



Semel Healthy Campus Initiative at UCLA's 2020 Health Equity Summit **Summary Report**

Introduction & Summit Goals

These are unprecedented times. The impact of the COVID-19 pandemic, the attendant economic dislocations and heightened inequality arising from it, along with the urgent need to eliminate the structural racism that haunts our society have all combined in a way that will have a fundamental impact on higher education for decades, if not longer.

We believe at this moment in time, UCLA is uniquely situated to identify a path and build a healthy, economically just and anti-racist community for all. Building from the bottom up and inside out through collaboration between students, staff and faculty, the Semel Healthy Campus Initiative (HCI) Center at UCLA has a proven track record for catalyzing innovations and building a culture of health as the foundation for a healthy and resilient community at UCLA. Now we will begin to refine the Semel HCI's campus-wide goals and strategies to build a healthier and more just and equitable future for all based on our core values: an integrative understanding of health and well-being; encouraging responsibility; celebrating diversity; and striving for health equity.

The goal of the Semel HCI Health Equity Summit was to begin discussions and map out steps for positive actions to take over the coming years to strengthen our common vision of fostering health and well-being and reducing health inequities at UCLA and beyond. The Semel HCI's model includes building knowledge and skills through academic courses and programs, creating experience-based programs that inspire students and staff, leading to social change, and fostering genuine empathy between and among every element of the diverse UCLA community.

On June 30, 2020, 152 participants from across campus, the UC system, and beyond convened virtually, hosted by Semel HCI. Invitees included UCLA student leaders, deans, vice chancellors, vice provosts, faculty, senior administrators, and staff, as well as representatives from across the UC, UC Extension, Cal States, California Community Colleges, wellbeing champions from other university campuses, the CDC, the American Medical Association, and leaders from foundations and community organizations. The specific goals of the summit were:

1. To bring together a vast array of people to gain their knowledge and expertise, as well as

to leverage collaboration across the UCLA community, the UC system, California and the US.

2. To be bold and dream about how we can strengthen our common vision of fostering health and well-being and reducing health inequities at UCLA, UC, and beyond.

We strongly believe the Semel HCI Center's work and that of the UC-wide Healthy Campus Network has prepared us to respond nimbly to the current well-being and social needs of our community during these unprecedented times.

It was clear to all Summit participants to reduce health inequities one has to address racism. A thoughtful approach is necessary to tackle structural racism across the UC system through both bottom-up and top-down methods collaborating with students, staff, and faculty. As we recover from the COVID-19 pandemic and reimagine a more equitable world, this summit generated discussions to identify positive actions we can take to improve social, emotional, and physical well-being for all. In doing so, we can work towards the mission of UCLA Equity, Diversity, and Inclusion: "Build an equal learning, working, and living environment, by holding ourselves accountable to our professed ideals."

Below you will find a summary of the major themes that emerged from the 16 small group discussions, and the next steps already being taken in light of these discussions.

Emergent Themes from the Breakout Rooms

Facilitators prompted discussions in breakout rooms around 3 main priority areas: academics, experiential opportunities, and cultural norms. The following synthesizes the wide array of ideas shared and possible actionable steps to improve health equity on campus and beyond. Six main themes emerged:

1. **Wellbeing, anti-racism, and health equity should be integrated into all courses, syllabi, and especially health professional tracks.**
 - a. Survey all courses to identify which contain anti-racism and health equity content. These can help guide development of new courses and restructuring of existing ones.
 - b. Summit participants emphasized the importance of contextualizing work and research by teaching students about the historical and racial context of their intended field (e.g. in STEM fields, why women are less present). Linking social justice and racism into incoming student curriculum is especially important.
 - c. It is especially important for health professional students to consider the historical context of structural racism and how it permeates health fields to this day. Training for health professional students should also include awareness of implicit

