



## New York State Diversity and Inclusion in Nursing Tool Kit

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*"Knowing is not enough; we must apply. Willing is not enough; we must do.*

*-Goethe*

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***The purpose of the New York State Action Coalition (NYSAC) Tool Kit is to provide resources that help strengthen the capacity of institutions in New York State to create and sustain a diverse nursing workforce that is committed to achieving health equity and eliminating disparities in health care.***

This Tool Kit provides the following information:

- I. [Recent background on Diversity, Inclusivity, & Health Equity in healthcare](#)
- II. [New York State Nursing Workforce Demographics & National Comparative](#)
- III. [Challenges that hinder efforts to strengthen diversity](#)
- IV. [Best practices for creating inclusive environments and ending healthcare disparities](#)
- V. [Recommendations for strengthening diversity in nursing](#)
- VI. [Resources](#)
- VII. [Grants and scholarships for nursing education](#)



## **New York State Action Coalition History, Purpose, and Alignment to Campaign for Action**

Diversity, Inclusivity, and Health Equity are at the forefront of current thought among healthcare leaders. The path to this point has been long and winding, with greater visibility over the past 20 years. While the underlying problems have been identified and acknowledged, visible results are few. The Institute of Medicine (IOM) began its mission to improve healthcare in America by considering quality with its landmark report, *To Err is Human: Building a Safer Health System*, in 1999 (IOM, 1999). This report was followed in 2001 by *Crossing the Quality Chasm: A New Health System for the 21st Century*, which focused on fundamental reform in healthcare and first mentioned the word "equity" on a national level. Recommendation 2 from the 2001 report stated: "All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable" (IOM, 2001).

In 2003, the IOM released *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (IOM, 2003). This report outlined the lower quality of healthcare received by racial and ethnic minorities, rooted in historical and contemporary inequities. The committee found evidence of "stereotyping, biases, and uncertainty" by healthcare providers that contributed to unequal treatment in clinical encounters (IOM, 2003). The disparities were consistent across various illnesses and healthcare services, even after adjustment for socioeconomic differences and accessibility factors (IOM, 2003). To deliver equitable care, the 2003 *Unequal Treatment* Report suggested increasing cross-cultural education for providers and increasing the proportion of underrepresented racial and ethnic minorities in the health professions (IOM, 2003). It is widely accepted that a diverse workforce is better positioned to meet the healthcare needs of today's pluralistic society and is likely to improve access to healthcare and the quality of care provided to the community. Underrepresented minorities are more likely to work in underserved areas, increasing access to care. In addition, they can provide culturally competent care to help promote better health outcomes. *Unequal Treatment* revealed that a culturally diverse workforce could promote better communication, interaction, and treatment for patients of all backgrounds (IOM, 2003).

Creating this diverse workforce became a new challenge. The 2011 National Academy of Medicine's (NAM) *Future of Nursing: Leading Change, Advancing Health* (NAM, 2011) report committee was charged with reconceptualizing the roles of nurses, designing the nursing education system to educate nurses who could meet evolving healthcare demands, considering the roles of nurses in creating innovative solutions for health care delivery and formulating ways to attract and retain well-prepared nurses in a variety of settings. The report suggested that greater efforts were required to increase diversity, and nurses needed to be better equipped to provide culturally relevant care. Diversity, equity, and inclusion were touched on in the recommendations of this report, e.g., supporting diverse nurses working to acquire doctoral degrees, models of education to care for diverse populations across the lifespan, and identifying characteristics of mentors to recruit and train diverse nurses and faculty. It is known that healthcare disparities undermine efforts to improve the nation's health and are linked to socioeconomic status and race. Specifically, individuals who are poor or are from greater ethnic and racial groups are more likely to face challenges to accessing healthcare or to receive a poorer quality of healthcare. A racially and ethnically diverse workforce could help improve the quality of care that all individuals receive. Unfortunately, some academic institutions have found it challenging to recruit and graduate a culturally diverse group of students, and healthcare settings have found it difficult to recruit



and retain a diverse workforce. This problem may stem from failing efforts for minority students in K-12 educational systems that prevent them from being accepted into higher education, culturally limited environments that do not accept diversity and a lack of culturally diverse leaders and mentors in the health professions (NAM, 2011).

In 2014, the Sullivan Commission released a report titled "*Missing Persons: Minorities in the Health Professions*," which included 37 recommendations to address minority underrepresentation in the health professions (The Sullivan Commission, 2014). This report noted that "while African Americans, Hispanic Americans, and American Indians, as a group, constitute nearly 25% of the U.S. population, these three groups account for less than 9 percent of nurses, 6 percent of physicians, and only 5 percent of dentists" (The Sullivan Commission, 2014). The Commission suggested that this lack of minority health professionals compounded the nation's persistent racial and ethnic health disparities, resulting in higher mortality rates. This report had three underlying principles: (1) the culture of health professions schools must change,

(2) new and nontraditional paths to the health professions should be explored, and (3) the highest government and private sector levels must be committed to the change.

The Commission iterated that the main principles underlying the rationale for increasing diversity in the healthcare workforce were: (1) diversity is critical to increasing cultural competence and thereby improving healthcare delivery; (2) increasing diversity in the workforce improves patient satisfaction; (3) underrepresented minority providers tend to practice in underserved areas thus improving access for the most vulnerable; (4) diversity in the healthcare workforce has valuable economic benefits; and, (5) social justice is served. This report supported the need for greater diversity in the workforce to increase health equity (The Sullivan Commission, 2014).

In 2014, The Agency for Healthcare Research & Quality (AHRQ) pointed to the health disparities that undermine efforts to improve the nation's health (AHRQ, 2014). These disparities have been linked to socioeconomic status and race. Specifically, individuals who are poor or are from greater ethnic and racial groups are more likely to face challenges to accessing health care or to receive a poorer quality of health care (AHRQ, 2014). A racially and ethnically diverse workforce could help improve all individuals' quality of care. Unfortunately, some academic institutions have found it challenging to recruit and graduate a culturally diverse group of students; and healthcare settings have found it challenging to recruit and retain a diverse workforce (NAM, 2011; The Sullivan Commission, 2014).

In 2015, the American Nurses Association (ANA) also recognized the link between health disparities, socioeconomic status, and race. The ANA published the *Code of Ethics for Nurses with Interpretive Statements* to "express nursing's own understanding of its commitment to society" (NAM, 2021). This publication wove keywords and phrases throughout the nine provisions, including advocacy, respect, human dignity, unique attributes of every person, safe workspace, reduced health disparity, and principles of social justice as nursing's "non-negotiable ethical standard" (NAM, 2021).

In 2019, the Robert Wood Johnson Foundation (RWJF) sponsored a parallel initiative to the AHRQs through a study to explore the contributions of nursing to address health equity and the social determinants of health (SDOH) in the United States. The report, titled *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, was released in May 2021 and was an effort to "create a more robust culture of health in the United States. The study's purpose was to chart a path for the nursing profession to reduce inequities in every person's ability to achieve their full health potential with the ultimate goal of achieving "health equity in the United States built on strengthening nursing capacity and expertise" (NAM, 2021). Although begun in 2019, this study was especially relevant as



the world dealt with the inequity of the COVID-19 pandemic and the nursing profession was taxed in ways it had never been before. The *Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* report suggested that nurses are uniquely positioned to play a major role in addressing the underlying causes of poor health because of their close connection with patients and communities, their ability to understand and recognize the wide range of factors that influence health, and their ability to collaborate with multidisciplinary teams to create and implement solutions (NAM, 2021). The education and training of nurses become paramount to this role with the shift of focus from treatment and management of disease to include the nurses' role in addressing SDOH and equity (NAM, 2021). Professional organizations and community members need to recognize this new role and its advantages to achieving health equity.

Following this report, national organizations began to release statements and update policies to reflect the need to incorporate diversity, equity, and inclusion.

