

ACNM 2019 Diversity, Equity, and Inclusion Practices in Motion

Dear Friends,

When the American College of Nurse-Midwives (ACNM) created its 2015-2020 Strategic Plan, it identified diversity and inclusion as one of 5 core commitments for the organization. In recent years, organizational hardships have hampered ACNM's ability to fully realize this commitment. Now, in 2019, the ACNM Board of Directors has endorsed several strategic work priorities that underscore our revitalized commitment to diversity, equity, and inclusion.

ACNM established the Diversity and Inclusion Task Force (now Committee) in 2012 and charged its members with conducting an in-depth study to understand our strengths and weaknesses in diversity and inclusion. The resulting 2015 report, [Shifting the Frame: A Report on Diversity and Inclusion in the American College of Nurse-Midwives](#), documents the following:

- ACNM is committed to diversity, equity, and inclusion: Our patients need midwives who are adept at effectively serving families from a wide range of backgrounds and identities, especially in light of the increasing diversity of the US population. Moreover, midwifery's future depends on our ability to attract underrepresented groups and to provide meaningful and fulfilling professional opportunities for them. All members of ACNM deserve an organization that values their full gifts, talents, and experiences and that supports them in sharing and developing their unique traits and perspectives with their workplaces and educational programs.

- Our goal is to address the complex needs and expectations of midwives working in diverse communities and across cultures. To accomplish this, ACNM seeks to improve the capacity of members to work effectively across cultures, strengthen the success of the midwifery profession, and enrich the College by increasing the number of midwives from underrepresented groups in all roles and at all levels, including leadership. This includes developing structures and strategies that will equip ACNM leaders to understand the dynamics of oppression, privilege, and inequity; promote diversity, equity and inclusion; be accountable to our membership; support ongoing learning and improvement; and cultivate a sustained culture of inclusion.

ACNM, over the coming year, will focus on broadening and deepening the conversation about diversity, equity, and inclusion within our organization and the profession of midwifery. Specifically, we are translating strategic priorities into action and determining a sustainable leadership model for midwives who have historically been underrepresented in ACNM.

FY2019 PROJECTS IN MOTION

Projects that are currently in motion include the following:

THE LISTENING PROJECT

In 2018, ACNM began formal and informal discussions that led us to the following conviction: Listening is the key to understanding what actions are necessary for ACNM to actualize our commitment to diversity and inclusion. This belief spurred us to launch the multi-faceted Listening Project in March. ACNM recently conducted Phase 1 of the project, conducting 2 Listening Project surveys--one for midwives and one for student

midwives--to help us assess member, nonmember, and student experiences with discrimination within our membership and midwifery programs. Nearly 800 individuals (792) answered the midwife survey, and 147 answered the student midwife survey. Among midwives, 95.6% were members, 4.4% were nonmembers; among students, 83% were members, 13% were nonmembers. In total, 410 midwives and 51 students provided specific recommendations regarding what ACNM could do to improve diversity and inclusion. Additionally, 145 midwives and 25 student shared their contact information to support ACNM's work to carry out recommendations. We thank everyone who participated and look forward to sharing the results with you.

Now we invite all members to a special ACNM listening session at the 2019 Annual Meeting, entitled Your Voice Matters, as the next step of the Listening Project.

Your Voice Matters will be held Tuesday, May 21, 2019, 2:30-3:30 in National Harbor Room 4, on Level 3, at the ACNM 64th Annual Meeting. We invite all members who can to join us there to dialogue with us. We want to hear about your experiences and your thoughts about achieving our core commitment of diversity and inclusion. You've told us you've heard our words, now you want action. Your investment and participation is the driver we need for success. To this end, we respectfully ask you to join us at this session.

We know that not everyone can attend the Annual Meeting or make this specific time. We will schedule a series of open session ZOOM meetings in the near future to allow our member voices to be heard.

ANTI-RACISM AND ANTI-OPPRESSION TRAINING FOR THE VOLUNTEER STRUCTURE

Among the actions membership have demanded are anti-racism and anti-oppression education and training. The landscape of relationships among people of different backgrounds and affiliation groups is a challenging one. Training is a critical key to building bridges in this landscape, to overcoming biases and barriers, and to framing new understandings and common goals.

