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### **Disability Inclusion in Nursing Informational Webinar**

>> **Peter Goodwin, MBA (PG):** Good day, and welcome to the webinar for the Disability Inclusion in Nursing Grants Program. I am Peter Goodwin, Chief Operating Officer and Treasurer at the Josiah Macy Jr. Foundation.

The purpose of this webinar is to provide you an opportunity to learn more about the Disability Inclusion in Nursing Grants Program. Today we will share with you the vision, highlights, and information about program and the application and selection process.

Our agenda today is in two parts:

The first is a 20-minute presentation, including a brief overview of the program from our President, Dr. Holly Humphrey, as well as remarks from our advisory committee who will share a bit about their passion for this program.

The second part and the remainder of the time will be devoted to Questions & Answers. Thank you to all those who submitted questions in advance. We have tried to incorporate responses to many of these questions into the presentation, and we welcome any additional questions that may come up as you hear from our speakers.

At the end of the Q & A, we will spend our last minutes on some details you will need to know in order to submit your online application.

This webinar is being recorded. You will be able to view the slides and listen to and hear the presentation and Q & A portion of the webinar on our website within the next week.

For any questions you have during today's presentation, please use the Q&A function on your screen. We will answer as many questions as we can at the end of the prepared remarks.

And now I would like to introduce our first presenter: Dr. Holly Humphrey, President of the Macy Foundation.

Holly?

>> **Holly J. Humphrey, MD, MACP (HJH):** Thank you, Peter!

We are really excited to announce our new grants program. Disability Inclusion in Nursing: A Grants Program to Advance Innovation and Systems Approaches for Nursing Education and Practice. With the launch of this program, we aim to foster equity, inclusion, and access for nurses and nursing students with disabilities in educational and clinical environments.

This initiative was developed in alignment with the United Nation's Convention on the Rights of Persons with Disabilities to support the rights of persons with disabilities to participate in an inclusive education system for the full development of human potential and sense of dignity and self-worth.

Our vision is to create a nursing workforce reflective of the diverse patient populations they serve, enhancing the quality of care and health equity.

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By supporting projects that dismantle ableism and promote inclusive learning and working environments, the program aspires to drive systemic change and provide innovative models for other institutions to emulate. We would like to thank the Robert Wood Johnson Foundation who also provided funds to help us launch this initiative.

Our hope is that by providing three years of support for innovative educational interventions, grant recipients will create meaningful changes in health professions education at their institutions and beyond. And now I would like to introduce you to the four members of our advisory committee whom you will hear from in just a few minutes.

Our advisory committee consists of four esteemed educators, leaders, and advocates dedicated to fostering disability inclusion in nursing. Their insights have been instrumental in shaping this initiative. They have generously contributed their experience and expertise, driven by a commitment to equity and the belief in the potential of inclusive learning and working environments in nursing.

I will not repeat their bios and their many academic accomplishments, but they are available on our website, and you can certainly learn more about them from the two blog posts that they have generously contributed this spring. We have put the links to find these in the chat.

Now, I'd like to turn it over to our Advisory Committee to share with us how they became engaged in efforts to advance inclusion in nursing education and practice and what each hopes can be accomplished individually and collectively by the projects that will be funded through this initiative. So, let's get started. I would like to ask all four of our national advisory committee members to turn on their cameras and join me in this conversation. And I'd like to begin by asking Brigit Carter, Chief Diversity, Equity, and Inclusion Officer of the American Association of Colleges in Nursing, to share her thoughts. Brigit?

>> **Brigit M. Carter, PhD, RN, FAAN (BMC)**: Thank you so much, Holly, I really appreciate the opportunity to have this dialogue. I entered academia really with a very, very strong intent on improving diversity, equity, and inclusion, and part of that was developing strategies so that the workforce mirrored as closely as possible our patient population. One of the things that happened though, as I engaged in academic leadership, the barriers for students with disabilities became more apparent and actually multiplied over the years.

So, one of the things that I really wanted to make sure happened is that we address these barriers. Especially some of the foundational barriers that limit the entry into nursing for students or potential students with disabilities. We have to address those attitudes and beliefs about the ability of a student with a disability to successfully complete our nursing programs.

