

# Reckoning with Our Racist Past: An Academic Health Center's Engagement with History and Health

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## Abstract

Academic health centers (AHC) both contribute to and are influenced by the communities they serve. As part of a central commitment to improving human health, there is a need for AHCs to acknowledge their history related to race and racism, the resulting impact on current health disparities, and the disparate treatment of racial and minoritized communities. As AHC's care for Black and Brown communities, they have a unique responsibility to redress their respective legacies of bias, discriminatory practices, and experimentation without consent. One way to achieve this is to provide learning opportunities for in-depth engagement with students, faculty, staff, health care providers, and community members in conversations regarding racial equity, which are essential to shaping and impacting change at an individual and institutional level. Virginia Commonwealth University in Richmond, Virginia, launched a new initiative, *History, and Health; Racial Equity*, designed to (a) increase awareness of our institution's history, impact, identity, and culture, and (b) support meaningful conversations around history, health equity, structural racism, and health sciences education. Urban and metropolitan universities may learn from and replicate this program and encourage such conversations in their communities.

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**Keywords:** health inequities, diversity, equity and inclusion, racism, health sciences education, racial equity

### Introduction: The Challenge

#### Structural Racism and Health Sciences

Race and racism influence healthcare and health sciences education. Structural racism, including historical, cultural, institutional, and interpersonal – routinely advantages whites while producing cumulative and chronic adverse outcomes for people of color. It is a key source of racial inequities and a driver of poor health outcomes for African Americans (The Aspen Institute, 2016). Dorothy Roberts (2011) positions race as a social and political construct to perpetuate the system of racism. The emerging body of research on the impact of racism on health inequities has fueled downstream efforts to reframe policies, practices, and education programs to better serve an increasingly diverse patient population. As such, education programs should convey shared definitions of race as a social construct and racism as the hierarchical system that advantages certain racial groups and disadvantages others (Haeny et al., 2021).

The discourse on race and racism is evolving in health education and healthcare policies. Some high-profile universities have initiated their respective reckoning with past discriminatory practices or activities. Brown University’s formal acknowledgment in 2002 of its history of involvement in slavery is arguably the most notable institution; however, other institutions engaged in this process earlier and more have done so over time. Major medical associations representing clinicians and medical educators have adopted guidelines calling for action to address racist policies and practices in medicine and medical education. In June 2021, The American Medical Association (AMA) voted to adopt guidelines addressing systemic racism in medicine, recommending that health care organizations and systems establish institutional policies that promote positive cultural change and ensure a safe, discrimination-free work environment. The AMA has also publicly acknowledged its discriminatory practices concerning the treatment of African American physicians and vows to redress that period with organizational policies that foster inclusion and confront systemic racism (American Medical Association, 2021).

The Association of American Medical Colleges (AAMC), a prominent organization in medical education, released a framework for action in October 2020, designed to “guide and inspire the academic medicine community to begin addressing decades of structural racism within medicine” (Association of American Medical Colleges, 2020). In doing so, the AAMC is

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leveraging its national voice and position by strengthening policies and accreditation standards, equipping medical schools with tools to implement anti-racist practices, and integrating principles of health equity in route to achieving its goal of eliminating systemic racism in medical education (McKinney et al., 2021).

While these national organizations represent their stakeholders, Academic Health Centers (AHCs) are characterized by medical centers associated with health-related components of universities, which usually include a medical school, one or more health professions schools, and a health system. AHCs provide a wide range of medical services to the community, especially for the medically underserved.

### Responsibilities of Academic Health Centers and Universities

AHCs include hospitals and clinics. They often serve as safety-net providers that are health care entities who deliver healthcare services to patients regardless of their ability to pay. Their missions cross clinical care, education, and research. Similarly, urban and metropolitan universities serve as anchor institutions, respond to community needs, and their missions integrate teaching, research, experiential learning, and public service. Metropolitan universities and AHCs both contribute to and are influenced by the communities they serve. This is even more impactful for the large number deeply embedded in Black and Brown communities. With the onset of the COVID-19 pandemic in March 2020, many in these communities were re-traumatized as pre-existing disparities in the type and quality of healthcare provided to racially and ethnically marginalized and minoritized groups became amplified (Sim et al., 2021).