To begin to provide this education, ACNM will conduct training for our volunteer leadership by December 2019. The training will be accessible via ZOOM and archived for those who cannot attend the live event. A nationally recognized consultant, chosen in concert with the chairs of the Diversity & Inclusion Committee and the Midwives of Color Committee will lead the training, which will address topics of racism, gender justice, anti-oppression, and implicit bias. Our goal is to empower our volunteer leadership so they not only gain a better understanding of what they need to know and practice as leaders, but also so they can bring this education back to their affiliates, committees, and colleagues and help them incorporate it into their everyday actions and values. This is only the beginning. Over the next year, we will be providing additional opportunities for members training.

BIAS INCIDENT RESPONSE, TRANSPARENCY & HEALING (BIRTH) TEAM

ACNM also supports the work of the Bias Incident Response, Transparency & Healing (BIRTH) Team, a group of volunteers from the Diversity & Inclusion Committee that has served to provide a rapid response (on call) during the past 2 Annual Meetings. The BIRTH Team was piloted in Chicago and convened for the second time at the Annual Meeting in Savannah, GA. It will be on hand at the 64th ACNM Annual Meeting in National Harbor, Maryland to offer support, conduct psychological first aid, and accept reports of bias incidents that occur at ACNM events. Its aim is to achieve transparency and healing surrounding bias incidents, with the hope that in time, these incidents will cease to occur. Group members recognize that there are many forms of bias and

oppression and have chosen to single out racism as a key focus during this early work.

The BIRTH Team's contact information and purpose is messaged out broadly at the Annual Meeting, including in the program, app, website, PowerPoints, and printed postcard in the tote received at registration. The message that is shared to all includes the following:

To help ensure that ACNM's meetings are free from bias and harassment, members have formed a Bias Incident Response Transparency and Healing (BIRTH) Team. Attendees who experience or witness bias in any form at the ACNM Annual Meeting are encouraged to report the incident to the BIRTH Team. The report will be confidential and the attendee may choose to remain anonymous. The team will offer support, resources, and coordination of individual and community healing, as well as education, outreach, and recommendations for organizational changes.

The BIRTH Team remains accessible to all members throughout the year. They can be reached at BIRTHTeam.ACNM@gmail.com and 240-485-1836.

BRINGING OTHERS INTO THE CONVERSATION

- **Directors of Midwifery Education (DOME):** What students of color and other underrepresented groups experience in their midwifery programs impacts both their lives as students and their futures--whether it is the difference between feeling safe and valued or disheartened and traumatized, or the decision to finish their programs and thrive in their profession or hold back and limit their potential. Underscoring the need for change is research showing that the integration of midwives is associated with better outcomes across birth settings and across racial and ethnic divides. These realities have spurred the ACNM Board of Directors and the Directors of Midwifery Education (DOME) programs to begin a

continuing discussion about the experiences of students of color in midwifery programs and examine examples of institutional bias and implicit racism in midwifery programs and ACNM.

The challenges students of color have faced include microaggressions and lack of faculty and peer support. Strategies suggested as solutions have included continuing work around discussing racism, despite the discomfort inherent in such conversations, and incorporating into curricula *Into The Light of Day* and other content related to contributions of midwives of color to the profession of midwifery, anti-racism, and social determinants of care as mandatory reading in appropriate modules.

- **American Midwifery Certification Board (AMCB):** ACNM is committed to working with AMCB to safeguard that negative biases and racial stereotypes that harm patients will not be reinforced. This includes assurances that certification exam development and the certificate maintenance program will aim to include content on racism and racial bias, racial disparities, health inequities, diversity, equity and inclusion.
- **Accreditation Commission for Midwifery Education (ACME):** The ACME Board of Commissioners, Executive Director and volunteers from midwifery education programs conducted full review of the ACME Criteria for Programmatic Accreditation. The process included developing a rubric to be applied to all criteria including a “Diversity and Racial Equity Lens”. In 2015, ACME committed to a [3-year strategic plan](#), which included the expansion of diversity and inclusion in all ACME operations. One of the objectives tied to this goal was to review ACME accreditation criteria during its 5-year review for evidence of diversity and inclusion.

