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AMERICAN ACADEMY OF NURSING
INSTITUTE FOR NURSING LEADERSHIP

A CRITICAL CONVERSATION ON HEALTH EQUITY AND RACISM

Summary Report

AMERICAN ACADEMY OF NURSING
INSTITUTE FOR NURSING LEADERSHIP

In the summer of 2020, in the aftermath of the murder of George Floyd at the hands of Derek Chauvin, the American Academy of Nursing (Academy) stood with our colleagues across the country calling for action to change racist structures within the United States. From the increased rates of COVID-19 infections and deaths among Black and Latino individuals to the perpetually higher rates of violence and police brutality these communities face, it is clear that there are prevalent, persistent flaws in our nation's structures that negatively impact determinants of health and outcomes.

With the support of the Robert Wood Johnson Foundation, the Academy was able to offer this event that featured leaders in diversity, equity, and inclusion discussing the systemic racism that exists within health care and how it prevents us from achieving true health equity. This report summarizes the discussions from the Critical Conversation on Health Equity and Racism as well as the panel presentations. It is a critical step in addressing the historical inequities and racist structures within our nation's systems while acknowledging the profession's role in perpetuating them so we can progress forward.

The Academy is committed to working towards its vision of healthy lives for all people.

Sincerely.

Eileen M. Sullivan-Marx, PhD, RN, FAAN
President
American Academy of Nursing

Julie Fairman, PhD, RN, FAAN
Chair
INL National Advisory Council

IN THIS REPORT

INTRODUCTION

To address current events in a timely fashion and call the American Academy (Academy) of Nursing's Fellows to action, the Academy hosted an Institute for Nursing Leadership (INL) Critical Conversation on Health Equity and Racism, in conjunction with its Diversity and Inclusivity Committee, at the Academy's 2020 Virtual Policy Conference. The movement for social justice that arose last year in response to the killings of George Floyd and others demanded the Academy's attention. So did the COVID-19 pandemic's disproportionate toll on communities of color and vulnerable populations.

"HOSTING THIS CRITICAL CONVERSATION PROVIDED A PLATFORM WHERE WE COULD ACKNOWLEDGE THE PAIN CAUSED BY STRUCTURAL RACISM AND FIND SOLUTIONS THAT WOULD MAKE A SUSTAINABLE IMPACT."

Kenya V. Beard
EdD, AGACNP-BC, CNE, ANEF, FAAN
Chair, Academy D&I Committee

The decision to devote the INL signature event to these concerns also grew out of the Academy's long-standing commitment to diversity and inclusivity. In 2006, the Academy created a diversity and inclusivity (D&I) task force, and two years later we issued a Diversity & Inclusivity Statement, committing the Academy to the pursuit of these goals through a formal D&I committee. The Academy's 2019 conference included a policy dialogue on "Recognizing and Reacting to Microaggressions," and in June 2020 the Academy put out a statement about racism's impact on health and wellness, and subsequently joined with the American Nurses Association in a statement calling for social justice to address racism and health inequities. In March 2021, the Academy released a statement about the rise in anti-Asian discrimination and the public health consequences.

The INL Critical Conversation on Health Equity and Racism in October 2020 aimed to stimulate authentic dialogue and to gather diverse views of equity, inclusion/inclusivity, and social justice, rather than to distill them into policies or public statements. As Kenya Beard, EdD, AGACNP, CNE, ANEF, FAAN, chair of the Academy's D&I Committee, put it, "The D&I committee knew we needed … to act in a forward-thinking and public way to begin the process for healing and change. The committee agreed that hosting this critical conversation was essential and would provide a platform where we could acknowledge the pain caused by structural racism — the normalization and legitimization of practices that advantage some while harming racialized groups — and find solutions that will make a sustainable impact."

