



Equity, Diversity, and Inclusion Accreditation Standards by Discipline

Background: A growing number of states have introduced or passed legislation recently that impedes the ability of faculty to teach content related to equity, diversity, and inclusion. Many healthcare programs are required to teach content in these areas by their specialty accreditors. This document details the accreditation standards for each discipline as well as whether or not an individual wishing to work in the field is required to graduate from an accredited program to take the certification/licensing exam, qualify for licensure, and/or work in that profession.

How to use this information: Administrators can copy/paste the information related to the programs on their campus or in their state to share with legislators or those at their university or health systems who are authorized to advocate on behalf of the institution or organization. We have also provided a template for a one-page leave-behind flyer to summarize the key points below.

Please note that the accreditation standards were referenced in August of 2023. We encourage administrators to verify that these standards are still current for the programs at their institution or state.

Overall Message:

1. Most healthcare programs are required to teach EDI content by their specialty accreditors.
2. Our country is experiencing shortages of providers in many healthcare fields. Closing programs because they cannot meet accreditation standards is counterproductive.
3. Healthcare professionals need to learn EDI principles to ensure all patients receive an appropriate level of care to meet their individual needs. (see additional document titled "Need for Culturally-Competent Care" which is also available on the ASAHP website.

Produced in collaboration by ASAHP Committees:

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Athletic Training

Accreditor: Commission on Accreditation of Athletic Training Education

Website: <https://caate.net/>

Link to standards: <https://caate.net/Programs/Professional/Professional-Program-Standards>

Date last updated: April 10, 2023

Accreditation Requirement: To be eligible for certification as an AT and a license to practice in 49 states, students MUST graduate from an accredited program.

Standard DEI 1

The program demonstrates systematic diversity, equity, inclusion and social justice efforts in its development, design and delivery.

Annotation: Programs advance diversity, equity, inclusion, and social justice through a variety of efforts.

These can include (but are not limited to) the following:

- participating in institutional efforts to advance diversity, equity, inclusion and social justice;
- incorporating diversity, equity, inclusion, and social justice across the program curriculum;
- recruiting and retaining diverse faculty, students, and preceptors;
- improving faculty and preceptors understanding and integration of diversity, equity, inclusion, and social justice;
- implementing policies that support a climate of equity and inclusion, free of harassment and discrimination;
- community engagements and/or scholarly endeavors (opportunities) that are reflective of diversity, equity, inclusion, and social justice; and
- gathering program data that informs the program's diversity, equity, inclusion, and social justice efforts.

Sources may include but are not limited to, demographic reports, retention reports, equity analysis, climate data, participation in DEI activities, competency development, program evaluations, and interviews/focus group data.

How to Address This Standard:

- Describe the current efforts (e.g. institutional, school, department, and program) in advancing diversity, equity, inclusion, and social justice within program development, design, and delivery.
- Identify the sources of institutional and program data used to inform diversity, equity, inclusion, and social justice efforts

Standard 57

Analyze the impact of health literacy and social determinants of health on patient care and outcomes to determine healthcare strategies that empower patients and improve outcomes.

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Standard DEI 2

Practice cultural competency, foster cultural humility, and demonstrate respect in client/patient care. This includes (but is not limited to) the following:

- Using contemporary nomenclature of various identities.
- Analyzing the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care, and patient outcomes.
- Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.
- Developing strategies that minimize the impact of clinician-based bias, prejudice, and privilege on patient interactions.
- Devising patient-centered interventions to diverse populations that account for the healthcare delivery system

How to Address This Standard:

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Audiology/Speech Language Pathology

Accreditor: Council on Academic Accreditation (CAA) for Speech Pathology & Audiology

Website: <https://caa.asha.org/reporting/standards/>

Link to Accreditation Standards:

<https://caa.asha.org/siteassets/files/2023-standard-3.4a-and-3.4b-guidance-to-programs.pdf>

Date Last Updated: April 14, 2023

Accreditation Requirement: To be eligible for certification or licensure as a speech pathologist or audiologist, students **MUST** graduate from an accredited program.

3.4.B. An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.

Requirements for review:

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.
- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.

- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
 - o The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status.
 - o The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - o The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - o The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.
 - o The impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

AUDIOLOGY

3.4.A. An effective audiology program is organized and delivered in such a manner that the diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.

Requirements for review:

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.

- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.
- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
 - o The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status.
 - o The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - o The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
 - o The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.
 - o The impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

Cardiac Perfusion

Accreditor: Commission on Accreditation of Allied Health Education Programs (CAAHEP)

Website:<https://www.caahep.org/>

Link to Accreditation Standards:

https://assets.website-files.com/5f466098572bfe97f28d59df/603da3ad0b31de638267bc15_PerfusionStandards-2019.pdf

Date Last Updated: 2019

Currently, no standards related to DEI.

Chiropractic

Accreditor: Council on Chiropractic Education (CCE)

Website: <https://www.cce-usa.org>

Link to Accreditation Standards:

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cce-usa.org/uploads/1/0/6/5/106500339/2018_cce_accreditation_standards.pdf

Date Last Updated: January 2018

Accreditation Requirement: In order to complete the certification exam and become a licensed chiropractor, individuals must graduate from a Council on Chiropractic Education, Inc., accredited program. Students take/complete the national examination while completing their education toward the doctorate. The examination is four parts taken throughout their education with Part 4 consisting of two days of imaging, general diagnosis, and practical assessment. With successful completion of all parts, they can then apply for state licensure. Depending on the state, DC may also be required to take a state regulation examination for licensure. If they are unsuccessful passing all four sections of the exam, they are afforded the opportunity to take them following graduation.

B. Ethics and Integrity

The DCP demonstrates integrity and adherence to ethical standards as they relate to all aspects of policies, functions, and interactions regarding stakeholders of the institution to include the governing body; administration; faculty; staff; students; patients; accrediting, educational, professional, and regulatory organizations; and the public at large.

1. Ethics represent rules of conduct that are vital, indispensable and critical components of an effective DCP and should be evident in the conduct of all members of a DCP as they strive to fulfill the mission and graduate doctors of chiropractic/chiropractic physicians capable of, and committed to, practicing in an ethical and professional manner. Ethical behaviors and actions are demonstrated and guided by policies related to codes of conduct and grievance procedures; academic freedom; sensitivity to equity, discrimination, and diversity issues; safety and welfare of the academic community and patients in administering healthcare to the public; and provisions of assistance and mechanisms to promote student academic and professional success. Ethical issues, especially as they relate to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinical settings.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognition of the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.

CURRICULAR OBJECTIVE: The program prepares students to -

A. Identify appropriate hygiene in a clinical environment.

- B. Explain health risk factors, leading health indicators and public health issues to patients.
- C. Identify public health issues in diverse populations.
- D. Understand their reporting responsibility regarding public health risks and issues.

