



# Integrating the 3 D's Nursing's Perspective

**Antonia M. Villarruel PhD, RN FAAN**

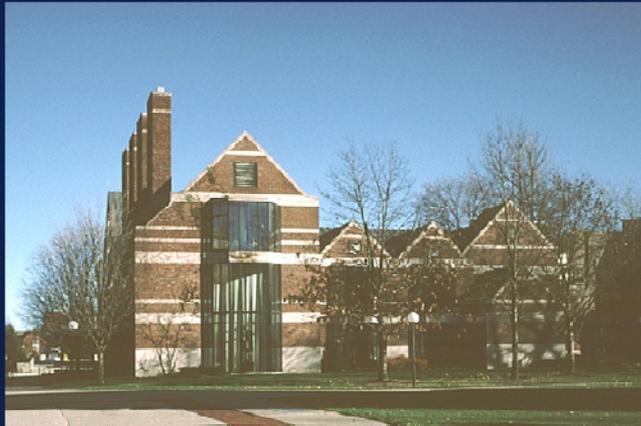
Professor, Nola J. Pender Collegiate Chair

**April Bigelow PhD, RN**

Clinical Assistant Professor

**Carmen Alvarez PhD, RN**

Post-Doctoral Fellow



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# Overview

- Integrating 3D's
  - 2 D's – Barriers to overcome
  - 3 D's – Facilitators
- Exemplars

# DISCONNECT

# What we say about diversity, disparities, social determinants....

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## Valuing Diversity

Racial and ethnic diversity of health professions faculty and students *helps to ensure that all students will develop the cultural competencies necessary for treating patients* in an increasingly diverse nation. (AACN, 1998)

....*minority nurses are significant contributors* to the provision of health care services ..*and leaders* in the development of models of care that address the unique needs of racial/ethnic minority populations... increasing their numbers is a *major strategy in reducing the health disparities* that exist among the Nation's population.

(NACNEP, 2000)

## Benefits of Diversity

- Practice, research, and educational benefits of diversity recognized
- Health professions diversity recognized as key in reducing health disparities – quality, access, and equity
- Growing evidence of discrimination in health care setting – the result of a lack of a diverse workforce
- Benefits of a diverse health professions workforce limited to impact on minority populations

(IOM, 2002; RWJ Foundation, 2001)

....**what we do**

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## Diversity in Nursing?

- Racial and ethnic nurses comprise 17% of the RN population as compared with 35% of the U.S. population
  - Hispanics and African Americans comprise 3.6% and 5.4% of the RN population as compared with 15.4% and 12.2% of the U.S. population
  - Minority nurses are underrepresented in APRN roles (3.5% Latino – 6.3% African American).

<http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>

- What does existing nursing workforce data tell us about nursing's **commitment** and **capacity** to address equity and social justice?

# Valuing Diversity

The focus ... has been on **form**, on bringing more faces of color to nursing... Nursing must focus on **substance** - the quality of the experience, the cultural humility that must be taught to all nurses and thus **integrated into nursing practice**, and the cultural **safety** that must be provided to all of our colleagues and recipients of care. (NLN, 2009)

# Disconnect

- 49 million non-elderly adults (18.5%) are medically uninsured
- NP programs continue to focus on “textbook care” for patients
- Disconnect between what students are taught and what is required in practice
- When students ARE exposed to social determinants of health, it is without the clinical exposure that is necessary to integrate and apply learning



