

Editorial

Diversity, Inclusivity, and Equity in Healthy Academic Communities: Always and in All Ways



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The people within all organizations, including universities and academic health centers (AHC), are the most valuable asset. These unique individuals bring with them a vast expanse of experiences and backgrounds - race, ethnicity, gender identity, age, religious and political affiliation, marital status, sexual orientation, veteran status, physical and mental ability. The students, staff, and faculty who comprise universities and AHCs are both the backbone of these settings and the main reason for their existence. Recently, much attention has been given to the critical importance of diversity, inclusivity, and equity initiatives across all professions and business organizations. However, it is not unusual for these terms to be used interchangeably as one and the same. As we promote healthy, positive outcomes within campus communities, it is wise for us to differentiate the subtle nuances in these three terms.

An individual person is not diverse in and of themselves; people are diverse when their differences are considered within a collective or group. Diversity exists in relation to all others in the group. When people with these different experiences and characteristics are welcomed into a setting, such as an AHC, and *feel they are valued* - that's inclusivity. Vernā Meyers (n.d.) puts it simply, "Diversity is about being asked to the party; inclusion is about being asked to dance." Both diversity and inclusivity are organizational outcomes that should be included in core goals, for example, "our university is diverse across all our employees" and "our university has routine ways to assess whether we are welcoming and supportive of marginalized communities." Equity acknowledges that people do not all start from the same place because of these experiences and characteristics. Universities and academic health centers that profess a focus on equity make commitments to correct and address these imbalances. Equity is a process by which those less represented in an organization are provided opportunities that address every step from recruitment to retention to growth and advancement. In a sense, as we move beyond "being asked to dance," perhaps those students, faculty, or staff get dancing lessons or comfortable dancing shoes.

As we continue to build upon the strengths of universities and academic health centers to broaden diversity, inclusivity, and equity initiatives for their students, staff, and faculty, we also need to be mindful of our recruitment and retention practices and policies. Recruitment should aim to develop our diverse collective group of learners and employees, while retention should be related to compensation and benefits, professional development, and advancement. Further, work/life balance efforts, including health and wellness programming and support, combined with flexible work schedules, will be key approaches for diverse workforce recruitment and retention. Ongoing focus on efforts to increase student and employee participation in decision-making and governance is a key strategy for



successful diversity, inclusivity, and equity outcomes. Research and evidence-based practice initiatives that specifically target social determinants of health and health disparities will remain at the forefront of the science that builds health within academic communities. If universities and AHC's are to reduce health disparities and improve health outcomes across patients and communities, maintaining a wide lens of inclusion derived through engagement with students, staff, and faculty who bring a vast array of experiences and characteristics will serve to improve our understanding and decision-making. Certainly, successful universities and AHC's prioritize diversity, inclusivity, and equity as the bedrock of their organizations – always and in all ways.

References

Myers, Vernā. *Diversity and inclusion training*. The Vernā Myers Company. Retrieved from <https://www.vernamyers.com/>