INTRODUCTION

Throughout institutions of higher education, and particularly within academic veterinary medical education, we know that wellbeing and diversity & inclusion are intricately connected to the collective success of our member institutions. Diversity, inclusion, and wellbeing are academic disciplines and there are models and frameworks that exist to help us interlock these crucial aspects together for our community’s benefit. The visual model from the National Wellness Institute helps illustrate the systems at play within us personally, our worksites, and our communities.

WHITENESS IN WELLBEING

Wellbeing is a universal concept and rightfully should remain in an accessible space for all to engage with. The concept of wellbeing has shifted into the mainstream but with that it has also become commodified and promoted as trendy food diets, yoga retreats, and luxury products with a price point only few can afford. When discussing wellbeing, it is important to acknowledge that general mainstream advertising and product consumption strongly centers white, upper class, thin-bodied, cis-females in its visualization and programming. When it comes to developing wellbeing programs, creating offerings that are accessible to people of all identities while also providing tailored supports for specific groups is much more effective. When planning and promoting your programming, also consider what images you chose to include and what groups may be feeling more impacted at certain times than others.

For example, when the #MeToo Movement is prominent in the media, it would be appropriate and valuable to have wellbeing programming that focuses on supporting and holding space for survivors of harassment and sexual assault and also acknowledging that BIPOC and LGBTQ+ women experience sexual violence at rates higher than the general population. When systemic violence against marginalized or black and brown bodies is prominent in the media, it would also be appropriate and encouraged to acknowledge the physical and emotional toll this takes on people who share similar identities (gender, race, orientation, etc.) and support them while also providing education to those who want to engage in supporting the value of marginalized lives within all our communities.
CULTURAL APPROPRIATION IN WELLBEING

Cultural appropriation is a process that takes a traditional practice from a marginalized group and turns it into a product that benefits the dominant group (usually to generate financial profit through commercialization) and erases its origins and meaning. Many practices such as yoga, meditation, and certain types of spirituality have been commercialized in Western culture. Yoga for example, is a practice based on traditions that go back thousands of years in South Asia and other places around the world, including East Africa’s Kemetic Yoga. The problem is not people from other cultures participating in the practice, but with how yoga and other cultural and healing practices from around the world are commonly colonized, practiced, taught, and commercialized in Western culture. This lens distorts what practices like yoga are supposed to be and adds racism, exoticification, and exclusivity.

When offering wellbeing activities that have non-western origins, be thoughtful about who will be leading the activity and how it is promoted. Are you promoting a “fitness class” or a true “yoga class”? Consider opening the event with an introduction about the origins and history of the activity. Non-western origins of wellbeing practices should especially be acknowledged openly and respectfully with an invitation to the participants to learn more if they feel inspired to continue the practice. It is always important to be responsible and ethical consumers of any cultural activity or practice regardless of your personal ethnicity or background.

RACISM IN MEDICINE

It is well-established that Blacks and other minority groups in the U.S. experience more illness, worse health outcomes, and premature death compared to the white population. These health disparities were first “officially” noted back in the 1980s, and although a concerted effort by government agencies has resulted in some improvement, recent reports show ongoing differences by race and ethnicity for all health measures. Medical professionals are increasingly aware of how social determinants of health lead to important health disparities, however white clinicians seldom are asked how their own racial privilege may be reinforcing a white-centric culture in human and veterinary medicine and how this could impact the way they interact with their clients of color and/or tend to their animals’ health. For health professionals of color, several medical journals have published guidelines with such titles as “Dealing with Racist Patients” and “The Discriminatory Patient and Family: Strategies to Address Discriminatory Towards Trainees” (see Resources section for both titles).

There has been a long, well-documented history of marginalized populations being wrongfully tested, used, and hurt by Western medicine, with examples such as; the Tuskegee Syphilis study, “Mississippi Appendectomies,” and the documented history of inadequate pain alleviation among Black patients. When offering wellbeing resources to minority or marginalized populations, consider that there may be hesitation to accessing certain resources due to past trauma, harm, stigma, or cultural clashes. Always be conscientious that healthcare providers and community-based resources are not void of implicit bias and strongly encourage the population(s) you serve to provide feedback about their experiences with the available resources.

SUPPORT FOR STUDENTS OF COLOR

Students of color tend to face more stressors and yet are less likely to seek counseling, according to the Steve Fund and the Jed Foundation, two national nonprofits that advocate for the mental health and emotional wellbeing of young adults, with the Steve Fund focusing specifically on students of color. These two organizations came together to publish the Equity in Mental Health Framework in 2017, which offers the recommendations to colleges below. These were also published in The Chronicles of Higher Education’s Overwhelmed: The real campus mental-health crisis and new models for well-being.