- *The National League for Nursing*: “Given the persistence of health care disparities, cultural competence inadequacies, and extraordinary dynamic demographic changes in our student and patient populations, the case for increasing diversity and inclusion in the nurse educator workforce in schools of nursing has never been stronger”. (p.2).<sup>11</sup>  
[https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/diversity-toolkit.pdf?sfvrsn=178daf0d\\_0](https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/diversity-toolkit.pdf?sfvrsn=178daf0d_0)
- *U.S. Department of Health and Human Services*: Echoes the call for diversity and states that more must be done to increase diversity and cultural competence in the healthcare workforce. Developed an Equity Action Plan in keeping with its mission to enhance the health and well-being of all Americans....” <https://www.hhs.gov/sites/default/files/hhs-equity-action-plan.pdf>
- *American Association of Colleges of Nursing*: “...Diversifying the nursing workforce is essential to meeting the nation’s healthcare needs, addressing health inequities in historically underserved communities, and promoting greater access to care” Retrieved from, [Diversity, Equity, & Inclusion - AACN \(aacnursing.org\)](https://www.aacnursing.org)
- *American Organization of Nurse Executives*: AONE is committed to advocating for and achieving diversity within the community of nurse leaders and in the workplace environment” Retrieved from, <https://www.aha.org/sites/default/files/aone/diversity.pdf>

In a pivotal movement, the White House released Executive Order (EO) 13985 titled *Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce*. The EO called for diversity in the Federal Government workforce and among the agencies that are a part of it. The President sought to achieve a workforce drawn from all segments of society, providing greater representation of the American People, to advance equity, civil rights, racial justice, and equal opportunity (HHS, 2021). This EO has spurred government organizations to look within, analyze areas for improvement, and make needed changes. In 2022, the ANA released its Racial



Reckoning Statement recognizing the past discrimination against nurses of color but moving forward to repair any breach and become more accountable (ANA, 2022).

Successful diversity initiatives are cultivated by environments that promote inclusivity and generate an ethos that supports difference. This toolkit was updated and revised to assist organizations and educators in building inclusive environments that foster diversity and prepare the current and future workforce to promote health care quality.

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## II. New York State Nursing Workforce Demographics & National Comparative

Graduating a nursing workforce that mirrors the population it serves is critical to improving access to health care and the quality of health care. Nursing representation in New York, while diverse, does not reflect the full racial and ethnic differences of the state. Innovative approaches to recruit, retain and graduate a more diverse workforce are needed.

### Original Table of RN Data: 2015

<b>Population</b>	<b>19,695,680 NY State</b>	<b>8,405,836 (NYC)</b>	<b>RN NY State</b>	<b>RN Nation</b>	<b>LPN NY State</b>	<b>LPN Nation</b>
<i>White</i>	65.7%	44%	80.4%	75.4%	68.1%	63.2%
<i>Black</i>	15.9%	25.5%	8.8%	9.9%	20.9%	23.6%
<i>American Indian</i>	0.6%	0.7%	0.4%	0.4%	0.8%	0.6%
<i>Asian</i>	7.3%	12.7%	5.7%	8.3%	2.5%	3.6%
<i>Hispanic/Latino</i>	17.6%	28.6%	3.3%	4.8%	5.7%	7.5%

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*The U.S. Nursing Workforce: Trends in Supply and Education (2013).* Retrieved from, <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>



According to a 2022 survey conducted by the National Council of State Boards of Nursing (NCSBN) and The Forum of State Nursing Workforce Centers, nurses from minority backgrounds represent 20% of the registered nurse (RN) workforce. Considering racial backgrounds, the RN population is comprised of 80% White/Caucasian; 6.3% African American; 7.4% Asian; 0.4% American Indian/Alaskan Native; 0.4 Native Hawaiian/Pacific Islander; 2.5% two or more races; and 2.5% other nurses. In addition, 6.9% of the RN workforce report their ethnicity as Hispanic. See <https://www.aacnnursing.org/News-Information/Fact-Sheets/Enhancing-Diversity> for more information on enhancing diversity in the nursing workforce.

**New York State Race & Ethnicity Nurse Data 2022 with National Comparison:**

<b>Population</b>	<b>19,835,913 NY State</b>	<b>8,467,513 (NYC)</b>	<b>RN NY State</b>	<b>RN Nation</b>	<b>LPN NY State</b>	<b>LPN Nation</b>
<i>White</i>	69.1%	41.3%	86.4%	80 %	80.9%	65.9%
<i>Black</i>	17.6%	23.8%	5.5%	6.3%	11.7%	17.6%
<i>American Indian</i>	1.0%	0.4%	0.3%	0.4%	0.6%	1.3%
<i>Asian</i>	9.3%	14.3%	3.5%	7.4%	2.5%	6.3%
<i>Hispanic/Latino</i>	19.5%	28.9%	2.7%	6.9%	3.9%	11.5%

**References**

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[https://www.op.nysed.gov/professions/registered-professional-nursing/license-statistics-registered-professional-nursing-Old-Registered-Nurses-in-New-York-State,-2002-Volume-I-Ethnic,-Educational,-and-Workforce-Characteristics\\_](https://www.op.nysed.gov/professions/registered-professional-nursing/license-statistics-registered-professional-nursing-Old-Registered-Nurses-in-New-York-State,-2002-Volume-I-Ethnic,-Educational,-and-Workforce-Characteristics_)

<http://www.op.nysed.gov/prof/nurse/registered-nurses-2002-volume1.pdf> -



### III. Challenges that Hinder Efforts to Strengthen Diversity

The following section focuses on the challenges in promoting workforce diversity in nursing. Widely accepted barriers include education pathway challenges and limited minority representation among nursing leadership. There is a need for more public awareness about career options available within the nursing profession. The following data is for reference.

#### **Background Information**

##### Graduating Students:

Graduates from baccalaureate nursing programs in 2020 continue to be predominantly white (66%) followed by Hispanic/Latino (12%), Black/African American (11%), Asian, (8%), two or more races (3%) and American Indian or Alaskan Native

([June 2021 Data Spotlight: Trends in Black/African American Nursing Graduates and Faculty](#) ([aacnnursing.org](http://aacnnursing.org)))

#### **Race/Ethnicity of U.S. Nursing Students Graduating with Advanced Degrees (2019)**

<b>Race/Ethnicity</b>	<b>Master's</b>		<b>DNP</b>		<b>PhD</b>	
White	<u>30,146</u>	<u>(66%)</u>	<u>5,061</u>	<u>(67.2%)</u>	<u>474</u>	<u>(68%)</u>
Black/AA	<u>6,301</u>	<u>(13.8%)</u>	<u>1,189</u>	<u>(15.8%)</u>	<u>97</u>	<u>(13.9%)</u>
Hispanic or Latino	<u>4,139</u>	<u>(9.1%)</u>	<u>473</u>	<u>(6.3%)</u>	<u>47</u>	<u>(6.7%)</u>
Asian, Native Hawaiian, or other Pacific Islander	<u>3,952</u>	<u>(8.6%)</u>	<u>574</u>	<u>(7.6%)</u>	<u>63</u>	<u>(9.0%)</u>
American Indian or Alaskan Native	<u>259</u>	<u>(0.6%)</u>	<u>39</u>	<u>(0.5%)</u>	<u>5</u>	<u>(0.7%)</u>
Two or More Races	<u>903</u>	<u>(2.0%)</u>	<u>191</u>	<u>(2.5%)</u>	<u>11</u>	<u>(1.6%)</u>
Total	<u>45,700</u>		<u>7,527</u>		<u>697</u>	
<b>Total Minority</b>	<u>15,554</u>	<u>(34%)</u>	<u>2,466</u>	<u>(32.8%)</u>	<u>223</u>	<u>(32%)</u>

American Association of Colleges of Nursing (2023). Table 11a. Race/Ethnicity of students enrolled from Generic (entry level) baccalaureate, RN to baccalaureate, total baccalaureate programs, Master's, research-focused doctoral, and DNP programs in nursing, (2013–2022). Retrieved from,

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**TABLE 3. Race/Ethnicity of NYS Patient Care NPs Compared With the NYS Population**

