHUSETTS**



# WELCOME!

Dear faculty, staff, students, and alumni,

**We are excited to host the inaugural Social Justice Research Conference at the IHP on March 26! This conference came about as a result of a conversation between Bella Coyne (OT '22) and me regarding the importance of having spaces to discuss the justice, equity, diversity, and inclusion research that many of you are conducting. In our conversation, we identified students, alumni, faculty, and staff whose research raises awareness about various JEDI issues. We felt the need to highlight this research. We also felt there needed to be an IHP community-wide conversation about this innovative research and how we can apply lessons learned to our own practice as health professionals, educators, and individuals.**

**We decided to cultivate this space modeled after Research and Scholarship Day. The JEDI Fellows who comprised the planning committee for this year's conference are: Bella Coyne (OT '22), Alejandra Luna (OT '22), Annika Chan (OT '22), and Meg O'Brien (CSD '22). With support from Drs. Peter Cahn and Nara Gavini, the planning committee reviewed abstracts, set the conference schedule, communicated with presenters, developed marketing materials and the conference program, engaged volunteers, and serving as chairs and discussants at the conference along with volunteers. I am so proud of the work the planning committee and student volunteers accomplished! This project exemplifies student leadership in action. Thank you to the student leaders for your commitment to turning the initial conversation about the need for a space dedicated to JEDI research into a reality.**

**The keynote for this year's conference and E. Lorraine Baugh Visiting Faculty Lecture will be given by a social justice leader in higher education and someone whose research has informed my own research, Dr. Lori Patton Davis. The plenary session will include presentations from Drs. Janice Palaganas (HPED), Pat Reidy (SON), and Keshrie Naidoo (PT). We will have 4 breakout sessions after the plenary session under the following themes: Diversity in Higher Education and Health Professions, Curriculum and Education, Social Determinants of Health, and Clinical Intervention. Please be sure to attend the entire conference if you can! We look forward to engaging in interprofessional discussions about justice, equity, diversity, and inclusion and highlighting the great research you are conducting on these topics!**

-Kimberly A Truong, PhD

# CONFERENCE SCHEDULE

**12:00 PM      OPENING WORDS**

**12:10 PM      BAUGH LECTURE WITH LORI PATTON DAVIS**

*"Masks, Mattering, Magic and Movements Exploring the Challenges and Opportunities to Support Minoritized Students in Higher Education"*

**1:05 PM      CULTURAL CONSIDERATIONS IN LEARNING CONVERSATION METHODOLOGIES**

**1:17 PM      JEDI CURRICULUM INTEGRATION: BRIDGING THE GAPS IN NURSING EDUCATION PROGRAMS**

**1:30 PM      NAVIGATING WITHOUT A COMPASS: HOW CULTURALLY AND LINGUISTICALLY DIVERSE PHYSICAL THERAPIST STUDENTS PERSIST IN HIGHER EDUCATION**

**1:42 PM      DISCUSSION AND Q & A**

**2:00 PM      BREAKOUT SESSIONS**

**Session A      Diversity in Higher Education/Health Professions**

**Session B      Curriculum and Education**

**Session C      Social Determinants of Health**

**Session D      Clinical Interventions**



# JEDI COMMITMENT TO EQUITY AND ANTI-OPPRESSION

## *an excerpt*

"We define equity as seeking to ensure fair treatment, equality of opportunity, and fairness in access to information and resources for all. In our anti-oppressive practice, we acknowledge systemic oppression in our society and strive to confront power imbalances where none ought to exist within our organization and the communities we serve. We recognize the intersectional ways in which some communities and populations continue to be marginalized and strive to understand how this impacts access to resources and support.

Our commitment begins by acknowledging that existing disparities in health care, health outcomes, and education did not develop in a vacuum, nor do they continue to occur in a vacuum. Rather, they are the result of systemic oppression based on race, class, and other marginalized identities. On the individual level, learning about injustice is a lifelong process that encompasses active dedication towards pursuing knowledge about oneself and others as it relates to systemic oppression. On both the individual and institutional level, engaging in anti-oppressive practices will include making mistakes and learning from them; asking critical and reflective questions collecting relevant data; and facilitating and participating in ongoing dialogue to enhance our growth as an Institute community.

