

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Greater Health Equity through Entrepreneurship: How Nurses Are Mentoring and Innovating to Improve Well-Being for All

Webinar Summary March 12, 2019

This webinar highlights how advanced practice registered nurses (APRNs) have improved health equity locally and nationally through mentoring and entrepreneurship to increase diversity in nursing. They will share how they are inspired by innovations that are promoting excellent, affordable health care in underserved communities as well as ideas to put into practice.

Objectives

- Discuss the critical role of APRNs, with an emphasis on certified registered nurse anesthetists (CRNAs) and nurse practitioners, in advancing health equity by providing primary and anesthesia care in predominantly rural and underserved communities.
- Discover a mentorship program that uses academic programs and ongoing professional development to increase the number of CRNA students from minority backgrounds, as well as strategies to teach young children about the role of nurse practitioners.
- Find out about entrepreneurship in private practice as a mechanism for promoting health equity while working in underserved communities.
- Discuss opportunities for the *Campaign's* state-based Action Coalitions to collaborate with APRN leaders to build a Culture of Health through mentorship and practice.

Presenters



Winifred V. Quinn, PhD, FAANP (H),
Director, Advocacy & Consumer Affairs,
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Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* state-based groups, the [Action Coalitions](#), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.



Adriana Perez, PhD, CRNP, FAAN, Assistant Professor of Nursing and Senior Fellow, Leonard Davis Institute of Health Economics, University of Pennsylvania School of Nursing



Wallena Gould, EDD, CRNA, FAAN, founding CEO of the Diversity in Nurse Anesthesia Mentorship Program



Scharmaine Lawson, DNP, FAAN, FAANP, creator of the groundbreaking children's book series Nola the Nurse®

Photo by: Gus Bennett

Introduction

Winifred Quinn, PhD, FAANP(H), shares the objectives for the webinar and introduces the facilitator, Adriana Perez PhD, CRNP, FAAN, Assistant Professor of Nursing and Senior Fellow, Leonard Davis Institute of Health Economics, University of Pennsylvania School of Nursing.

Adriana Perez defines health equity: “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay; quality education and housing; safe environments; and health care” (*Source: Paula Braveman, UCSF, “What is Health Equity?” brief*).

She also shares the RWJF Culture of Health Action Framework and how diversity in the nursing workforce, especially in advanced practice nursing, can promote the action areas. U.S. census data from 2016 shows that most of the nurse practitioner and midwife workforce is white and predominantly female, and there is underrepresentation amongst Latino, black, and Native American groups. It is necessary to increase representation in these groups to ensure the needs of a growing diverse population are met.

The Equity, Diversity and Inclusion Steering Committee for the *Campaign for Action* includes representation from a number of diverse nursing organizations, and these groups help inform the topics and themes of the learning collaboratives.

Presenters

Perez introduces the presenters for the webinar, Wallena Gould, EDD, CRNA, FAAN, founding CEO of the Diversity in Nurse Anesthesia Mentorship Program and Scharmaine Lawson, DNP, FAAN, FAANP, creator of the groundbreaking children's book series Nola the Nurse®.

Presentation Summary

Nurse Anesthesia Overview

Dr. Gould explains the education involved with becoming a nurse anesthetist and shares the breakdown of demographics amongst CRNAs. She also shares how there are few nurse anesthesia programs in Hispanic serving institutions and zero in historically black colleges and universities (HBCUs).

Some of the barriers and challenges in nurse anesthesia include:

- social isolation: experienced when there is a lack of diversity in the student population and amongst faculty members, creating a feeling of isolation for the minority student
- implicit bias: adversely affects minority students, including on evaluation tools. This bias may often occur during the admission and evaluation process.
- graduate record examinations (GRE) as indicator of success: nurse anesthesia programs rely heavily on the GRE for admission, but the question remains if these criteria are a true indicator of future success for nurse anesthetists. In programs where this standardized test is not a requirement, there is higher diversity amongst the student cohorts.

Role of CRNAs on the Impact of Health Care Disparities

According to the Centers for Disease Control and Prevention, high blood pressure and cardiovascular disease are the two leading causes in maternal deaths. Black women are 3-4% times more likely than white women to die of pregnancy-related deaths.

- CRNAs help deliver emergency procedures for these types of cases. Diverse CRNAs take the lead in shaping and changing legislation, and demanding funding and research in this area.
- CRNAs can reach out to their legislators to demand action, and they can collect data in this area.

