

A Racial Equity Toolkit for Midwifery Organizations

Wendy M. Gordon, CPM, LM, MPH

CEU

Midwifery associations are increasing awareness and commitment to racial equity in the profession and in the communities we serve. Moving these commitments from words into action may be facilitated by a racial equity toolkit to help guide midwifery organizations to consider all policies, initiatives, and actions with a racial equity lens. Racial equity impact analyses have been used in recent years by various governmental agencies in the United States and abroad with positive results, and emerging literature indicates that nonprofit organizations are having similarly positive results. This article proposes a framework for midwifery organizations to incorporate a racial equity toolkit, starting with explicit intentions of the organization with regard to racial equity in the profession. Indicators of success are elucidated as the next step, followed by the use of a racial equity impact analysis worksheet. This worksheet is applied by teams or committees when considering new policies or initiatives to examine those actions through a racial equity lens. An organizational change team and equity advisory groups are essential in assisting organizational leadership to forecast potential negative and positive impacts. Examples of the components of a midwifery-specific racial equity toolkit are included.

J Midwifery Womens Health 2016;61:768–772 © 2016 by the American College of Nurse-Midwives.

Keywords: diversity, midwifery associations, racial equity

INTRODUCTION

Nearly every policy, program, or practice has unintended impacts, which can be positive or negative. If marginalized and underrepresented groups are not explicitly taken into account when developing policies and programs, the impact on these groups is more likely to be negative.^{1–3} Those who develop these policies are often unaware of that impact and do not intend a negative effect. Examples of decisions that may have inadvertent racial impacts include the following examples. A white person is more likely to be in a position of leadership and subsequently to nominate someone they know (most likely another white person) for a job or board position. An organization's leadership (usually white) determines actions to prioritize in the organization's strategic planning, and those actions tend to address issues deemed most important to white membership. The board recruitment committee (often white) considers where to focus their recruitment or leadership development activities and tends to recruit (inadvertently) in mostly white areas with which they are familiar. The habits of decision making and running meetings tend to be most convenient for the majority of (white) members.

Being unaware of racial impacts can inadvertently create and sustain negative effects. Impact assessments have been used for decades in various areas of potential adverse impact. The Voting Rights Act in 1965⁴ requires the US Department of Justice to review any change that impacts a person's access to and ability to vote. In the United Kingdom, the Race Relations Act of 1976⁵ established a requirement for governments to ensure that disparate racial impacts would be thoroughly considered, and the Commission for Racial Equity consulted, prior to implementing any proposed policy.

In an effort to guide equity-conscious decision making, various toolkits have been designed to guide leaders systematically through considerations of racial impact. Several US cities have implemented racial equity impact assessments (REIAs) in governmental agencies. King County, Washington, which includes the city of Seattle, uses a REIA for all governmental actions involving contracting, access to services, public outreach, workforce equity, and building capacity.⁶ Several states are now utilizing REIAs with regard to criminal sentencing laws, public school funding, and child welfare regulation.⁷

For midwifery organizations with a commitment to address inequities within the profession, to better engage and serve families of color, and to eliminate maternal and infant health disparities, the concept of a racial equity toolkit may be adapted to help leadership incorporate their own equity initiatives into all aspects of operations. A racial equity toolkit can help midwifery organizations to clearly state their intentions and goals regarding racial equity within the organization and in the provision of its services; to identify stakeholders who can inform leadership of potential disparate impacts among various communities; to systematically consider how proposed actions may increase or decrease racial equity; to evaluate the actual impact of actions taken; and to document best practices over time.

In an era when more than 90% of all US midwives are white^{8,9} and the leadership of midwifery organizations is similarly white, intentional efforts must be made to create a pause in the dominant ways of thinking, doing, and producing so that racial inequities are not unwittingly perpetuated. This pause must be inserted before decisions are made in order to avoid or minimize disparate impacts on communities of color. Literature on racial and gender diversity on nonprofit boards continues to show that policies and practices are directly influenced by the diversity of those boards.^{10–14} Efforts toward inclusion, as well as explicit organizational goals, policies, and practices developed with a racial equity lens, can lessen negative impacts.^{13,15}

Address correspondence to Wendy M. Gordon, CPM, LM, MPH, Bastyr University, Dept of Midwifery, 14500 Juanita Drive NE, Kenmore, WA 98102. E-mail: wgordon@bastyr.edu



Quick Points

- ◆ A racial equity toolkit can guide midwifery leadership in taking action to increase racial diversity in the profession and address perinatal health disparities.
- ◆ In order to avoid perpetuating racial inequities in an organization's work, specific intentions and goals should be identified to inform the organization's work.
- ◆ A change team and equity advisory groups are essential to centering the organization's equity goals in everything they do.
- ◆ Performing a racial equity impact analysis can reveal unintended consequences of policies, programs, or practices.