This document contains highlights of the event, including:

- Key messages in the form of "take-aways;"
- Proposed action steps for nurse leaders;
- Summaries of the three panel discussions, with links to the video recordings; and
- Final thoughts from the INL leadership and questions Academy Fellows may want to consider in ongoing critical conversations.

The INL's National Advisory Council and the D&I Committee members hope this document will serve as both a historical record of the Academy's efforts to respond to concerns surrounding health equity and racism that arose during an extraordinarily challenging year and as a spur for ongoing critical conversations on these salient topics. Dialogue that acknowledges racist policies, practices, and beliefs inherited from the past is an essential step toward reconciliation.

KEY TAKEAWAYS

RACISM IS A SOCIAL DETERMINANT OF HEALTH.

Health disparities have been documented for over 100 years, according to the Centers for Disease Control and Prevention (CDC). Social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.

Systems shape who does well and who experiences greater challenges. If we understand that as nurses … we can be strategic in our interventions at all levels," said panelist Vincent Guilamo-Ramos, whose presentation detailed the various levels at which inequities impact the health of individuals and community populations.

DIVERSITY AND INCLUSION ADVANCE EQUITY AND HELP ORGANIZATIONS THRIVE.

Academic nursing programs can contribute to diversifying the nursing workforce by reducing their reliance on standardized testing, adopting other holistic admissions practices, and hiring more faculty of color who can serve as role models for students from similar backgrounds. Diverse teams have been shown to ignite innovation and give organizations a competitive edge, but diversity alone is not sufficient. "We must elevate equity," said panelist Barbara Hatcher. "Diversity is the invitation to the party, and inclusion invites one to dance at that party. But equity — the commitment to provide people with their opportunities to attain their full potential — makes it sustainable."

MANY CHARACTERISTICS OF DIVERSITY ARE INVISIBLE.

Diversity is about more than gender, race and ethnicity. “We must respect the different attitudes, beliefs, social determinants, literacy levels, and priorities of the various client populations we serve as health care professionals,” said panel facilitator Hussein Tahan. One example was put forth by panelist Margaret Moss, who described why recognizing whether patients are Native American can be especially challenging — and how this knowledge might inform their care.

“Since the 1990 census … 78% of American Indians are off reservation, so … you probably have them in your practices,” but you won't know unless you ask them, she said. In order to provide appropriate, culturally competent care, she urged attendees to ask patients, “Is there anything that I need to know about your identity that will impact your care?”

NURSES NEED TO CRITICALLY EXAMINE HOW THEY RELATE TO THE POPULATIONS THEY SERVE.

Panelists offered concrete recommendations for improving how nurses relate to those they serve in clinical practice, academia, and research. As Kenya Beard, chair of the D&I Committee, said in her concluding remarks, “It is our duty as nurses and leaders to process and understand what we learn today and use it, not to shame or blame each other, [but] rather to move forward in a way that allows us to come together to dismantle the structures that impede health equity within our individual organizations and throughout our collective systems.”

NURSES ARE COMMITTED TO TAKING STEPS TO ENSURE A LESS RACIST FUTURE, BUT TO DO THIS, THEY MUST MOVE BEYOND WORDS TO ACTION.

“We in nursing have been talking and pontificating about the problems and the issues for long enough. It is time to move to action,” said panelist Sheldon D. Fields, whose presentation included a list of proposed steps nurses can take. His remarks were echoed by panel facilitator Angela Amar. “So, what now? What is the bold leadership needed?” she asked, adding, “Statements have been written and posted; diversity committees and officers have been named; initiatives proposed. The challenge going forward is to live up to the promises and proposals.” To meet this challenge, Fields specifically called on Academy members to use their influence to advance change, in particular to advance social justice. “If you are not in the process of developing action plans for the tables at which you sit as nurses and nursing leaders, then you're not helping the cause,” he said.

