OVERTHOUGHT or OVERLOOKED?

Diversity, Equity, Inclusion, and Justice (DEIJ) in Our Curricula: An Experience from Pre-Conference Workshop

Sharing AMEE2023 Webinar - Nov 3rd 2023

AMEE GLASGOW 2023
INCLUSIVE LEARNING ENVIRONMENTS TO TRANSFORM THE FUTURE

Mahidol University
Faculty of Medicine Ramathibodi Hospital

Pharanyoo Osotthanakorn, MD
Department of Community Medicine,
Faculty of Medicine Ramathibodi Hospital, Mahidol University

OUTLINE

- What is DEIJ? What are the issues about it?
- Decolonising medical education
- Reflections on our curricula

Diversity, Equity, Inclusion, and Justice (DEIJ)

The Workshop

“Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula.”

School of Medicine and Health Sciences

The George Washington University,
Washington, DC, USA

GW SMHS Anti-Racism Coalition (ARC)

HISTORY

The Anti-Racism Coalition (ARC), housed within the SMHS Office of Diversity and Inclusion, was conceived from a grassroots discussion after the death of George Floyd. As Dean Yolanda Haywood was writing an email to Barbara Bass, MD, RESD '86, vice president for health affairs, dean of SMHS, and CEO of The GW Medical Faculty Associates, to suggest they create the Anti-Racism Coalition, Bass was writing an email to Haywood to suggest forming a group. ARC was formed consisting of the Executive Advisory Committee and Steering Committee focusing on four pillars of anti-racism work:

- Individual: Understanding what racism is and what part we play as individuals when it comes to racist behaviors;
- Interpersonal: Being aware of how we interact with other people and our microaggressions, as well as our role as bystanders, so racist behaviors are no longer ignored in interpersonal gatherings;
- Institutional: Supporting policies and procedures that foster anti-racism in our community;
- Structural: Influencing national and local policies through voting and advocacy.

https://diversity.smhs.gwu.edu/gw-smhs-anti-racism-coalition-arc

Structural arrangements in medicine that contribute to harm towards People of Color

Patients of Color

- Discrimination and bias in clinical care, treatment and research
- Racial bias in clinical decision making
- Uneven access to healthcare services and treatment
- Historically segregated medical facilities
- Unethical experimentation
- Historically forced sterilization
- Exploited and abused in and by research and teaching hospitals
- Excluded from managed care panels
- Exclusion from research and clinical trials

Clinicians of Color

- Discrimination and bias in peer review, hospital privileges, committee and faculty appointments, promotions and tenure
- Historical exclusion from health professions education and medical professions
- Culturally biased standardized tests serve as a continued barrier
- Not offered pay equity
- Limited representation across range of medical specialties, especially those most lucrative
- Tokenized and overextended in unpaid DEIJ work

Byrd, W.M. & Clayton, L.A. (2001); Nuriddin, A., Mooney, G., White A.I. (2020)

Structural Arrangements: Downstream Effects

- Black children less likely to receive imaging tests to help make accurate diagnoses (Marin et al, 2021)
- Asian and Black patients less likely to receive kidney transplant (Tjaden et al, 2016)
- Black children are more likely to die in the month after surgery, up to 3x more than white children (Nafiu et al 2020)
- Asian and Black patients more likely to have worse glycemic control, fewer diabetes screenings, and less prescription of pharmacotherapies (Whyte et al, 2019)
- Foreign-born patients less likely to receive appropriate heart failure medications (National Board of Health and Welfare, 2008)
- Black patients 3x more likely to have negatively coded descriptors used in their EHR (Sun et al., 2022)

Source - The workshop: Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula. School of Medicine and Health Sciences, The George Washington University, Washington, DC, USA

DEIJ in curriculum design

ALIGNMENT OF CONTENT/SUBJECT/ OBJECTIVES

- How does/can the context of the case reflect the learning objectives?
- How can the subjects of the case reflect the learning objectives?
- Is any racial or ethnicity identification required within the case to achieve these objectives (i.e. as related to pathophysiology or epidemiology)?

INCLUSIVE LANGUAGE

- Does the writing in the clinical case study reflect inclusive language?
- Does it avoid using behaviors as adjectives to describe the patient?
- Does it reinforce racial or cultural stereotypes?
- Does it tokenize any particular group?
- Does it employ “person-first” language?

Source - The workshop: Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula. School of Medicine and Health Sciences, The George Washington University, Washington, DC, USA

DEIJ in curriculum design

CONTENT JUSTIFICATION

- Does the case content minimize the use of race and ethnicity in a summary statement?
- If race or ethnicity is included as an identifier are they relevant to disease pathophysiology?
- Is there a clear epidemiologic association related to a genetic risk factor or is it related to social or structural causes of racial health disparities, or both?
- If risk factors are associated with ethnicity, are other social determinants noted (i.e. limited access to healthy food)?
- If the case includes social or behavioral risk factors are they inferred from broad racial, cultural, and/or sexual/gender minority (LGBTQI) stereotypes?

EVIDENCE-BASED

- Is the existing description of patient health beliefs or risk factors explicitly linked to an evidence-based description of patient cultural beliefs and/or structural/social determinants of health?
- If the case relates to a complex clinical scenario, does the treatment plan include an evidence-based plan to address social/structural determinants of health as relevant?

