



The Balancing Act of Diversity Initiatives

This article is reprinted from the August 2011 issue of the Journal of the American Dietetic Association (2011;111(8):1110-1117).

EACH CENSUS YIELDS DATA about the changing demographics in the United States, and many associations use that opportunity to inwardly reflect on the demographic makeup of their own respective memberships. But how important—or realistic—is it that an association's membership reflects the community served or the nation at large?

The International Association of Fire Fighters, for example, in its 2006 diversity report¹ had a stated purpose of identifying best practices in recruitment, selection, and retention that would yield a workforce “that reflects the community served,” specifically targeting the fire service’s underrepresentation of women, gays and lesbians, and people of color. Although it may seem a worthwhile endeavor to recreate the larger demographic composition in the microcosm of an association, it may not be easily achievable. Consider that as of October 2010, there

were 157.2 million women—approximately 51% of adults—in the United States.² Now compare that figure with the total number of employed female firefighters: It was 0 in 1980 and increased to 3.7% in 2000, a rate of 0.2% per year, a rate that would not yield a 17% female firefighter workforce until 2080.³

In its 2004 report on diversity in the medical professions, the Sullivan Commission on Diversity in the Healthcare Workforce,⁴ led by Louis Sullivan, MD, former US Secretary of Health and Human Services, illustrated the gap in national vs professional demographics: although blacks, Hispanics, and Native Americans together comprise more than 25% of the US population, they represent only 9% of nurses, 6% of physicians, and 5% of dentists. Furthermore, of more than 16,000 students in the medical school graduating class of 2007, there were 2,197 blacks, Hispanics, and Native Americans in total.

Arguments that increased diversity in health professions is essential relate to the many challenges related to minority underrepresentation in the health care fields, such as the following⁵:

- A disproportionate number of underrepresented health professionals—particularly physicians—serve in minority and other medically underserved populations.
- Studies have argued that practitioners of the same race or ethnicity as minority patients, most frequently in primary and mental health care contexts, often provide more effective interpersonal care.
- Studies have argued that patients who do not speak English—particularly those in mental health care—receive better interpersonal care, more effectively comprehend the nature of their care, and demonstrate a greater likelihood of showing up for follow-up appointments when visiting language-concordant practitioners.

But implementing initiatives to address these issues is a challenge in itself. In January 2011, the American Society of Association Executives (ASAE) published a report in a series of studies involving feedback from 29 nonprofit organizations regarding diversity initiatives, and a frequent observation in the report bodes poorly for those looking for a quick and easy fix to perceived diversity problems: “Most recent reviews of the literature find little research that should be used with complete confidence to design useful diversity management strategies.”⁶

When a member association seeks to launch diversity initiatives to benefit its membership or profession as a whole (as opposed to the consumer or patient populations its constituents serve), there are two essential determinations to make early on in the process. What does “diversity” mean within the organizational structure, and what is the association attempting to accomplish by way of its diversity initiatives?

WHAT IS DIVERSITY?

Diversity is a term with multiple, subjective definitions. Generally speaking, although diversity can refer to characteristics such as age, physical ability, religion, and socioeconomic status,⁷ the discussion of diversity in terms of the US workforce has focused exclusively on race and sex.⁸ As a result, many association diversity initiatives have focused exclusively on attracting a membership that mirrors these demographics. Each association engaged in examining its profession’s diversity must determine whether this particular concern is the best use of organizational resources, and it may not be. The former vice-president of diversity at IBM, J.T. (Ted) Childs,⁸ has leveled the criticism that “[Workplaces] are spending too much time and money in work-related classrooms addressing core equal opportunity issues—that is, race and gender—that were addressed in the 1960s.”

Furthermore, it becomes increasingly more difficult to check one box on

To take the Continuing Professional Education quiz for this article, log in to www.eatright.org, click the “myAcademy” link under your name at the top of the homepage, select “Journal Quiz” from the menu on your myAcademy page, click “Journal Article Quiz” on the next page, and then click the “Additional Journal CPE Articles” button to view a list of available quizzes, from which you may select the quiz for this article.

Statement of Potential Conflict of Interest: The author has no potential conflict of interest to disclose.