- bias and compassionate healthcare.
- d. Collaboration across nursing, public health, medicine, dentistry, and social work can improve patient outcomes and encourage personal growth.
2. **This is an opportune time to consider a minor, major, certificate program, new courses, and other virtual learning opportunities on the topic of health equity.**
 - a. A mandatory general education course on health equity was suggested for first year students which incorporates a recognition of how white-centric American history classes are. Health equity courses should not be treated as optional, because it may only attract students least in need of the information.
 - b. Conducting student focus groups may be useful to understand what new major, minor, or certificate programs may look like. These programs should take an interdisciplinary approach to health equity and prepare students for the world outside of academia with practical skills.
 - c. Our current virtual learning environment provides an opportunity to promote new and existing forms of media focused on health equity that can live beyond the pandemic (e.g. TED-style videos; UCLA's [Common Experience](#); the Center for the Study of Racism, Social Justice and Health's [monthly journal club](#)).
 3. **Academic priorities must be re-envisioned to promote health equity and dismantle structural racism.**
 - a. Faculty development is necessary on systemic racism, implicit bias, classroom management, empathy, and how to design an inclusive curriculum that integrates health equity. Departments should equip faculty to have uncomfortable conversations about race, privilege, and health inequities, and should encourage them to elevate voices of students of color without speaking on their behalf.
 - b. Academia encourages quantity of publications over quality, thus deprioritizing work with communities. The perception of the ivory tower further separates academia from the greater community, resulting in lost trust and faith in academia and science. Community engaged research and community partnerships in which community members are co-authors and PIs on studies, as well as increased funding for research on social determinants of health, are necessary.
 - c. The academic rewards system should require faculty to demonstrate how they create and reinforce a culture of health equity and diversity in their classroom for promotion, renewal, bonuses, and special positions (e.g. department chair).
 4. **There should be better community integration across each campus, through the UC system and UC Health, and between each campus and its surrounding community.**
 - a. Increasing awareness and empathy is vital to strengthen a sense of campus community. Art, visual installations, and virtual reality could promote empathy.
 - b. We must increase opportunities for service-based and experiential learning

(including field work) that all students have equal access to. This involves minimizing unpaid positions, and maximizing meaningful opportunities that translate into real community improvement. These are vital learning opportunities for students to build empathy while applying their studies in the field.

- c. The healthcare community served by UCLA Health is not representative of the broader LA community. UCLA should set a goal to serve a certain percentage of Medi-Cal recipients in order to expand access to more households despite existing financial barriers. UCLA should also work to minimize other barriers, such as parking costs, to improve access to healthcare services.

**5. How can we ensure all members of the campus community feel safe and welcomed?
How do we create a culture of health and inclusion?**

- a. Recruiting, and more importantly, retaining Black, Indigenous, People of Color (BIPOC) students, staff, and faculty should be a priority. Ensuring diverse voices are not only welcomed, but also appreciated and heard is important for retention. Additionally, representation of BIPOC faculty members is important for increasing the representation and retention of BIPOC PhD students on campus as students seek mentors and advisors. UCLA could expand their work with local high schools to enhance their educational opportunities in order to get more local students at UCLA.
- b. Campus policies and practices should be reexamined through an anti-racist lens to identify their potential to lead to racialized outcomes. Students should be represented in this reexamination of policies in a systematic way and frequently sought out for their input in a thoughtful and deliberate manner. As an example, the proctor process can be re-traumatizing for students who need accommodations. How can we empower instructors to honor what the student needs and their humanity, giving them the benefit of the doubt?
- c. Funding should be directed towards existing programs in order to support BIPOC students or students from disadvantaged backgrounds.
- d. Many should-be allies are not equipped to have conversations and productive dialogues around race, gender, sexual orientation and other identities to promote healing and empathy. There should be more spaces for student lounging and gathering, free from academic hierarchy and professional rank, for this to be achieved. While we are remote, creating community is more important than ever given the isolating nature of COVID-19. (This also ties to the previous theme.)
- e. Training courses on racism and emotional intelligence for every member of the UC system could set a baseline expectation for behavior on-campus. A more comprehensive training on student health and wellbeing for on-campus police officers is integral to creating a culture promoting health equity.

- f. Academia perpetuates physical, emotional, and financial struggles. We cannot foster a culture of health when the idea of academia is so entangled with all-nighters and debt that follows you through life. Students who must work to support themselves through school are at a health and academic disadvantage.
 - g. The Teaching Kitchen is an example of an existing educational space which could also act as an opportunity for research and co-creation of narratives. It can incorporate historical context and diverse cultures through food.
 - h. Mental health resources are stretched on campuses and there is a need for more resources to increase accessibility, especially given the isolating nature of the COVID world.
- 6. Basic needs have been highlighted and exacerbated by the pandemic, yet have existed long before.**
- a. The UC system should take a clear position to resolve internet connectivity inequalities by leveraging the resources and expertise at each campus. Connectivity issues can make it nearly impossible for some students to access academic resources, building upon existing socioeconomic barriers and health inequities.
 - b. Sending money directly to students can skew their financial aid awards, so there is a need for innovative ways to support their basic needs. While UC and California have made substantial progress addressing food insecurity, we continue to need to strive towards a more systematic and organized approach to student food insecurity.
 - c. Awareness of resources needs a more targeted approach than sending all resources to all students, which can leave them feeling overwhelmed.
 - d. Staff wellbeing needs should be a bigger priority, especially as they are also affected by the narrative of racism and COVID-19. If we do not properly support staff's physical, mental, and emotional needs, how can they continue to support students? Programs like the [Diabetes Prevention Program](#) have been invaluable in improving staff health and wellbeing - similar programs should be considered.
 - e. Social isolation and mental health (e.g. anxiety and depression) are concerns in the remote learning and working environment. Hybrid engagement models and virtual mental health resources should be utilized as UCLA continues to operate remotely. Adopting synchronous and asynchronous learning and teaching methods can accommodate varying needs.