Source - The workshop: Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula.
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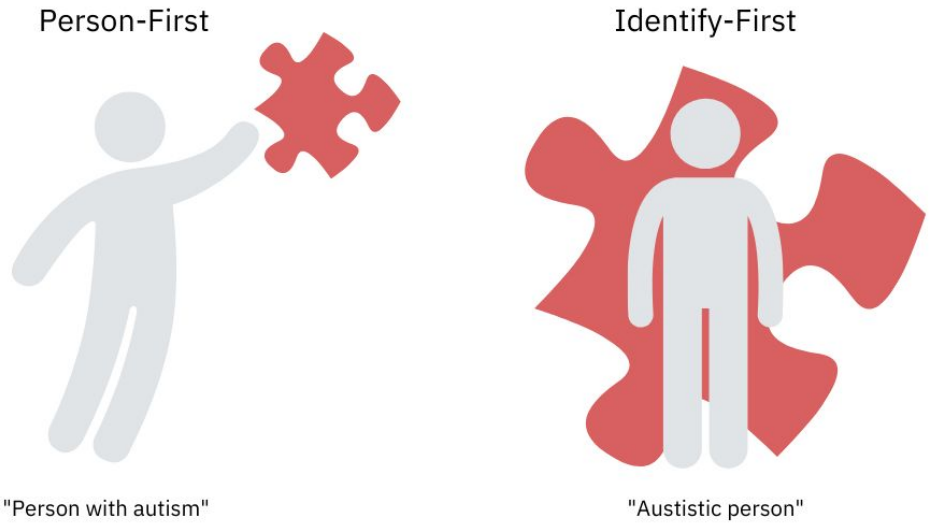
Person-First vs Identity-First Language

“...The goal of person-first language—to avoid language that dehumanizes or stigmatizes people…” (NIH, 2023)



BRIEF COMMUNICATION

Stop saying "epileptic"

*†‡Paula T. Fernandes, §Nelson F. de Barros, and *†‡Li M. Li

*Department of Neurology of Faculty of Medical Sciences of State University of Campinas (UNICAMP), Campinas, SP, Brazil; †ASPE (Assistência à Saúde de Pacientes com Epilepsia), Campinas, SP, Brazil; ‡CInAPCe Program (Cooperação Interinstitucional de Apoio à Pesquisas sobre o Cérebro), São Paulo State, Brazil; and §Department of Social and Preventive Medicine of Medical Sciences of State University of Campinas (UNICAMP), Campinas, SP, Brazil

Summary

The purpose of this study was to evaluate the impact upon attitude and perceived stigma of using different terms for referring to persons with epilepsy among teenagers. High school students received one of two versions of a brief questionnaire and of the Stigma Scale of Epilepsy (SSE). The versions differed only in the term used: "people with epilepsy" (PWE) in the group-1 (N = 109) and "epileptics" in group-2 (N = 105). Group-1 responded that 62% of PWE and group-2, that 93% of epileptics have more difficulty finding employment. Group-1 responded that 37% of PWE and group-2, that 70% of epileptics have more difficulties at school. Group-1 responded that 41% of PWE and group-2, that 87% of epileptics are rejected by the society. None of individuals in group-1 indicated that they were prejudiced toward PWE, whereas 3% of group-2 indicated that they were prejudiced toward epileptics. The SSE score (range from 0 to 100, higher the score, higher the degree of perceived stigma) was 49 [confidence interval (CI) = 46.9–52.0] for group-2 and 45 (CI = 42.4–48.2) for group-1 (p = 0.03). In conclusion, the words we use can influence our perceptions and have consequences in terms of social stigma associated with epilepsy. We should refrain from using the term "epileptic" to refer to a person with epilepsy, and consider the importance of our choice of words as part of the effort to bring epilepsy out of the shadows.

KEY WORDS: Stigma, Epilepsy, Language expression, Perception.

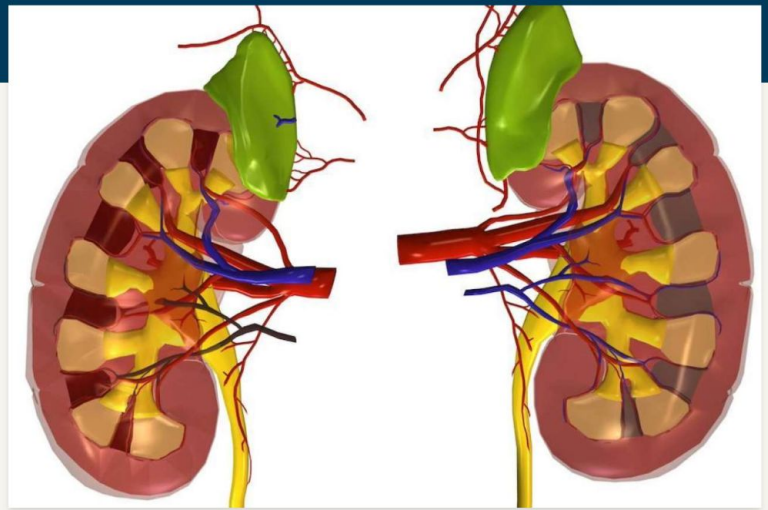
Fernandes PT, de Barros NF, Li LM. Stop saying epileptic. Epilepsia. 2009 May;50(5):1280-3. doi: 10.1111/j.1528-1167.2008.01899.x. Epub 2008 Nov 22. PMID: 19054411.

https://www.uclahealth.org/news/kidney-function-race-free-egfr-values#:~:text=Nonetheless%2C%20researchers%20relied%20on%20this,Clinical%20Chemistry%20at%20UCLA%20Health.

Evidence-Based

Testing kidney function with race-free values offers a better health picture

The use of a race coefficient in the equation to test kidney function traces back to an old study that had serious limitations.



September 20, 2022
By uclahealth
4 min read

Black/African Americans have a higher rate of chronic kidney disease than their white counterparts. They are more than three times as likely to develop kidney failure. Yet for many years, the results from a common kidney test were race-adjusted by health systems nationwide. That may have contributed to health disparities for Black individuals with kidney disease.

More recently, health professionals at UCLA and other top health centers began

Acute Liver Failure

Learning Objectives

1. Define acute liver failure and identify its etiologies.
2. List the complications of acute liver failure.
3. Describe the ICU management of the complications of acute liver failure.

You are working as an emergency room physician at a local full-service hospital.

Source - The workshop: Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula. School of Medicine and Health Sciences, The George Washington University, Washington, DC, USA

Case

The MICU team is called to the ED to admit Mx. S, a 29-year-old Asian transgendered man who identifies as nonbinary with a history of depression who presents to the ED with nausea, vomiting, anorexia, and malaise x 3 days and was found to have markedly elevated aminotransferases and INR.

Mx. S is a sex worker and he endorses a recent break-up with his partner several days ago which led him to drink more alcohol than usual but denies other ingestions (note - patient has vape pen and, upon prompting, reports regular use). Mx. S notes that he periodically experiences houselessness.