Addressing inequities includes making changes in professional practice, health policies, healthcare financing, and systems of care. Our aspirational goal is to develop and teach our students skills to better serve marginalized and minoritized communities in order to address existing inequities. We know these communities have unique experiences navigating spaces that were not created for them, including hospitals and institutions of higher education. In our mission to educate future health professionals, we aspire to integrate anti-oppressive practice in our policies, practices, and all aspects of our work: curriculum development, pedagogy, clinical environment, community engagement, research endeavors, administrative practices, and everyday interactions with one another." Read the full message here:

<https://www.mghihp.edu/equity-and-anti-oppression>



# THE JEDI OFFICE



## Kimberly A. Truong, Ph. D.\*

*Executive Director of the JEDI Office*

Kimberly A. Truong is the executive director of Diversity, Equity, and Inclusion at the MGH Institute of Health Professions and a faculty affiliate of the MGH Center for Cross-Cultural Student Emotional Wellness. She earned a Ph.D. in higher education at the University of Pennsylvania where she conducted research on the experiences of doctoral students of color with racism and how they coped and responded to racial trauma.



## Callie Watkins Liu, Ph. D.

*IHP Anti-Oppression Collaborative in Education Associate Director*

Dr. Watkins Liu completed her master's degree in city and regional planning, with a focus on international planning. She was inspired to pursue a Ph. D. in social policy after her involvement in a social movement and intersectionality scholar-activist, and critical race theorist. Beyond her Ph. D., Dr. Watkins Liu continued to work with international and Boston-based community organizations. At the IHP, she focuses on capacity building as it relates to teaching and learning about JEDI.

## Lindsey M. Lo\*

*Program Coordinator for the JEDI Office*

Lindsey is the program coordinator in the JEDI Office. In her role, she provides administrative support and assists with communications and project management. Lindsey is on the planning committee for the Power, Privilege, and Positionality event held for new students.

Outside of the IHP, Lindsey volunteers for the Boston Asian American Film Festival, where she focuses on festival programming and assists with social media.



# JEDI FELLOWS



**Annika Chan\***

*OTD'22, Program: School of Health and Rehabilitation Sciences*



**Bella Coyne\***

*OTD'22, Program: Occupational Therapy*



**Cherman Pierre**

*DEN'22, Program: School of Nursing*



**Meg O'Brien\***

*CSD'22, Program: Physical Assistant*



**Courtney King**

*DEN'23, Program: School of Nursing*



**Corliss Kanazawa**

*DEN'22, Program: Direct-Entry Master of Science Nursing*



**Kanayo Sakai**

*DEN'23, Program: Accelerated Bachelor of Science in Nursing*



**Richard Monari**

*CSD'21, Program: Communications and Sciences Disorder*



**Rosa Ortega**

*CSD'21, Program: Genetic Counseling*

\*Denotes those who participated in planning the Virtual Social Justice Conference

# SPECIAL THANKS

We would like to extend a heartfelt thank you to Peter S. Cahn and Nara Gavini for their contributions in making this conference possible.



## Peter S. Cahn, Ph. D.

***Associate Provost for Academic Affairs, Director of the Center for Interprofessional Studies and Innovation at MGH IHP***

Dr. Cahn trained as a cultural anthropologist, he received tenure as a faculty member before becoming the inaugural director of faculty development and diversity in the Department of Medicine at Boston University. His publications on faculty development, interprofessional education and practice, and diversity, equity, and inclusion have appeared in *Academic Medicine*, *Journal of Interprofessional Care and Journal of Continuing Education in the Health Professions*.



## Nara Gavini, Ph. D, MPhil

***Interim Associate Provost for Research, Executive Director of Research and Professor***

Dr. Gavini is responsible for managing and advancing the research and scholarship programs, supporting ongoing research operations, facilitating faculty development, research marketing and branding, promoting research partnerships, and providing financial insight. Dr. Gavini has previously served as Chief of the NIH Office of Extramural Programs (OEP) at the National Institute of Nursing Research (NINR/NIH), and NHLBI/NIH Chair of Diversity Programs. He also served as a Health Scientist Administrator at the National Heart, Lung, and Blood Institute and worked as a Program Director at the National Science Foundation (NSF).