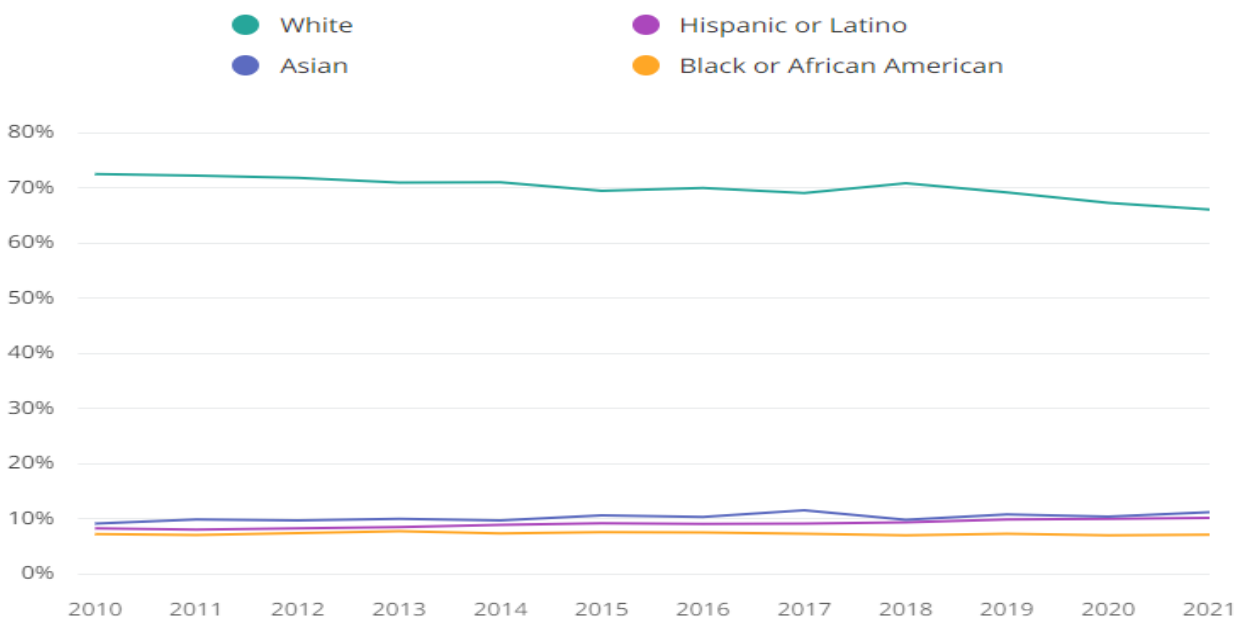
Race/ethnicity	Patient care NPs, N (%)	NYS population, <sup>a</sup> N (%)
White	9,758 (68.1%)	10,883,812 (55.6%)
Black	1,849 (12.9%)	2,790,504 (14.3%)
Hispanic	761 (5.3%)	3,720,983 (19.0%)
Asian	1,602 (11.2%)	1,633,539 (8.4%)
American Indian	15 (0.1%)	46,034 (0.2%)

<sup>a</sup> Source: US Census Bureau, American Community Survey, 5-Year Estimates 2015-2019.

## **Faculty**

### **Nursing Professor Race And Ethnicity Over Time**

Using the Census Bureau data, we found out how the percentage of each ethnic category trended between 2010-2019 among nursing professors.



Note. Source Nursing Professor Demographics and Statistics in the US. Retrieved from, <https://www.zippia.com/nursing-professor-jobs/demographics/>

In 2021, there was an 8.0% faculty vacancy rate in the U.S, up from 6.5% in 2020. The western U.S. has the largest need for faculty (9%), followed by the North Atlantic (8.3%), southern U.S. (8.1%), and the Midwest (7.0%).<sup>1</sup> Trends in Black/African nursing faculty have increased from 6.4% of faculty in 2011 to 8.7% in 2020.<sup>2</sup>



1. <https://www.aacnnursing.org/News-Information/News/View/ArticleId/25145/February-2022-Data-Spotlight-2021-Update-Nursing-Faculty-Vacancies>
2. <https://www.aacnnursing.org/News-Information/News/View/ArticleId/25003/Data-Spotlight-Black-African-American-Nursing-Grads-and-Faculty>

## Challenges

### 1. Supply and Demand

The National Academies of Medicine (NAM) noted that as the population diversifies in race and ethnicity over the next ten years, the nursing workforce will need to be well-versed in providing culturally sensitive and appropriate care. They will also need to address the “widening disparities in health tied to poverty, structural racism and discrimination”. Additionally, a projected shortage of physicians across healthcare areas and in rural care areas will increase the demand for RNs and APRNs. The RN and LPN workforces are diversifying, with the proportion of Black/African Americans approximating that of the general population and Asians exceeding the population. However, the proportion of Hispanic RNs is far below that of the general population. The NAM remarks that as the nation’s population becomes increasingly diverse, it will be essential to continue the diversity efforts for the racial, ethnic, and gender makeup of the nursing workforce, especially with the increasing the number of Hispanics and their educational attainment. It is also not yet apparent what the magnitude of the pandemic was on the supply (entry into nursing/retirement) and demand (staffing demands, telehealth) of the nursing workforce and the disparities by race, ethnicity, gender, and age.

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### 2. Faculty and Preceptor Challenges/Issues

There is a longstanding shortage of nurse faculty and clinical preceptors that are needed to educate nurses. For the most part, faculty must have a degree higher or equal to the degree program they are teaching. Many schools of nursing prefer or require either a PhD, EdD, DNP or equivalent doctoral prepared degree. In 2010, the National Advisory Council on Nursing Education and Practice (NACNEP) addressed the nursing faculty shortage, including a need for more diversity in the nurse faculty workforce. This report resulted in millions of dollars of investments from the Health Resources and Services Administration (HRSA) and other federal agencies to develop programs to increase the number and training of faculty and preceptors. However, according to NACNEP’s 2021 report, *Preparing Nurse Faculty, and Addressing the Shortage of Nurse Faculty and Clinical Preceptors*; these efforts have been inadequate and need to be improved. This report stated that the supply of eligible faculty by degree to teach is less than 20% of the nursing population. Only 1.9% of nurses hold a doctoral degree for the 58% of vacant faculty positions requiring a doctorate; enrollment in PhD programs is declining, and many of the



existing doctoral-prepared faculty are set to retire in the next five years. Additionally, according to the AACN's 2021 annual survey data, only 19.2% of full-time nursing school faculty are from minority backgrounds, and only 7.4% are male. There remains a lack of diversity among faculty. According to the NLN 2020 – 2021 Faculty Census Survey, 20.6% (10.8% African American, 4.3% Asian, 4% Hispanic, 1.2% Multiracial and 0.3% Native American) of nurse faculty represent racial and ethnic minority groups,

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### 3. *Minority Role Models and Leaders*

Data from the 2022 National Nursing Workforce Survey indicated that the nursing workforce was more demographically diverse and representative of the country's population than in previous years. However, the data continued to show that persons of color are not adequately represented in the nursing workforce. The limited representation of racially and culturally diverse nurses hinders efforts to strengthen diversity among faculty and nurse leaders. Pathway programs have been implemented to resolve this concern. However, research findings that address the extent to which pathway programs strengthen diversity in nursing are needed. Additionally, to strengthen minority representation among nursing faculty and within leadership roles, institutions of higher education should evaluate the extent to which their admissions policies and practices encourage and support underrepresented minority students who may become future faculty. Similarly, these institutions must focus on their policies and practices affecting recruitment, retention, and promotional advancement of diverse faculty. Institutions that value diversity should demonstrate a commitment to creating a diverse executive leadership and governing body.



Smiley, R. A., Ruttinger, C., Oliveria, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silverstre, J. H., & Alexander, M. (2021). The 2020 national nursing workforce survey, Executive summary. Retrieved from, [https://www.ncsbn.org/public-files//2020\\_NNW\\_Executive\\_Summary.pdf](https://www.ncsbn.org/public-files//2020_NNW_Executive_Summary.pdf)

Department of Health and Human Services. (2013). *Achieving health equity through nursing workforce diversity*. Retrieved from, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/2013-eleventhreport.pdf>

New York State Action Coalition for the future of Nursing. (2015). *Diversifying the healthcare workforce in NYS*. [Video]. YouTube. <https://www.youtube.com/watch?v=uIzmaArLYAc&feature=youtu>

#### 4. *Safe Work Environments and Nurse Well-being*

All nurses should feel safe, valued, and empowered in the workplace. Bullying, inherent bias, structural racism, and cultural racism continue to occur and affect nurse recruitment and retention. Nurse leaders and employers must create physically and psychologically safe and ethical environments by dismantling structural racism, investing in organizational infrastructure, and addressing bullying and incivility. Additionally, NAM recommends that employers support “diversity, equity, and inclusion across the nursing workforce, and identify and eliminate policies and systems that perpetuate structural racism, cultural racism, and discrimination in the nursing profession”.

