



NACPM Chapter Equity Resource Guide

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Introduction

“Where are we now? Who are we today? Where do we want to go? Who do we want to become? How do we get there? ...Where we are going and who we need to be to get there are married. We can’t get to a new destination without shifting who and how we are.”

“This is some of the hardest work. It’s not about pack hunting an external enemy, it’s about deep shifts in our own ways of being. But if we want to create a world in which conflict and trauma aren’t the center of our collective existence, we have to practice something new, ask different questions, access again our curiosity about each other.”

adrienne maree brown, *Emergent Strategy: Shaping Change, Changing Worlds*

Midwifery in the United States has a complicated history of marginalization and division. Prior to the twentieth century, midwives served in their communities as the primary maternity care providers for childbearing people in the United States and attended the majority of births. The percentage of midwife-attended births declined steadily over time as chattel slavery ended, native and indigenous communities were decimated, and community midwives, foreign-trained midwives, and home birth were stigmatized through disinformation and anti-midwifery campaigns. These primarily physician-led campaigns were fueled by racism, classism, gender discrimination, and anti-immigrant fervor.

By 1975, the number of midwife-attended births reached its lowest point at less than 1% of births overall and 2.4% of non-white births. Many traditional midwives were being forcibly retired and the legacy of race, gender, and class injustice surrounding midwifery was deeply embedded in the dominant American cultural beliefs about birth and midwifery. For instance, in 1925 in the state of Georgia there were approximately 9,000 black, indigenous and immigrant midwives serving in their own communities. By 1944 that number had been reduced to 2,200. Today, there are approximately 600 midwives practicing in Georgia, and most of them are white (*Georgia: “The Midwife Problem”*).

From 1990-2008, the rate of maternal mortality worldwide dropped by 34% while the rate in the United States nearly doubled. The U.S. currently ranks 50th in maternal mortality and 38th in infant mortality, and the impact is not experienced equally. In our country, there are tragic disparities in health outcomes for childbearing people and infants of color due in large part to **institutional racism**. African American babies die at more than twice the rate of white babies, and maternal mortality is 4 times higher for black mothers than for whites, while American Indians and Alaska Natives have an infant mortality rate 60% higher than whites.

In light of these devastating statistics, this Equity Resource Guide is intended to begin to fill in social and historical knowledge gaps, to raise awareness within the CPM community about how racism and other forms of oppression are contributing to these deplorable outcomes for black and indigenous people and to stimulate dialogue and action. We believe midwives have a critical role to play in addressing these outcomes—but only if we each take individual responsibility for our part in bringing about change.

Of note: This Equity Resource Guide is meant to serve as an entry point from which we encourage our members to dive deeper, utilizing the many resources available to identify and implement concrete action steps. Setting an intention and developing awareness is not enough--it is only the beginning.

The 2012 CPM Symposium was a watershed event for the NACPM leadership team and set us on a journey that began with a statement of [Strategic Intention to Address Racism and Racial Disparities in U.S. Maternity Care](#). Since then, NACPM has undertaken the following discrete actions to fulfill on this commitment:

- Acknowledging systemic racism as a root cause of the unconscionable racial disparities in birth outcomes
- Hosting a series of webinars addressing Equity, Race, and Access to Midwifery, which can be viewed [here](#).
- Engaging in ongoing anti-racism training, individually and as a team, recognizing that our own personal anti-racism work is foundational to effectively addressing racism in our profession, organizations, and systems of care for childbearing people
- Forming a workgroup to examine racial privilege that meets monthly to study together and ensure progress toward our goal of dismantling our own racism
- Securing member approval for a by-law change that secures two board-appointed board positions dedicated to people of color, and filling those positions, as we cannot yet rely on the system to ensure a multicultural leadership team
- Inviting people of color to join our leadership team as appointed public board members
- With the support of a consultant, developing a [Racial Equity Impact Tool](#) to assess all our initiatives from the perspective of equity and impact on communities of color--this continues to be a work-in-progress for us as we learn to use this tool effectively
- Ensuring that all our projects have leadership from people of color or participation from and/or review and input from people of color
- Regularly engaging a cross-racial facilitation team for our leadership team meetings
- Since 2016, sharing leadership of NACPM in the form of a cross-racial co-Presidency
- Growing NACPM membership among people of color, Indigenous, and LGBTQIA2S+ people by offering complimentary memberships
- Launching the Bigger Table Fund, a scholarship program to support prospective midwives of color, indigenous, and LGBTQIA2S+ midwives eligible to sit for the NARM exam and/or seek state licensure
- Increasing the racial representation of our Board of Directors: currently, five of the eight Board members are black. NACPM recognizes that changing the composition of our leadership team is only a first step toward becoming a truly multicultural organization, but it has had a clear and lasting impact on what has risen to the top of our agenda.
- Convening the 2018 CPM Symposium - Growing a more representative midwifery workforce able to provide care that is culturally relevant, appropriate, and safe for all people having babies means that we all have work to do, on ourselves and our organizations.