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare-related activities, to include patient care, professional communication, health education, record keeping and reporting. CURRICULAR OBJECTIVE: The program prepares students to -

- A. Communicate effectively, accurately and appropriately, in writing and interpersonally with diverse audiences.
- B. Acknowledge the need for, and apply cultural sensitivity in, communications with patients and others.
- C. Create and maintain accurate, appropriate and legible records.
- D. Comply with regulatory standards and responsibilities for patient and business records. OUTCOMES: Students will be able to -
 - 1) Document health risks and management options considering the patient's health care needs and goals.
 - 2) Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.
 - 3) Generate accurate, concise, appropriate and legible patient records, narrative reports and correspondence.
 - 4) Safeguard and keep confidential the patient's protected health and financial information.
 - 5) Generate patient records that are in compliance with state and federal laws and regulations and applicable/accepted industry standards.

Counselor Education

Accreditor: Council for the Accreditation of Counseling and Related Educational Programs (CACREP)

Website: <https://www.cacrep.org/>

Link to Accreditation Standards: <https://www.cacrep.org/section-2-professional-counseling-identity/>

Date Last Updated: 5/4/2023

Accreditation Requirement: National certification is voluntary. Students who graduate from CACREP-accredited programs are eligible to take the certification exam. Students from non-accredited programs may be eligible pending a review of their curriculum and experience by the National Board for Certified Counselors, Inc. Licensing requirements vary by state.

1. SOCIAL AND CULTURAL DIVERSITY

- a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
- b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- c. multicultural counseling competencies

- d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
- e. the effects of power and privilege for counselors and clients
- f. help-seeking behaviors of diverse clients
- g. the impact of spiritual beliefs on clients' and counselors' worldviews
- h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

Dental Hygiene

Accreditor: Commission on Dental Accreditation

Website:<https://coda.ada.org/en>.

Link to Accreditation Standards:

https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental_hygiene_standards.pdf?rev=aa609ad18b504e9f9cc63f0b3715a5fd&hash=67CB76127017AD98CF8D62088168EA58

Date Last Updated:4/12/2023

Accreditation Requirement: In most states to be eligible for certification/licensure as a dental hygienist students MUST graduate from an accredited program.

Comments: In section 1-2, "The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty"

Dentistry

Accreditor: Commission on Dental Accreditation

Website:<https://coda.ada.org/en>.

Link to Accreditation Standards:

https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental_hygiene_standards.pdf?rev=aa609ad18b504e9f9cc63f0b3715a5fd&hash=67CB76127017AD98CF8D62088168EA58

Comments: In section 1-2, "The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty"

Accreditation Requirement: In most states to be eligible for certification/licensure as a dentist students MUST graduate from an accredited program.

Diagnostic Medical Sonography

Accreditor: JRC-DMS

Website: <https://www.jrcdms.org/>

Link to Accreditation Standards: <https://www.jrcdms.org/pdf/DMSStandards9-2021.pdf>

Date Last Updated: September 1, 2021

Accreditation Requirement: Students are not required to graduate from accredited programs to seek credentialing. There are multiple prerequisites and pathways that potential applicants can take to apply for practice.

Below is a link to the credentialing standards for the ARDMS and CCI.

<https://www.ardms.org/wp-content/uploads/pdf/ARDMS-General-Prerequisites-U.pdf>

<https://cci-online.org/credentials/get-credentialed/>

Statement from the JRC-DMS website with regards to DEI

Diversity, Equity & Inclusion Statement

The JRC-DMS embraces diversity, equity and inclusion. We value our differences which encourages authenticity to create supportive and respectful spaces.

We are committed to equitable standards free of bias and exclusion.

Environmental Health

Accreditor:EHAC - National Environmental Health Science & Protection Accreditation Council

Website: <https://www.nehspac.org/>

Link to Accreditation Standards:

<https://www.nehspac.org/seek-accreditation-2/undergraduate-requirements/>

Date Last Updated: 4/21/23

Accreditation Requirement: Not required to graduate from an accredited program. There are alternate pathways in practice.

No standards yet for DEI, DEIA, JEDI. They are working on them and a draft has been presented. Below is some language from the current proposal:

B. Core Environmental Health Knowledge Areas

2. Cross Cutting Knowledge Areas

- Environmental Justice and Equity/Social Determinants of Health

Exercise Science/Physiology/Kinesiology

Accreditor: American College of Sports Medicine/Commission on Accreditation of Allied Health Education Programs

Website: <https://www.acsm.org/> <https://www.caahep.org/>

Link to Accreditation Standards: <https://www.caahep.org/program-directors/standards-and-guidelines>

Date last updated: 2021

Accreditation Requirement: ACSM Exercise Physiologist Certification - The academic eligibility requirement to take the ACSM-EP exam is a baccalaureate degree or higher from a regionally accredited college or university with a major in exercise science, or equivalent. However, most states do not license individuals in these areas.

Page 6:

V.B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

Page 12:

a. Domain I: Health and Fitness Assessment

b) Knowledge of selecting the most appropriate testing protocols for each participant based on preliminary screening data.

j) Skill in modifying protocols and procedures for testing children, adolescents, older adults and individuals with special considerations.

Genetic Counseling

Accreditor: Accreditation Council for Genetic Counseling (ACGC)

Website: <https://www.gceducation.org/>

Link to Accreditation Standards:

https://www.gceducation.org/wp-content/uploads/2022/11/ACGC-Accreditation-Manual_Revised-11.2022.pdf

Date Last Updated: 4/12/2023

Accreditation requirement: To become certified, graduates must graduate from an ACGC-accredited training program (Source:

<https://www.abgc.net/CERTIFY/Certification-Requirements>)

Comments: In Appendix A, ACGC has a strategic plan to increase DEI efforts
ACGC 2021 - 2024 Strategic Plan

Goal 1: Communicate the value and role of accreditation in ensuring quality in genetic counselor graduate education.

- OBJ 1a: Create a communications strategy
- OBJ 1b: Elevate DEIJ issues related to accreditation in Genetic Counseling

Goal 2: Explore areas of challenge and opportunity for genetic counselor graduate education, as identified by training programs and other key stakeholders, to inform standards, policies, and procedures.

- OBJ 2a: Determine opportunities for growth in Genetic Counseling education
- OBJ 2b: Identify Standards of Accreditation that could be revised to ensure greater diversity, equity, and inclusion

Goal 3: Ensure long-term stability of ACGC.

- OBJ 3a: Enhance recruitment and training efforts for ACGC volunteers
- OBJ 3b: Transition Board to more strategic leadership role
- OBJ 3c: Conduct continuous process improvement of accreditation review procedures

Goal 4: Establish a diverse, equitable, inclusive, and just organizational culture.

