

Equity, Diversity and Inclusion Framework Integrative Medicine for the Underserved

Equity Diversity and Inclusion Vision Statement

As integrative health professionals and advocates from diverse personal and professional traditions, we hold a vision of our common humanity and interconnectedness. We serve people profoundly impacted by social inequities and injustice, and we are uniquely situated to address the resulting barriers to health. “Hierarchies of human value” * (including but not limited to racism, sexism, and classism) are built into our society structurally, and we recognize them as root causes of trauma and illness. We also recognize the hierarchies that exist within health care work and believe that inclusion of a wide range of healers representing different healing systems enhances our ability to provide optimal care. We are committed to equity, diversity and inclusion as healing and unifying forces in our practices, organization, and society. We work to advance health equity through anti-racism and other anti-oppression work as individuals and as an organization. We prioritize increasing many forms of diversity in our organization, welcoming the inclusion of all voices and promoting open dialogue.

** from Gail Christopher*

Our Equity/Diversity/Inclusion Framework

EDI stands for equity, diversity, and inclusion. The purpose of this framework is to:

- Align our principles with our organizational actions in every way possible. We wish to walk the talk.
- Provide a roadmap that will enable us to know where we are and where we want to go.
- Strengthen our work through clear goals, communication and transparency. We wish to be accountable.

How We Got Here

This document was initially created after a review of the literature and with input from our broader EDI committee. Thanks to Maria Chao, Karen Burt, Priscilla Abercrombie, Leanna Lewis, Sydney Emerson for developing the framework.

This document is a work in progress, a living document. We acknowledge that a lengthy document like this is not a universally accessible or useful form of engaging with this work, and we continue developing resources and tools to stimulate our individual and organizational development. We welcome your feedback and participation in our ongoing work in these areas. Please contact us at info@im4us.org if you would like to be part of this work. If you share pieces of this framework, please credit Integrative Medicine for the Underserved.

Questions to help guide this work include:

As an organization....

How can IM4US best serve as a force for health justice?

How can we leverage the work of IM4US to advance health equity?

How can IM4US promote an organizational culture that upholds the values of diversity, equity, and inclusion?

As individuals...

How can we best address intrapersonal attitudes, beliefs, and behaviors that perpetuate bias and discrimination?

How can we strengthen our compassion and remain rooted in our common humanity and interconnectedness?



Definitions of Key Terms

Health Equity: Optimal Health for All

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and a full spectrum of health care options. *Adapted from Robert Wood Johnson Foundation*

Anti-Racism and Anti-Oppression Work

When we refer to anti-racism and anti-oppression work, we refer are talking about efforts to recognize, dismantle and heal racism and other hierarchies of human value. These hierarchies which lead to unjust, harmful (oppressive) conditions for people due to their race, class, gender, sexual orientation, abilities, etc. are structurally embedded in society, in institutions and organizations, and in individual attitudes and behaviors. We engage in both external and internal efforts to promote equity, knowing that engaging across levels is critical. We call out racism specifically because we see racism as a major barrier to health in our country, and we also engage in addressing other hierarchies of human value.

Inclusive:

Inclusive means that not only are a diverse group of people present, but a respectful atmosphere is intentionally created to welcome all voices to address all concerns and needs. In IM4US, this also means the inclusion of a wide range of health professionals representing different healing systems.

Interprofessional: In IM4US, we use “interprofessional” as an inclusive term that recognizes the professional skills of all health care workers. This includes licensed and unlicensed clinicians and practitioners, as well as community health workers, researchers, advocates, and others whose work serves our mission.

Goal: Adopt these changes (Board approved Spring 2019), post on website, and integrate into the work we do.

I. ORGANIZATIONAL IDENTITY

We have defined shared principles and values of health equity that guide our interprofessional organization. *In IM4US, we use “interprofessional” as an inclusive term that recognizes the professional skills of all health care workers. This includes licensed and unlicensed clinicians and practitioners, as well as community health workers, researchers, advocates, and others whose work serves our shared mission.*

Goal: Incorporate EDI principles into our organizational vision, mission and philosophy statements.

