



# MedEd's horizon: Just, merciful, diverse and equitable

Abstracts on equity in medical education submitted to the  
AMA's externally commissioned book

# Preface

The American Medical Association Council on Medical Education issued a report in June 2021 that featured several broad recommendations aimed at addressing health inequities and the underrepresentation of communities of color and other underserved populations in the physician workforce.<sup>1</sup> One of the recommendations read as follows, “That our AMA work with appropriate stakeholders to commission and enact the recommendations of a forward-looking, cross-continuum, external study of 21st century medical education focused on reimagining the future of health equity and racial justice in medical education, improving the diversity of the health workforce, and ameliorating inequitable outcomes among minoritized and marginalized patient populations.”

In response to the AMA Council on Medical Education report, the AMA commissioned a study with an open call for ideas from authors both within and outside the health professions and from learners and scholars alike. A total of 155 submissions were received. An editorial panel of scholars from a number of disciplines reviewed these submissions. There were many worthy submissions from individual authors and groups of authors, far too many to include in the formal study. We have created this compendium, therefore, as a meaningful way to capture and share the many creative and worthy visions of medical education not included in the main volume.

In its 2021 report, the AMA Council on Medical Education expressed strong support for diversifying the health care workforce as a means of addressing health inequities and promoting health equity. It recognized the harms caused by the Flexner Report of 1910,<sup>2</sup> which was commissioned by the AMA and titled, “Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching.” The AMA Council on Medical Education noted that many harms resulted from the Flexner Report, including those to “historically Black medical schools, the diversity of the physician workforce, and the outcomes of minoritized and marginalized patient populations.”

Such harms cannot be assuaged by words. However, with regard specifically to medical education, change is within our power to affect.

This is the aspiration of the AMA commissioned study and its many contributors—to reimagine medical education in the 21st century. The directive from the AMA Council on Medical Education strives to promote “truth and reconciliation in medical education as it relates to improving equity.” This compendium represents the first step along that path.



**David Henderson, MD**  
Vice president, equity, diversity and belonging  
Medical Education  
American Medical Association



**Joaquin Baca, MSPH**  
Director, equity, diversity and belonging  
Medical Education  
American Medical Association

1. Promising Practices Among Pathway Programs to Increase Diversity in Medicine, Report 5 of the AMA Council on Medical Education. Published June 2021. <https://www.ama-assn.org/system/files/2021-05/j21-cme05.pdf>. Accessed Aug. 31, 2023.
2. Flexner A. Medical education in the United States and Canada: A report to the Carnegie Foundation for the advancement of teaching. Bulletin 4. New York: Carnegie Foundation for the Advancement of Teaching; 1910.

# Table of Contents

<b>Part I:</b> Understanding and conceptualizing transformative ideas.....	3
<b>Part II:</b> From surface to structures .....	10
<b>Part III:</b> Curriculum and pedagogy .....	15
<b>Part IV:</b> Admission, selection, pathways and pipelines .....	92
<b>Part V:</b> Community partnerships .....	116
<b>Part VI:</b> Leadership, culture and climate change .....	124
Institution index .....	131

\*The views expressed in these abstracts reflect the views of the authors and do not necessarily represent official policy of or an endorsement by the American Medical Association.



# Part III:

## Curriculum and pedagogy

### **Advancing health equity for individuals with disabilities**

Mark S. Wolff, DDS, PhD, University of Pennsylvania School of Dental Medicine; Robert S. Glickman, DMD, NYU College of Dentistry; Matt Holder, MD, MBA, American Academy of Developmental Medicine and Dentistry, American Board of Developmental Medicine, Medical Advisory Committee for Special Olympics International, and the Lee Specialty Clinic; Allison Neale, MPP, Henry Schein, Inc., and Henry Schein Cares Foundation; Kate Sorrillo, Henry Schein Cares Foundation; and Barbie Vartanian, Project Accessible Oral Health and NYU College of Dentistry

The WHO Convention, adopted nearly eight decades ago, asserts that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” And yet, the approximately one in four Americans who live with a disability often face daunting hurdles in accessing health care. Individuals with disabilities—which includes those with functional impairments or chronic health conditions that necessarily interact with and may be exacerbated or ameliorated by the physical and social environments in which they live<sup>1</sup>—experience lower rates of preventive care screenings and suffer significantly worse health outcomes than the general population.<sup>2,3</sup> These impairments may be intellectual or physical, developmental or acquired throughout the lifecycle. We believe that by advancing inter-professional cooperation and education, the health professions together can meaningfully improve understanding of and care for patients with disabilities—and thus their well-being and quality of life.