So, this initiative actually provides opportunities for us to collaborate, not just within our school, but with our healthcare systems to look at things on an individual and even a system level. And provide innovations that's going to boldly address policies and practices that will support ableism, need to be redesigned or dismantled. So, our clinical environment, I think, should be described so it supports nurses with disabilities, it enhances those equitable high-quality care for patients with disabilities and I also hope to see projects that include education to increase

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awareness of discrimination and prejudice that defines nursing students and nurses by their disabilities.

I'll leave it there, Holly.

>> **HJH:** Great, well, that's a great start, Brigit. Thank you so much for sharing those insights. Now, let's turn to Lauren Clark, professor of nursing in the family chair and developmental disability studies at the UCLA School of Nursing. Lauren.

>> **Lauren Clark, RN, PhD, FAAN (LC):** Thank you so much, Holly. I really appreciate what Brigit just shared as well. I suppose, if I think about how I became engaged in efforts in, in the disability and nursing arena, I would have to say that it's both personal and professional. We know with the numbers of people in our country and in the world who have a disability, well over 25%, we know that we're all either disabled now or will be disabled or we are related to someone or care for someone who has a disability.

And so, there's this sense, for me, that disabled people, their lives and their contributions are meaningful and that nursing is poorer for the accidental exclusion or sometimes purposeful exclusion of disabled lives and disabled nurses in our profession.

I also think, coming from a background in medical anthropology, that the social construction of what we mean by disability is very much a construction. And furthermore, in nursing we've considered ideas about what is safe, what is appropriate, and who is the prototypical nurse. I think it is really time for us to step back and examine that. By doing so, I think we will accomplish something important together in nursing. That is, we will be able to include more talent, different ways of looking at the already with, some of the life hacks that disabled people have come up with, have benefited so many other people and I think universal design is something that will ultimately be important for us in nursing. So, I look forward to the contribution of students and professionals with disabilities in nursing.

>> **HJH:** Great. Thank you so much, Lauren.

I'm excited to welcome Brandy Jackson, Director of Undergraduate Nursing Programs at Wichita State University to share her thoughts with all of us.

>> **Brandy Jackson, MSN, MBA, RN (BJ):** Thank you so very much. I appreciate that. I appreciate what my colleagues have said already. What brought me into this journey was many years ago I was working with students with disabilities and trying to help those students as well as faculty navigate the nursing education path. And quite honestly, I couldn't find answers to the questions. There was no clear policy. There was a lot of barriers. I just couldn't, I couldn't find the help I needed. And quite sadly, the outcome really felt for me that it caused more harm than good. Which completely goes against every essence of who I am as a nurse.

And so, I set personal goals for myself to figure it out. To find the answers. We needed to find the answers. Many years later, we still don't have very many answers. We still don't have a lot of help in this area. And I work with students with disabilities almost every day. And there's a lot of barriers. And we have to remove those barriers. I just, I just feel like I can't accept those barriers and we shouldn't accept those barriers because it's very important to dismantle ableism. And it is important to get students all different, all different individuals out to care for our patients to improve patient care.

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I really am excited about this grant. And this, this initiative. Because I think ultimately, it can help us start to drive a culture change. These grantees have the potential, really, to drive nursing education and help answer those questions, because it's going to take a village to answer those questions. And that we can drive policy change.

They can showcase what needs to be done and what can be done. And while we do need foundational knowledge, I really want us to think higher, reach higher, strive higher, think differently, and from what we have historically of what is a nurse? What does a nurse look like? How does a nurse, what does a nurse need to be? What's necessary to be a nurse? Those things need to change. That thinking needs to change. So, I'm really excited, I'm excited about the inclusivity and the clinic learning environment as well. So, thank you so much.

>> **HJH:** Brandy, thank you. That was terrific. Last, but by no means least, is Bonnie Swenor, Endowed Professor of Disability Health and Justice and Director of the Johns Hopkins Disability Health Research Center.

>> **Bonnie K. Swenor, PhD, MPH (BKS):** Thank you. I first want to say thank you to you, Holly, and the Macy Foundation for your truly unwavering support of equity and inclusion for people with disabilities in the healthcare workforce.

I really can't undersell how important this all-in approach is. And I'm hopeful that other organizations will follow. It has been amazing to have this opportunity. I really am just grateful.