- Make mental health and wellbeing of marginalized students a campus-wide priority. Consider it in drafting mission and vision statements, setting strategic planning goals, developing intentional programming, and determining funding and staffing levels.
- Engage students to provide guidance and feedback. Conduct surveys and focus groups, track data (including on mental health service utilization) and understand changing patterns and needs.
- Recruit, train, and retain a diverse faculty and staff. Strive for them to represent the student body, and emphasize multicultural competence in all roles, especially those involving student support.
- Create opportunities to reflect on current issues. Organize forums or other programs to discuss national and international events, cultural movements, social justice, and intergroup relations. Support and promote diverse student clubs and activities.
- Dedicate roles to the wellbeing and success of students of color. Senior administrators, advisors, and informal meet-and-greet sessions can also help improve the campus climate.
• **Maintain an effective response system.** Students and employees should be aware of conduct policies, the institution-wide process for reporting incidents, and be able to raise concerns without fear of retaliation or being labeled as “difficult” or “problematic.”

• **Offer support in varied formats.** Consider mentor networks, discussion groups, transition programs for new and first-generation students, and workshops that name common challenges (like stereotype threat, or the risk of confronting stereotypes) and recognize intersecting, layered identities.

• **Promote programs and services through multiple channels.** Increase participation by drawing on student leaders to develop offerings and/or by spreading the word on campus, websites, and social media.

• **Gauge effectiveness of programs and practices.** Collect data on satisfaction and outcomes, invite students’ ideas, and refine offerings accordingly.

• **Share information and resources.** Within and between institutions – through work groups, national organization, and consortia – create opportunities for students, faculty, and administrators to discuss common experiences and lessons learned.

### STRATEGIES FOR ACHIEVING MULTICULTURAL WELLBEING COMPETENCY IN THE WORKPLACE

*(Referenced from Linda Howard, J.D., CEO of Altunative)*

**Strategy 1: Expand Your Definition of Diversity and Cultural Groups**

It is important that institutions recognize that diversity and inclusion go beyond race, age, ethnicity, gender, religion, and sexual orientation. We hope that institutions also consider the following and more:

- Neurodivergent and cognitive diversity
- Disability
- Health status and literacy
- Native language
- Socio-economic diversity
- Gender expression
- Educational status
- Personal history
- Home and living environment
- Customs

**Strategy 2: Design for the Margins**

Once the organization has expanded their definition and conceptual thinking of diversity, apply this when crafting your institutional wellbeing programming model. Most workplace wellbeing models focus on creating resources for the majority, but this tends to leave out those in marginalized groups who are not in the majority. “Designing for the Margins” means to create programming for your marginalized groups to diminish the challenges and barriers for them that are more prevalent than for other groups. When institutions work to reduce barriers and increase access to resources for the most marginalized, the majority’s barriers and needs are also addressed. This also means having marginalized groups at the planning table when designing programs created to specifically support them.

Consider linguistic differences in your community and whether community members have the information they need in their native language. Additionally, health literacy and educational status is equally important in communications. Develop materials with easily understood graphics and avoid using complicated terminology. Workplace environment also impacts whether community members have access to wellbeing information or services. Community members in certain job functions or work areas may need additional accommodations to participate in the programming and services being provided as a benefit to them.

**Strategy 3: Identify Helpful Tools**

The National Wellness Institutes’ Multicultural Wellness Wheel above may help your institution expand their scope and provide a framework to build out your programming. There are reputable organizations and websites that can also provide member institutions with relevant information to help support underrepresented community members and educate others, such as Teaching Tolerance, and The Chronicle of Higher Education’s Pedagogies of Care: Open Resources for Student-Centered and Adaptive Strategies in the New Higher-Ed Landscape contains material on teaching about race and racism.

**Strategy 4: Create an Overall Multiculturally Competent Workplace Environment**

An institution could have wonderfully intelligent, socially responsible faculty and staff who are attuned to their needs, but if the environment they operate in structurally does not support their wellbeing and inclusion efforts, headway in these areas will not be made. Consider looking beyond programming to what can organizationally be done within the systemic environment, including; diverse and inclusive
hiring practices for employees and leadership, establishing a multicultural committee to oversee the institution’s ongoing self-assessment and multicultural competency plan, adopting policies and procedures that reinforce multicultural competencies, direct funds to capacity building, and transparency around organizational strategies in regard to wellbeing and inclusion. It is strongly recommended that your wellbeing professional(s) located at your institution be part of your Diversity & Inclusion Committee.

