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Innovations from the Field

Incorporating an Equity Agenda into Health Professions Education and Training to Build a More Representative Workforce

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Efforts to achieve health equity goals in the United States require the recruitment, retention, and graduation of an increasingly diverse student body of aspiring health professionals. Improving access to health care providers who are culturally congruent with the populations served is a related ethical priority that has the potential to improve the health inequities faced by communities of color and others in the United States. Midwifery education program administrators and faculty have responded to this need by acknowledging that creation of a more representative midwifery workforce starts with midwifery education. The *Equity Agenda Guideline*, related conceptual model, and website resources were developed for the purpose of supporting health professions educators and institutions who recognize a need for change and are seeking answers about how to train and graduate more health care providers from communities that are currently underrepresented. Using a systems approach to outline the transformative multilevel changes required, these resources offer a roadmap for how to address the underlying problems of racism and other differentisms that have limited the growth and diversification of the health and helping professions. This article addresses how health education programs interested in making an impact on this complex and persistent problem can adopt or adapt the *Equity Agenda Guideline*, originally developed for midwifery education programs in the United States.
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INTRODUCTION

Poorer health outcomes disproportionately affect communities and people of color in the United States, including during childbearing. Greater health care workforce diversity is an essential component of the changes needed to address racial and ethnic health inequities.[1] Demographic and cultural incongruence between health care personnel and the clientele they serve, however, has been documented in many health care professions, including nursing, medicine, dentistry, and mental health.[2,3] A lack of diversity also exists in the US midwifery profession. The American College of Nurse-Midwives reported in 2015 that the midwifery workforce is homogeneous in terms of gender, race, and ethnicity.[4] The midwifery profession, which includes certified nurse-midwives (CNMs)/certified midwives (CMs), and certified professional midwives (CPMs), is not representative of the diversity among childbearing persons in the United States.[5]

Culturally sensitive and racially congruent midwifery is proposed as a solution for improving maternal and infant health outcomes worldwide.[6] However, there are currently too few aspiring midwives of color entering midwifery education programs in the United States[7] to significantly affect the diverse composition of the profession as a whole. For students who do start their training, retention rates are negatively affected by systemic racism and other related issues encountered in the classroom and clinical settings.[8,9] Midwives of color who have completed their training report experiencing microaggressions, biases, prejudice, discrimination, hostility, overt racism, and/or social exclusion during their midwifery education and/or preceptorships.[9,10] The purpose of this article is to describe the 1) *Equity Agenda Guideline*, 2) related conceptual model, and 3) Equity in Midwifery Education web-based resource[11] that were designed to assist midwifery and health professions educators and administrators to alter their learning environments.

Qualitative research findings indicate that midwifery learning environments require reform so that underrepresented students can feel safe, recognized, and valued. For example, participants in this body of research have recommended that changes be woven throughout the curriculum and institution, not addressed solely in a single course on racism or health disparities.[9] Nursing scholars have also concluded that gaps in current curricula cannot be overcome by simply incorporating a stand-alone module about social inclusion.[12] Because midwifery education programs are embedded in the dominant culture of the United States, they have been shaped by institutionalized racism and implicit bias, both of which are pervasive and often invisible to participants

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Quick Points

- Midwifery educational institutions that acknowledge the inequities and racism that impact underrepresented students and faculty can initiate mitigating actions by following a roadmap.
- The *Equity Agenda Guideline*, accompanying conceptual model, and website resource can be used by midwifery educational programs and clinical settings to identify strategic priorities as they seek to create more welcoming and affirming climates that impact morale and retention, especially among underrepresented students and faculty.
- To graduate more midwives and support a diverse workforce, transformative change regarding equity and social justice is needed at every level of midwifery education.
- Sustained commitment, capacity building, and a recognition of the role of individuals in perpetuating or positively disrupting the status quo will be necessary to bring about the transformative change toward equity the profession aims to achieve.

in these institutions.[13] Recognizing these trends, Adams and Bell outlined the value of focusing on social justice, including at the level of pedagogy, to transform curricula to better support the learning of all students.[14] Because curriculum change alone is not likely to transform the climate of health professions educational institutions, the tools discussed in this article were developed for educators and administrators who recognize that a systems approach is necessary.[15] An overarching picture of the areas in which health professions education programs and/or clinical settings can focus to improve their climates is introduced by a glossary of terms (Table 1)[16,17] that informed the development of the *Equity Agenda Guideline* (Table 2) and accompanying conceptual model (Figure 1). Using a systems approach to outline the transformative changes needed at every level of health professional education and training, the *Equity Agenda Guideline* offers institutions a roadmap for how to begin and continue addressing the underlying problems of racism and other differentisms[8] that have impeded the growth and diversification of the health professions. The content areas are presented in an accessible outline format to help change teams distill their efforts into manageable areas upon which to focus. Each institution will need to develop a unique plan that fits their particular strengths, challenges, resources, and culture.

