SHIFTING THE FRAME

A report on diversity and inclusion in the American College of Nurse-Midwives

Prepared by Jodi DeLibertis
Greater Good Consulting
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AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

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Dear Colleagues,

The American College of Nurse-Midwives (ACNM) Board of Directors is grateful for the past 3 years of work of the Diversification and Inclusion (D/I) Task Force[1] and Jodi DeLibertis of Greater Good Consulting, who have produced this thorough, well-documented and inspiring report, "Shifting the Frame: A report on diversity and inclusion in the American College of Nurse-Midwives." We are also grateful to the work of the ACNM Midwives of Color Committee (MOCC)[2] and the 2011 publication, "Into the Light of Day: Reflections on the History of Midwives of Color Within the American College of Nurse-Midwives[3]," by Linda Janet Holmes, which laid important foundations for this work.

Background
The D/I Task Force was formed to help provide ACNM with a better understanding of our organizational strengths and barriers related to diversification and inclusion. "Shifting the Frame" is based on interviews, focus groups, and a survey of ACNM members, as well as observations about how we function as an organization.

While we have long recognized the overwhelming gender, ethnic, and racial homogeneity of ACNM and the US midwifery profession, this is the first time ACNM has purposefully explored the impact of this homogeneity for our members, our organization, our profession, and the women and families we serve. We applaud the courage and leadership of the Task Force and MOCC in bringing these issues forward, and recognize that many of us are still developing our skills for engaging in conversations on this topic.

At the same time, we are appalled by the devastating inequities of our health care system and in maternal and newborn outcomes in particular. While these disparities disproportionately occur in African American families and other communities of color directly, they impact all of us. How can the midwifery profession do more to address this reality? "Shifting the Frame" helps us come to a deeper understanding of ourselves and discuss how best to move forward with intention into the future.

[1] Current members of the D/I TF include Kim Dau, CNM, MS, Co-Chair; Angy Nixon, CNM, Co-Chair; Shannon Keller, SNM (BOD liaison); Michael McCann, CNM (BOD liaison); Eileen Ehudin Beard, CNM, FNP, MS (staff liaison); Meredith M. Graham, MBA (staff liaison); Tina Johnson, CNM, MS (staff liaison); Jenny Foster, CNM, MPH, PhD, FACNM; Ronnie Lichtman, CNM, LM, PhD, FACNM; Patricia Loftman, CNM, LM, MS ; Pamela Reis, CNM, PhD, NNP-BC; Ali Sevilla de Cocco, SNM; Linda Sloan Locke, CNM, MPH, MSW; Letitia Sullivan, CNM, MS

[2] Current members of MOCC include Heather Clarke, CNM, DNP (Chair); Theresa Coley-Kouadio, CNM, ARNP; Carolyn Curtis, CNM, MSN, FACNM; Reneau Diallo, CNM; Major Gwen Foster, CNM; Patricia Loftman, CNM, LM, MS; Pamela Reis, CNM, PhD, NNP-BC; Karen Sheffield, CNM; Susan Stemmler, CNM; Tanya Tringali, CNM; Maria Valentin-Welch, CNM, MPH, FACNM; Roberta Ward, CNM, FNP, DNP; Nichole Childs-Wardlaw, CNM; Karline Wilson-Mitchell, CNM; Jyesha Wren, SNM

[3] "Into the Light of Day" was made possible by funding from the Urban Midwives Associates Foundation, Inc., the American College of Nurse-Midwives, and the A.C.N.M. Foundation, Inc.

Key Findings, and Our Commitments

"Shifting the Frame" highlights the strengths and positive values midwives can draw on to improve our ability to work in a multicultural world. And it also challenges us to do more to actively listen and learn about ourselves and others who have had different lived experiences. To all midwives whose lives have been touched by injustice and inequity, we honor you and extend our compassion. This report urges us to do more to support you and to create a more just and equitable society.

Some parts of the report are difficult to read—for example, when we read about how ACNM has previously fallen short in meeting the needs of midwives of color. Also, the report discusses concepts that are outside of our typical work as midwives and may take time and learning to fully understand. We've provided additional learning resources along with the report which we hope you will take time to explore.

"Shifting the Frame" tells us clearly that ACNM needs to be a more open, accessible organization for all members and provide leadership opportunities for everyone. We have grown well beyond the small circle of midwives who initially made ACNM possible in 1955. With double digit growth in our profession, and the most diverse and dynamic US population in history, it's time for us to re-envision the future of our organization and our profession. This focus will enhance the professional lives of all of our members, and especially those from traditionally underrepresented groups.

It has our strong desire and intention to be an organization that provides equal opportunities for active participation and leadership for all members. We are fully dedicated to identifying and breaking down barriers to this vision, as we believe that our ability to transform women's health for the better depends on our success. It's time to put our desires and vision into action.

What Can You Do?

As you read this, you may be thinking, "These issues are so big," or "What can or should I personally do?" or, "What can I do to help my profession?"

As a first step, we hope you will take the time to read and reflect on the information contained in the report. We hope that "Shifting the Frame" will offer a new lens to reflect on your own history, identity and experiences, and to understand how you can or do contribute to a more diverse and inclusive midwifery community and greater health equity. If you are a midwife who has not felt included or welcome within ACNM, it appears you may not be alone! Please help us change that! If you feel challenged by some of the findings in "Shifting the Frame," please try hard to step back and process your feelings rather than just act on them.

Reach out to others. If you are attending the upcoming 60th Annual Meeting & Exhibition or other events where midwives come together, talk with midwives whom you've never met and share your midwifery stories. Use these gatherings to ask questions and actively listen to and learn about others and yourself. Share your experiences, ideas and suggestions with us at leadership@acnm.org.

What Will ACNM Do?

The final words of "Shifting the Frame" note that working on diversity and inclusion is "not like baking a cake...It is more like rearing a child. There are skills and knowledge you can apply, but no set of ingredients or prescribed steps that can ensure success. Skills and resources are helpful along the way, but the quality of the relationship itself and the ability to take a learning stance are essential."

Here are some specific activities taking place at the upcoming ACNM 60th Annual Meeting & Exhibition to help us move this conversation forward:

- **Friday, 6/26, 12-6pm.** Free Half-day Workshop with Jodi DeLibertis: *If I Hadn't Believed It, I Wouldn't Have Seen It: Culture, privilege, and organizational transformation*
- **Saturday through Tuesday, 6/27-6/30.** *Exhibit Hall hours. ACNM Member Resource Center in the Exhibit Hall.* Talk with Task Force members about the report, share personal experiences, distribute call for papers for special issue JMWH Nov/Dec 2016 on issues of diversification and inclusion.
- **Monday, 6/29, 9:30-11:30am.** *Opening Business Meeting*. ACNM CEO Lorrie Kaplan will discuss the new Strategic Plan, in which Diversification and Inclusion is identified as a Core Commitment.
- **Monday, 6/29, 1-2pm.** *Education Session: ACNM 2014 Diversification and Inclusion Task Force: Member Survey Results and Lessons Learned* (includes a review of next steps under our strategic plan)
- **Monday, 6/29, 2:30-3:30pm.** *Open Forum on Diversification and Inclusion*, facilitated conversations about diversification and inclusion as they apply to multiple arenas.
- **Tuesday, 6/30, 8:30-9:30am.** Premier Session: *Bending the Arc Towards Justice: From Health Disparities to Health Equity*.

