

EXHIBIT B.2

ACTION COLLABORATIVE
FOR **BLACK MEN**
IN **MEDICINE**

AN INITIATIVE OF THE AAMC AND NMA

STRATEGY SUMMIT PROCEEDINGS

AAMC • Washington, D.C. • Oct. 20-21, 2022





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The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 157 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 13 accredited Canadian medical schools; approximately 400 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened participation in the AAMC by U.S. and international academic health centers.

The NMA promotes the collective interests of physicians and patients of African descent. We carry out this mission by serving as the collective voice of physicians of African descent and as a leading voice for parity in medicine, elimination of health disparities and promotion of optimal health.

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About the Action Collaborative for Black Men in Medicine

Following the release of [Altering the Course: Black Males in Medicine](#) in 2015, leaders at the AAMC (Association of American Medical Colleges) and the National Medical Association (NMA) initiated discussions about working together to address the lack of progress in increasing the representation of Black men in medicine. They joined forces to co-sponsor the Action Collaborative for Black Men in Medicine (AC) in August 2020. The AC started its work with a Steering Core, a national committee comprised of subject matter experts from various disciplines who were charged with identifying premedical, academic medicine, and sociocultural systems factors to spark a national action agenda focused on systems change.

Leveraging the collective impact model, the AC will stimulate the development of a national coalition of individuals, institutions, and organizations that will work on the creation and implementation of a common agenda using shared measurements to advance systems change. The AAMC and NMA serve as the backbone organizations to move the work forward through planning, implementation, and evaluation.

More information is available at aamc.org/actioncollabforBMIM.

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Mars Arts D.C. is Washington Performing Arts' signature community engagement initiative. The product of a partnership between Washington Performing Arts, Jacqueline Badger Mars, and Mars, Incorporated, Mars Arts D.C. carries out its mission of presenting and elevating the dynamic vibrancy found in the local arts community and business economy through ever-growing artist engagement and long-term communal partnerships. With programmatic elements highlighting the uniqueness and beauty across all eight wards of the District, Mars Arts D.C. offers distinct performance opportunities, artist residencies, signature education programs, and robust integration with the Washington Performing Arts main stage series, all for the benefit, enjoyment, and growth of both the artist community itself and the D.C. community as a whole.

Executive Summary

This report focuses on the outputs of the Action Collaborative for Black Men in Medicine inaugural Strategy Summit held Oct. 20-21, 2022, in Washington, D.C. With over 100 participants that included individuals from high schools, colleges, and universities including HBCUs, medical schools, organizations representing students, higher education, youth development, community-based organizations, foundations, government agencies, health systems, and insurers, we engaged in a series of strategy-development activities based on the initial work of the Action Collaborative. These activities resulted in the development of over 40 strategies addressing the premedical, academic medicine, and sociocultural factors influencing the experience of Black men on the pathway to becoming a physician.

Participants also noted the absence or lack of emphasis on the following areas:

- Impact of structural racism.
- Role of churches.
- Importance of mental health.
- Exposure to Black teachers.
- Parent or guardian engagement.

Considering the diversity of voices present at the Strategy Summit, our hope is that leaders — in fact, anyone interested in increasing the representation of Black men in medicine — will use this document as a blueprint for action. The strategies outlined, in most cases, can be applied to multiple contexts.

The Action Collaborative will use these strategies as a basis for informing its action agenda and identifying opportunities to partner with organizations, institutions, government, and the broader community.

STRATEGY SUMMIT OVERVIEW

On Oct. 20-21, 2022, the Action Collaborative for Black Men in Medicine (AC) convened its first Strategy Summit to bring together a diverse group of voices who are interested in advancing systems change to increase the representation of Black men in medicine. The Strategy Summit was developed with the intention to:

- Share the Action Collaborative Steering Core findings and initial projects.
- Gather broad input on systems-based strategies that address premedical, academic medicine, and sociocultural factors influencing the trajectory of Black men in medicine via strategy development sessions.
- Network and engage with others to identify opportunities for collaboration.
- Identify individuals, organizations, and institutions that will join the AC and support the development and implementation of an action agenda.

The Action Collaborative Steering Core Committee set the focus on strategies starting as early as the last two years of high school through the first two years of medical school. While the AC recognizes the significant influence of K-12 education in physician workforce development, the AC decided to focus on areas where we could make the most immediate impact. There are two active working groups: (1) prehealth advising and (2) leadership accountability. To achieve its goals, the AC adopted elements of the collective impact approach and coalition building.



The Strategy Summit facilitated networking among leaders from across the country who are committed to supporting Black men interested in medicine.

Based on the AC's Organizing and Steering Core committees foundational work reviewing the research literature, data, and their personal and professional experiences, the AC identified key systems factors influencing the trajectory of Black men in medicine in three areas: (1) premedical systems factors; (2) academic medicine systems factors; and (3) sociocultural systems factors. Figure 1 represents each of the factors that were used as the foundation for the Summit activities. Sociocultural systems factors are included in the middle of the illustration.

For additional information about the AC's process and findings, refer to Poll-Hunter NI, Brown Z, Smith A, Starks SM, Gregory-Bass R, Robinson D, Bright CM, et al. Increasing the representation of black men in medicine by addressing systems factors. *Acad Med*. 2023;98(3):304-312. doi:10.1097/ACM.0000000000005070.

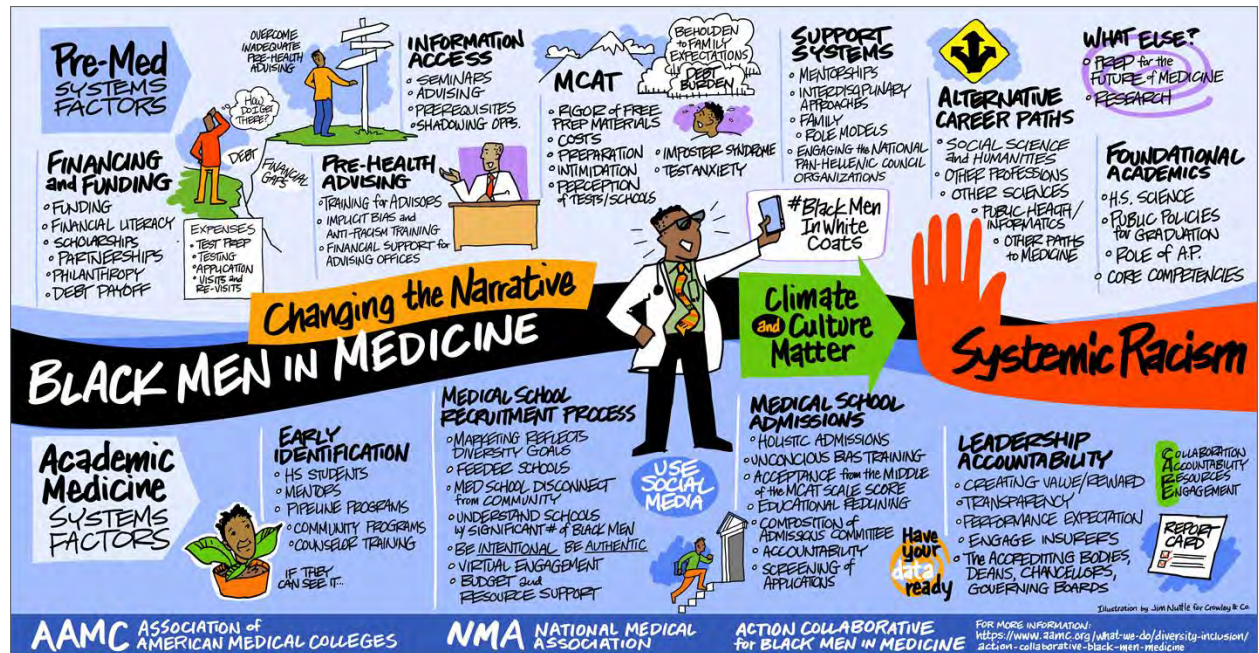


Figure 1. The systemic influences that impact the trajectory of Black men entering medicine: premedical systems factors, academic medicine systems factors, and sociocultural systems factors.

SUMMIT EXPERIENCE

Aligned with collective impact approaches, the Summit was designed to enhance connection, facilitate learning, and gather collective input. See Appendix 1 for the agenda and Appendix 2 for speaker biographies. Day 1 sessions focused on the following goals:

- Level setting to ground the participants on the context for the AC's work.
- Sharing an update on the AC's progress.
- Increasing the participants' understanding of collective impact.
- Facilitating strategy development.

The Summit started with a panel moderated by David A. Acosta, joined by Garfield Clunie, David J. Skorton, and M. Roy Wilson sharing their perspectives on the rationale and urgency for the AC's work (vimeo.com). This was followed by a panel moderated by Marc Nivet, with Kimberly Bellamy, Niva Lubin-Johnson, Derek Robinson, and Andre Smith, Action Collaborative Steering Core and Organizing Committee members, sharing the AC goals, structure, and progress to date (vimeo.com). This update included an overview of the AC's current project to develop free e-learning modules focused on equity-minded premedical advising, in collaboration with the National Association of Minority Medical Educators and



Left to right: Garfield Clunie, MD, 123rd president, National Medical Association; M. Roy Wilson, MD, 12th president, Wayne State University; David J. Skorton, MD, president and CEO, AAMC; and David A. Acosta, MD, chief diversity and inclusion officer, AAMC, shared their perspectives in the Day 1 opening panel, Setting the Stage for Action.

the National Association of Advisors for the Health Professions. The goal is to address the absence of standardized training for premedical advisors. There was also a brief overview of the work on developing a leadership accountability framework. These sessions will be available for viewing at aamc.org/actioncollabforbmim.