The primary author began the work of creating the *Equity Agenda Guideline* and the Equity in Midwifery Education website as part of a master's degree in Maternal Child Health Systems. A desire to develop a path forward was inspired by the recall of traumas reported by aspiring midwifery students of color and the recognition that the call to diversify the health care professions was not being realized. A lack of clarity regarding how to increase the recruitment and retention of underrepresented students was identified,[18] and the idea for an easily accessible clearinghouse of information was born. The original goal was to create a website of resources compiled for midwifery educators that would offer tools and examples for how to adopt a systems approach to address the complex and persistent problem of student and workforce underrepresentation. The *Equity Agenda Guideline* was developed as a tool to accompany the Equity in Midwifery Education website because no similar tool was identified during an extensive review of the literature.

Development of the Equity in Midwifery Education Website

The Equity in Midwifery Education website has been described previously.[11] The purpose of this website is to organize relevant existing materials, many of which are available as open source, that are applicable to the education of culturally sensitive health care professionals. The resources on this site have a particular focus for midwifery education in the United States. In addition to the tools section on the website that matches the sections of the *Equity Agenda Guideline*, there are also resource pages to serve as examples. The following topics are addressed: mentoring, representation in leadership, peer support, critical consciousness, scholarships and financial aid, power and privilege, cross-racial teams, academic support, healing resources, and focusing on strengths. The Equity in Midwifery Education website also features links to information regarding upcoming and previously recorded webinars plus quarterly facilitated calls during which educators and administrators collaborate and strategize. These resources have been compiled and placed on one digital site so that individuals and change teams can access a body of resources, tools, and examples as they work to infuse an equity focus into midwifery education and training programs.

To develop the Equity in Midwifery Education website, both print and electronic resources on how to infuse an equity focus into midwifery education programs were identified and collated. Early in the website conceptualization process, interviews were conducted with several prominent experts in the field to help direct this project. The sections and content that became the Equity in Midwifery Education website were initially identified by midwives, educators, preceptors, and administrators associated with university-based and independent midwifery education programs. Additional stakeholders, including advocates for social justice and equity in the maternal health professions, were then contacted for their expert opinions and advice on the prototype website. The informants included individuals from diverse racial and ethnic backgrounds familiar with different types of programs and institutions. Focus groups of recent midwifery school graduates were conducted on multiple occasions to identify future priorities and directions. Requests for critique, insights, and suggestions continue on the Equity in Midwifery

Education website, where a link for input, feedback, or upload of additional resources exists at the bottom of every page. A Midwifery Education and Equity Consortium was subsequently formed to enable a team of instructors and administrators from multiple schools to work together and seek additional funding to continue the next steps in this work.

Numerous other sources of input were and are still actively sought to keep this work relevant and as comprehensive as possible. To date, maintenance of the Equity in Midwifery Education website, organization of the webinars, and virtual conference calls have primarily relied on volunteers and in-kind donations. The Foundation for the Advancement of Midwifery also contributed a Community Movement Builders Grant to support the project. Site visitors who attend live webinars or watch the recordings and who desire continuing education units can obtain them through a small processing fee through HiveCE. These fees generate a small amount of income that helps pay honoraria to webinar presenters. However, all webinar recordings are also linked on the website and can be freely accessed.

Development of the *Equity Agenda Guideline*

Because the Equity in Midwifery Education website contains an extensive amount of content, it was determined that persons and change teams operating at individual institutions could more easily use the web resource if they had access to an additional tool that translated the information into an agenda or guideline that could serve as a roadmap. The topics covered in the *Equity Agenda Guideline* are based on the sections of the Equity in Midwifery Education website and were influenced by the opinions expressed by midwifery students and apprentices at the margins whose voices can be found in qualitative research.[9] Checklists, toolkits,[16] reports,[19,20] and benchmarking tools[21] for promoting equity in organizations were also consulted for the development of both the guideline and the website. In addition, the initial draft of the guideline drew on the primary author's personal experiences as an educator (preceptor and faculty), activist, midwife, midwifery accreditation employee, and student.