On exam, BP is 107/61, HR 122, RR 24, and O2 sat 100% on ambient air. Mx. S is somnolent, but arousable, with flat affect and irritability. He is not acting rationally and is giving the ED staff significant difficulty. He is disoriented with slurred speech and asterixis is present. Heart is tachycardic but regular; lungs are clear. Abdomen is soft and non-distended with mild tenderness to palpation in the epigastrium and RUQ. No stigmata of chronic liver disease. Skin is notable for jaundice, no rashes.

Source - The workshop: Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula.
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Case

Labs reveal Na 133, K 5.2, Cl 85, HCO3 13, BUN 29, Cr 3.6, glucose 108

WBC 19,000, Hct 38%, platelets 371,000

AST 6000, ALT 6600, ALP 251, tbili 6.6, INR 9.1, lipase 21

ABG: 7.28/32/90/14 on ambient air, lactate 6.2

Source - The workshop: Activating Measurable Diversity, Equity, Inclusion, and Justice (DEIJ) Values in Our Curricula. School of Medicine and Health Sciences, The George Washington University, Washington, DC, USA

Questions

- How is acute liver failure defined? What is your differential diagnosis?
- How would you grade the patient's encephalopathy? Do you think he should be intubated?
    - Grade 1: Disordered sleep/wake cycles, mild confusion, behavior changes, lack of awareness, subtle asterixis
    - Grade 2: Lethargy/apathy, moderate confusion, obvious asterixis
    - Grade 3: Somnolent or stuporous, significant confusion, incoherent speech, arousable with stimulation, may have clonus
    - Grade 4: Coma, loss of reflexes, unresponsive to painful stimuli

Initial laboratory evaluation reveals an acetaminophen level of 73. How will you proceed with management?

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DEIJ Principles	Critique	Redesign Recommendations
ALIGNMENT OF CONTENT/ SUBJECT/ OBJECTIVES • How does/can the context of the case reflect the learning objectives? • How can the subjects of the case reflect the learning objectives? • Is any racial or ethnicity identification required within the case to achieve these objectives (i.e. as related to pathophysiology or epidemiology)?	• Limited description of context and relative SDH that might influence clinical decision-making. • We ask students to identify priority care based on medical history. There is no clear distinction between medical and social histories as the case is presented. • An understanding of patient identity and social determinants of health is important for any case study; however, these details are not well established in the existing case.	• Provide context early into the case study explaining the community impacted, overall demographics, and general demographics to better situate the case. • Clearly distinguish between social and medical histories for each of the subjects in the case. • Provide a more comprehensive overview of each patient inclusive of relevant medical and social histories - reduce the "guess work" students needs to make to complete the assignment.

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DEIJ Principles	Critique	Redesign Recommendations
INCLUSIVE LANGUAGE • Does the writing in the clinical case study reflect inclusive language? • Does it avoid using behaviors as adjectives to describe the patient? • Does it reinforce racial or cultural stereotypes? • Does it tokenize any particular group? • Does it employ "person-first" language?	• The writing does not reflect inclusive language - identifies case subjects initial by racial/ethnic identity and disease status before discussing relevant clinical details • The narrative often uses behaviors to describe patient subjects (e.g., Black young man being investigated for rape; LatinX mother who is unemployed) • It does reinforce racial or cultural stereotypes - particularly as referencing white patients as wealthy, educated, "elite" and othering those from minoritized backgrounds. • Several instances do not use person-first language.	• Adjust the subject descriptions to clearly identify medical and social histories while removing behaviors as a descriptor for any of the patients. • Employ person-first language. • Adjust cases to better reflect the demographics of the area (i.e., remove the "rich white people" as the village is overwhelmingly Native Alaskan)

DEIJ Principles	Critique	Redesign Recommendations
CONTENT JUSTIFICATION • Does the case content minimize the use of race and ethnicity in a summary statement? • If race or ethnicity is included as an identifier are they relevant to disease pathophysiology? • Is there a clear epidemiologic association related to a genetic risk factor or is it related to social or structural causes of racial health disparities, or both? • If risk factors are associated with ethnicity, are other social determinants noted (i.e. limited access to healthy food)? • If the case includes social or behavioral risk factors are they inferred from broad racial, cultural, and/or sexual/gender minority (LGBTQI) stereotypes?	• As written the content of the case emphasizes race and ethnicity when we specifically request students to reflect on *medical* history (1st descriptor of patients). • Race and ethnicity as used are not relevant to pathology, disease progression, or epidemiology. • There is not a clear distinction between the social histories and medical histories noted in the case study (i.e., all combined into brief synopsis) and the disease or health condition (i.e., COVID-19). • Social or behavioral risk factors are inferred from broad racial, cultural, and/or sexual/gender minority (LGBTQI) stereotypes (i.e. Latinx mother, low income housing, single; black juvenile, history of violence and delinquency). • Ethnic and racial representation in this case is not representative. This occurs in an Alaskian island and only one person of consideration is of Alaskian heritage. Patient population does not represent the general demographics of Alaska (i.e., primarily white or Native Alaskan).	• All of these issues can be addressed by clearly delineating between medical and social histories in such a way that provides students with all the relevant information without relying on race and ethnicity as proxy data for other issues (low-income, history with the justice system). • Adjust the details of the subjects to better reflect demographics of the community (i.e., 80% Native Alaskan).

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DEIJ Principles	Critique	Redesign Recommendations
EVIDENCE-BASED • Is the existing description of patient health beliefs or risk factors explicitly linked to an evidence-based description of patient cultural beliefs and/or structural/social determinants of health? • If the case relates to a complex clinical scenario, does the treatment plan include an evidence-based plan to address social/structural determinants of health as relevant?	• NO - medical and social histories are not well defined, case does not include medical risk factors, or discuss COVID-19 and ICU requirements (i.e., clinical guidance as to who and how to treat) - contexts needs to be added for an improved case study.	• Provide link or language within the case study to current US guidelines per the Centers for Disease Control and Prevention.