So, my work in this space, and disability, equity, and inclusion stems from my own experience as a person with a disability. And navigating barriers in my own career and the healthcare system. There are so many barriers that I still face daily in both of those areas. I'm there has been an important increase in focus and understanding on the need to include people with disabilities driven by my co-panelists and fellow advisors on this committee, I'm grateful for them for that. We had important advancements in those efforts in the past few years, but we still have so very far to go. And so, I have really high hopes for what can be accomplished by the projects that will be supported from this important initiative.

And from my perspective, that's because there's immense power to drive change through nurses and nursing education. And I think that this funding opportunity opens up and pulls on levers that haven't been pulled on before to change the way disability is conceptualized in nursing and nursing education. And importantly, to include people with disabilities in those spaces. All of that will certainly have ripple effects across healthcare and across society. And that, to me, is the most exciting part. This is a really important initial effort but is one that I don't think we could even measure the impact of. I think that for far too long we haven't thought about the ways in which including people with disabilities in the nursing workforce can change the way that not only nurses are thinking about people with disabilities, but also the way that the people that nurses care for are thinking about people with disabilities. And to change towards a more positive and inclusive conceptualization. So, thank you so much to the Macy Foundation and to my fellow advisors on this committee.

>> **HJH:** Wow. Well, I certainly want to thank all of you. Your remarks were truly inspiring. I want to say to our webinar audience, stay tuned, because we will hear more from our advisory

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committee members shortly when we take your questions. They, for the most part, will be providing the answers to your questions. But before we take your questions, we want to outline some of the key components of this grant's program. Specifically, beginning with eligibility.

Recipients will receive annual support ranging from \$50,000 to \$75,000 in total costs, inclusive of indirect costs which are capped at 10%. We will also hope to organize a series of regular meetings with award recipients and the advisory committee to foster sharing of challenges and successes and to create a community of practice. As one way of creating a community of practice.

In terms of eligibility, at least one of the Principal Investigators must hold an RN degree and have an active role in clinical practice and/or teaching.

We also are expecting the proposals should align with the education of nursing students, with special emphasis on the clinical learning environment. In contrast, with the classroom. So that's why you hear us speaking to and emphasizing the clinical learning environment.

We're also looking for a demonstration of institutional support, letters of support will be required from either or both the nursing school and their affiliated health system leadership with required matching or in-kind support, preferably at no less than 50% of the direct costs.

Okay. Now let me turn to some of the very key criteria of the application which will be an important part of how your applications will be assessed.

Core to this funding opportunity are the voices, knowledge, and experiences of people with disabilities. Therefore, we will look to see how your project is led by or developed with authentic partnership with individuals and communities who experience inequities caused by ableism.

As the only national foundation supporting innovation in health professions education, we are committed to including the voices of learners as well. Therefore, we will be looking for strong evidence of co creation with nursing students in the design and leadership of the project.

I already mentioned the clinical environment is frequently the site in which issues related to disability are felt most acutely. Therefore, we will prioritize those projects that will focus on issues arising in the clinical learning environment.

It is impossible to make meaningful change without the support of leaders in nursing schools and their affiliated clinical sites. Therefore, we will look to see the level of institutional support for these projects, as assessed by letters from leadership, as well as additional data points demonstrating institutional commitment and readiness for change.

Finally, while we are interested in seeing that these projects have strong value in their local institutions, we will look for projects that have the potential to serve as models for other sites. Additional information, as well as a link to Preview the Application are available on our website, and these links can be found in the chat.

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Okay. So, with that background, let me remind all of you.

Applications are due Tuesday, September 3rd, by 11:59pm Eastern Time. So, the very end of the day. I encourage you not to wait until literally the last minute, but that is the deadline.

A special review committee of those who have expertise in nursing practice, nursing education, and disability inclusion will provide the first review of all complete applications, and finalists will be selected. The Advisory Committee will review applications of finalists and make the final selection of those who will receive support.

By mid-December 2024, all applicants will be notified of their application status and whether they have been selected for the award.

Funding will commence February 1, 2025.

Okay! So, with that background, I'd like to turn it back over to my colleague, Peter Goodwin, who is going to help us moderate the question and answer session.

Peter?