**E. LORRAINE BAUGH VISITING  
FACULTY SCHOLAR:**

# **Dr. Lori Patton Davis**



**Presents "Masks,  
Mattering, Magic and  
Movements Exploring  
the Challenges and  
Opportunities to Support  
Minoritized Students in  
Higher Education"**

Lori Patton Davis, PhD is one of the most highly respected, accomplished and influential scholars in the field of higher education. She is author of more than 70 peer-reviewed journal articles, book chapters and other academic publications appearing in venues such as The Journal of Higher Education, Teachers College Record, Journal of College Student Development, Urban Education and International Journal of Qualitative Studies in Education. The American College Personnel Association (ACPA) members elected her to a two-year term as the first Director of Equity and Inclusion on the Association's national governing board. Lori has received many national awards for her scholarly contributions and was recognized in the Edu-Scholar Rankings among the top 200 educators in the United States.

Thank you Dr. Davis for speaking at this event and you can find more information about her work [here](#).



# PLENARY SPEAKERS

## "Cultural Considerations in Learning Conversation Methodologies"

**Janice C. Palaganas, PhD, APRN, ANEF, FNAP, FAAN, FSSH, Matthew Charnetski, MSMS, NRP, CHSOS, CHSE, Sharon Dowell, MBBS, Albert Chan, MBBS, FHKCA, FHKAM, FANZCA, and Kim Leighton, PhD, RN, CHSE, CHSOS, ANEF, FSSH, FAAN**

**Background:** Culture influences how we communicate, teach, and learn. Learning conversations are laden with cultural influences. Without attention to cultural considerations, accepted debriefing techniques might not reach the desired outcome, and in certain cultures, may even harm teacher-learner relationships. This systematic review explores cultural considerations in healthcare simulation debriefings as learning conversations. We sought to explore findings that could help faculty create culturally responsive and inclusive debriefings.

**Methods:** Studies were included if they were peer-reviewed articles in any language and focused on healthcare simulation debriefing and global cultural considerations. Research study methods included qualitative, quantitative or both. The review included any health-related profession and level of learner.

**Results.** Three studies met the criteria. The purposes of the three studies were significantly different and did not directly study cultural considerations in debriefing.

**Conclusions:** The learner-educator relationship is at risk and learning may be negatively impacted without addressing cultural awareness. We explore cultural considerations in healthcare learning conversations and offer guidance for faculty to gain awareness of potential cultural biases. More studies are needed to fully describe the effect of culture on successful debriefing.



# PLENARY SPEAKERS

## "JEDI Curriculum Integration: Bridging the gaps in Nursing Education Programs"

***Kanayo Sakai, Corliss Kanazawa, Courtney King, Nia Campbell, Julia Lanni, Suellen Breakey, PhD, RN, Karen Hunt, MS, RN, RD, CNE, Kathy Simmonds, PhD, MPH, RN, WHNP-BC Sheila Swales, MS, RN, PMHNP-BC, Kaveri Roy, DNP, RN, CHPN, Natalie Lewis, and Patricia Reidy, DNP, FNP-BC, FNAP***

**Purpose:** The SON JEDI Curriculum Task Force was formed to examine the degree to which JEDI concepts have been integrated into the nursing curriculum to ensure that graduates receive appropriate education to care for diverse populations. A student-faculty task force was established to identify curriculum gaps and provide faculty with JEDI resources to enhance teaching skills in anti-racism and oppression.

**Method:** A needs assessment was conducted among both faculty and prelicensure students. Students were asked to rank their perceptions of how well JEDI principles were integrated into their courses. Faculty were asked to indicate whether they had applied JEDI principles, and indicate their comfort level in teaching this content.

**Results:** A total of 24 student and 29 faculty responses were received. The mean ranking of the first semester courses was 2.7 to 4 on a 5-point Likert scale. Fifty percent of faculty had integrated JEDI content and expressed an average comfort level of 3.38/5.

**Conclusion:** Results indicate a need to increase inclusion of JEDI principles in the curriculum and provide faculty with resources. To further understand the gaps in the current curriculum, a survey for ABSN and advanced practice students will be distributed with results available in March 2021.