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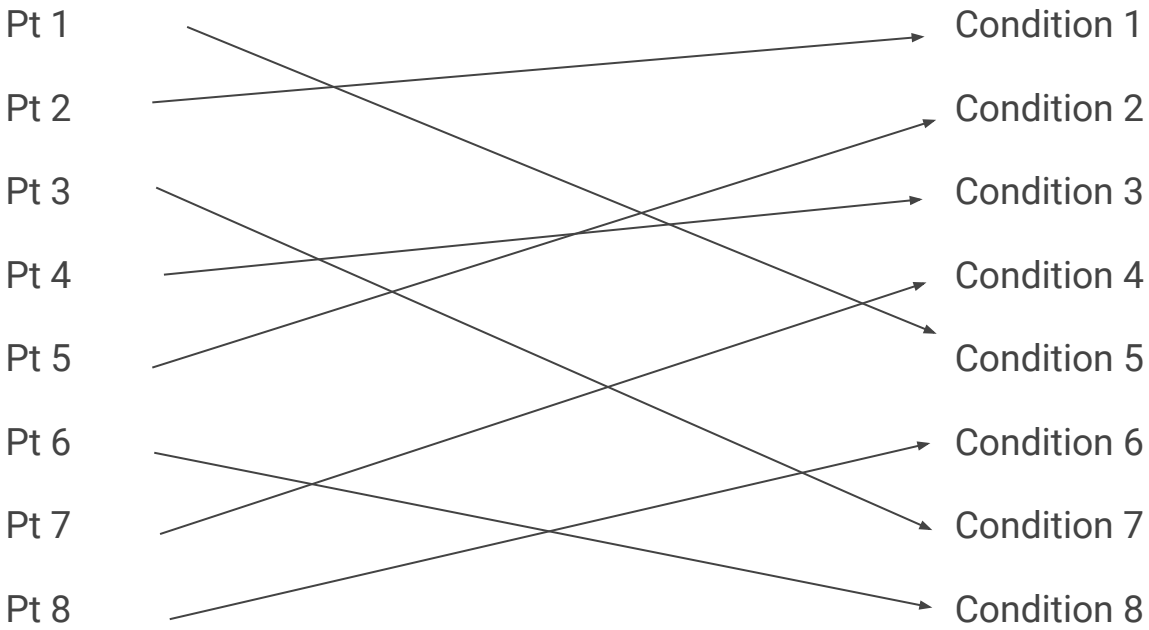
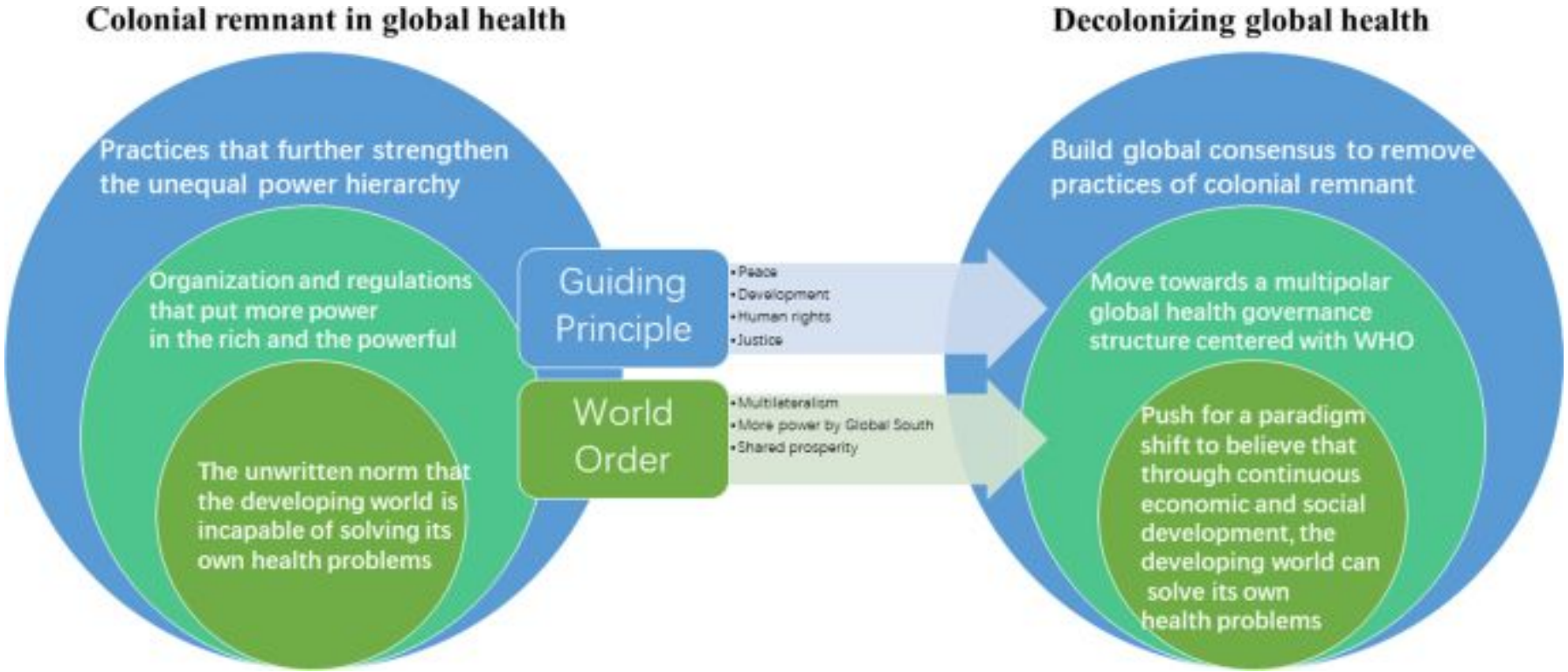
Identity Swap



