



Commentary

Advancing Diversity, Equity, and Inclusion in Professional Organizations: Lessons From the Society for Adolescent Health and Medicine

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The Institute of Medicine's seminal publication in 2002, *Unequal Treatment*, underscored the importance of increasing the proportion of health professionals from underrepresented backgrounds to address health inequities experienced by members of historically marginalized groups [1]. Professional medical organizations have been charged with promoting diversity, equity, and inclusion (DEI) in their memberships and providing leadership in addressing health inequities in clinical practice [2]. However, there is no consensus on how professional organizations can advance DEI efforts [3,4]. A DEI organizational initiative is especially important as we transform our work in an era fraught with resistance to antiracism work [5]. This commentary details efforts undertaken by the Society for Adolescent Health and Medicine (SAHM) to respond to this call to action, current efforts to codify DEI values into organization's operations, and lessons learned applicable to other organizations.

History of SAHM DEI efforts

Over time, the organization has diversified significantly, including changing the name from the Society of Adolescent Medicine to the Society for Adolescent Health and Medicine, to be inclusive of multiple disciplines. SAHM has since witnessed the organic development of affinity groups and events reflecting the diverse backgrounds and expertise of its membership along the lines of race/ethnicity, sexual identity, geographic practice locations, and areas of interest. In 2009, the Multicultural/Multiethnic Special Interest Group petitioned the board of

directors (BODs) to create a Diversity Task Force (DTF). The DTF addressed racial/ethnic diversity and recommended the following areas of organizational focus: research, advocacy, workforce, teaching, and society activities.

In January 2010, the BOD accepted the DTF recommendations and created a standing Diversity Committee to succeed the DTF. The Diversity Committee initially focused on racial/ethnic diversity in concordance with SAHM's Strategic Plan:

1. Collect race/ethnicity data from the membership
2. Create a society position paper on health equity
3. Increase DEI offerings in the annual meeting

The Diversity Committee accomplished these initial goals. In 2013, SAHM initiated collection of diversity data from the membership and SAHM's first position addressing health equity was published [6], and DEI offerings have increased significantly. The Diversity Committee continues to advance DEI in SAHM. SAHM takes an expansive view of diversity: inclusion of international and LGBTQ membership and perspectives are addressed in society membership, leadership, and educational offerings.

Current DEI actions

In March of 2021, the BOD created an Ad Hoc Committee on DEI (AHC) to provide recommendations for how SAHM could further incorporate DEI into its operations. A logic model was developed to be implemented in phases, beginning with the Nominations Committee (NC), which creates the slate of leadership candidates (Table 1).

The AHC reviewed NC documents and conducted a survey of recent NC members regarding their assessment of the current

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Table 1
DEI logic model

Goal: To create a sustainable process and policies to ensure diversity and inclusive excellence in SAHM operations			
Assumptions:	Inputs:	Activities: committee will focus on these aspects of SAHM to address opportunities for more inclusion:	Target population: SAHM membership in the following categories of diversity:
SAHM has a rich, diverse membership that, if harnessed well, can enhance the ability of the society to fulfill its mission	Ad Hoc Committee Kellen Management Group SAHM Executive Committee SAHM Board of Directors SAHM Committee chairs and members SAHM Special Interest Groups SAHM Regional Chapters JAH SAHM members AYA populations globally	<ol style="list-style-type: none"> 1 Membership <ol style="list-style-type: none"> a. Age b. Career stage c. Years in practice d. Race/ethnicity/gender/other e. Practice setting f. Part time/full time g. Academic rank/professional title h. Degrees/credentials i. Years of society membership/service j. Member status 2 Leadership <ol style="list-style-type: none"> a. President/officers and members b. Nomination and selection process c. Committees, SIGS, task forces d. Residents and fellows 3 Conference Presentations <ol style="list-style-type: none"> a. Plenary, Gallagher, invited speakers b. Symposia, workshops, other lectures c. Platform/poster presentations 4 Awards <ol style="list-style-type: none"> a. Recognition award recipients b. Scientific award recipients c. Grant/scholarship/other awards 5 Training <ol style="list-style-type: none"> a. Fellowship training directors, mentors, participants b. Leadership training c. Other mentorship activities 6 Journal <ol style="list-style-type: none"> a. Editorial board members b. First/senior/contributing author of original research articles/invited reviews/perspectives/consensus papers/guidelines/other articles c. Types of submissions d. Journal mission 	<ul style="list-style-type: none"> • Demographic: age, gender, sexual orientation, race, ethnicity, etc. • Experiential: abilities, cultural, nationality, focus area in AYA health, language, etc. • Cognitive: occupation, educational degree, etc. <p>Outputs:</p> <p>Select Ad Hoc Committee members</p> <p>Conduct key informant interviews with leadership and other stakeholders</p> <p>Review relevant policies and procedures</p> <p>Review metrics to measure diversity and inclusion</p> <p>Conduct an engagement/climate survey</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Analyze the outputs and create a report on opportunities for SAHM to advance inclusion and diversity • Collaborate with SAHM leadership on incorporation, implementation, and evaluation of committee recommendations as part of strategic plan • Submit a publication on this process and our outcomes