National Academy of Medicine. (2020). *The future of nursing 2020-2030*. Retrieved from, <https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>

#### 5. *Nursing Organizations*

Nursing organizations (e.g., ANA, AACN) are the voice of their members and look out for their well-being. Professional organizations promote safety, health, and wellness for nurses in the workplace. Many individuals lobby on behalf of nurses and health care at all levels of government. They work for policy changes advocating important health issues that affect nurses and the public. Nursing organizations provide members additional opportunities for professional growth and development, educational opportunities, networking, scholarship, and research funding. These organizations must assess their DEI policies, regulations, and systems and eliminate racism and discrimination.

National Academy of Medicine. (2020). *The future of nursing 2020-2030*. <https://nam.edu/publications/the-future-of-nursing-2020-2030>. Retrieved from, <https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>

<https://nursing.buffalo.edu/news-events/nurses-report.host.html/content/shared/nursing/articles/nurses-report/posts/professional-nurse-organizationbenefits.detail.html#:~:text=Advancing%20nursing%20as%20a%20profession&text=>



Professional%20organizations%20.

## 6. Financial Support

Limited financial support is a well-noted challenge that has compromised the efforts of students to achieve academic excellence and complete nursing programs. Oftentimes nontraditional students support themselves and their family and, the hours spent working limits the time that students are able to commit to academics. Financial support is a key determinant in the success of diversity initiatives. The NAM's Future of Nursing 2020-2030 report suggested that foundations, state workforce programs, and the federal government need to support the academic progression of socioeconomically disadvantaged students by encouraging partnerships between higher-degree nursing programs and colleges integral to serving persons of color, i.e. tribal colleges, Black colleges and universities, Hispanic-serving colleges. The NAM report also mentions the need to recognize that people from socioeconomic disadvantaged backgrounds may also experience food insecurity, struggles with housing, and transportation issues, which can also affect educational performance.

Department of Health and Human Services. (2013). *Achieving health equity through nursing workforce diversity*. Retrieved from, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/2013-eleventhreport.pdf>

Loftin, C., Newman, S.D., Dumas, B.P., Gilden, G., Lou Bound, M. (2012). Perceived barriers to success for minority nursing students: An integrative review. *International Scholarly Research Notices*. Retrieved from, <http://www.hindawi.com/journals/isrn/2012/806543/>

National Academy of Medicine. (2020). *The future of nursing 2020-2030*. <https://nam.edu/publications/the-future-of-nursing-2020-2030>. Retrieved from, <https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to>

## 7. Minority Faculty Presence in Academia

It has been posited that minority nurses with advanced practice degrees are less likely to choose faculty careers over clinical careers (IOM, 2010a; AACN, 2013a). The presence of minority faculty helps to create an academic milieu that suggests that nursing values diversity. The continued underrepresentation of minority faculty requires an unrelenting commitment to a new vision that promotes diversity and strengthens their presence in academia (AACN, 2013a). <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/2013-eleventhreport.pdf> AACN states that a lack of minority representation in nursing academia can signal that nursing does not value diversity or offer career ladder opportunities for minorities to advance in the profession. Academic leaders need to identify minority faculty recruitment strategies, encourage minority leadership development, and advocate for programs that remove barriers to minority faculty careers. (AACN, 2022, <https://www.aacnnursing.org/News-Information/Fact-Sheets/Enhancing-Diversity>). AACN has launched several initiatives to support these endeavors.

According to the National Center for Education Statistics, as of the fall of 2020, there were 1.5 million faculty at degree-granting postsecondary institutions, and nearly three-quarters



(74%) were white. Minority make-up consisted of the following: Asian/Pacific Islander 12%; Black/African American, 7%; Hispanics, 6%; and American Indian/Alaska Native and individuals of two or more races made up less than 1% of all full-time faculty.

<https://nces.ed.gov/fastfacts/display.asp?id=61>

An article in *Nursing Outlook*, *Retention of Faculty of Color in Academic Nursing* (2016), found that “faculty of color” represent less than 13% of nursing faculty. The authors state that there is a lack of research evaluating recruitment, attrition, and retention in academic nursing for faculty of color.

<https://www.sciencedirect.com/science/article/abs/pii/S0029655416303505> A further article in *Minority Nurse* titled *The Minority Nurse Faculty Shortage* (2020) supports this underrepresentation among nursing faculty. The author suggests that diverse faculty should be actively recruited. <https://minoritynurse.com/the-minority-nurse-faculty-shortage/>

## 8. Academic and Advising Support

Academic support promotes academic excellence and decreases attrition rates. Factors that promote student retention and graduation rates include the following:

- Caring attitudes
- Mentors and tutors are available to students
- Faculty who have time to provide advisement
- Policies that ensure adequate academic progression
- Faculty who are prepared to teach in culturally diverse settings (Beard, 2014)
- Admission committee that reflects racial and ethnic diversity (National Research Council, 2004)

<http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/reports/eleventhreport.pdf>

Beard, K.B. (2014). Strengthening diversity in nursing: The practices and preparedness of nursing faculty. *Journal of Nursing Education and Practice* 4(11). Doi: 10.5430/jnep.v4n11p59. Retrieved from,

<http://www.researchgate.net/publication/276225550> Strengthening diversity in nursing The practices and preparedness of nursing faculty

## 9. Holistic Admissions Review in Nursing

Holistic review is a university admissions strategy that assesses an applicant’s unique experiences alongside traditional measures of academic achievement such as grades and test scores. It is designed to help universities consider a broad range of factors reflecting the applicant’s academic readiness, contribution to the incoming class, and potential for success in school and later as a professional. Holistic review, combined with a variety of other mission-based practices, constitutes a “holistic admission” process. Many colleges and universities have employed a holistic admission process to assemble a diverse class of students with the background, qualities, and skills needed for success in the profession.

<https://www.aacnnursing.org/Education-Resources/Tool-Kits/Holistic-Admissions-Tool-Kit#:~:text=Holistic%20Admissions%20Review%20in%20Nursing,as%20grades%20and%20test%20Scores.>





## 10. *Mentoring*

Mentorship is a concept that has proven to be beneficial in nurse recruitment and retention efforts, ongoing career progression, and leadership development. It has been shown that mentoring programs for underrepresented groups are more effective when they include nurses and/or faculty from these same groups with a firsthand understanding of the challenges they might encounter. With the shortage of experienced nurse faculty and nurses of color, it may be challenging to find a mentor and sustain a mentoring relationship.

National Academy of Medicine. (2020). *The future of nursing 2020-2030*. Retrieved from, <https://nam.edu/publications/the-future-of-nursing-2020-2030/>

## 11. *Racism in Academia*

Many factors affect the ability of a student to achieve success in academia. These include the environment in which they learn and the support which they are provided. Minority nursing students report that their programs lack inclusivity and are rooted in institutional racism, gender bias, homophobia, and transphobia (Avery-Desmarais, Hunter Revell, McCurry, 2021). When the learning climate of an institution has a history of inclusion or exclusion based on race/ethnicity/gender identity or stereotypes exist to make students feel inferior, these students are often forced to conform to the majority and/or deal with microaggression. Minority students, although having similar levels of preparation, often perform at lower levels than their majority counterparts because of these constant reminders of “inferiority” (Gwayi-Chore et al., 2021). Financial problems were also identified to have a major impact on the dropout rates of minority students. Many of these students must work full-time, in addition to their academic commitment, to meet personal/family financial needs.

The long-term educational disadvantages, both overt and covert, racism have served as significant barriers to the recruitment and retention of minority persons in nursing. The failure to address these issues has been detrimental to students, faculty, and healthcare. Students report feeling isolated and lonely, citing race, ethnicity, gender, and sexual orientation as key drivers of negative experiences (Gwayi-Chore et. al, 2021). Other barriers include inadequate emotional and moral support, technical access and assistance, inadequate academic preparation, lack of social adjustment to a predominantly established culture, and low self-esteem. Curricula and course content often lack DEI content and students feel faculty lack the competency to respond to issues concerning DEI in the classroom (Gwayi-Chore et al., 2021).