PROPOSED ACTION STEPS FOR NURSES

IN CLINICAL PRACTICE:

Take steps to mitigate bias:

- Implement practices such as patient- and family-centered communication and shared decision making;
- Incorporate trauma-informed care and acknowledge historical atrocities; and
- Be mindful of how unconscious or implicit bias may influence actions.

Take steps to make commitments to diversity, equity, and inclusion (DEI) tangible:

- Allocate funds to DEI initiatives and make DEI a permanent line item in organizational budgets;
- Adopt hiring processes that consider the needs of a diverse candidate pool, especially those individuals from underrepresented social groups;
- Build talent pipelines to diversify the workforce;
- Strengthen human resource policies by, for example, revising benefit packages to make the workplace a more welcoming environment; and
- Understand the diversity characteristics of customers, patients, staff, and networks.

Improve the community's capacity to employ nurse-led delivery models and respond to community health needs.

IN ACADEMIA:

Revise curricula to:

- Ensure health professions students understand the social, structural, and political basis of disease;
- Allocate focused time on DEI in the nursing curricula at all degree levels, incorporating critical race theory in nursing education;
- Integrate the arts and humanities with nursing science to illuminate the foundations of institutional racism, the profession's implicit and explicit role in sustaining racism, and the psycho-emotional impact on individuals
- Teach students about the history and impact of nurses from diverse groups and minority-serving nursing organizations to illustrate the complexity of nursing's history, including the profession's social justice advocacy.

Institute policies to recruit and retain students from diverse backgrounds:

- Implement holistic admissions policies;
- Collaborate with Historically Black Colleges and Universities, Hispanic-Serving Institutions, Minority-Serving Institutions, Tribal Colleges and Universities, Asian American and Native American Pacific Islander-Serving Institutions, and institutions serving low-income students;
- Use mentoring programs to introduce students of color to advanced practice opportunities and prepare them for the academic and personal challenges of pursuing those careers; and
- Introduce substantive educational content on the American Indian/Alaska Native (AI/AN) experience starting in kindergarten.

Identify and remove policies and practices that hinder efforts to strengthen diversity and advance health equity.

Recruit, retain, and promote faculty from underrepresented backgrounds.

Include colleagues from diverse backgrounds at administrative, policy, and decision-making tables.

Create dedicated DEI positions.

Collect data on microaggressions, racial bias, and discrimination; hold leadership accountable with anonymous reporting systems.

PROPOSED ACTION STEPS FOR NURSES

IN RESEARCH:

Support anti-racism nursing scholarship, research, and grant funding to elevate an anti-racism lens in nursing activities and broaden the pool of potential solutions.

Conduct collaborative research into racism's influence on health inequities.

Support research that illustrates the historical roots of nursing's role in maintaining the status quo in order to broaden our approaches to bringing about change with impact.

Include content about AI/AN populations and other underrepresented social groups in conferences and reports.

In the area of community-based research, address mistrust through meaningful community engagement.

IN POLICY:

Advocate for increased funding for social and human services, better integrating social services with health services, and making sure service delivery is culturally competent.

Encourage public-private and community partnerships to advance health equity.

Serve in planning and decision-making capacities at all levels of government.

IN FUTURE CONVERSATIONS ON DEI, RACISM, AND SOCIAL JUSTICE ISSUES:

Acknowledge that as a predominantly white and female profession, nursing is not diverse.

Identify prevailing structural barriers that historically denied seats at the table to individuals from communities of color.

Create spaces for "calling the circle" — bringing people together for communication, mutual support, teamwork, and social change.

Use AI/AN concepts to promote empathetic dialogue.

Practice having critical conversations where words are carefully chosen.

"IF YOU ARE NOT IN THE PROCESS OF DEVELOPING ACTION PLANS FOR THE TABLES AT WHICH YOU SIT AS NURSES AND NURSING LEADERS, THEN YOU'RE NOT HELPING THE CAUSE."

