



# American Board of Pediatrics (ABP) Strategic Objective: Promote Diversity and Inclusion

**Dates:** Strategic Brief conceptualized November 17, 2020; presented to the ABP Board of Directors (BOD) December 14, 2020.

**ABP BOD Vote:** The ABP BOD voted unanimously to support the following resolution:

*Be it resolved, the ABP Board of Directors is committed to and will hold itself and the ABP accountable for embedding diversity, equity, and inclusion into the internal and external work of the ABP and its Foundation.*

## Description

Note: This brief summarizes the current comprehensive workplan for the strategic objective titled “enhance diversity and inclusion” within the ABP’s 2020–2022 Strategic Plan. It should be considered a living document. The scope of work, individuals involved, and metrics will be evolving and modified iteratively as we learn more. This strategic objective also overlaps with other named strategic objectives, namely 1) improve assessments (e.g., possible bias in exams) and 2) enhance ABP culture.

Mounting research, along with events of 2020, highlight the need for critical attention to diversity, equity, and inclusion (DEI), with a specific focus on racism. Certifying boards like the ABP must seek to incorporate DEI into their work to remain relevant and connected to different groups of stakeholders.

For the ABP, this includes:

- The public: The population of infants, children, adolescents, young adults (hereafter “children”) and their families who are at the core of the mission of the ABP
- The pediatric workforce, e.g., the trainees and certified pediatricians whom the ABP serves
- The ABP workforce
  - Appointees participating in our committees, boards, subboards, and task forces;
  - Volunteers serving in other capacities; and
  - Staff and contractors committed to conducting the work of the ABP
- Other pediatric, board, and medical organizations and groups

## What Are the Desired Outcomes for This Objective?

Our vision is to **instill a commitment to decrease health disparities and build structural competency within pediatrics** (see attached glossary for definitions of terms). In turn, the care and well-being of children will improve with greater attention to DEI among pediatricians as well as leaders in pediatrics, including those serving as appointees and volunteers of the ABP. Ultimately, this will lead to the advancement of child health through its work to eliminate structural racism and improve health equity.

In addition, we hope to **contribute to a diverse pediatric workforce** with the skill set, cultural sensitivity, and moral commitment to improve health equity and child health outcomes.

In terms of the ABP as an organization, we believe attending to DEI will **enhance the relevance of our services, increase creativity in our problem solving, improve our decision-making, inform the ease of implementation of our programs, build a culture of inclusion and belonging, and provide a model** to other pediatric and health care organizations.



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## What Are the Action Plans?

We have categorized the work related to DEI into seven overarching action plans (or focal areas) as displayed in Table 1. Below we discuss the actions under each action plan in turn; future ideas for 2022 and beyond that are under consideration are provided in the text in *italics*.

**Table 1. ABP DEI Action Plans, updated November 2020**

Improve	Improve child health equity
Address	Address possible bias in exam processes
Support	Support a diverse pediatric workforce
Foster	Foster greater DEI among ABP appointees
Enhance	Enhance DEI at the ABP
Measure	Measure what we do
Communicate	Communicate to learn and share

## ACTION PLAN 1: Improve Child Health Equity

Data from [Child Stats](#) demonstrates that, as of 2018, approximately half of all children in the United States were children of color. Roughly 25% of U.S. children had one parent who was an immigrant. Approximately one-quarter live in families at or below the federal poverty level, with incomes varying considerably by race/ethnicity and geographic location. Key national well-being and child health indicators displayed on this site document significant inequities in overall health, health access, and health outcomes by factors like race/ethnicity, poverty, geographic location, and nationality. For example, infant mortality rates for Black infants are over twice that of white, non-Hispanic infants. Adverse childhood experiences, reported by [Child Trends](#), also show inequities by race/ethnicity, poverty, and geographic location.

Given our mission statement and our commitment to child health outcomes, we embrace enhancing child health equity. Actions we are taking as part of this action plan are summarized in Table 2.

