# The Office of Belonging, Equity, Diversity, and Inclusion in The Warren Alpert Medical School: Aligning Goals, Programming, and Outcomes for Health Equity

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**ABSTRACT**

Although United States (US) medical institutions discuss the importance of diversity, equity, and inclusion, there is little guidance about the process by which these concepts can be attained programmatically within institutions. The Office of Belonging, Equity, Diversity, and Inclusion (OBEDI) at The Warren Alpert Medical School of Brown University intends to rise to the challenge and share knowledge and experience with other institutions. Program design models, and the alignment of inputs, outputs, and outcomes for the short-term and long-term are illustrated. OBEDI's unique model of how each of these concepts contribute towards health equity, from the individual to the community, is also explained. Finally, OBEDI shares promising practices and future directions.

**KEYWORDS:** health equity, diversity, inclusion, belonging

## INTRODUCTION

In recent years, national institutions such as the Association of American Medical Colleges (AAMC),[1] the American Medical Association (AMA),[2] and the Centers for Disease Control and Prevention (CDC)[3] have highlighted the importance of advancing diversity, equity, and inclusion (DEI) in relation to achieving health equity. While these terms are defined differently by each of the aforementioned institutions, all three have unequivocally argued that programming for DEI is necessary at every level of the medical profession in order to administer patient care with a health equity lens. After all, healthcare professionals are routinely confronted with the effects of health inequities, from differences in maternal health outcomes,[4] life expectancy,[5] and access to healthcare.[6]

While much professional guidance has been provided for both defining DEI terms and suggesting health equity outcomes, little guidance has been provided on what we call "process alignment", namely, connecting DEI goals with programs and resources (inputs), and ultimately with health equity outcomes. For example, in medical schools, DEI professionals are categorically tasked with programming for a wide range of audiences including Undergraduate Medical Education (UME), Graduate Medical Education (GME), and Continuing Medical Education (CME). This task is not as straightforward as it seems. For example, DEI professionals must often support and retain learners who are underrepresented in medicine (UIM) from an institutional perspective while simultaneously engaging K–12 and undergraduate students through "pathway" programs, all towards a goal of diversifying the workforce.[7] In addition, more critical scholar-activists in medicine have rightly called for DEI professionals to think about and plan for what DEI knowledge, skills, and experiences all individual learners, underrepresented or not, must obtain across the professional spectrum, in support of health equity.[8] This requires that the "teachers be taught" and special attention paid to providing supplemental education to those faculty members and supervisors who themselves do not have a strong understanding of DEI.

These diverse audiences create the need for heterogeneous programming at different levels within the institution. Furthermore, there is the wide-ranging challenge of advancing health equity more generally, in our local hospitals, professional organizations, and broader healthcare ecosystem. As such, an institution's process alignment is indispensable to thinking through how our internal outcomes can advance broader changes in the healthcare community – from increased diversification of the healthcare workforce to improvements in real-world health equity outcomes. The Office of Belonging, Equity, Diversity, and Inclusion (OBEDI) at The Warren Alpert Medical School of Brown University intends to rise to this challenge and share our knowledge and experience with other institutions. Collectively, this paper aims to:

1. Share how our definition of diversity, equity, inclusion, and belonging shapes program design and illustrate how this aligns with OBEDI programs (inputs) and its desired outcomes.
2. Discuss promising practices for other institutions working on DEI process alignment and the OBEDI's future directions.

## THE VALUES THAT FRAME OBEDI WORK

OBEDI has four main centers that implement various aspects of programming. The Center for Community Engagement and Pathway Programming (CCEPP) focuses on local and

regional outreach, often engaging with health centers, learners, and families in order to promote a diverse workforce and support successful community partners in the pursuit of health equity. The Center for Belonging (CB) works with student affinity groups and UME leaders to create community and foster a culture of belonging within the medical school. The Center for Workforce Recruitment and Retention (WRR) works with GME, faculty and clinical departments to attract and retain physicians who are historically marginalized and minoritized. Finally, the Center for Curricular Innovation and Student Achievement supports senior administration and faculty in the design and implementation of programs and curricula that promote social justice and equitable instruction for all learners. The Senior Associate Dean for DEI and the Directors of OBEDI centers often collaborate with external partners at the University, in the Medical School, across the clinical enterprise and within the Rhode Island community to achieve these goals.