A racial equity impact analysis (REIA)[22–24] of the project was directed by a team of diverse advisers. An REIA is a comprehensive assessment of how a proposed policy or action may affect different racial or ethnic groups. It is intended for use early in the development process, well before a policy or action is finalized and implemented. The REIA is also designed to expose potential blind spots through engagement with diverse community members so that unintentional impacts can be uncovered and mitigated wherever possible. Processes generally included in an REIA address identification and engagement of diverse stakeholders, clarifying and aligning equity-focused purposes and goals, imagining unintended consequences, and creating measurable success indicators.[22–24] Gordon adapted an REIA worksheet for midwifery organizations that was used for this project.[22] The main finding of the REIA feedback for this project was the importance of emphasizing accountability with regard to equity in every aspect of midwifery education.

CONCEPTUAL FRAMEWORK

The conceptual framework for the *Equity Agenda Guideline* is presented in Figure 1. This framework offers a vision; the guideline itself provides the roadmap. The conceptual framework is a reminder to acknowledge other ways of knowing, including those not traditionally privileged by the typical academic culture. The framework differs from linear models because attempting to tackle systemic problems requires novel systems thinking and approaches. The entrenched problems of racism and other differentisms cannot be dismantled with quick solutions but can be appreciated and broken up into more manageable pieces as this figure illustrates.

EQUITY AGENDA GUIDELINE

The *Equity Agenda Guideline* is designed to be used with the Equity in Midwifery Education website resources. Each section of the guideline refers to multiple webpages that contain relevant information, resource lists, and illuminating quotations from qualitative research. The *Equity Agenda Guideline* is divided into 8 primary sections.

Faculty, Staff, and Preceptor Development and Retention

The first recommended content focus area outlined in the *Equity Agenda Guideline* (Table 2, section A) and featured at the core of the conceptual model (Figure 1) is faculty, staff, and preceptor development and retention. In-depth training is necessary for faculty, administrators, preceptors, and staff from dominant cultures to enable them to develop a critical consciousness and an understanding of power, privilege, implicit bias, racism, and other oppressions that affect student experiences and opportunities to succeed.[25] Structural racism and other oppressions rely in part on individuals not confronting their own implicit biases.[13] Such training can help clarify the distinction between race and culture and discourage thinking that conflates race and culture. For example, all staff members and core and adjunct faculty in the Department of Midwifery at Bastyr University are required to take a 25-hour course that examines power and privilege[26] plus attend faculty meetings that regularly contain related continuing education.

Acknowledging the role that power and privilege play in shaping school and clinic spaces as well as the lives of colleagues, students, clients, and ourselves is a necessary first step before one can teach students how to practice social justice awareness and cultural humility. Students are aware of who holds power in their educational institutions. A diverse composition of educators and administrators positively impacts perceptions of school and clinic climates, especially for underrepresented students.[9,20] Conversely, a lack of representation in leadership makes it difficult for underrepresented students to see themselves as belonging.[8]

Curriculum and Learning

When students, especially those who are underrepresented, cannot see themselves or their communities reflected in curricula (Table 2, section B), they may feel excluded or