Through our learning around **racial equity**, NACPM has come to embrace a more expansive definition of equity and begun to develop a greater understanding of **intersectionality**, a framework that we now recognize must be applied to all social justice work. Because “there are multiple aspects of identity that enrich our lives and experiences and that compound and complicate oppressions and marginalizations,” (Jarune Uwujaren and Jamie Utt, *“Why Our Feminism Must Be Intersectional and 3 Ways to Practice It”*) we are awakening to the need to broaden both our perspective and our commitment to undoing every harmful form of oppression that gets in the way of midwives taking the best possible care of all childbearing families. Oppression takes many forms and extends beyond race, and NACPM has recently begun directing organizational and personal resources toward understanding the impact of **heteronormativity** and seeking training around **gender-equity**. Our inquiry thus far has led us to explore so as to better understand “the disproportionate effects of transphobia on those with other marginalized identities such as being a person of color, low-income, or disabled. Many racial health disparities that concern midwives and impact our communities are experienced in greater numbers by people who are both black and transgender. These lives especially are in need of the kind of respectful, compassionate, and individualized care midwives can offer.” These excerpts from the mission statement of birthforeverybody.org powerfully capture what we at NACPM believe to be true: “that we can honor the power of all women while at the same time extending this reverence to all people who are pregnant and giving birth, and that to do so is in full alignment with the heart of midwifery.” As NACPM pursues this learning, we will grow the section of this Equity Resource Guide devoted to better understanding the issues faced by LGBTQIA2S+ midwives and childbearing people. Please help us by sharing resources and feedback [here](#).

This Equity Resource Guide was developed in response to numerous requests for a toolkit from chapter members and leaders seeking to build equitable, social-justice oriented organizations from the ground up. We circulated an initial draft to colleagues and experts outside of our organization for an external review before broader distribution and received very helpful and insightful feedback. Several reviewers pointed out that the primary emphasis is on awareness rather than action, which makes this more a resource guide than a toolkit. Since our goal is to provide an entry point for chapter leaders and members new to this work, and since we on the NACPM leadership team are not experts but co-learners, this seemed like the right place to start: by pointing chapter leaders toward comprehensive toolkits, workshops, and a variety of other learning resources, many of which the NACPM leadership team has turned to for self-paced education to promote personal and organizational action and change. The reviewers also noted that the resources are currently heavily weighted towards unlearning racial privilege, which reflects the progression of NACPM’s own learning and intentional transition from a majority white leadership team to a more representative leadership model. As our awareness has expanded, so has our understanding of the multiple dimensions and overlapping experiences of oppression and discrimination in midwifery, the larger birth culture, and in the U.S. as a whole. We will add to this guide as we discover and utilize new resources to further our understanding in the hope that, over time, it will become a more robust and balanced collection.

In addition to sharing your feedback and suggested additions to this resource guide, we ask that you share examples of how you as individuals and communities are carrying this learning forward into results-oriented action. Please click [here](#) to share about your experience using the guide, the impact it has had on you as an individual and on your community, your recommendations for additional

resources, and most importantly, examples of how you and/or your community have taken action toward change. NACPM will review and update the Equity Resource Guide periodically and your comments and input will be vital in supporting this evolution. We as individuals and as an organization recognize that we are works in progress, but we are committed to moving forward as best we can with humility and readiness to grow and change. As adrienne maree brown so powerfully exhorts us in her book Emergent Strategy: Shaping Change, Changing Worlds, ***“We will not wait to be perfect, because we believe the time to act is now and we would rather be held accountable for our mistakes than forgiven our inaction.”***

Setting an Intention

Chapter Action Step

To begin, we recommend that each chapter share the following statement and commitments with their membership. Post them on your website and/or social media, and explore together what it means to align your organization with these commitments. Be clear with yourselves and with your community that these statements must be followed with ever-deepening education and results-oriented action.