We will also publish the ACNM 2015-2020 Strategic Plan in the coming weeks. In this plan, you will see that we have identified 5 Core Commitments for our organization over the next five years, one of which is diversification and inclusion. This commitment clearly states that ACNM embraces diversity and inclusion in our profession and organization at every level to meet the needs of a diverse US population and so that all CNMs and CMs feel welcome and able to contribute to the profession.

We have included strategies throughout the new plan to develop a deeper understanding of how to be more welcoming to midwives of color and other midwives who have been traditionally underrepresented in ACNM. We also are committing to creating greater transparency in the leadership process so that every member is able to participate fully in ACNM affiliates and the national organization. We will be working to clarify our strategy for diversifying our workforce and spreading the word about midwifery to communities of color.

We recognize that we are just at a starting point and that this effort will continue to evolve and take shape over time. We also recognize that it's important that our work is not only well-intentioned, but well-informed, and ultimately successful. We are optimistic and excited about the future and look forward to this journey with our members. Together, we can forge a future for midwives, ACNM, our profession, and the women and families we serve that will be brighter than ever.

Sincerely,

ACNM Board of Directors 2014-2015

Ginger Breedlove, CNM, PhD, APRN, FACNM, President
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ABOUT THIS REPORT

This report was prepared by Jodi DeLibertis, Principal at Greater Good Consulting. The report intends to capture the key findings of the diversity and inclusions assessment commissioned by the American College of Nurse-Midwives (ACNM) as part of an initiative to cultivate diversification and inclusion within the association and the profession of midwifery.

Using the information collected through interviews, focus groups, a member survey conducted during 2014, analysis of program data and organizational documents, research of peer organizations, and interactions with ACNM D/I Task Force, Board of Directors and staff, Greater Good developed a strategic analysis of where ACNM should focus its attention to successfully move down the path toward a more multicultural association and profession. The highlights of that analysis are shared below.

Because participants were assured confidentiality and anonymity by the consultants, all comments from focus groups, surveys and interviews were integrated to identify common themes and patterns. More than 400 people provided direct input as part of the process. Please see appendix for additional information about ACNM, the diversification and inclusion initiative and the process that lead to this report.

THE CONTEXT: PROFESSION OF MIDWIFERY & FIELD OF PROFESSIONAL ASSOCIATIONS

MIDWIFERY

There is little research or scholarly writing on diversity in the midwifery profession.[1] Those articles that have been published on diversity and inclusion in the profession are mostly from outside the US, with Australia leading the way in publishing on this topic. The literature that does exist on diversity among midwives illustrates that white women dominate the profession.

The article "Voices of Diversity in Midwifery," (Kennedy et al.2006) captures the experiences of two groups under-represented in midwifery: midwives of color and men. In the interviews the authors conducted, midwives of color report: feelings of invisibility and aloneness; personal experiences of discrimination and bias; witnessing bias/discrimination against other people of color in practice settings; and, a need to prove themselves. The authors also report that participants' ethnicity or gender enhanced practice. For example, a male midwife shared a story "that clearly indicated they used their male role in specific circumstances, such as helping

[1] While a thorough literature review was not conducted as part of this project, Greater Good Consulting LLC spent several hours searching academic databases in search of articles on midwifery and diversity. Search terms included: midwife, midwifery, diversity, racism, inclusion, discrimination. Additionally, project lead Jodi DeLibertis has experience in diversity in nursing and nursing education and is familiar with writing on the topic.

a young father see that you could treat a woman with gentleness, yet still be a strong man."(Kennedy et al. 2006, p. 88)

Unintentional bias was recurrent as a theme. While well-meaning, midwives don't always have the knowledge or skills to work effectively across social identity difference. "In many cases, misunderstandings between midwives and clients can be traced not to racism or bigotry, but rather to a lack of awareness or sensitivity to difference."(Lasser 2011). Kennedy et al. (2006) found that midwives of color did not attribute discriminatory behavior by colleagues as intentional, but nonetheless, they were hurt by the behavior.

Published in 2011, *Into the Light of Day* (Holmes 2011) traces the history of midwives of color over 73 years, focusing on the experiences and contributions of midwives of color within in ACNM. That history, drawn from personal accounts of midwives of color, illustrates that midwives of color have played a significant role within the College, as volunteer leaders and in forming the Midwives of Color Committee. They have advocated for increasing and supporting people of color within the profession and for addressing the racial health disparities facing many midwifery patients. *Into the Light of Day* highlights that midwives of color have been seeking greater inclusion and diversity within ACNM since its founding.

While there is a dearth of publications on midwifery and diversity, there is an emerging literature on nursing and diversity, informed by developments in other fields. Greater Good Consulting LLC is conscious of the tension with the midwifery profession around the identity of midwives as nurses. Regardless of how strongly an individual midwife identifies as a nurse, given that more than 99% of ACNM members are nurses and that the majority of midwives practice in medical settings (e.g. hospitals, primary care practices, community health centers), it is reasonable to assume that they have been influenced by their experiences in nursing education and within the health care community and have some level of socialization as nurses. Therefore, a discussion of the literature on diversity and inclusion in nursing is informative.

Much of the literature on nursing and diversity focuses on cultural competence and related concepts such as cultural sensitivity, cultural humility, and cultural awareness. The focus is predominantly on the interactions between a health care provider or system and a patient. This focus is helpful in articulating connections between provider skill in working across differences and patient outcomes. The literature provides useful guidance for the developing cultural competence within midwifery. For instance, years of work experience among advanced practice nurses is negatively correlated with cultural knowledge and competence (Braithwaite 2006). Research suggests that diversity training programs increase the frequency with which cultural competence behaviors are put into practice (Schim, et al. 2006). Additionally, there is a growing push for greater health care work force diversity as a tool to address racial/ethnic health disparities. The aging of the nursing (and midwifery) workforce together with shifting demographics in the US (by 2050 the US population is projected to be majority "minority", with the working-age population becoming more than 50 percent persons

of color in 2039), and the ability to recruit and retain talent from all backgrounds will be critical to the success and advancement of the profession.

The conceptual frameworks provided by the emerging literature on nursing and diversity and inclusion enable new ways of understanding how to become "culturally competent." There is a recent focus on the racial identity of nurses with a focus on whiteness, and the role of nursing education in reinforcing white privilege (Allen 2006) (Puzan 2003) (Gustafson 2007).

