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Becoming an anti-racist interprofessional healthcare organization: Our journey

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ABSTRACT

The COVID-19 pandemic amplified the egregious disproportionate burden of disease based on race, ethnicity, and failure of organizations to address structural racism. This paper describes a journey by members of the National Academies of Practice (NAP) who came together to address diversity, equity, and inclusion (DEI). Through collaborative efforts, a virtual, interactive workshop was designed and delivered at NAP's 2021 Virtual Forum to facilitate discussions about DEI priorities across professions and to initiate a sustainable action plan toward achieving inclusive excellence. Resulting discoveries and reflections led us to the essential question: can we truly become an anti-racist interprofessional healthcare organization?

According to the 2019 Census Bureau's American Community Survey, individuals who identify as Non-Hispanic African American/Black (12.2%) and Hispanic/Latino (18.5%) make up the largest ethnic minority in the United States (US)[1] and are underrepresented in health professions.[2] This lack of representation is even greater within senior-level leadership positions.[3] Lack of workforce diversity among healthcare professionals is both a cause and symptom of structural racism contributing to negative health outcomes in the US.[4] The disproportionate effect of the COVID-19 pandemic has spotlighted and magnified the impact of social determinants of health (SDOH) and systemic racism on communities of color.[5–9] According to the Institute of Medicine (IOM), increasing the number of health professionals from underrepresented groups (URGs) is a key strategy toward eliminating health disparities and improving cultural competence at the organizational level.[4,10] Structural competency goes beyond cultural competence to examining how social and economic forces that impact the structure of healthcare also impact healthcare delivery for the individual. Structural competence incorporates awareness and structural humility training for healthcare providers and healthcare systems to recognize how symptom expression, clinical problems, diseases, attitudes, and

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delivery of care are influenced by SDOH.[11,12] Increasing the racial and ethnic diversity of healthcare workers and leadership, and improving structural competence, are vital actions for ensuring successful interprofessional collaborative efforts aimed at combating the inequities in health, healthcare access, and quality of care that are ingrained in the US healthcare system.[13] Further, "interprofessional teams with structural competency are better prepared to tackle inequities in their own organizations."[13] p. 432

This paper describes a journey by a group of members of the US National Academies of Practice (NAP) who came together to work towards organizational diversity, equity, and inclusion (DEI). NAP is an interprofessional, non-profit organization dedicated to supporting affordable, accessible, and coordinated quality healthcare for all. Practitioners and scholars from 14 different NAP Academies, representing distinct healthcare disciplines, align through a common vision, mission, and the core values of collaboration, patient-centeredness, inclusivity, and interconnectedness. Individuals who have made significant contributions toward promoting interprofessional practice, education and/or research can be nominated for NAP's membership and voted into their discipline's Academy as a professional or fellow member. Members pay an annual NAP membership fee and a discipline-specific fee. Members and non-members are responsible for the cost to attend NAP Forums as well any travel and accommodation expenses incurred.

As members of the Physical Therapy (PT) Academy's Scholarship Committee, we brainstormed about offering a workshop at the Forum. Six committee members actively participated, and a 7th member of the PT Academy was invited to join based on background. Seeking interprofessional collaboration, we invited members from the Occupational Therapy (OT) and Nursing Academies, who might be interested in developing the workshop, to join the group. The resulting group represented diverse ethnic and racial backgrounds, life roles/experiences, ages, and geographic locations, and shared the common goal to improve structural competence as a group and as members of our interprofessional organization. We recognized that as a community of scholars and practitioners, NAP is well positioned to enact strategic priorities that advance a culture of DEI. NAP advocates for "embracing diversity, equity, and inclusion (DEI) throughout the organization, for the members, and the stakeholders advocated for and served."[14] At the start of the initiatives described in this paper, NAP had not yet published any position statements or policy recommendations linked to this core value. Our workshop objectives were to discuss social identities and how these are connected to professional roles and inclusive excellence and to identify collaborative strategic priorities to enhance diversity, incorporate DEI education, and establish a research agenda.