Day 2 started with Louis W. Sullivan, president emeritus, Morehouse School of Medicine, providing a historical view and reflections on the strategies. The remainder of the Summit focused on continued strategy development discussions, an update on the National Academies of Sciences, Engineering, and Medicine Roundtable on Black Men and Black Women in Science, Engineering, and Medicine, and enhancing understanding of collective impact. The content on collective impact was provided by our consulting partners at Levado including Frank Mirabal and Junious Williams.

The National Academies of Sciences, Engineering, and Medicine Roundtable on Black Men and Black Women in Science, Engineering, and Medicine has produced numerous reports that provide the latest data, research, and guidance. More information is available at nationalacademies.org/our-work/roundtable-on-black-menand-black-women-in-science-engineering-and-medicine.

This proceeding reports on the collective discussions and outputs from the strategy sessions. Summit participants represented a diverse set of voices comprising perspectives from high school, colleges, and universities (including HBCUs), medical schools, organizations representing students, higher education, youth development, community-based organizations, foundations, government agencies, health systems, and insurers. See Appendix 3 for a list of institutions and organizations.

REVIEW OF SYSTEMS FACTORS

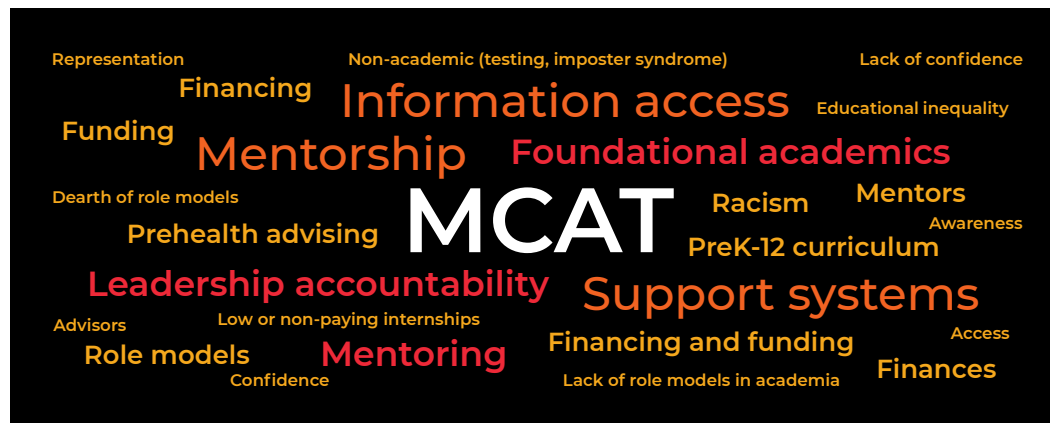


Figure 2. Word cloud representing factors participants reported as impacting Black men's participation in medicine.

Summit participants were asked to review and provide input on the premedical, academic medicine, and sociocultural factors based on the AC's initial work (see Figure 1). The first set of activities used polling to gather the participants' input on the premed systems factors they thought had the most impact on Black male participation in medicine. Figure 2 reflects the participants' responses showing that the MCAT® exam, mentoring, support systems, information access, and foundational academics were commonly cited factors that have the greatest impact.



Alexzander Ballard, a medical student, provided insights on the strategies that would be most effective for current learners.

Of the four academic medicine systems factors identified in the discovery phase, participants were asked to provide input on the factors that they thought had the most impact on Black men's participation in medicine. Figure 3 shows the participants' indicated that early identification and the medical school admissions process were perceived to have the most impact.

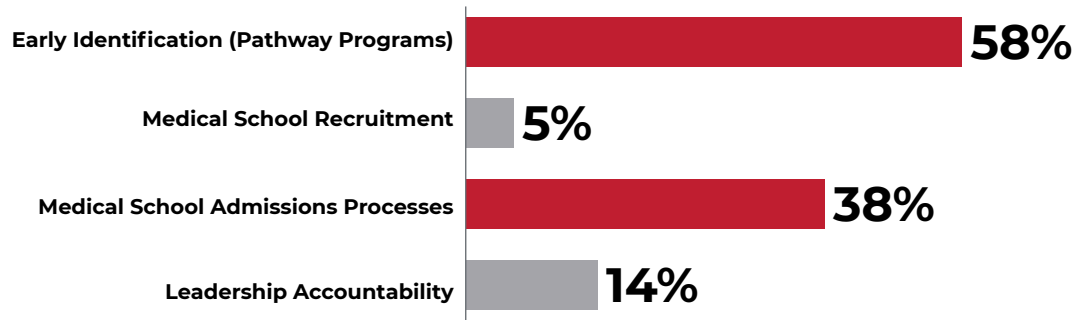


Figure 3. Poll results for academic medicine factors participants perceived to have the most impact.

MISSING SYSTEMS FACTORS

During the polling, participants were also asked to provide input on systems factors that were not included in the AC's initial work. They identified the following additional factors:

- Impact of structural racism.
- Role of churches.
- Importance of mental health.
- Exposure to Black teachers.
- Parent or guardian engagement.

Discussions during Day 2 allowed for further elaboration on the impact of systemic racism, the need to focus on well-being and mental health for Black men, and the influence of other individuals, institutions, and community support.

Systemic Racism

Although it was an identified factor (red hand in Figure 1), participants felt that greater delineation about the impact of systemic racism was necessary. They noted that racism often manifests in low expectations for academic and career success for



Jason Walker, PhD, associate professor of physiology and director of student progression and off cycle curriculum at the Philadelphia College of Osteopathic Medicine, discussed efforts to build a support network and address the mental health of Black men entering medical school at his institution.

Black men, the “adultification” of Black boys, and the criminalization of young Black men. These unique experiences were identified as significant barriers on the pathway to medicine.

Importance of Well-Being and Mental Health

Related to the experiences with racism outside academic medicine, attention to programs and services to address the well-being and mental health of Black men along the medical education continuum was identified as a missing systems factor. Current faculty and practicing physicians shared encounters with traumatic experiences in medical school and residency that often cause them to question if encouraging younger generations of Black men to pursue medicine made sense. One participant noted, “Then institutions wonder why their Black alumni do not ‘give back’ to the institution.” Participants underscored the need for mental health supports that address normative stressors, as well as the influence of racism, on the well-being of Black boys and men pursuing medicine.

Additional Influential Factors and Structures

Participants noted that parent or guardian engagement is often missing from discussions about physician workforce development. They suggested that strategies need to incorporate educating parents or guardians on how to support the young boys and men in their lives who are interested in medicine. Churches and religious organizations were identified as a space for engagement. In the polling results, the presence (and lack thereof) of Black teachers was suggested as another influential factor.

STRATEGY DEVELOPMENT

The breakout sessions were structured to gather input on the initial set of proposed strategies developed by the AC committees. The feedback was collected via polling software and by a notetaker at each table.

After the Summit, the AC collated and organized the Summit participants' proposed strategies in each area. The Levado team and Junious Williams, JD, who are experts in collective impact, classified the strategies and proposed interventions into categories reflecting the “conditions of systems change” based on [The Water of Systems Change](#), by John Kania, Mark Kramer, and Peter Senge (2018). The authors propose six conditions that are interdependent and explain how they “hold a social problem in place.” The six Conditions of Systems Change are the following: structural changes that are often evident in (1) policies, (2) practices, and (3) resource flows; (4) relationships and connections and (5) power dynamics that are semi-explicit; and (6) mental models that are implicit and contribute to transformative change.



Summit participants engaged in breakout sessions to discuss strategies that can be implemented to address each of the systemic factors.

Systems Change Conditions

These definitions are presented in [The Water of Systems Change](#), by John Kania, Mark Kramer, and Peter Senge (2018).

- **Policies:** Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.
- **Practices:** Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that make up their work.
- **Resource flows:** How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.
- **Relationships and connections:** Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.
- **Power dynamics:** The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.
- **Mental models:** Habits of thought — deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

Findings of Strategy Sessions

The following tables represent the Summit strategy session findings by systems factor. In some cases, strategies were proposed with no specific interventions classified into one of the six conditions of systems change.

Sociocultural Factors

This set of factors reflect the broader sociocultural environment that permeates all aspects of the experience of Black men and how they are perceived and portrayed in the United States. These factors influence their experiences along the medical education continuum and undergird the systems in place. These were represented by the following AC-identified systems factors: impact of systemic racism, the culture and climate of institutions, and changing the narrative about Black men. Participants added specific strategies focused on well-being and mental health that were not originally identified. While the strategies related to increasing the adoption of anti-racist policies at MD and DO schools do not outline specific interventions, more guidance can be found in the 2021 report prepared by Medical Education Senior Leaders (MESL), [Creating Action to Eliminate Racism in Medical Education](#).