**Table 2. Actions to Enhance Child Health Equity**

STEPS	LEAD(S)	TIMEFRAME	OUTCOME	ABP FUNDING SOURCE
Address inequities through collaborative networks				
Launch sickle cell network	Nichols, Leslie	2018–2020	DHHS funding sickle cell collaborative network starting Fall 2020	Foundation



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Attend to race/ethnicity in collaborative networks	Nichols, Mann, Lannon	2018+	Identify racial inequities and target QI efforts to understand and address those inequities (example: VON network)	Core
<b>Embed DEI into services</b>				
Add DEI questions to exam item bank and to MOCA-Peds	Althouse	2020+	1. General Pediatrics (GP) Diversity Panel instituted for 2020 2. Emerging topic questions on AAP Policy Statement on Race Inequity incorporated into Quarter 4 of MOCA-Peds in 2020	Core
Attend to DEI in practice analyses and content outline	Althouse/Turner	2021+	1. DEI principles/content in practice analyses and content outlines 2. Process for incorporating DEI into practice analysis developed which will ultimately impact the percent of DEI questions on future exams	Core
Incorporate DEI into Question of the Week (Part 2 offering)	Mann	2020+	# of QOWs with DEI lens	Core
MOC Part 2 credit for DEI training	Mann	2021+	% of eligible pediatricians using this new pathway to claim Part 2 credit	Core
Encourage stratifying data by race/ethnicity for QI projects	Mann	2021+	1. Percent of QI applications that report data stratified by race/ethnicity.	Core
Part 4 credit for building the infrastructure and processes for the valid and reliable collection of race/ethnicity data	Mann	2021+	# of physicians obtaining credit for this new health equity integration Part 4 pathway	Core
Develop a QI template on relevant topic related to social determinants of health (e.g., food insecurity)	Mann	2021+	1. # of completed applications 2. % of applications documenting improvement in the primary outcome measure	Core
Integrate anti-racism and elimination of disparities into the ACGME Pediatric Milestones 2.0	Turner	2020+	Presence of health equity assessments in Milestones 2.0	Core
Integrate anti-racism and social determinants of health into EPAs	Turner (overseeing small working group)	2020+	1. EPA 14 (public health systems/quality improvement) modifications to include anti-racism and social determinants of health. 2. Integration of anti-racism in other EPAs as appropriate.	Core
Attend to DEI in honors (Stockman, Miles)	Hazinski, Leslie, Mann	2018+	Count of nominees/awardees	Foundation

## ACTION PLAN 2: Address Possible Bias in Exam Processes

Data from the Accreditation Council for Graduate Medical Education demonstrate racial/ethnic differences in graduate medical education (GME). For the last three years, we have been collecting race/ethnicity and languages spoken on our continuing certification reenrollment surveys. This past year, we began initial



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explorations of possible bias in our exam items using differential item analysis. This statistical procedure requires a large sample of data and may only be possible with our GP exams. Findings suggested differentials in scoring based on race/ethnicity for several items. In response, we implemented changes in our review process in 2020 as detailed in Table 3. These changes are relatively easy to implement for the GP exams and MOCA-Peds but will be more challenging for the subspecialties.

Actions we are taking as part of this action plan are summarized in Table 3. At this point in time, we are focused primarily on addressing bias in our exam questions. We have begun tracking overall pass rates for any of our exams and will continue to share that information with the Board of Directors.

**Table 3. Actions to Address Bias in Exam Processes**

STEPS	LEAD(S)	TIMEFRAME	OUTCOME	ABP FUNDING SOURCE
DIF analyses of GP questions	Althouse	2020+	Identification of questions that may be potentially biased for further review by expert panel	Core
Bias and Sensitivity Review Panel	Althouse	2020+	Panel recruited, trained, and meeting held to identify items with potential bias to exclude from GP scoring and to not include or to modify for MOCA-Peds GP	Core
Basic Bias and Sensitivity Awareness for Question Writing Committees	Althouse	2020+	All question writers have received basic awareness/training in impact of bias in item writing	Core

## ACTION PLAN 3: Support a Diverse Pediatric Workforce

In response to feedback from the Research Advisory Committee and ABP Foundation Board of Directors in 2016, the ABP moved its certification and tracking data to publicly available data dashboards that included some DEI domains such as gender, medical school location (AMG/IMG), age, geographical location, and current practice characteristics (e.g., academic/other; GP/sub). We also added questions regarding race/ethnicity and language(s) spoken to our seven census surveys in 2018. At this point in time, we have three years of data on race/ethnicity and language collected for trainees and certified pediatricians and we are beginning analyses looking at racial/ethnic diversity in the pediatric trainee pipeline in conjunction with Colin Orr, MD, MPH, Assistant Professor of Pediatrics, UNC-Chapel Hill. We are also closely working with the Association of Medical School Pediatric Department Chairs (AMSPDC) in conjunction with the Council of Pediatric Subspecialties (CoPS) on a five-year workforce initiative and bringing a DEI lens to that work.

