CATHERINE JUILLARD

PROGRAM FOR THE ADVANCEMENT OF SURGICAL EQUITY

"As a co-director of the Program for the Advancement of Surgical Equity (PASE), I help lead a collection of multi-disciplinary faculty consisting of surgeons, non-surgeons, and non-clinicians to reduce disparities in surgical outcomes both in the US as well as in Cameroon. As clinicians and surgeons, we have focused primarily on biomedical factors for surgical outcomes, but as much as 40% of health outcomes are driven by social determinants of health. We have to address these social determinants in order to improve many surgical outcomes. At PASE, we are trying to figure out how to improve access to care. As a researcher from one field, your view of surgical outcomes comes from your respective field. If you are a hammer, everything you see is a nail. Our multi-disciplinary approach will allow us to see a more complete picture. With our partners in Cameroon, we are working on having the right tools to improve surgical equity."

SURGERY AND HEALTH EQUITY

"As part of the Peace Corps in Senegal in the late 90s, I volunteered in a rural village where I saw how health inequity impacted the people that I saw. I learned a lot about public health, human health, inequity, and the impact of inequity on human health. I remember seeing a car crash while I was there and realized the barriers to care for those who were injured. There was no 911 or emergency response and that no one would come to help. I did not see the car accident as a failure of public health at the time. As time passed, I met several mentors who led me to see how there were systemic factors that led to fatalities in that car accident. As a trauma surgeon, I deal with the end stages of inequities in society. The risk factors that lead to surgery for patients overlap with many of the same risk factors for the onset of chronic diseases. I realized that I could combine my interest in health equity with surgery, promoting injury prevention and access to care."

RESHIFTING THE FOCUS

"In the US and in the world, we have the resources in order to have much more equitable societies. However, our decisions on the structures we put in place determine whether we can have equitable health outcomes. We get to decide what kind of society we live in, and we should push to improve social determinants of health rather than solely looking at health or at surgery through a biomedical lens. That’s why I love the work we do at PASE. The inclusion of academic voices across many disciplines allows us to move towards surgical equity."
"South American Program in HIV Prevention Research Program (SAPHIR) is a training program in comprehensive HIV prevention research in Latin America for U.S. medical students and residents. I was a SAPHIR fellow for two years (2019-2021) and in my time working with the program, I was able to think about who amongst those diagnosed with HIV actually have access to care for specialty services. In my line of work, I get to work with brilliant people from various disciplines like statisticians and epidemiologists. My work with SAPHIR has allowed me to take a multidisciplinary approach to these questions. Working as a clinician, the focus is sometimes only on disease and treatment. Bigger questions to think about and consider should be related to health equity, inequality to access of services, and following up with the patients."

"I have partnered for many years with individuals in El Salvador who are passionate about violence prevention. More specifically, the programs I have worked with are focused on preventing involvement with organized Salvadoran gangs, which have a very strong presence in the country. The concept of organized gang-related violence is interesting to me because ultimately the result is that you get injured and are treated in a hospital, but there are so many factors that can contribute to whether or not someone becomes involved in an organized gang. Social influences to gang involvement can include education or even place of residence. When I went to medical school, I was looking to do something with this interest. I met faculty members who were trauma surgeons and also had an interest in the preventative side of injury. I was so thrilled to know that there was a subset of injury and firearm prevention in surgery. During my first year of dedicated research time at UCLA, I attempted to develop a violence-prevention project in El Salvador with the organization Glasswing International, but the project fell through due to COVID-19. Thankfully I was able to pivot and start working with Dr. Juillard and PASE on a project in which we analyzed injury data from four hospitals in Cameroon to identify social determinants of health associated with violent injury in that context."