



**Women's Herstory Month Presentations:**

**Discrimination and DE&I:**

**Two Sides of Social Determinants of Health for Women**

**Friday, March 3<sup>rd</sup>, 2023**

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# Learning Objectives:

- 1) Describe recognized social determinants of health
- 2) Identify how discrimination is a negative social determinant of health
- 3) Explain how social determinants of health can have a greater negative impact on women
- 4) Consider the current state of diversity, equity, and inclusion in healthcare
- 5) Describe how combating discrimination and promoting DEI can address women's healthcare disparities

## Target Audience:

Clinical Research Professionals (CRPs) at UC/H and Cincinnati Children's Hospital Medical Center (CCHMC): including Principal Investigators (PIs), Research Nurses (RNs), Critical Care Unit Nurses (RNs), Pharmacy Technicians and Regulatory Specialists.

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The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Cincinnati designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*<sup>™</sup>. Participants should claim only the credit commensurate with the extent of their participation in the activity.

\*\*CRPs, NPs, PAs, and RNs can count activities certified for *AMA PRA Category 1 credit*<sup>™</sup> for professional credit reporting purposes. Other healthcare professionals should inquire with their certifying or licensing boards.\*\*

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In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education and the University of Cincinnati policy, all faculty, planning committee members, and other individuals, who are in a position to control content, are required to disclose all relationships with ineligible companies\* (commercial interests) within the last 24 months. All educational materials are reviewed for fair balance, scientific objectivity, and levels of evidence. The ACCME requires us to disqualify from involvement in the planning and implementation of accredited continuing education any individuals (1) who refuse to provide this information or (2) whose conflicts of interests cannot be mitigated.

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*All relevant relationships have been mitigated. The following disclosures were made:*

### **Planning Committee Members:**

- Maria Stivers, MS; Course Director – No Relevant Relationships
- Nathaniel L. Harris, BS, Course Coordinator – No Relevant Relationships
- Heather Muskopf, CME Program Manager – No Relevant Relationships

### **Speaker:**

#### **Deborah Heater, JD**

Senior Director  
Office of Diversity, Equity and Inclusion  
UC Health

*No Relevant Relationships*

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# UC / UC Health Clinical Research Orientation and Training (CRO&T)

**Thursday, March 9<sup>th</sup>, 2023**  
**9:00 am - 3:00 pm**  
**Virtual presentation**

**TODAY Friday, March 3<sup>rd</sup>, 2023**  
**IS THE LAST DAY OF REGISTRATION**

**Register [Here](#)**

Please reach out to Nate Harris,  
[nate.harris@uchealth.com](mailto:nate.harris@uchealth.com) for any questions

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# March 2023 Study of the month:

## Bipolar Depression Study

Do You Have Bipolar Disorder and Are Currently Depressed?

### What

The purpose of this research is to see if Mydayis will improve mood in patients with bipolar disorder and currently suffering from depression. Participants will be randomly assigned to take Mydayis or a placebo (a fake pill with no active ingredient).

### Who

Adults, age 18-65 who are currently experiencing depression and diagnosed with bipolar disorder. Participants must be on a mood stabilizer prescribed by their doctor.

### Pay

Eligible participants will be compensated up to \$390 for their time, effort and travel.

### Details

For more information, please contact us at 513-536-0707 or visit [www.LCOH.info](http://www.LCOH.info) and fill out a pre-screen questionnaire. Located at the Lindner Center of HOPE in Mason, Ohio.

 LCOH Health.

03-20 IRB #2020-0249

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Lindner Center of HOPE



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## Compliance Reminder:

# Linking Subjects to Studies in EPIC for Clinical Research

Clinical research associated procedures, services, and orders must be charged to the appropriate research study account. **It is imperative that research activity not be billed to a patient's clinical account, nor clinical care activities be billed to a research account.**

To ensure this, visits (encounters), procedures, services, and orders that are associated with a clinical research study must be properly linked to the specific associated study in the electronic medical records system EPIC, distinguishing research charges from clinical care charges.