The ABP also continues to facilitate the inclusion of a diverse leadership in academic pediatrics, including underrepresented minorities (URMs), through ABP Foundation support for groups like the New Century Scholars (NCS) and Frontiers in Science (FIS). We have begun meeting with NCS and FIS to foster communication and synergies between the two groups on recruitment, services offered, and metrics. *In the future, this may include collaboration with the Association of Pediatric Program Directors (APPD) new initiative, Advancing Inclusiveness in Medical Education Scholars (AIMS), or other opportunities.*

Actions we are taking as part of this action plan are summarized in Table 4.



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**Table 4. Actions to Support a Diverse Pediatric Workforce**

STEPS	LEAD(S)	TIMEFRAME	OUTCOME	ABP FUNDING SOURCE
Financial support for NCS and FIS	Leslie	2015+ (NCS), 2,020+ (FIS)	1. Numbers served 2. Follow-up outcomes regarding success in academics 3. Qualitative surveys	Foundation
AMSPDC workforce initiative	Leslie	2020+	Attention to diversity in pediatric workforce (AMG/IMG, MD/DO, race/ethnicity, gender)	Foundation
Change gender terminology at ABP	Woods, Turner, Zhang, Leslie	2020+	Gender wording changed to be more inclusive of nonbinary individuals	Both Foundation and Core
Analyses of pipeline diversity	Leslie	2021+	Published manuscript on resident diversity and a separate manuscript on fellows	Foundation
Analysis of geographic distribution of workforce by race/ethnicity	Leslie	2021+	Published manuscript	Foundation

## ACTION PLAN 4: Foster Greater DEI Among ABP Appointees

Over the last decade, the American Board of Pediatrics (ABP) has made concerted efforts to increase diversity of its appointees on ABP committees, subboards, boards, and task forces by limiting all term lengths for certified pediatricians to six years and for public members to three years and encouraging greater diversity with respect to age, gender, geographic location, and race/ethnicity. Since 2012, the ABP has made improvements in gender diversity among its appointees (54.4% female in 2020 compared to only 22.6% in 2012) and in racial/ethnic diversity (23.8% people of color in 2020 as compared to 11% in 2012). With respect to age, the mean age in 2020 was 45.2 years, down from 54.5 years in 2017.

In 2019, we also launched a standardized appointee survey that collects race/ethnicity, languages spoken, practice characteristics, and geography and constructed a data dashboard to display that information to staff as well as to our appointees. The goal of the survey and data dashboard are to adequately capture and share data so that decision-makers can readily see gaps in participants in appointees on different committees, subboards, and boards.

Actions we are taking as part of this action plan are summarized in Table 5. Currently, we do not have a system to track our non-appointee volunteers, defined as those volunteers participating in short-term efforts like standard setting, practice analyses, panels, user groups, other working groups, and ad hoc surveys. A tracking effort for non-appointee volunteers is on hold until 2022 but will be important to include in future analyses regarding the diversity of the pediatric workforce's participation in ABP activities. Also, we have not yet engaged with appointees of diverse racial/ethnic backgrounds to learn how we could improve their experience at the ABP (e.g., onboarding, mentoring) as we have done with public members.