Equity Statement

Equity is an ardent journey toward well-being as defined by the affected.

Equity demands sacrifice and a re-distribution of power and resources to break systems of oppression, heal continuing wounds, and realize justice.

To achieve equity and social justice in birth, we must root out and dismantle deeply entrenched systems of racism.

Equity promotes and builds agency, requires vigilance for unintended consequences of organizational policies and actions, and boldly aspires to be restorative.

Equity is disruptive and uncomfortable and not voluntary.

Equity is fundamental to the community we want to build.

Adapted from Seattle King County Best Starts for Kids

The Core Commitments for NACPM

NACPM is committed to:

- Safeguarding the right to normal physiologic birth for every childbearing person
- Ensuring that midwives are the primary birth care providers in the United States
- Establishing licensure and equitable reimbursement for CPMs in all 50 states, territories, and the District of Columbia
- Advocating for CPMs to the public, state and federal legislators, and health policy makers
- Securing a place in the birth care system for the unique and valuable services of CPMs
- Investing in a strong, racially, ethnically and socially representative CPM workforce to meet the needs of childbearing people
- Supporting excellence and innovation in midwifery education
- Informing best practice and providing clinical guidance relevant to our unique model of care
- Unifying and strengthening midwifery through partnerships with midwives and consumers
- Influencing state and national policy to improve birth outcomes in all settings throughout the United States

- Eliminating unconscionable disparities in birth outcomes for people of color, indigenous people, and their infants
- Dismantling systemic racism in midwifery and in the birth care system
- Ensuring safe, high-quality, respectful care for all women and childbearing people that improves outcomes, avoids unnecessary medical interventions and locates power over the birth experience with the woman or person giving birth
- Opposing the oppression of childbearing women, including the impacts of sexism, misogyny, and gender-based and obstetrical violence.
- Opposing the oppression of LGBTQIA2S+ childbearing people, including homophobia, transphobia, biphobia, and violence based on sexuality, gender expression, and family structure
- Utilizing NACPM's colonial privilege as an organization to influence policy that recognizes the inherent sovereignty and self-determination of Indigenous peoples
- Understanding and addressing the compound negative impact of oppression on childbearing people with multiple intersecting identities

Laying the Groundwork for Change

“The first step toward change is awareness.”

“When we are willing to check our privilege, we are not only identifying areas where we are perpetuating oppression in order to stop personally perpetuating that oppression, but we are also identifying areas where we have the power and access to change the system as a whole...When we identify where our privilege intersects with somebody else’s oppression, we’ll find our opportunities to make real change.

Oluo, Ijeoma. So You Want to Talk About Race (pp. 64-65)

Doing Your Own Work First

As part of our commitment to becoming an equitable, anti-racist organization, NACPM Board members and staff enrolled in Wendy Gordon’s 11-week Critical Conversations on Power & Privilege course back in 2014 to begin to understand how the racial lens through which we view the world profoundly affects what we see, what matters most, what captures our attention and drives our agenda. NACPM has since formed a workgroup to examine racial privilege, an **affinity group** that meets monthly and provides an opportunity for the white members of the leadership team to explore our complicity and root out our own racism and implicit biases without subjecting the people of color on our team to further harm as we navigate our way through these clumsy and often painful conversations.

Affinity Groups

As mentioned above, after working through the Power and Privilege course, NACPM formed a workgroup to examine racial privilege (WERP). This group meets monthly and holds space for genuine learning and accountability around individual and organizational racism. Having learned about intersectionality and the many possible forms of oppression and marginalization, we recognize that additional affinity groups might need to be formed within NACPM moving forward. We encourage you to consider how various affinity groups dedicated to honest introspection, accountability, and change around consciously and unconsciously held biases might support your community in working toward equity, building genuine relationships, and fostering greater representation. Read more about affinity groups [here](#) and [here](#).

The following resources are a good starting point for personal and communal work within an affinity group. We recommend working through these handouts and exercises at an agreed upon pace, with ample time for discussion and processing along the way, either through conference calls, virtual meetings, or in-person meetings.