This article describes a process that may be used to help midwifery organizations to conduct a systematic assessment of racial impact prior to the implementation of a new process, policy, or practice. Although this article focuses on the use of a toolkit for racial equity, it is easily adapted to address any form of equity. The toolkit is not an initiative or a solution in itself; rather, it provides a scaffolding to support the organization's equity goals. It may also identify unintended consequences of actions or proposals.

BACKGROUND

In order to construct this toolkit, the author first reviewed several well-established racial equity impact assessment guidelines and toolkits, including those from organizations focused on social justice initiatives (Race Forward¹⁶ and the Annie E. Casey Foundation¹⁷) as well as governmental agencies (Government Alliance on Race and Equity,¹⁸ the City of Seattle,¹⁹ and King County, Washington²⁰). The author interviewed Julie Nelson, the Director of the Government Alliance on Race and Equity, who authored the racial equity toolkits for the City of Seattle and the Government Alliance on Race and Equity. Equity and inclusion documents were identified from the National Association of Certified Professional Midwives (NACPM) and the American College of Nurse-Midwives (ACNM). Finally, the personal experiences of the author in local and national midwifery organizations helped to inform the need for and development of a midwifery-specific racial equity toolkit for this purpose.

COMMUNITY ENGAGEMENT

In order to shape the organization's actions in a racially equitable manner, the racial equity toolkit and each analysis should be completed by a team of people who bring different racial and economic perspectives, including various peoples of color and white people. It may be beneficial to have 2 advisory groups (J. Nelson, former director of the Seattle Office for Civil Rights, personal communication, April 16, 2015): an internal group composed of people with racial equity experience who also have in-depth knowledge of the organization and its goals (change team), and an external group of stakeholders who can inform the organization of the potential end impacts of a given action (equity advisory group).

Change Team

The change team is an internal leadership group whose purpose is to keep the broader organization focused on equity

issues. Members of the change team should be actively engaged in racial equity work and are charged with advising both the leadership and membership on working toward the organization's racial equity goals. The change team does not do all of the equity work for the organization; rather, it works to infuse an equity approach throughout everything the organization does. Within ACNM, this role may be with the Diversification and Inclusion Taskforce²¹; NACPM has a board team called Anti-Racism and Anti-Oppression in Midwifery.²² The change team has knowledge of and experience with the organization's operations and goals, and perhaps a historical perspective on how things work. In addition to their other responsibilities, members of the change team may develop the organization's racial equity toolkit and may assist those who are using the toolkit to assess or revise a policy, program, or procedure.

Equity Advisory Groups

An equity advisory group is composed of people who represent the breadth and depth of the diversity reflected in the community, state, or region that is impacted by the proposed action. Equity advisory group members are willing to advise a specific board or leadership team regarding potential impacts to their communities. It is important to recognize that one person from a broad racial group is never able to represent all of the social and economic diversity within that group; thus, there may always be blind spots in conducting a racial equity impact analysis, and it is not the responsibility of equity advisory group members to speak for every person of their racial or cultural background.

Midwifery organizations may solicit equity advisors from their membership, the student body, consumers, related health care professions, or other groups as appropriate. Individual board committees may desire equity advisors with expertise in the area of the program being developed; for example, a research committee may desire input from scholars from various communities of color to advise on the equity impacts of proposed revisions to a data collection tool. Boards may want to compensate equity advisors for their time. Board members and equity advisors alike may benefit from the leadership development opportunity that this relationship offers.

It is essential for organizations to understand that the role of equity advisory groups is to shine a light on areas that the leadership team may not have been aware of or understand. This may require board members to accept the truth of different perspectives and work to understand opposing realities.