As multiple barriers may prevent people with disabilities from accessing health promotion resources and disease prevention services through primary care, many conditions are often left unaddressed until they require far more extensive and expensive interventions.<sup>4</sup> For example, a 2018 World Health Organization factsheet reports “women with a disability receive less screening for breast and cervical cancer than women without disability;” “people with intellectual impairments and diabetes are less likely to have their weight checked;” and “adolescents and adults with disability are more likely to be excluded from sex education programmes.”<sup>5</sup>

This lack of preventive care contributes to the fact that people with disabilities are twice as likely as others to develop chronic conditions such as depression, asthma, diabetes, stroke, obesity, or poor oral health.<sup>6</sup> This disparity in preventive care is even greater than the disparities experienced by people of color.<sup>7</sup> More than 30 years after the passage of the Americans with Disabilities Act (ADA), the health professions must systemically tackle this glaring health disparity by ensuring that all health care providers receive the education and clinical training to assure they are prepared to competently treat this very significant, yet persistently underserved community.

Dental and medical professions confront many problems when trying to deliver care for patients with disabilities including inaccessible health facilities, lack of information and proper equipment (like scales to weigh individuals in wheelchairs), and inadequate reimbursement. There may be a lack of knowledge, negative attitudes and discriminatory practices among healthcare workers.<sup>8,9</sup> A recent survey shows that 44% of physicians decline to treat patients with disabilities citing a lack of knowledge.<sup>10</sup> Findings from another recent study suggest that physicians’ bias and reluctance to care for people for disabilities contribute to the health care disparities experienced by this community.<sup>11</sup> Compounding the issue in dentistry, rather than receiving needed treatment from office-based dentists, patients with disabilities are often referred to hospitals for dental care under sedation or general anesthesia—for which they might wait months for an appointment. These long waits are due to a shortage of facilities, operating room time, reimbursement rates, and trained dental practitioners capable and willing to treat these patients without sedation.

Dental education has approached the problem of access to care in several ways. First, a change in dental school accreditation standards, beginning in 2020, to explicitly require that dental students receive training in the assessment, management, and treatment of patients with disabilities, including but not limited to those with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.<sup>12</sup> A new oral health curriculum framework is being developed in partnership with the American Dental Education Association, with input from 92 authors from across the nation's dental and medical schools, to ensure that every graduating student receives hands-on training with practitioners experienced in delivering care to patients with disabilities. The framework is focused on health disparities facing the disability community, assessments, developing the accommodations to permit dental treatments, providing health promotion to prevent new disease, and defining the collaborative care team, including medical and dental providers working with the individual and caregivers where appropriate. The project, which will also provide educational resources for curriculum mapping, will be available digitally on the American Academy of Developmental Medicine & Dentistry's (AADMD) website by fall 2024. Even with these resources and advancements, schools do not necessarily have to prove students are competent to deliver care to the myriad of patients who may present.

Similar to dental education, the need for medical students to receive education and training in treating people with disabilities remains significant. In 2017, approximately half of U.S. medical schools reported lacking any disability awareness program as part of their curriculum,<sup>13</sup> and many physicians say that the training they do receive provides insufficient knowledge to properly treat this population.<sup>14</sup> The January 2022 Standards of Accreditation for Schools of Medicine Section 5.7 Cultural Competence And Health Care Disparities calls for "curriculum [that] provides the knowledge, skills and core professional attitudes and attributes needed to provide effective care in a diverse society," but fails to expressly name this most underserved community, individuals with disabilities.

One promising step forward is AADMD's National Curriculum Initiative in Developmental Medicine, a multi-year partnership with Special Olympics International, with support from the Centers for Disease Control and Prevention (CDC), to address these educational gaps in medical schools.<sup>15</sup> Now renamed the National Inclusive Curriculum for Health Education (NICHE), the project provides funding and technical assistance to medical schools to develop teaching materials and methodologies in order to prepare medical students to better serve patients with intellectual and developmental disabilities and help shape how future physicians think about disability.