> The spate of literature on cultural sensitivity and cross-cultural caring and best practices guidelines issued by nursing associations are prime resources for nurses concerned about race difference and, more broadly, cultural diversity. These authoritative resources supply nurses with information about those who are constructed as different from the imagined average client. Nurses are encouraged to acquire a discrete set of appropriate attitudes, knowledge, and behaviors that they can add to their repertoire when caring for the Other. Nurses are directed to identify, reflect upon, and change prejudicial attitudes, to address stereotypes, and to eliminate individual acts of discrimination. Few resources acknowledge the institutional context in which caring interactions play out or guide nurses toward a frank and critical reflection about power and difference at the systemic level (Swendson and Windsor 1996). Even fewer resources name whiteness and white identity and invite those of us who are white to consider the social location in which we work and learn, or to challenge the hegemonic white discourse that informs our practice (Gustafson 2007, p. 158).

It is worth noting that the US MERA[2] effort presents a promising opportunity for greater diversity and inclusion in the field of midwifery. As leaders of the various midwifery organizations work together to resolve their historical differences, they are developing the skills to work successfully across differences within their own organizations.

ASSOCIATIONS

In 2011, the American Society of Association Executives (ASAE) issued a report entitled *Enhancing Diversity and Inclusion in Membership Associations: An Interview Study*. The

[2] The United States Midwifery Education, Regulation and Association (US MERA) is a collaboration of representatives from: MANA, NACPM, NARM, MEAC, ACNM, ACME and ACMB. The members are working to establish common ground in midwifery and maternity care.

report captures promising practices as well as potential pitfalls for associations seeking greater diversity and inclusion. Some of the key findings include:

- Associations tend to focus efforts on one level of the association (staff, members or board) rather than a more holistic approach;
- The diversity (or lack of diversity) of the field the association represents can provide a barrier to diversity within the association itself;
- Leaders are often an obstacle to diversification and inclusion as they derive professional advantage from their leadership role;
- Those who lead diversity and inclusion efforts often feel isolated, under-valued or burnout;
- Members from under-represented groups are often asked to "represent" both within the association and the profession leading them to be overextended; and
- Many associations in the study focused on age diversity and the lack of younger members rather than race/ethnicity.

Practical implications from the ASAE report include:

- Board meetings that are multi-day and typically over weekends limit participation;
- Successful diversity and inclusion efforts address needs of individual groups AND allow a variety of approaches;
- Diversity and inclusion must be made central to everything the association does rather than exist as an issue on the side;
- Diversity and inclusion efforts take time (often years) to deliver measurable results and is an ongoing process therefore, it is important to be patient and sustain momentum;
- Awkward moments (conflict) are inevitable; associations cannot avoid the difficult conversations when they arise if they hope to make real progress;
- In associations with a full-scale diversity and inclusion orientation, every decision, whether made by staff or volunteer leaders are made through a diversity lens;
- Successful diversity and inclusion initiatives include both an explicit effort and commitment of organizational resources; and
- Staff leadership is a critical component of continuity and institutionalize, because volunteer leaders rotate frequently.

Finally, *Enhancing Diversity and Inclusion in Membership Associations* (ASAE 2011) provides survey data that allows some insight into conditions and practices in other organizations that might serve as a useful point of reference. Of the 352 respondents:

- Only 21.6%of associations surveyed have a staff person explicitly responsible for diversity and inclusion and of those only 15.7% had a full-time staff diversity person;

- Respondents identified the following as the four most significant challenges to diversity in their association: 1) not enough diversity in the prospect pool; 2) lack of staff time; 3) lack of financial resources; and 4) current lack of diversity in membership; and
- Nearly 40% of associations have no minority board members at all.

Greater Good Consulting LLC conducted a review of publicly available information including web sites, diversity plans, reports, and financial information of fourteen professional associations and their diversity and inclusion efforts. All but two of the associations reviewed had materials and references to diversity within their association and/or field. Many associations provided tools for affiliates, such as diversity score cards and a resource page that brought together many resources on diversity and inclusion in one spot. Several associations had publicly available diversity strategic plans. There was no obvious connection between larger organizational budget and more robust public awareness around diversity and inclusion.

DIVERSITY & INCLUSION AT ACNM: THE CURRENT STATE

Perhaps the most significant finding of the assessment process is the overwhelming whiteness of the ACNM.

"A comparison of demographics over the almost 2 decades of published studies based on ACNM data reveals that the mean age is increasing; however, there is little change in the diversity of the membership. The membership of ACNM remains primarily white and female." (Schuilling, et al. 2013).

When Kennedy et al. (2006) reported that the "composition of midwives in ACNM does not reflect the diversity of the women for whom they provide care," they were understating the degree to which ACNM's membership is white and female. Currently, 91.62% of members who responded to the 2013 membership survey gave their race as white. This whiteness is an enduring characteristic of ACNM as reflected in analysis of ACNM membership survey data over time. The number of members who identify as white is closely connected with a culture of whiteness that emerged through the interviews, surveys, consultant observations and focus groups conducted as part of this project.

A FEW WORDS ON "WHITENESS"

Whiteness encompasses a number of inter-related concepts including: white race, white culture, and white privilege.

Whiteness is a racial category that has had powerful social consequences. It is a box individuals tick off on a form when asked to indicate race. It is how people label and are labeled by others when they have certain physical characteristics. In the US, it also has broad reaching implications as the categorization of certain people as "white" has been foundational

to systems of oppression based on race such as segregation. In the early 20th century many US states adopted the *one drop rule* which deemed a person with any amount of known African ancestry (however small or invisible) as non-white, and therefore, subject to the restrictions of segregation.

Whiteness is also a set of cultural practices. One of the defining characteristics is an avoidance of whiteness and a belief that it is non-whites who have race. This cultural avoidance makes talking about, and even seeing, the effects of whiteness extremely difficult. White culture has been described (Jones & Okun 2001) (Katz 2001) as being characterized by:

- *Paternalism* in which decision-making is clear to those with power and unclear to those without power and access to opportunity is based on who you know (i.e. old boys' network);

- *Norms of communications* that emphasize politeness and avoidance of conflict and not discussing personal matters or emotions. Within this communication norm the written word holds greater value than the spoken word. Individuals who raise difficult issues are viewed as being rude or trouble-making;

- *Binary thinking* in terms of good/bad, right/wrong, with us/against us, black/white, winner/loser which has the effect of obscuring complexity;

- *Individualism* by which independence and autonomy are encouraged, valued and rewarded; self-reliance is expected; meritocracy is assumed;

- *Time* is viewed a as commodity, seen as scarce resource, and is future oriented. Adherence to schedule is important and time frame of reference is short rather than long (e.g. thinking of ancestry in terms of 1-2 generations rather than back in history). There is a view of time as a linear advance toward progress as opposed to a cyclical process;

- *Rationality* with a focus on logical, linear thinking prevails, as does the view that emotionality is irrational;

- *Perfectionism* whereby mistakes are attributed to a flaw in character, and there is a tendency to notice what is wrong rather than what is right; and

- *Quantity over quality* in that all resources of organization are directed toward producing measurable goals, and activities that are quantifiable or that can be counted are deemed more valuable than those that cannot be directly measured. This view holds that task achievement is more highly valued than good process (i.e. the ends justifies the means);

While not all white people share these characteristics or exhibit them all the time, many of them prevail when white people are in the majority, and many of us learn these values and norms in institutions (schools, churches, workplaces, families) that have been controlled by white people.