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**Table 5. Actions to Foster Greater DEI Among ABP Appointees**

STEPS	LEAD(S)	TIMEFRAME	OUTCOME	ABP FUNDING SOURCE
Encourage attention to diversity in nominations	Nichols	2018+	Counts (%) of nominees by categories	Core
Build relationships with other organizations that support a diverse pediatric workforce (e.g., National Medical Association (NMA) and National Hispanic Medical Association (NHMA))	Nichols	2018+	1. Attendance at ABP Board of Directors meetings 2. Shared initiatives	Core
Develop and maintain appointee survey that measures diversity (broadly defined)	Leslie/Moore	2019+	Annual survey	Foundation
Develop and maintain DEI appointee data dashboard	Leslie	2019+	Dashboards employed in all committee/subboard/board meetings re: new appointees	Foundation
Add comparison fields to dashboards	Leslie	2021+	Dashboards updated to include comparison to all subs (2021) and to specific sub (2023, when sufficient data)	Foundation
Change age criteria in bylaws	Moore/Hazinski	2020	Bylaws voted on December 14, 2020	Core

## **ACTION PLAN 5: Enhance DEI at the ABP**

The ABP currently has approximately 130 employees and contractors. While we do not collect demographics for contractors, data for employees indicate an average age of 47.9 years, 59.8% female, and 24.2% people of color.

The public visibility of George Floyd’s death launched a heightened focus on the prevalence of individual, institutional, and structural racism in society at large.

Since May 2020, we have held a Juneteenth reflection event, conducted three racial conversation surveys, and hosted two racial conversations at all-staff/contractors meetings where ABP staff have shared personal stories and experiences (June 2020, November 2020). In addition, we have named a DEI executive sponsor (Leslie) and a temporary DEI working group for 2020. We have contracted for an ABP Pay Bias Study with an outside organization, Pearl Meyer, and have completed a review of our promotions process by a staff committee (co-chairs Moore, Howard).

Also, we have hired a consultant for 2020–2021 to work with us around DEI with a specific focus on race/ethnicity. She will be working with us to:

- Improve the culture around race/ethnicity;
- Review the Pay Bias Study and Promotions Process Committee (PPC) reports;
- Review ABP policies/procedures re: hiring/promotions;



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- Implement a DEI Leadership Council;
- Provide trainings (implicit bias, microaggressions, bias interrupters, allyship); and
- Celebrate diversity at the ABP through staff activities.

Of note, given the tensions of the recent presidential election, conversations about racism and politics are deeply entwined. We have experienced different responses among staff and contractors at the ABP to this initiative. We are working closely with our consultant, Ms. Johnson-Lopez, to navigate these differences.

Table 6 describes the ABP staff activities to enhance DEI. *We anticipate that Ms. Johnson-Lopez will make recommendations to enhance DEI at the ABP over the upcoming months. We also are investigating metrics specifically related to enhancing DEI at the ABP and hope to develop a data dashboard in 2022.*

**Table 6. Actions to Enhance DEI at the ABP**

STEPS	LEAD(S)	TIMEFRAME	OUTCOME	ABP FUNDING SOURCE
Foster racial conversations	Nichols/Leslie	2020	Completed: Juneteenth Day reflection, three racial conversation surveys, two racial conversations town halls where staff have shared their personal stories	Core
Build infrastructure	Nichols/Leslie	2020	Completed: Named consultant (Gracie Johnson-Lopez), executive sponsor (Leslie), and temporary working group for 2020, resources list and other handouts available on team site	Core
Review compensation policies/procedures	Moore/Gainey	2020	Completed: 1. Promotions Process Committee Report (co-chairs Moore, Howard) 2. ABP Pay Bias Study (outside organization)	Core
Work with consultant	Nichols/Leslie/ Moore/Gainey	2021	1. Improvement plan for compensation policies/procedures. 2. Review of HR employee handbook 3. Trainings (e.g., implicit bias, microaggressions, other) 4. DEI Leadership Council appointed 5. Complete internal facing DEI plan developed and reviewed	Core
Celebrate diversity at the ABP	Gainey/Leslie/ Moore	2020+	1. Counts of celebrations of diversity 2. Staff survey regarding inclusiveness	Core
Study metrics and build out data dashboard	Leslie/Gainey	2021+	Clear set of metrics and data dashboard constructed	Core

## ACTION PLAN 6: Measure What We Do

The ABP DEI measures can be broken down into structural (was something completed, put in place), process (was a process improved), and outcomes (did satisfaction or other outcomes change following an intervention). Most of the measures for 2020–2021 described in the tables in this document are structural in nature, but without structures instituted or mechanisms for capturing and disseminating data constructed,



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measuring processes and outcomes are difficult. We will start with these basic measures and then propose a more robust measurement system, including processes and outcomes, for the ABP Strategic Plan for 2023–2025.