>> **PG:** Thank you, Holly, and thank you, members of the advisory committee. We will now move to the Q&A portion of the webinar. Please enter any questions you have about the Disability Inclusion in Nursing Grants Program in the Q&A function on your screen. We will answer as many questions as we can. I will read those out loud as they come in, and I'm hopeful we will get through as many as those as possible.

The first question, whether or not it is possible to elaborate on the kind of systemic change that the foundation and the program hopes to see through this grant activity.

>> **HJH:** Great. Thank you for that question. I do recognize that's a bold vision. But that is why we're aiming. And this particular question, I think, may lend itself well to hearing from as many of the members of our advisory committee as feel comfortable answering that. So, who would like to start off, Brigit, you're stepping forward.

>> **BMC:** Yes, I will start off, I'm sure everyone will chime in. When I think about systemic changes we're thinking about really core deep. We're thinking what are our policies and practices towards things that actually support ableism? And I think it's hard to say specifically what that is. I think that's dependent on your organization. It can be something as simple as a technical standard. It could be something as simple as clinical guidelines and terms of what a student must be able to do. And whether or not that's relevant to nursing practice. And not necessary for a person to say I'm going to be a bedside nurse, but a nursing practice. So, we have to remember what nursing practice is.

And it could also be much deeper than that. I'm looking at some basic things, but there's definitely, it has to be something that is going to create the sustainable change. And towards these attitudes, belief, the practices and policies that kind of enable ableism.

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>> **HJH:** Thank you, Brigit. Bonnie, would you like to weigh in on this.

>> **BKS:** Sure, I fully agree with what Brigit stated. And sustainable change, would be change that is sustainable and lasting. Policy change is a great example. I also agree it is a bit hard to be specific in this answer because it will depend on what's being proposed in the institution. But to me, it really would have to support change, not just for one individual, but for individuals you know, a group of individuals with disabilities today, tomorrow and for time to come.

>> **HJH:** Thank you very much, Bonnie. Brandy, do you have anything you would like to add to that?

>> **BJ:** Thank you. I completely agree with Brigit and Bonnie. I don't know I have a ton to add to it. I just agree that truly it a change that is sustainable and it really does look to the core of nursing. And the core of what we believe and how our beliefs impact or create ableistic nursing and views. And so that is what I would add.

>> **HJH:** Thank you, Brandy. And Lauren, because of the bigness of the question, I will ask all four of you.

[ Laughter ]

>> **LC:** Sure. I think having been in nursing education a long time, we can have some very specific issues with some clinical partners. And I would hope that the solutions that are proposed here are not just site specific or clinical agency specific or student specific, but do, as Bonnie said, and as Brigit and Brandy said, they're really a little bigger picture addressing barriers to inclusion that are transferable across institutions and programs and speak to systemic situations that are widely applicable.

>> **HJH:** Great, okay. Well, we started with the big picture overview, Peter, so maybe we should go into the next question?

>> **PG:** Thank you, Holly. This next question drills down into the focus of a proposal. And that is: Is it required to focus on all students with disabilities? Or is it acceptable to focus on a particular subpopulation? For example, to focus on neurodivergent students?

>> **HJH:** That is a great question. It is absolutely acceptable to focus on a subset of disability. In fact, I'm expecting perhaps that will be the majority of the submissions, although, I don't know that for sure. Honestly, I'm expecting we will probably see grant applications representing both ends of the spectrum, some that focus on a very specific subgroup, and others that may focus much, much more broadly. But all applications across that spectrum are certainly welcome. Let me see if any of our advisory committee members would like to add to anything that I just said?

>> **BMC:** Holly, not too much. The big thing I want people to take away, we really want this work to become generalizable. No matter what population you focus on, will that be, if I'm, you know, doing this in another part of the country or the world, will I be able to pick up this project and duplicate it, and replicate it. That is really important, when we think about sustainability, we think about growth and helping other people create some of the same work across the country. That's

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when it becomes really helpful and really broad. So, it doesn't matter if you're specifically looking at, you know, a neurodivergent population, that is absolutely fine. But what are some of the common problems that are happening within nursing, within the clinical setting, within the academic setting, that we can focus on that actually improves access for people with neurodivergence?

>> **HJH**: Great. Thank you, Brigit. Anyone else would like to add to that.