Table 1. Sociocultural Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Changing the Narrative	Change the narrative about the pathway to medicine.	Transformative: Mental Models	Reexamine what it means to be “qualified” and shifting the definition. Reconceptualize what it means to be premed. Rethink prerequisites. Decrease barrier courses, narrowness of prerequisites.
	Build relationships with media and broadcasting to demonstrate Black men in medicine and science.	Transformative: Mental Models	Promotion of the profession to young learners, explicitly young Black males.
	Change the fixed mindset (stereotypes, assumptions) of how society and leaders in academia may perceive Black men.	Transformative: Mental Models	Redefine “professionalism” to create inclusive climates and cultures in health care settings. Showcase stories of Black men’s success, not solely of those who have overcome adversity and have become successful, via social marketing and or public awareness campaign.
Climate and Culture	Promote the use of climate assessments and aggregate data to understand the experiences of Black men.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
	Increase adoption of anti-racist policies and practices in MD and DO granting institutions.	Structural Change: Policy	<i>No specific interventions were proposed by the participants.</i>

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Table 1. Sociocultural Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Impact of Systemic Racism	Make available resources for Black men to support their well-being.	Structural Change: Resource Flow	Fund and provide wraparound services, holistic student support, effective handoffs, helping them find community. Adopt practices and programs such as the Association of Black Psychologists' Emancipation Circle for Black medical students to decompress all microaggressions.
	Build support systems that address the well-being of Black men.	Relational: Relationships and Connections	Predominately White Institutions need to partner with HBCUs to learn the strategies and interventions used to create a learning environment that enable Black men to thrive, and then replicate the nuances of this learning environment.
	Increase data and research demonstrating the impact of racism on the well-being and career development of Black men.	Transformative: Mental Models	Expand social justice initiatives and frameworks to consider efforts to mitigate the school-to-prison pipeline. Frame pipeline as a public health concern and respond to injustice in criminal legal system.
	Enhance community engagement strategies to develop community resilience in response to community trauma and community-related violence.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>

Premedical Systems Factors

Participants elaborated on premedical strategies that may be pursued to address issues related to financing and funding, information access, prehealth advising, the MCAT exam, support systems, alternative career paths, and foundational academics. The strategies call for changes in institutional and federal policies, advocacy for K-12 systems, and collaboration to improve the pathway to medicine for Black men.

“...going back to what the mayor [of New York] did with universal pre-kindergarten, not everyone is privileged to be in an environment where education is considered important or have access to good education ... nationally we should be advocating for that.”

— Garfield Clunie, MD

Table 2. Premedical Systems Factors

Systems Factor	Strategy	Condition of Systems Change	Interventions
Financing and Funding	Reduce costs of applying to and attending medical school.	Structural Change: Resource Flow	Medical school tuition waivers.
	Increase funding available for medical school.	Structural Change: Resource Flow	Restructure federal financial aid. Create institutional funding mechanisms to assist students who are about to start medical school and lack funding to get set up. Increase public funding for med schools Increase scholarship programs.
	Reduce medical school debt.	Structural Change: Resource Flow	Increase awareness of debt payoff programs. Increase federal and state advocacy for debt payoff programs. Offer debt forgiveness.

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Table 2. Premedical Systems Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Premedical Advising	Develop clear guidelines, data, and consistent methodologies for college and university advisors developing and evaluating a system of effective, culturally informed practices.	Structural Change: Policy	Create pilot program for prehealth advising. Identify models of prehealth advising success that transcend environmental influences and of K-12 academic preparedness.
	Promote relationships between medical schools, community colleges, and four-year institutions to build networks that support Black men.	Relational: Relationships and Connections	<i>No specific interventions were proposed by the participants.</i>
	Shift mindsets to student assets versus student deficits to impact outcomes for Black men.	Transformative: Mental Models	<i>No specific interventions were proposed by the participants.</i>
	Share models of effective prehealth advisor engagement.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
Information Access	Make pathways to medical school information more culturally responsive.	Structural Change: Practices	Expand orientation programs to provide grounding for students interested in medicine and access to information. Exposure may help students to better navigate the institution and locate resources that can support their journey.
	Equip science chairs and faculty engaged in prerequisite courses, academic advisors, career development staff, and leaders of Black male initiatives with premed information.	Structural Change: Practices	Conduct focused work with Minority-Serving Institutions, community colleges, and grassroots programs.
	Leverage technology, specifically social media, to connect with Black males.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
MCAT Exam	Improve access to affordable test preparation materials.	Structural Change: Practices	Improve information dissemination about AAMC preparation materials.
	Shift thinking about the use of MCAT scores in admissions.	Transformative: Mental Models	Use evidence-based research showing that a broader range of MCAT scores yields greater student diversity.

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Table 2. Premedical Systems Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Support Systems	Create systems of prevention, recovery, on-off ramps, and mechanisms for success.	Structural Change: Practices	Develop an engagement plan for two critical student groups that need to stay on the pathway: students who apply, are not accepted, and don't apply again and students who take the MCAT exam but don't apply to medical school.
	Address issues concerning the transition to and success at the GME level (for example, how to address the dropout rate, the pushout from residency).	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
	Enhance networks between organizations supporting Black boys and men and pathway programs and medical schools.	Relational: Relationships and Connections	Promote collaborations between pathway programs to develop bridges and safety nets for Black boys and men.
Alternative Career Paths	Identify and work with other STEMM efforts work on pathway development to avoid duplication of effort and exposure of students to all STEMM-related career opportunities, including medicine.	Relational: Relationships and Connections	<i>No specific interventions were proposed by the participants.</i>
	Collaborate across health professions to facilitate transitions to other health-related careers.	Relational: Relationships and Connections	<i>No specific interventions were proposed by the participants.</i>
Foundational Academics (K-12)	Advocate for federal, state, and local policies that improve the quality of K-12 education.	Structural Change: Policy	Engage in educational policy to make sure the schools and the county provide the classes that would set the students up to be college ready (for example, algebra). Use metrics to advocate for educational policies with policymakers and school district leaders.
	Advocate for changes in public education funding.	Structural Change: Resource Flow	<i>No specific interventions were proposed by the participants.</i>
	Enhance understanding of how early investments in K-12 education are critical for physician workforce development.	Transformative: Mental Models	<i>No specific interventions were proposed by the participants.</i>

Academic Medicine Factors

Participants developed strategies to address the following academic medicine factors: early identification, medical school recruitment, admissions, and leadership accountability. The strategies primarily centered on strategies for academic health centers, accrediting bodies, and health systems to increase the representation of Black men in medicine.

“We cannot depend on a particular program being good or the benevolence of a leader ... it has to be about changing the basics of how the system works.”

— David J. Skorton, MD

Table 3. Academic Medicine Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Early Identification	Build an active network for pathway programs to address the representation of Black men.	Structural Change: Practices	Develop consistency in programmatic approaches to (1) ensure the importance of validating and affirming students along their journey, (2) build a sense of belonging and capability early (for example, pre-matriculation programs), and (3) instill a more expansive sense of self-identity. Expand high school guaranteed admissions programs. They are great tools to expand recruitment.
	Enhance outreach to focus on young Black men.	Structural Change: Practices	Connect with youth development, afterschool programs and mentorship organizations (Big Brothers, Boy Scouts of America, Boys Club).
	Promote family engagement.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
	Increase medical school engagement in STEMM education support for students in pre-K through 12th grade, parents and caregivers, and teachers.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
	Increase institutional funding to support pathway programs that focus on young Black men.	Structural Change: Resource Flow	<i>No specific interventions were proposed by the participants.</i>

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Table 3. Academic Medicine Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Medical School Admissions	Foster the development of admissions policies and practices that are equity minded.	Structural Change: Practices	Highlight best practices among institutions that are considered successful at matriculating and graduating Black men, and promote relevant best practices.
	Reexamine the phases of the admissions process (application, screening, interview, committee decision-making) to identify potential for bias and discrimination.	Structural Change: Practices	Increase “true” implementation of holistic review practices. Integrate unconscious bias training in admissions committees.
	Increase the diversity and equity practices of admissions committees.	Relational: Power Dynamics	Increase engagement of DEI leaders as part of the decision-making body in admissions committees.
			Apply term limits to admissions committee membership.
		Relational: Power Dynamics	Review composition of medical school admissions committees, including community participation, to help select students who are likely to practice in communities that are marginalized.
	Shift mindsets of the characteristics of “qualified” applicants to medical school.	Transformative: Mental Models	Use equity-minded framework to foster anti-racist mindsets in admissions committee members, chairs of admissions, and admissions deans.
Medical School Recruitment Process	Align marketing and outreach with institutional diversity goals.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>
	Improve follow-up on students in pre-K through 12 grade who are engaged in recruitment activities and the institutions’ pathway programs.	Structural Change: Practices	Create practices that provide students in pathway programs guaranteed interviews upon successful program completion.
	Build partnerships with community colleges.	Structural Change: Practices	<i>No specific interventions were proposed by the participants.</i>

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Table 3. Academic Medicine Factors			
Systems Factor	Strategy	Condition of Systems Change	Interventions
Leadership Accountability	Develop policies, structures, and tools for increasing leadership accountability at the institutional level.	Structural Change: Policy	Work with dean's group to identify and develop equity leadership accountability structures.
	Accrediting bodies should develop expectations, standards, and tools for evaluating institutions' DEI efforts in response to national needs, with focus on Black males.	Structural Change: Policy	<i>No specific interventions were proposed by the participants.</i>
	Health payers should develop expectations and standards for their medical training institution partners related to efforts to increase Black males in medicine.	Structural Change: Policy	<i>No specific interventions were proposed by the participants.</i>
	Faculty development and accountability – around narratives that advance diversity, inclusion, and equity.	Transformative: Mental Models	Educate our educators about the social determinants of health and systemic racism and how they impact workforce and clinical outcomes – educators and learners must both understand.
	Increase accountability for diversity at medical schools through accreditation organization, thirdparty payers, and other medical school and university trade organizations.	Structural Change: Practices	Celebrate champions: provide recognition awards for academic medical institutions.

