AMERICAN COLLEGE HEALTH ASSOCIATION

Racial Marginalization and Health Inequities Task Force

FINAL REPORT

SPRING 2021

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A Message from the Task Force Co-Chairs

Dear Members of the American College Health Association,

Thank you for the opportunity to do some exciting work on behalf of the American College Health Association. It has truly been our pleasure to lead and work alongside some very talented individuals. The Racial Marginalization and Health Inequities (RMHI) Task Force was tasked with:

- Creating a resource guide for training curriculum and tools on racism, xenophobia, and oppression, with particular resources for health and wellness centers.
- Creating a white paper on racial marginalization and health disparities
- Proposing suggestions for organizational improvements to promote and engage in anti-racist work
- Serving as expert consultants to campus leadership learning about or engaging in anti-racism work

During the initial data collection process, our initial charge took a pivot and our focus shifted internally. We quickly learned that as diverse and inclusive as ACHA may appear to be to some, to a lot of others, the perspective was different. At times, for organizational growth and improvement, it is essential to engage in self-reflection and self-maintenance. In this document, you will find that we have identified some areas of improvement to assist in ACHA's efforts to become more diverse and inclusive and to acknowledge the health inequities that exist within certain populations. In identifying these areas, we encourage you to self-reflect on your own organization and leadership. Is it truly diverse and inclusive?

We are especially thankful to the RMHI Task Force's ad hoc committee for their dedication, hard work, and passion for completing this work. Our desire is that you read this document with an open mind and take some of the information that you learn and apply it to your own practice. Together, we can learn the importance of acknowledging and addressing racism, xenophobia, and oppression and then begin to exemplify the ultimate American dream!

In health,

Dr. Padonda Webb

Dr. Raphael Coleman

Mr. Aaron Daugherty

Co-Chairs, Racial Marginalization and Health Inequities Task Force

Executive Summary

The American College Health Association (ACHA) formed the Racial Marginalization Health Inequities Task Force (RMHI) in fall 2020. The 10-person task force received the following charges:

- Create a resource guide for training curriculum and tools on racism, xenophobia, and oppression, with particular resources for health and wellness centers.
- Create a white paper on racial marginalization for board review November 2020.
- Create a white paper on health disparities for board review November 2020.
- Propose suggestions for organizational improvements to promote and engage in anti-racist work.
- Serve as expert consultants to campus leadership learning about or engaging in anti-racism work.
- Represent ACHA as a spokesperson with media requests coming through the association.

The task force focused its efforts on examining ACHA's organizational culture to identify opportunities for organizational improvements toward a more inclusive, equitable, and diverse environment for individual and institutional members. The task force chose to defer the white paper-related charges to existing efforts related to racial marginalization and health disparities in which college health scholars and practitioners were already engaged. The task force also believed that to adequately position itself as a principal leadership organization for advancing the health of college students and campus communities, providing tools and resources on racism and other forms oppression, ACHA must first focus on organizational improvements to ensure diverse, equitable, inclusive, and sustainable engagement among its broad and diverse membership base.

In addition to regular convenings among an interdisciplinary group of college health scholars and practitioners, the task force employed four data and information gathering strategies to inform the proposed goals and actions in this report. An ad hoc sub-committee of the task force created and implemented a mixed methods diversity, equity, and inclusion survey of ACHA membership. To supplement the findings from this survey, the ad hoc sub-committee also hosted listening sessions to gather additional membership feedback. The task force also reviewed program submissions for the annual meeting between 2016 and 2019, to identify any trends in representation among presenters and session topics, with an emphasis on content related to diversity, equity, and inclusion. Finally, the task force benchmarked relevant professional organizations to identify opportunities and models that ACHA could leverage as the organization engages in its own efforts to advance equity, diversity, and inclusion.

The major findings of the RMHI Task Force are presented in themes based on the review of the four data inputs that inform this report's proposed goals and actions: lack of representation, ongoing active engagement in anti-racism efforts, access to leadership and transparency, fostering growth and a sense of belonging among BIPOC membership, and clear opportunities for addressing racial grievances within ACHA.

Based on the findings of the RMHI Task Force's data and information gathering efforts, we identified five primary goals with proposed actions for ACHA as first steps in the organizations journey to advance health equity and racial justice within its organization and in support of its membership:

- **Goal 1: Improve diversity of membership and membership contributions to reflect diversity in identities among individual members, institutional type among member institutions, and the student populations they serve.**
- **Goal 2: Signify organizational commitment to advancing health equity and racial justice by enhancing structural support through policies, resource allocations, hiring practices, program planning processes, and organizational structure.**
- **Goal 3: Establish and maintain an organizational culture and environment that embraces and affirms diversity among our membership, while advancing equity to enhance inclusion and sense of belonging among members of historically marginalized racial identities.**

- **Goal 4: Advance diversity, inclusion, equity, and racial justice as core competencies for all organizational leaders, staff, and membership, ensuring that they can identify and explain the root contributors to inequities and access tools to address those inequities and advocate for racial justice within ACHA and their respective institutions.**
- **Goal 5: Enhance accountability by developing and maintaining mechanisms to increase transparency about the organization's progress toward becoming anti-racist and anti-oppressive.**

The proposed goals and actions reflect a synthesis of findings from the RMHI Task Force's four primary methods for data and information gathering from ACHA's membership. To this end, the report ends with critical opportunities for ACHA to carry the work of the RMHI Task Force forward.

About the American College Health Association

Since 1920, the American College Health Association (ACHA) has served as the voice for student health and wellness. Through advocacy, research, and education, ACHA stands at the forefront of issues that impact the health and wellness of our college students. ACHA represents over 700 institutions of higher education and the collective health and wellness needs of 20 million college students. ACHA serves nearly 7,500 individual college health and wellness professionals and leaders of all disciplines united to advance the health and wellness of college students. Membership in ACHA is your key to unlocking tremendous vision and knowledge that can enrich your campuses' health and wellness services, your professional development, and efforts toward creating a culture of wellness on your campus.

Mission Statement: To serve as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education, and research.

Vision: To be the recognized voice of expertise in college health.

Core Values: In promoting healthy campus communities and healthy individuals as integral to student learning, the American College Health Association values:

1. Social justice, human dignity, and respect for all
2. The provision of student-centered services
3. Professional excellence, responsiveness, and ethical practice
4. Multidisciplinary and collaborative approaches to health
5. The commitment and participation of other stakeholders both on and off campus who advance health
6. The active involvement of students
7. Evidence-informed practices as a foundation for our programs

Introduction to the Racial Marginalization and Health Inequities Task Force Report

In early April 2021, the Centers for Disease Control and Prevention (CDC) declared racism a public health issue (CDC, 2021). Although educational attainment, such as attending college, is associated with positive outcomes, including better health and well-being, racial disparities in educational attainment at post-secondary institutions and beyond persist (U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2019). Moreover, as college and university student populations have become more racially diverse, institutions of higher education have an imperative to cultivate inclusive campus environments in which Black, Indigenous, and people of color (BIPOC) students feel a sense of belonging and have equitable opportunities and outcomes. As such, colleges and universities must move beyond diversifying their student populations and make intentional steps toward transforming their campus communities. Considering the CDC's (2012) definition of racism as a "system—consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin," colleges and universities must deliberately and actively work toward dismantling this system to realize a racially just community in which all students can thrive, while promoting inclusion specifically for BIPOC student communities.

College and university student health centers have a critical leading role in supporting their institutions' efforts to promote diversity, equity, and inclusion (DEI) and/or advocating for their institutional leaders to do so. As health, well-being, social justice, learning, and student success are inextricably linked, college health centers are a uniquely positioned partner in ascertaining campus DEI goals (World Health Organization, 2011). Moreover, campus communities are not isolated from the health inequities that persist in broader society, and the COVID-19 pandemic illuminated the reality of these disparities for many vulnerable campus populations (ACHA, 2020).

Faculty, staff, and students join their campus communities with varying lived experiences navigating oppressive systems that may impact their health and well-being, and experience continued impacts of these very oppressive systems, including racism, while living, working, and/or learning at their institutions. Many of these oppressive systems are a part of the fabric and culture of institutions of higher education. To this end, college health practitioners have an opportunity to advocate for DEI and community transformation through the lens of cultivating equitable campus environments in which all community members can thrive, while promoting inclusion and the health and well-being of historically marginalized communities.

In serving as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education, and research, ACHA must center diversity, equity, and inclusion in its approach. The work of the Racial Marginalization Health Inequities Task Force (RMHI) and the following culminating report is a critical first step in the organization's journey to positioning itself to effectively advocate for and guide its diverse individual and institutional membership. The culminating report will highlight the task force's approach to addressing the proposed charges, summarize the findings from the various data and information gathering processes, and end with proposed goals and actions for ACHA and next steps for the broader effort to advance health equity and racial justice in college health.

Methodology

The ACHA Racial Marginalization and Health Inequities Task Force was given the following charges:

- Create a resource guide for training curriculum and tools on racism, xenophobia, and oppression, with particular resources for health and wellness centers.
- Create a white paper on racial marginalization for board review November 2020.
- Create a white paper on health disparities for board review November 2020.
- Propose suggestions for organizational improvements to promote and engage in anti-racist work.
- Serve as expert consultants to campus leadership learning about or engaging in anti-racism work.
- Represent ACHA as a spokesperson with media requests coming through the association.

The 10-person task force represented diverse perspectives and identities of scholars and practitioners from varying institution types and varying levels of engagement with ACHA:

Co-Chairs

- Raphael D. Coleman, PhD, MPH, Executive Director, Alice! Health Promotion, Columbia University
- Padonda Webb, DNP, Executive Director, Student Health, North Carolina A&T State University
- Aaron Daugherty, MSW, MBA, LCSW, Associate Director of Administration at Habif Health & Wellness Center, Washington University in St. Louis

Members

- Cynthia Burwell, EdD, MCHES, RKT, Professor, Department of Health, Physical Education, & Exercise Science, Norfolk State University
- Shawnté Elbert, EdD, CHWP, CWHC, MCHES, Associate Vice President of Health & Well-being, The Ohio State University
- Emily Matson, MPH, MCHES, CHWP Instructor, Rothenberger Institute, School of Public Health, University of Minnesota
- Joleen M Nevers, MAEd, CHES, CSE, CSES, Program Director Regional Wellness, University of Connecticut
- Sinead Younge, PhD, Danforth Endowed Professor, Department of Psychology, Morehouse College

Representatives from the Centers for Disease Control and Prevention

- Julio Dicent Taillepierre, Team Leader for the Initiatives and Partnerships Team of the CDC Office of Minority Health and Health Equity in the CDC Office of the Director
- Yuliya Chuvileva, PhD, Evaluation Fellow at CDC & Instructor Master's in Development Practice Program, Emory University

In partnership with the 2020-2021 President of ACHA, Kim Webb, LPC, Director of Relationship and Sexual Violence Prevention Center, Washington University in St. Louis, the work began with the task force membership engaging with the proposed charges. The task force assessed the feasibility of each charge and prioritized them, given the projected timeline and ACHA's organizational readiness for change. Since some task force members were engaged in efforts to produce scholarship on racial marginalization and health disparities among college students, particularly considering the COVID-19 pandemic, the task force had a critical opportunity to focus on organizational improvements within ACHA. As such, the task force deferred the white paper charges to the experts already engaged in the work. Relatedly, there are also several existing resources and position statements available for membership to reference that speak to advancing health equity on college campuses, including, but not limited to:

ACHA Guidelines; Supporting Vulnerable Campus Populations During the COVID-19 Pandemic

ACHA Guidelines: Cultural Competency Statement

ACHA Guidelines: Trans-Inclusive College Health Programs

ACHA Position Statements on Non-Discrimination and Anti-Bias/Anti-Violence

While the aforementioned resources do not explicitly address racial justice, they are example artifacts of positions and guidelines ACHA has communicated to reflect their philosophy on supporting diverse student populations. Additionally, although white papers can provide concise information about complex issues and communicate the organization's position on a matter, the RMHI Task Force leveraged the opportunity to propose action-oriented opportunities for organizational change in service of promoting and engaging in anti-racist work.