There is also the aforementioned need for more diverse faculty and mentors to support students. Buckley (1980) showed that faculty commitment was the key to successful retention of African-American students. Most often, the African-American faculty were the most committed while, White faculty continued to perpetuate—intentionally or unintentionally—the perceived discriminatory actions. Black faculty supportive behaviors included taking an interest in the student, encouragement, acknowledgement, and recognition; which conveyed feelings of significance and value. According to Gwayi-Chore et al., the priority should be to hire and retain more faculty and staff of color, women, and LGBTQIA-identified individuals to improve the overall climate by making it more inclusive, safe, and comfortable. These minority faculty also work within and encounter the same structural racism, biases, and microaggressions as minority



students. DEI education for all faculty; support for minority faculty; review of academic policies, curricula, and content for DEI; and strong retention efforts for minority faculty are needed.

Avery-Desmarais, S.L., Hunter Revell, S.M., & McCurry, M.K. (2021). A theoretical framework to promote minority PhD and DNP student success in nursing education. *Official Journal of the American Association of Colleges of Nursing*, 37(6), 1149–1153. Retrieved from, [A theoretical framework to promote minority PhD and DNP student success in nursing education - PubMed \(nih.gov\)](#)

Gwayi-Chore, M-C, Del Villar, E.L., Chavez Fraire, L., Waters, C., Andrasik, M.P., Pfeiffer, J., Slyker, J., Mello, S.P., Barnabas, R., Moise, E., & Heffron, R. (2021). “Being a person of color in this institution is exhausting”: defining and optimizing the learning climate to support diversity, equity, and inclusion at the University of Washington School of Public Health. *Frontiers in Public Health*, 9, 1-12. <https://doi.org/10.3389/fpubh.2021.642477>

## 12. *Technology/Data*

Technology and data use provide challenges to strengthening diversity on several levels. In 2021, AACN published *The Essentials: Core Competencies for Professional Nursing Education*. The Essentials suggest using informatics and healthcare technologies as a source for nurses to advocate for equitable access to healthcare. Bakken & Dreisbach (2022) suggest that nursing expertise should be integrated into designing, generating, analyzing, and applying data to support initiatives focused on SDOH and health equity while nurses with advanced training in informatics and data science are needed to ensure systems are easy to use, do not result in documentation burden, and are useful for nurses and other stakeholders to advance health equity and social needs. However, there needs to be more knowledge in incorporating DEI concepts into healthcare informatics in nursing curricula (Baertlin & Nduku, 2022). Additionally, a digital divide from a health perspective is emerging. According to Makri (2019) just under ½ of the world's population has no internet access and therefore, no access to digital health. The World Economic Forum, suggests that digital technology can help to resolve health inequality in five areas: (1) access to trusted and reliable health information (2) access to medical expertise (3) access to medical commodities and other interventions (4) representation in public health systems and services and, (5) support for catastrophic medical expenses. Nurses prepared in technology and data use can bridge these gaps.

Baerlein, L., & J, N. (2022, May 1). Nursing Education: The intersection of diversity, equity, inclusion, and Healthcare informatics. *Accreditation Commission for Education in Nursing*. Retrieved from, <https://www.acenursing.org/>

American Association of Colleges of Nursing. (2021) *The essentials*. Retrieved from, <https://www.aacnnursing.org/essentials>

Bakken, S., & Dreisbach, C. (2022). Informatics data science perspective on Future of Nursing 2020-2030: Charting a pathway to health equity. *Nursing Outlook*, 70, S77-S87.



Baertlein, L., & Nduku, J. (2022). Nursing education: The intersection of diversity, equity, inclusion, and healthcare informatics. Retrieved from, <https://www.acenursing.org/nursing-education-the-intersection-of-diversity-equity-inclusion-and-healthcare-informatics/>

Makri, A. (n.d.). *Bridging the digital divide in health care*. The Lancet Digital Health. Retrieved from, <https://www.thelancet.com>

World Economic Forum (2021, September 8). *Bridging the digital divide in health care*. <https://www.weforum.org>



#### IV. Best Practices for Creating Inclusive Environments & Ending Health Care Disparities

- a. ***Eliminate systemic racist policies and practices.*** Institutions need to listen to health professionals and students from historically excluded groups and create concrete policies and actions that improve their experience within the health care system. Consider discriminatory practices on admission criteria and the use of standardized testing for nursing programs. Discrimination makes it extremely hard for students of color to enter nursing schools and to continue studies. Historically, discussions have centered around individual acts and not institutional practices of racism or around individual racist nurses rather than any awareness of different levels of racism. (Ackerman-Barger & Hummel, 2015; Coleman, 2020; Iheduru-Anderson, K., Shingles, R. R., & Takanobu, C., 2021; NASEM, 2021)
- b. ***Develop pathway/pathway programs.*** It is imperative to create pathway programs that will recruit underrepresented individuals into the health professions in order to diversify the healthcare system. Funding is available through Health Resources and Services Administration (HRSA), as well as other federal programs. These programs are widely regarded as crucial to improving the diversity of the student population and eventually the health workforce. Consider starting nursing pathway programs for middle school students. (NASEM, 2021; Taylor et al, 2022; The Sullivan Commission, 2004).
- c. ***Develop student success programs.*** This includes mentorship programs, tracking systems for early identification of students needing additional academic assistance and intervention for, scholarships, and strategies for student success. A formal environment of assistance that includes academic advising, mentorship programs, and peer support. (AACN, 2022; NASEM, 2021)
- d. ***Provide training for faculty and staff.*** It is crucial to examine how discriminatory practices contribute to the racist climate. Racism within an organization cannot be addressed by just one faculty member or student group. Anti-racist training should be in place for all levels of faculty and staff, which send a message that there is a schoolwide commitment to anti-racist education. It is imperative that faculty develop an awareness and sensitivity for students from various backgrounds that is different from their own. This can be achieved through cultural awareness, sensitivity, or humility-training workshops that allow faculty to gain some understanding of problems faced by minority students. This training begins by asking faculty to critically reflect on their own racism as an essential first step in challenging the status quo of racism in nursing education (National Commission to Address Racism in Nursing, 2021).
- e. ***Administrators & Faculty Address Barriers to Student Success.*** Administrators/faculty can help identify learning needs and strategies to make sure that minority students are heard, honored, and are successful in obtaining their nursing degree(s). Administrators and faculty need to understand qualitatively what it is like being an underrepresented individual in a predominately white nursing program. Minority students have minimal, if any, avenue for sharing feelings and gaining the support needed to progress through the educational program. (NASEM, 2021).



- f. **Create a supportive and inclusive environment.** Institutions should conduct a needs assessment to determine what resources would be helpful to serve underrepresented students and faculty. Instead of working to assimilate minority nurses into the dominant culture of the organization, institutions should embrace and use diversity to help faculty and students thrive. The dominant faculty group must develop an awareness of the obstacles and barriers faced by marginalized students. Academic institutions should hire unrepresented faculty to assist in providing academic, social, and cultural support for minority students. Investing in programs (i.e., The National Research Mentoring Network) to assist with mentorship, retention and training of underrepresented students and faculty is critical. Utilize institutional resources to recruit and retain minority scholars. Cultural safety is the ability to create environments that are spiritually, emotionally and physically safe for people to be their authentic self in an environment that values individuals' identities, beliefs and values, (Williams, 1999). Once this foundation has been created, then respectful communication, trust and engaging in dialogue where knowledge is shared can take place (Williams, 1999).
- g. **Don't be afraid to have the tough conversations:** The ideologies and culture of racism, oppression, and eurocentrism that exist throughout the US must be explicitly named and deftly addressed. Nursing education emphasizes the development of culturally competent nurses to care for diverse populations, yet there is very little emphasis on the need for open, ongoing dialogue about institutionalized racism and the experiences of discrimination against marginalized. It is important that institutions create a brave space spaces for individuals to have authentic discussions on issues of race, ethnicity, and gender identity.
- h. **Be an Ally for social justice:** DEI work should not be placed on one person, particularly on the marginalized individual to solve. Individuals who want to be a social justice advocates on DEI committees, collaborate on manuscripts and grants with underrepresented faculty, to add value and perspective to current projects. Individuals should not be afraid to challenge one another when they make mistakes during discussions of race, oppression or conduct a microaggressions. Faculty could offer to co-teach with minority faculty to learn from and relieve burden of health disparities coursework. Academic institutions should not put the burden of DEI initiatives on faculty and students of color. These initiatives goes largely unpaid and underappreciated.
- i. **Incentivize DEI work:** Implementing specific grants to incentivize anti-racism and equity work, and creating equity leadership awards. Advocating for initiatives that support diversity, inclusion and equity. Provide recognition for diversity, equity, inclusion related service and community-based research which is disproportionately undertaken by BIPOC faculty.
- j. **Promote minority recruitment and retention:** A formalized plan must exist for an institution to demonstrate its commitment to increasing the retention and graduation rates for minority students. This plan must have the necessary financial support to implement the retention strategies. Include aggressive advising at the high school level, early identification of academic deficiencies with appropriate intervention, increased recruitment of minority professionals, and a critique of Eurocentric curricula. Of note, high attrition rates among minority students, especially students of color, in higher education has been linked to a lack of social connection, financial aid, and faculty support and commitment. Institutional support is an influential factor affecting rates of recruitment



and retention. Significant organizational variables identified were the number of people of color within the institution (i.e., faculty, administrators, students), administrative leadership style, and organizational culture.