For step-by-step instructions on the options to link a research subject, an encounter, and research related orders to a research study and more information, please refer to the following SOP:

### UCH-OCR-OPS-SOP-017-02: Linking in EPIC for Clinical Research

All OCR SOPs are accessible from the UC Health intranet home page utilizing the Compliance 360 policy search function or reach out to the Office of Clinical Research with any questions or concerns.

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## Office of Clinical Research Lunch & Learn

Thursday, March 16<sup>th</sup>, 2023, 12:00noon - 1:00pm  
Virtual Presentation

# The Illustrative Female: Mary Maciel and Other Women in 20th Century Medical Illustration

Though the number of female medical and health professionals rose gradually throughout the early twentieth century, one area of the medical field in which women not only worked, but thrived, was that of medical illustration. Of the 60 charter members of the Association of Medical Illustrators in 1946, forty were women. Though many of these women were trained by the famous Max Brodel at Johns Hopkins, these female artists very soon began to exercise leadership in the field for many years to come. In Cincinnati, this national pattern was personified in Mary Maciel. Like many of her female contemporaries, she was trained by Brodel at Johns Hopkins. It was Maciel however who began the medical illustration department here at the University of Cincinnati College of Medicine and served as its chair for over twenty years.

This presentation will share insights primarily into the life and work of Mary Maciel, while at the same time look at the work of several other women whose skill at depicting human anatomy made them invaluable to the medical profession they served.

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**Gino Pasi**  
Archivist/Curator  
Donald C. Harrison Health Sciences  
Library  
University of Cincinnati, College Of  
Medicine

University of  
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**Today's Presentation:**  
**Discrimination and DE&I:**  
**Two Sides of Social Determinants of Health  
for Women**

Discrimination is a significant social determinant of health and women can be disproportionately impacted. Illegal discrimination can impact women's access to healthcare, health outcomes, and overall well-being.

In contrast, promoting diversity, equity, and inclusion initiatives can promote health equity by addressing social determinants of health, reducing implicit bias, promoting diversity in the healthcare workforce, and improving access to culturally competent healthcare for women.