In this paper, we explain: 1) our interprofessional group process for designing and delivering a DEI workshop; 2) the workshop content, format, and outcomes; and 3) future directions and opportunities identified through this collaborative initiative. In the spirit of NAP's mission, we took the important, and perhaps uncomfortable, first step to examine DEI within our respective NAP Academies and to identify opportunities for improvement. Inclusive excellence was a guiding principle for the group's work consistent with the National Institutes of Health (NIH) Scientific Workforce Diversity initiatives.[15] Inclusive excellence requires an environment where "individuals from all backgrounds, including those from underrepresented groups, thrive in their pursuit of new knowledge to benefit human health,"[16] p.1 which aligns with the principles of interprofessional collaboration. As an outcome of discussion and self-reflection, along with intentional networking, we collaborated in the design and delivery of an interactive, virtual, synchronous workshop for the 2021 NAP Annual Forum and Meeting. The workshop was titled, *Advancing Interprofessional Education and Collaborative Practice: Where does Diversity, Equity, and Inclusion Fit into Our Current Educational Model, Professions, and the National Academies of Practice?*

We sought to investigate various ways in which diversity can be examined, and how our organization could embrace, include, and value diverse perspectives. This interactive workshop served as a springboard for self-reflection, discussion, and planning to initiate a pathway to promoting structural competence.

Because of COVID-19 pandemic restrictions, the Forum was held virtually for the first time, with 308 (40%) of the 763 NAP members attending. The 7 Key Steps to Advance Equity and Inclusion proposed by The Annie E. Casey Foundation[17] were used as a foundation for workshop conversations (Figure 1). Consistent with Step 3, data on the racial representation within NAP were gathered prior to the forum. All NAP members were encouraged to complete NAP's membership demographic profile, which included race and ethnicity.

Workshop objectives consisted of providing opportunities for participants to improve their understanding of the core concepts of DEI, contribute to a mapping process for promoting excellence in DEI, and explore strategies to actively incorporate dimensions of DEI into NAP research initiatives. The workshop was intended to challenge participants to begin their own journey, examine their knowledge and actions regarding DEI, and engage in interprofessional conversations about the status of DEI within and across our profession-specific Academies. Participants were also tasked with identifying actionable steps to support NAP in striving to reach its destination of excellence in DEI within interprofessional education and collaborative practice (IPECP).

Sixty-three (20%) of the 308 Forum participants attended this virtual workshop. The workshop was organized into 5 parts: 1) an introduction and exploration of social and personal identities; 2) small breakout room discussions about diversity within NAP; 3) large group discussion of key DEI concepts (Figure; Step 1); 4) additional breakout sessions for collaborative brainstorming about potential strategies (Figure; Step 2); and 5) review of discussion summaries and next steps. Participants were informed that their opinions would be collected and displayed anonymously in Mentimeter (https://www.mentimeter.com) word clouds after each workshop question and breakout room session. Participants had the option to engage in the discussions and activities.

During the introductory workshop activity, participants were invited to think about their own social and personal identities, consider which identities may be underrepresented in NAP, and discuss whether NAP is a diverse organization. We asked them to consider parts of their own identities known to their peers and colleagues, the pros and cons of sharing identities, and identities we assume we know and take for granted. Because diversity drives excellence by providing the depth and breadth of lived experiences necessary to effectively promote and maintain the health of individuals and populations,[18] the impact of social identities and diversity in professional roles and inclusive excellence was also discussed. Participants followed with a virtual discussion about why diversity should matter to NAP and the ideal composition of NAP. They considered how to engage diverse communities and leaders to shape solutions and strategies, and how to ensure such community engagement is inclusive, representative, and authentic.

Online membership data on race and ethnicity were collected by NAP between December 2020 and March 2021. Because of a low response rate (112/763 members), the data were insufficient to conclude that racial and ethnic gaps exist within individual academies or across NAP. We encouraged participants to assist with the data collection by completing the NAP demographic profile on the member site after the workshop.

Prior to the small group breakout sessions, key terms were defined for consistency within the group discussions. Equity was defined as "the state, quality or ideal of being just, impartial and fair,"[19] which requires a structural and systemic approach for fairness and justice to be sustained. Inclusion was defined as "the action or state of including or of being included with a group or structure."[19] Inclusion requires authentic engagement that fosters a sense of belonging and supports empowered participation.[3] Following the breakout sessions, participants rejoined the main room and further discussed the constructs and importance of moving beyond numerical representation for diversity by addressing both equity and inclusion.