Working amid the pandemic and racial justice movements, community engagement scholar-practitioners critically examined and are now advocating for an engagement of hope concept as an equity-centered theory of action that higher education institutions should utilize as a framework for community engagement. A foundational principle of an engagement of hope is challenging unjust structures, which “requires us to acknowledge institutional racism and inequity, to accept our role within the unjust systems in which we participate, and then to challenge them in practice, policy, and position.” (Green et al., 2021). Thus, higher education and healthcare advocate for their institutions to examine their histories and the disparate treatment of racial and minoritized communities to move forward in a more just and equitable way.

## Evolution of Academic Health Centers

The traditional function of AHCs in their symbiotic relationships with communities is to provide a well-educated workforce, transformative research, and safe, high-quality clinical care. While laudable, the tripartite mission of AHCs must now expand to meet the clarion call from the communities they serve to step outside of their walls to address the social determinants impacting the health and well-being of members of those communities (Park et al., 2019).

The Institute of Medicine (IOM) seminal report, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” (2003), provides a comprehensive treatise on the sources of inequities in healthcare occurring at the patient, clinical, and systems levels. An analysis of this report by Bentancourt and Maina (2004) identified specific areas that could inform the work of AHCs to increase awareness of inequities among racial and ethnic populations, recommending; (a) health sciences curriculum transformation, (b) strengthening linguistic support for patients, (c) workforce diversification, and (d) data collection and reporting.

Initiatives taken by individual AHCs to address institutionalized racism include (a) a re-examination and acknowledgment of institutional history, (b) initiating open, safe, and ongoing dialogues around inequity in medical care, education, and research, (c) training to recognize implicit bias, and (d) community partnerships to address social needs of marginalized patients (Karanja et al., 2020; Mateo & Williams, 2020; Morse & Loscalzo, 2020; Peek et al., 2020; Wilkins et al., 2021). Indigenous, African American, and Hispanic/Latino persons are less represented in the health care workforce not by chance but due to long-standing formal and informal discrimination. As part of recognizing its history and supporting institutional self-examination, Vanderbilt University Medical Center has begun to address institutional climate and barriers to upward mobility for all workers in the AHC (Wilkins et al., 2021). Likewise, Johns Hopkins Medicine, notorious for kidnapping black children for medical experiments and taking tissue cells from Henrietta Lacks without consent, is re-examining and acknowledging its past (Woodruff, 2016). This includes an educational initiative that examines Johns Hopkins’ history of discrimination and reinforcement and another initiative that strengthens anti-racist and inclusion training and tools (Hub, 2020).

AHCs have a unique responsibility to redress their respective legacies of bias, discriminatory practices, and experimentation without consent. This racist history with respect to the disparate treatment of minority communities has effectively raised the ante and places AHCs at the tip of the spear of efforts to dismantle racism in healthcare (Adkins-Jackson et al., 2021). AHCs should wield their influence more broadly in advancing diversity (Nivet, 2015) and advance social justice and equality to heal humanity (Alberti et al., 2018). One way to achieve this is to provide

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learning opportunities with an open, safe, and ongoing dialogue regarding racial equity, which is essential to shaping and impacting change at an individual and institutional level.

### History of VCU from the Lens of Race and Racism

As in other parts of the country, racist practices have played a role in Richmond and Virginia Commonwealth University (VCU) history. Like many organizations established in the mid-1800s, the Medical College of Virginia (MCV), which became part of VCU in 1968, exercised discriminatory clinical care, research, and education practices and procedures that disrespected marginalized citizens. In 1994, construction workers digging the foundation for the VCU Kontos Medical Research Building found human remains and other artifacts in what was later determined to be an abandoned well utilized to dispose of body parts used for educational and research purposes. Scientists at the Smithsonian National Museum of Natural History identified the human remains as having belonged to people primarily of African or African American ancestry. The well's contents are believed to have been discarded in the 1800s by MCV medical staff. The discovery of these human remains did not receive widespread public attention until almost 20 years later, when awareness of the well's history was included in Dr. Shawn Utsey's 2011 documentary film *Until the Well Runs Dry*, which examined the issue of grave robbing and use of illicitly-obtained black cadavers in medical education during the 19th century. Public awareness of these human remains led to a community-driven, multi-year process of identification, internment, and memorialization under the auspices of the East Marshall Street Well Project (EMSWP).

