



POSITION STATEMENT ON DIVERSITY, EQUITY, AND INCLUSION

VISION

To build a culturally effective, inclusive, and equitable profession that aligns with and supports our patients, workforce, and the communities that we serve. To promote health equity for patients in areas including but not limited to age, race, religion, sex (including pregnancy, childbirth or related medical conditions), gender identity, sexual orientation, national origin, or disability, genetic information, marital status, military status, or any other legally protected class. To reach a standard of practice in which diversity, equity, and inclusion is woven throughout child life infrastructure in areas including but not limited to higher education, certification, professional standards, policy, and the ongoing development of child life specialists.

CURRENT STATE

Racism proliferates in various forms in nearly all countries and cannot be examined in isolation; it is often linked to forms of oppression based on sexism, religious persecution, political conflict, economic exploitation, or international conflict (Castles, 1993). The work of dismantling oppressive systems thereby begins with the acknowledgement that oppression is embedded in society and is followed by a commitment to understanding how the massive historical trauma associated with it continues to shape the lives of individual children, families, communities, and the systems with which they interact (National Child Traumatic Stress Network, 2016).

Current projections predict that between 2000 and 2050, racial and ethnic minority groups will grow to account for nearly one-half of the population in the United States. Many of the groups predicted to experience the largest growth are also groups receiving lower-quality health care.

Simultaneously, the child life workforce in the United States does not nearly reflect the diversity of its population. A 2018 demographic analysis within the field indicates that the typical child life professional is a Caucasian female, age 34 years (Lookabaugh, Ballard 2018). The results of the most recent job analysis (2013) validate this paradigm with 92% of respondents identifying as Caucasian and 2% of respondents identifying as male. It should be noted that this analysis does not reflect the gender identity or physical ability of respondents.

The risks associated with maintaining this homogeneity are multifold and have the potential to negatively impact patient care.

KEY TERMS

Diversity is the presence of a wide range of human qualities and attributes, both visible and invisible, within a group, organization, or society.

Equity is a condition or state in which there is inclusive and respectful treatment that recognizes and acknowledges the accommodation of differing needs and expectations. Equity acknowledges the fact that equal treatment does not always yield equal results.

Inclusion is creating an environment where people have both the feeling and experience of belonging and are able to achieve their full potential.

Oppression refers to a malicious and harmful pattern of unjust treatment or control practiced by a societal group.

Cultural Consciousness is the process of developing awareness of culture in the self, which can result in expanded understandings of culture and deeper cultural knowledge about other individuals and contexts.

Child life Infrastructure is an amalgam of college, university, hospital, community/private practice, and professional programs and organizations that are dedicated to the practice and profession of child life.

Identity describes an individual's comprehension of themselves as a discrete, separate entity.

GUIDING FRAMEWORK: CULTURALLY EFFECTIVE CARE

In the policy statement “Ensuring Culturally Effective Pediatric Care: Implications for Education and Health Policy,” the American Academy of Pediatrics (AAP) defines **culturally effective care** as “the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of cultural distinctions leading to optimal health outcomes.” Such understanding should consider the beliefs, values, actions, customs, and unique health care needs of distinct population groups. Clinicians should enhance interpersonal and communication skills, thereby strengthening the clinician-patient relationship and maximizing the health status of patients (AAP, 2019).

COMMITMENTS

To realize this vision, the Association of Child Life Professionals, in partnership with its members, commits to:

- Ensuring equitable and inclusive behaviors, practices, and policies, with regular review.
- Enabling full participation and engagement by membership through equitable access to information, services, and opportunities.
- Providing ongoing learning that facilitates equity and inclusion at individual, organizational, and community levels.
- Creating safer spaces that foster mutual understanding, respect, and growth.
- Making diversity, equity, and inclusion a long-term strategy, which includes awareness, skill-building, and intervention.
- Supporting inclusive leaders and change champions.
- Recruitment, promotion, and retention of diverse professionals.

- Dedicating resources, including people, time, and/or money, to equity and inclusion.
- Building transparent and accountable relationships and systems.
- Recognizing individuals and organizations implementing best practices in equity and inclusion.
- Ensuring that training in health equity, the ways in which diversity can impact patients' healthcare experience, and the identification of disparities in care are part of the formal education and certification of child life specialists.
- Reckoning with the child life profession's history as a white and female dominated profession, which includes demonstrating leadership in creating and sustaining a culture that actively supports diversity, equity, and inclusion.

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