Sheldon D. Fields
PhD, RN, CRNP, FNP-BC, AACRN,
FAANP, FNAP, FAAN

CRITICAL CONVERSATION ON HEALTH EQUITY AND RACISM

MODERATED BY MONICA R. MCLEMORE

PHD, MPH, RN, FAAN
ASSOCIATE PROFESSOR
UNIVERSITY OF CALIFORNIA SAN FRANCISCO

McLemore affiliated scientist with Advancing New Standards in Reproductive Health, and member of the Bixby Center for Global Reproductive Health, facilitated the Institute's first panel. She introduced the session by reminding attendees of the health and social challenges that characterized 2020, the International Year of the Nurse and the Midwife, and invited those gathered to engage in the work of planning for a less racist future. "I trust you will deeply engage in this hard, and yet important, work," she said. "If the last six months have taught you nothing else, it is that this was all built, and it doesn't have to be this way. ... I ask you to shed your fear and join us in imagining a different post-pandemic, less racist future where we invest in Black, Indigenous, people of color, and the citizens of the world."

PRESENTATION BY BARBARA HATCHER

PHD, MPH, RN, FAAN
PRINCIPAL/CEO
HATCHER-DUBOIS-ODRICK PUBLIC HEALTH CONSULTING GROUP

Hatcher began her presentation with a quote from W.E.B. Du Bois. "The most difficult social problem in the matter of the Negro health is the peculiar attitude of the nation toward the well-being of the race. There have, for instance, been few cases in history of civilized peoples where human suffering has been viewed with such peculiar indifference." Writing on the topic in 1899, Du Bois characterized poor health among Blacks as an indicator of racial inequality and attributed it to poor housing, limited sanitation, lack of access to nutritious food, and other conditions we now call social determinants of health.

The medical community was slower to come to that realization. Well into the 20th century, many health professionals attributed health disparities between Blacks and whites to biological differences between the two groups and applied the same logic to Latino and AI/AN populations.

Hatcher recommended using COVID-19 as a way to raise broader equity issues. "Racism and the absence of equitable approaches is a public health crisis," she said. "Much of the inequity is driven by long-established structures, unconscious assumptions, and experiences tied to our social identity. … I believe that nursing's future lies in leading a population-focused health care system that helps communities grow and develop as they need to."

For example, there are limited maternal health services in the most marginalized communities in the District of Columbia. All of the in-hospital delivery services are clustered in the predominantly white quadrants of the city, making it difficult for women in other neighborhoods to easily access maternity care. This was exacerbated during the COVID-19 pandemic, which made it challenging to safely use crowded public transportation. "It is time for we, as nurses, to re-examine some of our institutional and public policies with an equity lens," Hatcher said. "Nursing can be and must be on the forefront of working with communities to make sure we have the needed services for every community."

"I ASK YOU TO SHED YOUR FEAR AND JOIN US IN IMAGINING A DIFFERENT POST-PANDEMIC, LESS RACIST FUTURE WHERE WE INVEST IN BLACK, INDIGENOUS, PEOPLE OF COLOR, AND THE CITIZENS OF THE WORLD."

Monica R. McLemore, PhD, MPH, RN, FAAN

PRESENTATION BY SHELDON D. FIELDS

PHD, RN, CRNP, FNP-BC, AACRN, FAANP, FNAP, FAAN
ASSOCIATE DEAN FOR EQUITY AND INCLUSION AND RESEARCH PROFESSOR
THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF NURSING

"To be a Negro in this country and to be relatively conscious is to be in a [state of] rage … almost all of the time," Fields began, quoting James Baldwin. Although Baldwin spoke these words in 1961, they "ring very true today as we reckon with our racist past, with a call for social justice and health equity," Fields said.

He devoted much of his presentation to listing a wide range of steps that nurses can take to advance health equity and address racism. In academic settings, he called for expanding the notion of "who can be a nurse in this country," and educating students about pioneering nurses of color, such as Mary Seacole, Mary Eliza Mahoney, and those who founded the professional associations and Greek organizations that serve nurses from various racial and ethnic groups.