# PLENARY SPEAKERS

## **"Navigating Without a Compass: How Culturally and Linguistically Diverse Physical Therapist Students Persist in Higher Education"**

***Keshrie Naidoo, PT, DPT, EdD, OCS, Christopher Clock, PT, DPT, OCS, Lauren Rimmel, PT, DPT, Justin Wong, PT, DPT, Laura Plummer, PT, DPT, MS, NCS***

**Purpose:** The purpose of this study was to (a) describe the academic journey to becoming a physical therapist from the perspective of a culturally and linguistically diverse (CLD) learner and (b) explore the forms of community cultural wealth that CLD learners leverage to persist in higher education.

**Method:** Researchers used purposeful sampling to recruit CLD learners from one Doctor of Physical Therapy (DPT) program for this narrative analysis. Inclusion criteria identified students: (a) whose primary language was not English, (b) who self-identified as a racial/ethnic minority, or (c) were born outside of the US. Interview data from six focus group interviews was subjected to thematic analysis.

**Results:** Thirty-six CLD learners self-identified as Asian/Pacific Islander (n=14), Hispanic (n=9), African-American/Black (n=7), mixed-race (n=2) or White (n=2). Researchers identified the following themes: finding your way (without a compass), adopting a new culture, the cost of becoming a physical therapist, and a bigger purpose.

**Discussion:** CLD learners leveraged multiple forms of community cultural wealth to navigate higher education but had to adopt a new culture to succeed in a foreign environment. Despite the cultural, psychological, and financial costs, CLD learners persisted in higher education with the ultimate goal of giving back to their families and communities.



# diversity in higher education/health professions

## A Qualitative Study of the Educational and Professional Experiences of Genetic Counselors Who Identify as SOGI Minorities

*Emma Henricks, GC/s*

**Glossary:** SOGI - sexual orientation and gender identity; JEDI - justice, equity, diversity, and inclusion

**Purpose:** To understand how experiences within the workplace and graduate education contribute to or combat feelings of marginalization for genetic counselors who identify as SOGI minorities.

**Method:** 19 genetic counselors who identify as SOGI minorities completed qualitative interviews about experiences in the genetic counseling profession, including in the workplace and in graduate education. Qualitative coding was performed to obtain pertinent themes from interview transcripts.

**Results:** All participants expressed general feelings of inclusion in the workplace, and 16 participants expressed that their workplace took actions to support SOGI minorities. 18 participants expressed that their educational environments were accepting of SOGI minorities and 15 participants recalled educational content about SOGI minorities during their graduate studies.

All participants cited challenges in their experiences that can contribute to marginalization or feelings of marginalization. A common challenge reported by 12 participants was obligation or feelings of obligation to educate others about SOGI minorities and culturally competent care.

**Conclusion:** 19/19 participants (100%) faced factors that both contributed to and combatted feelings of marginalization in their workplaces and graduate education. This suggests that although many genetic counseling workplaces and graduate programs have factors that support justice for SOGI minorities, there is room for improvement on both fronts.

## Increasing Racial and Ethnic Diversity within Occupational Therapy Education: Accreditation Council of Occupational Therapy Education Standards

*Kasey Brown, OT/s*

**Purpose:** To explore Accreditation Council for Occupational Therapy Education (ACOTE) standards regarding support for underrepresented minority (URM) students.

**Methods:** Literature review regarding barriers and supports to higher education for URM students; exploration of occupational therapy (OT) demographics, various health care professional accreditation standards, and professional OT documents.

**Results:** Evidence highlights the need of an ACOTE standard to support URM students, however there is no current ACOTE standard to support the recruitment and retention of URM students within OT education.

**Conclusion:** An ACOTE standard mandating programs to document recruitment and retention efforts for URM students is imperative when addressing the lack of diversity within OT.

# diversity in higher education/health professions

## JEDI in the Health Professions – Showcasing a Post-Professional and Prelicensure course offering

*Sarah McKinnon, OTD, OTR/L, BCPR, MPA*

COVID-19 and mass anti-racism protests throughout the US in 2020 compelled organizations and higher education to reflect and revise work to advance care for a diverse society. Where and how do we begin? In fall 2020, MGH IHP's OT Department and Office of Justice, Equity, Diversity and Inclusion (JEDI) partnered to create an on-line DEI course for practitioners and students to engage with these topics. Presenters will share development, implementation, and outcomes of JEDI graduate-level course as part of the post-professional OTD program and an elective for licensure program offered over winter term. Data related to perceived knowledge, skills, action planning, and perceived relevance to profession will be shared

## Recruitment and Retention of Occupational Therapy Practitioners and Students of Color: A Qualitative Study

*Alesia Ford, OTD, Class of 2018*

**Purpose:** Matching the demographics of health professionals and patient populations increases access to quality care. However, there is no consensus regarding the most effective strategies for recruitment and retention of diverse practitioners. This study answers the question "What are the perceived challenges to and facilitators of the recruitment and retention of occupational therapy practitioners (OTPs) and students of color?"