Cultural Humility

- [What is Cultural Humility?](#)
- [How is cultural humility different from cultural competency?](#) - Wikipedia
- [Cultural Humility: People, Principles, and Practice, V. Chavez](#) - YouTube video

Social Construction of Race / Historical Context

A foundational step in racial equity education both personally and organizationally is learning about the social construction and historical context of race in the United States.

- [Seeing White](#) – a 14-episode podcast series from Scene on Radio
- [White Fragility 101](#)– With Friends Like These podcast
- [Uncivil](#) – podcast
- [Racial Formation in the United States](#) by Michael Omi and Howard Winant (book)
- [The Racial State](#) by David Theo Goldberg (book)
- [The Fire Next Time](#) by James Baldwin (book)
- [The Case for Reparations](#) by Ta-Nehisi Coates
- [Race: The Power of an Illusion](#) – PBS documentary series
- [Whiteness As Property](#) by Cheryl I. Harris

Understanding the Impact of Power and Privilege

- [Dismantling Internalized Dominance Handouts and Exercises](#)
- [Code Switch](#) – NPR podcast
- [White Privilege: Unpacking the Invisible Knapsack](#) - article by Peggy McIntosh
- [Unmasking Racial Microaggressions](#) - article by Tori DeAngelis
- [The Master’s Tools Will Never Dismantle the Master’s House](#) by Audre Lorde (book)
- [Anti-Racism and Anti-Oppression in Midwifery \(AROM\) Facebook Group](#)
- [30 Examples of Cisgender Privilege](#)
- [Beyond Inclusion, Beyond Empowerment](#) by Leticia Nieto (book)

Understanding the Impact of Racism on Perinatal Outcomes

- [Why America's Black Mothers and Babies Are in a Life-or-Death Crisis](#)
- [NACPM’s Webinar Series on Equity, Race, and Access to Midwifery](#)
 - *Social and Physiologic Impact of Racism in Maternal-Child Health – Dr. Michael Lu and Dr. Keisha Goode - Part 1*
 - *Social and Physiologic Impact of Racism in Maternal-Child Health – Part 2*
 - *Diversity Matters: What Are Our Challenges? Dr. Nancy Anderson and Dr. Keisha Goode*
 - *Steps For CPMs To Be Part Of The Solution To Inequities In Maternity Care - Jennie Joseph*
 - *Battling Over Birth: Research Justice as Framework for Transforming Maternal Health Care - Dr. Julia Chinyere Oparah*
 - *Addressing Birth Disparities with Midwifery Care - Jill Alliman and Saraswathi Vedam*

Understanding Issues Faced by Indigenous and Native Peoples

- [Maternal and Infant Mortality in Native American Communities](#)
- [How Families Survive and Thrive in the American Indian and Alaska Native Communities](#)
- [Seven Great Podcasts Hosted by Indigenous Women](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)

Understanding Issues Faced by LGBTQIA2S+ Individuals and Their Families

- [“To Treat Me, You Have to Know Who I Am”](#)
- www.birthforeverybody.org - website created by midwives with links to resources to learn more about gender and birth
- [Transforming Family](#)
- [Transforming Family Report](#)
- [Everything You Ever Wanted to Know About Gender-Neutral Pronouns](#)
- [Gender, Sexuality, and Inclusion of All Families in Midwifery Practice](#) - Webinar with Jaqxun Darlin and Jamarah Amani
- [Fenway Institute and the National LGBT Health Education Center](#)
- [UCSF Center for Excellence in Transgender Health](#)

Intersectionality

- [Understanding Intersectionality](#) - Wikipedia
- [Definition of intersectionality - Merriam Webster Dictionary](#)
- [The Urgency of Intersectionality](#) Ted Talk by Kimberle Crenshaw
- [A Primer on Intersectionality](#)

Nourishing, Supporting, and Amplifying

Self-Care and Resilience in the Face of Oppression and Trauma

This section of the Equity Resource Guide offers resources specifically for those who have been most impacted by oppression through systemic racism, colonialism, and/or homophobia. We recognize that this list is far from comprehensive and welcome recommendations for additional resources. Please help us expand this section by offering insights and additions [here](#).