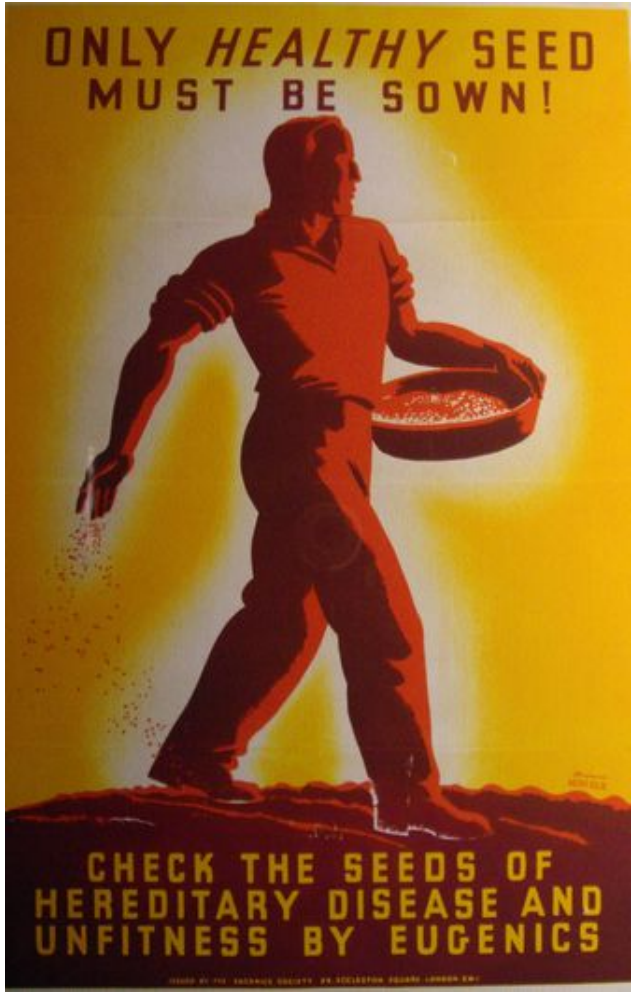
Decolonising Healthcare

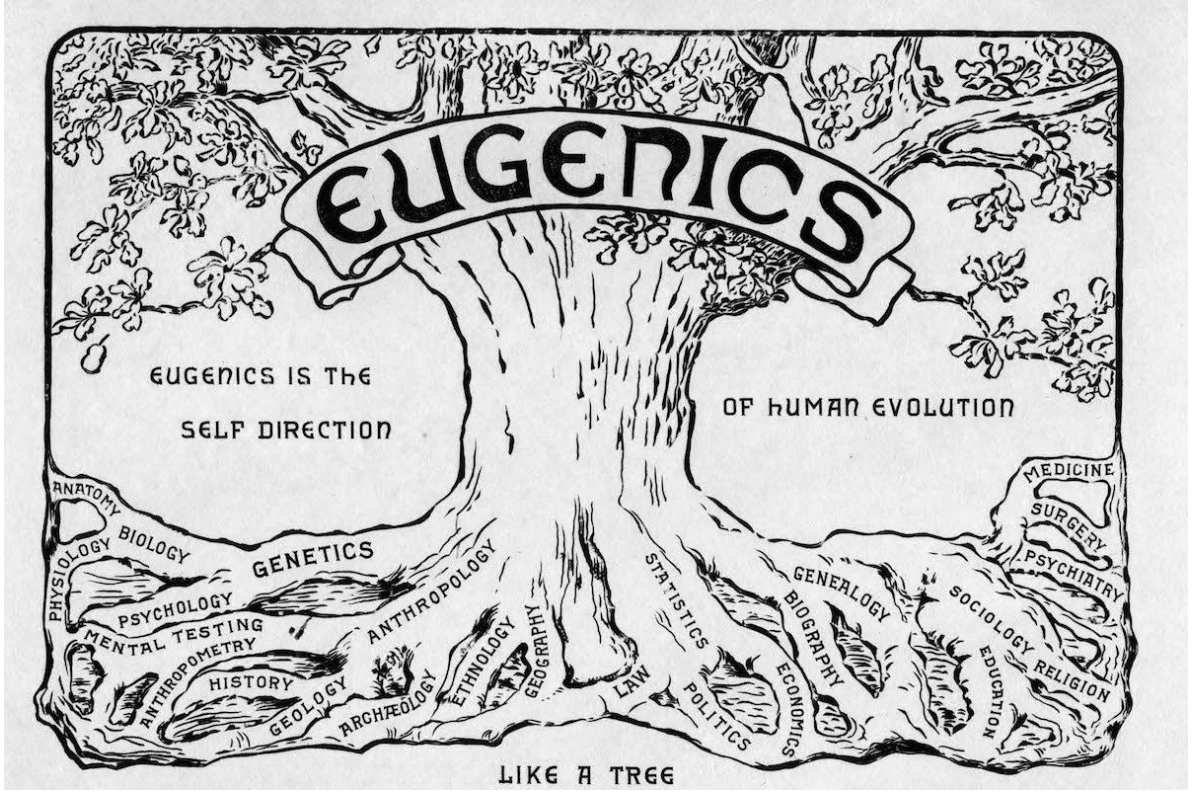
Kwete, X., Tang, K., Chen, L. *et al.* Decolonizing global health: what should be the target of this movement and where does it lead us?. *glob health res policy* 7, 3 (2022). https://doi.org/10.1186/s41256-022-00237-3



- Medical education
- Journal
- Medical practices

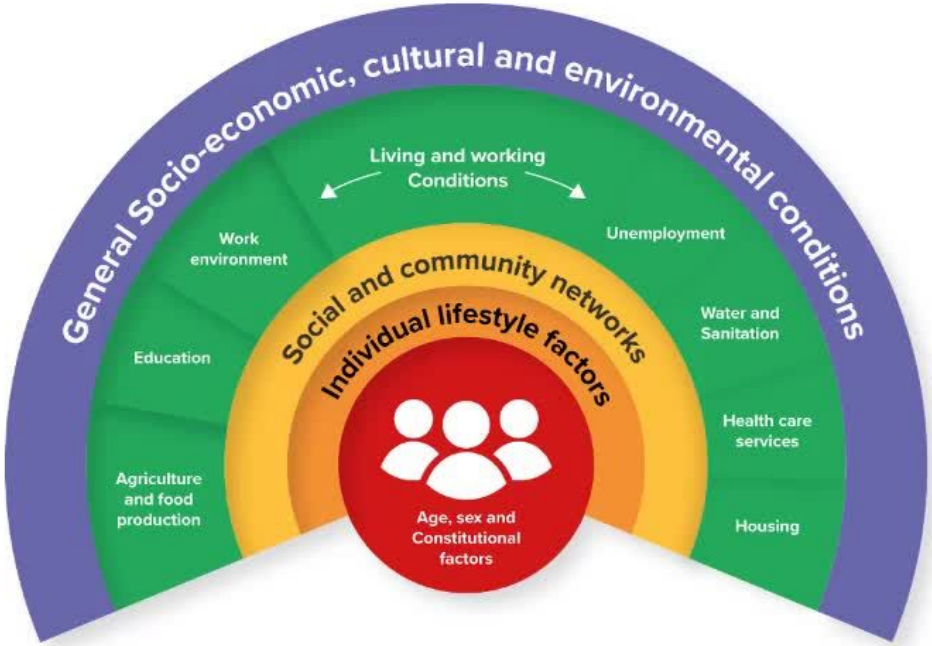
America's hidden history: the eugenics movement | learn science at scitable [Internet]. [cited 2023 Nov 3]. Available from: https://www.nature.com/scitable/forums/genetics-generation/america-s-hidden-history-the-eugenics-movement-123919444/