Table 1. Example of Racial Equity Indicators of Success	
Racial Equity Goal	Indicators of Success
Assess community conditions and the desired community impact	Proposed action includes clear documentation of the existing community conditions, including disparities in perinatal health, midwifery demographics and who is accessing midwifery care. Proposed action incorporates plan to keep pace with changing needs and racial demographics.
Expand access for all individuals to the care of midwives	Proposed action increases access for those who historically have been excluded. Proposed action improves the ability of midwives to provide culturally sensitive, versatile, and safe care to all individuals.
Support equity in the midwifery workforce and midwifery education	Proposed action increases access for those who historically have been excluded.
Affect systemic change in the maternity care system	Proposed action reforms the ways in which organizations operate to lessen racial disparities and eliminate discrimination. Proposed action addresses policies and practices that may perpetuate racial disparities and/or institutionalized racism.
Promote racially inclusive collaboration and engagement in the professional association	Proposed action creates opportunities for collaboration among people who fully represent the community's, state's, or nation's racial diversity. Proposed action provides opportunities for midwives and leaders or people affected by a policy to take action to address racial disparities and foster racial equity. Proposed action fosters greater participation in policy engagement that can promote leadership in racial equity efforts.
Educate on racial issues and raise racial consciousness	Proposed action explicitly educates about the importance of historical and contemporary facts regarding race, racism, and/or culture. Proposed action educates and encourages sharing about race and racism, including the connections between personal feelings and experiences and race-related systemic issues in society.

Adapted from the National Association of Certified Professional Midwives' (NACPM).²⁴

Holding space for possible discomfort, healthy conflict, and new perspectives is necessary in service to the racial equity goals of the organization.

COMPONENTS OF A RACIAL EQUITY TOOLKIT

Organizational Intentions

The organization should clearly identify and define their explicit intentions regarding addressing issues of race and disparities and why this work is important to the organization. This is the document upon which the entire toolkit is founded. It is through the lens of these explicit intentions and goals that every action of the organization can be viewed. As examples, ACNM's Diversification and Inclusion Taskforce has set goals for increasing the diversity of ACNM members,²³ and the National Association of Certified Professional Midwives (NACPM) has published their *Strategic Intention to Address Racism and Racial Disparities in U.S. Maternity Care*.²⁴ An organization may choose to apply this racial equity lens to only the most urgent areas of board work (eg, diverse membership representation) or it may wish to apply it to all policies, budget decisions, and actions of the board. However, it is important to note that racial

impacts are rarely isolated to one area of an organization's work.

Indicators of Success

The racial equity efforts of the organization should be measurable; this is how the organization would know if its racial equity intentions were fulfilled. Based on the explicit racial equity intentions of the organization, indicators of success may be developed as part of the racial equity toolkit. Indicators should be quantifiable and linked to the organization's racial equity goals. For example, if one of the organization's goals is to increase the racial diversity of its membership, an indicator of success for a given organizational action would be that more people of color become members as a result of that action. Not every goal will be easily measurable, and success may be interpreted in various ways. An example set of indicators of success may be found in Table 1, developed in part from NACPM's statement of racial equity intentions.²⁴

Racial Equity Impact Analysis Worksheet

The REIA worksheet operationalizes the organization's equity intentions and indicators of success. It guides the organization

to describe how they will address their racial equity goals with each proposed policy, practice, or action. The REIA worksheet should be employed whenever a policy, program, or procedure is newly developed or revised, and it should be conducted at the earliest possible stage.

The REIA worksheet walks the user through several questions that assist the organization in considering the potential racial impacts of an action. For example, a hypothetical midwifery organization is planning its next annual conference. If one of the organization's racial equity goals is to support midwifery workforce and educational equity, the REIA worksheet asks, "Who are the racial or ethnic groups affected by this [conference]? How will each group be affected? How does the proposed [conference] address midwifery workforce equity? Educational equity? How does the [conference] promote racially inclusive collaboration and engagement? Are there any unintended consequences on racial equity? If so, how can the [conference] be revised? Are there strategies to mitigate any negative impacts? Does this [conference] help to achieve greater racial equity in culturally appropriate, inclusive ways? If so, how can it be documented in order to offer a model to others?" In this way, a systematic exploration of impacts can be performed with a racial equity lens.