In addition to engaging in the RMHI Task Force's efforts to inform the goals and actions proposed in this report, members of the task force consulted on several ad hoc organizational efforts and represented ACHA as requested on issues related to diversity, equity, and inclusion:

- Spokespersons for ACHA
  - ACHA Panel: Racial Justice in College Health and Well-being at Student Affairs Commitment to Racial Justice: A Day of Action (August 12, 2020)
- Consultation
  - ACHA Closing the Gap: Strategies to Promote Health Equity and Racial Justice on Campus planning committee for 2021
  - 2021 ACHA Annual Meeting Program Planning
  - 2022 ACHA Annual Meeting Program Planning
  - Sexual Health Coalition Sexual Health Services Survey
  - Campus COVID-19 Vaccine Initiative Student Engagement Subcommittee

Methods of Inquiry

Aligning with Jackson's (2014) multicultural organizational development model, the RMHI Task Force prioritized better understanding organizational culture through the lens of membership perspectives, professional organization benchmarking, and reviews of organizational processes as a critical first step in informing the proposed goals and actions. As a guiding philosophy, the RMHI Task Force posits that to ascertain its mission as a principal leadership organization for advancing health among college students, ACHA must first incorporate

structural and systemic commitments to issues of diversity, equity, and inclusion into its programs, practices, and policies. The organization can then provide additional guidance, resources, and tools on racism, xenophobia, and oppression to universities and college health centers.

Because the RMHI Task Force wanted to balance membership perspectives with an environmental scan of organizational practices, they leveraged four main data collection components as outlined in Table 1.

Table 1. RMHI Environmental Scan Components

Activity	Description	Objective
Mixed Methods DEI Survey	Self-administered survey to collect information about individual experiences of ACHA membership related to DEI.	To identify successful initiatives and opportunities for ACHA to create an environment characterized by openness, fairness, and equal access for all employees and to pilot a model on which ACHA can strategically build to regularly assess these successes and opportunities.
Program Submission Review	Review of programs submitted for ACHA Annual Meetings between 2016 and 2019, with an emphasis on schools, presenters, and topics represented.	To review the diversity of proposal topics and presenters.
Listening Sessions	Task force-led group discussions to collect information about successful DEI components and needed organizational changes within ACHA.	To allow members of ACHA a space to provide verbal feedback to the RMHI Task Force to supplement data collected via the DEI survey.
Professional Organization Benchmark	Review of professional organization websites for the presence of racial justice and health equity-related resources via publicly accessible pages.	To understand the scope of racial justice and health equity work other partner organizations are engaged in to establish benchmarking goals for ACHA.

Mixed Methods Diversity, Equity, and Inclusion Survey

The survey was distributed to all current ACHA members via email on October 8, 2020, and remained open until October 16, 2020. Reminder emails to take the survey were sent to ACHA members on October 13, 2020, and October 15, 2020. The survey was created in Qualtrics to allow for some anonymity for participants. The purpose of this survey study was to measure ACHA's current member experiences around diversity, equity, and inclusion. The results from the survey will be used for planning and improvement efforts. The survey will also be useful for establishing benchmarks for future studies and for evaluating the organization's mission, goals, and strategies. This study can also be helpful as ACHA begins the process of conducting a national search for a new CEO to ensure they are open to ensuring the organization represents the diverse students served by members and the diverse membership that ensures our success and longevity. To benchmark against other professional

organizations, Ad Hoc members conducted an environmental scan of free organizational diversity and inclusion assessments/surveys. The questions for ACHA's Diversity, Equity, and Inclusion Survey were adapted from consulting firms and organizations that conduct organizational diversity and inclusion assessments:

- Kathleen Nalty Consulting, LLC
    - Hidden Barriers Assessment
    - Organizational Diversity and Inclusion Assessment
- Living Cities Survey: Assessing Our Staff's Racial Equity and Inclusion Competency
    - The questions from this survey were adapted from GARE's Employee Survey for Local Governments, D5 Initiatives Field Survey, and additional best practices in the field.

There were 138 survey respondents. Ninety-five of the respondents identified as female, 20 identified as male, and 1 identified as transgender. The majority of the respondents identified as White (68%) and most respondents identified as clinical staff, followed by administrative and health promotion positions, respectively.

A more detailed executive summary of the DEI survey results can be found in Appendix A.

Program Submission Review

The purpose of the program submission review was to evaluate the diversity of proposal topics and presenters. A task force member solicited Excel spreadsheets and access to SmartSheets (an online spreadsheet program) from the ACHA National Office to collect program submissions for the ACHA annual meeting for the years 2016-2020. A full review was conducted of programs submitted through 2019, and a partial review was completed for the year 2020. The task force reviewed program submission topics, whether they were accepted or rejected, the time allotted for the session, the session's abstract, proposed purpose, and presenters and the presenters' institutional affiliations. The task force reviewed these areas to identify any patterns among accepted and rejected proposals.

Listening Sessions

The objective of the listening sessions was to extend an opportunity for ACHA members to provide verbal feedback to the RMHI Task Force. The information was utilized to complement the data collected through the mixed methods survey during fall 2020. Listening sessions were offered on January 8, 22, and 29, 2021. At least two task force members facilitated four virtual feedback sessions via Zoom. The facilitators asked the following questions during each of the sessions:

1. What DEI components within ACHA should we keep? (What is working well to promote diversity, equity, and inclusion?) What is ACHA doing that is working well to promote diversity, equity, and inclusion?
2. What organizational changes are needed around DEI? (How is ACHA doing around diversity, equity, and inclusion?) What organizational changes are needed around diversity, equity, and inclusion in ACHA?
3. Are there any BIPOC-specific issues or concerns that ACHA needs to know about and should be addressing?
4. Is there anything else you would like to express to ACHA about diversity, equity, and inclusion?

Professional Organization Benchmark

The purpose of the organizational benchmarking effort was to understand the scope of racial justice and health equity work in which other partner organizations are engaged to establish benchmarking goals for ACHA. Organizations were included if they represented a credentialing body for CE credits offered through ACHA or if they were a major professional organization of which ACHA members were likely to be a member (Table 2).

Table 2: Selected Professional Organizations

Top Professional Credentialing Bodies Represented by ACHA Members	Top Additional Professional Associations
• AAFP - American Academy of Family Physicians • ACPE - Accreditation Council for Pharmacy Education (through the American Pharmacists Association - AMhA) • AMA - American Medical Association • ANA - American Nurses Association (through the American Nurses Credentialing Center) • AND - Academy of Nutrition and Dietetics (through the Commission on Dietetic Registration) • APA - American Psychological Association • NASW - National Association of Social Workers • NBCC - National Board for Certified Counselors • NCHEC - National Commission for Health Education Credentialing	• ACPA - American College Personnel Association • APHA - American Public Health Association • CNHEO - Coalition of National Health Education Organizations • NASPA - Student Affairs Administrators in Higher Education • SOPHE - Society of Public Health Educators

Each organization's website was reviewed for the presence of racial justice and health equity-related resources on publicly accessible pages via using the search function or main menus. Results reflect website information collected during fall 2020. More information may have existed at the time of review but was not easily accessible for those who are unfamiliar with the organization. Criteria included:

- Ethics statements and policies around enforcement
- Coalitions/Committees
- Caucuses/affinity groups
- Policies
- White papers
- Research
- Guidelines/Recommendations/Benchmarking/ Toolkits
- Programming/Education
- Organizational structure/representation within leadership
- Organizational units
- Position statements, press releases, and advocacy

During the review, it was not sufficient that an organization had one of the above criteria present; it had to specifically include references to racial justice and/or health equity for the criteria to be indicated in the findings. The following key words were utilized for reviewing the organizational websites: race, social justice, equity, racism, discrimination, diversity, and inclusion. A full report of the organizational benchmarking process can be found in Appendix B.

Summary of Findings

The findings of the RMHI Task Force are presented in themes based on the review of the four data inputs that inform this report's proposed goals and actions: lack of representation, ongoing active engagement in anti-racism efforts, access to leadership and transparency, fostering growth and a sense of belonging among BIPOC membership, and clear opportunities for addressing racial grievances within ACHA. These themes are summarized below, and some deeper illustrations of these themes can be found in the full reports captured in the appendices (Appendix A and Appendix B).

Lack of Representation

Analysis of the information from the listening sessions, program submission review, professional organization benchmarking, and mixed methods DEI survey indicate opportunities to address the lack of representation among historically marginalized racial identity groups in membership, leadership roles, and opportunities to disseminate scholarship and practice.

When asked whether they had been asked to step into an ACHA leadership role, approximately 1/3 of the respondents indicated that they agreed or strongly agreed with the statement. However, when taking a deeper dive into the data, approximately 76% of the respondents who indicated that they agreed, and 72% of those who strongly agreed with the statement "I have been asked to step into an ACHA leadership role" identified as White, while only 12% of the respondents for each option identified as Black. Of the 15 professional organizations included in the organizational benchmarking process, only 4 organizations included diverse representation among leadership, of which ACHA was not included. The listening sessions also affirmed this reality with several notes about the same people continuously being tapped for leadership roles within the association.

The lack of representation extended to the program review process where the RMHI Task Force saw that several presentations about diversity, equity, and inclusion were rejected, and that many BIPOC experts in the field were denied. There also seemed to be a bias toward certain institution types. Of note, very few HBCU presentations were accepted.

Ongoing Active Engagement in Anti-Racism Efforts

Listening sessions, organizational benchmarking, and the mixed methods DEI survey illuminated the need for ACHA to actively engage in ongoing efforts to become an anti-racist organization. Institutions and organizations often await a tragic or egregious event as a call to action to respond to systemic and structural racism within their organization(s), and the response is often one of providing support spaces and issuing positionality statements. For lasting and radical transformation, institutions must engage in active and ongoing efforts to become anti-racist. While there are still several professional organizations that need to intentionally signify organizational commitments to advancing equity and racial justice in their structures, policies, and practices, the organizational benchmarking processes illuminated an opportunity for ACHA to prioritize equity and racial justice in its organizational structure, representation within leadership, and presence among its organizing units (e.g., sections, coalitions, etc.). Additionally, the listening sessions affirmed the mixed methods DEI survey data's emphasis on the need for ongoing anti-racism work. Specifically, respondents to the listening sessions indicated that ACHA tends to be reactionary with DEI initiatives as opposed to embodying these principles in the fabric of the organization. Moreover, there were several mentions, during the listening sessions and among qualitative responses on the mixed methods DEI survey, of a need for ongoing training for membership at the national meeting on DEI and required DEI training for all people in leadership positions across ACHA, including the regional affiliates.

Access to Leadership and Transparency

In addition to having access to leadership opportunities, the listening sessions and the mixed methods DEI survey illuminated a need for increasing access to leadership and transparency. For instance, when asked if they agreed with the statement "I have access to ACHA leadership" a small percentage of BIPOC respondents agreed (12%

Asian/Pacific Islander, 14% Black, 2% Latino/Hispanic) or strongly agreed (6% Asian/Pacific Islander, 9% Black, 6% Latino) with the statement, in comparison to 72% of those who agreed and 78% of those who strongly agreed identifying as White. Listening session participants explicitly communicated a desire for more access to leadership in general and even suggested the potential for ACHA hosting office hours to hear membership concerns.

Fostering Growth Opportunities and a Sense of Belonging for BIPOC Membership

An overwhelming theme across the mixed methods DEI survey and the listening sessions was a lack of a sense of belonging among BIPOC members within ACHA. The listening sessions illuminated a need for cultivating a welcoming environment for new members, particularly as they are participating in annual meetings as first timers. For instance, during the listening sessions some participants suggested cultivating mentoring relationships between new members and current or past ACHA leaders, which could be an opportunity for both enhancing a sense of belonging and increasing access to leadership.

Mixed methods DEI survey respondents and listening session participants also communicated a desire for affinity spaces, specifically formalizing caucus spaces for BIPOC communities and White accountability learning spaces. Though several of the benchmarked professional organizations did not include caucuses or affinity spaces, the American Public Health Association (APHA), a professional association of which many ACHA members are likely to be a part, specifically holds caucuses around shared identities.

Connected to the lack of representation in leadership, survey respondents and listening session participants indicated challenges with becoming engaged with ACHA committees and leadership opportunities.

“ACHA is an organization where you have to know the right people to get ahead. It feels like the same people get shoulder tapped to lead, and they shoulder tap their friends. Many of those shoulders that are tapped tend to be white and older. Finding a way to stop this and allow new/different voices to be hard would be appreciated.”