>> **LC**: I have a thought about that. And if we take the example about neurodivergent students, sometimes I think we would like to bring neurodivergent students into the profession and we will absorb them and it will all work out really well. But I think the whole idea of ableism is that there's a reason neurodivergent students are not part of our profession, because we have excluded them and have a difficult time working with them. So, it is not just bringing new students in, but also perhaps providing scaffolding, content, skills for all nursing students so we can all work together. And I think it's, it's more than just opening the door.

>> **HJH**: Thank you for that.

>> **PG**: This next question has to do with curriculums. In addition to creating an inclusive and accessible learning and clinical environment for students with disabilities and nurses, can the proposal focus on integrating disability education into curriculums?

>> **HJH**: Again, absolutely! We hope, we hope it will, actually. So that not only will all of the students at your particular institution have an opportunity to learn the most up to date curricular approaches, but as I mentioned during my opening comments, that whatever that curriculum ends up becoming might be something that could even be disseminated to other schools across the country.

>> **PG**: This next question is fairly straightforward, I think. How many awards are you expecting to make under this program.

>> **HJH**: Okay. That's a great practical question.

I can tell you that right now we don't have concrete answer to that question because we want to get a sense of the number of applications we receive, we have absolutely no idea how many we're going to receive. We're expecting that if the budgets, you know, where the budgets fall within general range that I outlined that we will likely make some number in the range of five to seven awards. But please don't hold me to that. Because it could vary away from that range. But that's certainly our expectation going in, five to seven awards. We'll see what the applicant pool looks like.

>> **PG**: We have a number of questions that are asking about the matching funding. Which include the threshold of 50%, which was articulating during your remarks. Does that mean from other funders? Can the match be in kind? Can the match be from the partnering clinical institution? As well? Could you speak to some of those issues around the matching requirements?



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>> **HJH:** Great question.

So let me just invite all of us to think about our goal for putting that requirement into the list of requirements.

The goal is that we really want the broader institution to tell us that they're ready for this change and they're willing to support this change with their own dollars.

And so, we're looking for institutional collaboration and ultimately commitment. That's, that's the overall intent. Yes. The commitment can be in kind. So, we wanted to be meaningful and meaningful commitment can often be reflected by in kind support.

Thirdly, ideally, the health system or whoever is in charge of your clinical learning environment, will be a part of the collaboration. And so, to the extent that those responsible for the clinical learning environment, often the health system or hospital or clinics, can demonstrate their support, that would be the kind of thing we're looking for.

Now, your question also introduced the possibility of other funders. We certainly are not going to turn that kind of proposal away, at the same time we're not expecting it. If, however, you have the chance to bring in other funders, I think that's a very strong message to us that you really are taking this seriously. And one evidence is that you've gone beyond your own borders and identified other potential funders to help make this program a reality.

I do want to invite our advisory committees to weigh in in case they have anything would like to add to what I suggested or perhaps, you know, illuminate anything that I tried to clarify. Anyone want to add to that?

>> **BMC:** I don't think I have anything to add. I thought it was.

>> **HJH:** Okay.

>> **PG:** Holly, if I can just add to that.

>> **HJH:** Sure.

>> **PG:** Having done proposals over many decades. Philanthropy tends to look at matches as sort of a hierarchy. That's to say that cash matches are considered real and probably most important. And really get recognition. Direct support in kind matches like contribution of a PI's time or key staff is sort of a secondary level and an important match. Lastly, are those that are less easy to allocate, like using your institutions overhead as a match does not impress a reviewer. So, there are many forms of matches that one can use as Holly's indicated. As you think about that, your proposal is strengthened when you approach it as a hierarchy of matches.

>> **HJH:** Great, Peter. That hierarchy, I think, is extremely helpful. Thank you for flushing that out a bit.

>> **PG:** Okay. Let's move onto the next question.

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One of the example projects listed on the website deals with faculty and staff training. Would a program that seeks to develop tools to educate and change faculty and staff attitudes and beliefs about disability be relevant for this funding?

>> **HJH**: Great question.

Who on our advisory committee would like to jump in to answer that one?

>> **BJ**: I can jump in.

>> **HJH**: Thank you, Brandy.

>> **BJ**: I think my answer to that would be absolutely.

You know, that's one of the things that we're trying to accomplish is dismantling ableism. And changing culture and changing myths or dismantling some of the myths that are out there. That can start with internalizing or understanding our own biases and then working to undo our thinking and relearn that.