Equity Diversity and Inclusion Vision Statement

As integrative health professionals and advocates from diverse personal and professional traditions, we hold a vision of our common humanity and interconnectedness. We serve people profoundly impacted



by social inequities and injustice, and we are uniquely situated to address the resulting barriers to health. “Hierarchies of human value” * (including but not limited to racism, sexism, and classism) are built into our society structurally, and we recognize them as root causes of trauma and illness. We also recognize the hierarchies that exist within health care work and believe that inclusion of a wide range of healers representing different healing systems enhances our ability to provide optimal care. We are committed to equity, diversity and inclusion as healing and unifying forces in our practices, organization, and society. We work to advance health equity through anti-racism and other anti-oppression work as individuals and as an organization. We prioritize increasing many forms of diversity in our organization, welcoming the inclusion of all voices and promoting open dialogue.

** from Gail Christopher*

Revised IM4US Mission Statement

Integrative Medicine for the Underserved is a collaborative, multidisciplinary group of people committed to affordable, accessible integrative health care for all. Through outreach, education, research and advocacy, we support those dedicated to promoting health in underserved populations. Together we work to shift the current paradigm towards **health equity**, wellness, prevention, patient empowerment and self-care.

Revised IM4US Philosophy Statements

- 1. We believe equity is fundamental to health and wellness, and therefore equity, and efforts to dismantle and heal from racism and oppression, are foundational to our work as health care professionals and advocates.**
1. We believe health care is a right.
2. We believe optimal health care focuses on wellness as much as on treating disease.
3. We believe optimal health care addresses mind, body, and spirit.
4. We believe that structural inequities must be dismantled and the social determinants of health must be addressed.
5. We believe in the power of integrating diverse health care modalities and disciplines.
6. We believe underserved patients and those providing their care need unique kinds of support.
7. We believe collaboration and sharing improves patient outcomes and inspires providers to remain whole-heartedly engaged in this work.

II. ORGANIZATIONAL STRUCTURE

Our leadership (Equity/Diversity/Inclusion or EDI committee, staff and Board) actively aligns our EDI values and principles with its policies, programming and overall organizational culture

Goal: Change the name of Multidisciplinary Committee to Equity Diversity and Inclusion Committee [completed 2019]

Goal: Increase diversity of our Board and Committee leadership

Goal: Create Patient/Family Advisory Board

III. SUSTAINABILITY

We have a long-term commitment to advancing EDI efforts through sustained funding, infusion of social justice principles into organizational development and interprofessional collaboration

Goal: Find and dedicate funding to EDI efforts and goals.

Goal: Provide financial aid and other opportunities to facilitate diverse member attendance at conferences.

Goal: Partner with educational institutions to increase the diversity of integrative health professionals by offering scholarships and other opportunities for our members.

IV. STRATEGIES

We intentionally enact programs and activities that build an equitable and compassionate organization which supports our members to act as a vehicle of social change. We will benchmark and track our progress with these efforts.

Goal: Enhance diversity of our committee members, organization members and conference attendees. Set goals and benchmark progress.

Action steps:

- Determine current status of membership and conference attendees. (in progress)
- Develop and utilize interview questions related to EDI (for new staff, board member and committee member searches, financial aid, etc.)
- Develop and implement strategies that will lead to greater diversity, e.g.
- Track, prepare and annually post on-line the demographics of membership, Board and committee, conference attendees, vendors, conference presenters and plenary speakers

Goal: Undertake internal anti-racism and anti-oppression work.