The 2nd small group breakout sessions focused on 1 of 3 specific

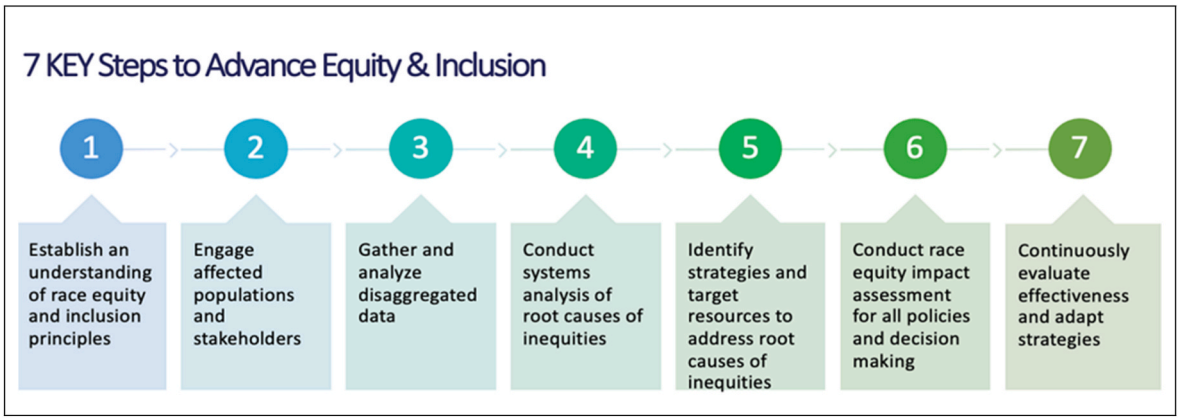

Figure 1. The Anne E. Casey Foundation's 7 Key Steps to Advance Equity and Inclusion.[13]*
*Used with permission (adapted).

priorities; namely, how to: 1) enhance diversity within NAP; 2) effectively incorporate DEI education within NAP; or 3) establish inclusive initiatives within NAP, e.g., research, practice, and policy. Outcomes and suggestions from the participants' breakout discussions were collected via an online tool that supports polling and note taking, as summarized in Table 1. On reconvening as a large group, we used anonymous electronic polling to solicit participants' post-workshop "next steps" (i.e., reflecting on the workshop, reading suggested articles, or discussing DEI within their Academies).

The informal feedback offered after conclusion of the workshop was positive. Participants stated they valued the opportunity for open dialogue across professions and viewed DEI as essential components for healthcare quality, health equity, and interprofessional practice. Participants also suggested continuing these conversations throughout the

Table 1
Summary of suggestions from NAP forum DEI workshop participants.*

Strategies to Enhance Diversity
Emphasize DEI to expand membership.
Reflect those we serve through diversity.
Recognize diversity beyond skin color.
Create exemplar ways to promote systematic changes.
Support policies and interprofessional patient-centered care for marginalized groups.
Strategize to reduce poverty and promote healthy communities.
Conduct biannual meetings to determine accountability for meeting diversity goals.
Publish position papers to advance healthcare outcomes and reduce inequities.
Identify racial assumptions and power differences.
Develop and enhance policies on ethnocentrism and anti-racism.
Collaborate with other organizations to enhance health professions diversity.
Target equitable recruitment through position statements for university admissions.
Evaluate NAP's criteria and membership nomination process.
Educate about DEI history.
Provide opportunities for mentoring underrepresented minorities within NAP.
Strategies to Increase DEI Education
Compile current NAP interprofessional resources.
Recognize DEI exemplar initiatives.
Expand and share resources to facilitate conversations about DEI.
Dedicate an annual NAP forum to inclusive excellence and social justice.
Develop a link on the NAP website for interprofessional resources.
Initiate a DEI focused Journal Club.
Develop anti-racist policies.
Conduct more interprofessional meetings beyond the NAP forums.
Create and share toolkits for training, assessments, and curricular revision tools.
Offer different formats to inform interprofessional research: podcast, webinars, etc.
Intentionally include diverse NAP members for Congressional visits.
Provide a forum for sharing stories about the racist truths of our professions.
Provide opportunities to educate students about DEI.
Increase awareness of racial trauma, cultural humility, and health disparities.
Strategies to Establish Inclusive Initiatives (Research, Practice, Policy)
Establish inclusivity as a NAP priority.
Highlight NAP strategic initiatives.
Share the truth about the past and present racial inequities.
Promote community-based interprofessional research.
Partner with community members to enhance diversity in research.
Promote implementing DEI strategies as an organization.
Identify funding to address structural racism in healthcare settings.
Include DEI workshops annually.