- OBJ 4a: Embed a DEIJ focus across ACGC activities and initiatives
- OBJ 4b: Provide resources for DEIJ activities
- OBJ 4c: Address systemic inequities in accreditation of genetic counseling programs

Health Administration - Bachelor's degrees

Accreditor: Association of University Programs in Health Administration (AUPHA)

Website: <https://www.aupha.org/home>

Link to Program Certification Criteria: <https://www.aupha.org/certification/certification-docs>

Date Last Updated: Feb. 2023

Accreditation Requirement: Not required to graduate from an accredited program. There are alternate pathways in practice (high school graduate, GED, years of practice).

Eligibility Requirements:

G. The program may not unlawfully discriminate based upon race, ethnic origin, creed, gender or disability in any of its activities and must be in full compliance with relevant laws as well as university policies regarding affirmative action and equal opportunity. Institutions with religious affiliations may adopt policies related to such affiliations provided adequate notice of such policies is given to all applicants, students, faculty, and employees.

Program Structure, Faculty, and Resources Criteria:

22. The program will have adequate coverage of the following content areas in its curriculum:

- The US Healthcare System
- Population/Community health

- Cultural Competence/Diversity

Health Administration - Graduate degrees

Accreditor: Commission on Accreditation of Healthcare Management Education (CAHME)

Website: <https://www.cahme.org>

Link to Accreditation

Standards: https://cahme.org/files/resources/CAHME_Self_Study_Handbook_Fall2017_RevisedMay2018.pdf

Accreditation Requirement: Not required to graduate from a graduate level accredited program.

However, many graduate programs require applicants to graduate from an accredited bachelor's program.

Date Last Updated: April 23, 2023

CAHME ELIGIBILITY REQUIREMENTS

REQUIREMENT F:

There will be no discrimination on the basis of gender, age, creed, race, ethnicity, disability or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.

CAHME ACCREDITATION CRITERIA

Rev. 06/01/2018

Criterion II: Students, Graduates

II.A.2: The Program will have recruiting practices and well-defined admission criteria designed to recruit and admit qualified students and to pursue a diverse student population as reflected in the Program's mission-defined market.

Criteria IV Faculty Teaching, Scholarship and Service

IV.A.2: The Program will foster faculty diversity and a culture of inclusiveness in the learning environment.

Health Information Management

Accreditor: Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)

Website: <https://www.cahiim.org/>

Link to Accreditation Standards:

<https://www.cahiim.org/accreditation/health-information-management/accreditation-standards>

<https://www.chea.org/sites/default/files/2021-05/DEI-Value-Statement-May-2021.pdf>

Date Last Updated: April 24, 2023

Accreditation Requirement: In order to be eligible for the RHIA or RHIT certification, students must graduate from a CAHIIM accredited program.

Current CAHIIM standards for HIM baccalaureate degree programs includes a standard specific to DEI.

Standard 25: Lawful, and Diversity, Equity and Inclusion (DEI) Practices All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must demonstrate a culture of lawful and DEI practices in accordance with federal, state and university statutes, rules, and regulations.

In discussion with Dr. Kennedy, CAHIIM CEO, a program will not be marked in non-compliance with the standard if a law prohibits DEI.

The ability to address controversial topics, such as those just mentioned fall under curriculum and professional HIM competency expectations. To do their job, health information (HI) professionals must understand the human life cycle including the diseases, treatments, care, and welfare of human beings in order to manage patient information and care data at every touch point in the healthcare delivery cycle. An understanding of health related topics whether controversial or non-controversial enable HI professionals to work on the classification of diseases and treatments to ensure they are standardized for clinical, financial, and legal uses in healthcare. HI professionals care for medical data and are responsible for its quality, integrity, privacy, security, and protection. CAHIIM will be addressing potential interference with curriculum and professional competencies raised by several state bills in the near future.

Medical Laboratory Sciences (MLS) & Cytotechnology (CT) & Histotechnology (HTL) & Cytogenetics (CG) & Diagnostic Molecular Scientist (DMS) & Pathologist Assistant (PathA), Phlebotomist (PBT), & Medical Laboratory Assistants (MLA)

Accreditor: National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) - for MLS, and MLT (Medical Laboratory Technicians), HTL and HT (Histotechnicians), DMS, CG, and PathA, PBT, and MLA

Website: <https://naaccls.org/NAACLS/media/Documents/2012Standards.pdf>

Link to Accreditation Standards: <https://naaccls.org/NAACLS/media/Documents/2012Standards.pdf>

Date Last Updated: 10/2022

Accreditation Requirement: Licensing, certification, and registration vary by state and disciplines. Programmatic accreditation is linked to certification and accreditation but may vary by state.

Notably, determinants of health are necessary and covered in the curriculum as it is relevant to normal values, diagnoses, and treatment, which is in turn linked to providing quality and cost-effective healthcare.

NAACLS Standard V. Operational Policies consist of 6 operational policies identified as Fair Practices A through F (listed below) that apply to each and all NAACLS accredited programs. Fair Practices A. and B. are applicable to this document. The operational policies are as follows:

V. Operational Policies

Fair Practices

- A. Student recruitment and admission must be non-discriminatory in accordance with existing governmental regulations and those of the sponsor.
- B. Faculty recruitment and employment practices must be non-discriminatory in accordance with existing governmental regulations and those of the sponsor.
- C. The granting of the degree or certificate must not be contingent upon any type of external certification or licensure examination.
- D. A general plan must be provided, addressing temporary and permanent program closure. In the event of such closure, a detailed plan must be submitted to NAACLS within 30 days of the official announcement.
- E. Service work by students in clinical settings outside of academic hours must be noncompulsory.

Nuclear Medicine Imaging Sciences

Accreditor: JRC-NMT

Website: <https://www.jrcnmt.org/>

Link to Accreditation Standards: <https://www.jrcnmt.org/program-resources/standards-manuals/>

Date Last Updated: 2021

Accreditation Requirement: In order for students to be credentialed through the ARRT, their degree must come from an institution accredited by an agency that ARRT recognizes. They must complete an ARRT-verified educational program and an academic degree that is recognized by ARRT. **In order for students to be credentialed through NMTCB, their degree must come from an accredited nuclear medicine technology program.**

Below is a link to the list of recognized accreditors for ARRT.

<https://www.rrt.org/pages/earn-rrt-credentials/initial-requirements/primary-requirements/education-requirements-primary/rrt-recognized-accreditation-agencies>

Below is a link for ARRT credentialing requirements.

<https://www.rrt.org/pages/earn-rrt-credentials/credential-options/nuclear-medicine-technology>

Below is the link for NMTCB credentialing requirements.