African Americans have the highest cancer death rates and shortest survival rates of any racial and ethnic group in the U.S. for most cancers. Black male patients over age 50 have the highest rates of colon cancer, and Asians have the highest rates of gastric cancer.

- CRNAs deliver anesthesia in surgeries and during the screening process.
- CRNAs can have a prominent role in access to care, can serve on hospital and anesthesia committees that expect delivery of care to diverse patients to address healthcare disparities, and can create protocols for anesthetic care in patients with relevant diseases.

Due to the demographic changes in the US, the patient population as well as CRNAs of color are multi-cultural and multi-lingual.

- Diverse CRNAs often deliver care to diverse patients, some who may have a language barrier. CRNAs who can communicate with patients that have a language barrier helps patient give full consent and contributes to positive patient outcomes.

Diversity CRNA Mentorship Program Models

Information session and Airway Simulation Lab Workshops

- Diverse nurses attend this event and provide information about the admission process, provide mock interviews, hands on airway simulation experience, and give other beneficial advice to prepare students before they apply.

School of nursing tours at HBCUs and Hispanic serving institutions

- Grant initiative that increases exposure of nurse anesthetists to nursing students at primarily HBCUs, Hispanic serving institutions, and a few majority white schools of nursing programs.
- CRNAs of color are invited to speak to nursing students about careers in nurse anesthesia. Many of the CRNAs who attend are males of color.
- The *Campaign for Action* has a partnership with HBCUs and Hispanic serving institutions.

Advanced practice nurse doctorate symposium

- Collaborative model of nurse practitioners and CRNAs of color with earned doctorates. During the symposium, detailed information is shared to students about doctorate education and career trajectory, including faculty positions, publishing peer-reviewed articles, and the importance of contributing to the body of work in the nursing profession.

Partners include the American Association of Nurse Anesthetists (AANA), National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), minority nursing organizations, and colleges and universities.

Outcomes of the Mentoring Program

- Professional awareness in nursing schools: provides early exposure to the profession and career opportunities, and allows interfacing between CRNAs of color, including males of color.
- Diversity in the CRNA workforce: increase in the number of CRNAs in specialty areas, rural practice, as chief CRNAs and clinical coordinators, and serving in the military
- Diverse nurses graduating from nurse anesthesia programs: to date, over 470 underrepresented minority nurses have been mentored and matriculated into CRNA programs. This diversity in CRNA cohorts is increasing, and there is a reduction in social isolation amongst diverse CRNA students.

- Diverse CRNA workforce with doctorate degrees: increase in the number of article submissions by diverse CRNAs, the new research being completed is representative of diverse cultures, and there is an increase in diverse faculty.

Dr. Lawson's Background

Lawson begins her presentation by sharing her story of becoming a nurse entrepreneur. In her early career as a nurse practitioner, she was approached by a retiring physician about taking over the practice which performed house calls. A few months later, Hurricane Katrina occurred, and Lawson was forced to evacuate the area. She kept much of her information on a palm pilot, which saved her practice. Once she moved back to New Orleans, she was able to restart her business with the records she retained previously, and her business quickly grew. This allowed her to continue improving access to healthcare.

Practice Demographics and Overview

- Average patient age is 70, primarily African-American, with a mean income of \$400 per month.
- Provide primary care anywhere, including patients' homes or on the streets.
- Commitment to educating the public and the family, regardless of their education level.
- Offer frequent visits to establish trust and increase compliance.
- Make referrals where necessary and overcome any bias, conscious or unconscious, that may cause hesitancy.
- Met with Katie Couric to spotlight the community and lack of resources being given following Hurricane Katrina.
- Currently, the practice is still active but primarily serves metro New Orleans and is less rural. Now provides primary care to a local facility and serving more than 5,000 people. Still provides home care when needed as well as has a small clinic.

Social Determinants of Health

The practice believes in addressing the social determinants of health as a way to address health care needs. Some examples include:

- Partnering with a local mega church to provide hot meals to residents once a day to address food insecurity
- Working with social workers to improve patients' access to housing and utility services. Now getting into mentorship and believe in it for all. Mentoring other NPs, entrepreneurship.

Nola the Nurse®

Nola the Nurse® is a book series designed to introduce children to the role of the nurse practitioner (NP) and to foster creativity and cultural sensitivity.

Nola is a character that wants to be an NP like her mom and takes care of sick baby dolls. In each home she enters, she discovers a new culture, and the book includes a recipe from that culture.

Schools are reporting that students are stating they want to be a CRNA when they grow up, which is encouraging.

Lawson ends her presentation with a quote from Dr. Martin Luther King, Jr.: “The time is always right to do what is right.”