Definition of the Diversity and Racial Equity Lens:

- Fair and just distribution of resources and opportunities for individuals, culturally specific business and community-based organizations and economic and social systems that are sustainable and that sustain all people;
- Meaningful engagement of communities of color in planning, decision-making and evaluation that support shifts in perception, paradigm, and demonstrated values;
- Authentically embodying and leading with racial equity and empowerment principles (including transformative and non-traumatizing practices) in planning, decision-making, implementation, and evaluation; and
- Bold and courageous long-term commitment to unearthing racism's root causes and addressing barriers to racial equity in and between individuals, institutions and systems.

In applying a diversity and racial equity lens to the criteria review process, ACME aimed to consider the effect, whether conscious or unconscious, of each criterion on: the participation of minority or disadvantaged students and faculty in midwifery education programs, and the role of multicultural competence in the preparation of graduates for successful midwifery practice.

In addition, each criterion has now been evaluated considering the following questions:

- Is there any inherent bias in this criterion?
- Does this criterion inhibit curricular and co-curricular activities that promote cultural competencies?
- Does this criterion hinder the recruitment or development of a diverse student body and faculty?
- Is the criterion diversity-sensitive, i.e., does this criterion affect disadvantaged populations differently? Is there evidence of equity in how the criterion is applied with disadvantaged populations?

All ACME stakeholders and the public were invited to comment on the proposed criteria during a 6-week open-comment period. The ACME Board of Commissioners took these comments and suggestions into consideration, and in May 2019 published the [final criteria](#).

BOARD COMPOSITION TASK FORCE

In January 2018, ACNM President Lisa Kane Low formed a Board Composition Task Force and charged its members to examine the composition of the Board of Directors to assess the need for reorganization, based on ACNM's strategic priorities. This task force was an outgrowth of ACNM's commitment to Diversity and Inclusion, including eliminating racism and racial bias in the midwifery profession, and race-based disparities in reproductive health care. As stated in the Position Statement on Racism and Racial Bias, ACNM is committed to supporting midwives of color to develop and achieve leadership positions at all levels throughout ACNM.

The task force, which met 9 times, focused its work on increasing the power of midwives of color, students, and consumers and adding their voices to the board's. The task force gave its recommendations in October 2018, and the board approved all 4. They included:

1. Permanently adding the chair of the Midwives of Color Committee or their designee to the board as a voting member of the board;
2. Adding an at-large elected board position for a midwife of color with candidates for the position self-identifying as a person of color;
3. Adding an appointed member of the public as a voting member as a way to bring a needed skill set to the board, such as finance, fundraising, law, and marketing or to represent an underrepresented group, such as a native Americans;

4. Changing the student member from a nonvoting to a voting member.

The Board of Directors approved these recommendations, which are now with the Bylaws Committee for consideration in the upcoming Bylaws revision.

TGNC Scope of Practice Taskforce

In February, 2019, the Transgender Nonconforming (TGNC) Scope of Practice Taskforce was constituted to address issues regarding midwifery care of women assigned male at birth (trans-women). The necessity for broad input became clear as a result of concerns expressed by some regarding the potential impact upon education, certification, and licensure. The Taskforce consists of representatives from the Board of Directors (BOD), the Gender Equity Task Force (GETF), the Directors of Midwifery Education (DOME), each Division of the ACNM volunteer structure, the Core Competency sub-committee and midwifery students. The first meeting occurred on February 27, 2019. Differences in opinion regarding the appropriateness of inclusion of trans-women in the stated midwifery scope of practice were clear. After the meeting, it was decided to seek professional facilitation to help move the discussion forward. Four members of the taskforce vetted facilitators, who have begun their work by reaching out to members and key stakeholders. Work is proceeding with plans for an in-person meeting at the Annual Meeting.

