Diversity, equity and inclusion (DEI) are embedded in my role as a clinical social worker, researcher and educator. Whether I am evaluating culturally relevant interventions, conducting community-based participatory research or implementing inclusive teaching practices, DEI principles are an essential part of my academic and personal identity. I operate from an intersectional framework, which recognizes how our varied identities intersect and impact our lived experiences and perspectives. As a Jewish woman, I have experienced sexism and antisemitism at various points in my life. Often times these microaggressions are unintentional, yet they have had a harmful impact on me nonetheless. Therefore, I use these experiences to understand how my other identities, such as being white, able bodied or heterosexual, are sources of privilege that can lead to my own blind spots or cause unintentional harm. All of these experiences inform my positionality, which I use to inform my DEI work as a researcher, teacher and clinician. For example, I recognize the importance of regular self-reflection as well as accountability and humility whether in the classroom or in the community.

Accountability and humility are important DEI practices even within the field of research. The United States’ healthcare system has a long history of causing harm to minoritized populations such as Black, Indigenous and People of Color, people with disabilities, low-income communities, and people experiencing homelessness. As a health equity researcher, I start by acknowledging these historical facts as well as the structural barriers that impact marginalized communities. However, it is also important to recognize the community as the expert in their own environment and lived experiences. This is a crucial step to building trust with communities most impacted by health disparities as well as mitigating power differentials that are inherent to academic health research. Community-based participatory research (CBPR) is one methodology that intentionally includes diverse opinions and perspectives through the research process, from generating a research question through implementation and dissemination. I have incorporated CBPR within my dissertation, an intervention with community health workers to address Latinx health disparities in COVID-19 hospitalizations. For example, the community health workers have been actively involved in the creation of patient assessments, participant recruitment, project evaluation and conference presentations.

I have also incorporated diversity, equity and inclusion principles into the classroom. My teaching philosophy is informed by pedagogical scholars such as Paolo Friere and bell hooks, who
both recognize the potential for education to be a form of liberation. Another core component of my teaching is the application of theoretical frameworks to complex social problems, particularly Critical Race Theory (CRT). For example, I introduce CRT as a foundational theory and intentionally include readings, videos and podcasts created by marginalized populations that directly describe their lived experiences and perspectives. I am also contributing to a scoping review that explores how CRT is being incorporated in social work education across the United States. This has led to advocacy for the incorporation of CRT into the social work classroom as well as the broader curricula at the Steve Hicks School of Social Work. Additionally, I intentionally sought out several trainings on inclusive teaching for online education and integrated suggested practices such as providing recordings and slides after each lecture as well as flexible assignment submission options.

I will expand my DEI practice by engaging in student mentorship as well as departmental leadership. I am committed to mentoring students of color, first generation students, and “non-traditional” students in order to increase the diversity of social work clinicians and researchers. I also push myself to go beyond DEI principles, and incorporate anti-racism into my social work scholarship. DEI work can be used to tokenize faculty or students of color, and skirt the bigger, structural changes that are needed to create an equitable society. Whether it is as a clinician, researcher or educator, I recognize that DEI and anti-racism work is a life-long pursuit. It is not just an intellectual exercise; it is a commitment to act and do our part to make structural changes that dismantle oppressive systems. We have a duty to incorporate these principles in our research, teaching and practice, and I would bring this commitment to any institution.