**Deborah Heater, JD**

**Senior Director**

**Office of Diversity, Equity and Inclusion**

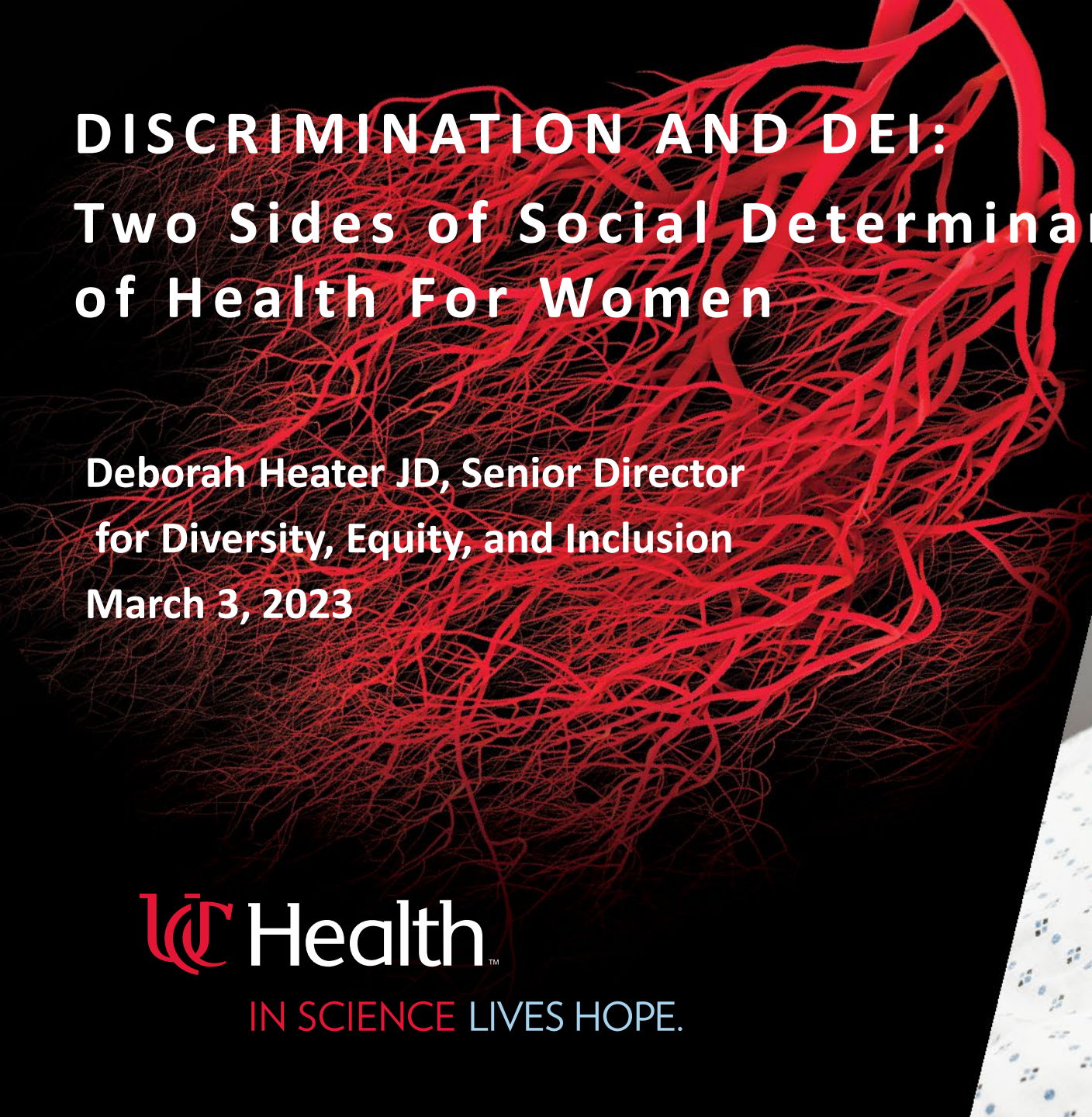
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A photograph of an elderly Black woman with grey hair, smiling warmly while lying in a hospital bed. She is wearing a white hospital gown with a blue patterned trim. The background shows a blurred hospital room with medical equipment.

# DISCRIMINATION AND DEI: Two Sides of Social Determinants of Health For Women

A graphic element consisting of a dense, tangled mass of bright red lines, resembling a complex network or a web, set against a black background.

Deborah Heater JD, Senior Director  
for Diversity, Equity, and Inclusion

March 3, 2023

 **Health**<sup>TM</sup>

IN SCIENCE LIVES HOPE.



## Learning Objectives

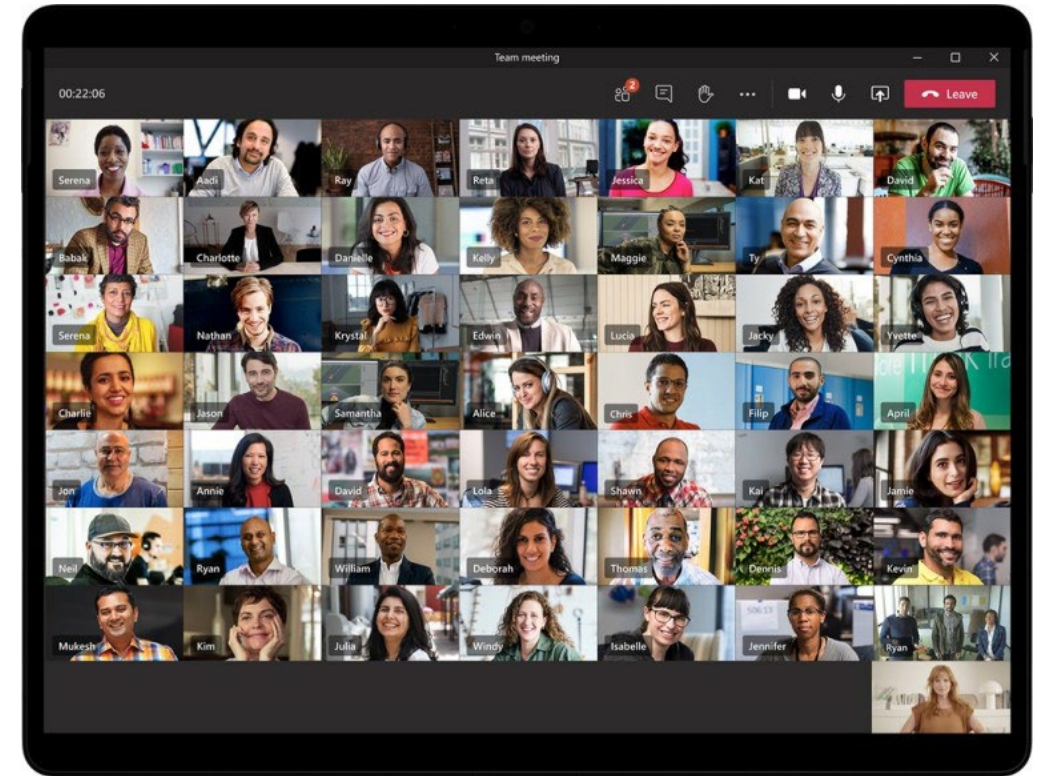
After completion of this course the participants should be able to:

- ✓ Describe recognized social determinants of health
- ✓ Identify how discrimination is a negative social determinant of health
- ✓ Explain how social determinants of health can have a greater negative impact on women
- ✓ Consider the current state of diversity, equity, and inclusion in healthcare
- ✓ Describe how combating discrimination and promoting DEI can address women's healthcare disparities



## I ask you to:

- Be interactive
- Share your perspectives
- Consider how you may increase your role in DEI Initiatives





## **Deborah Heater, JD:**

- Investigated police involved shootings for the City of Cincinnati
- Managed social services programs for Citizens Committee on Youth
- Increased Teacher Diversity while Chief HR Officer for Cincinnati Public Schools
- Worked with Non-profits to create actionable DEI strategies
- Provided workshops on DEI and culture change
- Worked with community colleges to support more efficient HR hiring operations
- Trained hiring panels on unconscious bias awareness
- Regional Director for Ohio Civil Rights Commission (Dayton/Cincinnati) investigating discrimination claims
- Professional Development Specialist with Ohio Department of Education

## Intentional Bias/Discrimination



## What is illegal Discrimination?

Simply put, discrimination is the unjust treatment of different categories of people on the grounds of their protected status. It can often apply to intersecting demographics.

## Why Do People Discriminate?

People discriminate because of deep-seated, destructive generalizations about a certain group. In such cases, people harbor unrealistic, disparaging beliefs about a group and its members, while also maintaining a sense of the moral or intellectual superiority of their own group.

[https://www.apa.org/Gwendolyn Keita PHD](https://www.apa.org/Gwendolyn_Keita_PHD)

## People Who Discriminate?

These individuals are consciously aware of their negative emotions toward members of the group, and intend to harm, disadvantage or avoid them.



## Unconscious/implicit Bias

Unconscious biases, also known as implicit biases, are learned assumptions, beliefs, or attitudes that we aren't necessarily consciously aware of. While bias is a normal part of human brain function, it can often reinforce stereotypes.

<https://kirwaninstitute.osu.edu/article/understanding-implicit-bias>

Biases come from a lifetime of experiences with social groups – age, gender, race, ethnicity, religion, social class, sexuality, disability status, job classification, rank, nationality [or socio-economic status].

The question we should ask ourselves is to what extent social groups – without our awareness or conscious control – shape our likes and dislikes, our judgments about people’s character, abilities, and potential.

-Blindspot: Hidden Biases of Good People; Mahzarin Banaji and Anthony Greenwald (2013),  
Delacourte Press, New York, New York

A sad reality related to bias is that whether it is intentionally discriminatory or unconscious, the harm done is essentially the same.



**RECOGNIZED SOCIAL DETERMINANTS OF HEALTH**

**What are some categories of human conditions that you believe have a direct or indirect impact on healthcare and health outcomes?**

**Access to Quality Education**

**Economic Stability**

**Social and Community Resources**

**Neighborhood and Housing Environment**

**Access to Quality Healthcare**

**Social determinants of health (SDOH) have interrelated root causes.**

## Social Determinants of Health



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<https://www.healthypeople.gov/2020/topics- SDOH>

## **Education Access and Quality**

Access to quality education is widely recognized as a social determinant of health that can significantly impact health outcomes. Quality education provides individuals with the knowledge and skills needed to make informed decisions about their health, as well as access to resources and opportunities that promote healthy behaviors.