Table 1. *Equity Agenda Guideline* Glossary of Terms

Term	Explanation
Cultural humility	Evolving from the more prevalent concept of *cultural competency*, cultural *humility* requires turning the lens on oneself. Health care professionals must "engage in personal growth and reflection about their own culture and its relations to other world views" to respectfully and effectively function in cross-cultural settings.[4(p 22)]
Differentism	A person's exposure to negative behaviors and attitudes when that person does not conform to another's conceptualization of what is familiar and normal. Students immersed in a climate where they are regularly confronted with some form of differentism often experience threats to their esteem, safety, and acceptance.[8]
Diversity	Each individual and group of individuals represent a unique combination of experiences and worldviews, influenced by multiple phenomena, including race, ethnicity, gender identity and external assignment, age, abilities, religion, language, sexual orientation, and socioeconomic status. The related term *diversification* can be seen as problematic when it is perceived to be describing something the dominant culture is gifting. A *representative* workforce is a term that may have more positive connotations as a condition toward which society and professions are striving.[14,16]
Equity	Fair treatment, access, opportunity, and advancement guaranteed to everyone in an organization, institution, or system. This includes undertaking deliberative actions to remove barriers that prevent full participation of people from marginalized groups.[13]
Implicit bias	Unconscious attitudes (both favorable and unfavorable) that affect one's understanding of, judgments about, and actions toward others. By definition, these biases exert influence without one's awareness or reflection, and thus are not under the person's control. Implicit biases cannot be voluntarily concealed and may be observed by and exert an impact on others who are exposed to them.[13]
Inclusion	Everyone can participate fully because differences are welcome, even embraced, and all perspectives and ways of being are respected, supported, and valued. The term can be seen as problematic because it suggests that spaces and institutions designed by and for white persons or those from another dominant culture should include other people and groups, but does not acknowledge that those spaces and institutions may need to be transformed and recreated together in cooperation with persons at the margins whom institutions are seeking to include.[16]
Intersectionality	Each individual or group embodies, by internal identification or external assignment, a unique blend of social categories such as race, class, religion, and gender. These categories are interconnected, overlapping, and interdependent and can result in multiple layers of discrimination, disadvantage, or privilege.[14]
Microaggressions	Acts, statements, or incidents (often unintentional) that are regarded as subtle or indirect insults and are examples of systemic discrimination and disadvantage.[8] Also see *implicit bias* above to better understand this term.
People of color	A broad and imperfect term used to describe persons who experience racism and marginalization based on perceptions that they are not from the privileged white ethnicities in American culture. Some individuals may not prefer this terminology.[17]
Racism	Racism is not synonymous with racial prejudice or discrimination. It instead involves one dominant group (such as people from white ethnicities) who is conferred relative power and privilege to carry out systematic oppression through institutional practices and policies, which are supported through the shaping of cultural beliefs and values.[17]
Social inequality	The ability to control one's choices, access resources, influence decision makers, and contribute to one's community and society is not the same for every person. A person's socially assigned race, ethnicity, gender, class or caste, sexual orientation, age group, and other aspects of personal and social identity result in patterns and accumulation of disrespect, barriers, exclusion, and even hostility. An uneven distribution of resources and lack of access to opportunities are evidence of social inequality.[8,16,17]
Social justice	A phenomenon that is required for a society to distribute resources equitably, thus creating an environment in which all members can thrive physically, psychologically, economically, and socially. *Social actors* are able to control their own choices and destiny and accept the responsibility to ensure that other people also experience society as socially just.[14]

Sources: DeLibertis 2015,[4] Verschelden 2017,[8] Basri et al 2015,[16] Adams and Bell 2016,[14] Godsil et al 2014,[13] Dismantling Racism Works 2016.[17]

Table 2. *Equity Agenda Guideline*: A Roadmap for Infusing Equity and Social Justice into Health Professions Education

A. Faculty, Staff, and Preceptor Development and Retention

1. Training for all faculty, staff, and preceptors[a]
   - a. A short course or single workshop is not able to provide enough depth or breadth
   - b. Explores power, privilege,[a] implicit bias, stereotype threat, equity and social justice pedagogies, microaggressions, racism, intersectionality
   - c. Requirement for in-depth training
   - d. Regular continuing education opportunities after the completion of a more detailed training
2. Strategic planning[a] related to faculty, staff, and preceptors regarding equity
   - a. Climate[a] and retention analysis and planning (related to faculty and staff)
   - b. See also recruitment (section G)
   - c. Promoting representation in leadership[a]
3. Tenure and promotion considerations include equity assessment

B. Curriculum and Learning

1. Required course early in program
   - a. Encourages the development of critical consciousness[a] so students can understand their role in issues of social power and dominant social norms
   - b. Explores power, privilege,[a] implicit bias, microaggressions, racism, intersectionality, clinical work in a cross-racial context
   - c. Short courses are not able to provide enough depth or breadth
   - d. Electives do not allow everyone to experience the same opportunities for learning; the course should be mandatory for all students, faculty, and staff[a] from the dominant racial and ethnic group (eg, in the United States, this usually means white people)
   - e. Consider a parallel course or breakout sessions for students of color or those from underrepresented groups who likely have the need for their own course content (possibly including healing resources and focusing on strengths)[a] and sharing spaces and who may be at risk for microaggression stress during discussions of race with dominant-culture participants
   - f. Consider the value of cross-racial team[a] teaching

B. Curriculum and Learning, Continued

2. Second required course
   - a. Following the development of critical consciousness,[a] students can be more effective in cultural humility or creating a culturally safe practice
   - b. Examines health care disparities, health equity, social determinants of health, structural competency
3. Issues related to equity, antiracism, intersectionality, and cross-cultural interactions woven throughout the entire program curriculum[a]
   - a. Every course and syllabi updated and regularly evaluated
     - i. Equity impact analysis
   - b. Complete curriculum evaluation to incorporate
     - i. Race-conscious curricula
     - ii. Intersectionality
     - iii. Social justice and equity pedagogy
     - iv. Acknowledging and combating implicit bias
     - v. Acknowledging and combating institutionalized racism
     - vi. Structural competency
     - vii. Requirements and best practices related to equity and cultural humility and sensitivity from accreditation and certification bodies
       1. See related International Confederation of Midwives competencies[a]
4. Commitment to preparing students well in the first year to facilitate a safer, more affirming, and welcoming climate[a]

