ACLP DIVERSITY, EQUITY, AND INCLUSION (DEI) PRESIDENTIAL TASK FORCE REPORT TO THE BOARD
February 2021

<u>**ACLP DIVERSITY, EQUITY, AND INCLUSION (DEI) PRESIDENTIAL TASK FORCE REPORT TO THE BOARD**</u>
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<u>**I. OVERVIEW**</u>

<u>**A. Charge from Past-President Michael Sharpe, MD, FACLP**</u>
To identify areas for improvement and to make recommendations to the Board regarding DEI in ACLP's:

Membership and fellowship recruitment
Committee and subcommittee appointments
Board and Executive Committee appointments
Annual meeting
Awards
Journal

<u>**B. Context**</u>

The task force recognizes that systemic racism, sexism, homophobia/transphobia, and other forms of systemic bias and discrimination have demonstrably adverse health effects on our patients and reduce the professional and training opportunities available to our members. We also recognize the key role of C-L psychiatrists in translating our understanding of the psychological and structural harms of systemic bias into positive changes in medical practice, education, and systems of care. For this reason, the task force underscores the importance of ensuring the sustainability of the implementation of our recommendations across the multiple dimensions of diversity, including, but not limited to, race, ethnicity, age, sex, gender identity, sexual orientation, socioeconomic circumstance, national origin, geographic background, immigration status, military status, and religious and spiritual beliefs. We also wish to acknowledge the intersectionality of these dimensions for C-L psychiatrists, our trainees, and our patients. To this end, we emphasize the importance of implementing our recommendations to create a culture that fosters a sense of belonging and inclusion, regardless of how members identify.

It is critical to highlight that DEI is relevant to multiple aspects of our field, including our work as educators recruiting trainees into our field, as members of an organization seeking to recruit a more diverse membership, and as researchers and clinicians seeking to reduce health care disparities among our patients who come to us with diverse backgrounds, identities, and varying degrees of disenfranchisement.

II. PROCESS

The task force started meeting in September 2020, and met four times. We created subgroups to develop proposals on the following:

- · The formation of underrepresented minority (URM) committees, subcommittees, or Special Interest Groups (SIGs)
- · How to enhance DEI in ACLP membership, recruitment, leadership, and governance structure
- · How to further develop C-L psychiatry's scientific contributions to research and other scholarship regarding the role of systemic bias in health outcomes, including creating and disseminating a bibliography of relevant scholarly work
- · How to institute pipeline and URM mentorship programs.
- · How to incorporate DEI into webinars, trainee and member curricula and education, and faculty development.

As the Chair, Dr. Lee also solicited input from the Chairs and Vice-Chairs of ACLP's committees, subcommittees, and SIGs regarding their groups' thoughts, concerns, and recommendations about DEI issues. Our findings and recommendations are below; as a guide, we suggest that the Board pursue our recommendations with the assistance of the following committees and subcommittees:

- · Committee, subcommittee, Board, and executive committee appointments – Governance and Nominating
- · Pipeline, mentorship, educational resources – Education
- · Scholarship and research – Research
- · Annual meeting – Annual Meeting
- · Awards – Fellowship and Awards

III. FINDINGS AND RECOMMENDATIONS

A. Committee, Subcommittee, Board, and Executive Committee Appointments

Organizations should serve the needs of their communities and reflect the priorities and values of their members. To this end, ongoing self-appraisal of organizations is essential in order to identify gaps and redundancies and to develop new processes where indicated.   The ACLP standing committees serve both practical purposes (e.g., Annual Meeting, Audit, Finance, Governance, Membership, Nominating) and highlight our key values and advance our mission (e.g., Education, Research & Evidence-Based Practice). In addition, SIGs have been core to the culture of ACLP and, as is summarized well on the ACLP website, "for many years…have provided vital networking, mentoring, and collaborative support to hundreds of our members." For instance, the longstanding Global & Cultural, Women's Health and HIV/AIDS Psychiatry SIGs and the new Hispano-American C-L SIG serve as examples of how SIGs can advance the care of underserved populations, bring together members with similar interests and

backgrounds, and provide mentorship and networking opportunities to underrepresented minority (URM) members, as well as those of other historically disenfranchised identities.