In research, he called for funding opportunities for "research that looks at models of how-do-we-dismantle-these-racist-and-structurally-racist-paradigms-within-the-nursing-profession." In the clinical arena, he said nurses need to be mindful that clinical practice has been an area "where we have done a great deal of unintentional biased and unconscious harm to all patients." He called on his fellow nurses to work to ensure that practice environments are designed in ways that are welcoming to all.

"If we can commit to doing even one of these things from where we sit in our leadership positions in academia, administration, policy, practice, and research," Fields concluded, "we will begin to really and truly become the most trusted profession that we profess to be."

ALBERTO CHARLES CHALLEN (1869). "PORTRAIT OF MARY JANE SEACOLE (NÉE GRANT)". NATIONAL PORTRAIT GALLERY. (LEFT)

LARRY JOHNSON (1992). "MARY ELIZA MAHONEY, R.N.". IN MASSACHUSETTS HALL OF BLACK ACHIEVEMENT. (RIGHT)

ANTIRACISM IN NURSING EDUCATION AND THE WORKFORCE: LEADING CHANGE

MODERATED BY ANGELA AMAR

PHD, RN, FAAN
PROFESSOR AND DEAN
UNIVERSITY OF NEVADA, LAS VEGAS SCHOOL OF NURSING

Academy Board Member Amar, kicked off the day's second panel by describing the nature of structural racism and arguing that strong leadership and bold strategies are needed to create anti-racist systems. Amar asked attendees to consider how they would invest in this effort and hold their institutions and their academic leaders accountable. She believes schools need metrics related to diversity and consequences for failing to meet those metrics. For example, if schools value diversity, she said, they should mandate participation in DEI activities rather than making participation optional. "Accountability is often the piece that's missing in the implementation of our diversity initiatives," she noted. "If diversity matters, we've got to connect resources in the form of money, human capital, and infrastructure."

PRESENTATION BY GARRETT K. CHAN

PHD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN
PRESIDENT/CEO
HEALTHIMPACT

Chan presented findings from a 2019 survey of newly licensed California registered nurses (RNs) by HealthImpact, the state's nursing workforce and policy center. In addition to surveying respondents' experiences with employment, the survey asked about their access to stable housing and transportation, sufficient food, adequate childcare, and other social determinants of health while they were nursing students and once employed. A quarter of respondents reported that they lacked sufficient resources to meet all their basic needs while they were students, and for some, these challenges continued after entering the workforce. A full 79% of respondents also reported high levels of stress, and a majority reported feelings of hopelessness or depression during their student years. These numbers dropped but remained in the 40-51% range after respondents entered the workforce.

Of particular interest for the INL's conversation, 18% of respondents said they had experienced bias or discrimination on the basis of race, 17% on the basis of ethnicity, 12% on the basis of national origin, 8% on the basis of sexual orientation or gender identity, 6% on the basis of religious belief, and 3% on the basis of disability during their time as nursing students. These numbers fell by only 1-3 percentage points after nurses entered the workforce.

In discussing the implications of the data, Chan recommended reaching out to stakeholders with a wide range of perspectives and integrating them into the nurse leadership teams tasked with addressing bias, discrimination, equity, and the social determinants of health and education. He also recommended integrating thoughtful and evidence-based interventions into policies and practices to address these concerns within academia and the workplace. Citing Academy Living Legend Dr. Linda Burnes Bolton, inaugural senior vice president and chief health equity officer at Cedars-Sinai, he urged organizations to "call the circle" or bring people together "for communication, mutual support, teamwork, and social change. It's also very helpful to speak with somebody from a shared background," he said.