So that would be my, my input on that.

>> **HJH**: Great. Thank you, Brandy. Anyone else, Brigit, did you want to weigh in.

>> **BMC**: I would absolutely agree with my colleague, Brandy, I would say add think about beyond that. It is important to have education as a foundational thing to do. I said that in my opening, how important that is in addressing attitudes and belief said, but I think that is in addition to. So, I want to see something beyond that and not just a training. If that helps.

>> **HJH**: That certainly is not meant to say it's easy to train.

[ Laughter ]

>> **BMC**: Not at all. Not at all.

>> **HJH**: We all know that is a big, heavy lift. But obviously the reason we're changing attitudes and beliefs is to go beyond. So, thank you. Anyone else, Bonnie, did you want to weigh in on that.

>> **BKS**: Yeah, thank you. I would also add to the person or people asking that question is to make sure that you are responding to the criteria that the proposal is being evaluated on. I know that's a very pragmatic response, but part of the criteria are institutional readiness and would that proposal somehow include that? Would it meet that evaluation criteria? It would all be in the design and the approach being offered. But is in the development of, of that education and going beyond, I fully agree with what Brigit said, what is the institutional commitment to that process?

>> **HJH**: Great. Thank you.

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>> **PG:** One of our attendees would like to know will the grant program allow an institutional it aim at learning disabilities?

>> **HJH:** Yes. Absolutely. Absolutely yes.

>> **PG:** Next question: Will there be another opportunity annually for proposal submission?

>> **HJH:** That is a great question and one that I ask myself on a regular basis. I'm not in a position right now to commit to what happens next. Again, we're going to see how this round of applications goes. And what the proposals look like, what the budgets look like, but we certainly are not going to be backing away from inclusion and specifically disability inclusion. Whether or not we'll be able to do additional rounds of this kind of grant award, I cannot yet say. But stay tuned. Because we're not backing away from the overall objective.

>> **PG:** Thank you.

Next question wants to know is this a limited submission opportunity?

>> **HJH:** No. It is absolutely not a limited submission opportunity. So, if you're at an institution with, you know, multiple great ideas and different PIs and learners who can put together a strong application, we welcome that. So, this is not a limited opportunity.

>> **PG:** We have another match question. Can the university's match include equipment, construction, or renovation if needed to achieve the project?

>> **HJH:** Oh. Great question. So, Peter, where would that matching support fit within your hierarchy?

>> **PG:** I would answer that by saying yes. It would count. However, this has to be equipment, construction, or renovation that's the result of the project. It can't be equipment, construction, or renovation that was already planned or intended. So, it has to be, so this program is about innovation and about creating something new, new at your institution. And in the spirit of that, if this is truly new additions, new capital committed by the institution to show that it is serious about this, I would consider that a good match.

>> **HJH:** Ah. And Peter, can you just go ahead and summarize for those who may have missed it the first time, what that hierarchy of matching support looks like?

>> **PG:** Cash is the, is at the top of the hierarchy. Because it is easy, measurable, and shows that it is additive to the, to the grant activity.

The next would be in kind of key people on the project. Like a PI or a project director or other key staff member. At the bottom of that would be things more considered overhead, like your institution's overhead or your I.T. contribution to the services of the people. Those that are more indirect cost in nature would be at the bottom of the hierarchy.

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>> **BKS:** So, if I can make a comment about the construction. Depending on the application, I would want to just be sure that the renovation or construction wouldn't be about getting up to code. Right? With being compliant with certain regulations. And instead, making sure it would be also additive to that and to be designing spaces and places and innovative ways. I'm not sure if my other panelists have thoughts, but I would just think carefully about that use of funds.

>> **HJH:** Yep. Thank you for that, Bonnie.

>> **PG:** Okay. This next question is related to the involvement of students.

And it says here: To clarify, students impacted by this grant ought to be included in the grant writing. The question is can this occur through focus group participation or does it require direct collaboration for idea development?