*This article was written by **Karen Stein, MFA**, a freelance writer in Traverse City, MI, consultant editor for the *Nutrition Care Manual*, and a former editor at the *Journal*.*

doi: 10.1016/j.jand.2013.02.011

a form that queries demographics to indicate a person's racial or ethnic background—and this emerging reality means that establishing quotas toward the end of achieving diversity will fall flat, as they rely on an outdated construct of ethnic self-identification.

However, the national conversation at this time is not only about whites and blacks, men and women. An emerging area of interest is “people-oriented diversity issues”⁸ such as those related to gay, lesbian, bisexual, and transgendered (GLBT) individuals and persons with disabilities.

The American Medical Association, for example, launched its Advisory Committee on GLBT issues in 2005 to provide a forum for GLBT physicians and medical students and an educational opportunity for the membership at large. The American Medical Association's impetus for establishing this committee was that although most physicians share concerns about general practice-related issues such as health care and medical liability reform, “many physicians and medical students, including those who are GLBT, also want their organization to advocate for them on personal issues.”⁹ The American Bar Association, along with its commissions for women and persons of color, has established commissions focused on its GLBT members and legal professionals with mental and physical disabilities. Although this system perhaps emphasizes the number of people who fit within a demographic—an approach that many individuals oppose and is not the ideal tactic for many organizations—it effectively exemplifies the evolution of people-oriented diversity programs.

DEFINING THE DIVERSITY INITIATIVE

Diversity committees are generally tasked with creating initiatives at organizations. One important consideration for such programs—and echoed by Constance Thompson, the Senior Manager of Diversity at the American Society of Civil Engineering (ASCE), an organization with more than 140,000 members that is 10 years into its own push for diversity initiatives—is that the association knows what it aims to achieve in formulating a diversity plan.

Diversity committees are capable of developing effective programming, as

long as committee members are mindful of pursuing attainable goals and do not assign their focus to only one underrepresented group.⁶ That said, member associations that “try to be too many things to too many groups . . . risk becoming less relevant to their core verticals.”¹⁰

According to the ASAE report, “Associations that are explicit in their reasons for pursuing diversity and inclusion are also more likely to be proactive in their efforts to identify and address challenges to diversity and inclusion.”⁶

Thompson notes that because pursuing diversity initiatives for the sake of diversity—“to say we did it” or because “it's the right thing to do”—is misguided, any organization should engage in self-reflection, defining what can be done with a firm commitment and within the parameters of the budget. Otherwise, members will question the reason for the effort and expense and demonstrate resistance to change (Constance Thompson, personal communication, March 1, 2011).

Indeed, such programs will not succeed without careful strategic planning that reflects an awareness of opportunity for change and a shared vision from organizational leadership, establishes bold objectives that challenge the organization, and delineates the desired outcomes rather than the specific tasks to achieve them.¹¹

Part of the exceptional importance of determining goals is governed by the consideration of what kind of representation each group within the organization needs. Returning to the example of diversity in the firefighter service, if the organization's goal is to have each fire department reflect the community it serves, then each fire department will require a different approach to achieve this outcome. As noted in the ASAE report, “Diversity and inclusion programs cannot be one-size-fits-all undertakings. In other words, if your association has a variety of membership levels, professional types, or underrepresented groups (eg, students, teachers, private, public), then these groups may be looking for different benefits.”⁶

Figure 1 delineates the steps toward implementation of a diversity initiative among staff, members, or professionals as they represent a profession.

DO GOOD INTENTIONS ALWAYS YIELD GOOD OUTCOMES?

Although many organizations publish policy statements or show another form of clear support for diversity ideals, not all clearly indicate how this encouragement manifests into action. For example, the American Academy of Family Physicians (AAFP) notes the following on its diversity-related Web site pages¹²:

The AAFP endorses the goal of equitable representation for minorities and women as medical students, staff and faculty at US medical institutions. The AAFP supports programs that have the goal of increasing the number of minority and women student applicants to medical schools, and the number of qualified minority and women student admissions. The AAFP recommends that medical schools and academic health centers stimulate interest in medical careers among minorities and women through specific outreach programs.