The questions posed by an organization's REIA worksheet should be based on that group's racial equity goals; these may be different for different organizations. One example of a REIA worksheet, developed after reviewing several guides and toolkits and adapted for NACPM's strategic intentions, can be found in the appendix.

AN EXAMPLE OF CONDUCTING THE RACIAL EQUITY IMPACT ANALYSIS

Following the previous example of conference planning, the planning committee engages a member of the organization's change team to assist with the racial equity toolkit, who reminds the committee that one of the organization's racial equity goals is to support midwifery workforce and educational equity in all of its actions. The team considers the indicators of success that have been developed for this goal: that access to the profession of midwifery and midwifery education would be increased for those who have been historically excluded, and that strategies to improve the ability of midwives to provide culturally sensitive, versatile, and safe care to all individuals would be integrated.

The committee invites an equity advisory group from the membership to advise them on the questions posed by the REIA worksheet. Where the worksheet asks, "How does the action promote racially inclusive collaboration and engagement? Are there any unintended consequences on racial equity?" the equity advisory team may be able to inform the conference planning team that, for example, the conference location holds a history of slavery or brutal colonization; that child care is needed at the conference site; that all of the speakers are white; or that issues important to various communities of color are not addressed on the conference agenda. The planning committee is then able to incorporate this information and make better planning decisions to meet the racial equity goals of the organization.

Certain items on the worksheet may not be applicable to every proposal. Team members should not necessarily approach the REIA worksheet with the expectation of generating positive answers to every question; rather, users should approach the analysis with an open mind and intention to reveal issues that they had not anticipated. This may result in a need to learn more and revise or further develop proposals so that they align better with the organization's racial equity goals and intentions.

After an organization has completed a racial equity impact analysis, it should be filed with the organizational documents and may be used as an example for future impact analyses.

CONCLUSION

Midwifery organizations are increasing awareness and commitment to racial equity in the profession and in the communities we serve. Following through with those commitments may be facilitated by a racial equity toolkit to help guide midwifery organizations to consider all policies, initiatives, and actions with a racial equity lens. Racial equity impact analyses have been used in recent years by various governmental agencies in the United States and abroad with positive results, and they are fairly easily adapted for use in midwifery associations. This framework may help midwifery organizations to move their commitments to positive action for the profession and for childbearing families, particularly those who bear the disproportionate burden of perinatal health disparities.

AUTHOR

Wendy M. Gordon, CPM, LM, MPH, is in clinical practice in Seattle, Washington, an Assistant Professor and Director of Midwifery Academics in the Department of Midwifery at Bastyr University, and a board member of the Association of Midwifery Educators.

CONFLICT OF INTEREST

The author has no conflicts of interest to disclose.

ACKNOWLEDGMENTS

The author would like to acknowledge and appreciate the work of the City of Seattle's Race & Social Justice Initiative as the basis for this adaptation.

REFERENCES

1. Williams DR, Rucker TD. Understanding and addressing racial disparities in health care. *Health Care Fin Rev.* 2000;21(4):75-90.
2. Keleher T, Johnson T. Confronting institutional racism. *Leadership.* 2001;30(4):24-26.
3. Williams DR, Mohammed SA. Racism and health I: pathways and scientific evidence. *Amer Behav Sci.* 2013;57(8):1152-1173.
4. Voting Rights Act of 1965 § 3(c), 42 U.S.C. § 1973(c)(5).
5. Race Relations Act of 1976, Part X(71).
6. King County. *King County Equity & Social Justice Initiative: Working Toward Fairness and Opportunity for All.* <https://www.ok.gov/health2/documents/HERO-Equityreport08.pdf>. 2008. Accessed June 7, 2016.