The OBEDI fills in gaps of support for historically marginalized and minoritized learners, faculty, and staff, while also providing resources for all members of the community, no matter where they are on their journey towards DEI and health equity. OBEDI believes that programming for all members, regardless of positionality, is important to attain its goals of fostering diversity, equity, inclusion, and belonging within and beyond the institution.

## Diversity

The AMA and AAMC[9] define valuing diversity as "recognizing differences between people, acknowledging that these differences are a valued asset, and striving for diverse representation as a critical step towards equity." Though diversity in academic medicine can be narrowly defined as the mere presence of people from underrepresented populations, we expand this definition to include the acceptance of the knowledge and perspectives that come with representation. Practically, this means that we aim to recognize that each student has a unique perspective that could contribute towards a better understanding to the complex problems within healthcare.

Key initiatives supporting workforce diversity are Month of Medicine, The Brown Minority Housestaff Association (BMHA), the Brown Diversity Visiting Scholarship, Black Men in White Coats, and the Tougaloo Early Identification Program. Additionally, the Diversity in Curriculum program focuses on incorporating distinct perspectives throughout the curriculum, for all learners. We use faculty coaching and professional development to deliver education meant to prepare students to care for increasingly diverse patients. The program model for diversity is illustrated in **Figure 1**.

## Inclusion

We define inclusion as the policies and structures that shape the culture and behaviors within a space or institution. The AMA and AAMC[9] similarly define inclusion as

> "How our defining identities are accepted in the circles that we navigate. [It] is the process of creating a working culture and environment that recognizes, appreciates, and effectively utilizes the talents, skills, and perspectives of every employee; uses employee skills to achieve the agency's objectives and mission; connects each employee to the organization; and encourages collaboration, flexibility, and fairness. In total, inclusion is a set of behaviors (culture) that encourages employees to feel valued for their unique qualities."

Because different stakeholders, such as learners, faculty, and administrators have different perspectives, OBEDI

**Figure 1.** Program Design for Diversity

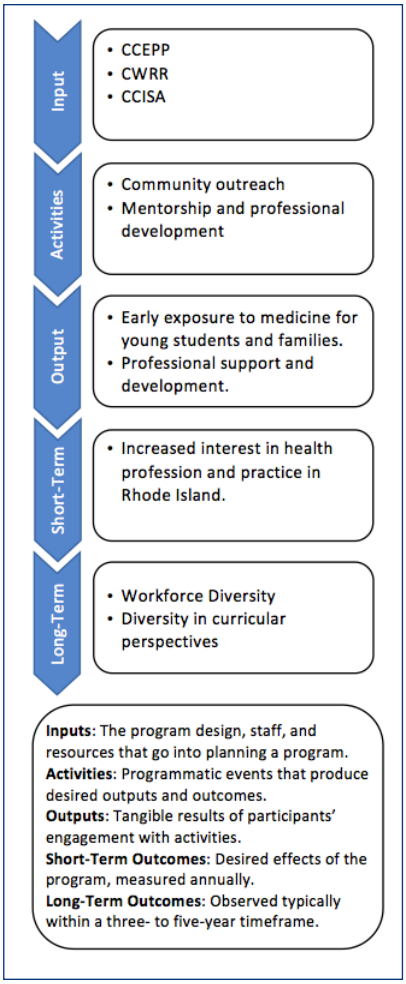
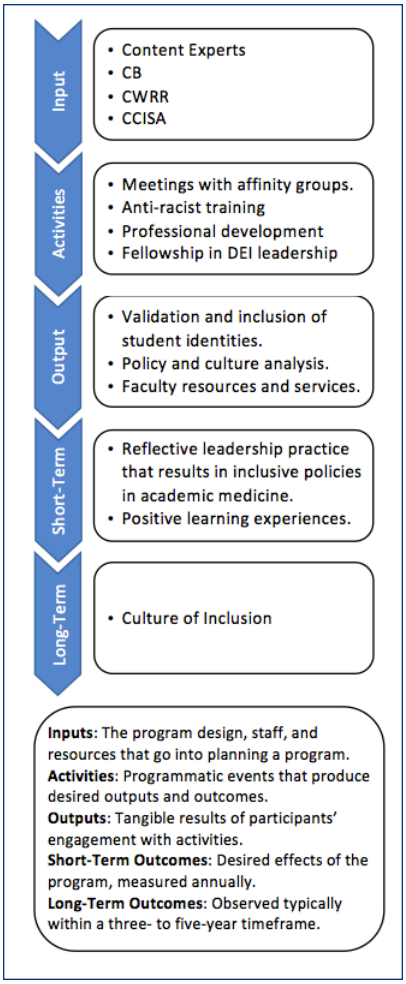