SUMMIT PARTICIPANT RECOMMENDATIONS

As part of our information gathering, we also learned from Summit participants that there is interest in the AC engaging in the following activities:

- **CREATE** a data-oriented working group.
- **IDENTIFY** opportunities to influence governmental changes that create barriers.
- **ENGAGE** more with federal and state education agencies to address educational inequities that pathway programs often supplement.
- **INCLUDE** other professional organizations that may not be typically present — for example, accreditors, educators, nurse practitioners, religious organizations.
- **INVEST** in advertising to gain the interest of our target audience, similar to the way the armed forces have recruitment ads (for example, TV, social media).
- **PRESENT** some real success with data. Share best practices and programs. Learn about and hear from pathway program leaders, institutions, and organizations who have had success bringing more Black men into medicine.
- **ORGANIZE** a moderated panel to gain insights from black male physicians.
- **ADD** community engagement at the next event with a community activity, or conduct part of the meeting at a local community space or nearby school or university. Take the conversations to the community, specifically within the neighborhoods or schools.
- **REACH OUT** to all Black men currently enrolled in medical school for participation in the initiative.

NEXT STEPS FOR THE ACTION COLLABORATIVE

The AC is extremely grateful to all the participants who shared their time and perspectives. We will continue to sponsor virtual forums to gather additional input about the areas identified during the Summit. We recognize that an in-person meeting presented limitations to participation. We will also take into consideration this feedback on the AC's next steps.



To stay informed and engage with the Action Collaborative for Black Men in Medicine, scan the QR code or visit aamc.org/actioncollabforBMIM.

Continue the Conversation on Social Media:

- **#ActionCollab4BlackMenInMed**
- **#BlackMeninMedicine**



Current medical students, including Avery Ford, Toby Nwankwo, and Quinton Jenkins, participated in the Summit.

Appendix 1

Meeting Agenda

*AAMC Learning Center, Bernard Jarvis Hall
655 K Street, NW, Washington, DC*

Thursday, Oct. 20, 2022

11 a.m.-12 p.m. **Registration and Check-in**
2nd Floor Learning Center

12 p.m.-12:30 p.m. **Networking Lunch**
Rooms Jarvis Hall, 220 and 230

12:30 p.m.-1:15 p.m. **Setting the Stage for Action**
Moderator
David Acosta, MD, FAAP
Chief Diversity and Inclusion Officer
Association of American Medical Colleges

Garfield Clunie, MD
123rd President
National Medical Association

David J. Skorton, MD
President and CEO
Association of American Medical Colleges

M. Roy Wilson, MD, MS
President
Wayne State University

1:15 p.m.-2:15 p.m. **State of the Action Collaborative**
Moderator
Marc A. Nivet, EdD, MBA
Executive Vice President for Institutional Advancement
UT Southwestern Medical Center

Action Collaborative Organizing Committee Members

Niva Lubin-Johnson, MD
119th President
National Medical Association

Kimberly Bellamy, MS Ed
Lead Specialist, Strategic Programs and Partnerships
Association of American Medical Colleges

Steering Core Committee Members

Derek Robinson, MD, MBA
Chief Medical Officer
Blue Cross Blue Shield of Illinois

Andre Smith, MHS
In-House Clinical Research Associate
ICON plc

2:15 p.m.-2:30 p.m. Wellness Break

2:30 p.m.-3:45 p.m. Examining Strategies for Collective Action

Frank Mirabal, PhD
Co-founder & Partner
Levado

Junious Williams, JD
Senior Advisor
Collective Impact Forum

Pre-Medical Systems Factors

Room Jarvis Hall

Moderator

Alden Landry, MD, MPH
Assistant Dean
Office for Diversity, Inclusion and Community Partnership
Harvard Medical School

Academic Medicine Systems Factors

Room 220

Moderator

Cedric Bright, MD
Interim Vice Dean for Medical Education and Admissions
East Carolina University Brody School of Medicine

Broader Socio-Cultural Factors

Room 230

Moderator

Steven Starks, MD,
Clinical Assistant Professor,
Tilman J. Fertitta Family College of Medicine
University of Houston

3:45 p.m.-4:45 p.m. Collective Impact as an Approach for Systems Change

Frank Mirabal, PhD
Co-founder & Partner
Levado

Junious Williams, JD
Senior Advisor
Collective Impact Forum

5 p.m.-6 p.m. Networking Reception

Friday, Oct. 21, 2022

8:30 a.m.-9:15 a.m. Networking Breakfast

9:15 a.m.-9:30 a.m. Welcome & Opening Remarks

Louis W. Sullivan, MD
President Emeritus
Morehouse School of Medicine
U.S. Secretary of Health and Humans Services, 1989-1993

9:30 a.m.-10:15 a.m. Grounding our Collective Learning: Reflections from Day 1

Frank Mirabal, PhD
Co-founder & Partner
Levado

Junious Williams, JD
Senior Advisor
Collective Impact Forum

Respondents

Kylar Wiltz
President
Howard University College of Medicine Student Council
Student National Medical Association

Tanisha King, PhD
Heritage College Chief Inclusion Officer
Ohio University Heritage College of Osteopathic Medicine

10:15 a.m.-10:30 p.m. National Academies of Science Engineering and Medicine

Roundtable on Black Men and Black Women in Science, Engineering and Medicine Update

Vivian W. Pinn, MD
Senior Scientist Emerita,
Fogarty International Center, NIH
Former Director (Retired)
Office of Research on Women's Health, NIH

- 10:30-11:30 p.m. Deeper Dive into Strategies: Exploring Opportunities**
- Frank Mirabal, PhD
Co-founder & Partner
Levado
- Pre-Medical Systems Factors**
Room Jarvis Hall
- Moderator
Alden Landry, MD, MPH
Assistant Dean
Office for Diversity, Inclusion and Community Partnership
Harvard Medical School
- Academic Medicine Systems Factors**
Room 220
- Moderator
Cedric Bright, MD
Interim Vice Dean for Medical Education and Admissions
East Carolina University Brody School of Medicine
- Broader Socio-Cultural Factors**
Room 230
- Moderator
Steven Starks, MD,
Clinical Assistant Professor,
Tilman J. Fertitta Family College of Medicine
University of Houston
- 11:30 p.m.-11:45 p.m. Wellness Break**
- 11:45 p.m.-12:15 p.m. Creative Performance**
- Moderator
Clarence J. Fluker
Director of Community Engagement
Association of American Medical Colleges
- Yusha Assad
Storyteller/Vocalist
Mars Arts D.C.
- 12:15 p.m. - 1 p.m. Networking Lunch**
Rooms Jarvis Hall, 220 and 230

1 p.m.-2:30 p.m. How do we work together?

Frank Mirabal, PhD
Co-founder & Partner
Levado

Junious Williams, JD
Senior Advisor
Collective Impact Forum

2:30 p.m.-3 p.m. Next steps: Action Planning

Cedric Bright, MD
Interim Vice Dean for Medical Education and Admissions
East Carolina University Brody School of Medicine

Norma Poll-Hunter, PhD
Senior Director, Equity, Diversity & Inclusion
Association of American Medical Colleges

Appendix 2

Speaker Bios



David A. Acosta, MD

As chief diversity and inclusion officer, David A. Acosta, MD, provides strategic vision and leadership for the AAMC's diversity and inclusion activities across the medical education community, and leads the association's Equity, Diversity, and Inclusion unit.

A board-certified physician of family medicine, Dr. Acosta joined the AAMC from the University of California (UC), Davis School of Medicine where he served as senior associate dean for equity, diversity, and inclusion and associate vice chancellor for diversity and inclusion and chief diversity officer for UC Davis Health System. He previously served as the inaugural chief diversity officer at the University of Washington (UW) School of Medicine, where he established a rural health fellowship program for Tacoma Family Medicine, a residency program affiliated with the UW Department of Family Medicine.



Kimberly Bellamy, MS Ed

Kimberly Bellamy is passionate about increasing support, resources and access for students of color and other marginalized communities to achieve their academic and professional goals. She joined the AAMC in March 2018 where she serves as Lead, Strategic Programs and Partnerships. In this role, she supports programs and initiatives to advance equity, diversity and inclusion across the medical education continuum with an emphasis on Black males and Indigenous populations.

Kimberly has over a decade of higher education experience in various capacities including academic support, academic advising and career development. In her previous role at George Mason University, she spearheaded the creation of a university-wide affinity group focused on the recruitment and retention of employees of color. She also worked on premedical initiatives at both GMU and Barton College. She is currently leading an initiative through the Action Collaborative for Black Men in Medicine to develop a standardized premedical advising training with a focus on equitable advising approaches. Kimberly earned a Bachelor of Science in Communication from East Carolina University and a Master of Science in Education from Old Dominion University.