- k. **Enhance the Curriculum:** Nursing programs must move beyond teaching cultural competency to antiracism education. Instituting nursing curricula that integrate an understanding of racism and its effects on health. Discuss power and privilege. Building relationships with communities of color and other minorities creates opportunities for nursing students, through potential clinical placements, to get authentic exposure to cultures within which they may be unfamiliar. These exposures prepare graduates to address the challenges of inequity in the health care system. Consider dismantling inequities in nursing education by incorporating pedagogy to address racism and other forms of oppression. Professional discussions often focus on the development of cultural competency with little or no regard to issues of race, power, oppression, privilege, racist policies, or institutional racism, though these factors contribute to the realities of patients and practitioners. Utilize history as a starting point for meaningful conversations about race, privilege and whiteness.

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## V. Recommendations for Strengthening Diversity in Nursing

Creating environments that foster diversity can be quite challenging. However, diversity plays a critical role in health care quality and the delivery of culturally competent care. According to the American Association of Colleges of Nursing's (AACN) 2021 *The Essentials: Competencies for Professional Nursing Education*, the existing inequitable distribution of the nursing workforce across the United States, particularly in underserved urban and rural areas, impacts access to healthcare services across the continuum from health promotion and disease prevention, to chronic disease management, to restorative and supportive care. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* provides an excellent resource for nurses in academia and health care as they strengthen diversity in their organizations. This section lists key recommendations for strengthening diversity in academic and clinical practice settings and using data and technology.

### **Recommendations for Academia:**

1. Academic nursing must address structural racism, systemic inequity, and discrimination in how nurses are prepared. Nurse educators need to critically evaluate policies, processes, curricula, and structures for homogeneity, classism, color-blindness, and non-inclusive environments and use evidence-based, institution-wide approaches focused on equity in student learning (AACN, 2021).
2. "Academic leadership and faculty should examine any unconscious and conscious biases that may undermine efforts to enhance diversity, inclusion, and equity, including the use of everyday verbal, nonverbal, intentional and non-intentional messages which devalue the perspectives, experiences, and/or feelings of individuals or groups" (AANC, 2017).

According to the AACN, nursing faculty, and academic leaders must assess conscious and unconscious biases and determine the effects of biases in the educational setting. The products of conscious and unconscious bias include weakening diversity, equity, and inclusive programs, depreciation of perspectives and the lived experience of individuals and groups, and mindful or unmindful microaggression (AACN, 2017).

3. Nursing school curricula must be strengthened to prepare nurses. According to the National Academies of Sciences, Engineering and Medicine (NASEM) "to help promote health equity, reduce health disparities, and improve the health and well-being of everyone" (NASEM, 2021).

To prepare nurses for practice, nursing schools must fortify the curricula. According to the National Academies of Sciences, Engineering, and Medicine (NASEM), the strengthened courses for nurses will raise health equity leading to reduced disparities and improved well-being for the population (NASEM, 2021).

4. "Shifting U.S. population demographics, health workforce shortages, and persistent health inequities necessitate the preparation of nurses able to address systemic racism and pervasive inequities in health care" (AACN, 2021).

To address the nation's systemic racism, widespread inequities in healthcare, nursing workforce shortages, and the shift in the U.S. population's demographics, the preparation of our nurses is essential (AACN, 2021).





5. Schools need to ensure that nurses “understand and identify social determinants of health, have expanded learning experiences in the community so they can work with different people with varied life experiences and cultural values, have the competencies to care for an aging and more diverse population” (NASEM, 2021)  
Nursing students must be able to recognize Social determinants of health. Schools of nursing must expand opportunities for students in the community to experience the richness of diverse cultures and beliefs. Ensuring that our aging community members are cared for in a culturally appropriate manner is critical (NASEM, 2021).
6. Nursing schools must integrate social needs, SDOH, population health, environmental health, trauma-informed care, and health equity as core concepts and competencies throughout coursework, clinical, and experiential learning (NASEM, 2021)
7. Nursing students and faculty need to reflect the diversity of the population and help break down barriers of structural racism prevalent in nursing education today (NASEM, 2021).
8. Access to nursing education for geographically and socioeconomically disadvantaged students should be ensured through the development and expansion of the use of remote and virtual instructional capabilities. Rural communities should focus on baccalaureate preparation given the lower proportion of nurses educated at this level (NASEM, 2021).
9. Understand that peer support is vital in providing a sense of belonging, acceptance, motivational support, and academic support when promoting inclusive environments (Duerksen, J. L. (2013); Green & Dogbey, 2012).
10. Increase the presence of culturally diverse faculty (CDF) since they can help attract more culturally diverse students (NASEM, 2021); (Sin, 2013).
11. Recognize and discuss issues surrounding diversity (Peery, et. al, 2013; Beard, 2014).
12. Identify students who are likely to benefit from a pre-nursing school entrance program (pre-entrance program) and provide resources early in an attempt to reduce attrition rates (Condon, et. al, 2013).
13. Introduce students to nursing as a career choice during middle school, since this is when many students begin to explore career options (Knight, et. al., 2011).
14. It is important that CDF make a smooth transition. To accomplish this, institutions should provide supportive environments and the necessary resources.
15. Strengthen awareness of professional groups that provide socialization, mentorship, motivational support, and academic and financial support (Green & Dogbey, 2012).
16. Schools should consider a holistic review for admissions. One study found that this strategy resulted in greater diversity, similar if not stronger overall GPA scores, and had a positive impact on the school (Urban Universities for Health (2015)).

### **Recommendations for Health Care Organizations:**

Hallmark characteristics of culturally competent healthcare organizations have been reported (AONE, 2011; Frusti, Niesen, & Champion 2003; Marrone, 2012, 2010; NASEM, 2021; OMH, 2013) and include culturally competent health care organizations. See Figure 1 for Hallmark Characteristics of a Culturally Competent Healthcare Organization.



**Figure 1**

***Hallmark Characteristics of a Culturally Competent Healthcare Organization***

- Integrate multiculturalism into the organizational infrastructure.
- The nursing workforce reflects the people and communities served throughout the community served and the nation, helping to ensure that individuals receive culturally competent, equitable healthcare services.
- Healthcare systems enable and support nurses to tailor care to meet the specific medical and social needs of diverse patients to optimize their health.
- Create and sustain a corporate culture that reinforces behaviors related to respect for diversity and inclusion.
- Establish a healthful practice/work environment that is reflective of diversity through a commitment to inclusivity, tolerance, and governance structures.
- Allocate resources for the role of Chief Diversity Officer who leads and supports the work of the Intraprofessional Diversity Council and establishes best practices for conflict resolution and ethical decision-making.
- Collaborates among interdepartmental and intradepartmental decision-making groups regarding issues of diversity and inclusion.
- Nurses have the ability to lead and collaborate with other professions and sectors
- Collaborate among the diversity, recruitment and retention, and patient care committees.
- Partner with organizations that educate health care workers to support development and implementation of policies, procedures, programs, and learning environments that foster diversity.
- Collaborate with minority nursing organizations and advertising in nursing journals that reflect the diversity within the internal and external communities.
- Evaluate diversity-related data to ensure continuous improvement.
- Disseminate diversity-related resources and information to the internal and external communities served.