Opportunities for Addressing Racial Grievances within ACHA

Finally, the information gathered across the survey, listening sessions, and benchmarking effort indicated an opportunity for clearly defining ACHA’s ethical standards and formal means for reporting and responding to ethical violations, particularly those that are racialized incidents. Participants in the listening sessions indicated witnessing inappropriate behavior and communicated that without follow-up, members may leave groups or the association overall due to a lack of accountability.

“Members who use microaggressions or bully other members are never confronted by leadership, even though it has been well known for years who the problem people are. Actual enforcement of ACHA policies regarding ethics and a transparent system of accountability would help members feel welcome.”

yond accountability needed among membership, members communicated a need for accountability among ACHA leadership behavior. While several (n=9) benchmarked professional organizations, including ACHA, have ethics statements, only four have clear policies for enforcing them. ACHA could take the opportunity to update its existing ethics statement and develop clear mechanisms for responding to ethics violations and grievances.

Recommendations and Conclusions

In order to align with its mission to “serve as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education, and research,” the American College Health Association (ACHA) must prioritize health equity and racial justice in its approach. The Racial Marginalization and Health Inequities (RMHI) Task Force took a critical first step in understanding how members and member institutions are experiencing ACHA to better inform steps the organization could take to further align with our shared values of cultural inclusion, respect, equality, and equity. There are two levels outlined: Goals and Proposed Actions. The goals are overarching aspirations for ACHA related to health equity and racial justice in which ACHA should continuously commit to strategically aligning its work in its pursuit of its strategic

pillars of advocacy, education, and research. The proposed action steps serve as examples of practical steps that may best support progress toward the proposed goals. As ACHA continues to engage in a process of learning, processing, and collective strategizing around efforts to advance health equity and racial justice, it is important to note that the proposed actions highlighted here are grounded in the findings from the RMHI Task Force's approach to data and information gathering and should appropriately evolve over time as needs of the organization change and more information is gathered.

Goal 1: Improve diversity of membership and membership contributions to reflect the diversity in identities among individual members, institutional type among member institutions, and the student populations they serve.

- Review recruitment strategies for ACHA volunteer leadership to ensure diverse representation and develop pipelines to leadership attainment within the organization.
- Establish minority fellowship programs, similar to the programs of the American Psychological Association (APA) and American Nurses Association (ANA).
- Develop a mechanism for review of program submissions for annual meetings and ad hoc professional development opportunities to ensure representation among Black, Indigenous, and People of Color (BIPOC) presenters and topics that impact BIPOC student communities.

Goal 2: Signify organizational commitment to advancing health equity and racial justice by enhancing structural support through policies, resource allocations, hiring practices, program planning processes, and organizational structure.

- Revise the organizational structure of ACHA to add a division and/or leadership role within each section devoted to health equity, which is supported by at least one full-time staff member to ensure member needs are implemented.
- Review internal human resources (HR) hiring processes to ensure recruitment and retention of diverse staff and explicit commitments to diversity, equity, and inclusion (DEI).
- Review and update ACHA's cultural competency statement.
- Ensure that intersectionality is a requisite component of all program submissions that intend to address diversity. For example, if a program intends to address transgender or veteran's health, the program should include an intentional focus on BIPOC transgender and BIPOC veteran communities.
- Fund a version of the Diversity, Equity, and Inclusion Survey used to inform the RMHI Task Force's final report and include it in the ACHA strategic plan.

Goal 3:Establish and maintain an organizational culture and environment that embraces and affirms diversity among our membership while advancing equity to enhance inclusion and sense of belonging among members of historically marginalized racial identities.

- Establish member affinity groups and provide infrastructure to support them, including during annual meetings.
- Develop and implement a buddy system for annual meetings that pairs new people with those who have experience with ACHA annual meetings.
- Incorporate formal statements or land acknowledgements that recognize and respect Indigenous Peoples as traditional stewards of this land and the enduring relationships that exist between Indigenous Peoples and their traditional territories and provide ongoing education about the importance of recognizing the land.

Goal 4: Advance diversity, inclusion, equity, and racial justice as core competencies for all organizational leaders, staff, and membership, ensuring that they can identify and explain the root contributors to inequities and access tools to address those inequities and advocate for racial justice within ACHA and their respective institutions.

- Develop a landing page on ACHA website that houses resources to support health equity and racial justice for ACHA membership and the general public to leverage.
- Leverage and adapt existing guidelines, recommendations, benchmarking, and toolkits from clinical care and public health organizations to create a resource guide to assist members working in college health and well-being settings.
- Require ongoing diversity, equity, and inclusion training for ACHA staff and volunteer leaders, inclusive of the Board of Directors and elected and appointed section, coalition, and task force leaders.
- Ensure that diversity, equity, and inclusion are core competencies in all certification trainings offered through ACHA, including but not limited to the College Health and Wellness Professional Certification Program offered through the Leadership Institute.
- Develop and offer an ACHA-sponsored bystander intervention training for ACHA membership.
- ACHA should develop a diversity, equity, inclusion (DEI) and/or health equity-focused self-assessment that members can use at their home institutions.

Goal 5: Develop and maintain mechanisms to increase transparency about the organization's progress toward becoming anti-racist and anti-oppressive to enhance accountability.

- Implement a code of conduct and develop a formalized process for addressing grievances and reporting conduct and ethics violations to facilitate accountability.
- While not yet launched, the "ACHA Connected College Health Network is a multi-year project to advance educational achievement and health equity among young adults attending institutions of higher education throughout the United States through the creation of a college health national data project." It would be beneficial for the CCHN to produce a document demonstrating how evaluation methods will be implemented to measure the project's effectiveness in the stated goal of the reduction of health inequities.
- Disaggregate National College Health Assessment (NCHA) and other data collected on student populations to ensure opportunities for identifying population specific needs and experiences.
- Survey members' DEI experience bi-annually via survey and/or focus groups.
- Ensure future surveys include ACHA National Office staff, in addition to broader organizational membership.

Conclusions

The proposed goals and actions reflect a synthesis of findings from the RMHI Task Force's four primary methods for data and information gathering from ACHA's membership. In addition, the RMHI Task Force consisted of an interdisciplinary group of college health scholars and practitioners with varying levels and lengths of involvement and histories with ACHA. While the data insights affirmed several proposed ideas for advancing health equity and racial justice within ACHA and the campus communities the organization serves, the work initiated by the RMHI Task Force should continue and be situated within the historical context of work that preceded its convening. To this end, the RMHI Task Force proposes additional opportunities for advancing the work:

- Develop a timeline of diversity, equity, and inclusion efforts at ACHA to capture the history of efforts by previous committees, coalitions, and task forces, with an emphasis on the contributions of BIPOC and LGBTQ members of ACHA.
- Review the Awards Advisory Committee's process for award selection and submission requirements for awards and fellows.
- Develop and implement an exit interview or survey process for those who leave ACHA and/or leadership roles within ACHA to identify opportunities for increasing retention of diverse membership.
- Review language used by the association to describe authoritative/position papers and other resources to ensure language does not signal a perpetuation of systems of oppression and marginalization.
- Review *Journal of American College Health* reviewer selection and training process and patterns in manuscript submission acceptances/rejections.
- To ensure that ACHA is effectively fulfilling its mission serving as a principal leadership organization for advancing the health of college students, it must ensure it is engaging in advocacy, education, and research efforts that are relevant to the experiences of students at all institution types (including historically black colleges and universities, community colleges, and minority serving institutions). As such, ACHA should explore ways to minimize barriers for member institution involvement (e.g., financial support for their college health centers, complimentary/reduced rates for institutional membership, etc.).

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American College Health Association Diversity, Equity, and Inclusion Survey Executive Summary

Fall 2020

Racial Marginalization and Health Inequities Task Force

Prepared by:

The Ad-Hoc Committee of the Racial Marginalization and Heath Inequities Task Force

Dr. Sinead Younge

Dr. Shawnté Elbert

Joleen M. Nevers

Introduction

American College Health Association (ACHA) seeks to create an environment characterized by openness, fairness, and equal access for all members and employees. Creating and maintaining an inclusive environment that respects individuals, their identities, abilities, and expertise are critically important.

The goals of the survey were multifold:

1. Identify successful initiatives.
2. Uncover any challenges facing members and employees of our organization.
3. Develop strategic initiatives to build on successes, address challenges, and create lasting positive change.

Background

Members of the Racial Marginalization and Health Inequity Task Force were asked to explore ACHA members' attitudes towards diversity, equity, and inclusiveness. A total of 138 ACHA members responded to the electronic survey that was available for approximately one week. All data was self-reported with both open and close-ended questions. The survey was developed by an ad hoc committee of the Racial Marginalization and Heath Inequity Task Force and vetted by the entire task force. The ad hoc committee included members of the American College Health Association who have held various leadership positions in the organization and a current member who is a trained program evaluator. Initial survey results were presented at the ACHA Health Equities Virtual Summit on October 28, 2020. The presentation was entitled "ACHA Member Check in on Diversity, Inclusion, and Representation: Creating Action Plans for Change."

Purpose

The purpose of this survey study was to measure ACHA's current member experiences around diversity, equity, and inclusion. The results from the survey will be used for planning and improvement efforts. The survey will also be useful for establishing benchmarks for future studies and for evaluating the organization's mission, goals, and strategies. This study can also be helpful as ACHA begins the process of conducting a national search for a new CEO to ensure they are open to ensure the organization represents the diverse students served by members and the diverse membership that ensures our success and longevity.

Instrumentation

In order to benchmark against other professional organizations, ad hoc committee members conducted an environmental scan of free organizational diversity and inclusion assessments/surveys. The questions for ACHA's Diversity, Equity, and Inclusion Survey were adapted from consulting firms and organizations that conduct organizational DEI assessments:

- Kathleen Nalty Consulting, LLC
    - Hidden Barriers Assessment
    - Organizational D&I Assessment
- Living Cities Survey: Assessing Our Staff's Racial Equity & Inclusion Competency
    - The questions from this survey were adapted from GARE's Employee Survey for Local Governments, D5 initiative's Field Survey, and additional best practices from the field.

Methodology

In order to achieve representative and timely information of the ACHA membership while containing costs, the data collection methodology selected for this survey study was a digital survey built in Qualtrics. This allowed anonymity and dissemination to the larger organization.

Implementation

The survey was distributed to all current ACHA members via email on October 8, 2020, and remained open until October 16, 2020. Reminder emails to take the survey were sent to ACHA members on October 13, 2020, and October 15, 2020. The survey was created in Qualtrics to allow for some anonymity for participants.

Key Findings

Areas of Strength

The majority of members answered in the affirmative for most of the statements. However, it is essential to note that there exists racial differences in who endorsed which statements (Appendix 3).

Opportunities for Improvement

Members indicated that they experienced exclusionary, intimidating, offensive, and/or bullying behavior.