White skin privilege is a collection of unearned rights and privileges that white people enjoy. White privilege is often invisible to whites and includes: not having to worry about being followed in a department store while shopping; seeing people who look like you on television; and never being asked to represent the views of an entire race or culture. In the words of James Baldwin, "Being white means never having to think about it." One of the advantages of making white privilege visible is that it shifts the focus from individuals to systems. By depersonalizing discussions of race and privilege, the concept of white privilege can release "white guilt" which makes it difficult to talk about historically and emotionally laden issues and explore how privilege can be used to change systems of oppression.

It is beyond the scope of this report to fully explicate the connections between whiteness, white privilege, white culture and racial inequity. However, many of the findings of the assessment of ACNM relate to a dominant culture of whiteness and the effects it has on diversity and inclusion. Judith Katz clearly articulates the impacts of whiteness in organizations:

> While it was clearly understood that not all whites believe in the same set of assumptions and values, it was also clear that White Culture forms the underpinnings of what many whites believe is "appropriate" behavior in many organizations. White Culture is the lens through which many white people view, evaluate and judge themselves and others regarding what is "professional" and "normal" behavior in many contexts. These assumptions, as stated above, get baked into the policies, practices, and norms of our organizations. When that occurs it puts whites at advantage – cultural advantage – and all other groups at a disadvantage. It creates "Affirmative Action for Whites," i.e., a playing field that is slanted to our advantage. If our organizations are going to be fair for all so we can leverage the diversity of the workforce, we as whites must expose the positive cultural bias that organizations have for us to the light of day. We must make it visible and acknowledged and known. We must ensure that white cultural aspects are utilized when they are appropriate and add value for the benefit of all. And we also must ensure that they are not utilized when they prevent some groups from making their full added - value contribution. (2001)

FINDINGS

The following themes emerged from one-on-one interviews, focus groups, discussions with Task Force members and Directors, and the survey of members.

STRONG FOUNDATIONON WHICH TO BUILD A DIVERSE AND INCLUSIVE ASSOCIATION

Perhaps the greatest asset ACNM has to draw on as it seeks to become more diverse and inclusive is the strongly held values of midwifery. In their work with women and families, midwives draw on the beliefs that: women can make informed decisions in their own best interest; deep listening and respect is critical to good midwife/patient relationships; birth is a powerful and life-changing experience; and, relationships among midwives, clients, families, and other health care providers are interdependent. Further, midwives have shown courage in their strong advocacy for childbirth and women's wellness models that challenge the medical establishment.

To successfully work across social identity and move toward greater inclusion, equity, and diversity, it is critical that individuals and groups be able to listen deeply, as midwives do with the women they serve. Mutual respect and the belief that each of us is whole, creative, resourceful and capable of making informed decisions is key to the midwife approach to practice and key to developing meaningful relationships across cultures. Midwives well know that beautiful things come out of difficulty and pain and adversity; this experience will serve them well in moving through the conflict that is inevitable on the path to becoming a multicultural organization. Midwives understand patience, that birth need not be rushed, and that labor occurs on its own time frame. Patience is required in diversity efforts, as the time frame for change is usually longer than organizations expect. Further, rushing the process can result in setbacks. Understanding the interdependent nature of human relationships opens up our eyes to the costs and consequence of racial inequities for *all* people. In a culture that has struggled to adequately address inequality, committing to becoming a multicultural organization takes courage. These shared values provide a strong foundation.

Members expressed strong interest in the D/I initiative. More than 350 members responded to a survey on diversity and inclusion at ACNM and in midwifery. Of those who responded, 31% took time to write response to "anything else you want to share" and 42% of responses expressed encouragement for ACNM's D/I task force. A respondent expressed a recurring sentiment from survey comments: "I am so grateful for the time and effort that is being spent addressing diversity and inclusion. It will only make our profession stronger and better able to take care of people in a way that matters. Thank you!"

Respondents also believe there is a connection between diversity and inclusion and patient outcomes; 89.5% percent of respondents agreed or strongly agreed with the statement that "A diverse midwifery workforce improves patient outcomes." Less than 5% of respondents disagreed, with the remaining 6% have no basis for judgment. In interviews, we heard repeatedly about the mismatch between the white, middle-aged midwifery workforce and the patients they serve who are increasingly women of color. More than twenty years ago, women from backgrounds other than white, non-Hispanic accounted for 44% of the midwives' patient visits. (Paine, et al. 1991) With the rapidly changing demographics of the US, this gap between

the cultural identities of midwives and patients is widening. Many participants spoke of the role of cultural congruence and workforce diversity as tools to address health disparities. Further, there was a general recognition that to be a "good" midwife, that is to effectively serve clients, a midwife must be adept at working across cultures (i.e. be culturally competent).

Many participants expressed that ACNM has an important role to play in efforts to diversify midwifery and address maternal-child health disparities. Diversity and inclusion efforts were seen as important to the profession and also to the association itself. Midwifery is increasingly competing for talent in a more diverse world. In order to remain relevant and recruit new members, ACNM needs to effectively engage a more diverse membership. While participants did not quantify the scope of these issues, there was a sense that changing demographics of both patients and the workforce require the association to develop new skills, practices, and policies to be responsive to the changing environment.[3]

Feedback from participants, as well as Greater Good Consulting's observations, shows a belief that leadership is committed to becoming a more diverse and inclusive association. Survey results illustrate this:

	Agree
ACNM is committed to promoting diversity and inclusion.	88%
ACNM is progressing towards greater diversity and inclusion.	87%
ACNM leadership shows that diversity is important through its actions.	77%

Participants expressed confidence that current ACNM President Ginger Breedlove, has both the commitment and ability to lead a change effort. Participants identified other strong sources of leadership for a D/I initiative including: the Midwives of Color Committee and Diversification and Inclusion Task Force Chair, Kim Dau.

The Midwives of Color Committee (MOCC) has successfully built a multicultural coalition of midwives from many backgrounds and across generations. In focus groups and in interactions with student nurse midwives, the consultants observed an inclusive community comprised of young midwives and midwives nearing retirement, midwives who identified as black,

[3]Again, as a point of comparison, the RN population is becoming more ethnically diverse (in 2008 among new RN graduates 22% were people of color up from 15.5%), and older RNs in 2008 were more likely to be female (94.7 % and White, non-Hispanic (87.2%) than younger nurses. NMs average age is older than other advance practice nurses with 54.5% older than 50. And while the percentage of White, non-Hispanic advanced practice nurses is comparable to the percentage of RNs of color overall (83.3% and 82.2% respectively, NMs are significantly less diverse (white non Hispanic 57%, Black 21.8% numbers for Asian and Hispanic too low to count).