**Recommendations on Technology and Health Data Across Populations**

- Health information technology is required for person-centered service across the continuum of care and requires consistency in user input, proper process, and quality management. Basic informatics competences are foundational to all nursing practice (AACN, 2021).
- All nurses require competencies in the use of informatics and data science enabled systems to contribute to the goal of health equity for all. (Bakken & Dreisbach, 2022). Nurses must be nimble enough to adapt continually to new technologies (NASEM, 2021)
- By the 2022-2023 school year, schools should initiate an assessment of individual student access to technology, and ensure that all students can engage in virtual



learning including opportunities such as multisector simulation (NASEM, 2021).

- Healthcare must be vigilant to guard against unintended exacerbation of inequities as a result of informatics and data science enabled programs (Veinot, Mitchell, Ancker, (2018).
- A health equity focus examines structural and systematic inequities, instead of individual behaviors, that contribute to avoidable health disparities, as well as evolving social conditions (Gomez et. al., 2021). Data can highlight evolving changes in equity and social conditions.
- One study suggested stronger institutional support for healthcare workers collecting data on race, ethnicity, and language (REAL). In this study, those who collected REAL data were apprehensive over data collection due to a disagreement over the data's significance, including the purpose of collecting the data; perceived barriers to data retrieval, lack of standardization across providers, willingness to provide the data, and national tensions over race and immigration, and uncertainty regarding the data's use and dissemination (Cruz & Smith, 2021).
- A systematic approach should be taken when conducting health equity measurement. (1) choose a health-related indicator of concern (2) categorize people by social position (3) calculate rates of the health indicator for each social grouping (4) calculate rate ratios and rate differences for each stratum (5) examine changes over time (6) conduct multivariate analyses in the overall sample and in each strata shown to be at elevated risk. Comparisons should be made between the population group of interest and those in the most advantaged socially positioned group in order to find the minimum level that should be biologically, socially, and economically possible for everyone (Gomez et. al., 2021; Braveman et al., 2004).
- Nursing expertise should be integrated into designing, generating, analyzing, and applying data to support initiatives focused on SDOH and health equity (NASEM, 2021); (Bakken & Dreisbach, 2022).
- Nurses with advanced training in informatics and data science are needed to ensure systems are easy to use, do not result in documentation burden, and are useful for nurses and other stakeholders to advance health equity and social needs (Bakken & Dreisbach, 2022).
- Employers must integrate workforce health into DEI efforts. Race and ethnicity data should be incorporated in health benefits data analyses to clearly understand the differential outcomes of health management offerings on sub-populations (Sherman et al., 2021).
- Social needs data should be incorporated into strategic benefits planning to better understand gaps and opportunities to foster greater benefits equity (Sherman et al., 2021).



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## VI. Resources

### **Professional Organizations**

A number of organizations have developed recommendations and best practice models intended to create and sustain inclusive environments in order to eliminate health care disparities, support the delivery of culturally and linguistically appropriate health care services, and diversify the health care workforce. An overview of selected initiatives and resources appears below:

#### ***American Organization of Nurse Executives***

The American Organization of Nurse Executives (AONE) is an organization that supports nursing leadership. To fulfill its commitment “to advocating for and achieving diversity within the community of nurse leaders and in the workplace environment” (AONE, 2011, p. 2) the AONE believes that organizations should demonstrate a commitment to inclusivity. They add that collaborations that support recruitment and retention efforts are warranted. The AONE developed Guiding Principles for Diversity in Health Care Organizations.

<http://www.aone.org/resources/principles.shtml>

AONE Diversity in Health Care Organizations Toolkit. (For members only)  
Includes case studies, policy statements, instruments to evaluate diversity initiatives, and statements of organizational values that support diversity efforts within health care organizations.

<http://nursing.advanceweb.com/Article/AONE-Diversity-in-Healthcare-Organizations-Toolkit-Launches-Online.aspx>

#### ***Transcultural Nursing Society (TCNS), International***

The mission of TCNS is to strengthen cultural competency and ensure the delivery of equitable care that improves the quality of care for all people (TCNS, 2011). Nurses and other health care professionals should have the requisite knowledge to demonstrate cultural competence in practice, education, research, and administration. The TCNS has developed the following:

- Standards of Practice for Culturally Competent Nursing Care. A resource of best practices for nurses and the healthcare team that underscores cultural competence as a priority of care and culturally competent nursing and health care globally.

<http://www.tcns.org/TCNStandardsofPractice.html>

#### ***The Office of Minority Health***

The Office of Minority Health (OMH) has developed health policies and programs to improve the health of racial and ethnic minority populations and eliminate health disparities (OMH, 2013 a, b). The OMH developed the following initiatives:

1. Action Plan to Reduce Racial and Ethnic Health Disparities. Promotes integrated



approaches, evidence-based programs, and best practices to reduce these disparities.

<http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=10>

2. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare. Informs and guides health care organizations and professionals to provide effective, understandable quality care and services that are responsive to the diverse consumer cultural and linguistic, and communication needs of consumers thereby resulting in positive health outcomes for diverse populations.

<http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

### ***The Joint Commission***

The Joint Commission (TJC) strives to improve health care and collaborates with stakeholders to promote the highest quality of safe and effective care. To meet the cultural and linguistic needs of diverse clients and families and to promote culturally competent practices among the interprofessional health care team, the Joint Commission has published the following standards and guidelines:

1. Patient-Centered Communication Standards for Hospitals. (TJC, 2014a).  
[http://www.jointcommission.org/about\\_us/about\\_the\\_joint\\_commission\\_main.aspx](http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx)
2. Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. Provides recommendations that assist hospitals to the address unique patient-centered culture care and communication needs that comply with Joint Commission accreditation requirements (TJC, 2014a).  
[http://www.jointcommission.org/Advancing\\_Effective\\_Communication/](http://www.jointcommission.org/Advancing_Effective_Communication/)
3. Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Includes strategies, practice examples, and resources intended to guide hospitals to create safe and inclusive environments for improved health care of the LGBT community (TJC, 2014b).  
<http://www.jointcommission.org/lgbt/>

### ***The New York Academy of Medicine***

The New York Academy of Medicine (NYAM) is an independent organization that addresses the health challenges of vulnerable urban populations with emphasis on the elimination of health disparities and the promotion public health. Through interprofessional partnerships and emphasis on policy development, research, evaluation, education, and community engagement, NYAM priorities target among vulnerable urban vulnerable populations (NYAM, 2015). One notable NYAM diversity and inclusion related initiative is Promoting Academic Achievement and Health Career Development.





- 1 Promoting Academic Achievement and Health Career Development. Describes multiple initiatives aimed at helping minority youth that are underrepresented in the health professions to pursue careers in nursing and other health professions. <http://www.nyam.org/urban-health/eliminating-health-disparities/>

Other Professional Nursing Organizations that may be of help:

- *Asian American/Pacific Islander Nurses Association, Inc.* <https://aapina.org>
- *American Assembly for Men in Nursing* <http://aamn.org/>
- *Association of Black Nursing Faculty, Inc.* <http://www.abnf.net>
- *Chi Eta Phi Sorority, Inc.* <http://www.chietaphi.com>
- *GLMA Health Professionals Advancing LGBTQ Equality*, <https://www.glma.org>
- *International Association of Latino Nurse Faculty* <http://www.intlatinonursefaculty.org/>
- *National Alaska Native American Indian Nurses Association (NANAINA)* <http://nanainanurses.org/>
- *National American Arab Nurses Association* <http://n-aana.org/>
- *National Black Nurses Association, Inc.* <http://www.nbna.org>
- *National Coalition of Ethnic Minority Nurse Associations* <http://www.ncemna.org>
- *National Association of Hispanic Nurses* <http://www.nahnnnet.org>
- *Native American Nurses Association* <http://nanainanurses.org/>
- *Philippine Nurses Association of America* <https://mypnaa.wildapricot.org>
- *Transcultural Nursing Society* <https://tcns.org>
- *Other Nursing Organization* <https://nurse.org/orgs.shtml>

### **Other Resources**

Diversity Best Practice (2020). *Being an Upstander: Racism*

Marketed as a practical guide, provides best practices to dispel injustice by speaking up against injustice, being an “upstander” against racism and bigotry, and how to hold essential conversations. The guide also provides additional resources for combatting racism and inequality.