**Methods:** A qualitative interpretive, design was used. Purposive recruitment was conducted at the 2017 American Occupational Therapy Association Annual Conference & Expo and via the National Black Occupational Therapy Caucus Facebook group. Data were collected online from three focus groups and four interviews. The total sample included 5 OTPs and 7 students; 91.7% identified as African-American/Black.

**Results:** Five themes were identified: (1) lack of representation in and knowledge about occupational therapy, (2) feeling like an outsider, (3) need for financial support, (4) individualized mentor-mentee relationships, and (5) connections with national organizations specifically for people of color.

**Conclusion:** This study identified experiences of OTPs and students of color and how identified barriers can be addressed through purposive recruitment, professional development for faculty, provision of mentoring, and financial support. Future research should focus on creation and evaluation of evidence-based strategies for the recruitment and retention of students of color in occupational therapy.



# CURRICULUM AND EDUCATION

## LGBTQ+ Inclusive Practice: Identifying Content Themes and Creating a Webinar Series for Healthcare Professionals and Student

***Rachael Privett, DPT Class of 2021***

The LGBTQ+ community in the United States experiences significant health disparities (e.g. mental health, substance abuse, HIV) relative to cisgender heterosexual people [1]. Potential contributing factors to these disparities is the lack of access to healthcare, and low healthcare utilization among LGBTQ+ individuals [2]. In addition, perceived and actual discrimination in healthcare settings related to sexual orientation and gender identities hinders LGBTQ+ individuals from seeking medical care, especially among LGBTQ+ people of color [3]. Based on these risk factors, poor health outcomes, and discrimination, there is a need to develop educational strategies on LGBTQ+ inclusive care for healthcare professionals and students. The purpose of this project was to develop targeted educational webinars to teach healthcare professionals and students how to provide inclusive care for LGBTQ+ people. These webinars were delivered in a virtual format and included interactive activities and case discussions to increase awareness, identify biases, and incorporate reflection into clinical practice. A comprehensive literature search was performed in PubMED using MeSH terms to identify studies on LGBTQ+ cultural competency for healthcare professionals. We then used these studies, existing educational material, and our experiences to identify content themes. Content themes were then used to construct a series of webinars targeting healthcare professionals and students. Two webinars were delivered via Zoom in which students and faculty at the IHP registered and attended. The third webinar was cancelled due to unforeseen circumstances. Attendance was recorded as well as evaluation of the webinars was done after they were given via Google Forms.

### **References:**

- [1] Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press, 2011.
- [2] Kates J, Ranji U, Beamesderfer A, et al. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals in the U.S. 2018. Available at <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>. Accessed July 14th, 2020.
- [3] Lambda Legal: When Health Care isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV. 2010. Available at [https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report\\_when-health-care-isnt-caring.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf). Accessed July 14th, 2020.



# CURRICULUM AND EDUCATION

## Disrupting Bias in Faculty Search Committees through the Addition of Equity Advocates

**Peter S. Cahn, PhD, Keshrie Naidoo, PT, DPT, EdD, OCS, Kimberly A. Truong, PhD, Clara Gona, PhD, FNP-BC**

**Purpose:** Despite the resources invested in recruiting faculty of color, university professors remain disproportionately white. We introduced the role of equity advocate (EA) to search committees to determine if a member trained in equitable hiring practices could disrupt implicit biases that limit the success of candidates of color.

**Method:** In 2021, trained EAs joined four search committees. After the searches ended, the investigators conducted separate focus groups with EAs and other committee members. We coded the transcripts and analyzed for predominant themes. Human Resources provided quantitative data about the composition of applicant pools and new hires from 2018-2021.