ANTI-RACISM AND ANTI-HARASSMENT POLICY

In response to a bias incident at the 2018 Annual Meeting (for more information about this incident, see [“All Stakeholders Deserve Dignity, Respect, Fairness, Equity”](#) in the Summer 2018 edition of *Quickening*), ACNM took a number of concrete steps to ensure that attendees at all ACNM meetings and members and nonmembers throughout the

association feel safe and respected, and that everyone who has interaction with ACNM, including vendors and contractors, understand our code of conduct. Among these actions that ACNM has taken to ensure this, the College has developed an anti-harassment and anti-discrimination policy, which is now required language on all ACNM contracts. The statement is as follows:

In proceedings of the American College of Nurse-Midwives (ACNM), the ACNM strives to maintain professional environments and professional interactions where people are treated with dignity, decency, and respect – an environment characterized by mutual trust and the absence of intimidation, oppression, and exploitation. ACNM will not tolerate discrimination or harassment of any kind. ACNM will not tolerate negative biases and racial stereotypes from any party including staff, volunteers, speakers, guests, members, contractors, military, government, and industry representatives. Breaches of these policies by third party vendors would be cause for disciplinary action and/or cancellation of said contract at the discretion of the CEO. The ACNM Anti-Discrimination & Harassment Policy, and the ACNM Position Statement on Racism and Racial Bias can be found on the ACNM website at <http://www.midwife.org/ACNM-Governance-Policies>.

GATHERING ACCURATE MEMBERSHIP DEMOGRAPHIC PROFILES

In the past, when ACNM attempted to assess member demographics to determine what percentage of our members identify as persons of color or other underrepresented groups, we have not had reliable data. ACNM's mechanisms for gathering complete, accurate demographic data in our database required an overhaul. This has now been done and ACNM has launched an updated profile section for members to complete when they renew. The purpose of doing this is to enable us to accurately report the baseline number of our members who affiliate with various groups. This will allow us to assess our progress in achieving a more diverse organization. One of

ACNM's strategic work priorities for 2019 is to have gathered this information for at least 85% of our members. All members can help by completing this information as they renew their membership, allowing ACNM to measure our success in increasing the diversity of our organization.

MEMBERSHIP GROWTH PLAN PROJECT

Another ACNM strategic work priority for 2019 is to increase overall membership by 5% during the year from 6,426 to 6,757. Within this larger goal, ACNM is committed to growth strategies that increase diversity and inclusion. This includes messaging ACNM's commitment to diversity and inclusion to affiliates to share with members and nonmembers, surveying and sharing affiliates' accomplishments in terms of diversity and inclusion, and providing affiliates with guidance on messaging diversity and inclusion at the state and local level. Additionally, it includes developing diversity within leadership and throughout the association. Specifically, it also includes having ACNM's volunteer committees and other groups develop 2 to 3 activities that advance ACNM's core commitment to diversity and inclusion and integrate these activities into their current work. ACNM has also established a community on our members-only digital platform, Connect, for midwives of color and student midwives of color to deepen engagement and support.

ANTI-RACISM TOOL KIT FOR MEMBERS AND AFFILIATE LEADERS

As ACNM carries out the initiatives mentioned above as well as others, we will be collecting training and educational resources, policies, and messaging content into a anti-racism and anti-harassment toolkit for members and affiliate leaders. The toolkit will cover a variety of important topics such as implicit bias, recourse for harassment and

bias incidents, and much more. We will be sharing more information on this effort in the coming months and invite members to participate in suggesting content for the toolkit, which ACNM will roll out before the end of the year.

ANNUAL CONFERENCE TRACK: RACISM & HEALTH DISPARITIES

At the 2018 Annual Meeting, ACNM introduced a new Racism & Health Disparities track. Sessions in the track offered focused content about the effects of racism, health inequities, and disparities among people of color; the effects on women, families, and our profession; and what is being done to address these issues. As Pam Reis, CNM, PhD, NNP-BC, FACNM, chair of the National Program Committee, noted in the 2018 Final Program:

“Racism is the leading cause of health inequities among people of color. While midwives care for women and families affected by the consequences of racism on health, the ACNM Board of Directors and the Program Committee believe there has been insufficient discourse about racism and health inequities at ACNM’s Annual Meetings. Considering that the incidence of maternal morbidity and mortality among women of color in the United States is growing more pronounced and pervasive by day, we cannot continue to ignore or discount how racism and disparities in health care affect not only the women and families we serve, but also our profession and how we choose to respond to this human crisis.”