## Poor Quality Education

**Income:** Education is closely linked to income, as individuals with higher levels of education are more likely to earn higher salaries. A lack of quality education can decrease access to better housing, healthier food, and quality healthcare, which can positively impact their health.

**Limited health literacy:** Poor quality education can lead to limited health literacy, which refers to a person's ability to understand and use health information to make informed decisions about their health. Limited health literacy can lead to poor health outcomes because individuals may not have the knowledge or skills needed to manage their health effectively.

**Limited job opportunities:** Poor quality education can limit job opportunities and reduce earning potential, which can have negative effects on health. People with low income and unstable employment may struggle to access healthcare and afford healthy food and safe housing.

**Social support:** Education can also increase an individual's social support network by providing opportunities to connect with others who share similar interests or goals. This can improve mental health and reduce social isolation, which can negatively impact overall health.

# SDOH: ECONOMIC STABILITY

## **Economic Stability**

Economic stability refers to an individual's ability to maintain a steady and predictable financial situation over time. Economic stability is a social determinant of health because it plays a significant role in determining an individual's access to healthcare, housing, education, and other resources that are critical to maintaining good health.

# SDOH: ECONOMIC STABILITY

## **Economic Instability:**

Individuals who experience financial stress or instability may have difficulty affording healthcare services.

A lack of financial resources leads to:

- An inability to access healthy food options or safe housing, which can contribute to chronic health conditions such as obesity, diabetes, or respiratory illnesses.
- Difficulty affording healthcare services or medications, leading to untreated medical conditions and poorer health outcomes.
- Stress, anxiety, and other mental health issues, which can further exacerbate physical health problems.

## **Social and Community Context**

Social and Community Context is a social determinant of health that refers to the various social and cultural factors that can influence an individual's health outcomes, including their social relationships, community resources, and exposure to discrimination or violence. This social determinant of health is important because it can significantly impact an individual's physical and mental health in various ways.



## Poor Social and Community Context

Poor social and community context is considered a negative determinant of health because it can contribute to a wide range of health problems and inequalities. SDOH refer to the social, economic, and environmental conditions in which people live and work, and age which can have a significant impact on health outcomes, including:

- **Increased exposure to environmental hazards:** Poor social and community contexts can expose people to environmental hazards like inadequate and unsafe housing, which can lead to a range of health problems.
- **Limited access to healthy food:** Poor social and community contexts can limit access to healthy food options, making it difficult for individuals to maintain a balanced and nutritious diet. This can increase the risk of obesity, diabetes, and other diet-related illnesses.
- **Increased stress and social isolation:** Poor social and community contexts can lead to increased stress and social isolation, which can have negative effects on mental and physical health.

**Why is discrimination a SDOH?**

While there are many factors that impact SDOH, discrimination denies/limits choice and access.

- Firstly, discrimination can limit a person's opportunities and options by denying them access to certain resources, services, or positions based on their race, gender, religion, or other personal characteristics.
- Secondly, discrimination can influence a person's perception of their own abilities and potential. If a person is repeatedly discriminated against, they may begin to internalize the belief that they are less capable or less deserving of certain opportunities or choices. This can lead to self-doubt, low self-esteem, and a lack of confidence in making choices.

- **Employment:** Discrimination can limit a person's access to job opportunities for which they qualify, leaving them relegated to a lower-level position and underpaid compared to skills and experience.
- **Housing:** Discrimination can limit a person's access to safe and affordable housing, which can impact their physical and mental health.
- **Community and social support:** Discrimination can limit a person's access to social support networks, which are important for maintaining good health. This can lead to social isolation, which has been linked to poor physical and mental health outcomes.



In summary, discrimination can impact SDOH in several ways, limiting access to healthcare, education, employment, housing, and social support networks, and contributing to poor health outcomes.