(Continued)

Table 2. *Equity Agenda Guideline*: A Roadmap for Infusing Equity and Social Justice into Health Professions Education

C. Climate and Belonging	D. Retention of Underrepresented Students and Those of Color	E. Policies, Statements, Reports, Reviews, and Planning
1.Equity and social justice-themed student organizations and/or access to others at other educational programs 2. Forum(s) held on equity-related topics 3. Support groups and/or access to those at other educational programs a. Refer to peer support[a] 4. See also retention (section D) regarding creating safer and more culturally engaging, affirming, and welcoming learning environments 5. Climate assessment	1. Scholarships and financial aid[a] a. Race-conscious b. Need-based c. First generation students d. Funding beyond just tuition 2. Safer and more culturally engaging, affirming, and welcoming learning environments a. See climate and belonging (section C) b. See also curriculum and learning (B) c. See also faculty and staff training (A) d. See also policies and statements (E) e. Refer to representation in leadership[a] f. Refer to cross-racial teams[a] g. Refer to healing resources and focusing on strengths[a] 3. Mechanism for faculty and student conflict resolution a. Consider who prevails as power imbalance exists 4. Comprehensive mentorship[a] program a. Paid mentors b. Recognition of unpaid mentorship work 5. Access to a diverse learning support community a. All expenses paid gathering times with students from other programs important for isolated students b. Facilitating peer support[a] opportunities 6. Academic support[a] as needed and strengths-based[a] approaches to learning and advising	1. Mission and vision statement(s):[a] consider the role for equity and/or social justice in guiding documents a. Goals b. Commitments 2. Dedicated equity plan[a] 3. Equity incorporated into broader strategic plan if exists 4. Formal reporting on equity 5. Use of equity scorecard and/or equity impact analyses 6. 5-year administration review incorporates equity assessment

(Continued)

Table 2. *Equity Agenda Guideline*: A Roadmap for Infusing Equity and Social Justice into Health Professions Education

F. Infrastructure, System Strengthening, and Capacity Building	G. Recruitment of Underrepresented Groups	H. Evaluation
1. Equity committee a. May also include social justice focus 2. Equity change team[22] 3. Climate analysis[a] a. Eg, Culturally Engaging Campus Environment assessment 4. Ombudsperson 5. Incentive grants related to equity promotion and/or learning 6. Equity leadership awards 7. Scholarships and financial aid[a]: see also retention (section D) and recruitment (section G) 8. Mentorship program(s): see also retention (section D) 9. Capital campaigns include equity goals and consider the need for counter spaces	1. Faculty of color and other underrepresented groups 2. Students of color and from other underrepresented marginalized groups 3. Scholarship opportunities and financial aid[a] 4. Strategic recruitment[a] considerations, planning,[a] and evaluation[a] a. Dedicated faculty and staff recruitment specialist focused on equity b. Future faculty recruitment database c. Required equity training for student and faculty search committee members d. Strategic funding earmarked for hiring underrepresented faculty and staff	1. Conduct process evaluations to assess efforts toward equity a. Outcomes evaluation[a] i. Assess progress toward improving equity for students ii. Assess progress toward improving equity for faculty and staff iii. Assess progress toward improving racial climate[a] iv. Assess progress toward improving the cultural humility and sensitivity of students

[a]The *Equity Agenda Guideline*© is designed to be used with the web-based resource www.equitymidwifery.org. Each section refers to multiple webpages that contain relevant information, resource lists, and illuminating quotations from qualitative research. A version of the guideline that has links to multiple website resources for each section is available from the author.
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discriminated against. Concepts of equity, social justice, diversity, inclusion, and cultural humility and sensitivity cannot be taught and absorbed in a single course; they must be threaded throughout the entire curriculum.[25] One example would be to include information about caring for transgender males in a postpartum lecture. This population may prefer their health care team to use the terminology of *chestfeeding* instead of *breastfeeding*; thus, a birth plan that discusses each patient's desires and expectations both prenatally and at the time of birth is important. For instance, some may want to time their chestfeedings around their testosterone treatments, and if their partner is a biologically male partner, they may require contraception counseling.