**Figure 2.** Program Design for Inclusion



assumes that everyone has agency in creating inclusive spaces. However, in recognizing that stakeholders in positions of power have more influence in shaping these spaces, programming intentionally includes the highest-ranking members of the medical school – the Dean's Leadership Council – in anti-racism training in order to promote inclusive decision-making, especially for policy design that leads to better learning outcomes.[10] Interested faculty, another stakeholder in a position of power, are also coached in developing inclusive learning spaces through curricular services and faculty development. Finally, in celebration of learner identities, OBEDI guides and advocates for student affinity groups and also supports a yearlong fellowship for students interested in becoming leaders in DEI, in order to center and amplify student voices and perspectives. OBEDI also provides faculty coaching for inclusive teaching and mentorship. The programmatic model for inclusion is illustrated in **Figure 2**.

Successful diversity and inclusion programming relies on a strong understanding of equity – or the recognition that those who are historically minoritized in medicine have had more barriers to the profession. As such, OBEDI aims to ensure that these differentially positioned populations have equitable access to opportunities. The AMA and AAMC[9] make an important distinction between equality and equity:

> "Equality as a process means providing the same amounts and types of resources across populations. Seeking to treat everyone the "same", this ignores the historical legacy of disinvestment and deprivation through policy of historically marginalized and minoritized communities as well as contemporary forms of discrimination that limit opportunities."

Practically, this means that support is provided to those who are historically minoritized in medicine to redress barriers to opportunities. Key programmatic examples for equity include medical school membership in the Leadership Alliance, Mentoring and Educating Diverse Students and Trainees to Excel as Physicians (MEDSTEP), Together Everyone Achieves More (TEAM), and the Let's Get Out Series, all of which contribute towards social and navigational capital.[11] The programmatic model for equity is illustrated in **Figure 3**.

Belonging is a sense of connectedness to a group or a community that an individual experiences when they view themselves as a respected member of the group and they know their contributions are valued. Sense of belonging impacts academic achievement, choice of profession, self-efficacy, workforce retention, and productivity.[12,13] Individuals who are historically UIM are at a disadvantage when it comes to developing a sense of belonging. Practically speaking this means the OBEDI actively seeks out opportunities to reinforce belonging for learners and faculty with programs like Brother-2-Brother and The Justice, Equity, Diversity, and Inclusion Faculty Association. The OBEDI also collaborates with our clinical partners to quantify and eliminate barriers to belonging such as microaggressions and discrimination, through reporting systems, education, and policy recommendations. The programmatic model for belonging is illustrated in **Figure 4**.

Though OBEDI is conscious and intentional about programming, we recognize that the potential and lived impacts of the work are not easily categorized within the individual, the institution, and/or the community. Instead, we believe that if the "work" is done correctly, in its full complexity, the impacts would span across all three major stakeholders, in multiple directions. In OBEDI's Frame of Work (**Figure 5**), an investment in the "individual", would then have significant impacts on the institution and the community. For