**Results:** In the three years before EAs, 26% of applicants and 28% of new hires identified as people of color. With the addition of EAs, 40% of applicants and 50% of new hires did. Search committee members credited the presence of EAs with raising their awareness about bias. EAs felt some lack of acceptance but believed they made the process more objective.

**Conclusion:** With an EA, search committees implement more objective measures for evaluating candidates. The year of the intervention was affected by the pandemic, but the results suggest that EAs increase the chances that a person of color will apply and be hired.

## Antiracist and Cross-Cultural Interventions in Nursing Schools: Effective Interventions Using the Word Racism

**Emily Koella, BSN, RN Class of 2020, John Wong, PhD**

**Purpose:** Decades of research have documented persistent health disparities in the United States between white people and people of color. Nursing educators have responded to these disparities with cross-cultural education which does not address systems of power that shape health care. Without conversations about racism, nursing will never dismantle health disparities. This literature review investigates what progress has been made towards incorporating an antiracist framework in nursing education.

**Method:** Using CINAHL and PubMed databases, the study searched for articles within the past ten years describing an antiracist or cross-cultural intervention carried out at American nursing schools. Frequency of the word racism within the articles was used to measure antiracist theory within nursing interventions. Results: Nine out of twenty-five articles used the word racism. The nine articles promoted discomfort and discord in the classroom, suggesting a change in self-concept among participants.

**Conclusion:** This review was the first known attempt to evaluate the presence of antiracist dialogue in nursing education literature, and it discovered a thread of critical self-reflection within the many of the promising interventions. Using the word racism and confronting how we created this concept in nursing will begin to shift this system of power.

# CURRICULUM AND EDUCATION

## Cultural Considerations in Interprofessional Education

*Sharon Dowell, MS-HPEd/s*

**Purpose:** Cultural competency is one of the main tenets of interprofessional education which is key to collaborative health care service. Intrinsic to cultural competency and the inclusive concept of cultural safety is recognizing that cultural differences are not defined by the dominant culture. This is important for both culturally appropriate health care and interprofessional education. With the globalization of the health care workforce, clinical teams are increasingly diverse, yet there is no concrete guidance on cultural considerations in interprofessional education. In this context we conducted a scoping literature review to better understand the impact of global culture on interprofessional education.

**Methods:** This systematic review included qualitative, quantitative, or mixed methods research studies related to global cultural considerations in health related interprofessional education for level of learner. All languages were included, and the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) was utilized for this review.

**Results:** 875 articles were screened, and 110 articles were selected for full text review. Preliminary results will be presented.

**Conclusion:** In health professions education, it is critical to provide a culturally inclusive environment that nurtures the cultural identities of learners, promotes diversity within teams, and ultimately, encourages the delivery of culturally sensitive care.



# **SOCIAL DETERMINANTS OF HEALTH**

## **The impact of race and income on the home literacy environment of children with and without DLD pre and post COVID-19 school closures.**

***Norma Hancock, PhD***

**Purpose:** This study evaluated whether the home literacy environment of children with and without Developmental Language Disorder (DLD) varied by race pre and post COVID-19 school closures.

**Method:** Whole class language and literacy screening of 2,779 kindergarteners yield a sample of 161 participants (DLD n = 73, TD n = 88) in the Orthography and Word Learning (OWL) Project. Families that consented to participating in OWL were invited to complete the Home Literacy Survey. Of the 161 participants invited, 37 families of children with DLD and 22 families of typically developing children responded.

**Results:** Race significantly and negatively affected the home literacy environment of children with and without DLD, pre and post COVID-19 school closures. Additionally, free and reduced lunch status was found to negatively impact the home literacy environment pre and post COVID-19 school closures.

**Conclusions:** Taken together, the results highlight differences in the home literacy experiences of children based on race and income, regardless of DLD status. Findings demonstrate the need for further research exploring structural mechanisms underlying racial and economic differences in the environmental experiences of kindergarten students.

## **The Relationship Between Hypertension and Racial Discrimination of African Americans**

***Helen Chan, DEN/s, John Wong, PhD***

**Purpose:** African Americans or Blacks have undoubtedly endured historical traumas and injustices leading to increased physical and mental health sequelae. Pervasive risk factors further perpetuate their susceptibility to cardiovascular diseases, especially high blood pressure or hypertension. This research paper examines the correlation between the stresses of racial discrimination of African Americans and high blood pressure.