Action steps:

- Participate in external surveys that will enable us to set goals and benchmark progress. Example: La Clinica Survey (readiness for EDI efforts, Diversity Value Index and Corporate Equality Index (from Kellogg article)
- Include EDI questions in conference evaluation. (see 2018)
- Provide ongoing educational opportunities related to anti-racism and anti-oppression.
 - Educate Board, staff and committees.
 - 2-4 hours of education for board annually.
 - Provide educational opportunities for membership:
 - At least one plenary speaker at each annual conference will address issues of equity, social justice and healing from racism and other oppressions.
 - Equity /social justice / racial healing will remain a central conference theme over the next 5 years.
 - Encourage the submission of proposals for breakout sessions that address inequity, oppression and efforts to advance health equity.

- Facilitate formal training or learning opportunities at the conference such as White Men as Full Diversity Partners, Cultural Humility training, structural competency training, Consultants recommended by Midwives and by La Clinica, etc.
 - Reach out to these organizations that offer such trainings to collaborate
- **2019 priority: Research and choose an EDI educational program for IM4US and then seek funding. Develop durable materials that can be used with a broad audience throughout the organization.**
- List recommended workshops and trainings on the website and at the conferences
- Facilitate open sharing and dialog – create time and space for this at conferences, on website, and at meetings
- Develop online educational materials for membership accessed through our website.
- Engage membership and collaborating organizations in anti-racism / and anti-oppression healing work in our organization.
- Engage in advocacy that advances the principles of EDI (led by IM4US policy committee).
 - E.g., letters in support of legislation or other efforts, formally joining coalitions, advocating for reimbursement for non-allopathic providers
- Recognize and support unlicensed health professions

V. LINKAGES AND CONNECTIONS

We seek to build relationships with organizations that are aligned with our values so that we can make integrative healthcare accessible to all and inclusive of all members of the interprofessional health care team.

Goal: Research and reach out to at least 2 organizations in 2019 to develop relationships.

PROJECTS / EFFORTS ALREADY ACCOMPLISHED OR STARTED

I. IDENTITY:

State and Define EDI in our Vision / Mission / Philosophy Statements - in progress
Change name of MDC to EDI: For Board approval on 12/11

II. STRUCTURE/LEADERSHIP:

- Provide ongoing educational opportunities related to anti-racism and anti-oppression.
- committees: Focus on EDI and Multidisciplinary
- **EDI committee and Board will be the leadership which actively aligns EDI values with all aspects of the organization**

III. SUSTAINABILITY

- 2015, 5K given to EDI by Board for Equity work.
- David Gibbs hired as Board retreat facilitator in 2016. Commitment to Health Equity focus was made.
- Funds from Samueli Foundation garnered:

IV. STRATEGIES:

DIVERSITY

- Commitment made by board to enhance diversity and new board members were found
- New board members were found with Equity focus and experience
- New Advisory Board member was found with long Equity focus/ experience
- Collected demographic data on conference attendees / members / Board and committee members – as baseline data
- Developed priorities that have determined scholarship allocation
- Samueli and other funds utilized for Scholarships

INTERNAL ANTI-RACISM/OPPRESSION WORK:

- Board directive was given to EDI to create a framework that allows us to implement Equity values into our organization.
- Framework well underway. Presented at Conference 2018 and feedback solicited. **To be presented at Board Retreat 2019.**
- Some Anti-Racism/ Oppression internal dialog was begun with David Gibbs facilitating at the 2016 board retreat. **AR/O workshop being planned for 2019 Board Retreat**

CONFERENCE FOCUS ON EQUITY AND ARO

- Last 2 years and this coming year's conference theme and presenters focus on EDI
- EDI commitment to develop a Racial Justice / Equity annual focus

ONLINE EDUCATION:

9

- EDI commitment to develop a website section on EDI & Anti-Racism/Oppression

ADVOCACY

- Link with Policy Committee in taking organizational action around national issues. **Ariana (EDI co-chair) is on Policy Committee and is in communication with them about EDI collaboration.**

II. LINKAGES AND COLLABORATIONS

- Letter of introduction / reach out has been created