Strategy 5: Assess and Train Your Wellbeing Team to be Multiculturally Competent

It is crucial that on-site wellbeing experts and leadership who develop policies and deliver individual or community services are trained in cultural competencies, regardless of their identities. Competency in this area is a skill that can be learned and requires refreshers and regular assessment. While diversity training focuses on acknowledging and valuing differences, multicultural competency training is about developing awareness, sensitivity, and knowledge, and helps people develop the tools to gain more insights into cultural values to deliver more culturally competent services and responses. Linda Howard states that individuals that possess multicultural competency skills:

- Have knowledge of different cultural practices and worldviews
- Explore the attitudes of employees toward cultural differences
- Have a awareness of their own cultural worldviews
- Examine their own attitudes toward cultural differences
- Have the interpersonal skills necessary to effectively communicate and interact with people across cultures.

Strategy 6: Evaluate Your Wellbeing Program by Multicultural Competency Standards

Evaluate whether your institutional wellbeing program is multicritically competent by looking at its effectiveness across cultures and your program's compliance with laws designed to eliminate discrimination and promote inclusion. AAVMC’s Diversity & Inclusion and their Wellbeing initiatives both have organizational assessment tools to help guide member institutions to be more inclusive and intentional around diversity and wellbeing efforts.

- Intentional Organizational Diversity & Inclusion Efforts Assessment Tool
- Intentional Organizational Wellbeing Efforts Assessment Tool

RESOURCES

Wellbeing & Diversity in Veterinary Medicine:

- “AAVMC Diversity and Inclusion on Air” on Facebook (podcast & videos available)
  - Wellbeing, Diversity, and Inclusion Courses: [https://axon.avma.org/page/wellbeing-diversity-inclusion-courses](https://axon.avma.org/page/wellbeing-diversity-inclusion-courses)
  - Wellbeing & Diversity: [https://www.youtube.com/watch?v=oS587S_MNY](https://www.youtube.com/watch?v=oS587S_MNY)
  - Student Wellbeing Amid the COVID-19 Pandemic: [https://www.youtube.com/watch?v=enHzF6Zpd8U](https://www.youtube.com/watch?v=enHzF6Zpd8U)
  - Microaggressions: [https://www.youtube.com/watch?v=xSBVNL0ID18](https://www.youtube.com/watch?v=xSBVNL0ID18)
  - Minority Men in Veterinary Medicine: [https://www.youtube.com/watch?v=FLPjWWiJgs](https://www.youtube.com/watch?v=FLPjWWiJgs)
  - Minority Women in Veterinary Medicine: [https://www.youtube.com/watch?v=AjObUq4Jjs8](https://www.youtube.com/watch?v=AjObUq4Jjs8)
  - Queer POC in Veterinary Medicine: [https://www.youtube.com/watch?v=qBarBZE42AE](https://www.youtube.com/watch?v=qBarBZE42AE)
  - The Steve Fund's Knowledge Center for resources focused on supporting students of color: [https://www.stevefund.org/knowledgecenter/](https://www.stevefund.org/knowledgecenter/)
Incorporating Inclusive Wellbeing in Education and the Workplace:

- The Health & Wellbeing Effects of Discrimination: https://www.youtube.com/watch?v=zf7PTv62IjQ
- Diversity & Inclusion in the DVM Curriculum: https://www.youtube.com/watch?v=sAXDuEmD9xA
- Improving Student Wellbeing by Understanding Microaggressions: https://campaignforaction.org/webinar/improving-student-wellness-by-understanding-microaggressions/
- Strategies for Inclusive Teaching: https://teachingcenter.wustl.edu/resources/inclusiveteaching-learning/strategies-for-inclusive-teaching/
- Navigating Diversity and Inclusion in Veterinary Medicine: http://www.thepress.purdue.edu/titles/format/9781557536365
- “Calling In” vs “Calling Out” in the Classroom: https://www.tolerance.org/magazine/spring-2019/speaking-up-without-tearing-down

Mental Health & Self-Care During COVID-19:

- American Foundation for Suicide Prevention, Minority Mental Health Resources: https://afsp.org/minority-mental-health-resources
- Race, Racism, and Mental Health Resources: https://docs.google.com/document/d/1AGLE0iNitQ1Ji7MvQXzpEBavr4r5Rwjo_iXaKTe/
- National Alliance of Mental Health, Diverse Communities: https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions
- Self-Care Tips For Asian Americans Dealing with Racism Amid Coronavirus: https://www.huffpost.com/entry/self-care-advice-asian-americans_L.5e83a656c5b6a1bb764f0e45

Dealing with Microaggressions:

- Addressing Microaggressions In the Workplace: https://crln.acrl.org/index.php/crlnews/article/view/17431/19237
- Did You Really Just Say That?: https://www.apa.org/monitor/2017/01/microaggressions
- Love While Challenging Racist Behavior: https://interactioninstitute.org/love-while-challenging-racist-behavior/

Being a Good Ally/Accomplice:

- Implicit Association Tests: https://implicit.harvard.edu/implicit/
- How to Be an Ally in the Workplace: https://shegeeksout.com/how-to-be-an-ally-in-the-workplace/

CITATION