AYA = adolescents and young adults; DEI = diversity, equity, and inclusion; JAH = Journal of Adolescent Health; SAHM = Society for Adolescent Health and Medicine; SIGS = Special Interest Groups.

leadership nomination process. In addition, the AHC conducted a listening session with NC members to contextualize survey findings, followed by a strengths, opportunities, aspirations, and results analysis of the quantitative and qualitative data [7]. Recommendations were presented to the BOD for feedback, which informed the development of a final report. The AHC provided five key recommendations that are relevant to the NC, as well as other parts of the organization.

Recommendation 1: Define diversity dimensions

Prioritize diversity dimensions, establish metrics and monitor progress.

Recommendation 2: Develop a guiding process for candidate selection by the NC

The NC currently uses informal processes to identify candidates for leadership positions. Formalizing the NC processes will expand opportunities for diverse members.

Recommendation 3: Create diversity-oriented leadership development programs

Develop, implement, and evaluate pathways for members from diverse backgrounds to assume leadership positions. Use the programs to foster career enhancement using adaptive leadership and justice-focused content to promote diversity [8].

Recommendation 4: Communicate plan for DEI

Develop, implement, and evaluate a communication strategy and plan to disseminate information, including benefits of serving in leadership, progress on DEI metrics, clear descriptions of leadership roles, and recruitment/retention plans for leadership.

Recommendation 5: Evaluate outcomes

A key component of an effective DEI strategy is an evaluation plan (Figure 1). Measuring and reporting on outcomes and



Figure 1. DEI evaluation plan. DEI, diversity, equity, and inclusion.

adjusting to meet desired goals are essential for organizational accountability and continuous quality improvement.

Our ad hoc committee affirmed the value of an action research (or inquiry) approach, which has been found to be especially useful in organizational change and problem solving [9]. We sought shared understanding of the nature of the problem: advancing DEI in our professional association; used a rapid data collection process to inform our recommendations; and developed multifactor recommendations to support ongoing DEI in our organization.

Lessons learned

We go farther together

SAHM's diverse membership presents an opportunity to shape its future as a professional organization. Each professional organization should identify the strengths of its membership and leverage those strengths to catalyze DEI efforts.

Persistence pays off

It has taken decades for SAHM to achieve the organizational capacity to complete current DEI efforts. The organization will need to continue to implement DEI plans to make continued progress. Professional organizations can make incremental progress that ultimately leads to significant advances in DEI.

Going outside of the organizational "comfort zone" is necessary for change

DEI advancement requires change. Continuing to work across differences and toward inclusion will help overcome inevitable challenges.

Value everyone's input and hold yourselves accountable

SAHM's membership is extremely diverse, which has supported our work on DEI issues. When progress stalled or faced opposition, commitment to DEI programs expressed through session evaluations, in annual meetings, in committee work, and in other parts of the organization, fostered progress and internal accountability. Having clear DEI goals has kept the organization focused on areas for improvement.

Summary

SAHM's decades of experience working toward DEI goals demonstrates that health professional organizations can remove internal structural barriers, expand inclusivity, and leverage diversity to fulfill their missions. Health professional organizations must continue to examine how DEI influences our work and focus on creating sustainable models of inclusive excellence.

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