The AAFP further recommends that academic health centers, and professional societies for physicians, have programs of leadership development both for minority and women physicians, and medical students. These programs should include mentorship opportunities. Current and expanded efforts to increase the training of minorities and women in medical research should be supported.

However, there is no information available that further delineates the association's efforts to achieve this outcome.

Similarly, the American College of Surgeons has a Diversity Committee, and emphasizes diversity at all levels for committees, governors, and regents, but according to the Administrator of Member Services (personal communication, March 3, 2011), there have been no programs with expected or measurable outcomes.

Other associations, such as the National Association of Social Workers, put the emphasis on delivering care to a diverse patient population, and efforts to increase diversity among the membership and profession are not high-

Figure 1. Template for creating a diversity plan for staff, members, or professional representation.

lighted. The American Correctional Association has published a book on diversity in the profession (*Essays on Staff Diversity in Corrections*) but has not indicated any additional association-driven initiatives.

Although many organizations look to what others have done when seeking to determine their own ideal approach to launching diversity initiatives, profes-

sionals who import the best practices of other organizations “tend to ignore the importance the implicit and explicit organizational context that made these practices work in their native environments.”¹³ Benchmarking may be a worthwhile endeavor toward the process of generating ideas, but it is misguided to assume that incorporating the programs of other organizations would

be an inexpensive, guaranteed, easily implemented step toward success.¹³

Positive deviance casts an internal look to where best practices seem to be found internally within an organization, a “simple principle that within any group of people with similar resources and constraints facing a challenge, a small percentage of individuals manifest exceptional personal behaviors.”¹³

This approach has been incorporated into ASCE's 10-year effort—interest and excitement in the programs have amplified and waned throughout the years, from a buzz in the first 2 years to a slump at the 5-year mark, and the organization is constantly looking inward to determine not how to get underrepresented groups into the profession and organization, but where should ASCE be focusing its efforts (personal communication, Constance Thompson, March 1, 2011).

WHAT OTHER ORGANIZATIONS HAVE DONE

In its 2010 report, the ASAE surveyed 352 organizations (with a 7.1% response rate) to ascertain what they have accomplished regarding diversity programs and goal setting.⁹ Following are some noteworthy results:

- 44.9% of responding organizations have affinity groups for members;
- 35.1% published articles on diversity;
- 34.2% implemented studies to assess demographics of current and potential membership;
- 29% explicitly address diversity or inclusion in the organization's mission statement;
- 27.8% have written goals regarding membership diversity;
- 23.9% have a formal review policy for addressing potentially offensive language, imagery, and other content appearing in formal communication and publications;
- 19.3% have a mentoring program to target underrepresented groups; and
- 17.3% evaluated the success of a diversity initiative.

Figure 2 presents a sample of other associations' efforts to implement diversity programming. Few details regarding whether these programs are successful were found. It is possible, however, that these are unknowns (particularly in an organization where there is no staff member whose job responsibilities are specifically focused on diversity programming). When ASAE respondents were "asked for their association's philosophy or orientation to diversity and inclusion, [they tended

to report on] simply increasing representation of underrepresented groups, but little about reasons for doing so. Only a few respondents mentioned that it's the right thing to do, or noted legal compliance, improved access in minority communities, or the chance to gain more diverse ideas."⁴

It is also possible that it is too soon to measure the impact of the programs. Thompson has noted that the ASCE is continually updating its diversity goals and that any organization should expect to create goals at 5- or 10-year intervals, as the ever-evolving demographics and workplace demands require a degree of fluidity in meeting diversity-related objectives.

WHAT THE AMERICAN DIETETIC ASSOCIATION HAS DONE

The diversity initiatives of the American Dietetic Association (ADA) stack up well in terms of proactively addressing diversity through all of ADA's organizational units.