Cedric M. Bright, MD, FACP

Dr. Cedric M. Bright, physician, and patient advocate is the Interim Vice Dean for Medical Education and Admissions, Professor of Clinical Internal Medicine at the Brody School of Medicine in Greenville NC. He has served faculty roles at UNC School of Medicine, at Duke University SOM and started his academic career at Brown University SOM. He served as the 112th President of the National Medical Association from 2011 to 2012 during which time he advocated in the White House for health equity, increased diversity in clinical trials, and increasing the pipeline of students of color into health careers. Dr. Bright has served as a mentor for premedical and medical students and was featured in a U tube video developed by Diverse Medicine Inc. entitled "Black Men in a White Coat." He was featured in the AAMC 2015 publication *Altering the Course: Black Males in Medicine*. He has spoken at the Congressional Black Caucus Health brain trust before on topics related to Veteran's health, disparities within the VA system, and how to strengthen the pipeline of black males. In 2019, Dr. Bright was inducted into the Order of the Golden Fleece, the highest honor bestowed to UNC Alumni. He was elected for AOA at UNC as an alumnus. Dr. Bright is a fellow of the American College of Physicians and serves as a board member for the National Medical Fellowships Inc. and

serves on the American Medical Association Foundation board. He is a member of the steering committee for the National Academy of Science, Engineering and Medicine roundtable on Black Men and Women in STEM.

He is a dedicated clinician, community servant leader, husband and father, as well as a mentor to many.



Garfield Ashford Dwight Clunie, MD

Dr. Garfield Clunie is a leading expert in women's health and healthy equity. He currently serves as president of the nation's oldest and largest organization of African American physicians, the National Medical Association, where he has served on the Board of Trustees for more than 15 years. Dr. Clunie has built his career on serving vulnerable populations and as an advocate for the elimination of health disparities and seeking health equity for all.

After receiving a BS degree in Biochemistry from the State University of New York at Stony Brook, Dr. Clunie earned his medical degree from Wake Forest University School of Medicine, then completed a residency in Obstetrics and Gynecology (OB/GYN) at NYU Downtown Hospital, and then completed a fellowship in Maternal-Fetal Medicine (MFM) at Tufts – New England Medical Center. Dr. Clunie is double boarded in OB/GYN, and MFM and is Associate Professor of OB/GYN, and inaugural Vice Chair for Diversity, Equity, and Inclusion in the Department of OB/GYN at NYU Grossman School of Medicine. In addition to caring for pregnant women with complex medical conditions, Dr. Clunie's special interests include prenatal diagnosis of fetal anatomic and genetic abnormalities, and preconception and inter-conception care, diabetes in pregnancy and fetal growth abnormalities. Dr. Clunie has authored several peer-reviewed articles and book chapters.

Dr. Clunie's is a native of Jamaica, and currently resides in New York City. Dr. Clunie remains dedicated to addressing health and wellness nationally and internationally as this is his purpose of his life.



Clarence J. Fluker, MA

Clarence J. Fluker is a public affairs strategist, organizational change leader and equity & inclusion advocate. At the AAMC he serves as Director of Community Engagement, leading their efforts to create deeper and wider relationships with the government, nonprofit and business sectors in Washington, D.C. Previously, he worked for the Obama White House Council on Environmental Quality, two Washington, D.C., mayors, a national political action committee and several nonprofits managing communications, fundraising and program initiatives. He earned his undergraduate degree in speech communication from Morgan State University and graduate degree in public communication from American University.



Tanisha King, PhD

Dr. Tanisha King is an International Speaker, Author and Publisher, Professor, and Consultant, who currently serves as the Chief Inclusion Officer for the Heritage College of Osteopathic Medicine at Ohio University. She has served her communities through volunteerism as a member of various boards of directors; has been featured in multiple news and radio outlets and is a former politician. Dr. King is the Founder of Dr. King Speaks, LLC, where she helps organizations move from performative to transformative diversity, equity, and inclusion practices as well as empowers women to defy odds and overcome obstacles through radical self-love.



Marc A. Nivet, EdD, MBA

Marc A. Nivet, EdD, MBA, is the Executive Vice President for Institutional Advancement at UT Southwestern Medical Center, where he provides strategic vision and oversight in Development and Alumni Relations; Communications, Marketing, and Public Affairs; Government Affairs; Technology Development; Community and Corporate Relations; and Institutional Equity and Access. Dr. Nivet also serves as Professor in the Department of Family and Community Medicine. Prior to his role at UT Southwestern, Dr. Nivet served as a member of the executive leadership team of the AAMC, where he provided leadership on issues surrounding community engagement, diversity, and health equity at medical schools and teaching hospitals across the United States and Canada. Dr. Nivet earned his doctoral degree from the University of Pennsylvania and his M.B.A. from George Washington University's School of Business.



Vivian W. Pinn, MD

As the first full-time director of the Office of Research on Women's Health at the National Institutes of Health (NIH) from 1991 until her retirement in 2011, Dr. Pinn worked to ensure the inclusion of women and minorities in NIH-funded research; to educate and impress upon the scientific community the importance of sex differences in research and health care; and to develop programs and policies to advance women in biomedical careers. She also was NIH's associate director for research on women's health from 1994-2011. At the time of her retirement, The AAMC awarded her a Special Recognition Award for exceptional leadership over a fortyyear career. After her retirement, she was named as Senior Scientist Emerita at the NIH Fogarty International Center. Before the NIH, Dr. Pinn was professor and chair of the Department of Pathology at Howard University, the third woman in the United States to chair an academic department of Pathology. Previously, she held teaching appointments at Harvard Medical School and Tufts University where she was also assistant dean for student affairs and an advocate for minority students.

The recipient of numerous awards and honors, Dr. Pinn is past president of the National Medical Association. She served as an NAM (IOM) representative on the National Academies Committee on Women in Science, Engineering and Medicine from 2012-2017, and is currently a member of the National Academies Roundtable on Black Men and Black Women in Science, Engineering, and Medicine. Dr. Pinn serves on the Board of Trustees/Advisors of Thomas Jefferson University, the Sidney Kimmel Cancer Center at Jefferson, Tufts University School of Medicine and the KGI School of Medicine and is a Professor in the Institute for Advanced Discovery & Innovation at the University of South Florida.



André Smith, MHS

André Smith, a native of Tylertown, MS, is a May 2020 graduate of The University of Mississippi, where he majored in Biological Sciences and minored in Chemistry and Society & Health. He is also a May 2021 graduate of Meharry Medical College in Nashville, TN with a Master of Health Sciences. He is currently a Clinical Research Associate for ICON plc. He aspires to become an orthopedic surgeon, serving the underserved.

"As a black male, I recognize the need for more medical professionals of color; my passion for medicine, paired with my desire to serve others, will allow me to combat the stigma within the African American community and bridge the gap of disparities within the field of medicine."



Norma Poll-Hunter, PhD

Norma Iris Poll-Hunter, PhD serves as Senior Director in Equity, Diversity and Inclusion at the AAMC. She provides strategic direction for workforce diversity initiatives across the medical education continuum. Dr. Poll-Hunter serves as the Principal Investigator for the RWJF Summer Health Professions Education Program (SHPEP), the largest national health professions intervention focused on increasing diversity. She leads a portfolio of strategic partnerships and collaborations; leadership development programs; and an awards program recognizing leadership in diversity and health equity.

Dr. Poll-Hunter's scholarly work focuses on diversity, workforce development, and culturally responsive education and training. Prior to the AAMC, Dr. Poll-Hunter practiced as a bilingual psychologist in New York and led community-based programs in the Bronx. She earned her PhD in Counseling Psychology at the University of Albany, SUNY, and her BA in Psychology at Lehman College, CUNY.



Dr. Niva Lubin-Johnson, MD

Dr. Niva Lubin-Johnson is an advocate of quality health care for all and is the 119th President of the NMA. She is the third President and first woman to have served as President, Speaker of the House of Delegates and Chair of the Board of Trustees.

Completing her Medical Degree in three years, she is a board-certified General Internist, in private practice for 29 years.

Dr. Lubin-Johnson is Past Chair of the Women's Physician and the Minority Affairs Sections of the AMA. She is a member of the American College of Physicians, Life-member of the Student National Medical Association and Alpha Kappa Alpha Sorority, Inc. and member of the Organizing Committee of the NMA and AAMC Collaborative to Increase Black Men in Medicine. Dr. Lubin-Johnson and her husband reside in Chicago and are parents to three adult children. They will receive the best Christmas present ever, their first grandchild, December 2022.



Frank Mirabal, PhD

Dr. Mirabal has extensive experience with multi-sector, collaborative approaches aimed at improving outcomes for youth and adults. Currently, Dr. Mirabal leverages this multi-sector expertise to advise national organizations, including the Aspen Institute Forum for Community Solutions, the Annie E. Casey Foundation and Strive Together.

Frank previously served six years as the Director of Collective Impact in the Mayor's Office for the City of Albuquerque. A short list of the initiatives Dr. Mirabal led include, My Brother's Keeper ABQ, in partnership with the Obama White House and later the Obama Foundation, City Alive, an initiative focused on economic inclusion through entrepreneurship, and Mission: Graduate.