Questions and Answers

Q: What are the barriers that nurses must overcome to address social determinants of health?

A: Time; lack of resources; lack of education; lack of role models; implicit bias; lack of leadership support; cultural competence; language barriers (is a language line available at your facility?); lack of funding; denial of bias; education programs and faculty must value diversity and be committed to achieving it through admission policies and wrap around services to support students once admitted; cultural biases; educational programs not addressing it; limited time with patients, which limits the ability to provide education regarding activities such as exercise and a healthy diet; lack of providers' awareness that patients may lack certain resources; time constraints dealing with resistant providers; need to see diversity in the workforce; assumptions about cultural beliefs; increasing patient population size; lack of an inclusive supportive environment; lack of robust infrastructure of social welfare; nurse to patient ratios; microaggressions from leadership; access to food/water; internet access; lack of role models;

Q: How will you integrate what you learned from this webinar into your work?

A: Will think about implicit bias training for patient care, especially when it comes to academia (i.e. faculty who do admission interviews and student evaluations).

Other comments:

- Get involved with advocacy efforts for full-practice authority
- Cultural competency training/participation
- Continuing education
- I learned that there is a difference between health equality and health equity, and that the culture of health includes four action areas:
 - 1) making health a shared value,
 - 2) fostering cross sector collaboration to improve well-being,
 - 3) creating healthier, more equitable communities, and
 - 4) strengthening integration.

Most strikingly, I learned that there is a massive disparity among the healthcare workforce among non-white nurse anesthetists and the detrimental impact this can have among student nurse anesthetists in terms of social isolation and implicit bias. I will integrate this knowledge into my future work as a CRNA and preceptor by trying to overcome and address social determinants of health by mentoring a diverse array of students and attempt to be innovative by tackling local challenges.

- As a first-generation child of immigrant parents, I hope to combat bias and provide mentorship to other first-generation immigrants
- Improving scope of practice because with limited scope of practice we can't reach those rural communities
- Continuing education, APRN advocacy, cultural integrity and advocacy

- As a minority in the RN profession and soon to be entering the CRNA profession, I now feel a duty to promote more diversity in the field. A lack of diverse mentors appears to be a problem and so I can contribute to this gap by serving as a mentor to students. I can also help educate diverse community members about my profession and why it is important that we have more representation in the field.
- Considering what Dr. Lawson just spoke about, I was interested to hear how she and her team found creative ways to increase knowledge and understanding of the role of NPs and CRNAs to the younger population which allows us to drive inspiration from the youth and inspire at an early age. This idea encourages me to also do a better job at educating people instead of letting them continue with some misconceptions about our job or thinking they aren't interested in the intricacies of advanced practice nursing careers.
- Mentor nurses and aspiring nurses to pursue to career in advanced practice nursing, especially in underserved communities.
- With regard to health care access, the Graduate Student Organization at Penn Nursing hosts an annual health fair in the West Philadelphia community with the dental school, as well as the medical school to allow the community access to routine health screenings, eye screenings etc. I also think with regard to integrating the learning into daily work, I plan to take these concepts and consider health equity while interviewing patients and providing care.
- I think the first step is what we're doing right now- incorporating increased awareness and education into CRNA and other advanced practice RN programs. I know that Penn has partnerships with high school students- and utilizing these existing partnerships to educate young students about opportunities available in healthcare is important
- Promotion of health equity requires a multifaceted approach to address such issues as poverty, food insecurity, unsafe housing, lack of access to good jobs with fair pay, lack of education or health literacy, etc. Collaboration with social workers, city planners, organizations, the media, teachers, parents, and engaging the community are all required.
- I'd like to incorporate more formal mentorship relationships into teaching hospitals
- Working through health policy initiatives to help address social determinants of health, as these factors are the most important influence on an individual's health, especially with minorities and the underserved.
- I think bringing our training to underserved communities is our duty as advanced practice nurses. I personally hope to be able to do this by taking trips abroad and interacting with healthcare systems globally. We really have a unique skill set and I think it would be very meaningful to share that beyond the scope of the OR.
- Must be humble and go into situations with an open, honest, respected mindset. Admit that you do not know what they have experienced as a person of color but want to learn and understand and support.
- In regards to what was discussed, what I'd like to be seen integrated is how do we create a cohesiveness amongst our workplace. What are some of the approaches we can use that can reduce language and cultural barriers?
- In the future, I am inspired to be an educator. I've learned from Dr. Gould diversifying nurse faculty is important to prevent the feeling of social isolation in

SRNAs. Additionally, I will continue trying to do a better job of introducing myself as a Certified Registered Nurse Anesthetist at work and in my personal life to encourage awareness and understanding of our role.