<https://www.nmtcb.org/exams/nuclear-medicine/#eligibility>

Appendix 2 Nuclear Medicine Technology Competency List

A. Professionalism A nuclear medicine technology graduate must:

1. Practice in accordance with ethical standards, legal statutes and published standards of practice.
2. Demonstrate professionalism befitting a health care provider.
3. Collaborate as a member of an interprofessional team.
4. Display respect for diversity.
5. Apply problem-solving, critical-thinking and decision-making strategies.
6. Evaluate published research studies and apply appropriate principles to improve evidence-based practice.

Nursing

Accreditors:

Commission on Collegiate Nursing Education (CCNE) for BSN, MSN, and DNP

Accreditation Commission for Education in Nursing (ACEN) for LPN, AD RN, BSN, MSN, and

DNP

NLN Commission for Nursing Education Accreditation (NLN CNEA) for LPN, diploma, AD RN, BSN, MSN, MSN certificate, and DNP

Websites:

<https://www.aacnnursing.org/CCNE> and

<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

<https://www.acenursing.org/>

<https://cnea.nln.org/>

Link to Accreditation Standards:

<https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf>

<https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>

<https://www.acenursing.org/acen-2023-accreditation-manual/acen-2023-standards-and-criteria/>

<https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA%20Standards%20October%202021.pdf>

Accreditation requirement: Accreditation is not required in all states for licensure as a Registered Nurse. Please check with the state board of nursing in the state of interest. State boards of nursing usually do not have a DEIJ requirement. Michigan requires implicit bias training within 5 years of licensure.

Date Last Updated: 8/1/2023

CCNE DEIJ Standards

For CCNE all programs need to abide by the AACN Essentials Core Competencies for Professional Nursing Education. DEIJ is not addressed in the standards themselves, but DEIJ is addressed in multiple sub competencies in the Essentials. Note abbreviations: Level 1 pertains to entry level (BSN) programs. Level 2 pertains to advanced level (MSN and DNP) programs.

3.6g (Level 2): Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.

6.1d (Level 1): Articulate impact of diversity, equity, and inclusion on team-based communications.

6.1i (Level 2): Role model respect for diversity, equity, and inclusion in team-based communications.

6.4a (Level 1): Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.

6.4e (Level 2): Practice self-assessment to mitigate conscious and implicit biases toward other team members.

6.4g (Level 2): Integrate diversity, equity, and inclusion into team practices.

7.3d (Level 1): Recognize internal and external system processes and structures that perpetuate racism and other forms of discrimination within health care.

7.3h (Level 2): Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.

9.2e (Level 1): Demonstrate cultural sensitivity and humility in practice.

9.2j (Level 2): Advocate for practices that advance diversity, equity, and inclusion.

9.3m (Level 2): Advocate for policies/practices that promote social justice and health equity.

9.6a (Level 1): Demonstrate respect for diverse individual differences and diverse communities and populations.

9.6b (Level 1): Demonstrate awareness of personal and professional values and conscious and unconscious biases.

9.6c (Level 1): Integrate core principles of social justice and human rights into practice.

9.6d (Level 2): Model respect for diversity, equity, and inclusion for all team members.

9.6f (Level 2): Analyze the impact of structural and cultural influences on nursing's professional identity.

CNEA DEIJ Standards

V-F. The curriculum provides experiential learning that enhances student ability to demonstrate leadership, ethical practice, clinical reasoning and judgment, reflect thoughtfully, on one's practice, provide culturally responsive care to diverse and vulnerable populations...The faculty design and implement experiential learning experiences throughout the curriculum, including distance education programs, that foster the acquisition of professional nursing values, encompassing, but not limited to, leadership skills, clinical reasoning and judgment, reflective thought, and ethically responsive care to diverse populations.

ACEN DEIJ Standards

Criterion 4.7: Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to: diversity, equity, inclusion, and/or social determinants of health; ...

Nutrition/Dietetics

Accreditor: American Council for Education in Nutrition and Dietetics

Website: <https://www.eatrightpro.org/acend>

Link to Accreditation Standards:

<https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/2022-standards-and-templates>

Date Last Updated: April 24, 2023

Standards last updated June 1, 2022 - new standards coming in 2024 at the graduate level

ACEND will not tolerate any instances of inequity nor discrimination in our nutrition and dietetics education programs.

Accreditation Requirement: In nutrition and dietetics, a person may practice as a Diet Tech (after passing a national exam) or as nutritionist in a community health practice, following the completion of an accredited DPD (Didactic Program in Dietetics) undergraduate program. However, to practice as a Registered Dietitian a person must also possess a master's degree or higher and complete the dietetic internship from an accredited DI graduate program.

Undergraduate

3.1. The program's curriculum must be designed to ensure the breadth and depth of requisite knowledge needed for entry to supervisor practice to become a registered dietitian nutritionist.
Required Element: Cultural humility, self-reflection, and diversity, equity and inclusion

Domain 2. Professional Practice Expectations: Beliefs, values, attitudes and behaviors for the nutrition and dietetics practitioner level of practice.

Knowledge:

2.6. Demonstrate cultural humility awareness of personal biases and an understanding of cultural differences as they contribute to DEI.

2.7. Describe contributing factors to health inequity in nutrition and dietetics including structural bias, social inequities, health disparities, and discrimination.

Domain 3. Clinical and Client services: Development and delivery of information products and services to individuals, groups and populations.

Knowledge:

3.3. Demonstrate counseling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups.

Domain 5. Leadership and Career Management

5.1. Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.

The program's curriculum must provide learning activities to attain the breadth and depth of the required curriculum components and core knowledge. Learning activities must address and build competency in DEI. The program must ensure that students have the skills to recognize biases in self and others and embrace the diversity of the human experience.

5.2. The requirements for program faculty (faculty with the academic unit) must include:

--Program faculty must be trained on strategies to recognize and monitor biases in self and others and reduce instances of microaggressions and discrimination.

5.3. The requirements for program preceptors must include:

--Program preceptors must be trained on strategies to recognize and monitor bias in self and others and reduce instances of microaggressions and discrimination.

7.1. Program policies, procedures, practices, and materials related to student recruitment and mission must comply with state and federal laws and regulations. Recruitment and admission practices must be applied fairly and consistently. Programs shall demonstrate by tangible action their commitment to enrolling a diverse student body.

8.1. Equitable treatment: The program must establish policies to support the diverse needs of students, ensure an inclusive environment and ensure equitable treatment by program faculty of students from all backgrounds, including race, ethnicity, national origin, gender/gender identity, sexual orientation, religion, disability, size, SES, and age.

Master of Science Dietetic Intern (MSDI) - will likely be updated in 2024 as well

The program director responsibilities must include, but are not limited to:

-Development of policies and procedures for effectively managing all components of the program and to ensure fair, equitable, and considerate treatment of prospective and enrolled interns.

Domain 2. Professional Practice Expectations:

CRDN2.11: Show cultural humility in interactions with colleagues, staff, clients, patients, and the public.