- [Racial Affinity Groups](#) – PDF
- ["Still Processing"](#)- Podcast from the New York Times
- [Mental Health Resources for Disabled People, POCs, LGBTQ](#)
- [A Burst of Light](#) by Audre Lorde (book)
- [In Search of Our Mothers' Gardens](#) by Alice Walker (book)
- [11 Ways Black People Can Practice Self-Care In the Wake Of Trump's Win](#)
- [Why People Of Color Need Spaces Without White People](#)
- [Seven Great Podcasts Hosted by Indigenous Women](#)
- [A Black Woman's Guide to Home Birth: For Women And Families of Color And The Birth Workers Who Serve Them](#) by Brittany Tru Kellman

Supporting and Amplifying

Below is a list of midwifery, doula, and reproductive justice organizations led and staffed by people of color, LGBTQIA2S+, and indigenous people who are committed to using their expertise to serve their own communities and improve perinatal outcomes by ensuring access to safe, respectful, culturally relevant, and **concordant** care. Supporting these organizations can take many forms: NACPM chapters can consider providing annual financial support as a demonstration of their ongoing commitment to equity; they can amplify the extraordinary work that these organizations are doing by sharing articles and posts on social media; and they can cultivate opportunities for partnership and collaboration, using their connections and privilege to help direct attention and needed resources to these programs. This is a partial list--please click [here](#) to let us know about other organizations that should be added:

- [Ancient Song Doula Services](#)
- [Black Mamas Matter Alliance](#)
- [Black Women Birthing Justice](#)
- [Center for Indigenous Midwifery](#)
- [Changing Woman Initiative](#)
- [Commonsense Childbirth](#)
- [Mamatoto Village](#)
- [National Association to Advance Black Birth](#)



NACPM

national association of
certified professional midwives

- [Open Arms Perinatal Services](#)
- [ROOTT - Restoring Our Own Through Transformation](#)
- [SisterSong - Women of Color Reproductive Justice Collective](#)
- [Southern Justice Birth Network](#)
- [Uzazi Village](#)
- [Young Women United](#)

Building an Equitable Midwifery Organization

“In an era when more than 90% of all US midwives are white and the leadership of midwifery organizations is similarly white, intentional efforts must be made to create a pause in the dominant ways of thinking, doing, and producing so that racial inequities are not unwittingly perpetuated. This pause must be inserted before decisions are made...to avoid or minimize disparate impacts on communities of color.” Racial Equity Toolkit for Midwifery Organizations

Chapter Action Step

NACPM highly recommends that chapter leaders and members read Wendy Gordon’s article, [Racial Equity Toolkit for Midwifery Organizations](#) as a guide for building equity into the very fabric of their organizations. This brilliant article outlines discrete steps toward identifying and mitigating potential unintended harmful consequences of projects, policies, and initiatives. We recommend reviewing the article, using the racial equity impact tool (or developing your own worksheet) to evaluate any chapter project or initiative, and consulting an external equity advisory group when appropriate. Identifying indicators of success is a particularly important step in the process.

Chapter Action Step

This robust [Toolkit for Advancing The Human Right to Safe and Respectful Maternal Health Care](#) published by the Center for Reproductive Rights describes the inequities of the current maternity care system and builds a case for the advancement of maternal health as a human rights issue. It includes an overview of the research around maternal mortality and morbidity in the United States, a state policy framework for the right to safe and respectful maternal health care, talking points for advocates, and resources on maternal health in the United States. We learn in this toolkit about the urgent need for change in our maternity outcomes across racial lines and specifically the vital role individual states must play in creating this change by advocating to healthcare policy makers. We recommend reviewing this toolkit with your unique context in mind, especially the sections on the policy framework for the right to safe and respectful maternal health care and the talking points for advocates. Begin to identify areas for growth and change within your jurisdiction, create a list of possible advocates, and begin reaching out to start conversations.

In addition, the following resources have served as valuable tools for the NACPM leadership team in analyzing, assessing, and changing our own organizational culture.