Hispanic/Latina, and Asian. There is attention to intragroup differences as well as common experiences and shared goals. MOCC can model the way for the rest of the College in terms of inclusion.

AN IMPORTANT NOTE ON DIFFERENCES, BROAD CONCEPTIONS OF DIVERSITY AND RACISM

As diversity and inclusion practitioners, Greater Good Consulting LLC believes that successful change initiatives must take a comprehensive view of diversity/difference and use an intersectional approach that not only addresses racism, but also other forms of oppression that manifest in organizations, as well as how these forms of oppression interact and converge to create an unwelcoming and isolating environment for some people. While we advocate the expansion of the definition of diversity/inclusion beyond race and ethnicity, there must still be specific efforts to address race given the longstanding racialization of ACNM and the profession of midwifery. Much of this report and our recommendations focus on race/ethnicity for four reasons:

- The impetus for this project came from the Board at the request of the Midwives of Color Committee and was a response to growing concerns about health care disparities, which are overwhelmingly disparities along racial/ethnic lines.
- As we looked at how difference was experienced by members of the organization, the greatest variations were between white midwives and midwives of color. Race/ethnicity was the aspect of identity most predictive of reports of exclusions and discrimination/bias. It is notable that, men and midwives with a strong faith identity also felt more that the College did not embrace the diversity that they bring. The recommendations will address how to keep a sustained focus on race/ethnicity while simultaneously addressing other forms of oppression.
- We heard that there is a history of broadening discussions and efforts around race/ethnicity to include other differences (for example, sexual orientation), which ended in race issues being left unaddressed. Bell and Hartman (2007) clearly articulate the ways in which the diversity discourse makes real change difficult:

> [Respondents] typically define diversity in broad and inclusive terms, but when asked to describe personal experiences with difference, their responses are almost exclusively tied to race…[It] appears that race does not provide the language through which Americans talk about difference. Instead, race is the primary experiential lens through which difference in all its forms is experienced and understood. Therefore, although "diversity" may sound race-neutral or appear to transcend race altogether, the discourse of diversity is deeply racialized. Americans' most poignant and

> lifeshaping experiences with and understandings of diversity involve race and especially racial others…at the same time, the diversity discourse conflates, confuses, and obscures the deeper sociostructural roots and consequences of diversity. In other words, if colorblind racism reproduces racial inequalities by disavowing race, the diversity discourse allows Americans to engage race on the surface but disavow and disguise its deeper structural roots and consequences. Indeed, what makes this diversity discourse so potent and problematic is precisely the way in which it appears to engage and even celebrate differences, yet does not grasp the social inequities that accompany them.

- Greater Good Consulting LLC's experience has taught us that the skills people and organizations develop in efforts to work across social identity differences are transferable. That is to say, as white people learn to listen deeply to their colleagues of color, to engage in healthy conflict, and to own their privilege and use it responsibly, they develop the capacity to address other forms of oppression. The very intersecting nature of various forms of oppression makes it possible to maintain a focus on racism and still ameliorate other forms of oppression. This approach requires resistance to either/or thinking and maintaining a focus on race while not obscuring the multiplicity of identities and the ways that various forms of oppression interact and reinforce one another. If we think of oppression as a fabric woven of many strands (heterosexism, classism, ableism, ageism), we can see that by continuing to pull on one thread (racism) we might unravel the whole fabric.

AREAS FOR GROWTH

While ACNM has a solid foundation of values and leadership on which to build a more diverse and inclusive association, there are also obstacles to overcome. Many of the identified barriers are related to a culture of whiteness that dominates ACNM and the finding below capture areas for growth.

THE OPPOSITE OF INCLUSION ISN'T EXCLUSION: "HOW DO I GET INVOLVED?"

Many participants expressed a sense of being an outsider at ACNM, especially when they were new members. This experience of being left out was felt by midwives from a wide range of backgrounds and professional experiences. The sense of exclusion did not stem from being actively shunned or ignored by colleagues, but rather from being confused about how things worked and how to get involved. Many participants used the term "old girls' network" in describing their perception that social and professional networks exert a powerful influence in the ACNM. As a membership organization, ACNM should work to improve the member experience sense of belonging and welcome.

There are two variations in experiences of being an outsider that are worthy of note. First, women of color were significantly more likely to report feeling as though they did not belong as illustrated by these survey results:

	Agree-All Respondents	**Agree-Respondents of color**
I experience a sense of belonging or community at ACNM.	80%	61%
I am confident that, if I choose to, I can take on a leadership role within ACNM.	76%	58%
When I first joined ACNM, I felt welcomed.	76%	69%

Secondly, members who had joined ACNM in recent years felt a greater sense of belonging. We heard this in focus groups with new members and students and through the survey that found:

	Agree-All Respondents	**Agree-Member less than 6 years**
I experience a sense of belonging or community at ACNM.	80%	87%
I am confident that, if I choose to, I can take on a leadership role within ACNM.	76%	82%

These results would seem to indicate that ACNM has improved its ability to welcome and engage new members in recent years.

OBFUSCATION OF POWER AND DECISION-MAKING: "AM I THE ONLY ONE WHO DOESN'T KNOW HOW THINGS WORK AROUND HERE?"

Less than half of survey respondents (46%) agreed that they "understand how decisions are made within ACNM", with 35.3% disagreeing and 4.4% having no basis for judgment. The D/I Task Force and Greater Good Consulting LLC experienced convoluted decision-making in working with various committees and organizational representatives in planning D/I related events at the annual meeting. The complex and unclear decision-making also surfaced when participants were asked about the relationship between diversity and inclusion efforts and other parts of the ACNM. Participants were often unclear about the authority and decision-making power of the Task Force. The association was frequently described and experienced as "decentralized" making it difficult to assess from where diversity initiatives should stem.

This complexity is likely the result of the association structure and the challenges of communicating across a largely volunteer organization that is nation-wide. Nonetheless, the

fragmentation/siloing of functions and obfuscation of decision-making make efforts, such as the D/I efforts at the 2014 annual meeting, less effective than they could be and contribute to an atmosphere of distrust.

Parliamentary procedure may contribute to confusion about decision-making and get in the way of creative problem solving. Specifically, participants expressed two challenges with decision-making in the organization. First, some members don't know how the process works. In particular, there was a lack of knowledge about how to get a motion on the agenda. Secondly, there was some concern that because motions are nonbinding, it doesn't matter what happens in the business meetings, as the Board has the final decisions. There was a sense that motions go to the Board to die. In the business meetings at the 2014 Annual Meeting, Greater Good Consulting felt that some of the motions would have been benefited from greater discussion and input from a wider range of stakeholders *before* the motion was put to membership and that members might get input (as well as alternative viewpoints and solutions) if they knew how to navigate the committee and section structure.