* All comments/suggestions from participants were collected anonymously and reported in aggregate.

year beyond NAP's Annual Forum. In addition, the 18 (29%) of the 63 participants, who completed the workshop evaluation, reported that the workshop objectives were achieved.

Following the forum, as members of the 2021 DEI workshop group, we met to debrief and reflect on the workshop. This process of group self-reflection, along with member mentorship, was an essential part of our journey toward a greater understanding of what is necessary to promote inclusive excellence. In 2013, Markey and Tilki[20] described their personal and professional journey of discovery through engagement in a project that explored the impact of racism in a nursing classroom. Through this process, they discerned the limitation of didactic lectures for recognizing and addressing racism and identified organizational factors that perpetuate institutional racism.[20] Similarly, our group recognized the limited impact of a one-time workshop without specifically addressing racism. Racism is a concept rooted in the idea that DEI comes at the expense of excellence; however, diversity and equity are essential for inclusive excellence.[21] Therefore, within the current context of issues specific to race and ethnicity, we increased our focus on the issues of racism within healthcare organizations. In addition to this profound shift in our thinking, we discussed the importance of involving additional NAP Academies in future efforts.

Positive outcomes from the workshop planning and reflection process were the growing collegiality and interprofessional collaboration of our group. Through a process of respectful communication, members discussed their various DEI perspectives. On a personal level, each of us gained appreciation for how constructs around DEI influence our work and lives. We increased our understanding of the disproportional freedom and privilege in our healthcare professions, which enhanced our motivation to contribute to meaningful change. The experience fostered a climate of mutual respect, shared values, and teamwork; qualities consistent with the core competencies for interprofessional collaborative practice.[22]

The Annie E. Casey Foundation recommends that after engaging key stakeholders, analyzing the data, and establishing a shared understanding of DEI, a deeper analysis of root causes of inequity is still required to make impactful changes.[17] Our group was eager to leverage the momentum generated during the 2021 workshop to contribute to meaningful changes within NAP. Thus findings from this relatively small DEI workshop initiative were used to promulgate subsequent initiatives to promote DEI within the organization. We collated the pre workshop diversity survey results, commentaries, and strategies generated from the discussion groups, participant polling, and post workshop evaluations. This was presented at the NAP Executive Council meeting immediately following the Forum.

Subsequently, the Executive Committee Council established a NAP DEI Taskforce with the aim of advancing our knowledge of DEI-related matters and continuing to develop structural competency as we focus on fulfilling NAP's vision of "Transforming Interprofessional Healthcare." The taskforce will include diverse representation from all 14 Academies and is tasked with achieving the following initial objectives: 1) review membership diversity data; 2) develop a DEI policy statement; 3) develop a recruitment strategy that promotes diversity; 4) create position paper(s) that address the impact of IPECP on SDOH and advocacy; 5) identify collaborative partnerships with other organizations committed to DEI; and 6) contribute to DEI professional development activities.

Whereas the emphasis of the 2021 workshop was on DEI, following robust discussions, our group agreed that the emphasis for our future work requires a stronger call for change. After a year of collaboration, building trust, and working towards a common goal, our conversations evolved. We began to explicitly address systemic change and anti-racism. Several definitions for anti-racism have been proposed throughout the years, and they all call for action to counteract the pervasive negative impacts of racism.[23,24] Not being racist does not equate to the proactive requirements of being anti-racist.[24] According to Ibram X. Kendi,[24] to be anti-racist, individuals must support anti-racist policy through actions or through expressing anti-racist ideas. Anti-racism requires action to change political and economic systems, organizational structures, and attitudes to promote sharing power and resources more equitably and to create equal opportunity.[25,26] Anti-racism is a call to recognize, rather than ignore, that racist policies and ideas were actively created and negatively impact people's lives. Action is required to replace racist policies with anti-racist policies. Anti-racism focuses on valuing people for their individuality and ending racism that devalues individuals based on racial differences that do not define a person, such as skin color.[24] We have a call to move beyond more comfortable topics to directly confront racism and to develop a specific action plan toward dismantling the racist policies that constitute systemic racism in healthcare.