Respondent Profile

Member Survey Responses (N=138)

Self-Reported Sex: Female (*n*=95), Male (*n*=20), Transgender FTM (*n*=1)

Self-Reported Race:

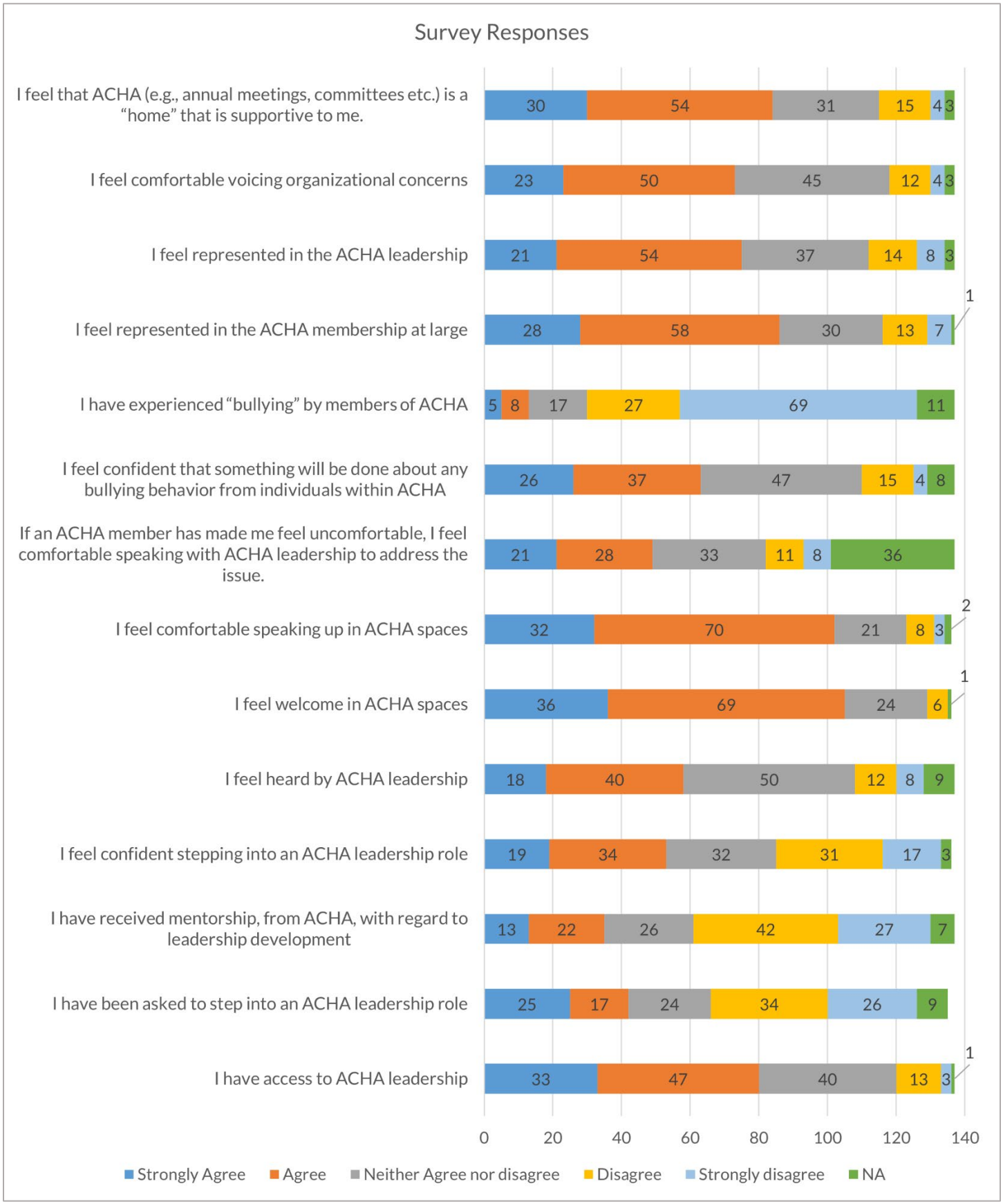
- Asian/Pacific Islander (*n*=8)
- Black/African American (*n*=18)
- White (*n*=94)
- Biracial/Multiracial (*n*=4)
- Human (*n*=1)

Positions:

- Administrative (n=42)
- Clinical Staff (e.g., mental health, medical services, ancillary (n=51)
- Faculty (n=6)
- Health Promotion (n=31)
- Other (n=6)

Summary of Findings

Quantitative Data Survey Responses



Qualitative Data Findings

The survey also included a section for participants to provide qualitative data by answering two questions. The first question was “What recommendations do you have for creating additional welcoming ACHA spaces?” The second question was “What are some of the ways you feel that ACHA can be more inclusive of you?”

Themes from the Survey

There were several themes that emerged. One theme was creating “affinity” or BIPOC (Black, Indigenous and People of Color) spaces for people to connect and to create spaces where white folx can acknowledge their privilege and do the work of dismantling racism and inequality. Lack of diversity in leadership positions and within the organization, in general, came up repeatedly in addition to a lack of representation in formalized mentoring opportunities. The comments repeatedly stated it was "who you know," "being tapped," or not knowing how to access positions within leadership. Also mentioned several times was the leaders of ACHA seemed to be in place for a long time in varying roles, and different and younger folx did not have access or availability to be a part of leadership.

Anti-racism or working to decrease racism was repeatedly mentioned as responses to both questions described in some cases as work that needs to occur within the association. This also included several mentions of anti-racism work for ACHA leadership and the board.

Bullying behavior was also mentioned several times. Some specific examples were given and requests were made for the organization to adhere to ethics in relation to diversity, inclusion, and bullying behavior.

Suggestions from the Participants

Suggestions from the survey participants included creating spaces for BIPOC, formalizing mentorship, advancing BIPOC folx to the leadership positions, intentionally incorporating diversity within the organization and main meeting, listening to BIPOC and other groups who are marginalized (people who identify as LGBTQIA was mentioned as was people with disabilities), and creating white accountability and learning groups. Repeatedly asking the same people to serve in leadership positions also came up as did tapping the same BIPOC folx.

Suggestions were also made about guidelines for conduct for the members of ACHA in relation to bullying and inappropriate behaviors. Access to professional development was also mentioned, including offering low-to no cost options for BIPOC folx or underrepresented populations and offering cost-reduced programming in other forms such as webinars.

Recommendations

- ACHA should survey members DEI experience bi-annually via survey and/or small groups;
- ACHA should ensure future surveys include ACHA National Office Staff, in addition to members at large;
- The ad hoc committee discussed creating a DEI/health equity-focused self-assessment members could take of their home institutions; and
- This survey should be funded and added to ACHA’s Strategic Plan

Conclusion

American College Health Association's Diversity, Equity, and Inclusion Survey Report provides the first baseline data on diversity and inclusion for the international professional organization and addresses ACHA's mission and goals. While the findings may guide decision-making in regard to policies and practices at ACHA, it is important to note that the cultural fabric of any organization and unique aspects of the environment must be taken into consideration when deliberating additional action items based on these findings. The survey findings provide ACHA's community with an opportunity to build upon its strengths and to develop a deeper awareness of the challenges ahead. ACHA, with support from members, office staff, and the Board of Directors, is in a prime position to actualize its commitment to promote an inclusive organization and to institute organizational structures that respond to the needs of its dynamic membership.

Committee Next Steps

The ACHA Racial Marginalization and Health Equities Task Force will be hosting feedback sessions for ACHA members in January 2021. We will be asking up to three questions and listening to the feedback from ACHA members. The task force will incorporate this feedback in conjunction with the survey responses from fall 2019 to make recommendations to ACHA leadership on how the organization can be more inclusive and diverse. There will be a cap placed on the listening sessions to ensure members are able to fully share their thoughts, ideas, and experiences. The sessions will occur on the following days:

January 8, 2021

- 12-1pm EST
- 3-4pm EST

January 22, 2021

- 3pm EST

January 29, 2021

- 10am EST
- 12pm EST

Interested members can reach out to joleen.nevers@uconn.edu to fill out a brief survey and then be offered available dates for the sessions.

Ad Hoc Committee Members Contact Information:

Sinead Younge: sinead.younge@morehouse.edu

Shawnté Elbert: shawnte.elbert@cwu.edu

Joleen Nevers: joleen.nevers@uconn.edu

Survey Report Appendices

Appendix 1: Sample of Verbatim Comments

- “BIPOC members are not represented in leadership positions. The same few BIPOC people in leadership positions are tokenized and always asked to be the person of color on committees, which leads to burnout.”
- "ACHA is an organization where you have to know the right people to get ahead. It feels like the same people get shoulder tapped to lead, and they should tap their friends. Many of those shoulders that are tapped tend to be white and older. Finding a way to stop this and allow new/different voices to be hard would be appreciated. Also, accountability for those in leadership roles in ACHA. There are committees/coalitions/workgroups that have been inactive and attempt to connect with them have been fruitless."
- “I noticed that the ACHA representation is full of white cis women, some white cis men. The representation of other folks is not ideal. We absolutely need to do more work to include people in our community. This was something I immediately noticed at my first ACHA conference. I also felt that so many of the featured presenters and vendors were also white.”
- Recruit and foster the growth from more BIPOC, queer, and trans professionals in this field. Collaborate with colleges that graduate these professionals and develop an easy career pathway or career coaching system to enhance the inclusivity of the field in general."
- "There can be an in/out-group feel at meetings—people who are involved in lots of committees or have been ACHA members for years. It can feel exclusive and unwelcoming."
- "Additionally, members who use microaggressions or bully other members are never confronted by leadership, even though it has been well known for years who the problem people are. Actual enforcement of ACHA policies regarding ethics and a transparent system of accountability would help members feel welcome."

Common themes in comments included:

- “Who you know” for leadership positions and committees
- Lack of diversity in leadership opportunities
- Anti-racism and diversity work needed within the association
- Membership wanting affinity spaces or caucusing for inclusion
- Bullying behavior

Appendix 2: Email from ACHA to participate in the Survey

The ACHA National Office is sending this email on behalf of The Racial Marginalization and Health Inequity Task Force. Please do not reply directly to this email; questions should be directed to the email addresses listed below.

Please consider taking this survey created by ACHA's Racial Marginalization and Health Inequity Task Force. The time commitment to this survey is approximately 10 minutes. Your identity will not be linked to the survey responses. This survey will be used during ACHA's Health Equity Summit in October [2020], where we plan to have a talkback session with participants to gauge the needs of the membership. This survey will help to provide feedback and recommendations to ACHA on how to create or how to continue creating an association where members feel welcomed, included, and represented. We are collecting some demographic data such as age, race, ethnicity, and area of practice, but we will not be collecting names or institutions. Thank you for your time and consideration.

The survey will be open until Friday, October 16th [2020].

If you have any questions, please feel free to reach out to Dr. Younge (Sinead.Younge@morehouse.edu), Dr. Elbert (Shawnte.Elbert@cwu.edu), or Joleen Nevers (joleen.nevers@uconn.edu).

Click here to take the survey

Or copy and paste the URL below into your internet browser:

https://achasurveying.co1.qualtrics.com/jfe/form/SV_4U5C9jLSykagrGZ?Q_DL=znDYxR9AUMMcUXm_4U5C9jLSykagrGZ_MLRP_6ofqPk2ifbYgfxr&Q_CHL=email

Appendix 3: Survey Results

The following data are the proportion of individuals within the self-identified racial categories who responded to the various question response stems.