DIVERSITY AND INCLUSION ARE SEEN AS PEOPLE OF COLOR'S ISSUES: "THE MIDWIVES OF COLOR COMMITTEE CAN HANDLE THAT."

As interviewees shared stories of incidents related to racial/ethnic differences within ACNM, a pattern emerged of referring the issues to the Midwives of Color Committee. It seems there is an unspoken assumption that the midwives of color will do the race work for the ACNM. We observed first-hand three ways in which women of color are being implicitly assigned the organization's race work. Women of color are expected to: 1) be the "experts" on race/ethnicity and educate whites; 2) do the organization's racial emotional work; and 3) carry out the programmatic work relating to race through the Midwives of Color Committee (e.g. mentoring and raising scholarship funds for students of color). The Sister Circle, an unofficial gathering of midwives of color, which only occurs at the Annual Meeting, has become a place to process the unspoken, ignored, or unresolved issues around race. On numerous occasions, Greater Good Consulting LLC observed white midwives turn to midwives of color to learn about issues of race.

Recalling that one of the key features of whiteness/white privilege is its invisibility to those who have it, it is not surprising that the common dynamic of making race an issue for people of color would be seen within ACNM. However, in order to become a truly diverse, inclusive and equitable organization, the focus needs to shift from making people of color responsible for the race work to seeing the white majority as just as affected by race as people of color. Whites must bear their share of the emotional, educational and programmatic work that will be required for ACNM to become multicultural. Ghettoizing issues of race is particularly problematic in organizations seeking to become multicultural, because it reinscribes the dynamics of whiteness and white privilege.

SILENCE & POLITENESS: "SOME THINGS ARE BETTER LEFT UNSAID"

Participants reported difficulty in openly discussing issues of difference, especially race/ethnicity. Midwives of color felt that they were unheard and that white colleagues were often silent or non-responsive when issues of difference arise. White members expressed feelings of inadequacy in talking about issues of difference. Whites were concerned that they would unintentionally use offensive language or that they did not understand the issues well enough to respond adequately. Survey results highlight the gaps between white midwives' and midwives' of color perceptions of how differences are handled within ACNM:

	All respondents Disagree	**Respondents of color Disagree**
Differing opinions can be expressed without fear of criticism.	27%	39%
Differences are openly discussed.	24%	49%

In addition to worrying about offending others, we also heard stories from white midwives about having their own feelings hurt when confronted about actions that were perceived to be unfair or rooted in white privilege. This dynamic of white women's silence and black women's confrontation has been referred to as "peace or truth"; that is white women value "peace" and black women value "truth." Greater Good Consulting LLC has found that it is very helpful to reframe conflict for organizations seeking greater diversity, inclusion and equity. If we understand that conflict is a result of our interdependence and source of growth and creative decision-making, we can begin to see that we need not choose between peace and truth.

These dynamics of silence, politeness, and conflict avoidance are deeply ingrained in white culture and white femininity in particular. When a culture of being overly polite dominates, it becomes difficult to have the deep conversations that are necessary for growth and change. Left unaddressed small problems fester, emerging later and helping to shape organizational stories of inaction and distrust.

COLORBLINDESS: "MY RACE? HUMAN."

There was not only discomfort addressing race, but even in acknowledging it as meaningful. This "colorblindness" was reflected in the survey, which was designed to allow participants to designate their own racial identity without having to check a box. Race was a separate item from ethnicity/culture of origin on the survey. Both race and ethnicity/culture of origin were open-ended responses (as were other questions about identity including gender and sexual identity). Approximately 13 % of respondents either skipped the question or provided a

response that did not indicate race (for example, "irrelevant" and "other"). This question has a higher skip rate than average.[4] Multiple respondents described their race as "human," although their responses on the ethnicity question often indicated a "white" ethnicity. Racial colorblindness has been called the "new racism." While those who subscribe to colorblindness often say they do so because declaring racial and ethnic differences can flame racial tensions, doing so actually impedes the ability to cultivate diversity and inclusion by allowing those who enjoy racial privilege to close their eyes to the experiences of others and the structural barriers others face because of their race.

THE POWER OF REPRESENTATION: "ALL THE FACES AT THE PODIUM ARE WHITE."

Participants often shared that they perceive ACNM leadership, membership and programming to be almost exclusively white. These perceptions are grounded in reality; after all at least 92% of the membership and 100% of the current Board of Directors is white. However, these perceptions are also part of a story that is told and retold within ACNM about whiteness and power. For instance, we heard from multiple members that all of the College Fellows are white and that there has never been a person of color on the Board of Directors; both of which are untrue.

The popular history of midwifery and of diversity and inclusion efforts within ACNM has had the effect of disappearing women of color. For instance, Mary Breckenridge is often cited as the mother of midwifery in the US and pictures of her were prominent at the2014 ACNM annual meeting, leading many to feel that granny midwives, who were typically Black, have been erased from the historical record. Midwives of color have sought to contribute to a more complete and inclusive history of midwifery through the publications of *Into the Light of Day* which traces the history of midwives of color, beginning with the opening of the Tuskegee School of Midwifery for Colored Nurses in September 1941 through nearly 40 years of informal and formal meetings of the midwives of color in ACNM.

The confluence of numbers and stories create a dynamic which showed up in the survey results where a large percent of survey respondents disagreed that the College has the representation to provide multicultural leadership and programming. This sense was especially pronounced among women of color as the chart below shows:

	All respondents Disagree	**Respondents of color - Disagree**
ACNM has visible leadership at all levels to foster diversity within the association.	34%	57%

[4]Other questions that have a higher than average skip rate asked people to describe their ethnicity/culture of origin, sexual identity and religious status.

The programs offered by ACNM adequately represent the contributions of a variety of groups of people.	27%	49%
ACNM has done a good job providing learning opportunities that promote multicultural understanding.	22%	47%
Members of different backgrounds are encouraged to pursue leadership opportunities within ACNM.	22%	53%

In interviews and focus groups, midwives new to practice and student midwives recounted stories of discrimination and exclusion that they had not witnessed or experienced. Greater Good Consulting LLC was especially concerned that newcomers may be absorbing stories of the past rather than those that reflect the present. These stories then become part of what members believe ACNM is "like" rather than using their lived experience of the association to inform their beliefs.

SYNTHESIS: BRINGING IT ALL TOGETHER

The picture of ACNM that emerged from interviews, focus groups and surveys, was congruent. While members from different backgrounds described their experiences differently, the descriptions of what happened and how things are done was consistent. What differed is how people of different backgrounds made sense of the "reality" they described, the frame they used.

Looking through the lens of our experiences as consultants, Greater Good Consulting sees an organization:

- Dominated by a culture of whiteness that is largely invisible to the white majority and is an obstacle to greater diversity, inclusion and equity;
- That has core values and practices relating to person-centeredness, patience, deep listening, and holistic thinking that are foundational to multiculturalism; and
- With a strong desire and commitment to growth and change with limited skills and knowledge around inclusion, equity, change and conflict.