## ACTION PLAN 7: Communicate to Learn and to Share Our Learnings

Communication is a critical focal area for the ABP, given the rapidly changing external environment and the opportunity to learn from and grow with organizations similar to our own. In addition, as other organizations identify and raise concerns, we will need to respond/partner with them in ways that cannot be anticipated at this time.

Actions currently anticipated for this action plan include are listed in Table 7.

**Table 7. Actions to Communicate, Learn, and Share Our Learnings**

STEPS	LEAD(S)	TIMEFRAME	OUTCOME	ABP FUNDING SOURCE
Foster conversations with other boards and health organizations	Nichols/Leslie	2020+	Bidirectional learning	Core
Respond to requests/petitions from other organizations	Althouse (Child Abuse Pediatrics), Turner/Woods (SDBP)	2020+	1. Bidirectional learning 2. Potential future content outline changes	Core
Disseminate through presentations and manuscripts	All SMT	2020+	Count of presentations and manuscripts	Core
Develop anti-racism statement signed by Board of Directors	Nichols	2020	Completed: Added to webpage June 2020	Core
Develop web presence calling out ABP's commitment to DEI, making racism statement more visible, sharing success stories	Perry	2021+	Implementation of webpage	Core
Support the Federation of Pediatric Organizations (FOPO) DEI efforts	Nichols, all SMT as indicated	2020+	Coordinated DEI efforts among all pediatric organizations	Core
Support the ACGME and ABMS DEI efforts	Nichols, all SMT as indicated	2020+	1. Data exchange 2. Policy coordination	Core



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## Working Glossary of Diversity, Equity, and Inclusion Terms

TERM	DEFINITION
Diversity	The varied identities and experiences within our teams and the health care professionals and families and communities we serve <sup>1</sup>
Equity	Attainment of the highest level of opportunity/engagement/health for all <sup>2</sup>
Equality	Ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one should have poorer life chances because of where, what or whom they were born, what they believe, or whether they have a disability <sup>2</sup>
Inclusion	Inviting all people to take part in building our structures and processes, a necessary step to achieving best outcomes <sup>2</sup>
Interdependence	Respect for the range of perspectives and expertise that diverse individuals bring to a team/ organization/process/system and authentic incorporation of those diverse voices due to a reciprocal relationship among individuals or groups <sup>3</sup>
Bias	Preferences in individuals, structures, or processes that can drive differences in opportunity/engagement/health <sup>2</sup>
Ethnicity	Shared cultural practices, perspectives, and distinctions that set apart one group of people from another. That is, ethnicity is a shared cultural heritage. The most common characteristics distinguishing various ethnic groups are ancestry, a sense of history, language, religion, and forms of dress. Ethnic differences are not inherited; they are learned. <sup>2</sup>
Race	People who have differences and similarities in biological traits deemed by society to be socially significant <sup>2</sup>
Systemic Racism	System of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race') <sup>4</sup>
Anti-Racism	Practice of identifying, challenging, and changing the values, structures, and behaviors that perpetuate systemic racism <sup>5</sup>
Disparities	Differences in opportunity/engagement/health based on characteristics of the individual or group diversity <sup>2</sup>
Health Equity Integration	Embedding health equity activities into existing organizational processes <sup>6</sup>
Social Determinants of Health	Conditions in which people are born, grow, live, work, and age; that impact health outcomes; shaped by distribution of money, power, and resources <sup>7</sup>
Cultural Awareness	Attitudes, knowledge, and skills needed to work effectively with those who are different from us, includes cultural humility/sensitivity/responsiveness <sup>2</sup>



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Structural Competency	Competency in reorienting clinical and public health practice toward community, institutional, and policy level intervention based on alliances with social agencies, community organizations and policy makers; builds off of the concept that health-related factors previously attributed to culture or race/ethnicity and other factors represent the downstream consequences of decisions about larger structural contexts (e.g., health care, zoning laws, local politics) and impact our definitions of illness and health <sup>8</sup>
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This glossary was last updated in November 2020. It is modeled after the Equity, Diversity, and Inclusion (EDI) Checklist at Children’s Mercy Hospital.

## Sources

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