After the Civil War, few hospitals in Richmond provided medical treatment for Black Americans. MCV did provide services to this population in segregated facilities. In 1920, MCV opened St. Philip Hospital to serve Black citizens, and the hospital included a school of nursing for Black women. Overcrowding at St. Philip Hospital was common, and a 1959 MCV report concluded, "Hospital facilities for Negro patients are not yet adequate" (Dabney, 1987).

During the Jim Crow era of the mid-20<sup>th</sup> Century, Black citizens continued to experience differential medical treatment throughout the United States. In May 1968, VCU surgeons performed the first heart transplant in Virginia. The surgeons implanted the heart of a 53-year-old African American man, Bruce Tucker, into a 54-year-old white man, without obtaining consent from Tucker's family. The hospital violated state statute, as the concept of "brain death" had not yet been established. A subsequent legal proceeding found the hospital not guilty (Washington, 2020). Nevertheless, Mr. Tucker's fate aligned with stories circulated among

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Richmond's African American communities for decades regarding MCV's (VCU) use of African American cadavers for research (Koste, 2012).

The history of slavery, segregation, and race-based discrimination has often been omitted from the popular history of medicine and health care. The story of how these two histories intersect to create the roots of structural racism in U.S. health care has been largely untold. VCU, an academic health center and an urban and metropolitan university, recognizes the need to address those intersections, the resulting unjust structures, and disparities and tell the story of our institution and our city through the *History and Health; Racial Equity* program.

### The Intersection of History and Our Community

The murder of George Floyd amplified ongoing calls for racial justice during the spring and summer of 2020. During this period, VCU recommitted to its ideals of diversity, equity, and inclusion and expanded its infrastructure (both human capital and finances) to be more forthright in providing an inclusive work and learning environment for all. Concurrently, the university and health system were undergoing an internal reckoning as elements of its past revealed a history of racial discrimination that made it indistinguishable from the practices of many other organizations of that time. During this period of self-examination, leadership realized that many within the healthcare teams, students, and professionals were greatly impacted by the unrest in the community and the media; however, there was also a recognition that many were also not sufficiently aware of VCU's history of structural racism and the discrimination towards the Black community.

Through the confluence of these inflection points, the *History and Health; Racial Equity* program was born. *History and Health; Racial Equity* is an intentional approach to address substantial knowledge gaps in understanding the health system's history and facilitate an effective interface between the fortification of diversity, equity, and inclusion efforts and the burgeoning engagement of our past. In essence, the program provides a place to have the necessary conversations about the historical practices of the institution and reflect upon how that history has influenced and shaped us while being mindful to avoid having that same history define or confine us moving forward. Like VCU, Johns Hopkins University acknowledges this need and, as shared by its President, is developing initiatives to "more deeply understand and reconcile the university's history of discrimination, both overt and subtle, from its founding to the present day" (Hub, 2020).

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Both AHCs recognize this critical need to understand and learn from history because it will inform what to do going forward. It will be important to shape policies, practices, and culture. The hope is that team members, students, faculty, staff, and community members will learn and become more sensitized to the fact that this history is influencing their experiences today and will motivate them to cultivate change in their own lives and the organization (Brogan, 2021).

### Potential Impacts of the *History and Health Program*

AHCs, like urban and metropolitan universities, have a responsibility to trainees, team members, and the patients and communities they serve to understand and address the effects of racism. While the responsibility is an extension of AHC's central commitment to improving human health, it is more so grounded in the historical role AHCs have played in facilitating, if not fostering, racial inequities in healthcare and research involving African Americans and other historically disenfranchised communities.

The *History and Health; Racial Equity* program is intended to impact change in several ways. First, this program aims to build awareness of our institutional past, enabling us to understand how our organization's culture, climate, and identity came to be. Understanding our history also allows us to understand better how we have affected, and been affected by, our surrounding communities.

Second, *History and Health; Racial Equity* programming should build an understanding of our particular institutional past within the broader context of social justice. There is a focus on learning about healthcare's role and exploring how VCU students, faculty, staff, and team members can become more culturally sensitive healthcare providers, teammates, and community partners. Even though we might not fully appreciate the importance of our history, our patients do. We must take the time to listen, reflect on what we hear, and then incorporate those reflections to provide better care for our patients and community members (Brogan, 2021).