As Greater Good Consulting LLC tested this picture with ACNM members, it seemed to resonate with them. It is this organizational snapshot, together with what is known about organizations at different points along the pathway to becoming a multicultural organization that guided the goals and recommendations below.

As a consultant, I would be remiss if it did not recognize the amazing work of many at ACNM who have taken some important steps down the path toward a more diverse and inclusive organization. I have been honored to work with ACNM. Members, staff and leaders have bravely shared their hopes, pains, and joys and have been willing to be challenged and changed

by the process. In our work together between November 2013 and the writing of this report, we have employed a participatory action research approach.[5] Rather than wait for ~~a~~ the written plan to be delivered to start making changes, everyone Greater Good Consulting LLC has worked with (especially the Task Force members and Board of Directors) has actively applied their learning through the process, sometimes in real time and facing the risks of vulnerability and public failure. I want to call attention to some (but by no means all) of the D/I Task Force's successes including:

- Adopting common definitions of slippery terms;
- Developed a working vision/case statement;
- Learning collectively about diversity, inclusion, whiteness and change management;
- Working through a number of conflicts successfully, building trust and resulting in better decision-making;
- Resisting the urge to rush to produce a final product and allowing the process to change themselves and the outcomes;
- Engaging members and Directors in honest and open conversations about diversity and inclusion within the College thus creating a space for conversation and seeding a new discourse; and
- Stepping up publically to lead D/I efforts.

GOALS & RECOMMENDATIONS

WHY DIVERSITY & INCLUSION NOW

ACNM is focusing effort, time, and resources on diversification and inclusion because:

- **Our patients** need us to be adept at effectively serving families from a wide range of backgrounds and identities, especially in light of the increasing diversity of the U.S. population.
- **Our profession's future** depends on our ability to attract and to provide meaningful and fulfilling career opportunities to under-represented groups.
- **All members of the College** deserve an organization that values and makes use of our full gifts, talents and experiences, and that supports us in sharing these with our workplaces and educational programs.

[5]Action research involves actively participating in a change situation while simultaneously conducting research. This approach was employed to stimulate learning within ACNM and improve their capacity to lead the change initiative and to work across difference. We also used data gathering to support the inquiry process and group thinking and planning to make adjustments as we moved through the process.

GOALS

To address the complex needs and expectations of midwives working in diverse community and across cultures, ACNM seeks to:

- Improve the capacity of ACNM members to work effectively across cultures;
- Enhance the success of the profession of midwifery and enrich the American College of Nurse-Midwives by increasing the number of midwives from under-represented groups in all roles and at all levels, including leadership; and
- Develop structures and strategies that will equip ACNM leaders to promote diversity, be accountable, support ongoing learning and improvement and cultivate a sustained culture of inclusion.

TOWARD A MULTICULTURAL FUTURE

INTEGRATING DIVERSITY & INCLUSION INTO THE STRATEGIC PLAN

Greater Good Consulting, LLC strongly encourages ACNM to incorporate diversity and inclusion into the next strategic plan (at the time of writing a strategic planning process is underway). Experience teaches that a separate diversity plan, not incorporated into the broader organizational strategic plan, often gets neglected as it is seen as an add-on rather than integral to the mission and strategy. Diversity and inclusion efforts are most successful when they are part of the way work gets done in the organization. Diversity and inclusion becomes a lens (like legal compliance and stewardship) through which all activities, policies and decisions are considered.

LEADERSHIP

Like all management, the change management that is required for ACNM to become a multicultural organization requires structure and accountability. The three vital guideposts for leading diversity and inclusion efforts in organizations are: 1) leadership starts at the top, 2) it takes many leaders and 3) leadership cannot be delegated. (Cox 2001) There are many considerations when choosing a suitable structure including time, money and expertise as well as what structure is most likely to be successful in the particular organizational context and culture. Implementing multiple structures and clearly articulate the relationships between those structures offers the greatest possibility for success.

CONDITIONS FOR SUCCESS

Greater Good Consulting LLC strongly recommends that the following conditions for success be established before initiating any new diversity effort:

- Establish clear **leadership** for effort with clarity on decision-making, accountability, and authority;
- Plan for **measuring** progress over time;
- **Monitor**-agreements about how and when progress and results will be shared;
- **Take a learning stance** that understands experience (and sometimes failure) are vital components of change and growth and recognizes while we may be experts in some areas (such as midwifery), we will be novices in other domains; the focus should remain on learning and growth, not perfection; and
- **Develop adequate resources** in terms of money, expertise and time.

ACTION PLANNING PROCESS

Greater Good Consulting LLC recommends that members and staff be actively engaged in the action planning process; this recommendation is based on Greater Good Consulting LLC's experiences working with organizations that rely heavily on volunteer leadership and its observations of what has been successful (and what has fallen flat) in other diversity and inclusion projects. Rather than dictate a set of activities to be implemented by volunteer leaders and staff, we propose a process that pushes the action planning down to the level in the association where the activities will occur. This could easily be achieved by asking each division and its sections, each committee, and each functional area in the national office to review the findings of the diversity and inclusion assessment contained in this report and develop 2-3 activities that they can take in the next year to advance ACNM's goals relating to diversification and inclusion. Tools to support planning and progress could be developed as part of the implementation of the strategic plan.

THE NEAR TERM FUTURE

Already in 2015, efforts to increase diversity and inclusion are underway. Specifically:

- The Board of Directors designate funds in FY15 to support the ongoing D/I initiative
- The program committee has planned a more inclusive annual meeting and 60th anniversary by applying D/I lens to the program and presenters and actively engaging a broad range of stakeholders
- The College is offering a number of workshops and learning opportunities to members and leaders
- Diversity and inclusion has been identified as a key competency in the emerging strategic plan

Over the next year, ACNM should focus on:

- Broadening and deepening the conversation about diversity and inclusion within ACNM and the profession of midwifery
- Translating strategic priorities into action

- Determine a sustainable leadership model for D/I efforts

CONCLUDING THOUGHTS

In working with ACNM, Greater Good Consulting noted a creative tension: some members are thinking of this process as one of slow evolutionary change while others are calling for or expecting an intentional process of radical (as in "at the *root*") transformation. The end result may be some combination of the two, but the presence of this tension highlights the need for an ongoing dialogue about the process of change as well as the activities that are meant to bring change about. We have found that metaphors may be useful for thinking about the work of creating a diverse and inclusive organization. This work is not like baking a cake—there's no recipe, no clear and certain outcome. It is more like rearing a child. There are skills and knowledge you can apply, but no set of ingredients or prescribed steps that can ensure success. Skills and resources are helpful along the way, but the quality of the relationship itself and the ability to taking a learning stance is essential. ACNM has some distance to travel down the path to becoming a multicultural organization. There are many members who are eager to take the journey together

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APPENDIX I: A NOTE ON TERMINOLOGY

The following definitions were adopted by the ACNM Diversification and Inclusion Task Force and are used in this report.