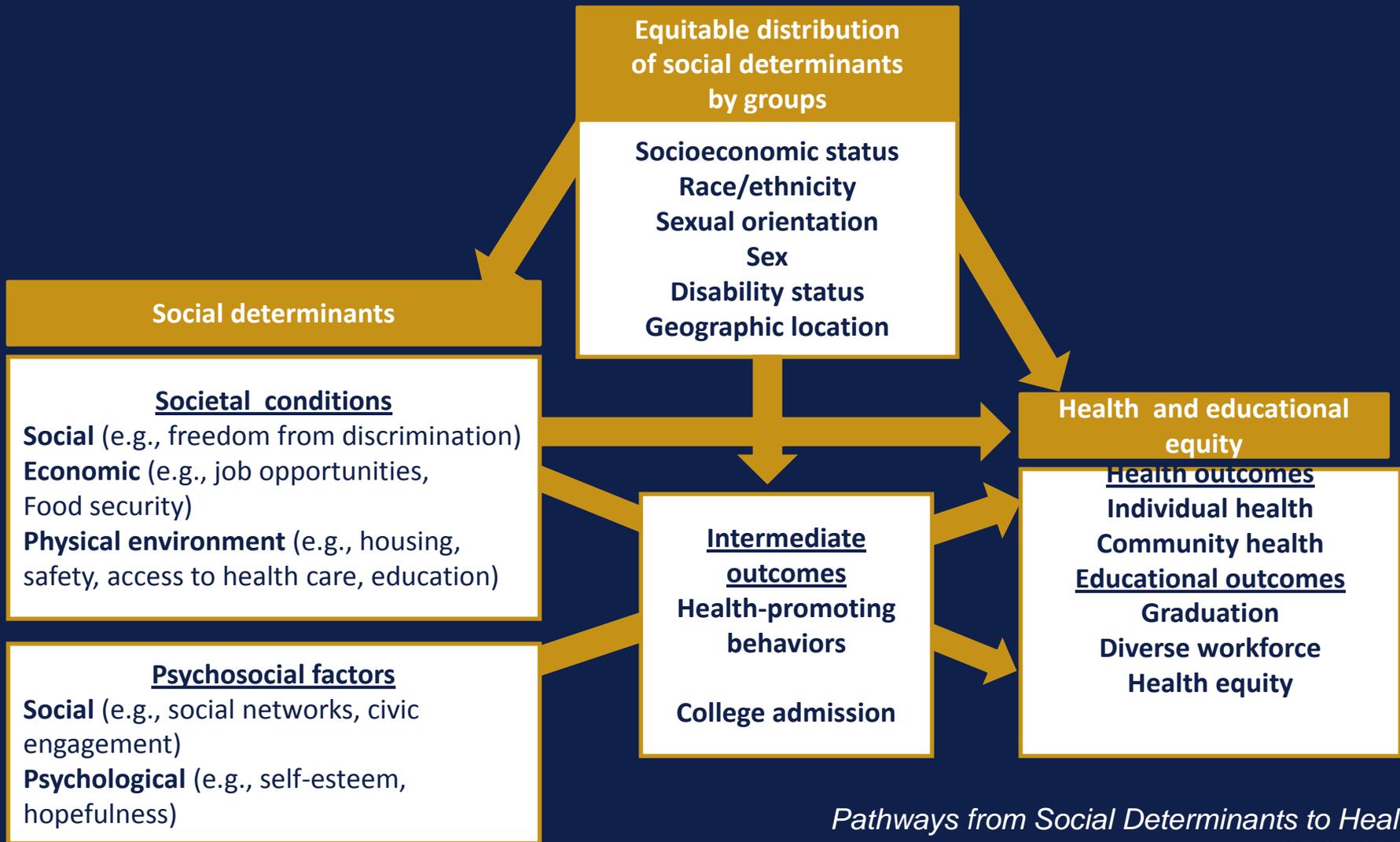
## Textbook Response

1. Complete history and physical, including an EKG
2. Therapeutic lifestyle changes: Diet, physical activity, smoking cessation
3. Obtain labs prior to pharmacologic intervention
4. Depending on BP, pt may need up to three different medications at initiation of treatment

## Uninsured Clinic Response

1. Complete history and physical - an EKG if available
2. No steady source of food, safety usually a bigger concern than exercise
3. Unable to pay out of pocket for labs, so drugs get started without them
4. Pt may not be able to afford ideal pharmacologic treatment

- There is a need to diversify our scope of care
- Homeless and uninsured population are growing
- Not all poor are qualified for Medicaid
- Students are graduating without the skills to navigate the complex health care system or negotiate with patients with competing demands related to social determinants of health
- Need for integration of interprofessional experiences in clinical learning



*Pathways from Social Determinants to Health*  
 CDC, 2008

# Discrimination

...**covert discrimination** is the problem ... and it is more difficult than... overt. Unless we acknowledge that **racism exists**, we will never eliminate it...If people define racism only as certain attitudes, then the only solutions they will seek are ... ways of changing these attitudes. If ... **racism is seen as pervasive, fundamental, and systemic**, then the solutions sought will be different and deeper in character...

Dorothy Height

....our world continues to be divided ... by a tragic fault line between those who can benefit from these opportunities and those who seem cut off from them.