>> **HJH:** Thank you for asking that question. Because we, we at the Macy Foundation really do try to live out the cocreation principle for education in the health professionals. So, yes, it could include focus group participation. But it may also include having a student in a very senior role in the grant writing. That is not a requirement. The student does not have to be in a very senior role. On the other hand, you may have a graduate student, and for whom this would be their project as a graduate student and it would be much more appropriate to have them in a very senior role on the grant. But using focus groups to get student input to help develop and create the proposal would be just fine. And would meet our expectation for cocreation, providing it's, you know, a really robust focus group experience and it's not just kind of fulfilling our grant expectations, but that we see evidence that there's true respect for and a real attempt to go deep with the students on what they think would be helpful in their learning environment. Others – go ahead, Brigit.

>> **BMC:** I just want to add, when I think about what our students are experiencing, we're also thinking about what they experience, let's say, transition into clinical practice. So, I think even thinking about do you have alumni who are graduates of your program who are in partnering clinical entities that you could have participate in the grant writing or development process. Because now, they know both ends of the spectrum. Not only the learning environment, but also the clinical environment. And the transition into practice environment.

>> **HJH:** Thank you for that, Brigit.

Any of our other – go ahead, Lauren.

>> **LC:** Yeah, thank you. I really appreciate this question. Because it does, to me, remind me of the adage in the disability world of nothing about us without us. And they're have certainly been a number of attempts throughout history to try to fix problems or fix people or fix situations for people with disabilities that have actually backfired, often because we have not asked for the kind of input at the get-go about what is needed, what is helpful. Even if we do it upfront, I think the one time focus group at the beginning to set the stage or do an assessment is good, but I think it can be more helpful if we followed up with ongoing process evaluative input from students in those most effective, that could include clinical instructors and others, so we really

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have a 360 degree view of how is this change working and how can we make it even more successful.

>> **HJH:** Great. Thank you, Lauren.

>> **PG:** This next question has to do with involving or disciplines on the project is. It acceptable for folks to be included in the grant not trained in nursing, but trained in a relevant subject area, such as medical humanities or disability studies, so long as the PI is a nurse.

>> **HJH:** Great question. I personally always value the expertise of individuals in fields other than my own. However, we want to make sure that the program or project being proposed will directly impact nursing students in the clinical learning environment. But if you wish to bring in the expertise of non-nursing school faculty, that would certainly be welcome. But again, let me invite my members of the national advisory committee to weigh in on this.

>> **LC:** I would love to say, Holly, exactly the same thing. Interdisciplinary approaches to innovation are always rich and bring great perspectives. Because it is a nursing centric focus, I think, the last thing I would want to see is that we're outsourcing disability to somebody else. That we're open to accepting students with disabilities and our nursing programs, but we're going to let some other office or department or group of faculty handle it. I don't think that's the intention of this question, but I do think ownership by nurses and nursing and nursing schools is what's going to be the long-term sustainable approach.

>> **HJH:** Great. Thank you, Lauren. Brandy, did you want to comment?

>> **BJ:** Thank you, Lauren. I completely agree. I would add that if you choose to bring in other professions, just be very clear in the application what their roles are and how that will tie or stay, I guess, stay focused on nursing. How it will stay focused on nursing. Just be very clear, so when the readers are looking at it, we can know it continues to stay nursing-centric.

>> **PG:** This next question is prefaced by a statement, which I will read because I think it provides context for the question.

United Nations disability inclusion strategy seems to include those experiences barriers do to mental health. Currently licensing boards in most places require disclosure of prior mental health treatment in a way that violates the Americans with Disabilities Act. That creates a barrier where folks are turned away from nursing because they have in the past sought care for anxiety or depression or other mental health concerns. Is that mental health enough consideration or eligible here in this program?

>> **HJH:** Great question. Thank you for asking it. I will just start off by saying that subset of disability is absolutely welcome and encouraged with this grant program. I know very well the barriers you're speaking about related to licensure. And if there's anyone out there who wishes to put together a grant proposal to tackle the licensing boards, I'd welcome that, too.

[ Laughter ]

## Transcript

### Disability Inclusion in Nursing Informational Webinar

So let me see what the members of our advisory committee might wish to add.

>> **LC:** I just wanted to say, Holly, how exciting that would be, talk about systemic change, right? Licensing boards. Uniting around a full and robust picture of what is disability? And mental health is certainly, as you said, part of what we're considering. I think it is an exciting thought.

>> **HJH:** Thank you, Lauren. Brigit, did you want to comment as well.