Preparing aspiring health care providers to uncover and confront their own inevitable implicit biases and identify the structural patterns in health care that have perpetuated social inequality and health inequities is necessary. The process of this learning and discovery can be described as the development of critical consciousness and is necessary for all students, especially those from privileged societal groups. Meanwhile, students from historically marginalized groups may need or want support developing resilience to confront stress from microaggressions and racism, especially if they are learning in educational programs and clinics where they are underrepresented or are minorities. Institutional attention and resources directed at acknowledging and confronting these realities improves students' experiences, motivation, and graduation rates.[27]

Climate and Belonging

School and clinic climates (Table 2, section C) have been shown to significantly affect students' experiences and their ability or motivation to succeed.[28] An institution that does not acknowledge and actively address its climate will passively preserve and promote the dominant culture.[25] It is imperative that students at the margins feel a sense of belonging within their institution to achieve academic success.[8] Integrating a message that all students not only belong but also bring unique assets into their program and institution at a new student orientation would be one example of how to instill a foundation to promote a sense of inclusion that could improve both self-esteem and self-efficacy for these students.

Underrepresented students often face extra challenges in developing an adequate support network, especially with culturally matched peers or those with whom they feel they can relate on multiple levels. Research has demonstrated the benefits of peer support for all students.[19] Students at the margins will in particular benefit from opportunities to build relationships with peers and mentors who are able and willing to talk about navigating the inevitable inequities and microaggressions they will encounter.

Retention of Underrepresented Students and Students of Color

Educational institutions that want to create a more diverse health care workforce need to focus on improving their retention of students from underrepresented communities (Table 2, section D). For example, aspiring midwives can hone strength, resiliency, and many other benefits from quality mentorship. Underrepresented students and those at the margins, who may benefit even more because of their minority status, need opportunities for these relationships to form, especially with a culturally matched mentor and/or one comfortable with discussing racial equity.[19]

Educational programs may consider creating an endowment or other stable financial commitment specifically for students of color and other groups at the margins. This funding could be used for tuition scholarships, networking and mentoring opportunities, and social justice education sessions for either the individual student or community.[20] These activities can send signals that the climate is inclusive and offer students consistent advocacy resources. An institutionalized effort is imperative for sustainability to prevent, for example, a scholarship or other support program from ending when the lead person leaves an institution.

Policies, Statements, Reports, Reviews, and Planning

Institutions that do not explicitly address equity or social justice in their official policies, statements, reviews, and reports (Table 2, section E) can be perceived as making an implicit statement about their lack of commitment to promoting equity. Currently, 2 of the 48 US accredited midwifery programs publish equity statements on their websites that explicitly describe their commitments to antiracism, equity, and social justice; 14 additional programs briefly mention related topics or publish diversity and inclusion statements, and others operate within larger institutions that do so. Change teams interested in updating their policies and statements can find examples on the Equity in Midwifery Education website. Such policies are not resource intensive to revise, but a commitment to equity or social justice that is expressed only in words or statements will be perceived as hollow. Official statements and missions must be backed by transparency, meaningful action, transformation, and accountability.[29] Resources to assist with planning and examples of reviews and reports from other higher education institutions can also be found on the Equity in Midwifery Education website because promoting equity requires the development of a plan that relies on the input of diverse stakeholders.