Figure 1

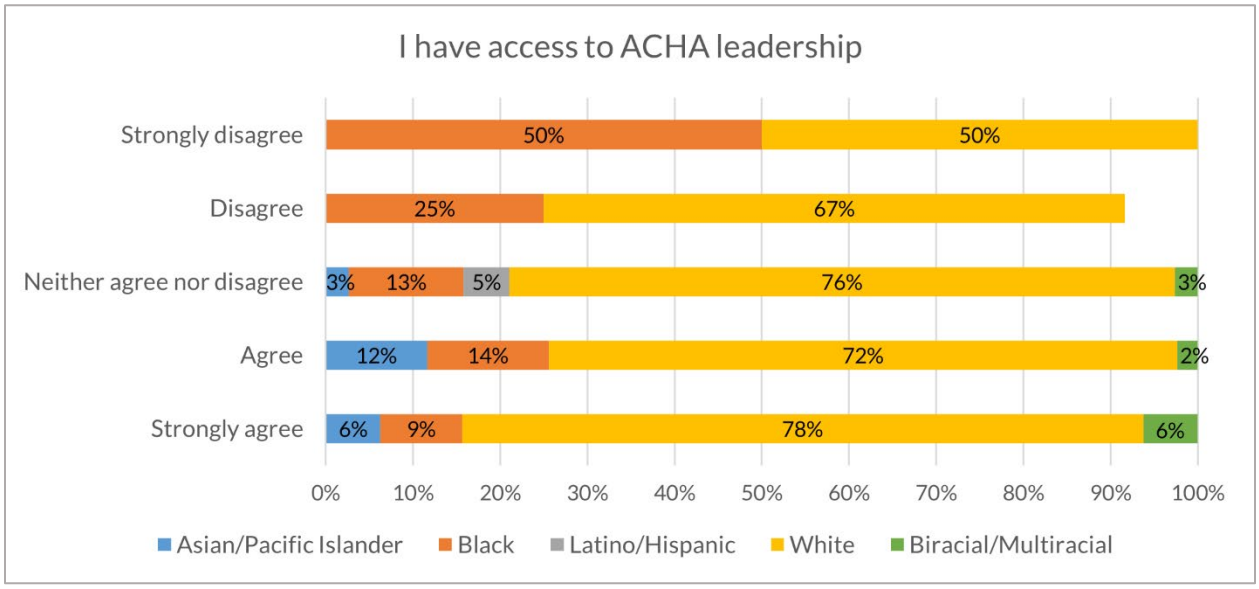


Figure 2

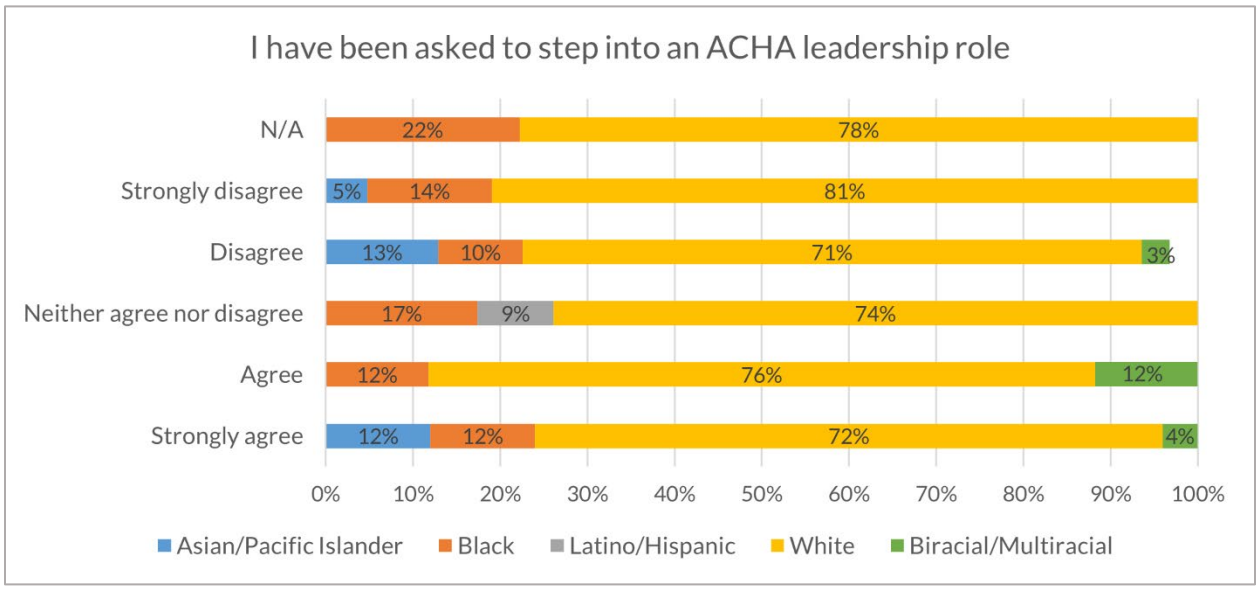


Figure 3

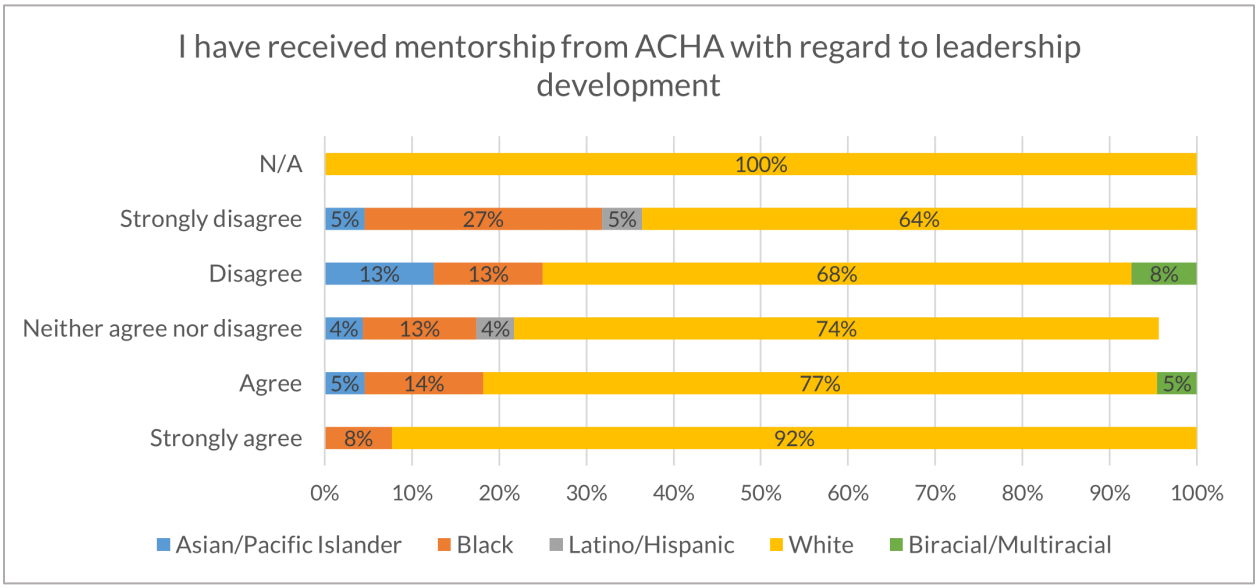


Figure 4

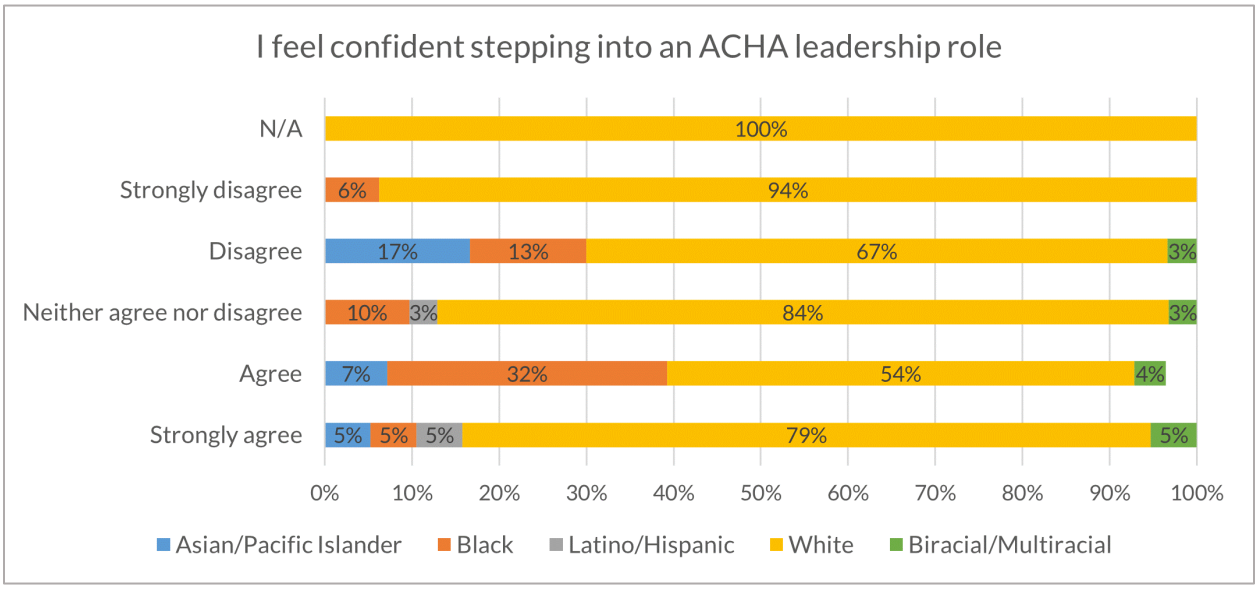


Figure 5

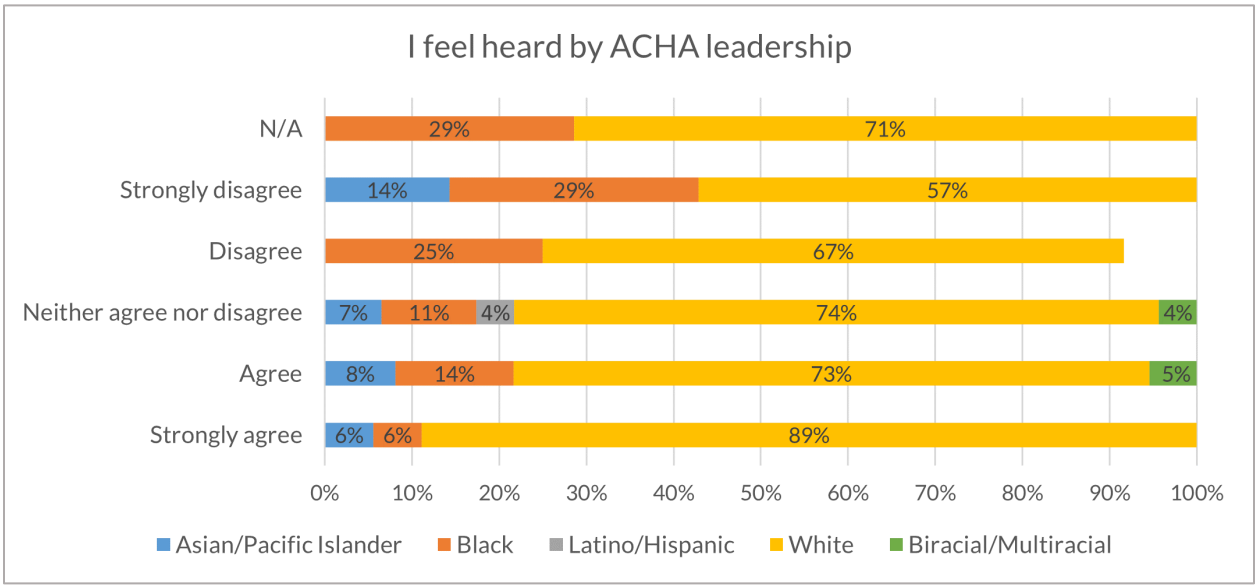
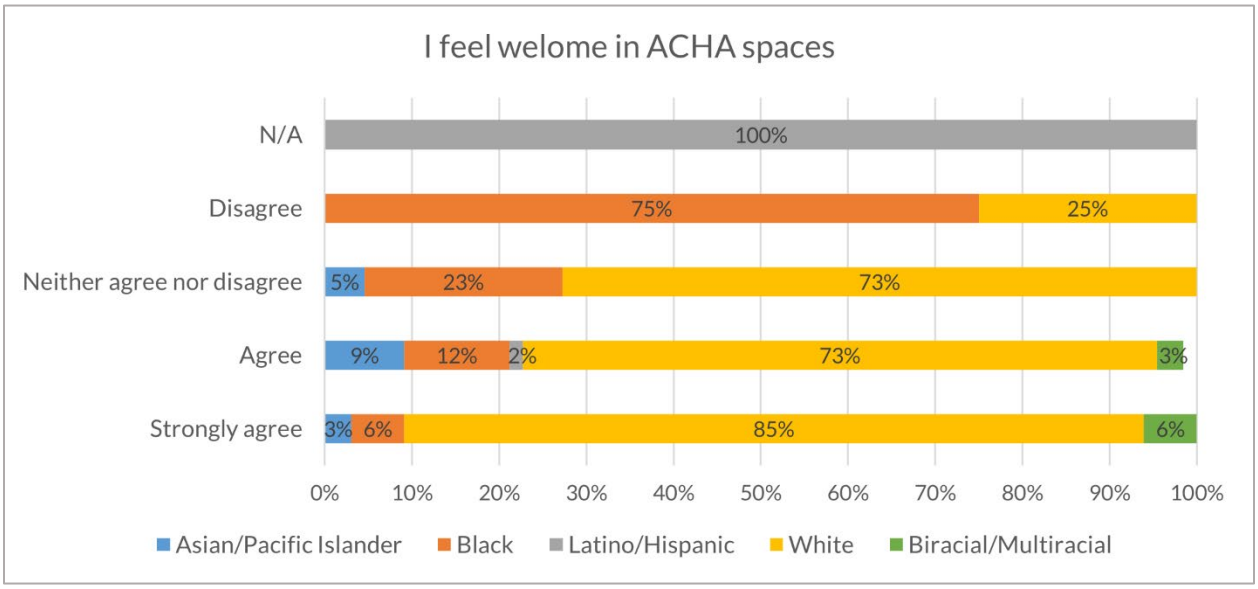