Third, the *History and Health; Racial Equity* program aims to inform future actions and provides a ready platform for identifying and processing the likely emergence of other historical facts that may shine an unfavorable light on VCU's past practices of outward discrimination and racism in the treatment of Black and Brown people. The goal is to utilize this program as VCU's framework for ensuring intentional progress toward achieving health equity and fostering a greater commitment toward racial equality.

Initiatives such as *History and Health; Racial Equity* are not without controversy and are influenced greatly by societal context. The January 6, 2021 insurrection in support of overturning the results of the 2020 election is a stark reminder of the divisions among Americans along racial

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and political lines. Violent crimes have risen in Minneapolis and other areas across the country in the year following the murder of George Floyd as cries of “wokism” and over liberalization, experience growing traction. Thus, it is prudent for AHCs to factor in an inevitable backlash toward any attempt to socialize deep and honest conversations regarding race and racism. To withstand potential headwinds to efforts that confront a racial past, institutions such as AHCs must ground the work in their existing organizational value system and equally embed the work within the organization’s mission.

### Methods

This section begins with an overview of strategies and innovations for approaching and executing the new initiative, including the objectives, events, and online learning modules. It concludes with measures, outcomes and lessons learned that could be replicated by other institutions that seek to create opportunities for learning, reflection, and engagement about difficult topics.

### Developing a New Initiative

In August 2020, a planning team composed of a senior leader from the health system, a senior leader from the health sciences campus, and their two directors, began discussing the need for educational activities designed to utilize a diversity, equity, and inclusion (DEI) lens. As a result, a DEI educational framework was created to develop activities and events that could support learning and engagement opportunities. During this planning phase, the team decided to narrow the broad DEI focus to history and health by closely examining the racist history of our institution and our city and, ultimately, their impact on health outcomes.

To set this historical foundation, virtual sessions and companion online, learning modules provided overviews of the history of VCU and how the historical practices, laws, and culture in the South impacted the shaping of the medical school and health system. The planning team intentionally leveraged existing expertise at VCU to develop program content, drawing on subject matter experts like a Head Archivist with VCU Libraries. The planning team also wanted to align with the East Marshall Street Well Project (EMSWP), and their Family Representative Council, which encourages learning about the history of 19th-century human remains discovered in an abandoned well on campus.

The *History and Health; Racial Equity* planning approach can be translated to different settings and adapted to specific interests and needs. General steps in the program development process are noted in Figure 1.



**Figure 1.** Steps to program development

1. Elevate an idea that the team is excited about
2. Create a framework that gives an overview, outlines the objectives and proposed activities, and highlights what is new and different about this initiative
3. Vet the idea with senior leadership and key stakeholders
4. Modify (i.e., narrow the scope)
5. Convene an advisory committee of key stakeholders and subject matter experts
6. Involve the communications team and create an outreach strategy
7. Identify the implementation team and outline each person's roles and responsibilities
8. Develop an evaluation plan, including learning objectives and metrics
9. Advertise and launch!
10. Analyze the findings after each event, adjust

The overall learning objectives for the inaugural series aim to help participants learn, reflect, and enable change. For example, what part did VCU and its predecessor organizations play in a city with a history so intertwined with slavery, the Confederacy, and Jim Crow segregation? Why do predominantly Black residents of some census tracts in Richmond have adult life expectancies 20 years shorter than nearby, predominantly white census tracts? What role can and should VCU play to change the trajectory of this trend? Based on historical precedents, how can we learn and earn the trust of those in our community with legitimate skepticism?

There were three sessions (once a month, March-May, 2021) and three online learning modules launched. The two virtual sessions were held within the first 45 minutes of the presentation, followed by optional time (45 minutes) for processing (Let's Talk). The third session was a virtual panel discussion, followed by school-specific breakout sessions, which included the School of Dentistry, the School of Medicine, the School of Nursing, the School of Pharmacy, and the College of Health Professions.

The planning team understood that the topics could be difficult to hear and that some people might be learning this information for the first time, so including a way to foster an open dialogue and offer space for participants' reflections became integral to the planning process. To provide this opportunity for processing and peer support, the University Counseling Center was engaged to facilitate debriefing "Let's Talk" sessions immediately after the presentations.