Dr. Frank Mirabal holds a PhD in Educational Leadership from NM State University, and a Master's in Public Administration and Bachelor's in Communications and Journalism from the University of New Mexico. He is a Presidio Institute Cross-Sector Leadership Fellow, a Pahara-Aspen Education Fellow, and is an adjunct professor at the University of New Mexico.



Jacqueline Miramontes-Espinoza, MBA

Jacqueline Miramontes-Espinoza has deep experience working in philanthropy and with funder collaboratives. She has supported several multi-sector initiatives, including and most recently the New Mexico Broadband Collective. Jacqueline helped manage and coordinate a diverse group of funders, nonprofits, and governmental organizations seeking to ensure quality broadband services for all New Mexicans. Presently, Jacqueline is involved in various projects in the areas of education, housing, and program evaluation.



Derek J. Robinson, MD, MBA, FACEP, CHCQM

Dr. Derek J. Robinson is Vice President and Chief Medical Officer for Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation (HCSC). He is also the founding chair of the Health Equity Steering Committee, which was established to develop the health equity strategy across markets and lines of business at HCSC.

Dr. Robinson has led community efforts to promote diversity and inclusion in undergraduate and post-graduate education. He is a member of the Office of Diversity and Inclusion advisory committee at the ACGME. Additionally, Dr. Robinson is vice-chairman of the board of trustees at Xavier University of Louisiana. Dr. Robinson is an active ER physician and is board certified by the American Board of Emergency Medicine. He holds degrees from Xavier University of Louisiana, Howard University College of Medicine, and the University of Chicago Booth School of Business.



David J. Skorton, MD

Dr. Skorton is president and CEO of the AAMC, which represents the nation's medical schools, teaching hospitals and health systems, and academic societies. He began his leadership of the AAMC in July 2019 after a distinguished career in government, higher education, and medicine. Previously, Dr. Skorton served as the 13th secretary of the Smithsonian Institution, where he oversaw 19 museums, 21 libraries, the National Zoo, numerous research centers, and education programs. Prior to that, he served as president of two universities: Cornell University (2006 to 2015) and the University of Iowa (2003 to 2006), where he also served on the faculty for 26 years and specialized in the treatment of adolescents and adults with congenital heart disease. A pioneer of cardiac imaging and computer processing techniques, he also was codirector and co-founder of the University of Iowa Adolescent and Adult Congenital Heart Disease Clinic. A distinguished professor at Georgetown University, Dr. Skorton is an elected member of the National Academy of Medicine, the American Academy of Arts and Sciences, and the American Philosophical Society, as well as a lifetime member of the Council on Foreign Relations and a fellow of the American Association for the Advancement of Science. Dr. Skorton earned his BA and MD degrees from Northwestern University. He completed his medical residency and fellowship in cardiology and was chief medical resident at the University of California, Los Angeles.



Louis Wade Sullivan, MD

Louis W. Sullivan, MD, is chairman of the Washington, D.C.-based Sullivan Alliance to Transform the Health Professions. He served as chair of the President's Board of Advisors on Historically Black Colleges and Universities from 2002-2009 and was co-chair of the President's Commission on HIV and AIDS from 2001-2006. With the exception of his tenure as secretary of the U.S. Department of Health and Human Services (HHS) from 1989 to 1993, Dr. Sullivan was president of Morehouse School of Medicine (MSM) -- the only predominantly Black medical school in the U.S. established in the 20th Century -- for more than two decades. On July 1, 2002, he retired and was appointed president emeritus. Dr. Sullivan is the recipient of more than 70 honorary degrees, including an honorary Doctor of Medicine degree from the University of Pretoria in South Africa. He is the author of *The Morehouse Mystique: Becoming a Doctor at the Nation's Newest African American Medical School* (with Marybeth Gasman, 2012, Johns Hopkins University Press), his autobiography *Breaking Ground: My Life in Medicine** (with David Chanoff, 2014, University of Georgia Press) and *We'll Fight it Out Here: A History of the Ongoing Struggle for Health Equity; How a coalition of Black health professions schools made health equity a national issue* (with David Chanoff, Johns Hopkins University Press — publication date: September 13, 2022).



Junious Williams Jr.

Mr. Williams is the principal of Junious Williams Consulting, Inc. (JWC), a firm specializing in collaboration design, management and facilitation, and program and strategy development focused on increasing equity and social justice. He has worked extensively over the past 30 years on a variety of multi-stakeholder, multi-sector collaborations and collective impact initiatives providing guidance and support in design, implementation, facilitation, management and program improvement for efforts addressing social issues ranging from full-service community schools to cradle-to-career pathways; from opportunity youth education and employment to improving outcomes for boys and men of color. He is currently a senior advisor to the Collective Impact Forum.

He holds a Juris Doctorate, and a bachelor's degree in sociology from the University of Michigan, where he also pursued graduate studies in education administration.

From 1998 through 2016 he served as President and CEO of Urban Strategies Council, a research- and policy-focused social justice impact organization in Oakland, California. He is co-founder and current Board Chair of the Oakland Community Land Trust and Board Chair of the Center for Law and Education.



M. Roy Wilson, MD, MS

M. Roy Wilson, MD, MS, is a physician, researcher, health care leader, and author. His 18-year history as leader of universities with budgets of \$550 million to \$1.8 billion is hallmarked by his successful efforts to expand access for underrepresented minorities, improve graduation rates, increase extramural funding, and execute ambitious fundraising campaigns.

Dr. Wilson is chancellor emeritus of the University of Colorado Denver and Health Sciences Center and the twelfth president of Wayne State University; he also served as deputy director of strategic scientific planning and program coordination at the National Institute on Minority Health and Health Disparities at the NIH. Previously, he was dean of the School of Medicine at Creighton University, where he was the youngest medical dean in the country and the second African-American dean of a non-HBCU medical school; president of the four-campus Texas Tech University Health Sciences Center; and dean of the medical school, president, and chair of the board of directors of Charles Drew University of Medicine and Science. He completed med school and an ophthalmology residency at Harvard Medical School.



Kylar Wiltz

Mr. Kylar Wiltz hails from the small city of Breaux Bridge, Louisiana. For his undergraduate education, he had the privilege of attending the illustrious Xavier University of Louisiana where he was a biology premedical major. Upon graduation, he enrolled at the Howard University College of Medicine, where he currently is an MD/MBA student. Outside of schooling, he has various interests ranging from mentoring to research to grassroots organizing. He loves encouraging and advocating for the success of his peers and future generations. Prior to moving to the business school for the MBA portion of his curriculum, he was elected the president of the HUCM student council. He also previously held the VP of Student council, Howard University Student Association Senator, 2021- 2022 Plastic Surgery interest society Co-President, and 2019-2020 SNMA region 6 recording Secretary. Last, but not least, Mr. Wiltz is also a proud member of the Beta Iota Chapter of Kappa Alpha Psi Fraternity Inc.

Appendix 3

AACOM Report and AAMC Data Tables

AACOM Report

Key Findings. American Association of Colleges of Osteopathic Medicine (AACOM): 2022-23 Enrollment Data

AAMC Data Tables

Table 1. Applicants to U.S. MD-Granting Medical Schools by Selected Combinations of Race/Ethnicity and Gender, 2019-2020 through 2022-2023

Table 2. Total U.S. MD-Granting Medical School Enrollment by Race/Ethnicity (Alone) and Gender, 2018-2019 through 2022-2023

Table 3. Matriculants to U.S. MD-Granting Medical Schools by Race, Selected Combinations of Race/Ethnicity and Gender, 2019-2020 through 2022-2023

Table 4. Undergraduate Institutions Supplying 10 or More Black or African American (Alone or In Combination) Men Applicants to U.S. MD-Granting Medical Schools, 2019-2020

Table 5. Black or African American (Alone or In Combination) Men Applicants, Acceptees, and Matriculants to U.S. MD-Granting Medical Schools by Black or African American Subcategory Groups, Academic Years 2018-2019 through 2022-2023

AACOM Report

Key Findings

First-Year Enrollment by Gender and Race-Ethnicity

First-year enrollment for academic year 2022-23 is 10,152. This is an increase of 377 enrollees or 3.9 percent when compared to first-year enrollment for academic year 2021-22.

Male enrollment increased by 63 enrollees or 1.4 percent while female enrollment increased by 312 enrollees or 5.9 percent since academic year 2021-22. There was an increase of two enrollees for the undisclosed category when compared to academic year 2021-22.

The underrepresented minority (URM) percentage for academic year 2022-23 is 11.7 percent when compared to 12.2 percent for academic year 2021-22. This slight percentage decrease is attributed to an enrollment decline in the following URM categories:

- Hispanic/Latino decreased by 28 enrollees or 3.8 percent.
- Pacific Islander, non-Hispanic decreased by 1 enrollee or 14.3 percent.

Total Enrollment by Gender and Race-Ethnicity

Total enrollment for academic year 2022-23 is 36,734. This is an increase of 1,557 enrollees or 4.4 percent when compared to total enrollment for academic year 2021-22.

Male enrollment increased by 206 enrollees or 1.2 percent while female enrollment increased by 1,326 enrollees or 7.3 percent since academic year 2021-22. There was an increase of 25 enrollees for the undisclosed category when compared to academic year 2021-22.