PRESENTATION BY WALLENA GOULD

EDD, CRNA, FAAN
FOUNDER AND CEO
DIVERSITY IN NURSE ANESTHESIA MENTORSHIP PROGRAM

To implement anti-racism policies and initiatives in health care and health professions education, Gould proposed identifying and dismantling structural barriers that have historically denied seats at the table to people of color. She also echoed Angela Amar's call to hold leaders accountable and proposed a mechanism to achieve this goal: an anonymous reporting system for incidents that negatively impact communities of color, particularly in clinical evaluations in graduate nursing programs.

Gould devoted much of her presentation to her personal journey as a 19-year-old single mother who aspired to a career in nursing. Gould's education options were constrained by both her poor performance on standardized tests and some of the social and economic factors reported by respondents in the HealthImpact survey. Nevertheless, she persisted and became a registered nurse (RN).

After practicing for eight years, she set her sights on becoming a certified registered nurse anesthetist (CRNA). She received conditional acceptance to a graduate program because of her low scores on the graduate record exam (GRE), but Gould says she received all A's in her courses, passed the CRNA boards on her first attempt, and subsequently was inducted into the Academy. "The GRE is not a predictor of success," Gould asserted. "I know this to be true." Her belief is based on both her personal experience and a comparison of licensing exam results from graduates of test-required and test-optional anesthesia programs in the Northeast. Their graduates' first-time pass rates on the CRNA licensure exam were comparable, Gould said, and the programs that did not require the GRE enrolled a more diverse group of students.

Many of Gould's recommendations for diversifying the nursing workforce are captured in the Proposed Action Steps. She particularly stressed the need for nursing programs, especially at the graduate level, to hire more faculty of color. "I'm not talking about performative hires either," she said, bemoaning the practice of hiring one lone non-white faculty member. She also emphasized the value of exposure and mentoring programs such as the one she operates to introduce students to CRNA careers. Finally, she echoed remarks by Drs. Chan and Fields when she called on nursing schools to introduce students to the ethnic minority nursing organizations and create networking opportunities for alumni of color.

"IF DIVERSITY MATTERS, WE'VE GOT TO CONNECT RESOURCES IN THE FORM OF MONEY, HUMAN CAPITAL, AND INFRASTRUCTURE."

Angela Amar, PhD, RN, FAAN

UNSEEN DIVERSITY: HOW TO ELEVATE INCLUSIVITY AND AFFECT CHANGE

MODERATED BY HUSSEIN M. TAHAN

PHD, RN, FAAN
SYSTEM VICE PRESIDENT OF NURSING PROFESSIONAL DEVELOPMENT AND WORKFORCE PLANNING
MEDSTAR HEALTH

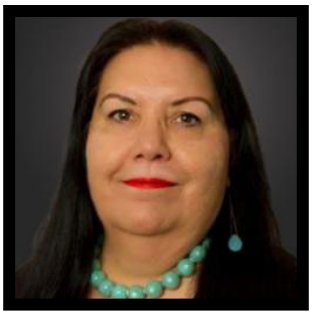
Co-chair of the INL Planning Committee Tahan introduced the third panel, which explored the value of diversity, its unseen dimensions, and strategies nurses can employ to advance health equity at the individual, community, and policy levels. Tahan started by sharing his personal understanding of DEI as a member of a social minority group. He then highlighted the value of diversity. He stated that diverse and inclusive organizations foster a sense of authentic belonging and said that studies from the business world show such organizations maintain a competitive financial advantage over their peers. He emphasized that many characteristics of diversity — family structure, personal values, and military affiliation among them — may be invisible, and called for a shift away from disempowering practices. “Instead of discrimination and bias, let us deliberately embody acceptance. Instead of isolation, let us effect the sense of belonging, and instead of micro-aggression, let us practice empathy with one another and in everything we do,” he concluded.

“INSTEAD OF DISCRIMINATION AND BIAS, LET US DELIBERATELY EMBODY ACCEPTANCE. INSTEAD OF ISOLATION, LET US AFFECT THE SENSE OF BELONGING.”