7. Keleher T. An introduction to racial equity assessment tools. <http://grenetwork.org/wp/wp-content/uploads/2014/04/An-Introduction-to-Racial-Equity-Assessment-Tools.pdf>. 2014. Accessed June 7, 2016.
8. DeLibertis J. Shifting the frame: a report on diversity and inclusion in the American College of Nurse-Midwives. <http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000005329/Shifting-the-Frame-June-2015.pdf>. June 2015. Accessed January 30, 2016.
9. North American Registry of Midwives. *Certified Professional Midwife: Recognizing a Valued Maternity Care Provider*. Lilburn, GA: North American Registry of Midwives; 2012. <http://dnhm.maryland.gov/midwives/Documents/NARM-policy-brief-101912.pdf>. Accessed January 30, 2016.
10. Siciliano JI. The relationship of board member diversity to organizational performance. *J Bus Ethics*. 1996;15:1313-1320.
11. Brown WA. Inclusive governance practices in nonprofit organizations and implications for practice. *Nonprofit Manag Leadersh*. 2002;12(4):369-385.
12. Bradshaw P, Fredette C. The inclusive nonprofit boardroom: Leveraging the transformative potential of diversity. *Nonprofit Q*. 2011 Spring;15:21-26.
13. Buse K, Bernstein RS, Bilimoria D. The influence of board diversity, board diversity policies and practices, and board inclusion behaviors on nonprofit governance policies. *J Bus Ethics*. 2016;133(1):179-191.
14. Solebello N, Tschirhart M, Leiter J. The paradox of inclusion and exclusion in membership associations. *Hum Relat*. 2016;69(2):439-460.
15. Ely RJ, Thomas DA. Cultural diversity at work: the effects of diversity perspectives on work group process and outcomes. *Adm Sci Q*. 2001;46:229-273.
16. Keleher T. Racial equity impact assessment. https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf. 2009. Accessed June 7, 2016.
17. Annie E. Casey Foundation. *Race Matters: User's Guide*. Baltimore, MD: Annie E. Casey Foundation; 2006. Accessed June 7, 2016.
18. Government Alliance on Race and Equity. *Racial Equity Toolkit: An Opportunity to Operationalize Equity*. http://racialequityalliance.org/newsite/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf. 2015. Accessed August 15, 2016.
19. City of Seattle Race & Social Justice Initiative. Racial equity toolkit to assess policies, initiatives, programs and budget issues. http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf. 2012. Accessed June 7, 2016.
20. King County. 2015 Equity impact review process overview. http://www.kingcounty.gov/~media/elected/executive/equity-social-justice/2016/The_Equity_Impact_Review_checklist_Mar2016.ashx?la=en. 2016. Accessed June 7, 2016.
21. American College of Nurse-Midwives. Diversification and inclusion task force. <http://www.midwife.org/Diversification-and-Inclusion-Task-Force>. Accessed January 30, 2016.
22. National Association of Certified Professional Midwives. NACPM board team: anti-racism and anti-oppression in midwifery (AROM). <http://nacpm.org/for-cpms/social-justice/arom/>. Accessed January 30, 2016.
23. American College of Nurse-Midwives. ACNM's diversification and inclusion initiative. <http://www.midwife.org/Diversification-and-Inclusion>. Accessed January 30, 2016.
24. National Association of Certified Professional Midwives. NACPM's strategic intention to address racism and racial disparities in U.S. maternity care. <http://nacpm.org/for-cpms/social-justice/strategic-intention/>. Accessed January 30, 2016.

Continuing education units (CEUs) are available for this article. To obtain CEUs online, please visit www.jmwhce.org. A CEU form that can be mailed or faxed is available in the print edition of this issue.

Appendix: Example of Racial Equity Impact Analysis Worksheet

1. Leadership team and project/ program/ policy title
2. Briefly describe the proposed action and the desired results.
3. Who are the racial/ethnic groups affected by this program, policy, or practice? How will each group be affected? What are the racial disparities related to this project?
 - a. [data] disparities in perinatal health
 - b. [data] midwifery professional demographics
 - c. [data] midwifery consumer demographics
4. How does the proposed action expand access for individuals to midwifery services?
5. How does the proposed action support midwifery workforce and/or educational equity?
6. How does the proposed action affect systemic change (address institutional racism)?
7. How does the proposed action promote racially inclusive collaboration and engagement? Is there community support for or opposition to the proposal? Why?
 - a. [data] evidence for support and/or opposition
8. How does the proposed action educate on racial issues?
9. Are there any unintended consequences on racial equity? If so, how can the proposed action be revised? Are there strategies to mitigate any negative impacts?
10. Does this proposed action help to achieve greater racial equity in culturally appropriate, inclusive ways? If so, how can it be documented in order to offer a model to others?
11. Describe the resources, timelines, and monitoring that will help ensure success.

Adapted from Seattle Race & Social Justice Initiative and the National Association of Certified Professional Midwives' (NACPM).²⁴