**Methods:** PubMed, CINAHL and Ovid were used to narrow journal article results using criteria like publication date and relevance to objective. The four articles summarize that systemic racism and discrimination of Blacks have a negative effect on their health outcomes. A combination of cross-sectional analysis, observational study, and survey analyses were used on African American participants, both male and female with varying backgrounds accounted for in each study. Additional key factors include frequency, duration, sex, and locations.

**Results:** Blacks had a higher systolic blood pressure or marked hypertension in the male sex, who have had lifetime discrimination in their everyday lives, and reside in segregated neighborhoods.

**Conclusion:** Reevaluating clinical practices to stop systemic racism and discrimination at the clinical level reduces factors causing hypertension. Further research toward reconstructing healthcare practices would provide better clinical health outcomes for the Black community.

# SOCIAL DETERMINANTS OF HEALTH

## Mental Health Impacts of Climate Change: Perspectives for the Emergency Department Clinician

**Bradley White, PhD(c), MSN, RN, CNE, Patrice K. Nicholas, DNSc, DHL (Hon.), MPH, MS, RN, NP-C, FAAN, Suellen Breakey, PhD, RN, Margaret J. Brown, DNP, RN, PMHNP-BC, Jenny Fanuele, MSPAS, Roksolana Starodub, PhD, RN**

**Purpose:** Climate change is one of the urgent social justice and humanitarian concerns of our time, with profound effects on biobehavioral wellbeing of people who identify as black, Indigenous, or as persons of color (BIPOC). Current literature on climate change and mental health indicate a significant need for education of health professionals in emergency departments.

**Methods:** Utilizing practice experience and information available in health literature, we identified and described the many mental health consequences of climate change, practice strategies for healthcare providers in emergency department settings who wish to effectively assess for these impacts among their ED clients, and mitigating strategies to address these impacts.

**Results:** ED clinicians play a key role in ensuring screening for climate-related mental health impact in vulnerable populations and in implementing effective interventions to limit the long-term effects of climate change. Common mental health sequelae of climate change include solastalgia, eco-anxiety, depression, suicidality, post-traumatic stress disorder (PTSD), substance abuse, interpersonal violence, and sleep disturbances. A trauma-informed approach to the emergency care provided to affected populations is indicated.

**Conclusion:** ED clinicians play a pivotal role in addressing the mental health needs of people affected by climate change, particularly among BIPOC populations. Utilizing a trauma-informed approach, ED clinicians have the opportunity to implement proactive assessment and intervention strategies to mitigate risks.



# CLINICAL INTERVENTIONS

## Comparing Three Tools' Validation Samples to the Population of Stroke Survivors with Aphasia in the United States

**Victoria Tilton-Bolowski, PhD Candidate Rehabilitation Science Program**

**Purpose:** This investigation aimed to compare the racial/ethnic demographics of stroke survivors with aphasia in the United States with the racial/ethnic demographics of the participant samples used to validate the Boston Diagnostic Aphasia Examination (BDAE), Boston Naming Test (BNT), and Western Aphasia Battery-Revised (WAB-R), which are known to be linguistically and culturally biased.

**Method:** I gathered racial/ethnic data on stroke survivors with aphasia using the Get with the Guidelines-Stroke registry data. I searched the BDAE, BNT, and WAB-R examiner manuals for information on the racial/ethnic demographics of their validation samples. I also searched Google Scholar and PubMed for works discussing the psychometric properties of the three tools.

**Results:** The 165,554 patients with aphasia were 70% non-Hispanic white, 18.8% non-Hispanic Black, 7.5% Hispanic, 3.1% Asian, and 0.5% Other. The examiner manuals did not report the racial/ethnic demographics of their validation samples. Studies that examined psychometric properties of the three tools did not include racial/ethnic data. Therefore, planned chi-square analyses could not be completed.

**Conclusion:** While I am unable to draw conclusions about how the racial/ethnic demographics of the BDAE, BNT, and WAB-R validation samples compare to the population of stroke survivors with aphasia, this inquiry highlights the need for updated, detailed reliability and validity testing.