Fair A. Situating standpoint magazine: conservative journalism and eugenic ideology - aaihs [Internet]. 2019 [cited 2023 Nov 3]. Available from: https://www.aaihs.org/situating-standpoint-magazine-conservative-journalism-and-eugenic-ideology/

Dahlgren and Whitehead (1991) model of the determinants of health



Social determinants of health [Internet]. FutureLearn. [cited 2023 Nov 3]. Available from: https://www.futurelearn.com/info/blog

Reflection

Possible Effects

Medical Practices

Clinician Perspectives

Medical Education

Thailand Context / Ramathibodi Context

หลักเกณฑ์การคัดเลือกบุคคลเข้าศึกษาหลักสูตรแพทยศาสตรบัณฑิต ปีการศึกษา 2565
ร่วมกับ กสพท (Admission)

จำนวนรับ 110 คน

1. คุณสมบัติพื้นฐานของผู้สมัครเข้ารับการคัดเลือกฯ

ตามประกาศกลุ่มสถาบันแพทยศาสตร์แห่งประเทศไทย ฉบับที่ 1 และฉบับที่ 2 เรื่อง หลักเกณฑ์การคัดเลือกบุคคลเข้าศึกษา หลักสูตรแพทยศาสตรบัณฑิต หลักสูตรทันตแพทยศาสตรบัณฑิต หลักสูตรสัตวแพทยศาสตรบัณฑิต และหลักสูตรเภสัชศาสตรบัณฑิต ปีการศึกษา 2565

1.1 เป็นผู้ที่มีความรับผิดชอบสูง มีความละเอียดรอบคอบ ซื่อสัตย์สุจริต ที่สา... ...ภาษณ์และตรวจสุขภาพ

1.2 เป็นผู้สำเร็จการศึกษามัธยมศึกษาตอนปลายตามหลักสูตรหรือกำลั... รอบที่ 1 ...อนสิงหาคม พ.ศ. 2565

1.3 เป็นผู้มีสัญชาติไทย

1.4 ในปีการศึกษา 2564 ไม่เป็นผู้ที่กำลังศึกษาอยู่ชั้นปีที่ 1 ในมหาวิทยาลัย/ส... การรับด้วย Portfolio หลักสูตรแพทยศาสตรบัณฑิต ...ออกจากการศึกษาจากมหาวิทยาลัยก่อนวันที่ 25 เมษายน 2565

1.5 ไม่เป็นผู้ที่กำลังศึกษาเกินชั้นปีที่ 1 ในมหาวิทยาลัย/สถาบันการศึกษาของ... จำนวนรับ 30 คน ...ากมหาวิทยาลัยที่ศึกษาก่อนวันที่ 10 ตุลาคม 2564 และผู้ที่คาดว่าจะจบการศึกษาระดับอุดมศึกษาในปีการศึกษา 2564

1.6 ไม่เป็นผู้ที่ได้รับการคัดเลือกและยืนยันสิทธิ์เข้าศึกษาในสถาบันที่เข้าร่วมกา... 1.คุณสมบัติทั่วไป ...65 (TCAS65) ในรอบที่ 1 แฟ้มสะสมผลงาน (Portfolio) หรือในรอบที่ 2 โควตา (Quota)

1.7 ไม่มีปัญหาสุขภาพทั้งด้านร่างกายและจิตใจที่จะเป็นอุปสรรคต่อการศึกษา... ก. เป็นผู้สำเร็จการศึกษามัธยมศึกษาตอนปลาย **หรือ** กำลังศึกษาในชั้นมัธยมศึกษาตอนปลาย ชั้นปีสุดท้าย ซึ่ง... ...สูตรแพทยศาสตรบัณฑิต ของ กสพท (ดูรายละเอียดในเว็บไซต์ www9.si.mahidol.ac.th)

โรงเรียนปกติ

หรือ

ข. เป็นผู้สำเร็จการศึกษา **หรือ** กำลังศึกษาในชั้นปีสุดท้ายเทียบเท่าระดับมัธยมศึกษาตอนปลายของ**โรงเรียนในร**...

สำนักงานคณะกรรมการส่งเสริมการศึกษาเอกชน ประกาศตั้งแต่ปี พ.ศ. 2560 เป็นต้นไป และได้รับการเทียบคว...