Gaps with respect to governance that were noted include:

- Lack of demographic data of our membership and therefore an inability to view how members may or may not be represented in the demographics of the ACLP leadership and Board of Directors
- Lack of any ACLP committee or subcommittee that either has a focus on DEI or subsumes an interest or focus in DEI
- Lack of SIGs focused on other vulnerable and underserved populations with comorbid psychiatric and general medical conditions, e.g., rural populations; underrepresented racial and ethnic minorities, including Black/African American, Latinx, American Indian/Alaska Native; Asian American; individuals impacted by poverty; individuals impacted by lack of housing; lesbian, gay, bisexual and transgender individuals; immigrant and refugee populations
- Lack of SIGs focused on supporting, mentoring, and fostering communities of ACLP members who may be underrepresented in medicine
- Lack of SIGs focused on other key conditions, factors, or professional skills relevant to underserved populations with comorbid psychiatric and general medical conditions, particularly through the lens of structural/anti-racism and cultural competency/humility

In light of these gaps, the Task Force concluded that a standing committee focused on Diversity, Equity and Inclusion (DEI) would demonstrate an intentional commitment to DEI work. While we also considered a DEI subcommittee, DEI is relevant to so many of our existing standing committees that we found it difficult to subsume a subcommittee under any single one. In addition, as committee and subcommittee members are selected by organization leadership, there should be efforts to increase the diversity of membership on all committees and subcommittees by recruiting and selecting diverse volunteers.

We thus recommend pursuing the following with the assistance of the Governance and Nominating Committees:

- Forming a full standing Diversity, Equity, and Inclusion (DEI) Committee to demonstrate its importance to our community as being a priority on par with, for example, Education and Research & Evidence-Based Practice, which have standing committees
- Tasking this committee with overseeing ACLP-wide DEI issues, including strategic planning and visioning around DEI, analysis of the DEI survey and focus groups, and coordination of DEI activities that involve multiple committees
- Forming a temporary DEI Subcommittee to report to the Membership committee while the process for approval of a DEI standing committee takes place
- Tasking all committees and subcommittees to engage in DEI work relevant to their individual mandates, and to demonstrate explicitly how they consider DEI in policymaking
- Collaborating with similar groups that already exist in sister organizations (e.g., APA Caucuses and APA Minority and Underrepresented Caucuses) to identify shared values and best practices regarding governance
- Funding the DEI Committee with the necessary resources to effectively generate, review, and analyze relevant data to identifying:
  - Differences or gaps in ACLP leadership as compared to ACLP membership

- o Differences or gaps in ACLP membership as compared to nonmembers and potential members
- o Factors that may persuade or dissuade membership of those who may be URM, including structural biases
- o Strategies to narrow existing and ongoing gaps, including increasing recruitment of URMs to attend ACLP Annual Meetings, pursue C-L psychiatry fellowships, and join ACLP membership
- o Ways that ACLP leadership search processes, nomination procedures, committee/subcommittee appointments, and bylaws may precipitate or perpetuate gaps with respect to DEI, and strategies for addressing such
- o Ways for ACLP to engage in advocacy for patients impacted by health care disparities

- · Initiating an open call and invitation for leaders from diverse backgrounds to form new SIGs in:
  - o Vulnerable and underserved populations
  - o URM psychiatrists
  - o Key conditions or factors affecting underserved populations

B. Membership and Fellowship Recruitment

We discussed the importance of diversifying our membership and being responsive to their concerns about DEI. To this end, we have asked for a survey of our membership to learn more about the diversity of our members, their perspectives on current DEI-related activities, their needs and perceived gaps regarding DEI, and their ideas about how to enhance DEI within our organization. The Board has agreed to this proposal, with further discussion leading to a plan to identify a consultant with DEI expertise to assist with this survey, as well as with focus groups, which will allow for a more nuanced analysis of the relevant issues. Our hope is that the results of this analysis will refine and add to the recommendations in this report.

i. Pipeline and Mentorship

To address DEI in membership and fellowship recruitment, we feel that it is critical to expand and improve opportunities for mentorship and exposure to C-L psychiatry, with the goal of identifying trainees, including medical students and residents, from the multiple dimensions of diversity to cultivate interest in serving underserved populations and clinician recruitment into C-L psychiatry. The American Psychiatric Association (APA) currently offers the Workforce Inclusion Pipeline Program with mentorship for Black, indigenous, and Latinx students as a means of exposing undergraduates to the field of psychiatry, in hopes of achieving better career advancement for them, leading to a more equitable workforce. Additionally, APA externships and grants supporting diversity are supported by funds from the Substance Abuse and Mental Health Service Administration (SAMHSA) under the Minority Fellowship Program. As an example, a typical budget for a one-month APA Addiction Psychiatry Externship is $2,600 for living expenses, travel expenses to visit the mentor, and a book allowance.

The American Medical Association (AMA) continues to have physician diversity as a priority, with its being a major focus of its 2019 annual meeting. At that time the AMA House of Delegates directed the AMA to:
- · Support publication of a white paper chronicling health care career pipeline programs across the nation to help increase the number of programs and promote leadership development of URM

health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes.