Domain 3. Clinical and Client Services:

CRON 3.9: Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.

CRON 3.14: Develop and evaluate recipes, formulas, and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.

Domain 5. Leadership and Career Management

CRON 5.1. perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.

3.3.b. Learning activities must prepare interns to implement the nutrition care process with various populations and diverse cultures.

3.3.c. Learning activities must address and build competency in diversity, equity and inclusion. The program must ensure that interns have the skills to recognize biases in self and others and embrace the diversity of the human experience.

5.2.d. Program faculty must be trained on strategies to recognize and monitor biases in self and others and reduce instances of microaggressions and discrimination.

5.3.c. Program preceptors must be trained on strategies to recognize and monitor biases in self and others and reduce instances of microaggression and discrimination.

7.1. Program policies, procedures, practices, and materials related to student recruitment and mission must comply with state and federal laws and regulations. Recruitment and admission practices must be applied fairly and consistently. Programs shall demonstrate by tangible action their commitment to enrolling a diverse student body.

8.1.d. Equitable treatment: The program must establish policies to support the diverse needs of students, ensure an inclusive environment and ensure equitable treatment by program faculty of students from all backgrounds, including race, ethnicity, national origin, gender/gender identity, sexual orientation, religion, disability, size, SES, and age.

Occupational Therapy

Accreditor: Accreditation Council for Occupational Therapy Education (ACOTE®)

Website: <https://acoteonline.org/>

Link to Accreditation Standards: <https://acoteonline.org/accreditation-explained/standards/>

Date Last Updated: July 31, 2020

Comments: The standards are in the process of being revised. A draft of the 2023 proposed standards is available at: <https://acoteonline.org/accreditation-explained/standards/>

Accreditation Requirement: To be eligible for certification or licensure as an OT, students MUST graduate from an accredited program.

The proposed draft for 2023 includes the following standards on DEI: (Text in red are the proposed additions for 2023)

Preamble

Understand and demonstrate cultural humility, in the occupational therapy process, advocating for clients and supporting diversity, equity, inclusions, and justice in all aspects and contexts of care.

A.2.3.

Knowledge of the curriculum design, application of principles of diversity, equity, inclusion and justice concepts and the content delivery method (e.g., in-person, distance learning).

A.2.9.

The occupational therapy faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple

adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal and must be reflective of the institutional, diversity, equity, inclusion, and justice recruitment and hiring practices.

A.3.2.

Procedures for admission that reflect a respect or an understanding of cultural Linguistic and individual diversity.

A.6.1

The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork and doctoral capstone sites, vision for diversity, equity, inclusion, and justice).

B.1.2.

Apply and, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity, equity and inclusion factors, as well as lifestyles choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.

DIVERSE STUDENT POPULATION: Reflective of a variety of cultural, ethnic, racial, socio-economic, identity, linguistic, educational, and gender backgrounds. Race and ethnicity is one way, but not the only way diversity can be reflected within a group. Furthermore, a person cannot be "diverse" (as in "diverse candidate"). A diverse student population is an outcome of justice, equity, and inclusion efforts. (AOTA DEI Toolkit, 2021)

DIVERSITY: broadly defined as the unique attributes, values, and beliefs that make up an individual (Taff & Blash, 2017) when compared with the context of a group or population. Diversity comes in many forms, including, but not limited to, socioeconomic status, race, sex, ethnicity, age, disability, sexual orientation, gender identity, and religious beliefs (AOTA, 2020)

EQUITY: An approach that ensures everyone is given an equal opportunity; this means that resources may be divided and shared unequally to make sure that each person can access an opportunity. Equity considers that people have different access to resources because of a system of oppression and privilege. Equity seeks to balance that disparity. "Equity is often confused with equality; however, they are significantly different. Equality ensures that everyone receives the same benefit or consequence" (AOTA, 2020).

INCLUSION: "Inclusion is not simply tolerance. [It] inherently embraces the value of all individuals and is the active response to diversity by fostering acceptance, respect, belonging, and value for everyone. To support diversity, inclusion must be actively pursued" (AOTA, 2020).

JUSTICE: "Justice involves dismantling systems of oppression and privilege that create systemic disadvantages and barriers to people's ability to access resources and opportunities (e.g., the "isms") or based on which people experience systemic mistreatment. Whereas equity is about reapportioning or

redistributing resources so people can access opportunities, justice is about dismantling barriers to those opportunities.” Avarna doc from the DEI toolkit

References

American Occupational Therapy Association. (2020). Occupational therapy’s commitment to diversity, equity, and inclusion. *American Journal of Occupational Therapy*, 74, 7413410030.
<https://doi.org/10.5014/ajot.2020.74S3002>

World Health Organization. (2017a). Equity. Retrieved from
<http://www.who.int/healthsystems/topics/equity/en/>

Paramedic/Emergency Healthcare

Accreditor: CAAHEP: Commission on Accreditation of Allied Health Education Programs

Website:<https://www.caahep.org/program-directors/standards-and-guidelines>

Link to Accreditation Standards:

https://assets.website-files.com/5f466098572bfe97f28d59df/5f8f373f077b285cd9c9dcc8_Standards-EMSP-2015.pdf

Date Last Updated:4/20/23

CoAEMSP INTERPRETATIONS OF THE CAAHEP 2015 STANDARDS AND GUIDELINES

For the Accreditation of Educational Programs in the EMS Professions

https://assets.website-files.com/5f466098572bfe97f28d59df/5f8f373f077b285cd9c9dcc8_Standards-EMSP-2015.pdf

No standards currently aligned with DEI, DEIA, JEDI, or determinants of health.

Pharmacy

Accreditor: Accreditation Council for Pharmacy Education (ACPE)

Website: www.acpe-accredit.org

Link to Accreditation Standards: <https://www.acpe-accredit.org/pdf/Standards2016FINAL2022.pdf>

Date Last Updated: 4/24/2023

Accreditation requirement: To obtain licensure, graduates must pass NAPLEX. To be eligible for NAPLEX examination, U.S. graduates must send in transcripts from an ACPE-accredited program. (Source: <https://www.aacp.org/resource/naplex>)

Comments:

Standard 16: Admissions: The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

7.1. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.

25.9. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments

Physical Therapy

Accreditor: Commission on Accreditation in Physical Therapy Education (CAPTE)

Website: <https://www.capteonline.org/>

Link to Accreditation Standards:

<https://www.capteonline.org/globalassets/capte-docs/capte-pt-standards-required-elements.pdf>

Date Last Updated: 11/3/20

Comments: The standards are in the process of being revised. A draft of the 2023 proposed standards is available at:

https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook

Accreditation Requirement: To be eligible for licensure or certification as a physical therapist, students MUST graduate from an accredited program.

The proposed draft for 2023 includes the following standard on DEI:

2B The program promotes a culture of justice, equity, diversity, inclusivity (JEDI)*, belonging* and anti-racism*.