Figure 6



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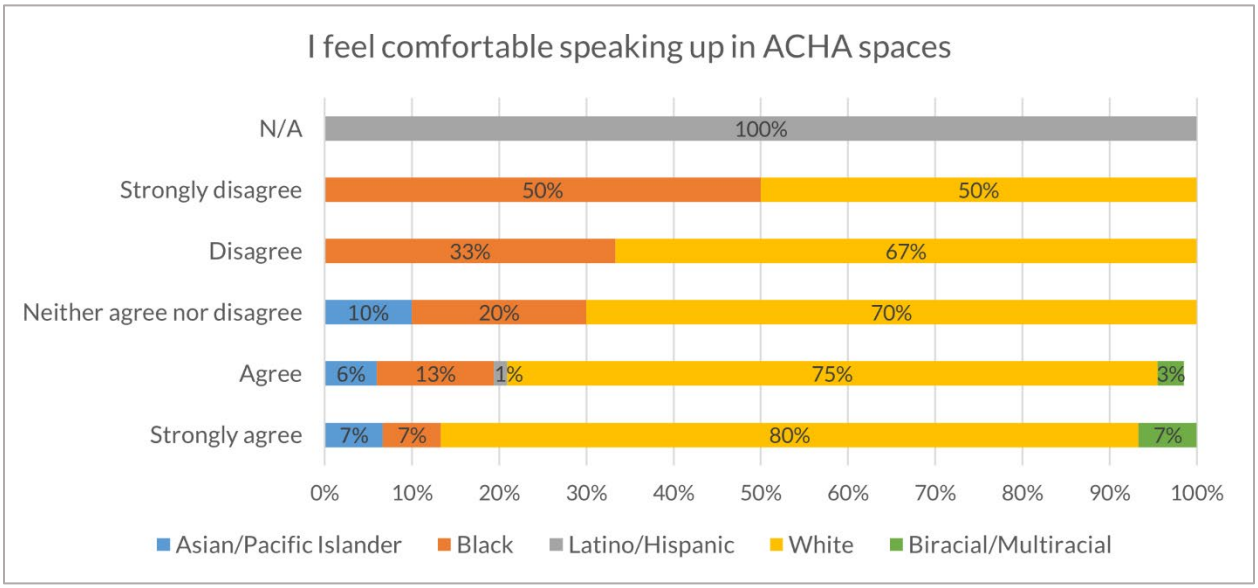

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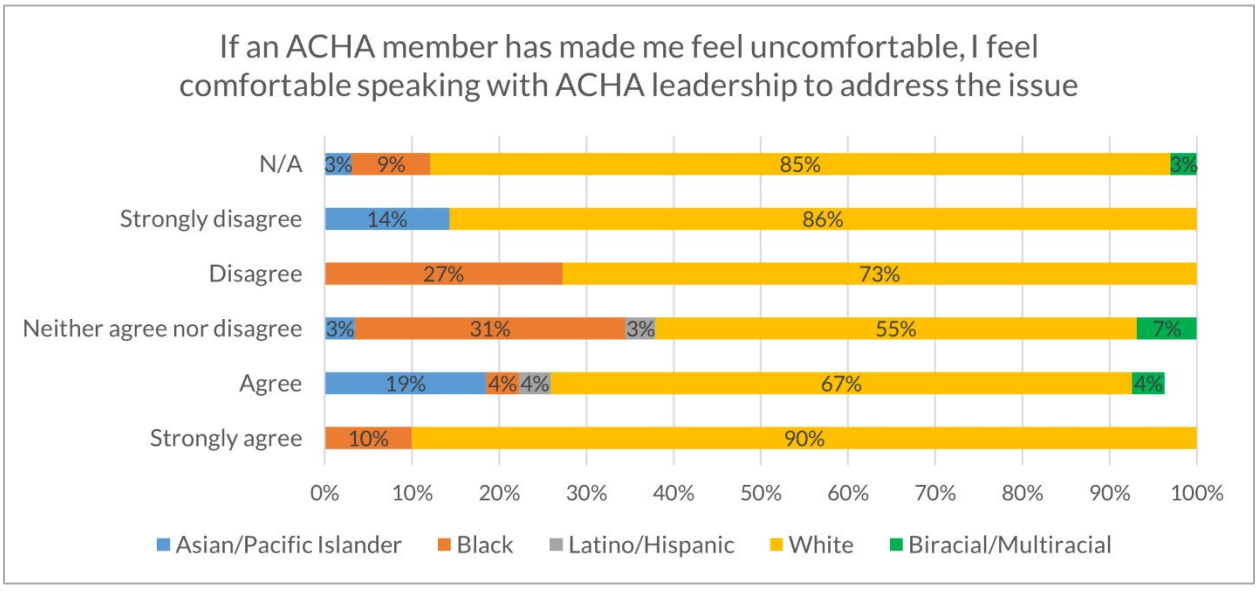

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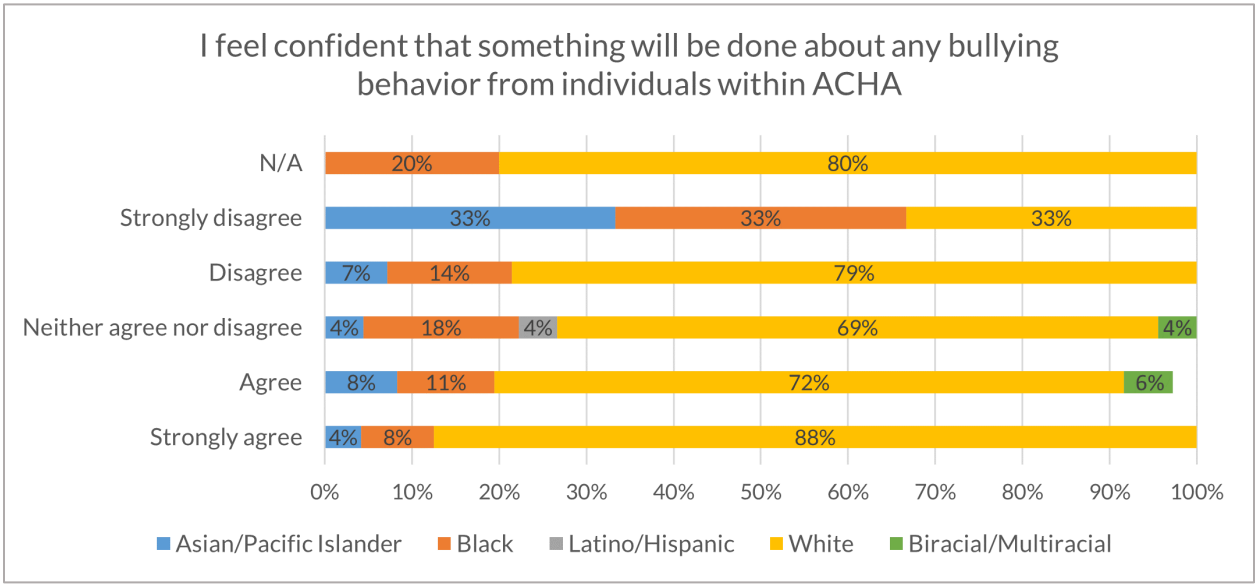