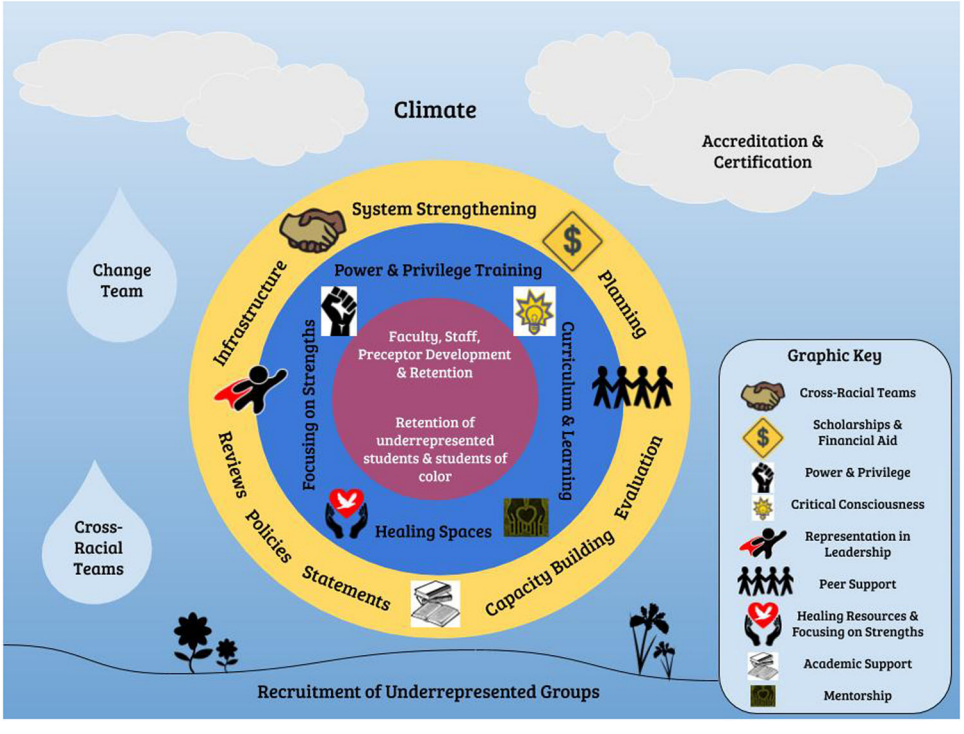

Figure 1. Envisioning an Agenda for Equity in Education

The core elements of the *Equity Agenda Guideline* are featured at the center of the orb. The middle ring (also important to the core work) features ongoing elements and demonstrates the importance of lifelong reflection and commitment. The outer ring featuring supportive administrative functions and roles helps hold the other elements together. All aspects are crucial to develop and improve over time, but focusing on the elements in the outer ring alone would be a hollow pursuit. The entire image depicts a climate[28] that is nourished and influenced by the work of a change team,[22] which includes leadership of persons from underrepresented groups. Accreditation and certification bodies also have a necessary and supportive role to play. Ultimately, all of the focus areas require institutional attention, but the conceptual model helps illustrate which elements may make sense to focus on initially, especially when resources are limited.

Infrastructure, System Strengthening, and Capacity Building

Inequity in midwifery education and training programs is a complex and persistent systems problem (Table 2, section F). Sustained commitment, capacity building, and a recognition of the role of individuals in perpetuating the status quo is required to bring about the transformative change toward equity the profession aims to achieve. Midwifery educational programs and clinics can form change teams committed to promoting equity and social justice in midwifery. Various themes and issues will emerge, especially if the work is done with adequate representation from diverse stakeholders.[22] Working as part of a cross-racial team presents challenges and opportunities for humility and growth, as it necessarily involves reflection and processing to succeed. Exposure to shared leadership provides students with an opportunity to witness this important dynamic and also demands that educators and administrators learn how to put words into local action regarding racial equity.[30] Institutions that have at least one full-time position such as a vice president of equity, diversity, and inclusion who reports directly to the president or dean of the institution or college are demonstrating a commitment to capacity building regarding equity. Depending on the size of the institution, additional staff may also be required to develop sufficient infrastructure.

Recruitment of Underrepresented Groups

To positively affect student experiences and retention rates, institutions can focus on recruitment while also committing sufficient resources and attention to student services and to improving the educational experience. Successful recruitment strategies (Table 2, section G) acknowledge that many students require financial support and assistance to complete their training because it is difficult to work for wages while meeting the demands of clinical rotations. Aspiring midwives from marginalized communities typically face additional barriers due to disparities in accumulated family wealth. Removing and/or decreasing financial stress for these aspiring midwives may better enable them to confront the additional stressors they otherwise face as underrepresented students.[19]

Pipeline programs that are designed to provide educational and career support for students of color or other underresourced communities are beneficial in giving students, who might not otherwise receive them, opportunities to learn about various health care careers.[20] Education programs that offer a shadowing component (especially if the mentor comes from a similar community) can allow a prospective student to experience the profession, and visualize their own future, in a supportive and hopeful environment.

Evaluation

Successful planning requires regular evaluation and having a process in place for using evaluations to influence improvements.[31] Evaluation (Table 2, section H) may occur at the beginning, middle, and/or end of an institution's planning cycles. Climate surveys[28] and REIAs[22–24] can be used at all stages to gather relevant data, make assessments, and establish priorities. One example is that every course evaluation for Bastyr University's Department of Midwifery includes 2 questions specifically asking about each student's perceptions of whether their instructor(s) created and maintained a learning environment free of racism and whether they have observed or experienced racism in any of their interactions with students or faculty as part of the course.

DISCUSSION AND FUTURE DIRECTIONS

The *Equity Agenda Guideline* is designed to serve as a roadmap to help individuals and change teams[22] overcome inertia and move forward, even while they await funding for scale-up activities that require financial investment. The *Equity Agenda Guideline*, conceptual model, and examples and tools referenced in the accompanying website can inform decision making and strategic planning with the goal of transforming both the classroom and the clinical setting into more welcoming and affirming climates. Working to create a supportive, equity-focused climate within health care education programs has the potential to transform learning environments into safer spaces where all students feel that they belong[8] and discover how to foster the attitudes, behaviors, and lifelong learning focus necessary to serve all families and communities in a socially just manner. The tools are modeled on social justice and equity principles[14] and call for health professions education programs to incorporate race-conscious, culturally relevant, and gender-inclusive policies and curriculum content.