Evidence of compliance:

Narrative:

- Describe how the program defines diversity as it relates to the program's mission and goals.
- Describe how the program's mission, goals and outcomes align with promoting a culture of JEDI, belonging and anti-racism.
- Describe and provide 2 examples of how the program incorporates JEDI, belonging and anti-racism.
- Describe the data collected, or that will be collected, to determine the extent to which the program promotes a culture of JEDI, belonging and anti-racism.
- Analyze the data collected, if available, to determine the extent to which the program promotes a culture of JEDI, belonging and anti-racism.
- Describe the program's opportunities and challenges as they relate to JEDI, belonging and anti-racism that have been identified through analysis of the data collected.

Physician Assistant

Accreditor: Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)

Website: <https://www.arc-pa.org/accreditation/standards-of-accreditation/>

Link to Accreditation Standards:

<https://www.arc-pa.org/wp-content/uploads/2023/04/Standards-5th-Ed-March-2023.pdf>

Date Last Updated: March 2023

Accreditation Requirement: To be eligible for certification and licensure as Physician Assistant, students MUST graduate from an accredited program.

Diversity statement in the Introduction section of the standards

An environment that fosters and promotes diversity is considered essential to preparing PAs to provide service to others that is not exclusionary of any group, race, or culture. The various perspectives and resources offered by a diverse faculty, staff, and student body increase the overall impact the PA profession can have on patients and the global community.

Institution Resources

A1.11 The sponsoring institution must demonstrate its commitment to student, faculty and staff diversity, equity, and inclusion by:

- a) supporting the program in defining its goal(s) for diversity, equity and inclusion,
- b) supporting the program in implementing recruitment strategies,
- c) supporting the program in implementing retention strategies, and
- d) making available, resources which promote diversity, equity and inclusion.

Prosthetics/Orthotics

Accreditor: Commission on Accreditation of Allied Health Education Programs

Website: <https://www.caahep.org/>

Link to Accreditation Standards:

https://assets.website-files.com/5f466098572bfe97f28d59df/603da2518a8d7dd3fccdd62b_OPStandardsGuidelines2017.pdf

Date Last Updated: April 9, 2023

Prosthetics/Orthotics does not currently have any diversity, equity, and inclusion standards.

Public Health

Accreditor: Council on Education for Public Health (CEPH)

Website: www.ceph.org

Link to Accreditation Standards: <https://ceph.org/documents/297/2021.Criteria.pdf>

Date Last Updated: April 23, 2023

Accreditation Requirement: There is no licensing for jobs in public health. Graduates with a bachelor's degree can work in the field, but are not eligible for national certification (Certified in Public Health - CPH) until they have at least 5 years of experience or earn a master's degree and have at least 3 years of experience. Students who graduate from a CEPH-accredited program are eligible to take the national certification exam without the years of experience requirement.

SCHOOLS OF PUBLIC HEALTH & PUBLIC HEALTH PROGRAMS AMENDED AUGUST 2021

G1. Diversity & Cultural Competence (SPH and PHP)

The school or program defines systematic, coherent, and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- incorporation of diversity and cultural competency considerations in the curriculum
- recruitment and retention of diverse faculty, staff, and students
- development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination
- reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.³⁴

³⁴ CEPH understands that the definition of diversity in non-US settings, as well as the ability to track such data, differs greatly from that in the United States. This does not, however, relieve international schools and programs from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency, as defined in appropriate local contexts.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school or program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school or program's scholarship and/or community engagement.

Radiation Therapy

Accreditor: Joint Review Committee on Education in Radiologic Technology (JRCERT)

Website: <https://www.jrcert.org/>

Link to Accreditation Standards:

<https://www.jrcert.org/wp-content/uploads/Documents/Resources/Standards-PDFs/2021-Radiation-Therapy-Standards.pdf>

Date Last Updated:01/01/2021

Accreditation Requirement: In order for students to be credentialed through the ARRT, their degree must come from an institution accredited by an agency that ARRT recognizes. They must complete an ARRT-verified educational program and an academic degree that is recognized by ARRT.

Below is a link to the list of recognized accreditors for ARRT

<https://www.rrt.org/pages/earn-rrt-credentials/initial-requirements/primary-requirements/education-requirements-primary/rrt-recognized-accreditation-agencies>

Below is a link to the credentialing requirements for ARRT

<https://www.rrt.org/pages/earn-rrt-credentials/credential-options/radiation-therapy>

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Required Program Response: • Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public. • Describe how policies and procedures are fair, equitably applied, and promote professionalism. • Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution. • Provide

publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each. • Provide a copy of the resolution of any formal grievance(s).

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

Explanation: Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

Required Program Response: • Describe how nondiscriminatory recruitment and employment practices are assured. • Provide copies of employment policies and procedures that assure nondiscriminatory practices.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Explanation: Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission. Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

Required Program Response: • Describe how institutional and program admission policies are implemented. • Describe how admission practices are nondiscriminatory. • Provide institutional and program admission policies.

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

Explanation: ... Clinical placement must be nondiscriminatory in nature and solely determined by the program.

...

Required Program Response: • Describe the process for student clinical placement including, but not limited to:

- o assuring equitable learning opportunities,
 - o assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
 - o orienting students to clinical settings.
- Describe how the program assures a 1:1 student to therapeutic device ratio at all clinical settings.

- Provide current clinical student assignment schedules in relation to student enrollment.

Radiologic Sciences/Medical Imaging

Accreditor: Joint Review Committee on Education in Radiologic Technology (JRCERT)

Website: <https://www.jrcert.org/>

Link to Accreditation Standards: <https://www.jrcert.org/jrcert-standards/>

Date Last Updated: 01/01/2021

Accreditation Requirement: In order for students to be eligible for credentialing through the ARRT, their degree must come from an institution accredited by an agency that ARRT recognizes. They must complete an ARRT-verified educational program and an academic degree that is recognized by ARRT.

Below is a link to the list of recognized accreditors for ARRT

<https://www.rrt.org/pages/earn-rrt-credentials/initial-requirements/primary-requirements/education-requirements-primary/rrt-recognized-accreditation-agencies>

Below is a link to the credentialing requirements for ARRT

<https://www.rrt.org/pages/earn-rrt-credentials/credential-options/radiography>

Standards:

Page 5

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Required Program Response:

- Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.
- Describe how policies and procedures are fair, equitably applied, and promote professionalism.
- Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.
- Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.
- Provide a copy of the resolution of any formal grievance(s).

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

Required Program Response:

- Describe how nondiscriminatory recruitment and employment practices are assured.

- Provide copies of employment policies and procedures that assure nondiscriminatory practices.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Required Program Response:

- Describe how institutional and program admission policies are implemented.
- Describe how admission practices are nondiscriminatory.
- Provide institutional and program admission policies.

