

# Ensuring Racial and Ethnic Diversity, Equity, and Inclusion at All Levels of Health Care

To effectively serve the public, leaders and practitioners in health care must understand the issues that affect the population they serve. Ensuring racial and ethnic diversity, equity, and inclusion (DEI) among leadership is key to enhancing professional opportunities and optimal health outcomes for people of all backgrounds. Health care organizations must work together to identify and remove obstacles that limit access to leadership and professional roles for members of racial and ethnic minority groups.<sup>1</sup> To make real impact, appropriate changes in policies and practices must be implemented to support DEI goals at all levels of health care and leadership, including regulatory boards, the workforce, education, and patient care.

Health care professionals who are members of racial and ethnic minority groups have long contended with roadblocks to professional leadership opportunities. In fact, organizations including the National Medical Association and the National Pharmaceutical Association were formed because segregation of racial minorities was permitted by United States law until the Civil Rights Act of 1964, and they were unable to join their professions' existing national organizations. Today, Black and Hispanic Americans continue to be underrepresented in many health care professions. The path to achieving a leadership role in health care needs to be cleared of obstacles to achieve greater diversity, as racial and ethnic minority populations disproportionately face challenges to joining these ranks.

Some roadblocks to entering the health care professions, and, subsequently, to leadership roles within those professions, begin in the classroom. Students in racial and ethnic minority groups face disproportionate barriers to entering health care fields – especially financial barriers, which can be insurmountable. The costs of tuition, transportation, living expenses, and test preparation, to name a few, are often barriers to members of racial and ethnic minority groups pursuing careers in health professions. These economic challenges can be traced to discriminatory and oppressive policies and practices that have taken place throughout history (eg, redlining in housing, employment discrimination). These factors underscore the need for scholarships and financial support, as well as mentors who can understand these challenges and serve as positive role models for members of racial and ethnic minority groups entering health care fields.

Equally important to changing the policies that shape the profession is educating health care professionals about DEI – no matter the stage of their career. Learning the principles of social determinants of health and cultural competence (or cultural humility), which refers to ongoing learning about the cultures, practices, and experiences of people with different backgrounds, and the application of this knowledge, should be an integral part of the health care curriculum. Professional silos need to be broken down and partnerships built to influence the whole

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health care training landscape, such that this knowledge and these competencies become a sustainable part of the professional fabric. Such training not only fosters the delivery of equitable patient care, but it also supports the creation and maintenance of workplaces where all people feel safe and included.

In all these efforts to foster diversity, proactive measures must be identified and implemented, while at the same time, outcomes must be measured and documented. These data and documentation would not only provide a clearer understanding of the existing landscape, but also serve as a baseline to measure the success of efforts to mitigate discrimination and enhance equitable racial and ethnic representation. Gathering information, documenting efforts, and measuring outcomes contributes to the collective story and informs other stakeholders of the changes that have been made and the impact of those changes over time. The goal of these efforts is to change the collective mindset to achieve longevity and sustainability.

To encourage action throughout the health care community, the nine organizations that signed on to this statement have outlined the following recommendations for enhancing DEI at all levels of health care:

- 1.** Implement and support policies and programs that eliminate financial barriers that prohibit students who are Black, Indigenous and People of Color from entering and participating in health care professional opportunities, such as pursuing degrees.
- 2.** Incorporate DEI concepts addressing social determinants of health, unconscious bias, antiracism, disparities, and cultural competence into health care professional curricula as well as in continuing professional education requirements.
- 3.** Develop policies that facilitate mentorship programs for students and new professionals who are Black, Indigenous and People of Color.
- 4.** Implement programs to educate learners from pre-college students through new professionals about their opportunities to work in health care fields and serve on state regulatory boards, with a goal of increasing racial and ethnic DEI.
- 5.** Review state laws, rules, and policies that address the regulation of a health care discipline for the presence of racial disparities, bias, and barriers, with the goal of eliminating structural racism.
- 6.** Collect and document data measuring the representation of Black, Indigenous and People of Color on health care regulatory boards and in the workforce, as well as members' attitudes about DEI. Measure and document all such information over time to show trends.
- 7.** Review, measure, and document data on potential racial and ethnic disparities in the reporting of complaints and disciplinary actions handled by health care regulatory boards.
- 8.** Partner with health care and regulatory organizations established to address DEI issues to strengthen the work already happening.

Several health care organizations independently already have established work groups and issued reports and recommendations, making great strides to determine and document the scope and characteristics of the problem of structural racism in health care. These individual initiatives should serve as examples and a starting point for other organizations. Combining and collaborating our efforts to advance knowledge, amend policies, and enhance practices in support of DEI, using the above recommendations as a guide, will ultimately benefit patients and the health care community at all levels.

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