## A Systematic Review of Culturally Targeted Intervention Tools in Genetic and Genomic services

**Joselyn Diaz, GC/s**

**Purpose:** To conduct a systematic review of culturally targeted intervention (CTI) tools for genetic/genomic services and to evaluate the evidence base and cultural appropriateness of these tools.

**Method:** Electronic databases (PubMed, PsychINFO, CINAHL) were queried (January 2010 to June 2020) with specific search terms to identify CTI tools for genetic/genomic services in the United States.

**Results:** A total of 833 articles were identified, of which 16 met inclusion criteria. CTI tools were tailored to Black/African American (n= 9), Latinx/Hispanic (n= 6), and East Asian communities (n= 2); one tool was tailored to both Black/African American and Latinx/Hispanic communities. Fifteen articles described using a community advisory board for tool development. Eight articles described translation to a non-English language (Spanish, Mandarin, Cantonese, Hmong). Nine tools were administered by racially/ethnically concordant individuals. Fourteen studies assessed the impact of the CTI on knowledge, satisfaction, and/or appropriate uptake of genetic/genomic services.

**Conclusion:** A paucity of CTI tools exist for genetic/genomic services, and more are needed to address disparities in access and outcomes. Future CTIs should heed recommendations for the development of culturally appropriate, evidence-based interventions.

# CLINICAL INTERVENTIONS

## Promoting Health Equity within the Inpatient Rehabilitation Setting

**Lindsey Foo, MA CCC-SLP and William Santana, PT, DPT**

**Purpose:** Individuals in the Greater Boston area have proximity to world class care; however, access to care is not consistent for all. To heighten awareness of systemic racism and provide tools to improve health equity, a four-part education program, Health Equity Series, was facilitated to the interprofessional stroke/neurology team at Spaulding Rehabilitation Hospital. The aim was to learn how social determinants of health (SDoH) influence patient outcomes and how clinician behavior and advocacy impacts prognosis across the continuum of care.

**Methods:** To assess effectiveness of education and monitor changes in clinical practice, participants completed post-education and three-month follow-up surveys.

**Results:** Eighteen participants indicated that learning objectives were met by 92.3% for those in full-attendance, 80% for those who attended at least one presentation. Three-month follow-up data pending and to be completed on 2/17/21.

**Conclusion:** Results suggest that education programs focused on SDoH, Interprofessional Allyship, Culturally Sensitive Interventions, and continued self-study may promote health equity at the clinical level. Three-month data is theorized to have a positive correlation in the use of hospital resources, patient advocacy, and use of equitable terminology during rounds. Patient outcomes in terms of length of stay and discharge disposition may be positively impacted by clinical responsiveness.



# UPCOMING JEDI EVENTS

## **Documentary Series - Dates TBD**

Stay tuned for the continuation of the documentary series conversations hosted by the JEDI Office. Some upcoming documentaries include: *No Mas Bebes*, *Patient No More*, and *Pushout*.

## **Let's Talk! 2021 - Thursdays in April**

Harvard Graduate School of Education's Professionals Conference For Educators and Clinicians will be held on Thursday evenings at 7:00 p.m. beginning April 1 through April 29. Learn more and register [here](#).

## **Native Americans and the National Consciousness - April 5th**

Harvard University's Native American Program and the Harvard Art Museums have partnered to present "Native Americans and the National Consciousness: Virtual Reading and Conversation with Joy Harjo" on Monday, April 5 at 6:00 p.m. Register [here](#).

## **Violence in Context: Understanding the Current Atlanta Tragedy within the History and Systems of Anti-Asian Violence - April 2nd**

Dr. Josephine Kim, Ph.D. will be speaking on the historical and contemporary experiences Asian Americans have with racism and Dr. Takeo Rivera, Ph.D. will speak to the relationship between the Atlanta shootings and intersectionality, imperialism, and sexual violence. Learn more and register [here](#).

## **Power, Privilege, and Positionality Facilitators- June 2nd**

The next iteration of Power, Privilege, and Positionality will be held virtually on Wednesday, June 2, 2:00–3:30 p.m. Facilitators are expected to monitor a discussion board on D2L and facilitate conversation at the June 2 event. We have an institutional goal of 100% faculty and staff participation this year. Current students, faculty, and staff are welcome to sign up [here](#).