Figure 10

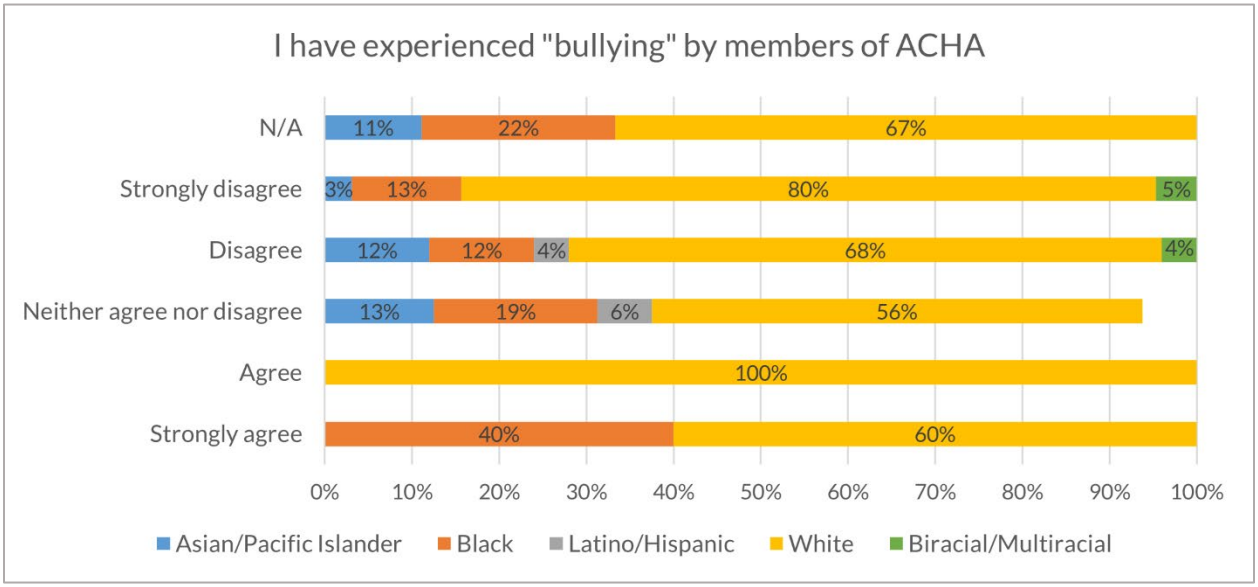


Figure 11

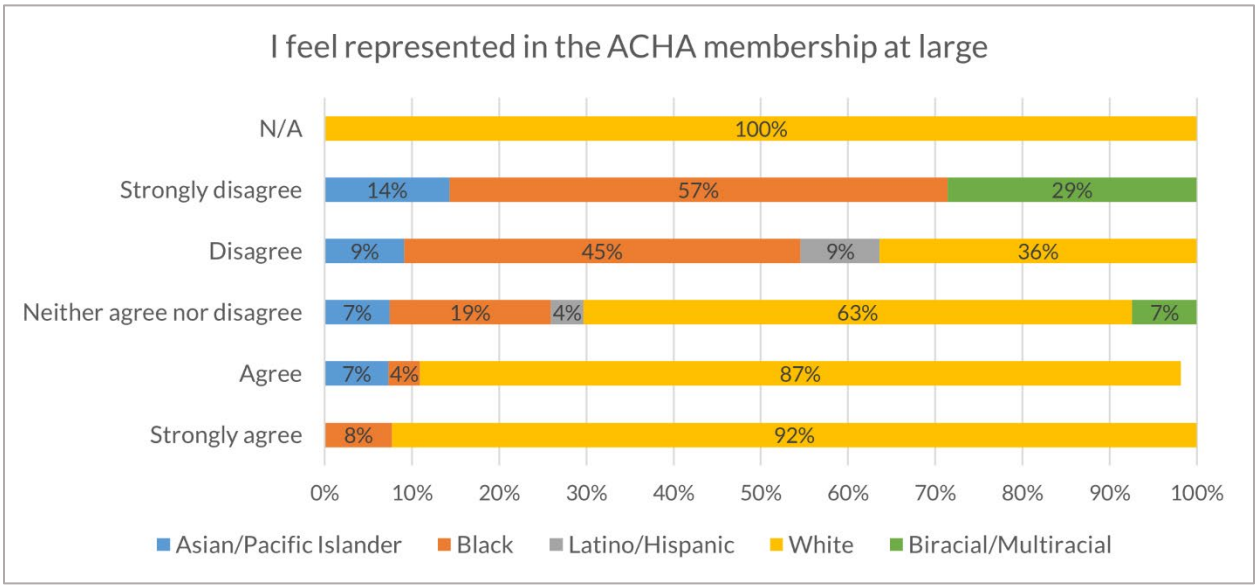


Figure 12

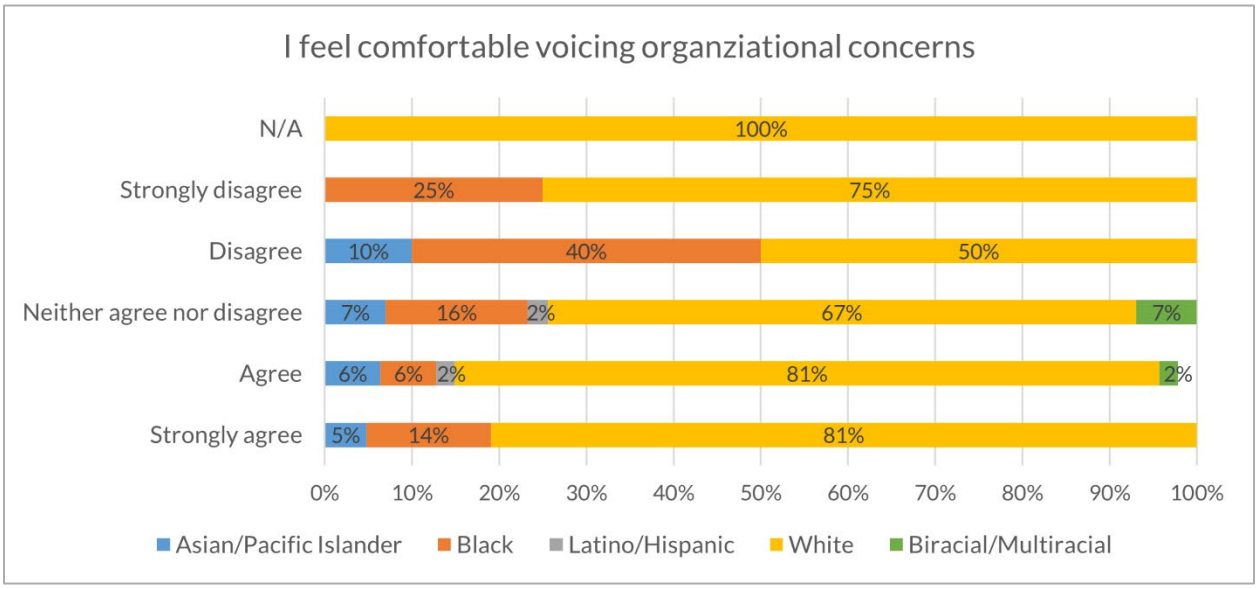
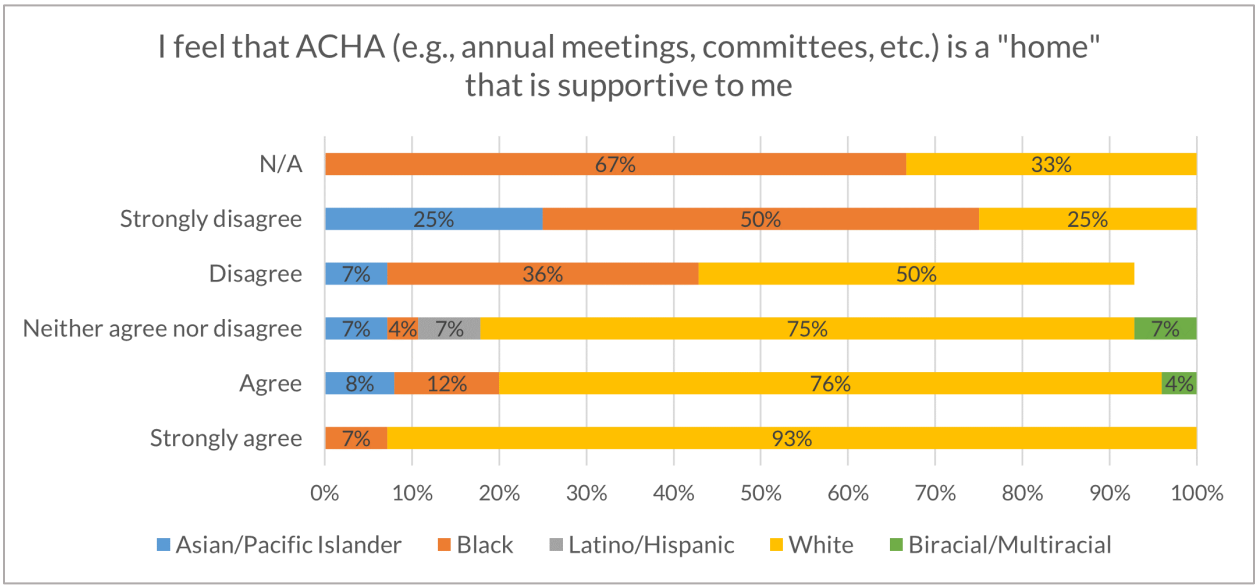


Figure 13


I feel that ACHA (e.g., annual meetings, committees, etc.) is a "home" that is supportive to me
N/A
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
67%
33%
25%
50%
25%
7%
36%
50%
7%
4%
7%
75%
7%
8%
12%
76%
4%
7%
93%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Asian/Pacific Islander
Black
Latino/Hispanic
White
Biracial/Multiracial

Appendix B. Professional Organization Benchmarking Report

Racial Justice and Health Equity Benchmarking of the American College Health Association

By the Racial Marginalization and Health Inequities Task Force

Purpose

To establish benchmarking goals for ACHA by understanding the scope of racial justice and health equity work in which other partner organizations are engaged.

Organization Review Criteria and Methods

Organizations were included if they represented a credentialing body for CE credits offered through ACHA or were a major professional organization of which ACHA members were likely to be members.

Top Professional Credentialing Bodies Represented by ACHA Members

- AAFP - American Academy of Family Physicians
- ACPE - Accreditation Council for Pharmacy Education (through American Pharmacists Association - APhA)
- AMA - American Medical Association
- ANA - American Nurses Association (through the American Nurses Credentialing Center)
- AND - Academy of Nutrition and Dietetics (through the Commission on Dietetic Registration)
- APA - American Psychological Association
- NASW - National Association of Social Workers
- NBCC - National Board for Certified Counselors
- NCHEC - National Commission for Health Education Credentialing

Top Additional Professional Associations

- ACPA - American College Personnel Association
- APHA - American Public Health Association
- CNHEO - Coalition of National Health Education Organizations
- NASPA - Student Affairs Administrators in Higher Education
- SOPHE - Society of Public Health Educators

Website Search Criteria

Each organization's website was reviewed for the presence of racial justice and health equity-related resources on publicly accessible pages via using the search function or main menus. Results reflect website information collected during fall 2020. More information may have existed at the time of review but was not easily accessible for those who are unfamiliar with the organization. Criteria included:

- Ethics statements and policies around enforcement
- Published guidelines, recommendations, benchmarking, and toolkits
- White papers
- Research
- Position statements, press releases, and advocacy
- Policies
- Programming/Education
- Organizational structure/Representation within leadership
- Organizational units
- Coalitions/Committees
- Caucuses/Affinity group

Note, it was not enough that an organization had one of the above criteria present; it must have specifically included reference to racial justice and/or health equity. Key words searched: race, social justice, equity, racism, discrimination, diversity, inclusion

Overall Scorecard

	ACHA	AAFP	ACPA	AMA	ANA	AND	APA	APhA*	APHA	CNHEO	NASPA	NASW	NBCC	NCHEC	SOPHE
Ethics statements Policies for enforcement	X		X/X		X	X/X				X		X/X	X	X/X	X
Published guidelines, recommendations, benchmarking, toolkits	X	X	X	X	X	X	X		X		X	X			
White papers															
Position statements, press releases, and advocacy	X	X	X	X	X	X	X		X		X	X	X	X	X
Research				X	X	X	X		X		X				X
Policies	X	X	X	X			X		X		X				X
Programming/ Education	X	X	X	X	X	X	X		X		X	X			X
Org. structure/ Representation within leadership		X					X		X		X				
Org. units		X		X			X		X						
Coalitions/ Committees	X	X	X	X	X	X					X				X
Caucuses/ Affinity groups									X						

**APhA met none of the criteria; they had only one webinar, which did not meet the threshold for inclusion.*

ACHA (American College Health Association)

Ethics
- General Statement of Ethical Principles and Guidelines (2010) - Includes social justice, human dignity, and respect for all as ACHA core values

Education
- Closing the Gap: Strategies to Promote Health Equity and Racial Justice on Campus Virtual Summit (2020)
- Annual meeting presentations, but lower acceptance rate

Statements
- Cultural Competency Statement (2011)

Policies
- Non-Discrimination Policy (2019) and Anti-Bias/Anti-Violence Statement (2020)

Standards
- Inclusive Practice as a Standard of Practice of Health Promotion in Higher Education

Guidelines
- Supporting Vulnerable Campus Populations During the COVID-19 Pandemic

ACHA Values
- Includes social justice, human dignity, and respect for all

Coalitions/Committees
- Ethnic Diversity Coalition - Inactive
- HBCU Coalition

Research
- In development: "ACHA's Connected College Health Network (CCHN) is a multi-year project to advance educational achievement and health equity among young adults attending institutions of higher education throughout the United States through the creation of a college health national data project."

ACHA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	X
Caucuses/Affinity groups	

AAFP (American Academy of Family Physicians)

Center for Diversity and Health Equity

Health Equity Curricular Toolkit

- This toolkit provides a structured curricular tool to facilitate exploration of some of the most pressing questions around social determinants of health, vulnerable populations, and economics and policy. The toolkit also provides resources to promote skill-building to confront drivers of persistent and pervasive inequities.
- This toolkit is intended for clinical and public health learners and primary care faculty who would like an opportunity to further explore this area that often was not intentionally and adequately prioritized in past medical school and residency curricula.
- The Guidebook to the Health Equity Curricular Toolkit includes a description of the socio-ecologic framework; the modular design; facilitation strategies; a glossary of definitions and health equity resources; and a worksheet to promote real-time application of an equity lens. This is accompanied by 14 modules including an introductory prerequisite 2-part module. Three short videos were also developed to assist with use of the toolkit.

The Everyone Project Toolkit - Confronting Health Disparities

AAFP Policies on Health Equity Issues

- Includes policies on healthy equity, health and health care, education, neighborhood and environment, economic stability, social and community, and standards and practices.

Position papers and statements

- Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper)

Standards and Practices

- Institutional Racism
- Implicit Bias
- Discrimination in membership evaluation

AAFP Health Equity Fellowship

Topic collection - Social Determinants of Health, Health Equity, and Diversity

- Subcategories on addressing discrimination, social determinants of health, cultural competence, and other resources

Member discussion forum on minority issues, but no official affinity group or caucuses. Refers to external organizations.

AAFP Scorecard

Criteria	Present
Ethics statements and policies around enforcement	
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	X
Organizational units	X
Coalitions/Committees	X
Caucuses/Affinity groups	

ACPA (American College Personnel Association)

Equity and Inclusion Statement

- Bias Response Process
- Bias Incident Report Form

Bylaws

- Antidiscrimination Statement

Strategic Imperative for Racial Justice and Decolonization

- Collective Imagining Sessions
- Transparent history and processes

Black Lives Matter Blog

Education

- Leading with a Racial and Social Justice Lens Institute for Senior Level Campus Leaders™

ACPA/NASPA Professional Competencies Rubrics (first edition, second only available to members)

- Includes Social Justice and Inclusion as an area with two sub-competencies

Global Diversity & Inclusion Benchmarks - ACPA Edition for Higher and Tertiary Education Institutions

Active Coalitions

- (Dis)Ability
- Sexuality and Gender Identities
- Men & Masculinities
- Women's Identities

- Native, Aboriginal, and Indigenous including the Indigenous Student Affairs Network
- Multicultural Affairs including...
- Asian Pacific American Network (APAN)
- Latin@/x Network (LN) | Multiracial Network (MRN)
- Pan African Network (PAN)

ACPA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X/X
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	X
Caucuses/Affinity groups	

AMA (American Medical Association)

Delivering Care: Health Equity hub
- Links to a policy finder, JAMA article finder, CME finder

Press releases
- New AMA policy recognizes racism as a public health threat (11/20)

Article: How the AMA is reshaping its path toward racial equity

A lot of content on health equity and its connection to COVID-19

AMA Center for Health Equity

AMA Health Equity Work Group
- 2019 report
- Report features numerous concrete steps the organization has taken to embed health equity into its operations. For example, Sixty-six AMA employees attended a two-day training program provided by the Racial Equity Institute.

Physician Diversity program

Member group sections
- Minority Affairs

Ethics statements are specific to physicians practicing medicine, rather than as members of the AMA, therefore no specific requirements related to DEI, social justice, etc.