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Activities and Analysis

The three self-paced, asynchronous online learning modules, all available on a publicly accessible website, are designed to take about an hour to complete. Additional information about each session and module is found in Table 1. Each virtual event was recorded and posted on the *History and Health; Racial Equity* website. Quantitative and qualitative evaluation metrics were incorporated in the required reflection for the online modules and in surveys given at the end of each virtual session.

**Table 1.** Event specific learning objectives and evaluation metrics

Date	Event	Purpose	Learning Objectives and Evaluation Metrics
March	<i>The Roots of Institutional Racism</i> Presenter: Jodi Koste, Head Archivist at VCU Libraries	History of MCV (VCU) Health System reflecting on how the historical practices, laws, and culture in the South impacted the shaping of the medical school and health system	1. Attendees will report increased awareness of the impact of slavery and segregation on the early years of MCV (VCU).
March	<i>St. Philip Hospital and School of Nursing Online Module</i>	An online learning module and reflection space that orients learners to the history of St. Philip Hospital and School of Nursing	1. Learners will recognize the relevance and importance of the history of St. Philip Hospital and the School of Nursing for healthcare providers today. 2. Learners will report increased awareness of the ways in which structural racism has continued to harm people of color living in the City of Richmond.
April	<i>Housing, History &amp; Health Online Module</i>	An online learning module and reflection space that orients learners to the connections between	1. Learners will report increased awareness of the role that housing segregation in Richmond has played on race-based health disparities.

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		housing, history and health outcomes.	2. Learners will report increased awareness of how structural racism has played a role in health disparities in Richmond.
April	<i>Amplifying Voices: Experiences in Health Sciences Education and Clinical Practice</i>	Alumni panelists of diverse backgrounds share their stories and experiences as students and practitioners, reflecting on the strategies they have used to thrive as health care professionals despite racial inequities.	1. Attendees will report increased awareness of how racial inequities have impacted health professionals at VCU and VCU Health.
	Moderator: Dr. Carlos Smith, Director of Diversity, Equity, and Inclusion at the VCU School of Dentistry		
May	<i>Medical Dissection and the East Marshall Street Well Online Module</i>	An online learning module and reflection space that orients learners to the EMSWP, including the 2019 memorialization ceremony. The module also examines the role of illegal grave robbing and the use of black cadavers in medical education at MCV during the 19th century.	1. Learners will be able to recognize the history of grave robbing and the use of black cadavers in 19th-century medical education at MCV (VCU). 2. Learners will recognize the relevance and importance of VCU’s East Marshall Street Well Project and VCU Health’s understanding of structural racism. 3. Learners will report increased awareness of how structural racism has played a role in health disparities in Richmond.

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May	<i>The East Marshall Street Well Project; A Story of Our Ancestral Remains</i>	History of human remains found in the East Marshall Street Well, exploring the practice of 19th-century grave robbing to procure cadavers for medical study and how this practice is only one contributor to institutional racism in health care.	1. Attendees will report increased awareness of the history of the East Marshall Street Well.
	Presenter: Dr. Jen Early, project manager at VCU Health and Member of the Family Representative Council		

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To address the question, “What’s in it for me?” the program provides an opportunity for participants to earn a free, verifiable badge through the VCU Office of Continuing and Professional Education. The badge is a digital version of credentials representing achievement in foundational DEI awareness. Badge earners are encouraged to share this accomplishment on LinkedIn, Facebook, Twitter, and their personal website(s) and resume and thus be recognized in real-time for their expertise in DEI. To earn a badge, learners are required to attend a minimum of four events, choosing from a menu of the three 45-minute virtual events and the two 45-minute *Let’s Talk* reflection sessions affiliated with those events. If attendance at four presentations was not possible, individuals could substitute an online learning module for an event. The estimated completion time for this badge is four to five hours. To date, nineteen individuals have earned a badge.