Building a culture of health, equity, and anti-racism at UCLA will help lead to a better life for every Bruin, and help ensure UCLA, and our UC, California State University and California Community College colleagues continue to assert our roles as the most successful and emulated public

universities in America.

Next Steps

The following are ideas or initiated projects already being considered as a result of this summit. If you are interested in being involved with any of the following, please connect with the listed contact. Where no contact is indicated, contact Catie Imbery (cimbery@conet.ucla.edu).

1. Academic:

- a. Health Equity minor in the College. We are seeking one or two faculty champions to take on this project and flush out what the program will look like. Contact: Michael Goldstein, msgoldst@ucla.edu
- b. Development of a community-facing Health Humanities Cluster focused on health inequities to launch in Fall 2021. David MacFayden is leading the charge and is looking for interested faculty to develop ideas for the course. Contact: David MacFayden, dmacfady@humnet.ucla.edu
- c. Focus groups to identify knowledge, attitudes, and behaviors around COVID-19 precautions including mask wearing and vaccines at UCLA. Contact: Meagan Wang, mwang@conet.ucla.edu
- d. Implementation of One Book, One Campus, a successful program at Harvard which is similar to the UCLA Common Book, but for the entire campus community (not just incoming students). Contact: Meagan Wang, mwang@conet.ucla.edu
- e. Curation of EDI materials around health equity working with the Library to make educational resources about anti-racism and health equity available.
- f. Developing a conversation around bias in medical professional students.

2. Experiential Opportunities:

- a. The LAUSD-UCLA K-12 Summer Enrichment Program presents opportunities for future collaborations to connect UCLA students to volunteer with LA community schools. This could also provide opportunities to build a STEM pipeline for LAUSD students to college. Contact: Catie Imbery, cimbery@conet.ucla.edu
- b. Using virtual reality for empathy and awareness building.

3. Cultural:

- a. Monthly or quarterly seminar series featuring a guest and student panel moderated by a faculty expert to explore health equity and social justice.
- b. Other summits:
 - i. The Student Wellness Commission is working to develop a student-led and student-focused health equity summit. Contact: Miranda Kim, mirandakim@g.ucla.edu
 - ii. UCSD and UCR were interested in similar summits as well.

- iii. If your campus is interested, Meagan Wang (mwang@conet.ucla.edu) has written up virtual guidelines that she can share with you.
 - c. Weaving health equity throughout the UC Sustainability Policy.
4. Semel HCI and partners are committed to providing catalytic funding for UCLA student groups, staff, and faculty community projects to address and reduce health inequities during this time of COVID recovery and reimagining a world free of racism and strong in empathy and equity. For grant inquiries, contact Burt Cowgill (bcowgill@ucla.edu).
5. Goal driven working groups will start before the academic year – we welcome you to participate in, volunteer to lead, and/or invite others to the table.
6. We also invite you to join our monthly pod meetings once the academic year begins. Information and contacts for the pods are below:
 - a. The EatWell pod aims to enhance food literacy, reduce food insecurity, and offer nutritious and sustainable food choices to everyone at UCLA. Contact: EatWell@ucla.edu
 - b. The MindWell pod aims to promote psychological and emotional well-being, resilience, and creative expression throughout the UCLA community. Contact: MindWell@ucla.edu
 - c. The BEWell pod aims to catalyze changes to UCLA’s built environment that promote health, safety, and sustainability for UCLA and the communities it serves while facilitating the pursuit of well-being and mindfulness. Contact: BEWell2013@ucla.edu
 - d. The EngageWell pod aims to promote healthy social relationships at UCLA by working in partnership with other constituencies. Contact: EngageWell@ucla.edu