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Inclusion, Diversity, Equity, and Anti-Racism in Health and Science Professions: A Call to Action for Membership and Leadership Organizations

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As the Home Secretary¹ and President of the National Academy of Medicine (NAM), we are cognizant of the responsibility associated with our leadership roles and the NAM's responsibility to advance equitable representation in the health and science professions. We commend and were inspired by a recent NAM Perspectives commentary that called for accelerating the path toward achieving Latino equity in medicine, nursing, and dentistry (Sepúlveda et al., 2022). The paper appropriately notes that Latino equity, in particular, is often overlooked and should be of specific focus for those seeking to advance racial equity in their organizations. The authors' calls to action are appropriate and necessary to advance the representation of underrepresented minorities generally, and Latino individuals specifically, within the health care workforce.

As the paper by our colleagues explains, the challenges faced by every racial and ethnic minority group are complex, entrenched, and unique, and every group and every individual that has experienced racism deserves attention and support. However, we also believe that addressing structural racism broadly will benefit all racial and ethnic minority groups. As such, we have focused this paper on advancing inclusion, diversity, equity, and anti-racism (IDEA) principles for all.

In the context of our personal experiences and professional roles, we reaffirm our personal commitments and the NAM's institutional commitment to IDEA. Further, we acknowledge that membership organizations have a unique opportunity to advance IDEA goals at the highest levels of leadership in health and science. Finally, we issue a call to action to our peer organizations to make dedicated and sustained commitments

toward increasing equity for Latino and all racial and ethnic minority groups.

Leadership and Institutional Commitments

Improving the racial and ethnic diversity of the entire health and science workforce cannot be accomplished by any single person or institution. We understand that policy statements are insufficient and that the journey toward equity is complex and continuous. Nonetheless, clear commitments from leaders and sustained institutional actions are essential to ensuring organizational and community progress toward IDEA (Nelson et al., 2015).

Therefore, as leaders of the NAM, we unequivocally state that we commit to advancing IDEA at every level of our organization: among our staff, our programs, and our members. We also commit to acknowledging and honoring the intersectional identities of our staff and members. Advancing IDEA principles will necessarily promote inclusion and diversity for all, but the multifaceted identities of our staff and membership make the NAM strong, and this intersectionality must not be ignored. As members of underrepresented communities ourselves, this commitment is deeply personal and meaningful to us. We do not want any person who seeks a career in the health or science professions to experience a sense of exclusion from the workforce or positions of leadership.

NAM Staff

At the NAM, we supported the creation of the Committee to Advance Racial Equity (CARE), composed of and led by NAM staff. The committee members receive internal funding and dedicated time to work on priorities, identified and driven by our staff, to advance racial equity in the daily operations of the NAM. The CARE's mission is "to drive deliberate, continuous ac-

¹ The NAM's Home Secretary is responsible for overseeing NAM member elections, interest groups, and other member engagement activities. The Home Secretary is elected by NAM membership and works closely with the NAM President.

tion toward anti-racism and equity in the NAM by working with staff individually, in their professional roles, and across the organization to: promote a culture that challenges racism openly and honestly via education, training, and self-reflection; dismantle the visible and invisible structures and systems that reinforce racial equity in the NAM's operations; and foster a work environment that is safe, supportive, and where all staff can thrive." During the committee's inaugural year, CARE hosted town halls to create space for staff members to have frank conversations about race and racism, surveyed the staff to identify priorities for action, and participated in the Robert Wood Johnson Foundation's Equity Learning Lab (Mathematica, 2022).

After a robust data-collection phase, CARE has now entered its second phase, which will engage a broad array of NAM staff and focus on advancing work in three priority areas: creating a roadmap for racial equity for the NAM, creating a culture of racial equity at the NAM, and developing tools and resources to advance racial equity at the NAM. We are committed to supporting CARE with resources and implementing the committee's recommendations.

NAM Programs

The NAM has identified that racial and social inequity is an existential threat at the programmatic level and is intentionally integrating a focus on racial equity into all programs. As a few examples, our Culture of Health program focuses explicitly on advancing racial equity and health equity for all (NAM, n.d.a.). The Culture of Health program has entered a new phase and will specifically focus on the health impacts of systemic racism on people of color and how to ameliorate these centuries of harm. Our programs focused on countering the U.S. opioid epidemic, reversing trends of clinician burnout, and promoting healthy longevity are all addressing social inequity, how to support historically marginalized communities, and the impacts of systemic racism. Our Grand Challenge on Climate Change, Human Health, and Equity addresses two of the three existential threats that currently face our planet: climate change and systemic racism (NAM, n.d.b.). The Grand Challenge is focused on communicating the message that the climate crisis represents a crisis of public health and equity, and both crises must be simultaneously addressed. Furthermore, our Action Collaborative on Decarbonizing the Health Care Sector includes an entire programmatic arm focused on health equity and ensuring that any potential solutions advanced by

the Action Collaborative are equity-focused and will not exacerbate existing health disparities (NAM, n.d.c.).

NAM Membership

Within the NAM membership, we are proud that nearly 50% of the governing Council, elected by our members, identify as racial or ethnic minorities; that the three elected leadership positions are held by individuals who identify as Latino/a (Elena Fuentes-Afflick, home secretary; Carlos del Rio, international secretary; and Claire Brindis, vice chair, NAM Council); and that the NAM President is an Asian immigrant. The NAM Membership Committee, which includes leaders from each membership section and is responsible for preparing candidates for annual membership elections, comprises 16% individuals who identify as Latino and 44% individuals who identify as racial or ethnic minorities².

Since 2010, NAM's commitment to increasing membership diversity has been fruitful, with consistent year-over-year increases in the election of underrepresented minority members. In 2010, the class of newly elected members included only 10% racial and ethnic minorities, but within 11 years, the 2021 class of newly elected NAM members was the most diverse ever—composed of approximately 50% women and 50% racial and ethnic minorities (NAM, 2021).

Despite these successes, we recognize that more work remains before we can consider our efforts successful.

Call to Action

We are proud of NAM's efforts and accomplishments to advance IDEA. However, we acknowledge that we represent only one organization among thousands that influences the health system and that our organization must continue intentional, multifaceted efforts to advance racial equity. Just as systemic racism has existed since our country's founding, we recognize that it will take years of dedication and commitment to reverse the deep and lasting harms that have been inflicted on people of color in the United States.

As an academy of distinguished members with programs that span all sectors of health and medicine, we call on our peer organizations, health care educators, accreditors, professional societies, government agencies, and others who exert influence over health and health care to join us in clearly and publicly committing

² The NAM membership is organized in twelve membership sections. Each represents an area of professional endeavor that includes two or more sub disciplines. For example, Section 5 is Pediatrics and Obstetrics/Gynecology.

to advancing IDEA. The NAM welcomes dialogue with peer organizations that have developed effective methodologic approaches as well as organizations that are beginning this journey. As we join together and affirm our collective commitment, we can and should learn from one another.

The NAM's vision is a healthier future for everyone. This vision requires a future in which the health care workforce, as well as leaders of health organizations and academic institutions, represents and reflects the experiences of those they serve. Together, we can make concerted and measurable progress toward this future. We hope that our peers will join us on this journey.

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None to disclose.

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