>> **BMC:** I won't add anything else; it is something I saw frequently as a leader in academic nursing and I think it is really critical we address mental health and mental wellbeing.

>> **HJH:** Exactly. For all of you out there, perhaps you submit two proposals one for your local institutions and one for those licensing boards.

>> **PG:** Thank you all. This next question asks about partner organizations. Are partners of clinical organizations, for example, hospitals, required under this grant program?

>> **HJH:** So again, let me start off by saying, we were intentional about including that in the eligibility criteria for the reason that I mentioned earlier. And that is the readiness for real change in your local institution and because we're looking for projects that take place in the clinical learning environment, we're really looking for the clinical partners to be at a minimum aware and supportive, but the more that clinical partner, like the hospital, if in your case that is your clinical partner or one of your clinical partners, could even go beyond sending us a letter to say they're supportive, but they are supportive and will pledge up to X number of dollars to make this happen. You know, that's what we're really looking for. We recognize that your clinical affiliates and clinical partners can often be themselves a real barrier to change. And so, if at a minimum you have the opportunity for a conversation that raises awareness beyond where it was before, that at least starts the process of change. That would be kind of entry level. But we're hoping for so much more than that. For all of the reasons that this audience likely knows, that is for real change for inclusion of those with disabilities. And in particular, for our patient populations. Our hospital leadership absolutely must be involved. So, we're not backing away from that, but we certainly recognize that your clinical partners are likely at very different stages of awareness and willingness to stand behind and support this kind of program or project.

Brigit, did you want to comment on that?

>> **BMC:** Oh, I think I left my mic open. I will just say, though, I think it's really important in terms of our clinical environments, because when we think about the limits that are put on nurses with disabilities about where they can practice, when they graduate from nursing programs, that's why we really need to engage our clinical partners. We need to start removing some of those limitations and give access to different areas of nursing. And some may be just as simple as being able to have, ASL interpreter at a site constantly just like language interpreters. That's what I'm looking for. To make sure how do we create this change that it's acceptable I hate, I don't like that word, that's not even the right word, but that we are opening up pathways that, that's a better articulation of that. For nurses with disabilities so that they have different options to go into.

## **Transcript**

### **Disability Inclusion in Nursing Informational Webinar**

>> **HJH:** Great.

Any other committee members wish to comment on that? Okay.

>> **PG:** Holly, we are approaching the top of the hour. We have time for one more question. If someone is addressing mental health disabilities, some proposal, would it be okay to include people outside the nursing school who could contribute their subject expertise?

>> **HJH:** Yes. Absolutely. As I mentioned earlier, I think and you heard from our advisory committee as well, we welcome the expertise of those outside our discipline. So, it would absolutely be appropriate for them to be part of this grant. Including, as a co-PI. But we want to make sure that the focus of the grant stays on nursing students and the clinical learning environment where they're learning their skills, practicing their skills to become a nurse.

>> **PG:** Thank you all for the questions that you have submitted. Thank you to all of the attendees. We were not able to get to all of the questions. We're sorry about that. But we got through almost all of them. I thank Holly and the panelists for their time and their wonderful answers. Let's move onto the wrap up portion of this webinar.

We are utilizing an online application for this program. To access the online application, you must first go to our website, click on "Grants" in the navigation bar, and go to the Disability Inclusion in Nursing page. For your convenience, the URL is displayed on this slide. From there, click the "application information" button to learn more about the application process and to access the online application platform. To apply, you will need to register for an account on the online application platform. You will also need to get the tax ID for your school as part of the registration process. Once you've registered and logged in, you may save and return to your application as often as you like prior to submitting it.

If you have questions during the application process, you may email us at [info@macyfoundation.org](mailto:info@macyfoundation.org).

Finally, as a reminder, by next week, a recording of this session (both the audio portion and slides) will be available on our website.

I'd like to turn it back to Holly for some concluding remarks. Holly.

>> **HJH:** Thank you, Peter, and our committee members for contributing today. And what you are doing to support and guide the next generation of nurses. We hope you will keep in touch with the Macy Foundation for more information about our many grants programs and initiatives, our podcasts, webinars and blogs. And, of course, the disability inclusion in nursing grants program. Thank you, again, for joining us. And we hope that we're going to hear from many of you this September with your grant application.

Thank you and have a wonderful day.