Organizations across the country are trying to increase structural competence and address systemic racism. This workshop and the subsequent action items serve to illustrate how members of our organization are beginning to build coalitions needed for critical transformation. We acknowledge that the pursuit of inclusive excellence requires action to be anti-racist and to challenge the status quo. This necessitates chipping away at the invisible iceberg of systemic racism through consistent effort, energy, and commitment.

So, how do we promote the structural competence needed to dismantle systemic barriers and become anti-racist? At the core, being non-racist is not being anti-racist. We need to actively embrace anti-racism, and not settle for being simply non-racist. Even with this understanding, the steps needed for organizations to dismantle racism and become anti-racist are unclear. As interprofessional healthcare providers, prioritizing anti-racist behaviors, advocacy, and leadership are important starting points toward reducing inequities in healthcare education and practice. Anti-racist pedagogy can be integrated within interprofessional collaborative practice for true structural competency.[11,13] Meaningful progress will require explicit action not only as individuals, but also as leaders in our professions.

Specifically, within our organization, meeting the challenge of becoming anti-racist requires broadening and diversifying NAP membership and leadership with recruitment efforts that go beyond "who you know" networks. Opportunities are available to accelerate progress by looking outward and expanding our reach as we learn from, and collaborate with, other organizations that are also seeking inclusive excellence and anti-racist ideals, through integrated, systems-focused efforts. The extensive research available through the NIH and other organizations can be integrated to promote sustained inclusive excellence at a systemic level. For example, the NIH has outlined goals and strategies for inclusive excellence. Their strategy includes diversifying talent, mitigating implicit bias, establishing an equity committee, building a distinguished scholars program committed to DEI in research, informing their activities using a climate and harassment survey, and implementing an anti-racist action plan.[3]

Our journey has led us to the question "can we truly become an anti-racist interprofessional healthcare organization?" While this question has yet to be answered, our journey has begun. As we strive for inclusive excellence, we are engaging in an evolving process requiring both individual and organizational commitment for positive change. Although robust discussions about DEI, specifically racism, occurred during the workshop, the small number of participants' opinions may not represent those of NAP members as a whole. However, our workshop, and subsequent actions, highlight the critical need for continual conversations and action to promote anti-racist ideals for our members and organization.

This paper presents: 1) an example of how to start the journey toward seeking inclusive excellence with the aspiration of contributing to an anti-racist interprofessional healthcare organization, and 2) shares our collaborative process to design, deliver, and assess the outcomes of the workshop. Our continued conversations, reflections throughout the process, and subsequent actions show where we are in the early phases of change. As NAP, and the newly created NAP DEI taskforce, move

forward with their objectives to promote DEI, our group will continue towards inclusive excellence by addressing pervasive and embedded systemic racism through interprofessional collaboration.

CRediT authorship contribution statement

Kathy Lee Bishop: Conceptualization, Methodology, Resources, Writing – review & editing, Supervision, Visualization, Project administration. **Laurel Daniels Abbruzzese:** Conceptualization, Methodology, Resources, Writing – review & editing, Supervision, Visualization, Project administration. **Rita K. Adeniran:** Conceptualization, Methodology, Visualization, Resources, Writing – review & editing. **Kim Dunleavy:** Methodology, Writing – review & editing. **Barbara Maxwell:** Conceptualization, Methodology, Resources, Writing – review & editing, Project administration. **Olaide Oluwole-Sangoseni:** Methodology, Writing – review & editing. **Phyllis Simon:** Methodology, Writing – review & editing. **Susan S. Smith:** Methodology, Writing – original draft, Visualization, Writing – review & editing, Supervision. **Lydia A. Thurston:** Conceptualization, Methodology, Writing – review & editing.

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