For example, ADA has developed the following programs:

- An official Diversity Philosophy Statement, which says "The ADA values and respects the diverse viewpoints and individual differences of all people. ADA's mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it services. ADA actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise."
- Diversity Mentoring Toolkit for educators
- Member Interest Groups
- Diversity Action Award
- Diversity Leaders Program Award
- Diversity Promotion Grant
- Diversity Checklist
- Cultural Competency Resources

- Food and Nutrition Information in multiple languages
- Mentoring programs
- Pan-ethnic images in all ADA messaging, such as membership brochures, official Web site, marketing materials

Such endeavors establish ADA as an inclusive organization that is mindful of diversity within the profession, but does the fact that 83% of its 52,000 practicing members self-identified as white in 2008, whereas 11% (n=5,720) self-identified as "diverse,"¹⁴ automatically mean that the ADA should pursue a more diverse pool of practicing dietitians to boost the percentages? To expect ADA's demographic diversity to match that of the Census is not a realistic pursuit. Among the more than 30,000 dietitians eligible for but not pursuing ADA membership, 80% self-identify as white and 14% (n=3,167) as "diverse."¹⁴ Studies have explored some of the challenges to diversifying the profession, such as biases that exist against the profession as well as the reasons it may be difficult to attract underrepresented groups to the field. Pipeline programs are an effective means for addressing some of these recruitment concerns.

MEANS TO ACHIEVING DIVERSITY

An organization interested in demographic diversity within the profession via increasing numbers among given races or ethnicities may look to pipeline programs to achieve that goal. Pipeline programs target racially and ethnically underrepresented students ("underrepresented" defined as having a minimal presence within a given field in comparison with representation in the general population) and attempt to attract them to a given profession and subsequently support them in their pursuit of educational goals toward that end. Pipeline grants help to fund outreach efforts to attract these students; support may come in the form of mentoring programs and benefits such as complimentary attendance at conferences and participation in other leadership institutes.

Following are the components that the most successful pipeline programs specifically concentrate on¹⁵:

PRACTICE APPLICATIONS

ORGANIZATION	SAMPLE PROGRAMS	FEATURES	ACTUAL OR TARGET OUTCOMES
American Bar Association (ABA)	<p>Various task forces:</p> <ul style="list-style-type: none"> ● Persons with Mental and Physical Disabilities ● Women ● Persons of Color ● Gay, Lesbian, Bisexual, and Transgender (GLBT) <p>Young Lawyers Division: Choose Law, a pipeline program</p>	<p>2008: Diversity established as one of ABA's four goals</p> <p>Web site, book, brochure, DVD, seminars to encourage various underrepresented groups to enter profession</p> <p>Pipeline: ABA Scholarship Fund to help incoming diverse students (20 annually) pay for law school (\$15,000 over 3 years)</p>	<p>Organization declined to provide outcomes other than for Pipeline initiative:</p> <p>Pipeline Outcomes: For academic year 2009-2010, almost 1,000 applicants competed for 20 scholarships:</p> <ul style="list-style-type: none"> ● 40% African Americans ● 26% Hispanics ● 12% Asians ● 3% Native American ● 12% other ● 8% no response <p>Sex: 32% male and 68% female</p>
American Dental Association	American Dental Association Institute for Leadership in Diversity	2003: Three leadership training seminars (no fees/costs—sponsored by organization and sponsors) for racial, ethnic, and/or gender groups traditionally underrepresented in organizational leadership roles	Organization declined comment regarding outcomes
American Hospital Association (AHA)	Institute for Diversity in Health Management (affiliate program)	2009: Minority Recruitment and Training Program: Minority Trustee Candidate Registry; resource center including collection of studies, information, news, and data for hospitals seeking to diversify their workforce and better serve their diverse patient populations	As of 2010, 300 minority candidates participated in the training program, 200 were added to the registry, and 10% have been named to hospital boards. AHA considers this program a success.
American Library Association (ALA)	<ul style="list-style-type: none"> ● Various committees/member groups ● Diversity Leadership Institutes ● Joint Conference of Librarians of Color ● Spectrum Scholarship 	<p>2005/2008 Leadership Institutes : Allowed staff at all levels of library structure to examine the concepts of diversity and leadership and provided hands-on techniques and resources to assist with enhancing workplace diversity</p> <p>Scholarship (a pipeline program): One-time, non-renewable \$5,000 scholarship award (plus additional benefits such as 1-year ALA membership, free admission to annual conference and leadership institute, etc) paid to American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, or Native Hawaiian/Other Pacific Islander students in an accredited library program</p>	600 students from traditionally underrepresented groups have received scholarships, leadership training, professional networking, and mentoring
American Medical Association (AMA)	<p>Advisory Committee on GLBT Issues</p> <p>Doctors Back to School Program (pipeline)</p>	<p>2005: Established by AMA House of Delegates to offer programs to GLBT community and increase awareness of GLBT issues among general membership</p> <p>Program provides for minority physicians and medical students to schools and community programs as a way to introduce children to professional role models with the goal of increasing minority physicians</p>	<p>Opened AMA-sponsored insurance plans to GLBT physicians, residents, and medical students</p> <p>Established a dedicated section of weekly e-newsletter related to issues that affect this group (purpose: educate all members about the issues while informing members of specific community about topics of interest)</p>