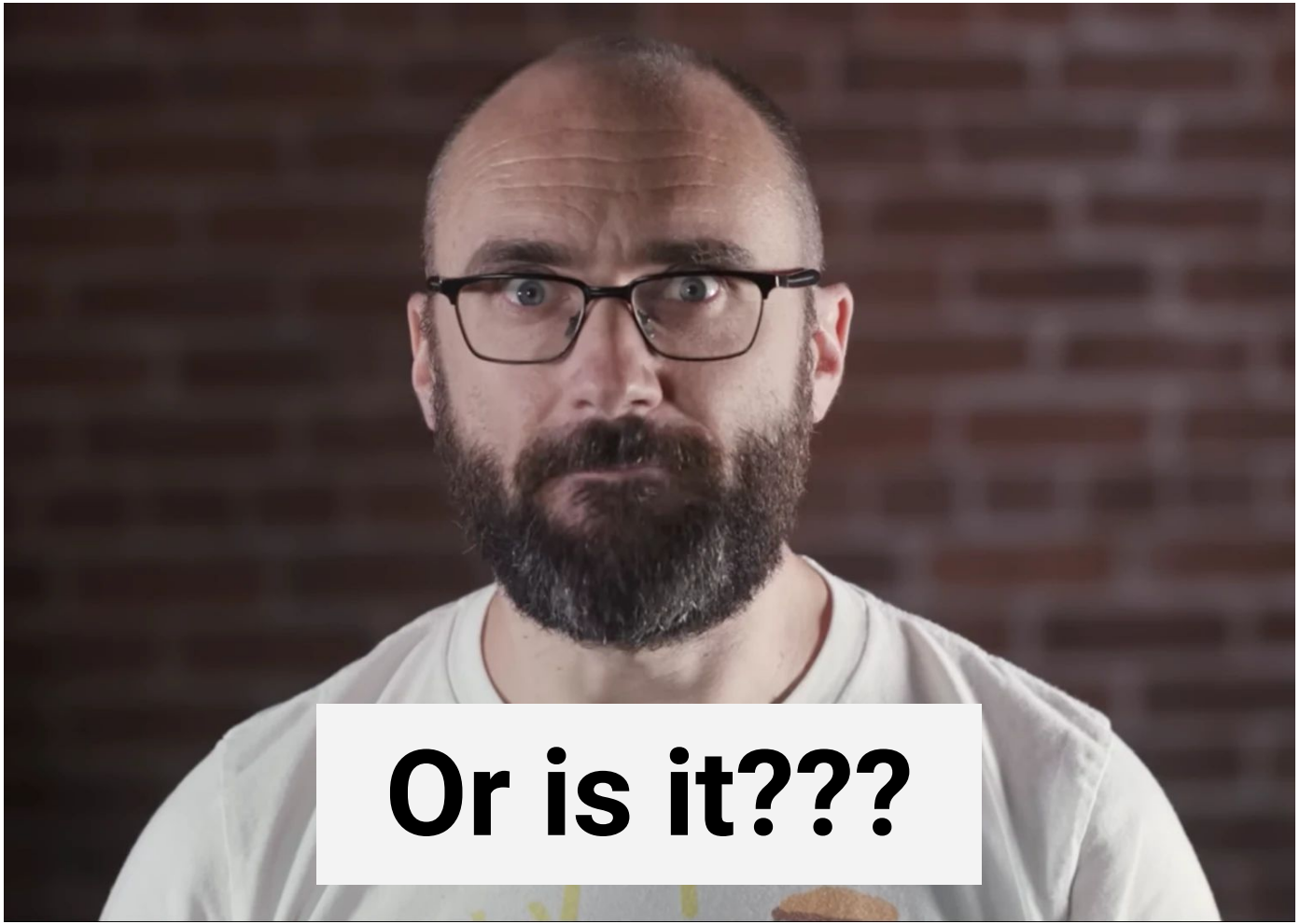
เงื่อนไขและคุณสมบัติของผู้ที่ศึกษาต่อในระดับอุดมศึกษา ซึ่งคาดว่าจะจบการศึกษาในเดือนกรกฎาคม พ.ศ. 25...

2. เป็นผู้มีสัญชาติไทย

https://www.rama.mahidol.ac.th/meded/th/Register_1

https://www.rama.mahidol.ac.th/meded/th/Register_5

https://battlebots.fandom.com/wiki/Michael_Stevens



COTMES 2024

1. <u>คุณสมบัติพื้นฐานของผู้สมัครเข้ารับการคัดเลือกฯ</u>

   1.1 เป็นผู้ที่มีความรับผิดชอบสูง มีความละเอียดรอบคอบ ซื่อสัตย์สุจริต ที่สามารถแสดงให้เห็นได้ทุกขั้นตอน ตั้งแต่ขั้นตอนการสมัครสอบ การสอบข้อเขียน การสัมภาษณ์ และตรวจสุขภาพ

   1.2 เป็นผู้สำเร็จการศึกษาระดับมัธยมศึกษาตอนปลายตามหลักสูตรหรือกำลังศึกษาชั้นปีสุดท้ายในระดับมัธยมศึกษาตอนปลาย และคาดว่าจะจบการศึกษาก่อนเดือนสิงหาคม พ.ศ. 2567

   1.3 เป็นผู้มีสัญชาติไทย ยกเว้นผู้ที่สมัครเข้าศึกษาในสถาบันเอกชนที่เข้าร่วมกับ กสพท

   1.4 เป็นผู้มีคุณสมบัติครบถ้วนที่จะไปปฏิบัติงานในส่วนราชการหรือหน่วยงานต่าง ๆ ของรัฐ ตามระเบียบของทางราชการ เรื่องการปฏิบัติงานชดใช้ทุน สำหรับผู้สมัครเข้าศึกษาในหลักสูตรแพทยศาสตรบัณฑิต หลักสูตรทันตแพทยศาสตรบัณฑิต หลักสูตรเภสัชศาสตรบัณฑิต ยกเว้นผู้ที่สมัครเข้าศึกษาในสถาบันเอกชน

https://www9.si.mahidol.ac.th/

โจทย์ : ชาวนาคนอีสาน เป็นเบาหวา-

" Melioidosis "

https://m.facebook.com/story.php?story_fbid=pfbid0EKN4M6iGw7moJ4dYqz7F9SHoY7mS4hk2u9kM4JXNaA3mxYiuZYW8Hkz3pNn6AJGNl&id=111273403550770

google.com/search?sca_esv=578870548&rlz=1C5CHFA_enTH984TH984&sxsrf=AM9HkKn_umJ75N49e3f2IrV7REzeAPRqyQ:1698945638529...

Update

Google คนอีสาน เบาหวาน

สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (...
คนอีสานแชมป์ 'เบาหวาน' - สำนักงานกองทุน...

YouTube
ข้าวเหนียว ของคนอีสาน เป็นมาอย่างไร "โรคเบาหว...