Q: What are additional resources or nursing-led initiatives that can help promote health equity?

A: The Council on Patient Safety in Women's Health Care published a Patient Safety Bundle entitled "Reduction of Peripartum Racial/Ethnic Disparities" This bundle is a resource for all health care providers participating in peripartum care (and more).

Other comments:

- Rural advocacy of CRNA practice
- The creation of mobile clinic to deliver primary care to rural or underserved population.
- Nurses can partner with national organizations that represent minorities in the nursing profession. In addition, nurses can use these professional organizations to lobby legislation that leads to more equitable health care.
- Identifying health disparities among your patient population and modifying your delivery to care to address these disparities
- Mentorship programs
- Enhancing mentorship programs and visibility of the profession in underrepresented demographics perhaps through job fairs, engaged dialogue, and participation in community-based efforts.
- Academic scholarships fostered by universities that, in turn, require those awarded to dedicate time as faculty to tackle financial constraints and lack of role models in the CRNA programs.
- We have a pilot program in New Mexico that stemmed from partnerships between our largest food bank and local healthcare providers. <http://www.rafb.org/about-us/our-programs/healthy-foods-center/> Health care providers screen for food insecurity and can write "prescriptions" for healthy foods. Patients can then take this prescription/referral to the Healthy Foods Center at the food bank and will receive the healthy foods that they might not be able to afford or access without this support.
- Initiatives at the local, state, and federal level to ensure that patients receive adequate nursing care through safe staffing and safe nurse to patient ratios. I worked at a hospital in North Philadelphia where we fought and continue to fight to make sure that nurses have appropriate ratios so they can provide essential services, such as discharge teaching and planning, to help patients leave the hospital with the greatest opportunity to maintain and even improve their health.
- Mentorship programs and from what I participated in nursing school health mobile fairs where screenings and patient education are held in neutral sites. This creates more accessibility for the community
- Programs such as urban farming to engage communities in eating healthy fruits and vegetables, and providing health care career seminars to community youth to provide health education & address the health care shortage can help remove

barriers. These initiatives can be nursing-led. I-Help foundation in California is an example <https://www.ihelpfoundation.org>

- In my experience, access to language lines and video translators enhances the quality of care, understanding, and ability to provide equity. What's also important is to foster a culture of using these resources habitually once they become available.

Q: As a white woman, what is the best strategy to connect with individuals who are African-American or Hispanic, and what is the best way to convince them that I care and understand their needs (in patient care as well as the interview process)?

A: Lawson: People know when you care, and that is something that you can't be fake with. When you're delivering care, it's important that if there's a translator needed, then provide one. Also, listen intently to what the patient is saying and try to give feedback. If no translator is necessary, then sympathize with the patient. This may seem elementary, but this goes a long way. Myself, as an African-American and a recipient of healthcare, it helps when I have a provider come in that is Caucasian and introduces themselves. If they don't know I'm a healthcare provider and they are just addressing me as a human and acting as if they hear my story, these are all things that allow them to connect...not just with people of a different race but as humans in general. Show that you care, be connected, and listen.

Gould: In terms of interviewing for graduate programs, first look at the composition of those interviewing for the position. Also, sometimes you must check yourself as far as implicit bias is concerned. Especially with minorities in prospectus, sometimes more questions are being asked of them that were not asked to previous applicants.

Quinn: In regards to implicit bias, it is important for all of us to look at this. I try to practice identifying implicit bias however it shows up for me and try to acknowledge it, learn from it, grow from it, and love and honor myself for the growth.

Next month, the *Campaign for Action* is hosting another webinar around diversity, inclusion and equity. It will focus on implicit bias and is being led by Dr. Piri Ackerman-Barger who is an expert in implicit bias.

Be more involved in terms of cultural competence training and participation. Get involved with advocacy efforts for full practice authority that would allow us to provide access to care in rural and underserved communities especially.

At the *Campaign*, our work is evolving. We are going deeper into championing and preparing nurses as leaders, especially as leaders in building a Culture of Health and health equity. I'm seeing more of our work from the overall lens of the Campaign of improving access to care. In the beginning, we were involved in improving APRN scope of practice so people can get care when and where they need it. It also supports family caregivers. By us focusing more of our resources on diversity, equity and inclusion, and creating a community of health equity, that is also about increasing people's access to care. As long as we all keep the goal in mind that nurses' work is about improving the well-being of the patient and the family caregiver, that is critical. The last round of messaging training we did on scope of practice, we were requiring the participants to not use the word "physician" or "doctor" and not say the word "nurse." It was about people's

access to care and support for family caregivers. By having them use a new lexicon, they were able to see their efforts from a different perspective. Whether you're at the clinical, policy, or advocacy level, just keep the patient in mind.