· Work with stakeholders, including medical and allied health professional societies and existing biomedical science pipeline programs, to establish best practices for the sustainability and success of health care career pipeline programs.

We thus recommend the institution of a pipeline program to support medical students and residents with a limited-time visit where they will get a hands-on look at how psychiatrists treat patients with comorbid psychiatric and other medical illness within the specialty of C-L psychiatry. Building on mentorship training resources already utilized by ACLP, this would provide opportunities for our organization to network nationally with medical school and psychiatry residency programs, as well as for mentees to network amongst one another.

To optimize success of this program, we recommend:

· Identifying a diverse range of ACLP members that would be willing to serve as mentors, across different stages of career
· Providing mentorship in a broad range of areas, including research, education, administration, professionalism, and career development
· Establishing formal mentorship training to mentors and identifying resources for such

We also recommend pursuing the following with the assistance of the Education Committee and its subcommittees:

· A mentorship program geared specifically towards URM trainees and early career psychiatrists
· Establishing dedicated travel awards for URM trainees
· Establishing an ACLP DEI mentorship award to recognize individuals who are pioneers in educating and training a diverse workforce
· Considering a URM virtual fellowship fair
· Considering outreach to schools and liaison work with local government and diverse faith leaders

References regarding the above can be found in Appendix A.

ii. Educational Resources

We feel that DEI-related educational resources for trainees and members are an important aspect of recruitment into our organization and our field, as well as a significant contributor to our ability to address systemic bias and discrimination. Additionally, as educators of trainees and colleagues, it is important for us to be role models for DEI and to teach our trainees to become structurally competent, appreciating the impact of social structures, including racism, on our patients' health and the need for interventions to address these structures.

Metzl and Hansen[1] define structural competency as the "trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or disease, also represent the downstream implications of a number of upstream" social determinants of health. Structural competency builds upon existing curricula on social determinants of health, cultural competency, and cultural humility,[2] and pays

"attention to forces that influence health outcomes at levels above individual interactions."[1]
(References listed in Appendix B.)

From a review of the ACLP website, there are significant gaps in the integration of cultural humility, structural competency, and DEI in our educational materials for trainees and members. As C-L psychiatrists, we are positioned to make significant contributions to address disparities in mental health services across inpatient and outpatient settings. It is thus critical for the ACLP to identify standards for C-L psychiatrists in terms of education and training in DEI, with a focus on the acquisition of knowledge, attitudes, and skills specific to our field. We note that ACLP has no identified expectations or standards for cultural competence and DEI in C-L psychiatry, and educational materials do not include integrated education that identifies or addresses issues such as:

- Individual, interpersonal, and structural barriers that may prevent culturally diverse populations from obtaining mental health services
- Implicit biases that may interfere with clinical judgment and working to address biases
- The application of knowledge of cultural differences in the symptomatic presentation to clinical formulation
- Evaluating and incorporating cultural strengths in treatment interventions
- Evidence-based psychological and pharmacologic interventions specific for diversity
- Identifying ethno-pharmacologic factors that may influence response

We thus recommend pursuing the following with the assistance of the Education Committee and its subcommittees:

- Developing a section on the ACLP website with educational, curricular, and faculty development resources devoted to DEI, racism, structural competency, cultural humility, culturally appropriate care, and health care disparities, including factors contributing to these disparities, such as language proficiency, health literacy, and other social determinants of health
- Developing expectations and standards of structural competency, cultural humility, culturally appropriate care, and DEI in C-L psychiatry
- Developing a bibliography of textbooks and articles relevant to structural competency, cultural humility, culturally appropriate care, DEI, and health care disparities in C-L psychiatry
- Reviewing our posted residency C-L curriculum in order to integrate DEI factors
- Reviewing our fellowship vignettes to integrate DEI factors
- Developing a regularly scheduled webinar dedicated to teaching on racism, bias and health disparities within CL psychiatry
- Developing a webinar on critically evaluating the literature on cultural and DEI topics
- Sponsoring training that addresses racism, discrimination, implicit bias, and microaggressions toward patients and trainees, perhaps with input from training programs that are leaders in developing such curricula
- Creating faculty development sessions related to diversity that could be used to help meet the ACGME's diversity requirements for residency and fellowship programs

iii. Scholarship and Research

As an extension of the educational resources above, we think it is critical to further develop C-L psychiatry's scientific contributions to research and other scholarship regarding the role of systemic bias in health outcomes. Within ACLP, steps would include growing a diverse group of researchers in C-L

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psychiatry and supporting research focused on addressing health disparities, as well as fostering an inclusive and equitable culture with a clear and visible commitment to promoting equity in health care.