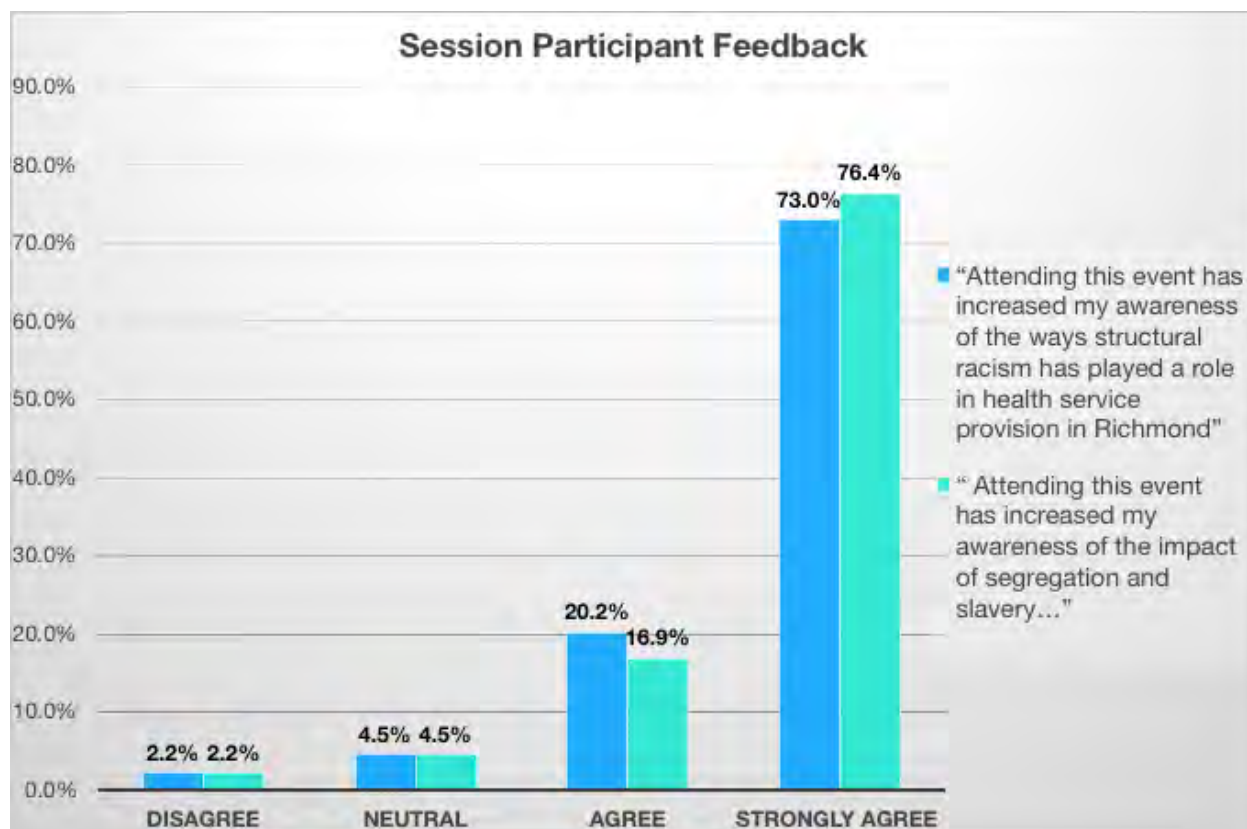
A communications strategy was also developed to raise awareness, educate, and provide details about the series. The VCU University Relations department created a communications plan that included draft emails to target audiences and a brand-new [webpage](#) as the information hub for audiences. The tone of all messaging was inclusive, informative, thought-provoking, and clear. The kickoff message was an email from the Senior Vice President for Health Sciences and CEO of VCU Health System. To reach both VCU and the health system constituents, the email was sent via VCU internal communications channels and VCU Health Intranet. Select community partner organizations and media outlets/community calendars were targeted to reach community members.

## Measures and Outcomes

Evaluation of the program included mixed-methods analysis. Evaluations from three sessions were analyzed statistically with frequency analysis. A total of 395 participants attended across the three virtual programs, and 87 completed post-session surveys, representing a 22% response rate. The survey link for a six-question Google form, consisting of three closed and three open-ended questions, was dropped in the chatbox at the end of the virtual sessions and also sent in an email after the event. In the analysis, post-session responses were calculated for each of the three sessions to calculate attendee understanding and learning in two primary areas; (a) awareness of the role of structural racism in health service provision in Richmond and (b) increased awareness of the impact of slavery and segregation on the early years of MCV (VCU). The research team coded open-ended responses from the post-session evaluations to identify emerging themes in respondent responses. These comments were first coded through a stage of initial coding, then organized into focused codes to better identify thematic categories emerging from participant feedback.

