## JEDI at DFMCH:

## Justice, Equity, Diversity, Inclusion

For use at 7/16/20 JEDI workgroup meeting; draft 7-15-20 <sup>1</sup>

...as played out in the 3 pillars of EDI in family medicine

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Justice—the top line goal:  Achieving fair, equitable opportunity and treatment for all people, historically informed and rooted in an understanding of power <sup>2</sup> Recognizes and intentionally addresses oppressive power structures (i.e. racism³) with antiracism and anti-oppression strategies <sup>4,5,6</sup>	Care delivery & health	Workforce recruitment & retention	Learner recruitment & training
<b>Equity:</b> A value, principle and goal <sup>7</sup>	Priorities, strategies, action plans to for each pillar  For diversity, inclusion, and equity—leading to justice  Taking into account realities that shape the particulars of achieving equity  Social determinants: Influences  Disparities: Consequences  A developmental path taken at 3 levels:  1) individual work (self-learning)  2) proximal (how people interact in their local environments)  3) structural and systemic work as a department.  Principle: You do all three at once as facets of a developmental path; each involves different ways of making effort.		
<b>Diversity:</b> Your spread of individual differences—a value			
Inclusion:  Making good use of the diversity you have as a means to achieving equity; processes to make good on the diversity value 8			
Cross-cutting perspectives for taking action on JEDI:			
Climate and culture—an experience across all 3 pillars:  Experience of being recognized as the person you are and value you bring 9	Cultural humility in approach to patients and care delivery team 10	As faculty or staff in a workplace culture	As a learner in an educational culture <sup>11</sup>
Equity in researcha dimension of all 3 pillars: 12  Research agenda, engagement, questions, populations, samples, methods, dissemination, application 13	Equity in care delivery research	Equity in the research workforce	Equity in engaging learners in research

## All driven by an environment of humility—what roots this work at the core

Being able to listen to each other and move forward as a department with a shared vision and growth mindset<sup>14</sup> Without prideful competition between programs, as an opportunity for skill building in a learning ecosystem;

Inclusive means to an inclusive end

## **End notes**

- <sup>1</sup> Framework based on October 2019 DFMCH faculty meeting with action-related updates for use at DFMCH JEDI workgroup; Andrea Westby & CJ Peek
- <sup>2</sup> Justice: Distributive justice (a just distribution of resources needed for health) and the human rights principles of nondiscrimination and equality in reference to health justice, Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *Am J Public Health*. 2011;101 Suppl 1(Suppl 1):S149-S155. doi:10.2105/AJPH.2010.300062.
- <sup>3</sup> Racism: "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, and saps the strength of the whole society through the waste of human resources", Dr. Camara Jones, APHA.org
- <sup>4</sup> **Anti-racism:** "The active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably." *NAC International Perspectives: Women and Global Solidarity.*
- <sup>5</sup> Racial Justice: "The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice—or racial equity—goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures. Racial Equity Tools <a href="https://www.racialequitytools.org/glossary#racial-justice">https://www.racialequitytools.org/glossary#racial-justice</a>
- <sup>6</sup> Intersectional anti-oppression framework: Intersectionality means multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level. Dr. Kimberle Crenshaw, <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477987/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477987/</a>. An anti-oppression framework recognizes that oppressions exist (in effect, disempower, marginalize, silence or otherwise subordinate one social group or category) and attempts to mitigate its effects and equalize power imbalances. <a href="https://theantioppressionnetwork.com/what-is-anti-oppression/">https://theantioppressionnetwork.com/what-is-anti-oppression/</a>
- <sup>7</sup> Equity: "Fair treatment, access, opportunity, and advancement while striving to identify and eliminate barriers that prevent full participation (Diversity & Inclusion Definitions' Univ of Manitoba: Human Res. Diversity & Inclusion, 2017; http://umanitoba.ca/admin/human resources/equity/5804.html)
- <sup>8</sup> Inclusion: "Active, intentional, ongoing engagement with diversity" Am Assoc of Colleges & Universities <a href="https://www.aacu.org/making-excellence-inclusive">https://www.aacu.org/making-excellence-inclusive</a>
  "Creating environments in which any individual or group...feels welcomed, respected, supported, and valued to participate and bring full, authentic selves to work "Inclusion excellence": Conscious inclusion, authentic interactions, talent differences optimized, equitable access to opportunity, effective communication, resulting in a sense of belonging (Alicia Monroe MD—Baylor; STFM plenary 2018)
- <sup>9</sup> Climate and culture: Explicitly recognizes the historical / social context and power dynamics that accompany each person as a patient, member of workforce, or learner
- <sup>10</sup> **Cultural humility:** incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non paternalistic partnerships with communities on behalf of individuals and defined populations. Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, *9*(2), 117–125. https://doi.org/10.1353/hpu.2010.0233
- <sup>11</sup> Educational inclusivity—minority resident views: Osseo-Asare, Balasuriya, Huot, Keene, Berg, Nunez-Smith, Genao, Latimore & Boatright. Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace. JAMA Network Open. 2018;1(5):e182723. doi:10.1001/jamanetworkopen.2018.2723
- <sup>12</sup> **Equity in health services research and workforce.** Improve health and the performance of the health system by supporting the production and use of evidence to inform policy and practice; "Diversity of opinion and perspective produces better evidence." (Academy Health) <a href="https://www.academyhealth.org/sites/default/files/AH">https://www.academyhealth.org/sites/default/files/AH</a> 230DiversityReport%202015 09.15.pdf
- <sup>13</sup> Equity in research across all 3 pillars: When making care delivery and health more equitable, include care delivery research; When making workforce more equitable, diverse, and retained, include research workforce and workforce research; When making learner recruitment & training more equitable, include equity in attracting diverse learners in the research & scholarly dimension, while raising consciousness about limitations of a research base that doesn't employ questions, methods, or populations representative of those being served, as well as employing educational research and strategies to achieve these goals.
- <sup>14</sup> **Growth mindset:** the belief that human capacities are not fixed but can be developed over time. Dweck, C. S. (2006). Mindset: The new psychology of success. New York, NY: Random House.