At the 64th Annual Meeting & Exhibition and going forward, ACNM is continuing this track. Education sessions in this track for 2019 include the following:

Adopting an Equity Lens for Your Midwifery Practice: Developing Leadership in Racial Justice by Ana Delgado: This session aims to provide concrete steps that a midwife in any practice setting can take to begin the journey toward addressing health

equity, beginning with adopting an equity lens for their own practice and learning about racial justice, both in health care and in the community.

How Does Racism in Midwifery Education Negatively Affect Diversity Within the

Profession and Disparities in Maternal Child Health? (Lead presenter) Heather Clarke: Barriers continue to exist regarding the recruitment, retention, and success of midwifery students and faculty from underrepresented communities. This panel will highlight the problems of implicit bias and racism in midwifery education and seek solutions that can be applied across all midwifery education programs.

Addressing Health Disparities via Residential Primary Care for Homeless Women: A Free Clinic Case Management Model of Care for Women with Complex Health

Care Needs by Nena Harris: This session will discuss the significance of and contributing factors to homelessness for women. Also, primary care and case management services offered at a free clinic serving homeless women and children will be presented as key components of an innovative model to help address multiple barriers to care and reduce health disparities in a mostly African American urban population.

Maternal Mortality Reviews: Why and How Midwives Should Get Involved by

Katrina Nardini: The disparity between mortality rates of women of color and white women sheds harsh light on the implicit racism underlying the US health-care system. This session will discuss creating and maintaining a maternal mortality review committee, identifying and abstracting maternal mortality cases, and engaging with the public about maternal mortality.

Skills for Implementing Equitable Care and Addressing Racism in Midwifery:

Cultivating Partnership Between Preceptors and Students by Eva Goodfriend-

Reaño: Creating a racially and ethnically diverse midwifery workforce requires naming and addressing racism as a necessary barrier to overcome. A midwifery team of educators, preceptors, and students affiliated with the Nurse-Midwifery Education Program at the University of California, San Francisco, and preceptors from Alameda Health System in Oakland, California, developed and piloted preceptor training to address the presence of racism and bias in clinical education, aiming to improve the learning experience of students, decrease experiences of racism and bias, and increase restorative response to occurrences of racism.

Strategies to Address the Root Causes of Maternal and Infant Health Disparities

in Maternity Care by Barbara Hackley: This presentation will describe strategies to help midwives effectively address social factors in their clinical care. As part of the Resiliency Initiative, the South Bronx Health Center developed a validated tool for screening for social factors that undermine or promote health, identified community resources, and developed a team of staff and volunteers to address these needs. Using the PRAPARE framework, this presentation will provide midwives with the resources they need to create sustainable systems of care that can effectively address the root causes of health disparities in their own communities.

First Year Cleveland: Eliminating Racial Disparities in Maternity Care Through

Community and Civic Partnerships by Celina Cunanan: In 2017, Cuyahoga County had an overall infant mortality rate of 8.72 but a black infant mortality rate of 17.46 compared to a white infant mortality rate of 2.31. First Year Cleveland is urgently working to reduce the number of African American infants dying and the racial disparities that contribute to their deaths. It selected 3 priority areas: reduce racial disparities, address extreme prematurity, and eliminate preventable infant sleep-related deaths. Unique to our strategic plan is the naming of systemic racism as a major factor in the high infant mortality rate among black infants.

NEXT STEPS

With input from our members, leadership, national office staff, midwifery students, and other stakeholders, ACNM will continue to examine meaningful ways to create change in our organization and gain fuller perspectives on issues of diversity and inclusion. We want the words “ACNM membership” to carry with them the connotation of differences understood, respected, and embraced and of a place where members’ differences are valued. We are committed to this vision of our College, we will continue to drive forward our core commitment of diversity and inclusion as adopted in the ACNM Strategic Plan. We invite all members to join us in this challenging and meaningful transformation.

Sincerely,

Susan Stone, CNM, DNSc, FACNM, FAAN
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Sheri Sesay-Tuffour, PhD, CAE
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