**Figure 3.** Program Design for Equity


**Figure 4.** Program Design for Belonging

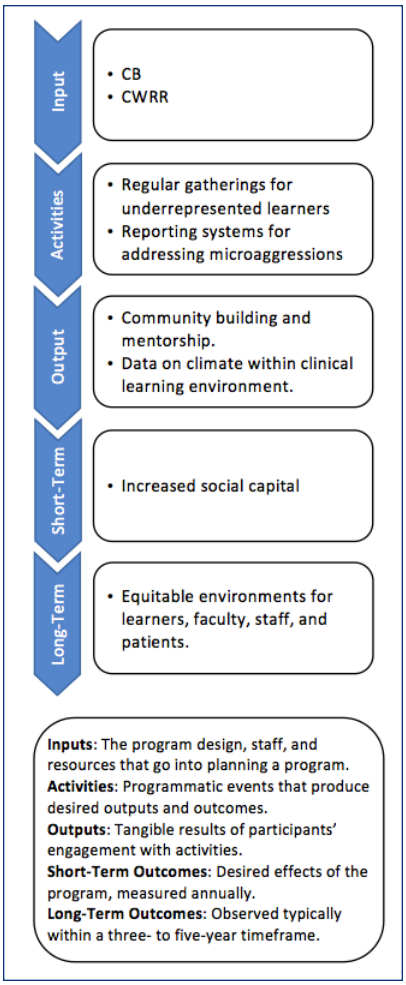
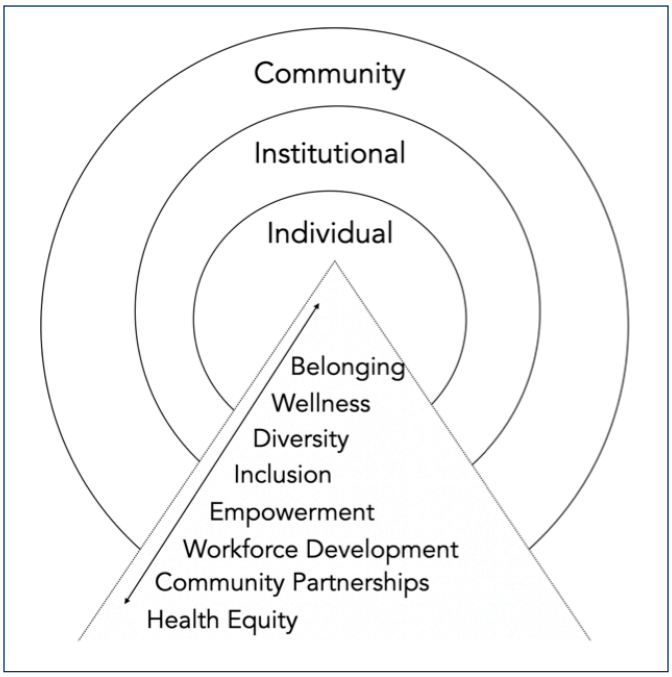


**Figure 5.** OBEDI Frame of Work




example, OBEDI programming anticipates that fostering true "belonging" for an underrepresented medical student would contribute towards a more welcoming environment institutionally, which would both increase retention for staying within the profession and supporting the community and create an environment that is more welcoming to patients and staff from minoritized backgrounds.

This model can also be applied from the community perspective towards the individual. A good understanding of the population that makes up a community (and the unique experiences within), is essential in shaping institutional decision-making for programming. For example, frequent engagement with local schools and community health centers informs OBEDI about necessary partnerships in pursuit of health equity. This not only shapes what learners are taught and how they practice care to influence health outcomes at the population level, but it also fosters care and belonging for each member of the Rhode Island community. Additionally, it facilitates belonging for minoritized students and faculty by connecting their work and education to positive outcomes for community members who come from similarly minoritized backgrounds.

The investment of institutions in this model is essential as it often provides the capital and resources to be able to reach both internal and external stakeholders and communities. For example, The Warren Alpert Medical School, through OBEDI, is able to connect with and provide information about healthcare professions education to youth and parents.[14] This is significant because the self-efficacy and empowerment in pursuit of a health degree increases when young learners meet successful healthcare professionals who have similar, intersectional positionalities.[15]

As the pursuit of health equity is complex and involves societal solutions beyond the field of medicine,[16] institutions play an extensive role in not only creating a vision internally, but consistently seek opportunities to serve its stakeholders through various programming efforts. By leading and being "led", the impact of the institution is bi-directional, bridging both the individual within the medical profession and the community it serves.

## FUTURE DIRECTIONS

OBEDI recommends that institutions committed to diversity, equity, inclusion, and belonging carry out a similar design-process-outcome alignment in order to have a clearer sense of desired outcomes and needed infrastructure for successful programming. This leads to a better sense of desired short-term and long-term measures, which are often elusive in health equity work and also allows the team to reflect upon the process by which these measures are achieved. The goal of DEI work should be cultural transformation and must be viewed as mission critical and foundational to the strategic vision of any academic medical center. DEI should be infused in research, clinical care, and education if goals of belonging (individual) and health equity (population) are ever to be reached. As programming is developed and executed, its impact on the tripartite mission and its ability to advance belonging and health equity should be continually evaluated. Finally, this alignment also provides an opportunity for the institution to reflect upon what programming might be needed for the future, for new and ever-evolving audiences.

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