- [White Supremacy Culture](#) by Tema Okun
- [Waking Up White: And Finding Myself in the Story of Race](#) by Debby Irving (book)
- [How I Learned to Stop Worrying and Love Discussing Race](#) – TedX Talk by Jay Smooth

- [White Fragility and the Rules of Engagement](#) by Dr. Robin DiAngelo
- [White Fragility: Why It's So Hard to Talk to White People about Racism](#) by Dr. Robin DiAngelo
- [Calling IN: A Less Disposable Way of Holding Each Other Accountable](#)
- [Emergent Strategy: Shaping Change, Changing Worlds](#) by adrienne maree brown (book)
- [So You Want to Talk About Race](#) by Ijeoma Oluo (book)
- [Beyond the Whiteness: Global Capitalism and White Supremacy - Thoughts on Movement Building and Anti-Racist Organizing](#) by Chris Crass
- [Suggested Competencies for White Allies and Change Agents](#) by Dr. Kathy Obear
- [Developing Multicultural Organizations: A Change Model](#) by Evangelina Holvino

Digging Deeper

Please visit the [NACPM anti-racism resource page](#) and the [Racial Equity Tools annotated list of resources](#) for further reading and listening. And don't stop there! As you dig deeper into the wealth of resources available, start looking for ways to translate your learning into action.

We would love to hear from you about your journey both personally and as a chapter community. The key to making change is sticking with the hard conversations and finding ways to take meaningful action, so please bring us your questions, concerns, and suggestions for how best to support one another in this important work. This guide is designed to be a living document that will be reviewed and updated on an ongoing basis. Your comments and input are important in supporting our community in this work.

[Click here](#) to complete the **NACPM Chapter Equity Resource Guide Feedback Form**. We would love to hear from you!

Glossary

Institutional Racism - refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group, but their effect is to create advantages for whites and oppression and disadvantage for people from groups classified as non-white. <http://www.racialequityresourceguide.org/about/glossary>

Racial Equity - the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them. <http://www.racialequityresourceguide.org/about/glossary>

Intersectionality - the complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect (Merriam Webster dictionary)

Heteronormative - of, relating to, or based on the attitude that heterosexuality is the only normal and natural expression of sexuality (Merriam Webster dictionary)

Gender equity in health - Ensuring that all people, regardless of gender identity, have equal conditions to realize their full rights and potential to be healthy. Achieving gender equity requires specific measures designed to support groups of people with limited access to such goods and resources. (WHO)

Sexism - **1:** prejudice or discrimination based on sex, *especially* : discrimination against women; **2:** behavior, conditions, or attitudes that foster stereotypes of social roles based on sex (Merriam Webster dictionary)

Misogyny - a hatred of women (Merriam Webster dictionary)

Homophobia - irrational fear of, aversion to, or discrimination against homosexuality or homosexuals (Merriam Webster dictionary)

Transphobia - irrational fear of, aversion to, or discrimination against transgender or transsexual people (Merriam Webster dictionary)

Affinity Group - a group of people having a common interest or goal or acting together for a specific purpose (Merriam Webster dictionary)

White fragility - a state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves. These moves include the outward display of emotions such as anger, fear, and guilt, and behaviors such as argumentation, silence, and leaving the stress-inducing situation. These behaviors, in turn, function to reinstate white racial equilibrium. -Robin DeAngelo
<http://libjournal.uncg.edu/ijcp/article/view/249>

White privilege - Refers to the unquestioned and unearned set of advantages, entitlements, benefits and choices bestowed on people solely because they are white. Generally white people who experience such privilege do so without being conscious of it.
<http://www.racialequityresourceguide.org/about/glossary>

Internalized oppression- (also called “self-hate”) is when a member of an oppressed group believes and acts out the stereotypes created about their group. <http://www.allisonj.org/non-profit-work/internalized-oppression-and-its-impact-on-social-change/>

Cisgender privilege- While cisgender refers to someone’s sex and gender appearing to align, cisgender privilege speaks to how perceived gender/sex alignment means not having to think or address topics that those without cisgender privilege have to deal with, often on a daily basis.
<https://www.care2.com/causes/got-privilege-what-is-cisgender-privilege-and-why-does-it-matter.html>

Concordant care- refers to the provision of care by a clinician who shares characteristics of race, ethnicity, and/or language with the recipient of that care.

White supremacy culture - an artificial, historically constructed culture which expresses, justifies and binds together the United States white supremacy system. It is the glue that binds together white-controlled institutions into systems and white-controlled systems into the global white supremacy system. <http://www.dismantlingracism.org/white-supremacy-culture.html>