(continued)

Figure 2. Diversity initiative outcomes.

ORGANIZATION	SAMPLE PROGRAMS	FEATURES	ACTUAL OR TARGET OUTCOMES
American Nurses Association	Minority Fellowship Program (pipeline initiative)	Since 1974: Clinical research (pre- and post-doctoral) fellowships to increase minorities in mental health nursing programs	Over course of program's existence, more than 266 ethnic/minority nurses have been supported in their pursuit of excellence in leadership positions in research, education, clinical practice, and public policy
American Occupational Therapists Association	Diversity in Occupational Therapy section on Prospective Students Web page Participation in Ventures Scholars Program for underrepresented students interested in science-based careers	Interview videos of individuals explaining why they chose occupational therapy career in native language (Tagalog, Spanish, Polish, Bengali, Mandarin) Case stories of persons of specific heritage (African American, Orthodox Jew, Asian/Pacific Islander, Hispanic, Practitioners with Disabilities) about why they chose the profession Brochure for recruitment to the profession updated to better reflect diversity of membership	No data regarding how many students enrolled in occupational therapy programs based on these marketing materials, but 2006 workforce study determined that membership is currently 86.2% white; student populations were 88.6% white in doctoral degree programs, 72.8% white in master's level programs, and 74.6% white in assistant programs
American Society of Civil Engineering	Committee on Diversity and Women in Civil Engineering	2000: Adopted diversity policy statement Hired professional staff with exclusive focus on diversity <ul style="list-style-type: none"> ● Published diversity policy statement and best-practices book (<i>Diversity by Design</i>) ● Partnered with Bureau of Labor Statistics, Association of Mechanical Engineers, and internal membership and data group to strengthen pipeline programs for affinity groups ● Donated supplemental funding to institutions that offer summer engineering programs to underrepresented/underprivileged youth ● Partnered with the National Society of Black Engineers and the Society of Hispanic Professional Engineers 	Has seen measurable increase in women entering the profession but other groups are still underrepresented Sets goals at 5-, 10-, and 20-year intervals (initiatives ongoing, must be continually updated as the data change) (Organization declined to give specifics)
National Realtors Association	Diversity Programs for local and state Associations	Diversity workshop (two-hour course), toolkit, and grants (for programs that establish realtors as leaders in diverse communities) to help state and local realtor associations implement diversity programming	Organization declined comment on outcomes

Figure 2. (continued) Diversity initiative outcomes.

- academic enrichment, particularly in mathematic and science programs;
- admissions process preparation;
- mentoring and offer of professional opportunities; and
- provision of financial and psychosocial support.

One noteworthy pipeline program is the Ventures Scholars Program—a not-for-profit program that promotes access to higher education toward math- and science-based careers among underrepresented students (defined as “racial and ethnic populations [African Americans/blacks, Hispanics/Latinos/as, American Indians/Native Ameri-

cans or Alaskan Natives] that are underrepresented in the math and science professions relative to their numbers in the general population”). The program itself comprises a national consortium of undergraduate colleges and universities, professional schools, graduate schools, professional associations, and organizations

that have the opportunity to recruit scholars for undergraduate and graduate studies and, ultimately, careers in a given field.¹⁶

Among high school and undergraduate students currently in the program, 2,609 and 298, respectively, have an intended major in the health professions.¹⁶

An article exploring pipeline programs will appear in a future issue of the *Journal*.