Hussein M. Tahan, PhD, RN, FAAN

PRESENTATION BY MARGARET MOSS

PHD, JD, RN, FAAN
DIRECTOR, FIRST NATIONS HOUSE OF LEARNING
ASSOCIATE PROFESSOR, THE UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING



Moss began her talk with “a very rudimentary Indian 101,” in which she explained how the recognition of different tribal entities and a person’s tribal enrollment status influence where and how AI/AN individuals receive health benefits. Tribal enrollment status is one hidden dimension of diversity, which can reduce the likelihood that AI/AN people will receive appropriate referrals or culturally competent care. This unseen attribute also distorts the data on death counts, cancer registries, and other measures of population health. For example, Moss said, the latest trends report from the Indian Health Service, a federal agency, contained 137 asterisks, by her count. Those asterisks indicated, “we don't really have great answers on this because identification is off,” she reported.

American Indians are also invisible as a social group, Moss said. Papers by and about AI/AN people are relatively non-existent at the academic conferences she attends. Few Americans of other cultures are familiar with the federal policies that have systematically oppressed native peoples since the nation’s founding. Moss also cited the Institute of Medicine’s 2010 “Future of Nursing” report, saying American Indians were barely mentioned or adequately considered in formulating the report’s recommendations. For example, when North Dakota adopted

the report's recommendation to require a bachelor's degree for entry into nursing practice, the state effectively precluded its American Indian residents from becoming RNs, Moss asserted, because they mostly attended two-year tribal colleges.

To increase the visibility of AI/AN people and the number of AI/AN nurses in the workforce, Moss recommended the introduction of substantive content about indigenous people across the board, from professional conferences to the kindergarten classroom. She produced her textbook "American Indian Health and Nursing" to fill this gap in the nursing curriculum.

Moss urged nurses to remember that context matters when caring for AI/AN patients, and she recommended starting with the assumption that native people have experienced either contemporary or historical trauma. She also urged nurses to adopt two Indigenous cultural practices: "two-eyed seeing," which asks people to consider a situation from differing perspectives, and "thinking seven generations beyond," the practice of considering the long-term consequences of today's decisions and actions.

PRESENTATION BY VINCENT GUILAMO-RAMOS

PHD, MPH, LCSW, PMHNP-BC, ANP-BC, AAHIVS,
PROFESSOR OF NURSING, SOCIAL WORK, AND GLOBAL PUBLIC HEALTH
ASSOCIATE VICE PROVOST FOR MENTORING AND OUTREACH PROGRAMS
NEW YORK UNIVERSITY (NYU)
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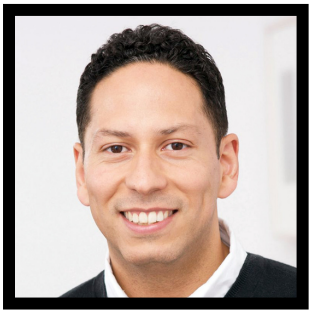


For more than two decades, Guilamo-Ramos has conducted research in New York City's South Bronx, a heavily Black and Latino community historically affected by health disparities and some of the highest per capita COVID-19 cases, hospitalizations, and deaths in the city. These outcomes are not the result of poor individual decision making, he said, but reflect "a structure at the micro, meso, and the macro levels that come together in a synergistic way that produces vulnerability and that creates the disparities that we see in our country and our world today."

At the micro level, Guilamo-Ramos said many people lack job flexibility, live in high-density environments, and rely on public transportation. At the meso level, the community is designated as a health professional shortage area; a large portion of its residents are also essential workers or have chronic conditions. At the macro level, lack of clear and consistent guidance for implementation of COVID-19 prevention measures in low-income contexts and lack of public investment in healthcare infrastructure made the community vulnerable.