# **SDOH's Impact On Healthcare for Women**

## **Why are Women Disproportionately Impacted by Negative SDOH?**

# SDOH's Disproportionate Impact on Women

## Why Women Are Disproportionately Impacted by SDOH

Women are disproportionately impacted by SDOH due to various factors, including historical and systemic inequities in access to resources and opportunities. Some of the reasons why women may be disproportionately affected by SDOH include:

- **Poverty:** Women are more likely than men to live in poverty, and poverty can limit access to resources like healthy food, safe housing, and healthcare.
- **Gender-based violence:** Women are at higher risk of experiencing gender-based violence, which can have long-term physical and mental health effects.



# Discrimination's Impact on Women, Contd.

## Why Women Are Disproportionately Impacted by SDOH

- Unpaid care work: Women are more likely than men to provide unpaid care work for children, the elderly, and the sick, which can limit their ability to work outside the home and access education and healthcare.
- Education discrimination: Girls and women may face discrimination in education, such as being discouraged from pursuing certain fields of study or receiving less support for their academic pursuits.
- Health discrimination: Women may experience discrimination in healthcare, such as not receiving adequate attention for their health concerns or being denied access to reproductive health services or equitable maternity care.

# Discrimination's Impact on Women

## Women Are Disproportionately Impacted by Discrimination as a SDOH

Discrimination: We have discussed how discrimination is a significant SDOH and women can be disproportionately impacted. Women who face discrimination based on their gender, race, ethnicity, sexual orientation, or other factors may experience higher levels of stress, lower levels of social support, and poorer health outcomes.

- Employment discrimination: Women can face discrimination in the workplace, such as being paid less than their male colleagues for doing the same job or being subjected to sexual harassment or other forms of workplace discrimination.
- Intersectional discrimination: Women who belong to marginalized groups, such as women of color, indigenous women, or LGBTQ+ women, may face additional forms of discrimination that intersect with gender discrimination, resulting in a compounding effect of discrimination and oppression.

Overall, discrimination against women can limit their opportunities, negatively impact their mental and physical health, and perpetuate inequality and injustice in society.

# Discrimination Claims and Women

The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that prohibit employment discrimination. The EEOC collects and reports data on discrimination complaints filed with the agency, including complaints filed by women. Here are some statistics from the EEOC's latest available report (2020) regarding discrimination complaints filed by women:

- Women filed 56.8% of all discrimination complaints with the EEOC in 2020.
- The most common basis for discrimination complaints filed by women was sex, which accounted for 31.7% of all complaints filed by women.
- The most common type of discrimination alleged by women was retaliation, which accounted for 45.1% of all complaints filed by women.

The industries with the highest number of discrimination complaints filed by women were healthcare and social assistance, retail trade, and accommodation and food services.

<https://www.eeoc.gov/statistics/charge-statistics-fy-1997-through-fy-2020>

# **Consider the Current State of Diversity, Equity, and Inclusion In Healthcare**

DEI has been a recent focus for businesses and organizations across the world, but perhaps none stand to make a greater impact than the healthcare industry, as it directly affects patient health outcomes and quality of life in a profound way. In terms of healthcare, DEI efforts help organizations address:

- **Diversity:** There is greater focus on understanding the background of employees and patients being served, including culture, gender, sexual orientation, religious beliefs, and socioeconomic status. Also, hiring and retaining a workforce that is representative of the patient population served.
- **Equity:** Organizations are more focused on ensuring healthcare workers have what they need to do their jobs and patients have what they need in and out of treatment settings to effectively benefit from best practices in treatment. This has become a hospital accreditation requirement.
- **Inclusion:** Creation of diversity councils and employee resource groups are giving employees and patients a voice to help provide and receive high-quality care and encouraging the presence of a diverse healthcare staff in the treatment experience of patients.

Relias is an organization that helps healthcare leaders, human service providers, and their staff take better care of people, lower costs, reduce risk, and achieve better results. In a state of DEI report, Relias shared survey findings. Their survey found in summary:

- Of the 62% of respondents whose organizations have diversity, equity, and inclusion (DEI) initiatives, 90% support them with training. Yet only 40% of those with DEI training require managers to participate.
- Being adaptable to changing needs (33%) and providing online learning (27%) were identified as the top strengths of healthcare training since the coronavirus pandemic began.
- Less than a third of respondents (**32%**) say they have tapped into the power of data and analytics tools to inform staff training assignments.

