



AMERICAN ACADEMY OF  
HOSPICE AND PALLIATIVE MEDICINE

## **Diversity, Equity & Inclusion Strategic Plan**

2019-2022

**Approved by the AAHPM Board of Directors March 13, 2019**

## Letter to Members and Stakeholders

Dear Colleagues:

We are pleased to present AAHPM's revised Diversity, Equity & Inclusion (D, E &I) Strategic Plan. Building on the first plan, AAHPM seeks to advance its diversity and inclusion commitment and address key opportunities and challenges that face our community and field.

In 2013, AAHPM formed a Diversity Advisory Group to create a strategic plan to guide efforts to increase the Academy's commitment to diversity and inclusion both within the organization and in the broader field of hospice and palliative medicine. The Advisory Group became a committee in 2015 to solidify the implementation of the plan when the initial plan was adopted by the Academy's Board of Directors.

The development of this new multi-year plan began with member engagement via an online survey in 2017. We heard from over 200 respondents that education sessions at the 2018 Annual Assembly and tangible initiatives (e.g., creation of SIGs, invitation to take the survey, articles, etc.) were some of the efforts that were most visible and valued. We also heard your request for more education and resources regarding how to approach diversity-related conversations with curiosity and with specific audiences and topics in mind (e.g., rural areas, politics and patient care, multicultural patient populations, spirituality and faith, etc.).

We are continuing our collaboration with the American Society for Association Executives (ASAE) Office of Diversity and Inclusion to help us navigate the process of developing a strategy for the future. The plan itself will serve as our roadmap as we navigate transformations in our workplaces, communities and the field of hospice and palliative care.

We invite you to join us in the implementation of this plan through volunteering on committees, forums or SIGs, attending educational sessions, completing surveys or sharing insights with Board, staff and committee members through [info@aahpm.org](mailto:info@aahpm.org).

Thank you for your support of AAHPM and helping our profession reach its highest potential in diversity, equity and inclusion.

Sincerely,

Members of the Diversity and Inclusion Committee

- Kimberly Johnson, MD MHS, Co-Chair
- Sean O'Mahony, MD MS, Co-Chair
- Kimberly Acquaviva, PhD MSW
- Kimberly Battle-Miller, MD MBA MS
- Helen Chen, MD
- Ronit Elk, PhD
- Rangaraj Gopalraj, MBBS PhD
- Heather Harris, MD

- Perla Macip, MD
- Amanda Hinrichs, DO
- Vyeyanthi Periyakoil, MD
- Alvin Reaves, MD
- Mayraa Sanchez, MD
- Rashmi Sharma, MD MHS
- Cardinale Smith, MD MS MSc MSCR
- Ruth Thomson, MD MBA HMDC FAAHPM
- Shellie Williams, MD

## **AAHPM's Four Commitments to Diversity, Equity & Inclusion**

1. AAHPM creates a welcoming environment in which all members see themselves reflected in the work of the organization and all individuals and communities can join together to support one another.
2. AAHPM is committed to building a community and field that is diverse across many dimensions, including but not limited to age, gender, gender identity, ability, education, ethnicity, nationality, political opinion, professional experience, race, religion, sexual orientation, and socioeconomic status.
3. AAHPM creates spaces for difficult conversations, hearing all voices and providing leadership where it is needed in our governance, membership, operations, and programs, resulting in the delivery of culturally effective, respectful and high quality care to all.
4. AAHPM is committed to supporting and sustaining an environment that facilitates and maintains open dialogue, learning, leadership, and growth for all of our members.

## **Terminology**

### **Diversity**

Diversity refers to the composition of a group of people from any number of demographic backgrounds, identities, and the collective strength of their experiences, beliefs, values, skills, and perspectives.

### **Inclusion**

Inclusion is the act of establishing philosophies, policies, practices, and procedures to ensure equal access to opportunities and resources to support individuals in contributing to the organization's success.

### **Equitable Environment**

An equitable environment challenges intentional and unintentional forms of bias, harassment and discrimination and promotes alternative actions. As an environment can be welcoming and inequitable, attention will be paid to recognizing and eliminating barriers to full participation at individual and systemic levels.

### **Cultural Competence**

Cultural competence refers to skills that facilitate positive effects on patient care delivery that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs and preferences of diverse patient populations and their families.

### **Cultural Humility**

Cultural humility is the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]. Cultural humility is different from other culturally-based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness.

## **AAHPM Diversity, Equity and Inclusion Strategic Plan 2019-2022**

### **Overview**

The multi-year plan below, supports evidence-based practices and core themes in diversity and inclusion, as described by members and thought leaders in the field. The plan will focus on the following areas:

- **Leadership and Engagement:** Create opportunities for expanding the conversation regarding diversity, equity and inclusion within AAHPM and amongst its board, committees and member communities.
- **Knowledge and Performance Improvement:** Equip hospice and palliative care professionals with knowledge and skills to deliver high quality and culturally competent care to increasingly diverse patient populations.
- **Workforce Strategies:** Create a workforce that reflects the diverse patients we serve.
- **Research:** Support the conduct and dissemination of research to improve the care of diverse patient populations.

### **Goals & Objectives**

#### **Goal A: Leadership and Engagement**

Create opportunities for expanding the conversation regarding diversity, equity and inclusion within AAHPM and amongst its board, committees and member communities.

##### **Objectives:**

1. Recruit and engage a membership and leadership that reflects the changing demographics of patients and their families in our global society.
2. Increase the visibility of D&I leadership work of members, their employers, collaborators and tangible benefits of this work to the membership and field.
3. Develop processes for preparing and disseminating D&I position statements.
4. Collaborate on D&I initiatives with external organizations.

#### **Goal B: Knowledge and Performance Improvement**

Equip hospice and palliative care professionals with knowledge and skills to deliver high quality and culturally competent care to increasingly diverse patient populations.

##### **Objectives:**

1. Identify and disseminate strategies, resources and tools for members to use in providing culturally competent care to diverse patients and families.

2. Provide opportunities for clinicians to receive education and training in evidence-based interventions that improve care for diverse and underserved populations.

### **Goal C: Workforce Strategies**

Create a workforce that reflects the diverse patient populations we serve.

#### **Objectives:**

1. Disseminate tools and best practices to increase the diversity of the hospice palliative medicine fellowship applicant pipeline and recruit diverse trainees.
2. Facilitate opportunities for mentorship and networking among clinicians, educators, and researchers from underrepresented groups.

### **Goal D: Research**

Support the conduct and dissemination of research to improve the care of diverse patient populations.

#### **Objectives:**

1. Identify and disseminate research on best practices for improving outcomes in underserved populations.
2. Disseminate opportunities for external funding and participation in ongoing research to improve the care of underserved groups.
3. Facilitate opportunities for mentorship, collaboration, and skill development among investigators interested in improving care for diverse groups.