Guilamo-Ramos described an innovative, nurse-led effort he and his colleagues are evaluating. The intervention, which aims to increase COVID-19 testing and mitigation as part of the National Institutes of Health's RADx Underserved Populations (RADx-UP) initiative, relies on partnerships between nurses, community health workers, and families to support Latino and Black South Bronx households. "What is it that a family can do when they actually have to take that elevator, or they have to get on that train, or they have to live in that household with seven other people, and it may be difficult to isolate or quarantine?" Guilamo-Ramos asked. The service delivery model builds on the role of nurses in public health preparedness and response, which Guilamo-Ramos and colleagues recently discussed in The Lancet Infectious Diseases.

He outlined a number of strategies, included in the Proposed Action Steps, which nurses can employ to reduce the inequities that produce health disparities.

FINAL THOUGHTS

In her concluding remarks, Kenya Beard reflected on the disparate impact of COVID-19 on people of color and the police killings of Black individuals in 2020. “It is our duty as nurses and leaders to process and understand what we learn today,” she said, “and use it, not to shame or blame each other, [but] rather to move forward in a way that allows us to come together to dismantle the structures that impede health equity within our individual organizations and throughout our collective systems,"

As Academy Fellows and other stakeholders prepare for future critical conversations, we may want to consider the following questions.

What might the Academy do collectively to act on the ideas put forward during the 2020 INL Critical Conversation on Health Equity and Racism?

What policies and practices have the profession inherited and unconsciously accepted that hinder diversity and health equity efforts?

How can nurse leaders invest in advancing health equity and addressing racism and hold their organizations accountable for progress?

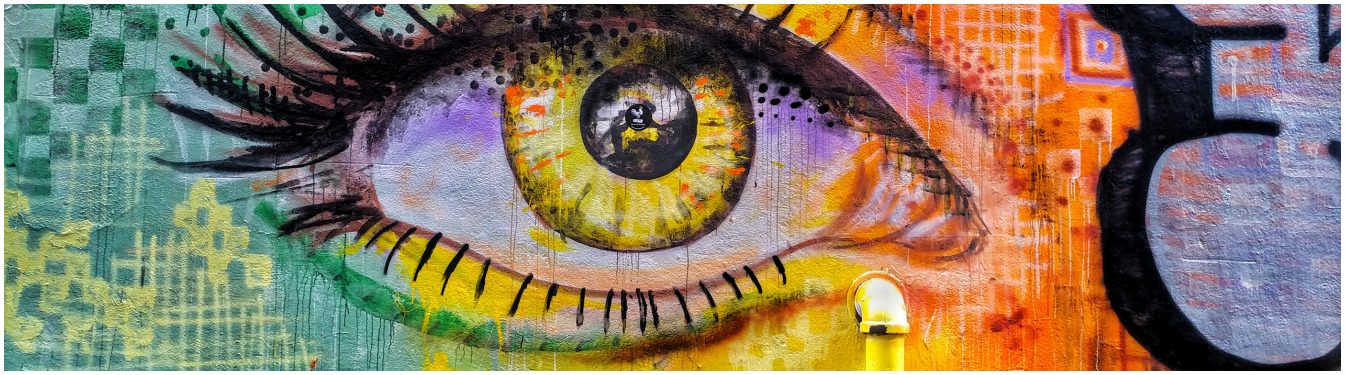
How can nurse leaders support others in dismantling policies that create barriers to advancement?

How do diversity, equity, and inclusion help reduce health disparities at all levels?

How can nurses examine their implicit biases and engage in self-reflective practice to better serve the people whose health status they are committed to improving?

Does the Academy Fellowship include all of the voices it needs to engage in these discussions?

As Julie Fairman, PhD, RN, FAAN, chair of the INL’s National Advisory Council, noted, “I have seen the long history of racism and unequal treatment in our health systems, our education and academic systems, and our health policy. It is my sincere hope that this critical conversation … will create the necessary call for each of us to put in the hard work to change policies and practices that promote bias, and ultimately achieve equitable care in all entities.”



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