<https://www.relias.com/blog/how-diversity-equity-inclusion-influence-healthcare>



## How DEI Reduces Negative Impact of Impact of SDOH

# **Combating Discrimination and Supporting DEI Initiatives**

# COMBATING DISCRIMINATION

Fighting discrimination requires a multifaceted approach that involves individuals, organizations, and institutions working together to address discrimination and promote equity. Here are some strategies that can be used to fight discrimination:

- **Education and awareness:** Educating people about intentional bias and its negative organizational impact reduces valid claims. This can involve raising awareness through training programs that help people understand the different forms of discrimination and how to recognize and combat it.
- **Legal Compliance:** Making sure the organizations enforce anti-discrimination laws and policies through accountability deters acts of discrimination.

# COMBATING DISCRIMINATION, CONDT.

- Policy changes: Policies can be implemented to address discrimination and promote equity. Policies that encourage reporting and ensure protection from retaliation create trust and retention of diverse employee demographics.
- Community organizing: Community organizing involves bringing together individuals and organizations to address issues affecting the community.

Overall, fighting discrimination requires a sustained and collective effort that involves individuals, organizations, and institutions working together to promote equity and create a more inclusive and welcoming society.

## Supporting DEI Initiatives

# DEI and SDOH

DEI (Diversity, Equity, and Inclusion) initiatives can play a critical role in reducing negative determinants of health by addressing the underlying structural and systemic factors that contribute to health inequities. Here are some examples of how DEI can help:

- **Access to healthcare:** DEI initiatives can help ensure that all individuals, regardless of their race, ethnicity, gender, or socioeconomic status, have access to quality healthcare services. This can be achieved by improving healthcare coverage, expanding access to healthcare facilities and providers in underserved communities, and reducing stigma and discrimination.
- **Workforce development:** DEI initiatives can help to increase diversity in the healthcare workforce, including in leadership positions. This can help to ensure that healthcare providers have a better understanding of the needs and experiences of diverse populations and can provide culturally responsive care.
- **Policy change:** DEI initiatives can also help to advocate for policy changes that address SDOH, such as affordable housing, increased access to healthy food, and environmental protections. These policy changes can help to reduce the negative impact on the health of individuals and communities.



# DEI FOR IMPROVED HEALTHCARE FOR WOMEN

How promoting DEI in healthcare can improve healthcare for women:

**Improved access to care:** Women from marginalized communities often face barriers to accessing healthcare due to systemic discrimination and SDOH. By promoting DEI, healthcare providers can help to address these barriers and ensure that all women have access to high-quality healthcare.

**Culturally responsive care:** Healthcare providers who understand and are responsive to the unique cultural beliefs and practices of their patients can provide more effective care.

Women from diverse backgrounds may have different health beliefs and practices, and by acknowledging and respecting these differences, healthcare providers can provide more patient-centered care.

How promoting DEI in healthcare can improve healthcare for women:

**Addressing implicit bias:** Healthcare providers who are aware of their own biases and actively work to address them can provide more equitable care. Implicit biases can affect clinical decision-making and contribute to healthcare disparities. By addressing implicit bias, healthcare providers can reduce these disparities and improve health outcomes for all patients, including women.

**Gender-affirming care:** Women who identify as transgender or gender-nonconforming may face discrimination and stigma in healthcare settings. By promoting DEI and providing gender-affirming care, healthcare providers can create a more welcoming and inclusive environment for these patients and improve their health outcomes. promoting DEI in healthcare can improve healthcare outcomes for women by addressing systemic discrimination and ensuring that all women receive high-quality, patient-centered care.

# EFFECTIVE DEI INITIATIVES

While not all inclusive, there are three approaches believed to add to effective DEI initiatives:

- Diversity Councils
- Employee Resource Groups
- Promoting Allyship

# DIVERSITY COUNCILS

Diversity councils are an important component of effective DEI (Diversity, Equity, and Inclusion) initiatives because they serve as a forum for promoting and advancing diversity, equity, and inclusion in the workplace.