In tandem with curriculum changes, dental schools across the country are deepening students' understanding of and ability to treat people with disabilities while also expanding community access to oral health care through dedicated clinics for people with disabilities. In February 2019, NYU Dentistry opened the Oral Health Center for People with Disabilities (OHCPD), designed to provide comprehensive dental care for people with physical, cognitive, and developmental disabilities or medical conditions that prevent them from receiving care in a conventional dental clinic. In addition to offering much-needed clinical services to patients, the OHCPD provides early exposure to dental students to help eliminate stigma, fear and bias. A recent study shows the benefits of integrating this training early into the education journey, with 87% of graduates exposed to the OHCPD reporting that their experience in the center increased their awareness of the oral healthcare needs of this patient population, 28% that it allowed for a stronger knowledge of patient medical histories, and 24% reporting that they have implemented some form of behavioral guidance in their patient exams.<sup>16</sup>

Similarly, the Penn Dental Medicine Care Center for Persons with Disabilities opened a comprehensive education and treatment program in the specially designed Personalized Care Suite. The cornerstone of this educational program is to teach dentists, patients, and caregivers how to utilize the best accommodations to optimize oral health through the lifetime by preventing, reversing, and arresting disease through in-office and at-home evidence-informed interventions. The program's focus is on educating every graduate dentist to competency in prevention, primary care and maintenance of oral health without being dependent on sedation and general anesthesia for the vast majority of persons with disabilities. The Center works to generate the scientific literature, educational materials, and educational programs for dental educators, dentists, students, patients, and caregivers. In addition, the Center provides ongoing continuing education for dentists, hygienists, patients, caregivers, and other health professions through online and hands-on programming.

While dentistry has only begun to address the significant gaps in comprehensive health care professional education that exist for treatment of people with disabilities seeking dental care, the impact on health equity for this population reflected by the progress is significant. It highlights the opportunity educators have to truly empower the next generation of health care professionals to provide the care so urgently needed by this growing underserved community. Doing more to bring the health professions together around a combined curriculum for treating patients with disabilities would not only help to advance health equity and ensure that these patients receive the culturally competent and holistic care they need and deserve, but also help advance the important goal of inter-professional cooperation and education for a stronger health care system overall. By working jointly across the professions to build on our success, we can ensure that all future health care providers have the training and experience they need to comfortably and competently treat all patients.

## References

1. Mitra, Monika et al. Advancing Health Equity And Reducing Health Disparities For People With Disabilities In The United States. Health Aff(Millwood). 2022.
2. Peacock G, Iezzoni LI, Harkin TR. Health care for Americans with disabilities — 25 years after the ADA. N Engl J Med. 2015;373(10):892-893. doi:10.1056/nejmp1508854.
3. National Council on Disability. Policy Framework, Health Equity Framework for People with Disabilities, February 2022.
4. Ervin DA, Merrick J. Intellectual and developmental disability: healthcare financing. Front Public Health. 2014 Sep 24;2:160. doi: 10.3389/fpubh.2014.00160. PMID: 25309896; PMCID: PMC4173221.
5. World Health Organization. Disability and Health Fact Sheet. January 16, 2018.
6. Disability. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>. Accessed August 11, 2023.
7. National Council on Disability. Policy Framework, Health Equity Framework for People with Disabilities, February 2022.
8. Disability. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>. Accessed August 11, 2023.

9. Lagu, Tara et al. 'I am not the doctor for you': physicians' attitudes about caring for people with disabilities. *Health Aff(Millwood)*. 2022.
10. Iezzoni, L.I., et al. U.S. physicians' knowledge about the Americans with Disabilities Act and accommodation of patients with disability. *Health Aff(Millwood)*. 2022.
11. Lagu, T, et al. 'I am not the doctor for you': physicians attitudes about caring for people with disabilities. *Health Affairs*. 2022. 10.1377/hlthaff.2022.00475
12. The Commission on Dental Accreditation. Accreditation Standards for Dental Education Programs. <https://coda.ada.org/en/current-accreditation-standards>. Accessed August 11, 2023.
13. Seidel E, Crowe S. The state of disability awareness in American medical schools. *Am J Phys Med Rehabil*. 2017;96(9):673-676. doi:10.1097/PHM.0000000000000719.
14. Lagu, T, et al. 'I am not the doctor for you': physicians attitudes about caring for people with disabilities. *Health Affairs*. 2022. 10.1377/hlthaff.2022.00475.
15. NICHE. American Academy of Developmental Medicine & Dentistry. <https://www.aadmd.org/niche>. Accessed August 11, 2023.
16. NYU College of Dentistry. Clinical Management of People with Disabilities. April 2023. [https://nyu.qualtrics.com/jfe/form/SV\\_b78JbsR3dChbt4y](https://nyu.qualtrics.com/jfe/form/SV_b78JbsR3dChbt4y). Accessed July 26, 2023.