AMA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	X
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	
Organizational units	X
Coalitions/Committees	X
Caucuses/Affinity groups	

ANA (American Nurses Association)

Press releases

- The American Academy of Nursing and the American Nurses Association Call for Social Justice to Address Racism and Health Equity in Communities of Color - 8/4/20
- ANA's Membership Assembly Adopts Resolution on Racial Justice for Communities of Color - 6/20/20
- ANA President Condemns Racism, Brutality and Senseless Violence Against Black Communities - 6/1/20

Mentorship

- ANA Mentorship Program - Open to all ANA members, but does not specify if they will match based on race
- Minority Fellowship Program - "The MFP provides opportunities for minority nurses to attain a doctoral degree, with certification in mental health and substance abuse disorders prevention, treatment, and recovery across the life span."

Code of Ethics for Nurses

- "*Code of Ethics for Nurses* which calls on us to recognize human dignity regardless of race, culture, creed, sexual orientation, ethnicity, gender, age, experience, or any aspect of identity"
- Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities
- Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

ANA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X
Published Guidelines/Recommendations/Benchmarking/Toolkits	
White papers	
Research	
Position statements, press releases, and advocacy	X
Policies	
Programming/Education	
Organizational structure/Representation within leadership	X
Organizational units	
Coalitions/Committees	
Caucuses/Affinity groups	

AND (Academy of Nutrition and Dietetics)

Member Update: Diversity, Equity, Inclusion (7/23/20)

Diversity and Inclusion resources page

Member Interest Groups

- Asian Americans and Pacific Islanders (AAPI)
- Cultures of Gender and Age (COGA)
- Global MIG (GMIG)
- Indians in Nutrition and Dietetics (IND)
- Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)
- National Organization of Blacks in Dietetics and Nutrition (NOBIDAN)
- Religion MIG (RMIG)

Articles from the association magazine and journal

Awards and grants

Publications

Recorded sessions

Videos

Webinars

Foundation

- In the process of creating a Diversity and Inclusion Fellow

Nutrition and Health Equity Summit

Ethics

- Code of Ethics for the Nutrition and Dietetics Profession (2018) contains the standard "Social responsibility for local, regional, national, global nutrition and well-being (Justice)", with two sub-standards that mention health disparities and equitable treatment.
- They post information about ethics complaints and violations, along with reporting forms.

AND Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X/S
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	X
Policies	
Programming/Education	X
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	X
Caucuses/Affinity groups	

APA (American Psychological Association)

Guiding principles

- "Champion diversity and inclusion. Further the understanding and appreciation of differences and be inclusive in everything we do.
- Respect and promote human rights. Focus on human rights, fairness, and dignity for all segments of society."

Ethical Principles of Psychologists and Code of Conduct

- Note: According to ethics task force notes, they are currently considering adding social justice as a principle.

Race and Diversity policies and resolutions

- Affirmative Action and Equal Opportunity
- APA's Race and Ethnicity Guidelines
- APA resolution on racism and racial discrimination: A policy statement in support of the goals of the 2001 World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance
- Ethnic minority education
- Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality
- Racial and ethnic bias/profiling in law enforcement and security activities
- Resolution in support of ethnic minority training in psychology
- Resolution on attracting ethnic minority students to the study of psychology
- Resolution on culture and gender awareness in international psychology
- Resolution on enhancing diversity in APA

- Resolution on ethnic minority recruitment and retention
- Resolution on the use of multiple indicators for admissions to graduate programs in psychology
- Three-year trial of having four ethnic minority associations as observers to Council

Association Rules

- Many rules related to committee/board/task forces seeking diversity in member representation. Ex. Equal Opportunity Representation statement "The APA is enhanced by the full and effective involvement of its members regardless of race, color, sex, age, religion, national origin, disability (visible or nonvisible), or sexual/affectional orientation. The APA shall promote diversity on all boards, committees, task forces, and other governance bodies at all levels of responsibility."

Association Structure

- Office of Ethnic Minority Affairs
- Promoting Psychological Research and Training on Health Disparities
- Grant program to provide seed funds to IHE's committed to enhancing ethnic minority recruitment, retention, and training in psychology.
- Committee on Ethnic Minority Affairs
- Ethnic Minority Issues in Psychology Caucus
- Job bank service
- Note: While APA doesn't have a formal mentoring program for BIPOC members, it does refer to BIPOC psychological associations that do have these programs.

Best Practice

- APA Minority Fellowship Program
- Note: There is no clear path to this program from the APA homepage

Education

- CE opportunities focused on race, culture, and identity

APA Publishing - Race, Trauma, and Social Justice

- Open access articles, calls for papers, podcasts, book recommendations

APA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	X
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	X
Organizational units	X
Coalitions/Committees	
Caucuses/Affinity groups	

APhA (American Pharmacists Association)

APhA met none of the criteria; they had only one webinar, which did not meet the threshold for inclusion.

Mentor360 Program

- Open to all members, no info on matching criteria specific to aspects of identity

Education

- Single self-paced webinar "Community Champions: Social Determinants of Health and Pharmacy Practice"

No other results after keyword searches and review of website

APhA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	
Published Guidelines/Recommendations/Benchmarking/Toolkits	
White papers	
Position statements, press releases, and advocacy	
Research	
Policies	
Press releases	
Programming/Education	
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	
Caucuses/Affinity groups	

APHA (American Public Health Association)

- Mission: "Improve the health of the public and achieve equity in health status"
- Core Values: Health equity is one of the five core values of the organization
- Statements
  - Structural racism as a public health issue
  - Racism is an ongoing public health crisis that needs our attention now
  - APHA calls out police violence as a public health crisis
- Education
  - Online
    - Advancing Racial Equity Webinar Series (2020)
    - The Impact of Racism on the Health and Well-Being of the Nation Webinar Series (2015)
    - Health Equity Page - Includes fact sheets, briefs, reports, relevant articles from The Nation's Health (APHA publication)

        - Racism and Health Page
        - Listing of state and local declarations of racism as a public health issue
    - Published
        - APHA Book: Racism: Science & Tools for the Public Health Professional
        - Report: Creating the Healthiest Nation: Health & Housing Equity (PDF)
- Member caucuses
- Includes American Indian, Alaska Native, and Native Hawaiian caucus; Asian & Pacific Islander caucus for Public Health; Black Caucus of Health Workers; Latino Caucus

APHA Scorecard

Criteria	Present
Ethics statements and policies around enforcement	
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Research	X
Position statements, press releases, and advocacy	X
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	X
Organizational units	X
Coalitions/Committees	
Caucuses/Affinity groups	X

CNHEO (Coalition of National Health Education Organizations)

- Code of Ethics (2020)
- Heavy inclusion of social justice, equity, and anti-racist principles for health education specialists.

CNHEO Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X
Published Guidelines/Recommendations/Benchmarking/Toolkits	
White papers	
Research	
Position statements, press releases, and advocacy	
Policies	
Programming/Education	
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	
Caucuses/Affinity groups	

NASPA (Student Affairs Administrators in Higher Education)

Inclusion Resources

- Commitment to Equity, Inclusion, and Social Justice Statement
- Statement about Racial Violence
- Equity, justice, and civic engagement as elements of the NASPA Strategic Plan

Policies

- Non-Discrimination and Harassment Policy and Reporting Form
- Indigenous Peoples Protocol Practice Policy

NASPActs

- "NASPActs is a key initiative of the Equity, Inclusion, and Social Justice Division and provides member-driven opportunities for social action and civic engagement. NASPActs programs are created by representatives of the EISJ Division to engage members with a strong passion for activism, social justice, and advocacy."

Equity, Inclusion, and Social Justice Division

NASPA Professional Pathways Program

Racial Justice Day of Action

Education

- Spring 2021 Health Equity Series - Wellness and HP Knowledge Community
- Courses on demand: Ex. Examining the Connection Between Student Affairs Work and Racial Justice: Supporting Student Affairs; From Words to Action in the Midst of National Racism and Police Brutality; Equity, Inclusion, and Social Justice Starter Pack

Publications

- Books: Transformational Encounters: Shaping Diverse College and University Leaders; Latinx/a/os in Higher Education: Exploring Identity, Pathways, and Success
- Reports on specific student audiences: ex. College men of color

Research

- The Culturally Engaging Campus Environments Model and Survey

Org. structure

- Diverse organizational representation in knowledge communities and staff
- Dedicated staff position for Associate Director of Justice, Equity, and Inclusion

Membership

- Knowledge communities, but are not specifically affinity groups/caucuses: African American; Asian Pacific Islanders; Indigenous Peoples; Latinx/a/o; Transracial Adoptee and Multiracial; Undocumented Immigrants and Allies

NASPA Scorecard

Criteria	**Present**
Ethics statements and policies around enforcement	
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	X
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	X
Organizational units	
Coalitions/Committees	X
Caucuses/Affinity groups	

NASW (National Association of Social Workers)

Racial Equity at NASW

- Chapter activities for racial justice
- Trainings
  - Continuing ed focused on social justice, anti-racist allyship, diversity, deconstructing whiteness
- Briefs and reports
  - Focusing on correctional facilities, law enforcement, and the prison industrial complex
  - Institutional Racism & The Social Work Profession: A Call to Action (2007)
  - Achieving Racial Equity: Calling the Social Work Profession to Action (2014)
  - Standards and Indicators for Cultural Competence in Social Work Practice (2015)
- NASW Press
  - Numerous publications related to race and culture
- Immigration
- Police reform
- Critical conversations
  - Social Work Leadership Roundtable Town Hall on Racial Equity
  - America's Racial Crisis
  - NASW Town Hall - The Other Pandemic: Racial Injustice
  - Social Work Must Bend the Arc of Justice
- Advocacy
  - Letters NASW have signed on to regarding legislation
- News
  - An Important Message About Racism - addressing ethics violations of the NASW code of conduct encouraging
    - "Our Code requires that we try to address the concern in a respectful manner, when it's feasible and likely to be productive, and when it's not, that we take steps to report that conduct."
    - Offers free confidential ethical conversations

Code of Ethics

- Pursue social change with our efforts focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice;
- Promote sensitivity to and knowledge about oppression and cultural and ethnic diversity;
- Promote, advocate for and engage in political action to ensure equal access to the resources, employment, opportunities, and living conditions required to meet basic human needs and full development;
- Act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups;
- And finally, work to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class based on race, ethnicity, or national origin. This includes Black, LatinX, and indigenous people facing racism and police brutality.

NASW Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X/X
Published Guidelines/Recommendations/Benchmarking/Toolkits	X
White papers	
Position statements, press releases, and advocacy	X
Research	
Policies	
Programming/Education	X
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	
Caucuses/Affinity groups	

NBCC (National Board for Certified Counselors)

Statements

- Activating Change, Confronting Systemic Racism (2020)

Code of Ethics

- Counselors must demonstrate multicultural competence and not engage in discrimination

NBCC Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X
Published Guidelines/Recommendations/Benchmarking/Toolkits	
White papers	
Position statements, press releases, and advocacy	X
Research	
Policies	
Programming/Education	
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	
Caucuses/Affinity groups	

NCHEC (National Commission for Health Education Credentialing)

Statement of Equity and Injustice

Disciplinary policy for violating the Health Education Code of Ethics

NCHEC Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X/X
Published Guidelines/Recommendations/Benchmarking/Toolkits	
White papers	
Position statements, press releases, and advocacy	X
Research	
Policies	
Programming/Education	
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	
Caucuses/Affinity groups	

SOPHE (Society of Public Health Educators)

Ethics
- Use the CNHEO Code of Ethics for Health Education Specialists

Statements
- Ending racism that holds America back! (6.1.20)

Policies
- Resolution for Achieving Health Equity (Adopted by the Board of Trustees 9.14.16)

Resources and Research
- Social Determinants of Health & Health Education: An Annotated Biography
- Past call for proposals - Scholars of Color in Health Education & Behavior
- Current call for papers - Teaching About Race, Racism, Anti- Racism and Social Justice in Health Promotion and Public Health as part of the Pedagogy in Health Promotion: The Scholarship of Teaching and Learning journal.

Education
- Several webinars on health equity

Communities of Practice
- Health Disparities/Health Equities

SOPHE Scorecard

Criteria	Present
Ethics statements and policies around enforcement	X
Published Guidelines/Recommendations/Benchmarking/Toolkits	
White papers	
Position statements, press releases, and advocacy	X
Research	X
Policies	X
Programming/Education	X
Organizational structure/Representation within leadership	
Organizational units	
Coalitions/Committees	X
Caucuses/Affinity groups	

AMERICAN
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