Recreational Therapy

Accreditor: CAAHEP: Commission on Accreditation of Allied Health Education Programs

Website: <https://www.caahep.org/program-directors/standards-and-guidelines>

Link to Accreditation

Standards: https://assets.website-files.com/5f466098572bfe97f28d59df/603da53d5e75364b868dee7a_RecreationalTherapyStandardsandGuidelines2017.pdf

Date Last Updated: 4/23/23

Accreditation Requirement: Students must graduate from an accredited program in order to apply for certification and then practice.

Additional notes: The whole study of RT is about holistic well-being and promoting quality of life and equity for people with illnesses and disabling conditions. Also need to appropriately link the standards of practice or ethical statements, which live outside of the accreditation standards but are referred to in the accreditation standards.

Curriculum Content Requirements

1.1.5 Knowledge of personal and societal attitudes related to health, illness, and disability

1.1.12 Knowledge of recreational therapist's role as an advocate for client rights

1.1.15 knowledge of the TR/RT standards of practice and ethical codes*

*The standards of practice and ethical codes are published by the American Therapeutic Recreation Association, not CARTE. This is defined in Appendix D, page 5. They are embedded with language that discusses DEI principles. For example:

PRINCIPLE 4: JUSTICE

Recreational Therapy personnel are responsible for ensuring that individuals are served fairly and that there is equity in the distribution of services. Individuals should receive services without

regard to race, color, creed, gender, sexual orientation, age, disease/disability, social and financial status.

1.1.16 Knowledge of current ethical issues in health care and human services

1.1.20 Knowledge of principles of normalization, inclusion, self-determination, social role valorization, empowerment, and personal autonomy

1.2.2 Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients.

1.2.4 Knowledge of the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure.

1.3.7 Skill in constructing treatment plans that incorporate patient/ client strengths, resources, & preferences

1.3.8 Skill in designing discharge plans relevant to patient/ client resources, support systems, & needs

1.4.8 Knowledge of the legal and ethical ramifications of treatment service delivery

1.7.12 Skill in applying ethical and conduct standards to practice

Required support content

1.8.8 Knowledge of the sequence and processes of physical, cognitive, emotional, and social aspects of human development throughout the lifecycle (from conception and prenatal development through death, dying and bereavement).

1.8.10 Knowledge of influences on healthy development including nutrition, exercise and social and family relationships as well as the impact of unhealthy behaviors such as substance abuse or disease and disability upon development and functioning throughout the life span.

Additional support content

1.8.16 Knowledge of social psychology including socio-cultural relationships, attitudes and stereotypes, social dominance theory and stigmatization based upon disability or disease.

1.8.27 Knowledge of the bio-psycho-social impact of disabling conditions/disabilities on the individual's health status, self-concept, quality of life and functional independence in life activities.

1.8.34 Knowledge of ethical concerns for therapist/counselor/leader (confidentiality, duty to warn, transference, counter-transference, values conflicts, adherence to standards of professional practice, choice of treatment, adequacy of treatment, cultural and ethnic factors that influence treatment).

1.8.64 Ability to integrate understanding of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy in creating inclusive recreation opportunities.

1.8.65 Ability to advocate for inclusive recreation opportunities for people with disabilities.

Rehabilitation Counseling

Accreditor: Council for Accreditation of Counseling and Related Educational Program (CACREP)

Website:<https://www.cacrep.org/>

Link to Accreditation Standards:<https://www.cacrep.org/for-programs/2016-cacrep-standards/>

Date Last Updated: 2016 CACREP Standards retrieved and updated 4/20/2023

Accreditation Requirement: MRC graduates are required to graduate from an accredited program to take the CRC exam.

SECTION 1: The Learning Environment

K. The academic unit makes continuous and systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community.

Q. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.

SECTION 2: Professional Counseling Identity

1. SOCIAL AND CULTURAL DIVERSITY

- a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
- b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- c. multicultural counseling competencies
- d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on

- an individual's views of others
- e. the effects of power and privilege for counselors and clients
- f. help-seeking behaviors of diverse clients
- g. the impact of spiritual beliefs on clients' and counselors' worldviews
- h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination.

3. HUMAN GROWTH AND DEVELOPMENT

- g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

SECTION 3: Professional Practice

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

SECTION 5-A: Entry-Level Specialty Areas, Addiction Counseling

2. Contextual Dimensions

- g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
- j. cultural factors relevant to addiction and addictive behavior

SECTION 5-B : Entry-Level Specialty Areas, Career Counseling

2. Contextual Dimensions

- c. the unique needs and characteristics of multicultural and diverse populations with regard to career exploration, employment expectations, and socioeconomic issues

SECTION 5-D: Clinical Rehabilitation counseling

2. Contextual Dimensions

- a. effects of discrimination, such as handicapism, ableism, and power, privilege, and oppression on clients' life and career development
- d. cultural factors relevant to rehabilitation counseling

SECTION 5-E: College Counseling and Student Affairs

2. Contextual Dimensions

- g. current trends in higher education and the diversity of higher education environments
- m. unique needs of diverse individuals in higher education settings, including residents, commuters, distance learners, individuals with disabilities, adult learners, and student athletes, as well as nontraditional, international, transfer, and first-generation students

SECTION 5-F: Marriage, Couple, and Family Counseling

2. Contextual Dimensions

- k. interactions of career, life, and gender roles on marriages, couples, and families
- m. cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration

SECTION 5-G: School Counseling

3. Practice

- k. strategies to promote equity in student achievement and college access

SECTION 5-H: Rehabilitation Counseling

1. Foundations

- e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences

2. Contextual Dimensions

- e. impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities
- h. impact of disability on human sexuality

3. Practice

- h. career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the work place

SECTION 6: Doctoral Standards

The Program

3. Doctoral program admission criteria include
 (e) cultural sensitivity and awareness;

1. Counseling

- f) ethical and culturally relevant counseling in multiple settings

2. Supervision

- k) culturally relevant strategies for conducting clinical supervision

3 Teaching

- h) ethical and culturally relevant strategies used in counselor preparation

4. Research and Scholarship

- l) ethical and culturally relevant strategies for conducting research

5. LEADERSHIP AND ADVOCACY

- k) strategies of leadership in relation to current multicultural and social justice issues

- l) ethical and culturally relevant leadership and advocacy practices

CACREP Definitions related to DEI

Multicultural- Term denoting the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities.

Pluralistic A condition of society in which numerous distinct ethnic, racial, religious, and social groups coexist and cooperatively work toward the interdependence needed for the enhancement of each group. This condition is based on the belief that all members of society benefit when diverse groups participate fully in the dominant society, yet maintain their differences.