TikTok
อาหารอีสาน" ชาวเบาหวา...

สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.)
ปชช.ภาคอีสานเสี่ยงเบาหวาน แนะรักษาถูกวิธี - ...

Pantip
คนอีสานทีทานข้าวเหนียวหนักๆนีมีปัญหาเรื่องค...

Facebook
1) ส่วนใหญ่เรารู้อยู่แล้ว... -...

YouTube
เบาหวาน ความดัน ไขมันในเลือดหายได้ไม่ยา...

The Isaander
อาหารเลี่ยงงานบุญ แหล่งเผยแพร่วั...

Facebook
โรคเบาหวานส... - สโมสรนักศึกษาคณะแ...

สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (ส...

คนอีสานแชมป์ 'เบาหวาน' - สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ (สสส.)

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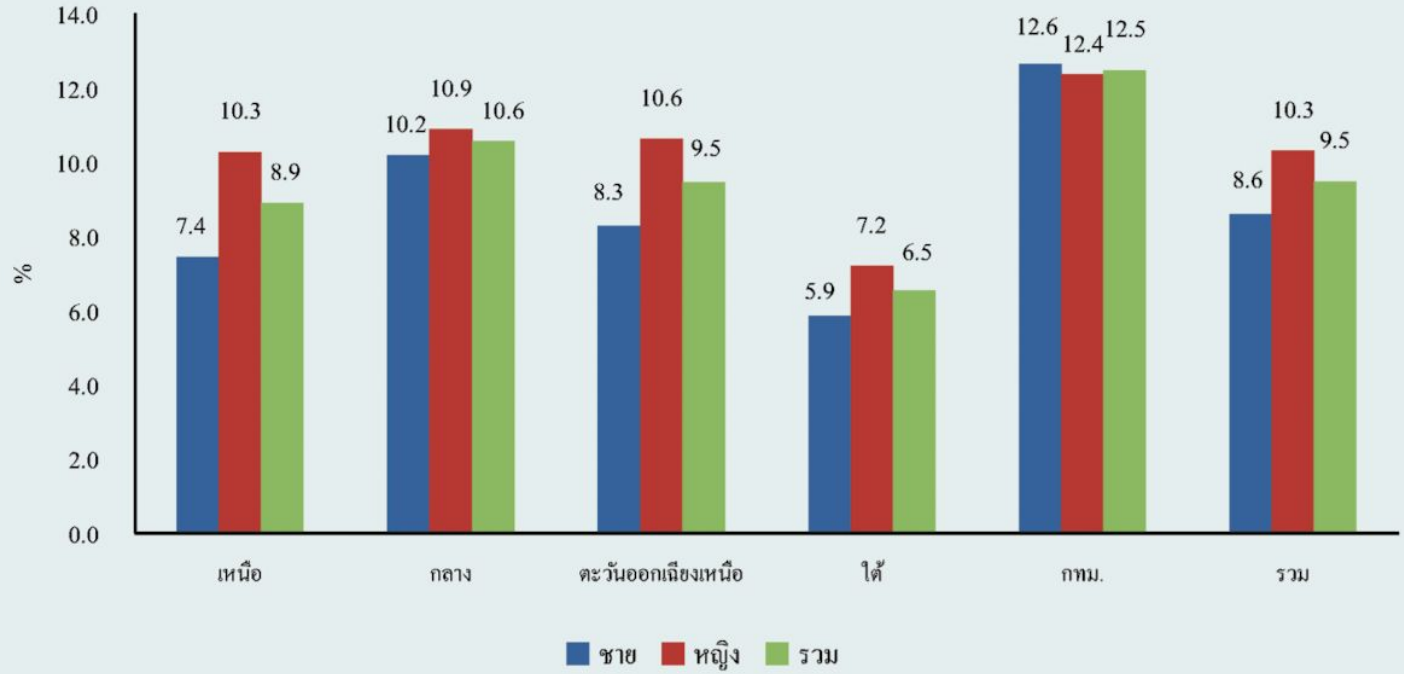
คนอีสานแชมป์ 'เบาหวาน' ...

สำนักงานกองทุนสนับสนุน...
ชู 4 นโยบาย สร้างคนไทยี...

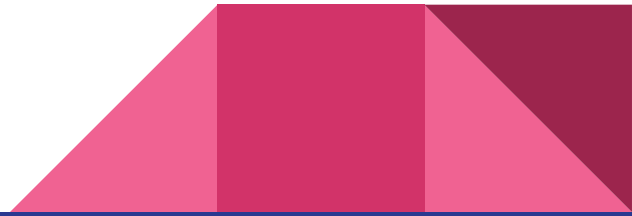
Facebook
1) ส่วนใหญ่เรารู้อยู่แล้ว... ...



รูปที่ 5.2.3.1 ความชุกโรคเบาหวาน (โดยประวัติและค่า FPG>=126 มก./ดล.) ในประชาชนไทยอายุ 15 ปีขึ้นไป จำแนกตามเพศ และภาค

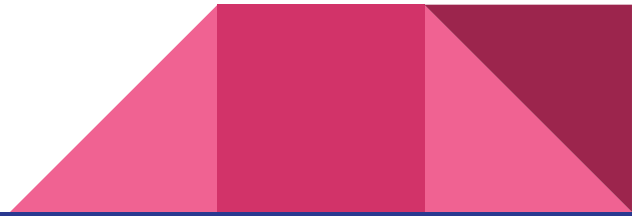
Other issues apart from racism…

- Sexism
- Patriarchy
- LGBTQIA+



So What?

- Awareness in curriculum design
  - Difficult to find the common grounds!
- Policy and systematic management
- Research in inequalities



“...การที่เราไม่รู้สึกถึงประเด็นปัญหาในสังคมเรา ให้ลองคิดดูว่า
เป็นเพราะปัญหาเราไม่เท่าสังคมตะวันตก

หรือจริง ๆ ทุกวันนี้เรานั่งเป็นอภิสิทธิ์ชน ด้วยความเป็นคนไทยเชื้อสายจีน จากกรุงเทพมหานคร
จากครอบครัวรายได้ปานกลางไปถึงสูง?”

- Anonymous participant, 2023