Overall, the participants found the sessions to increase their awareness in these areas effectively. More specifically, 76.4% of respondents strongly agreed that participating in one of the three sessions increased their awareness of the impact of slavery and segregation on the early years of MCV (VCU). 72.2 % of respondents (see Figure 2) strongly agreed that their participation in the sessions increased their awareness of the impact of structural racism in health provision in Richmond. Additionally, this analysis suggests that attendees found the experience to be an effective learning tool regardless of their role in the VCU community. Table 2 outlines the roles of the respondents present at the training sessions.

**Figure 2.** Participants’ Feedback



**Note:** Percentages are based on the total number of respondents to the post-session evaluations, n=87.

**Table 2.** Demographics of respondents by role

Self-reported Roles of Attendees	
Role	Percentage of Respondents (N)
Community Member	1% (1)
Faculty	17% (15)
Health	32% (28)
Staff/Administration	46% (40)
Student	2 % (2)
Other	1% (1)
Total	87

**Note:** Table reflects the roles of survey respondents n=87. The table does not reflect the roles of all session attendees.

Multiple themes discussed below emerged from three open-ended questions: (a) What inspired you to attend this event?; (b) Please describe one new thing you learned from this event?; and (c) How will you use the information you learned from this event moving forward?

**What inspired you to attend this event?**

An analysis of participant feedback across all three sessions illuminated five key categories addressing participant motivation for attending these sessions. Participants communicated their desires: (a) to support anti-racism efforts; (b) to engage in anti-racism initiatives; (c) to learn more about the history; (d) an interest in the topics discussed during the sessions; and (e) to address inequalities in the country as primary reasons for attending the sessions. The most prevalent of these categories were participants’ desires to learn more about the history of VCU and the community. This was illustrated in the following statement made by one of the participants, “I’m interested in local history, and I think this session was very relevant to conversations we’re having today.” Building on this sentiment, another participant wrote, “need to learn history to understand the present and improve the future” as their inspiration for attending the sessions.

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Please describe one new thing you learned from this event?

An analysis of participant feedback to this question illustrated that a majority of the participants learned historical facts about the VCU/Richmond health community. While this was the most prevalent category to emerge from the analysis, the historical facts listed in the responses highlighted various events that resonated with participants. More specifically, a range of historical events like the “urban renewal,” “segregation of faculty,” and “medical scandals generally at MCV” were noted as memorable facts learned from the sessions.

How will you use the information you learned from this event moving forward?

Four key themes emerged from the analysis of responses related to this question. Participants communicated that they would use the information gained from the sessions: (a) for self-application, (b) to help transition discussion to action, (c) as a teaching resource, and/or (d) to increase knowledge and empathy. The most common response from participants was that they intended to use what they learned in their own lives. For example, one participant stated, “This information adds to my knowledge fabric and helps me to learn and see this perspective of what the black community has suffered here in Richmond.” Another participant made a similar statement in saying they would “continue my personal and professional work to learn and retell an accurate history of our city and true contributors to societal inequities that continue to exist and are beginning to be understood by many who had not previously.” In addition, multiple respondents indicated that learning modules should be required for all incoming students and staff.

### Lessons Learned and Future Directions

Academic health centers and universities that want to foster a sense of equity, justice, and inclusivity through confronting past racist practices should consider the following key learnings from the *History and Health; Racial Equity* program. Our findings are similar to those from Portland State University, which incorporated an equity lens into its strategic planning process (Zapata et al., 2018).

### Guidance and Commitment

Support from senior leadership is paramount. Likewise, a steering committee composed of cross-campus experts and community members should provide guidance and inform the work. Our steering committee includes the EMSWP director, a Family Representative Council member, and the appointed or formally hired diversity, equity, and inclusion directors in the five health



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sciences schools, the health system, and Massey Cancer Center. Also represented are faculty experts in race theory, history of medicine, humanities, the Office of Institutional Equity, Effectiveness, and Success, and VCU Libraries. The steering committee meets monthly, offering feedback and identifying strategic, operational, and structural intersections between health sciences schools and the health system related to diversity, equity, and inclusion. To encourage community attendance, we are creating a listserv that includes all registrants across all programs, increasing community members as presenters in virtual events, and partnering with VCU Health public relations to publish History and Health stories shared outside the university.