Q: How has Dr. Lawson and her team created ways to increase knowledge and understanding of the role of NPs and CRNAs to younger populations? She spoke about Nola the Nurse serving as an inspiration to youth, especially at an early age. This idea has encouraged her to do a better job at educating people interested and letting them know how to prevent some of the misconceptions about the profession.

A: For more information about Nola the Nurse, go to www.nolathenurse.com. There you can see how I started the project and book series. There are activity books as well as a doll that goes along with the story. The products are available on Amazon as well. The website will give some background. You can also email directly at drlawsonnp.com (?).

If you want to do something similar, try not to do something huge but start small with getting the kids to say the words "nurse practitioner" or "CRNA." Introduce them to the concept of the APN.

Q: I see Louisiana is not a full practice authority state, so for your NP practice do you need a collaborative agreement with a physician? Do you pay a fee for that?

You mentioned that you're caring for over 500 plus residents in New Orleans. Are there other NPs in your practice who also help to do outreach to patients.

A: Yes, and unfortunately, yes. And, I do have another nurse practitioner who works with me.

Q: I can also speak to implicit biases on ICU units. It is often noticed by Minority nurses on the unit that the high acuity assignments/ emergent roles (code blue roles) are often tailored to white nurses on the unit, emphasizing implicit biases that those nurses are more capable of caring for higher acuity patients. Please take that into the consideration.

A: Dr Gould responds: this typically happens with a large percentage of students interested in going into anesthesia, but also the nurses that work on the unit. First, they may be just be underrepresented on that unit. They typically do have the sicker patient assignments than the white nurses. The harder patient assignments you receive, whether on the unit or in an anesthesia program, you will come out a stronger nurse anesthesia provider. I recognized what it was, and often nurse anesthesia students of color must arrive earlier and set up the room. Sometimes you must stay later. These are some of things we discuss at our diversity CRNA sessions. We bring up clinical scenarios and how to deal with difficult, toxic CRNAs. It's not only about the admission process but also how to survive the program as well.

Other comments:

- As a last semester African-American male and first-generation college student, I've experienced social isolation and discrimination within the clinical setting throughout my training. I've seen it with students in classes, and I've seen it with students who quit nursing because of this type of behavior from preceptors and other professionals with credentials. How can we address these issues and motivate upcoming generations that they can get through the hardships they face, both as RNs and as APRNs?
- As a personal aside - I can relate to being a minority and always getting the heavier assignments but not the leadership roles that should be parallel with that. I can remember an instance in which my charge nurse could not cover my assignment for lunch because they were not ECMO trained. It did make me tougher though; thanks for your perspective Dr. Gould!
- I have experienced both ends spectrum, what I have noticed from two different level one Surgical ICUs is that the more diverse unit would be more supportive with not only making the assignments more fairly, but also adequate leadership support than the less diverse unit

Conclusion

Dr. Lawson comments that what helped her when completing NP school was to seek out nurse preceptors or mentors that looked like her. It helps when you have a preceptor that looks like you. Now, when you have a preceptor or mentor that doesn't look like you; that does not mean that they won't be supportive. If you find someone who looks like you, but they are busy and can't become your mentor, then ask them for referrals.

Dr. Quinn notes that there is a partnership between CCNA and HBCUs and the U.S. Department of Health and Human Services Office of Minority Health. They previously piloted a mentoring training program for Action Coalitions to help retain minority nursing students through graduation, and then passing the NCLEX. Following the first pilot, they learned that they need to target schools, focusing on HBCUs. That pilot started this past October. Jazmine Cooper at CCNA runs a monthly learning collaborative with the participants, along with the Office of Minority Health. Another training program will happen this year, and they have plans to pilot a mentoring training program with a set of Hispanic serving institutions and a set of Native American serving institutions between mid-year 2019 and mid-year 2020.

Both speakers are active on social media: drlawson @drlawsonnp and drwallenagould@drlenag

Dr. Gould's website is www.diversitycrna.org.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

CCNA Contact Information

For more information about this webinar, technical assistance questions, or questions related to the Future of Nursing: *Campaign for Action*, contact wquinn@aarpp.org at the Center to Champion Nursing in America.

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