The climate transformation of health professions education programs and clinical environments is intended to enhance the educational experiences of all students, especially those of color, and increase diverse representation in the workforce.[9] Because students form their professional identities and internalize professional ethics and behaviors during their training, an equity focus that enables future health care providers to develop critical consciousness and recognize bias and differentisms also has the potential to reverse current inequities in maternal and infant health.[11,32] The recently created Midwifery Education and Equity Consortium, working as a team and representing various institutions, envisions the creation of equity competencies for educators, followed by pilot projects and the dissemination of trainings and model curricula as a way to catalyze climate transformation in every US program that educates tomorrow's midwives.

US midwifery accreditation and certification agencies are also beginning to recognize the opportunity to promote equity, encourage lifelong learning, acknowledge racial bias, and integrate culturally sensitive and appropriate midwifery care into midwifery education, training, certification, and recertification. They have already begun to revise their standards to reflect these priorities and will begin related benchmarking in future accreditation cycles. Institutions using the *Equity Agenda Guideline* described herein will likely be better prepared for their next accreditation cycle. The topics of accreditation and certification are addressed on the Equity in Midwifery Education website and discuss the need for revised standards and related benchmarking.

The idea of benchmarking efforts to infuse equity and social justice, however, raises concerns among some

educators. Experts in equity education and research acknowledge that unraveling racism and other differentisms, learning new ways of understanding ourselves and our institutions, and changing attitudes and practices occur in a context of uncertainty and tension—but "we have to do it anyway."[17(p 7)] It is common for educators to hesitate to make a commitment toward racial, gender, and other types of justice because they do not know what that means in terms of their roles and responsibilities.[17] Rationales for waiting, or doing nothing, are plentiful, such as requiring perfect clarity first, confusion about how to measure results, perceiving such efforts as a distraction from other urgent priorities, lack of funding, and fear of unintended harmful consequences resulting from naive good intentions. Clinical patient safety efforts focused on racial and ethnic disparities in the health care system are currently being prioritized;[33] however, it is also noted that diversity, equity, and inclusion work has become a political topic and not all persons in the United States value the importance of it. Equity experts describe the current situation as one in which people with power often believe that change is happening too quickly, whereas those who are at the margins or are excluded experience change that is happening too slowly.[17] One by one, administrators, staff, and faculty members can recognize and improve their individual and, eventually, united abilities to shift their health care education programs toward a more equitable and just climate. The journey is often uncomfortable, but instead of becoming defensive or withdrawing, the unease can be interpreted as a signal for learning and an opportunity to practice humility and benevolence with each other in the workplace.

Limitations

The *Equity Agenda Guideline* has not yet been formally tested for effectiveness and outcome measures such as increased recruitment or retention; this level of evaluation will be valuable moving forward. Additionally, the breadth and depth of work required for effectively dismantling bias and racism in the health professions is still not well understood, and thus, this guideline is acknowledged to be a work in progress. Nonetheless, the *Equity Agenda Guideline* can give institutions a place to start and the Equity in Midwifery Education website provides a platform upon which to share lessons learned while building a better future. Similarly, although the guideline, supporting documents, and website have been developed with dozens of diverse stakeholders providing input, it is likely that some voices have yet to be heard. The *Equity Agenda Guideline* was developed by and for midwives. It is acknowledged, however, that the health system is multidisciplinary; thus, efforts toward true and sustainable social justice in the US health care system will require interprofessional respect, cooperation, and values alignment in both educational and clinical settings.

CONCLUSION

The *Equity Agenda Guideline* and conceptual framework articulate with the Equity in Midwifery Education website, which can be found at www.equitymidwifery.org. The website offers extensive links and scholarly citations for health professions educators, especially those who train aspiring CNMs/CMs or CPMs. Tools and examples are highlighted, including original webinar content, and visitors are encouraged to attend quarterly strategy and collaboration calls. The resources are designed to present an overarching picture of the areas where educational programs and/or clinical settings need to focus to infuse equity throughout their institutions. In combination, the resources seek to strengthen the quality of midwifery training and other health care programs for all. If education programs can transform their institutional climates into equity-focused learning environments, students, staff, and faculty from underrepresented groups are likely to see themselves as belonging and choose to come, remain, and contribute to midwifery. No less will be required to increase the number of midwives, especially those from diverse communities.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose. Felina M. Ortiz, CNM, DNP, RN, is an instructor for Nexplanon.

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