Respiratory Therapy

Accreditor: Commission on Accreditation for Respiratory Care

Website: <https://coarc.com/>

Link to Accreditation Standards:

- Entry into Practice Standards: <https://coarc.com/accreditation/entry-into-practice-standards/>

Accreditation Requirement: To be eligible for certification as a Respiratory Therapist and a license to practice in Utah, students MUST graduate from an accredited program.

Date Last Updated: April 12, 2023

Entry into Practice Standards:

4.05 Graduates must be able to function proficiently within inter-professional teams and communicate effectively with diverse populations. The curriculum must prepare students to work with, and care for, a variety of populations including, but not limited to, individuals of various ages, abilities, and ethnicities.

Interpretive Guideline:

The program must prepare students to work collaboratively in inter-professional patient-centered teams. Such preparation should include curricular content on the roles and responsibilities of other health care professionals with emphasis on the team approach to patient-centered care.

This training must also include ongoing consideration of the constantly changing health care system and the impact of racial, ethnic and socioeconomic disparities on health care delivery. Instruction regarding medical care delivery to diverse populations prepares students to avoid stereotyping. It makes them aware of the differing beliefs, values and expectations of patients and other health care professionals that can influence communication and decision-making by both the health care team and the patients, thereby affecting patient compliance and treatment outcomes. For this reason, efforts should be made to ensure that, as part of their preparation for practice, students have exposure to as diverse a patient population as possible.

The safe and effective provision of respiratory care services requires that therapists communicate effectively with both patients and other members of the health care team. Accordingly, prior to graduation, students must demonstrate effective communication with patients and the other members of the health care team, both as individuals and in groups, regardless of their beliefs, languages and abilities.

As a part of its efforts to address these issues, the program should consider the use of a simulation laboratory. Working together with faculty from other allied health programs at the institution (RNs, CNAs, EMTs, etc.) program faculty can provide students with experience in interprofessional teamwork and in dealing with a variety of patients (language, disability, etc.).

Required curricular content - NBRC Sleep Disorders Specialist (SDS)

<https://coarc.com/accreditation/program-resources/>

NBRC Sleep Disorders Exam Content Matrix Comparison

Pre-Testing

B. Study Preparations

11. Recognize special needs associated with a patient's:
 - a. Age
 - b. Psychological status
 - c. Physical status
 - d. Culture
 - e. Language
 - f. Cognitive status

Social Work

Accreditor: Council on Social Work Education

Website: <https://www.cswe.org/>

Link to Accreditation Standards:

<https://www.cswe.org/getmedia/94471c42-13b8-493b-9041-b30f48533d64/2022-EPAS.pdf>

Date Last Updated: May 17, 2023

Accreditation Requirement: In order to be licensed in any state (LCSW level license), a person must have earned a MSW degree from an accredited school/program.

There are nine competencies. Each competency addresses justice, inclusion, equity issues. Each course is infused with a DEI lens, even an anti-racist lens. The course objectives are also either infused with these concepts or has 1-2 objectives that addresses equity. Our profession is rooted in this perspective. Included are first, the two competencies that directly address DEI. Second, included the other seven competencies and a snippet of each summary that addresses DEI directly. co

Two specific competencies address these issues:

Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice

Social workers understand that every person regardless of position in society has fundamental human rights. Social workers are knowledgeable about the global intersecting and ongoing injustices throughout history that result in oppression and racism, including social work's role and response. Social workers critically evaluate the distribution of power and privilege in society in order to promote social, racial, economic, and environmental justice by reducing inequities and ensuring dignity and respect for all. Social workers advocate for and engage in strategies to eliminate oppressive structural barriers to ensure that social resources, rights, and responsibilities are distributed equitably and that civil, political, economic, social, and cultural human rights are protected.

Social workers:

- a. advocate for human rights at the individual, family, group, organizational, and community system levels; and
- b. engage in practices that advance human rights to promote social, racial, economic, and environmental justice.

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

Social workers understand how racism and oppression shape human experiences and how these two constructs influence practice at the individual, family, group, organizational, and community levels and in policy and research. Social workers understand the pervasive impact of White supremacy and privilege and use their knowledge, awareness, and skills to engage in anti-racist

practice. Social workers understand how diversity and intersectionality shape human experiences and identity development and affect equity and inclusion. The dimensions of diversity are understood as the intersectionality of factors including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that this intersectionality means that a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege and power. Social workers understand the societal and historical roots of social and racial injustices and the forms and mechanisms of oppression and discrimination. Social workers understand cultural humility and recognize the extent to which a culture's structures and 10 2022 Educational Policy and Accreditation Standards values, including social, economic, political, racial, technological, and cultural exclusions, may create privilege and power resulting in systemic oppression.

Social workers:

- a. demonstrate anti-racist and anti-oppressive social work practice at the individual, family, group, organizational, community, research, and policy levels; and
- b. demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences.

Remaining competencies:

Competency 1: Demonstrate Ethical and Professional Behavior

“...Social workers use rights-based, antiracist, and anti-oppressive lenses to understand and critique the profession's history, mission, roles, and responsibilities and recognize historical and current contexts of oppression in shaping institutions and social work....”

Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

“Social workers use ethical, culturally informed, anti-racist, and anti-oppressive approaches in conducting research and building knowledge.... Social workers understand the inherent bias in research and evaluate design, analysis, and interpretation using an anti-racist and anti-oppressive perspective....Social workers identify ethical, culturally informed, anti-racist, and anti-oppressive strategies that address inherent biases for use in quantitative and qualitative research methods to advance the purposes of social work.”

Competency 5: Engage in Policy Practice

Social workers identify social policy at the local, state, federal, and global level that affects well-being, human rights and justice, service delivery, and access to social services. Social workers recognize the historical, social, racial, cultural, economic, organizational, environmental, and global influences that affect social policy. Social workers understand and critique the history and current structures of social policies and services and the role of policy in service delivery through rights based, anti-oppressive, and anti-racist lenses. Social workers influence policy formulation, analysis, 2022 Educational Policy and Accreditation Standards 11 implementation, and evaluation within their practice settings with individuals, families, groups, organizations, and communities. Social workers actively engage in and advocate for anti-racist and anti-oppressive policy practice to effect change in those settings.

Social workers:

- a. use social justice, anti-racist, and anti-oppressive lenses to assess how social welfare policies affect the delivery of and access to social services; and
- b. apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, racial, economic, and environmental justice.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Social workers use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

“Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in culturally responsive assessment with clients and constituencies, including individuals, families, groups, organizations, and communities.... Social workers are self-reflective and understand how bias, power, privilege, and their personal values and experiences may affect their assessment and decision making....”

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

“...Social workers:

- a. engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals; and
- b. incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies.”

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

“...Social workers apply anti-racist and anti-oppressive perspectives in evaluating outcomes. Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and critically evaluate and apply this knowledge in evaluating outcomes.”