<https://college.mayo.edu/media/mccms/content-assets/about/news/june-2020/being-an-upstander-racism.pdf>

Hospitals in Pursuit of Excellence (2015). *Diversity in Health Care: Examples from the Field*

Provides diversity initiatives from six hospitals across the country. The examples include efforts of creating a strategic plan to develop a culture of diversity and inclusion; developing a community health needs assessment; creating a more diverse board of directors and diverse leadership team; addressing social determinants of health; engaging with community organizations; cultural competency training; and developing employee resource groups.

<https://www.aha.org/ahahret-guides/2015-07-02-diversity-health-care-examples-field>



The University of Tennessee at Chattanooga Office of Equity and Inclusion (2020). *Guide for Navigating Difficult Conversations on Race*. This is a guidebook to help navigate “common conversational roadblocks” to engage in more meaningful, respectful and informed dialogue. The two major areas addressed are “Talking about race in the classroom” and “Discussing race and racism in the workplace”. Roadblocks are provided along with how to start a conversation and areas in need of attention.

<https://www.utc.edu/sites/default/files/2020-08/UTC%20Race%20Discussion%20Guide%20%28Aug%202020%29.pdf>

DC Fiscal Policy Institute (2017) *DCFPI Style Guide for Inclusive Language* Provides guidelines for employing inclusive language and integrating a racial equity lens in writing.

[https://www.dcfpi.org/wp-content/uploads/2017/12/Style-Guide-for-Inclusive-Language\\_Dec-2017.pdf](https://www.dcfpi.org/wp-content/uploads/2017/12/Style-Guide-for-Inclusive-Language_Dec-2017.pdf)

#### **DEI Resources**

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Metzl, J. M., & Roberts, D. E. (2019). Structural competency meets structural racism: race, politics, and the structure of medical knowledge. In *The Social Medicine Reader, Volume II, Third Edition* (pp. 170-187). Duke University Press.

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UCLA Office of Equity, Diversity and Inclusion: Implicit Bias Video Series. Retrieved from, <https://gradschool.cornell.edu/diversity-inclusion/faculty-resources/implicit-bias-resources/>

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## Videos

- Implicit Bias Video Vignette- Intoxicated Patient: <https://youtu.be/e8POV-EVuNQ>
- Bias towards female resident : <https://youtu.be/FPg5bJVN8Wo>
- Broaching Race and racism in Debriefing and team simulation (CMS) <https://youtu.be/bdIvhbSNfZM>
- Unconscious Bias in America: <https://youtu.be/iOOOzUHNNMg>

## Simulation Activities

- **Antiracism in medicine collection**  
<https://www.mededportal.org/anti-racism>
- **Diversity, Equity, and Inclusion Collection**  
<https://www.mededportal.org/dei>
- **Aquifer Social Determinants of Health**  
<https://aquifer.org/courses/aquifer-culture-health-care/>



## VII. Grants and Scholarships for Nursing Education

Greater awareness of funding opportunities and access to these resources is critical in maximizing efforts to promote diversity in the nursing workforce. Individuals from minority backgrounds are encouraged to take advantage of all existing financial aid and grants from the federal and state governments. It is also important for individuals to investigate scholarship opportunities through several different organizations and schools of nursing.

The following resources are grouped into three categories (1) federal or state practice/loan repayment opportunities, (2) federal or state grants, and (3) funds from private foundations and nursing organizations. This section should be used as a guide to assist individuals in identifying funding opportunities that can be used to offset the costs of nursing education.

### **1. Practice Grant/ Loan Repayment - Federal and NY State**

#### **Indian Health Service (IHS) Loan Repayment Program**

“The IHS Loan Repayment Program (LRP) offers to repay educational loans for eligible health professionals in order to meet the staffing needs of the IHS in Indian health programs. Applicants sign contractual agreements for two years to serve in a full-time clinical practice at an IHS facility or approved Indian health program.”

<http://www.ihs.gov/loanrepayment/>

#### **Nurse Corps Loan Repayment Program**

Applicants must fulfill a two-year service obligation at a designated facility located in a health professional shortage area in the United States.

<http://www.hrsa.gov/loanscholarships/repayment/nursing/>

### **2. Scholarships/Grants - Federal and NY State**

#### **Minority Fellowship Program (MFP)**

“The purpose of the Minority Fellowship Program (MFP) is to reduce health disparities and improve healthcare outcomes of racially and ethnically diverse populations by increasing the number of culturally competent behavioral health professionals available to underserved populations in the public and private nonprofit sectors.”

<http://www.emfp.org/>

#### **Graduate Assistance in Areas of National Need**

According to the U.S. Department of Education website, “This program provides fellowships, through academic departments and programs of IHEs, to assist graduate students with excellent records who demonstrate financial need and plan to pursue the highest degree available in their course study at the institution in a field designated as an area of national need”

<http://www2.ed.gov/programs/gaann/index.html>

#### **NURSE Corps Scholarship Program**



According to the Health Resources & Service Administration website, “This program enables students accepted or enrolled in a diploma, associate, baccalaureate or graduate nursing programs, including RN to BSN Bridge Program to receive funding for tuition, fees and other educational costs in exchange for working at an eligible Critical Shortage Facility upon graduation. Upon graduation, NURSE Corps Scholarship recipients work at these facilities for at least 2 years, earning the same competitive salary and benefits as any new hire.”

<http://www.hrsa.gov/loanscholarships/scholarships/nursing/>

- Nursing Grant Programs
- Advanced Education Nursing Traineeship (AENT)
- Advanced Nursing Education (ANE)
- Advanced Nursing Education Expansion (ANEE)
- Nurse Anesthetist Traineeship (NAT)
- Nurse Faculty Loan Program (NFLP)

<http://bhpr.hrsa.gov/nursing/>

### **Indian Health Service Health Professions Scholarship Program**

According to the Indian Health Service website, “The Indian Health Service Health Professions Scholarship provides financial aid covering tuition, required fees and other educational and living expenses for qualified American Indian and Alaska Native students (members of federally recognized tribes only) applying to, accepted by, or enrolled in a health profession program”.

<http://www.ihs.gov/scholarship/scholarships/>

### **3. Private Foundations & Nursing Associations Grants and Scholarships**

#### **Johnson & Johnson/AACN Minority Nurse Faculty Scholars Program**

“The *Johnson & Johnson/AACN Minority Nurse Faculty Scholars* program provides financial support to graduate nursing students from minority backgrounds who agree to teach in a school of nursing after graduation. Students must be enrolled full-time and preference is given to students in doctoral programs.”

<http://www.aacn.nche.edu/students/scholarships/minority>

#### **Senator Patricia K. McGee Nursing Faculty Scholarship Program**

According to the Higher Education Services Corporation Applicants must be, “registered professional nurses enrolling in graduate programs that will qualify them as nursing faculty or adjunct clinical faculty.”

<http://www.hesc.ny.gov/pay-for-college/financial-aid/types-of-financial-aid/nys-grants-scholarships-awards/senator-patricia-k-mcgee-nursing-faculty-scholarship-program.html>



### **Meland Foundation – Nursing Scholarship**

According to the Meland website the scholarships are offered on a rolling basis to BSN prepared RNs enrolled in NP program with family health interest.

[http://melandfoundation.org/?page\\_id=44](http://melandfoundation.org/?page_id=44)

### **Johnson + Johnson Nursing**

Johnson & Johnson Discover Nursing has a repository of nursing scholarships including NY and minority scholarships

<http://www.discovernursing.com/scholarships#levels=undergrads,masters&national=national&locations=ny>

### **National Association of Hispanic Nurses (Membership Required)**

[Scholarship Programs | NAHN \(nahnnet.org\)](#)

### **National Black Nurses Association scholarship program, (Membership Required)**

<http://www.nbna.org/content.asp?contentid=82>

- **NEF - Nurses Educational Funds, Inc.**

- 

This scholarship is only for students in masters and doctoral nursing programs.

<http://www.n-e-f.org/index.php/apply.html>

### **Peterson's Education Center: Financing Nursing Education**

This website is a college & Scholarship search engine

<http://www.petersons.com/college-search/scholarship-search.aspx>



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