The underrepresented minority (URM) percentage for academic year 2022-23 is 11.6 percent when compared to 10.8 percent for academic year 2021-22. This overall percentage increase is attributed to enrollment growth in the following URM categories:

- Hispanic/Latino increased by 288 enrollees or 12.1 percent.
- American Indian/Alaska Native, non-Hispanic increased by 23 enrollees or 27.4 percent.
- Black/African American, non-Hispanic increased by 130 enrollees or 9.9 percent.
- Pacific Islander, non-Hispanic increased by 6 enrollees or 16.7 percent.



AAMC Data Tables

The table below displays the self-identified racial and ethnic characteristics of women and men applicants to U.S. medical schools from 2019-2020 through 2022-2023. In each row, a comma (,) is used to separate the race/ethnicity response options that applicants selected; however, “Multiple Race/Ethnicity Not Listed Above” and “Unknown Race/Ethnicity” do not describe selectable response options. Please email datarequest@aamc.org if you need further assistance or have additional inquiries.

Table 1. Applicants to U.S. MD-Granting Medical Schools by Selected Combinations of Race/Ethnicity and Gender, 2019-2020 through 2022-2023

Applicants Selected Combinations of Race/Ethnicity	2019-2020			2020-2021			2021-2022			2022-2023		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
American Indian or Alaska Native Only	40	49	89	31	41	72	46	59	105	36	58	94
American Indian or Alaska Native, Black or African American	13	31	44	15	35	50	21	49	70	15	45	60
American Indian or Alaska Native, White	116	132	248	108	135	243	121	162	283	99	137	236
Asian Only	5,234	5,793	11,027	5,140	6,088	11,228	5,836	7,584	13,420	5,581	7,138	12,719
Asian, Black or African American	47	51	98	46	52	98	67	82	149	46	76	122
Asian, White	505	593	1,098	497	605	1,102	543	782	1,325	519	774	1,293
Black or African American Only	1,554	2,864	4,418	1,457	2,906	4,363	1,895	4,272	6,167	1,514	3,407	4,921
Black or African American, White	84	117	201	106	134	240	115	183	298	94	166	260
Hispanic, Latino, or of Spanish Origin Only	1,570	1,779	3,349	1,561	1,770	3,331	1,718	2,319	4,037	1,409	1,846	3,255
Hispanic, Latino, or of Spanish Origin, Black or African American	88	142	230	80	139	219	114	254	368	112	222	334
Hispanic, Latino, or of Spanish Origin, White	816	923	1,739	781	921	1,702	925	1,248	2,173	876	1,164	2,040
Native Hawaiian or Other Pacific Islander Only	19	23	42	22	19	41	25	16	41	19	33	52
White Only	11,860	11,595	23,455	11,226	11,639	22,865	11,758	13,882	25,640	10,434	12,462	22,896
White, Other	319	302	621	332	305	637	392	403	795	326	336	662
Other	607	590	1,197	678	608	1,286	742	821	1,563	679	704	1,383
Multiple Race/Ethnicity Not Listed Above	427	538	965	460	558	1,018	484	733	1,217	454	617	1,071
Unknown Race/Ethnicity	1,326	1,305	2,631	1,258	1,369	2,627	1,146	1,281	2,427	859	902	1,761
Non-U.S. Citizen and Non-Permanent Resident	869	1,020	1,889	822	1,019	1,841	1,000	1,308	2,308	852	1,103	1,955
Total Applicants	25,494	27,847	53,341	24,620	28,343	52,963	26,948	35,438	62,386	23,924	31,190	55,114

Notes: The “Non-U.S. Citizen and Non-Permanent Resident” category may include students with unknown citizenship. Applicants who declined to report gender are not reflected.

Each academic year includes applicants and matriculants that applied to enter medical school in the fall of the given year. For example, academic year 2022-2023 represents the applicants and matriculants that applied to enter medical school during the 2022 application cycle.

The table below displays the racial and ethnic characteristics (alone) of enrolled students in U.S. MD-granting medical schools from 2018-2019 through 2022-2023. Enrollment includes the number of students in medical school, including students on a leave of absence, on Oct. 31 of each year shown. Enrollment does not include students with graduated, dismissed, withdrawn, deceased, never enrolled, completed fifth pathway, did not complete fifth pathway, or degree revoked statuses. “Alone” indicates those who selected only one race/ethnicity response. The “Multiple Race/Ethnicity” category includes those who selected more than one race/ethnicity response. Please email datarequest@aamc.org if you need further assistance or have additional inquiries.

Table 2. Total U.S. MD-Granting Medical School Enrollment by Race/Ethnicity (Alone) and Gender, 2018-2019 through 2022-2023					
Men					
Student Race/Ethnicity Responses	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
American Indian or Alaska Native	85	81	79	79	81
Asian	9,928	10,086	10,168	10,261	10,490
Black or African American	2,505	2,594	2,724	2,950	3,042
Hispanic, Latino, or of Spanish Origin	2,811	2,937	3,072	3,159	3,209
Native Hawaiian or Other Pacific Islander	26	26	33	35	40
White	24,803	23,957	23,076	21,917	20,962
Other	1,021	993	1,036	1,028	1,044
Multiple Race/Ethnicity	4,053	4,253	4,482	4,633	4,684
Unknown Race/Ethnicity	159	210	285	333	361
Non-U.S. Citizen and Non-Permanent Resident	667	654	633	648	652
Total	46,058	45,791	45,588	45,043	44,565
Women					
Student Race/Ethnicity Responses	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
American Indian or Alaska Native	84	87	90	92	103
Asian	10,571	11,028	11,516	12,047	12,789
Black or African American	3,860	4,063	4,302	4,710	4,974
Hispanic, Latino, or of Spanish Origin	2,717	2,888	3,033	3,185	3,332
Native Hawaiian or Other Pacific Islander	25	28	27	27	35
White	22,025	22,385	22,642	22,735	22,830
Other	900	931	967	985	1,017
Multiple Race/Ethnicity	4,178	4,546	4,893	5,387	5,617
Unknown Race/Ethnicity	147	241	345	432	470
Non-U.S. Citizen and Non-Permanent Resident	659	643	657	692	723
Total	45,166	46,840	48,472	50,292	51,890
All					
Student Race/Ethnicity Responses	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
American Indian or Alaska Native	169	168	169	171	184
Asian	20,499	21,114	21,688	22,314	23,294
Black or African American	6,365	6,658	7,027	7,661	8,017
Hispanic, Latino, or of Spanish Origin	5,528	5,825	6,105	6,345	6,542
Native Hawaiian or Other Pacific Islander	51	54	60	62	75
White	46,829	46,344	45,731	44,673	43,818
Other	1,921	1,924	2,003	2,014	2,063
Multiple Race/Ethnicity	8,231	8,799	9,378	10,024	10,307
Unknown Race/Ethnicity	306	452	635	775	845
Non-U.S. Citizen and Non-Permanent Resident	1,326	1,297	1,290	1,340	1,375
Total	91,225	92,635	94,086	95,379	96,520

Note: The “Non-U.S. Citizen and Non-Permanent Resident” category may include students with unknown citizenship. Students who declined to report gender are only reflected in the All section. Therefore, the totals for men and women may not sum to the Total.

The table below displays the self-identified racial and ethnic characteristics of women and men matriculants to U.S. medical schools from 2019-2020 through 2022-2023. In each row, a comma (,) is used to separate the race/ethnicity response options that matriculants selected; however, “Multiple Race/Ethnicity Not Listed Above” and “Unknown Race/Ethnicity” do not describe selectable response options. Please email datarequest@aamc.org if you need further assistance or have additional inquiries.

Table 3. Matriculants to U.S. MD-Granting Medical Schools by Race, Selected Combinations of Race/Ethnicity and Gender, 2019-2020 through 2022-2023												
Matriculants	2019-2020			2020-2021			2021-2022			2022-2023		
Selected Combinations of Race/Ethnicity	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
American Indian or Alaska Native Only	22	22	44	15	21	36	18	22	40	14	23	37
American Indian or Alaska Native, Black or African American	5	9	14	2	7	9	4	9	13	3	10	13
American Indian or Alaska Native, White	44	58	102	46	66	112	46	65	111	52	49	101
Asian Only	2,206	2,481	4,687	2,152	2,641	4,793	2,257	2,894	5,151	2,411	3,186	5,597
Asian, Black or African American	15	20	35	24	20	44	26	31	57	17	32	49
Asian, White	218	280	498	197	280	477	212	325	537	244	370	614
Black or African American Only	619	1,007	1,626	665	1,102	1,767	813	1,311	2,124	671	1,184	1,855
Black or African American, White	34	55	89	54	59	113	61	80	141	58	83	141
Hispanic, Latino, or of Spanish Origin Only	721	691	1,412	770	754	1,524	728	846	1,574	684	760	1,444
Hispanic, Latino, or of Spanish Origin, Black or African American	41	39	80	39	59	98	53	80	133	64	76	140
Hispanic, Latino, or of Spanish Origin, White	371	396	767	381	440	821	401	494	895	417	499	916
Native Hawaiian or Other Pacific Islander Only	7	6	13	9	5	14	9	4	13	10	12	22
White Only	5,002	5,179	10,181	4,744	5,179	9,923	4,384	5,189	9,573	4,371	5,224	9,595
White, Other	135	95	230	124	103	227	121	121	242	125	118	243
Other	175	204	379	247	222	469	234	245	479	255	240	495
Multiple Race/Ethnicity Not Listed Above	163	200	363	185	222	407	189	256	445	236	243	479
Unknown Race/Ethnicity	504	567	1,071	490	597	1,087	342	449	791	294	343	637
Non-U.S. Citizen and Non-Permanent Resident	120	152	272	127	149	276	159	169	328	136	178	314
Total Applicants	10,402	11,461	21,863	10,271	11,926	22,197	10,057	12,590	22,647	10,062	12,630	22,692

Notes: The “Non-U.S. Citizen and Non-Permanent Resident” category may include students with unknown citizenship. Applicants who declined to report gender are not reflected.

