Framework of Definitions and Pillars for Equity, Diversity, and Inclusion in Family Medicine Departments

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Table 1 from a submitted journal manuscript; to share with ADFM more broadly upon article acceptance

Purposes of this document:

1. *Definitions of basic terms* to help structure thinking and action planning—a starter working vocabulary to help conversations go better.

2. *Illustrate how basic concepts of equity and diversity can be applied* to 3 main areas ("pillars") of work in a family medicine department

   Though shown in columns, these are highly related. For example, diversity in learner recruitment is a way to create a diverse workforce that can be hired within our department and ultimately to create a diverse healthcare team for the care of our patients and health equity.

	Starter "north star" goals in 3 pillars of EDI in family medicine		
	Care delivery and health	**Workforce recruitment & retention**	**Learner recruitment & training**
Diversity: *Your spread of individual differences—a value* e.g. race/ethnicity, class, gender, sexual orientation, political, culture, disability, other affiliations [1]	*Patient diversity:* Attract and well-serve a diverse patient population with cultural sensitivity[1] regardless of individual differences in race etc.	*Workforce diversity:* Everyone can seek and has fair chance to gain employment and want to stay—without prejudice of race / ethnicity, culture etc. [2],[6]	*Learner diversity:* Everyone can apply and has a fair chance of acceptance and appropriate training without prejudice of race / ethnicity, culture etc.
Equity: *A value, principle and goal* "Fair treatment, access, opportunity, and advancement while striving to identify and eliminate barriers that prevent full participation.[3] "Absence of avoidable, unfair, or remediable differences among groups, whether defined socially, economically, geographically or other…everyone has fair opportunity to attain their full health [or other] potential" (WHO 2008).[4]	*Health equity:* High standard of health for all, with special attention to needs of those at greatest risk of poor health based on social conditions (Braveman 2014) [5],[9]	*Workplace equity:* A workplace free of stereotypes and unwarranted, avoidable and unfair differences in opportunity, access, participation, relationship, and use of individual talents	*Educational equity:* Resident & student experience suited to diverse backgrounds and free of stereotyped or unwarranted differences in learning opportunity, attention, mentoring, and expectation for success.
Inclusion: *Making good use of the diversity you have—processes to make good on the diversity value* "Active, intentional, ongoing engagement with diversity" [6] "Creating environments in which any individual or group…feels welcomed, respected, supported, and valued to participate and bring full, authentic selves to work [3] "Inclusion excellence": Conscious inclusion, authentic interactions, talent differences optimized, equitable access to opportunity, effective communication, resulting in a sense of belonging [7]	*Patient inclusivity:* Care system authentically invites all patients in; consciously including and adapting to engender a sense of belonging and ability to achieve the best health they can	*Workplace inclusivity:* Dept. climate and processes recognize and make best use of differences, ensuring that each person, regardless of background, has access to opportunities, interactions, the workplace community to achieve a sense of belonging	*Learner inclusivity:* Dept. recruits & attracts learners from diverse backgrounds, with climate and processes that make good use of individual differences and provide opportunities, interactions and support in the learning community to achieve a sense of belonging.[8]

Realities to be recognized that can shape the particulars of achieving diversity and equity

	What to be aware of and appreciate while seeking diversity, equity, and inclusion		
Social Determinants: *Influences* Social and economic systems responsible for most health [and other] inequities / disparities. "Social and physical environments where people are born, grow, live, work & age; shaped by distribution of money, power, resources" (WHO 2008) [7]	*Social determinants of Health:* Social and economic systems responsible for most health inequities / disparities. [9]	*Background influences on workplace access & success.* Social and economic systems, systemic discrimination or implicit biases that shape access or confidence in gaining employment & success	*Background influences on educational access & success:* Social and economic systems, systemic discrimination or implicit biases that shape self-concept, access, or confidence in gaining admission and finishing.
Disparities: *Consequences* Health [or other] differences closely linked with economic, social, environmental disadvantage (HHS Healthy People 2020) [6] "Preventable differences in burden of disease, injury, violence, or opportunities for optimal health experienced by socially disadvantaged racial, ethnic, & other groups & communities". (WHO 2008) [9]	**Health Disparities:** *Consequences* Health difference closely linked with economic, social, environmental disadvantage (HHS Healthy People 2020) [10]	*Workforce disparities:* Difference in employment and opportunity linked with economic, social, and other personal differences or disadvantage—persons "underrepresented in medicine" [11]	*Educational disparities:* Difference in educational confidence and opportunity linked with social, economic and other personal differences or disadvantage—persons "underrepresented in medicine" [11]

References

[1] **Patient diversity:** *Cultural competency or awareness.* "The ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs" (cultural competency—Health Research & Educational Trust (June 2011); US HHS (May 2013)

[2] **Diversity and inclusion in health services research 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) https://www.academyhealth.org/sites/default/files/AH_230DiversityReport%202015_09.15.pdf

[3] **Equity:** Diversity & Inclusion Definitions' Univ of Manitoba: Human Res. Diversity & Inclusion, 2017; http://umanitoba.ca/admin/human_resources/equity/5804.html

[4] **Health disparities: World Health Report 2008.** https://www.who.int/mediacentre/news/releases/2008/pr38/en/

[5] **Health Equity:** *A goal and principle.* Strive for highest possible standard of health for all, with special attention to needs of those at greatest risk of poor health based on social conditions (Braveman 2014). Absence of avoidable, unfair, or remediable differences among groups, whether defined socially, economically, geographically or by other means…ideally everyone has fair opportunity to attain their full health potential" (World Health Report 2008)

[6] **Inclusion:** Am Assoc of Colleges & Universities https://www.aacu.org/making-excellence-inclusive).

[7] **Inclusion excellence:** Alicia Monroe MD—Baylor; STFM plenary 2019

[8] **Educational inclusivity—minority resident views:** Aba Osseo-Asare, Lilanthi Balasuriya, Stephen J. Huot, Danya Keene, David Berg, Marcella Nunez-Smith, Inginia Genao, Darin Latimore & Dowin 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 Sept 28, 2018.

[9] **Social Determinants of Health:** *Influences.* Social and physical environments where people are born, grow, live, work & age; shaped by distribution of money, power, resource. World Health Report 2008

[10] **Health Disparities:** *Consequences.* Health difference closely linked with economic, social, environmental disadvantage (HHS Healthy People 2020). Preventable differences in burden of disease, injury, violence, or opportunities for optimal health experienced by socially disadvantaged racial, ethnic, & other groups & communities. (WHO 2008)

[11] **Underrepresented in medicine (AAMC):** "…Those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population" https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/underrepresented-in-medicine