Nursing: Taking Action on Harmful Bias and Discrimination in Clinical and Classroom Learning Environments

January 21, 2020
Cheryl Woods Giscombé, PhD, RN, PMHNP-BC, FAAN
LeVine Family Distinguished Term Associate Professor of Quality of Life, Health Promotion, and Wellness
PhD Program Lead Faculty
The University of North Carolina, Chapel Hill

Greer Glazer, RN, CNP, PhD, FAAN
Dean, University of Cincinnati College of Nursing
Schmidlapp Professor of Nursing

Ann Kurth, PhD, CNM, MPH, FAAN
Dean, Yale School of Nursing
Linda Koch Lorimer Professor of Nursing
Professor of Epidemiology (Microbial Diseases)

Holly J. Humphrey, MD, MACP
President, Josiah Macy Jr. Foundation
Preview of Webinar

• Background
  ➢ Holly J. Humphrey, MD, MACP

• Overview structural racism and conference recommendations
  ➢ Cheryl Giscombé, PHD, RN, PMHNP-BC, FAAN
  ➢ Greer Glazer RN, CNP, PhD, FAAN
  ➢ Ann Kurth, PhD, CNM, MPH, FAAN

• Concluding comments
  ➢ Holly J. Humphrey, MD, MACP

• Discussion
Background

- The current healthcare workforce doesn’t reflect the diverse identities and experiences that affect people’s health and health care.

- Few initiatives to improve the diversity of the workforce have been replicable or sustainable.

- Advancing diversity, equity, and inclusion within the health professions is central to improving overall well-being in the US and reducing attrition among historically underrepresented populations in health professions schools and professional practice.
Conference Overview

• 44 leaders in health professions education, health care delivery, learners, and educational accreditors

• Four commissioned papers and three case studies

• Four recommendations based on established consensus recommendations, then refined by the planning committee and approved by all conferees

• Conference Themes:
  • Structural and systematic change
  • Common language on diversity, equity, inclusion
  • Effective incentives to advance diversity, equity, inclusion
  • Intersectionality
  • Implementation of interprofessional education training and coursework has the opportunity to prioritize diversity, equity, inclusion when done thoughtfully
Healthcare Disparities

- At birth, African American men and women live an average of 75.5 years, while white men and women live an average of 78.9 years.

- African American infant mortality rates are 11.1, double the white infant mortality rate of 5.0.

- African American women and American Indian/Alaska Native women are more likely to have a pregnancy-related death (41 and 30 per 100,000 live births, respectively) than white women (13 per 100,000 live births).

*CDC National Center for Health Statistics:
CDC Morbidity and Mortality Weekly Report:
https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm?s_cid=mm6835a3_w
Structural Racism

• Racism that is embedded into laws, policies, and institutions and provides advantages to the dominant racial group while oppressing, disadvantaging, or neglecting other racial groups

• Socio-economic difference does not explain racial inequity

• Systems contribute significantly to disparities

• Can be seen in areas including residential segregation, the criminal justice system, the public education system, and immigration policy

* Williams et al., 2019
# Current Diversity Statistics

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<td>68%</td>
<td>64%</td>
<td>69%</td>
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<td>American American</td>
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<td>Asian</td>
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<tr>
<td>Hispanic or Latino</td>
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<td>11%</td>
<td>13%</td>
<td>5%</td>
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<tr>
<td>Two or more races</td>
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<td>American Indian or</td>
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<td>Native Hawaiian or</td>
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*American Association of Nursing
** National Council of State Boards of Nursing (NCBSN) and the Forum of State Nursing Workforce Centers
Diversity of Nursing Students by Program*

Baccalaureate

- White: 68.50%
- African American: 7.40%
- Hispanic or Latino: 10.50%
- American Indian: 0.50%
- Asian Pacific Islander: 2.40%
- Two or More Races: 0.50%

US Population (2018 3-year ACS Data)**

- White: 66.4%
- African American: 14.7%
- Hispanic or Latino: 7.6%
- American Indian: 0.6%
- Asian Pacific Islander: 2.2%

Master's

- White: 14.7%
- African American: 8.4%
- Hispanic or Latino: 7.6%
- American Indian: 0.6%
- Asian Pacific Islander: 2.2%

Research-Focused Doctoral

- White: 65.4%
- African American: 16.1%
- Hispanic or Latino: 5.4%
- American Indian: 5.6%
- Asian Pacific Islander: 6.5%
- Two or More Races: 1.0%

Doctor of Nursing Practice

- White: 68.8%
- African American: 15.8%
- Hispanic or Latino: 7.5%
- American Indian: 2.1%
- Asian Pacific Islander: 5.2%
- Two or More Races: 0.7%


** National Council of State Boards of Nursing (NCBSN) and the Forum of State Nursing Workforce Centers
Conference Vision Statement

Our nation’s health professions learning environments—from classrooms to clinical sites to virtual spaces—should be diverse, equitable, and inclusive of everyone in them, no matter who they are. Every person who works, learns, or receives care in these places should feel that they belong there.
Recommendation I

Build an institutional culture of fairness, respect, and anti-racism by making diversity, equity, and inclusion top priorities.
Recommendation II

Develop, assess, and improve systems to mitigate harmful biases and to eliminate racism and all other forms of discrimination.
Recommendation III

Integrate equity into health professions curricula, explicitly aiming to mitigate the harmful effects of bias, exclusion, discrimination, racism, and all other forms of oppression.
Recommendation IV

Increase the numbers of health professions students, trainees, faculty, and institutional administrators and leaders from historically marginalized and excluded populations.
Follow-up Webinar

Greg A. Adams
Chairman and CEO, Kaiser Foundation Health Plan, Inc. and Hospitals

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Upcoming Webinars 2021

- February 25: Racist Patients
- March 11: LGBTQ+
- April 7: Anti-Black Racism
- July: People with Disabilities
Questions & Responses

Please use the Q & A function to ask questions

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