Midwife or Midwifery. The use of "midwife" or "midwifery" in these documents refers to midwives as certified by the American Midwifery Certification Board (AMCB). We acknowledge that midwifery is a profession rich in history, and it is practiced both in the United States and around the world by midwives with a wide variety of educational paths.

Diversity. Differences in dimensions of identity that include but are not limited to race, ethnicity, culture, class, gender and gender identity, sex, sexual orientation, religion, physical and intellectual ability, nationality, citizenship, age, learning style, mental health, professional background, midwifery certification or degree. "Diversity" also refers to the diversity of thought and perspective that comes with individual identity. At a collective level, these dimensions of identity correlate with inequity of social experience, including inequalities of privilege, opportunity and access to resources within the midwifery profession or in the pursuit of midwifery education.

Inclusion. Creating an environment that makes it possible and encourages all to fully participate. An inclusive environment promotes cultural humility, communication skills and empathy. Inclusion is both practically the ability to participate in a way that is congruous with one's identity and life circumstances, and emotional a sense of belonging, feeling respected and valued, feeling a level of supportive energy and commitment from others to support the best work of all individuals.[6]

Recognizing that the language of diversity and inclusion is often slippery and sometime highly charged, I offer the following definitions of terms used in this report:

Cultural competence-"Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations."[7] The concept of cultural competence has shifted in recent years to include a focus on locating the self culturally rather than just the "other" as indicated by terms such as cultural humility. Increasingly, there is an understanding that professionals need training about other cultures *and* the ability engage in personal growth and reflection about their own culture and its relations to other world views.

Bias is a tendency to believe that some people, ideas, etc., are better than others that usually results in treating some people unfairly. People may be biased toward or against an individual,

[6]Miller, Frederick A. and Katz, Judith H. 2002. The Inclusion Breakthrough: Unleashing the Real Power of Diversity. San Francisco: Berrett Koehler.

[7]Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care, Volume I.* Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

a race, a religion, a social class, or a political party. Bias is often implicit (meaning that an individual is unaware of their own bias).

Discrimination is a manifestation of bias in action, speech or behavior and results in unequal treatment of people based on membership in a class or category.

Institutional racism refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group, but their effect is to create advantages for whites and oppression and disadvantage for people from groups classified as people of color. [8]

Multiculturalism- cultural diversity of communities within an organization and the policies that promote this diversity. Multiculturalism has been described as a society "at ease with the rich tapestry of human life and the desire amongst people to express their own identity in the manner they see fit."(adapted from Wikipedia)

Equity- the proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunities, treatment, impacts and outcomes for all.[9]

Racialization-to perceive, view, or experience in a racial context including to categorize or differentiate on the basis of race.

Racism: Individual, cultural, institutional and systemic ways by which differential consequences are created for different racial groups[10]

Structural racism (aka institutional racism)- The normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage Whites while producing cumulative and chronic adverse outcomes for people of color. Structural racism encompasses the entire system of White domination, diffused and infused in all aspects of society including its history, culture, politics, economics and the entire social fabric. Structural racism is more difficult to locate in a particular institution because it involves the reinforcing effects of multiple institutions and cultural norms, past and present, continually reproducing old and producing new forms of racism.[11]

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[8]*Flipping the Script: White Privilege and Community Building*. Maggie Potapchuk, Sally Leiderman, Donna Bivens and Barbara Major. 2005. As cited on racialequitytools.org.

[9] From *Catalytic Change: Lessons Learned from the Racial Justice Grantmaking Assessment Report*, Philanthropic Initiative for Racial Equity and Applied Research Center, 2009. As cited on racialequitytools.org

[10] From racialequitytools.com

[11]*Structural Racism for the Race and Public Policy Conference*, Keith Lawrence, Aspen Institute on Community Change and Terry Keleher, Applied Research Center. As cited on racialequitytools.org

APPENDIX II: BACKGROUND ON ACNM, DIVERSIFICATION & INCLUSION AND THIS PROJECT

ABOUT ACNM

The American College of Nurse-Midwives (ACNM) is the professional association representing certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States. With roots dating to 1929, ACNM reviews research, administers and promotes continuing education programs, and works with organizations, state and federal agencies, and members of Congress to advance the well-being of women and infants through the practice of midwifery. Association members are primary care providers for women throughout the lifespan, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. Currently ACNM has approximately 6,700 members.

ABOUT THE DIVERSIFACTION & INCLUSION PROJECT

In August of 2012, representatives of ACNM attended a Nursing Workforce Diversity summit held by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services: "Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health." Inspired by the connections between healthcare workforce diversity, health disparities and the driving factors of social inequity, members requested that the ACNM Board of Directors make concrete steps toward improving diversity and inclusion within the profession of midwifery, including ACNM.

The project was initiated by the ACNM Board of Directors to improve diversification and inclusion in the midwifery profession, as well as within ACNM association membership and leadership. A task force (which came to be known as the Diversification and Inclusion or D/I Task Force) was convened to provide leadership in developing a strategy to recruit, retain, and support inclusion and advancement of persons of diverse backgrounds to the profession of midwifery. In May 2013, The American College of Nurse-Midwives (ACNM) issued a request for proposals seeking a consultant specializing in diversification for a 1-year project. After reviewing proposals and interviewing consulting firms, Greater Good Consulting LLC was retained in October 2013. Jodi DeLibertis, Principal of Greater Good Consulting LLC, served as the lead consultant on the project.

THE PROCESS

The planning process took place between November 2013 and October 2014. Greater Good Consulting LLC conducted a variety of activities to help assess the current state of diversity and inclusion within ACNM and the profession of midwifery as well as potential future direction. Activities included:

- Interviews with 10 individuals totaling more than 16 hours. Interviewees represented staff, board and members representative of the divisions and committees with the ACNM;
- Extensive interaction with the D/I Task Force through:
    - Eleven meetings with the D/I Task Force including a full-day retreat in May 2014;
    - Online discussions on issues relating to diversification and inclusion with the ACNM and facilitation of conversation to cultivate knowledge and skills to support strategic culture change; and
    - Coaching and support to Task Force members;
- Four meetings with the Board of Directors;
- Review of data from sources including: ACNM membership department, literature on diversity and inclusion in midwifery, nursing, and health care; diversity and inclusion in associations;
- Review of publicly available information from fourteen professional associations and their diversity and inclusion efforts;
- Observations of ACNM practices and culture at the 2014 ACNM Annual Meeting;
- Focus groups at the 2014 Annual Meeting; and
- Development, administration and analysis of a diversity and inclusion survey of ACNM members. The online survey was analyzed across different demographic dimensions such as race, gender, religion, sexual orientation, etc. The survey data was analyzed to find differences in the perceptions or experiences of different demographic groups. For example, men's responses were compared to women's, white midwives to midwives of color, etc.