We thus recommend pursuing the following with the assistance of the Research Committee and its subcommittees:

· Identifying, recruiting, and mentoring URM researchers, perhaps via a young investigator colloquium, for example
· Identifying DEI research mentors within ACLP
· Identifying and inviting established URM researchers who are not current members of ACLP to attend the annual meeting and join the organization
· Similarly, identifying and inviting established researchers whose investigations are focused on health disparities in patient populations of interest to ACLP
· Starting a SIG focused on addressing health care disparities, where champions can connect junior and mid-level and senior people
· Sponsoring a research symposium focused on DEI
· Citing in ACLP's Quarterly Annotations on Journal Articles of Interest ongoing annotations of evidence-based research in health care disparities, clinical service development, and systems-wide approaches for psychiatric care in typical C-L settings, including research focused on women in all stages of their life cycle
· Reviewing publications and reviews for use of pronouns and non-stigmatizing, non-biased language
· Assessing articles for the risk of bias and for generalizability to underserved communities in annotated abstracts published online

C. Annual Meeting

We recommend pursing the following, with the assistance of the Annual Meeting Committee, as potential means of enhancing DEI during the annual meeting:

· Instituting a DEI track at the annual meeting
· Including an annual plenary session focused on DEI, perhaps supported by a grant or award
· Increasing content of programming to include more on health care disparities, including systems issues especially as it relates to structural competency and reproductive psychiatry
· Including sessions on cultural competency and implicit bias training in the annual meeting
· Including DEI and health care disparities in the Essentials course and/or other pre-conference workshops
· Providing networking opportunities for URM mentors and mentees

D. Awards

We recommend pursuing the following, with the assistance of the Fellowship and Awards Subcommittee, as potential means of addressing DEI in ACLP awards:

· Publicizing awards better, e.g., highlighting in DEI-related venues that may increase their access to historically disenfranchised applicants
· Simplifying the nomination process
· Establishing clearer criteria for award selection

- Identifying ways that ACLP awards procedures may precipitate or perpetuate gaps with respect to DEI, as well as strategies for addressing such
- Initiating URM trainee travel awards, including for those focused on research
- Initiating an award for health equity and DEI work, perhaps with a format similar to that of the ACLP Foundation Research Professor Program Award (senior and mentee winners)
- Establishing a DEI mentorship award to recognize individuals who are pioneers in educating and training a diverse workforce

E. Journal

We recommend pursing the following potential means of enhancing DEI in ACLP's journal:

- Adding DEI, anti-racism, health care disparities, and cultural and structural competencies as "particular areas of interest" in the journal's online mission statement
- Devoting special issues to the above areas
- Reviewing articles for use of pronouns and non-stigmatizing, non-biased language
- Assessing articles for the risk of bias and for generalizability to underserved communities

IV. IMMEDIATE ACTION ITEMS

In recognition of the large number of recommendations we have made, we propose that the Board prioritize the following as the action items to pursue immediately:
- Establishing a standing DEI Committee by the end of this year's annual meeting
- Establishing a temporary DEI Subcommittee that reports to the Membership Committee while the process for approval of a standing DEI Committee takes place
- Continuing to develop and implement a DEI survey and focus groups with the assistance of a consultant
- Tasking all committees and subcommittees to develop a plan to focus on DEI issues relevant to their mission, with the potential for them to report on such to the DEI Committee
- Establishing a DEI track at this year's annual meeting
- Pursue funding for the pipeline program recommended above

V. POSTSCRIPT

As the Chair, Dr. Lee would like to extend his deepest gratitude to the members of this task group for their incredible thoughtfulness, wisdom, and expertise regarding the above issues, which are critical to the future health of our organization and to the care and education that we as C-L psychiatrists provide.

Respectfully submitted,
Kewchang Lee, MD

APPENDIX A. REFERENCES FOR FINDINGS AND RECOMMENDATIONS REGARDING PIPELINE AND MENTORSHIP

1. AAMC Diversity in Medicine: Facts and Figures 2019 (limited by looking only at sex and race/ethnicity)

2. Figueroa, O. The significance of recruiting underrepresented minorities in medicine: an examination of the need for effective approaches used in admissions by higher education institutions. Medical Education Online 2014.

3. Mentoring in Medicine Program Encourages Careers in Health NIH Medline Plus the Magazine. US National Library of Medicine: 2011.

4. Murphy, Brendan. "What's needed to improve physician diversity pipeline programs?" AMA Physician Diversity June 11, 2019.

APPENDIX B. REFERENCES FOR FINDINGS AND RECOMMENDATIONS REGARDING EDUCATIONAL RESOURCES

1. Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. *Soc Sci Med.* 2014;103:126-133.

2. Neff J, Holmes SM, et al. Structural competency: curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities. *MedEdPORTAL.* 2020 Mar 13;16:10888.