Here are some reasons why diversity councils are crucial for effective DEI initiatives:

- **Representation:** Diversity councils are typically composed of a diverse group of employees from various departments and backgrounds. This representation ensures that the perspectives and needs of a broad range of employees are heard and addressed.
- **Accountability:** Diversity councils hold organizations accountable for promoting diversity, equity, and inclusion by monitoring progress and providing feedback to leadership.
- **Education:** Diversity councils help educate employees and leadership about the importance of DEI initiatives. Through training, workshops, and other educational events, diversity councils help build awareness and understanding about the value of diversity and the impact of bias and discrimination in the workplace.

# DIVERSITY COUNCILS

Here are some reasons why diversity councils are crucial for effective DEI initiatives:

- **Support:** Diversity councils provide support to employees from diverse backgrounds who may face challenges or barriers in the workplace. This support can include mentoring, coaching, and advocacy.
- **Innovation:** Diversity councils can help organizations innovate by bringing together diverse perspectives and ideas. This diversity of thought can lead to more creative solutions and better decision-making.

In short, diversity councils are essential for effective DEI initiatives because they provide representation, accountability, education, support, and innovation in promoting diversity, equity, and inclusion in the workplace.

<https://www.forbes.com/sites/forbescoachescouncil/2023/02/28/how-to-leverage-diversity-committees-and-employee-resource-groups-to-achieve-business-outcomes/?sh=5d7db4597cbf>

# EMPLOYEE RESOURCE GROUPS

Employee resource groups (ERGs) are an important component of effective DEI (Diversity, Equity, and Inclusion) initiatives because they provide a platform for employees from underrepresented groups to connect, network, and advocate for themselves and their colleagues. Here are some reasons why ERGs are crucial for effective DEI initiatives:

- **Support:** ERGs provide a supportive environment for employees from underrepresented groups. Members can share their experiences, challenges, and successes, and offer each other advice and encouragement.
- **Networking:** ERGs provide opportunities for members to connect with colleagues who share their background or identity. This networking can lead to professional development, mentorship, and new opportunities.
- **Advocacy:** ERGs can advocate for policies, practices, and programs that promote diversity, equity, and inclusion. This advocacy can lead to changes in the workplace that benefit all employees.



# EMPLOYEE RESOURCE GROUPS, CONDT.

- Education: ERGs can educate colleagues and leadership about the experiences and perspectives of underrepresented groups. This education can help build awareness and understanding about the value of diversity and the impact of bias and discrimination in the workplace.
- Innovation: ERGs can promote innovation by bringing together diverse perspectives and ideas. This diversity of thought can lead to more creative solutions and better decision-making.

In summary, ERGs are an essential part of effective DEI initiatives because they provide support, networking, advocacy, education, and innovation for employees from underrepresented groups. ERGs can help create a more inclusive workplace where all employees feel valued, supported, and empowered.

# PROMOTING ALLYSHIP

What does it mean to be an ally?

DEI allyship refers to the active and ongoing process of individuals who are not members of underrepresented groups, working to support and advocate for individuals who are from underrepresented groups. An ally is someone who is committed to promoting and advancing diversity, equity, and inclusion in the workplace, in their personal lives, and in their communities.

DEI allyship involves taking action to support and amplify the voices of underrepresented groups, including marginalized individuals based on their race, ethnicity, gender, sexual orientation, disability, religion, or other identities.

In summary, allyship is an essential part of effective DEI initiatives because it promotes inclusivity, fosters understanding, challenges bias and discrimination, and promotes equity. Allyship involves actively working to create a more equitable and inclusive workplace and society for all individuals, regardless of their background or identity.

## Two Sides of Social Determinants of Health For Women

By addressing SDOH whether caused by discrimination or unconscious bias while executing effective DEI programs will lead to improved access to healthcare, increasing education and awareness, developing a diverse healthcare workforce, and advocating for policy change, we can work to create a more equitable and healthy society.

**THANK YOU**