CONCLUSION

Although it is admirable that an association would want to increase its diversity to reflect the demographics of society, as once noted by Charles R. Drew, MD, FACS (1904-1950)—a famed African-American surgeon, teacher, researcher, and founder of two of the world's largest blood banks—"Excellence of performance will transcend artificial barriers created by man."¹⁷ This idea highlights an interesting dilemma: Pursuing future representation in the profession by way of quotas emphasizes demographic details over competence, yet demographic composition may have implications particularly in the allied health professions, as multiple studies have shown that "racial and ethnic minority health providers are more likely to serve medically underserved communities and underrepresented minority patients than their white counterparts."¹⁵

Given the concentration on math and science in the academic curricula for health careers, early intervention, as provided in pipeline programs, may be essential. A 2000 assessment of academic data found that underrepresented minority students had a lower

probability of graduating high school with sufficient academic preparation for the requisite college courses in the health curricula (eg, biology and chemistry).

Therefore, although there is no "one right answer" or quick-fix for effectively increasing the diversity within a profession, multiple options exist. People-oriented initiatives, a current trend in diversity projects, may not be an ideal or practical approach for all organizations. However, concentrating efforts on attracting students from underrepresented communities early in their academic careers helps to adequately prepare them for the career trajectory in a given profession, which has the dual effect of producing effective practitioners who represent the national community as reflected in census data.

References

1. Fox KA, Hornick CW, Hardin E. Achieving and retaining a diverse fire service workforce. <http://www.iaff.org/hr/media/IAFF%20Diversity%20Report.pdf>. Accessed March 10, 2011.
2. US Census Bureau. Women's history month: March 2011. http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb11-ff04.html. Accessed March 9, 2011.
3. Hulett DM, Bendick M Jr, Thomas SY, Moccio F. A national report card on women in firefighting. <http://www.i-women.org/images/pdf-files/35827WSP.pdf>. Accessed March 10, 2011.
4. The Sullivan Commission. Missing persons: Minorities in the health professions. 2004. <http://www.aacn.nche.edu/media/pdf/sullivanreport.pdf>. Accessed April 27, 2011.
5. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Profession-

als. The rationale for diversity in the health professions: A review of the evidence. 2006. <http://bhpr.hrsa.gov/healthworkforce/reports/diversity/default.htm>. Accessed April 27, 2011.

6. Childs JT. Diversity: Why we're not there yet. *Associations Now*. August 2007.
7. Association Forum of Chicagoland. Association Forum Professional Practices: Achieving Diversity in Associations. <http://asaecenter.org/PublicationsResources/whitepaperdetail.cfm?itemnumber=12195>. Accessed March 31, 2011.
8. Kutnick M. Inside the AMA's GLBT Committee. *Forum*. 2010;41-46.
9. Leiter J, Solebello N, Tschirhart N. Enhancing diversity and inclusion in membership associations: An interview study. <http://www.asaecenter.org/foundation2/documents/ncsudivinreport.pdf>. Accessed March 10, 2011.
10. Olsen K. Create diverse meetings for diverse members. *Forum*. 2011;27-28.
11. Rhea ML. Strategic planning essentials. *Associations Now*. January 2011;59.
12. American Academy of Family Physicians. Medical schools, minority and women representation in medicine. <http://www.aafp.org/online/en/home/policy/policies/m/medicalschoolsminorityandwomen.html>. Accessed March 14, 2011.
13. Santana J. The power of positive deviance. *Diversity Executive*. 2011;25-27.
14. American Dietetic Association, Commission on Dietetic Registration. 2008 Needs Assessment Survey. Chicago, IL: American Dietetic Association; 2008.
15. Smith SG, Nsiah-Kumi PA, Jones PR, Pamies RJ. Pipeline programs in the health professions, part 1: Preserving diversity and reducing health disparities. *J Natl Med Assoc*. 2009;101:836-847.
16. Ventures Scholars Program. About us. <http://www.venturescholar.org/aboutus/index.html>. Accessed March 15, 2011.
17. Simpson E. Respected Suffolk surgeon takes prestigious position. [HamptonRoads.com](http://hamptonroads.com/2010/09/respected-suffolk-surgeon-takes-prestigious-position). <http://hamptonroads.com/2010/09/respected-suffolk-surgeon-takes-prestigious-position>. Accessed September 29, 2010.