Each academic year includes applicants and matriculants that applied to enter medical school in the fall of the given year. For example, academic year 2022-2023 represents the applicants and matriculants that applied to enter medical school during the 2022 application cycle.

The table below displays the self-identified racial and ethnic characteristics of applicants to U.S. MD-granting medical schools in 2019-2020 from select undergraduate institutions. The table below includes men who identified as Black or African American alone or in combination with any other race/ethnicity response. Non-U.S. citizens and non-permanent residents are not included.

Undergraduate Institution	Black or African American Men Applicants From the Institution	Total Applicants From the Institution	% of All Black or African American Men Applicants to U.S. MD-Granting Medical Schools
Howard University, Washington, DC	32	101	1.7
University of Florida, Gainesville, FL	29	860	1.6
University of Texas at Austin, Austin, TX	27	816	1.5
Morehouse College, Atlanta, GA	24	25	1.3
Rutgers University - New Brunswick, New Brunswick, NJ	24	441	1.3
University of South Florida, Tampa, FL	24	407	1.3
Georgia State University, Atlanta, GA	20	150	1.1
University of Maryland-College Park, College Park, MD	20	358	1.1
Cornell University, Ithaca, NY	19	433	1.0
Florida State University, Tallahassee, FL	17	342	0.9
Texas Tech University-Lubbock, Lubbock, TX	17	207	0.9
Florida Atlantic University-Boca Raton, Boca Raton, FL	16	170	0.9
New York University, New York, NY	16	307	0.9
Stony Brook University, Stony Brook, NY	16	260	0.9
University of Central Florida, Orlando, FL	16	320	0.9
University of Illinois at Urbana-Champaign, Champaign, IL	16	345	0.9
University of Miami, Coral Gables, FL	16	337	0.9
Duke University, Durham, NC	15	346	0.8
University of Michigan-Ann Arbor, Ann Arbor, MI	15	796	0.8
The Ohio State University Main Campus, Columbus, OH	14	562	0.8
The University of Texas at Arlington, Arlington, TX	14	142	0.8
The University of Texas at San Antonio, San Antonio, TX	14	153	0.8
University of Georgia, Athens, GA	14	440	0.8
Yale University, New Haven, CT	14	202	0.8
University of California-Los Angeles, Los Angeles, CA	13	1,014	0.7
University of Maryland-Baltimore County, Baltimore, MD	13	106	0.7
University of North Carolina at Chapel Hill, Chapel Hill, NC	13	510	0.7
Virginia Commonwealth University, Richmond, VA	13	194	0.7
Xavier University of Louisiana, New Orleans, LA	13	103	0.7
Baylor University, Waco, TX	12	335	0.7
Harvard University, Cambridge, MA	12	283	0.7
Texas A & M University, College Station, TX	12	514	0.7
University of California-Davis, Davis, CA	12	474	0.7
University of Pittsburgh, Pittsburgh, PA	12	339	0.7
University of South Carolina Columbia, Columbia, SC	12	264	0.7
Johns Hopkins University, Baltimore, MD	11	428	0.6
Michigan State University, East Lansing, MI	11	383	0.6
University of Virginia, Charlottesville, VA	11	424	0.6
Washington University in St. Louis, St. Louis, MO	11	370	0.6
Brown University, Providence, RI	10	289	0.5
Columbia University in the City of New York, New York, NY	10	194	0.5
Dartmouth College, Hanover, NH	10	155	0.5
Emory University, Atlanta, GA	10	349	0.5
Louisiana St University and Agricultural and Mechanical Col, Baton Rouge, LA	10	345	0.5
The University of Texas at Dallas, Richardson, TX	10	352	0.5
University of California-Irvine, Irvine, CA	10	338	0.5
University of Illinois at Chicago, Chicago, IL	10	245	0.5
University of Minnesota, Minneapolis, MN	10	362	0.5

The table below displays the number of Black or African American (alone or in combination) men applicants, acceptees, and matriculants to U.S. MD-granting medical school by Black or African American subcategory group for academic years 2018-2019 through 2022-2023. "Alone or In Combination" refers to race/ethnicity data that are displayed for those who selected a race/ethnicity response, regardless of whether they also selected another race/ethnicity response. The subcategories are also displayed *alone or in combination*. An individual can be counted in more than one subcategory.

Table 5. Black or African American (Alone or In Combination) Men Applicants, Acceptees, and Matriculants to U.S. MD-Granting Medical Schools by Black or African American Subcategory Groups, Academic Years 2018-2019 through 2022-2023							
Black or African American (Alone or in Combination) Men	Academic Year	Black or African American (Alone or In Combination) Men					Black or African American (Alone or in Combination) Men Unduplicated Total
		Black or African American - No Subcategory Response	African (Alone or in Combination)	African American (Alone or in Combination)	Afro-Caribbean (Alone or in Combination)	Other Black or African American (Alone or in Combination)	
Applicants	2018-2019	175	497	1,118	262	102	1,851
	2019-2020	159	524	1,113	281	116	1,861
	2020-2021	112	525	1,131	237	99	1,803
	2021-2022	155	641	1,446	315	134	2,307
	2022-2023	127	525	1,179	275	99	1,868
Acceptees	2018-2019	58	199	494	112	39	759
	2019-2020	65	207	481	120	43	760
	2020-2021	47	249	554	122	44	845
	2021-2022	59	293	657	133	65	1,032
	2022-2023	49	262	557	145	50	897
Matriculants	2018-2019	56	190	477	110	38	734
	2019-2020	64	202	465	113	42	738
	2020-2021	47	247	540	119	44	828
	2021-2022	57	282	635	130	63	1,000
	2022-2023	48	249	540	140	50	867

Appendix 4

List of Participating Organizations and Institutions

American Academy of Family Physicians	Macalester College
Albert Einstein College of Medicine	Manhattan Staten Island & Bronx Westchester Area Health Education Center
American Association of Colleges of Osteopathic Medicine	Medical University of South Carolina
American Association of Community Colleges	Memorial Sloan Kettering Cancer Center
American College of Physicians (ACP)	Mentoring in Medicine
American Dental Education Association	Moorehouse School of Medicine
American Medical Association	Mount Sinai
American Psychiatric Association	Massachusetts College of Pharmacy and Health Sciences
Anxiety and Depression Association of America	National Association of Advisor for the Health Professions
Aspen Institute	National Academies of Science, Engineering and Medicine
Association of American Universities	National Institutes of Health
Blue Cross Blue Shield of Illinois	National Medical Fellowships
Bloomberg Philanthropies - Greenwood Initiative	Northwestern Medicine
Boston Medical Center	Novant Health Medical Group
Burroughs Wellcome Fund	NYU Grossman School of Medicine
Brigham and Women's Hospital	Ohio University
California Medicine Scholars Program	Philadelphia College of Osteopathic Medicine
California University of Science and Medicine	Premedly
CareFirst BlueCross BlueShield	Quinnipiac University-Frank H. Netter MD SOM
Center for Multicultural and Community Affairs at Mount Sinai Health System	Results Physical Therapy
Chicago Medical School at Rosalind Franklin University	Rosalind Franklin University
City University of New York - Black Male Initiative	Santa Monica College
Columbia University	SIMPCO, LLC
Coolidge High School	Student National Medical Association
CooperSoft	Southern Regional Education Board
Dignity Health East Valley Rehabilitation Hospital	Spelman College
Duke University School of Medicine	SUNY Downstate
Eastern Virginia Medical School	The Bizzell Group
EGA Associates	The Brody School of Medicine at East Carolina University
Elson S. Floyd College of Medicine	The George Washington University
Emory University	The Ohio State University College of Medicine
Pediatric Orthopedic Society of North America	The University of Mississippi School of Medicine
Frank H. Netter MD School of Medicine, Quinnipiac University	Thomas F. Frist, Jr. College of Medicine at Belmont University
Geisinger Commonwealth School of Medicine	Tilman J. Fertitta Family College of Medicine
Georgetown University School of Medicine	University of California, San Francisco School of Medicine
Google	United Negro College Fund
Harvard Medical School	University of Maryland Medical System
Health Affairs	University of North Carolina
Howard University	University of Texas Austin Dell Med School
Hurley Medical Center	University of Texas Southwestern Medical Center
Icahn School of Medicine at Mount Sinai	University of Vermont Larner College of Medicine
Inova Sports Medicine	Virginia Tech University
Jackson-Reed High School	Wayne State University School of Medicine
Junious Williams Consulting, Inc.	Weill-Cornell Medical College
Kaiser Permanente Bernard J. Tyson School of Medicine	White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity for Black Americans
Keck Graduate Institute	YMCA of Metropolitan Washington
Le Visage ENT & Facial Plastic Surgery	Young Doctors DC
Levado	

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