### Subject Matter Experts and Partnership

Program planning cannot occur in a vacuum. In May 2021, the *History and Health Summer Faculty Fellows* program was launched to outline an educational framework and create content for the continuation of *History and Health: Racial Equity*. Nine faculty members from across the university, representing new partnerships with the Humanities Research Center and the Committee on Racial Equity, created seven online learning modules, in addition to the three that were included in the inaugural series, for a total of ten modules. The faculty fellows emphasized the importance of increasing student and community engagement, recommending that future series move away from presentations in favor of moderated panels that include community members, subject matter experts, and healthcare providers. Each module that is created will have an accompanying panel presentation moderated by the author of the module. Each module will also be submitted for approval to receive continuing medical education credits, which should help to increase reach.

### Student Voice

Students demand change and programs are created in response. We experienced low student engagement, so a student advisory committee (SAC), composed of undergraduate and graduate students, has been initiated. Their charge is to help pilot online modules, provide feedback, offer suggestions for future topics, pursue the digital badge opportunity, and help increase student participation in events. The SAC will be asked to help promote events and online modules within their schools and social networks.

### Data Informs Decision-Making

A robust evaluation plan is needed for all programming. Although 395 participants attended the three virtual programs, only 87 completed evaluations after the presentations or Let's Talk

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sessions. Additional strategies are needed to increase response rates. We will continue to investigate other methods for participant feedback, such as focus groups.

Similar to VCU, in 2020, students at Emory University sent a list of demands to address racial and social justice issues. Their efforts led to a 2021 symposium, “In the Wake of Slavery and Dispossession,” that focused on the legacy of racism and its enduring effects. In his opening remarks, the University President conveyed the opportunity to “explore Emory’s history, find answers to the pressing questions of our time and examine the ongoing impact of slavery and racism.” In reviewing Emory’s planning process, they also had support from senior leadership, a steering committee with subject matter experts and students, and a short survey (Smith, 2021).

The *History and Health; Racial Equity* program continues to receive key stakeholder support, and we have not encountered substantial opposition. Quantitative data suggests that we are meeting our goals of building awareness of our institutional past in the context of social justice, and qualitative data indicate that participants are inspired to make changes in their professional and personal lives. Our next steps will focus on aligning with the Clinical Learning Environment Review program for resident and fellow physicians, incorporating a focus on healthcare access and quality, and planning an annual symposium. Risks to others wishing to replicate such a program could include resentment and pushback from constituents, a lack of support from senior leadership, and low engagement from stakeholder groups.

Building upon the lessons learned will enable AHCs and universities to create a solid foundation to be prepared for the next stage of implementation- integrating program resources into curriculum, university and health system onboarding procedures, and faculty development initiatives. The *History and Health; Racial Equity* program utilized resources readily available to most institutions. The steps in the development of this project are generalizable, as all will have their unique history. The intended outcome is that all learners will develop an awareness of an institution’s history, impact, identity, and culture. Sharing institutional histories of racism and discriminatory acts assists the community, including students, in acquiring “specific knowledge, skills, and attitudes to have the ability to influence the worlds in which they live. They need knowledge of their social, political, and economic worlds, the skills to influence their environments, and humane values that will motivate them to participate in social change to help create a more just society and world.” (Banks, 1991, p.125).

## Conclusion

The opportunity exists for academic health centers and universities to deepen their institutional commitment to serving all community members by critically examining the history of slavery, segregation, and race-based discrimination and the resulting impact on health disparities. These institutions must acknowledge the influence they yield and join with their communities in conversations to understand the current moment better and work towards a more just future. The diverse narratives and experiences of the voices of students, patients, and communities are fueling calls for substantive, systemic, and sustained change. VCU is a metropolitan university and an AHC located in an area that once served as the capital of the Confederacy. Effectively, we sit at the nexus of diversity, equity, and inclusion work. Through the *History and Health; Racial Equity* program, we examine our racism and use this as a teaching tool. If and when we successfully build upon this initiative, we will create a template that will strengthen us and inform the national discourse shaping policies and culture committed to furthering racial equality.

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