John Paul II  
July 23, 2001



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# Educational Inequality

...The fact that US schools are structured such that students routinely receive dramatically unequal learning opportunities based on their race and social status is simply not widely recognized.

Darling Hammond, IOM, 2001

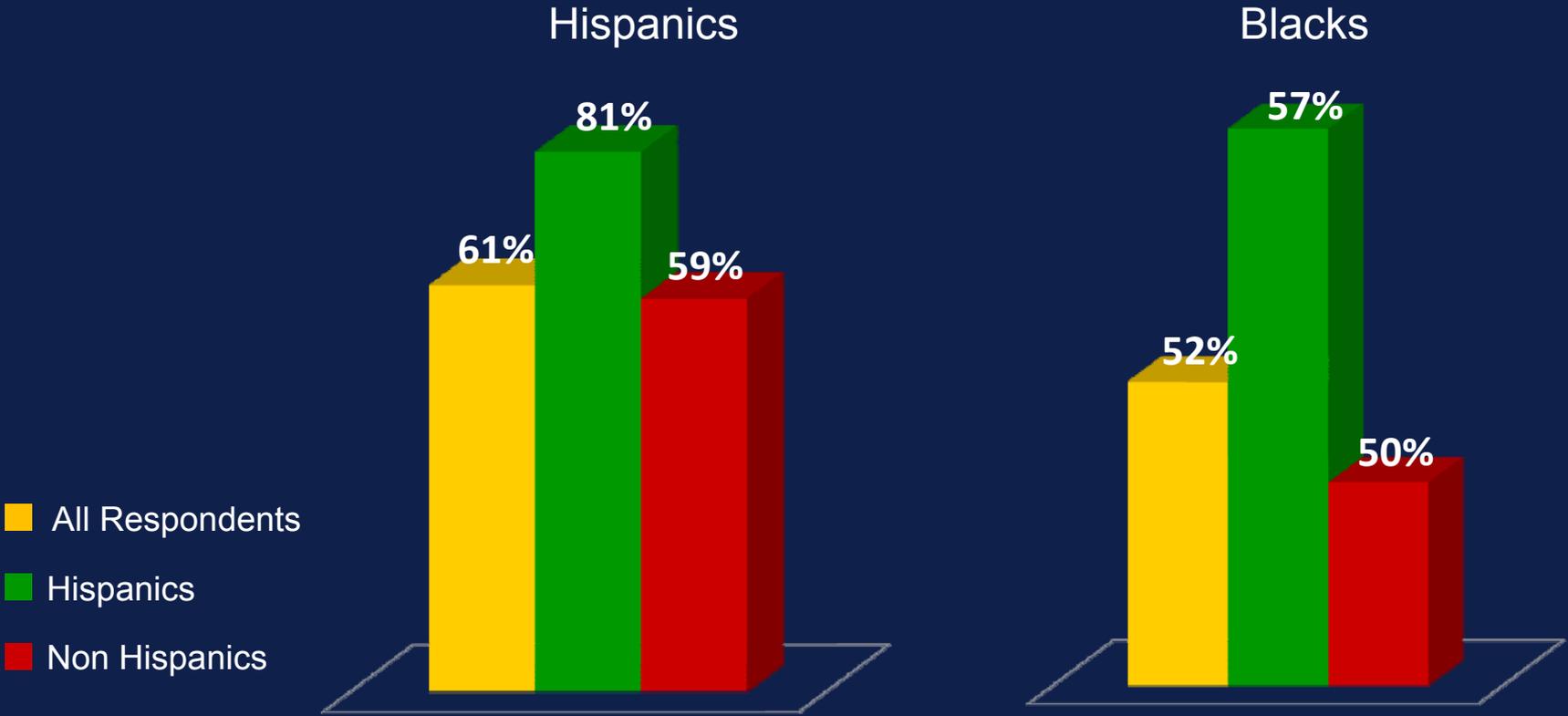
# Discrimination

- “Merit” can be fairly and objectively assessed
- Isolation, lack of mentoring in academic settings
- Scholarship vs. service
- Lack of research that predicts educational and practice outcomes

## The struggle...

- ...the **powerful hope** for a society where race does not influence one's opportunities in life contrasting with the **reality of a society** where race and ethnicity still organize society and individual experience for most people – whether they are aware of it or not (Markus & Moya, 2012)

# How much discrimination against Hispanics/Blacks do you feel there is in the U.S., limiting their chances to get ahead?

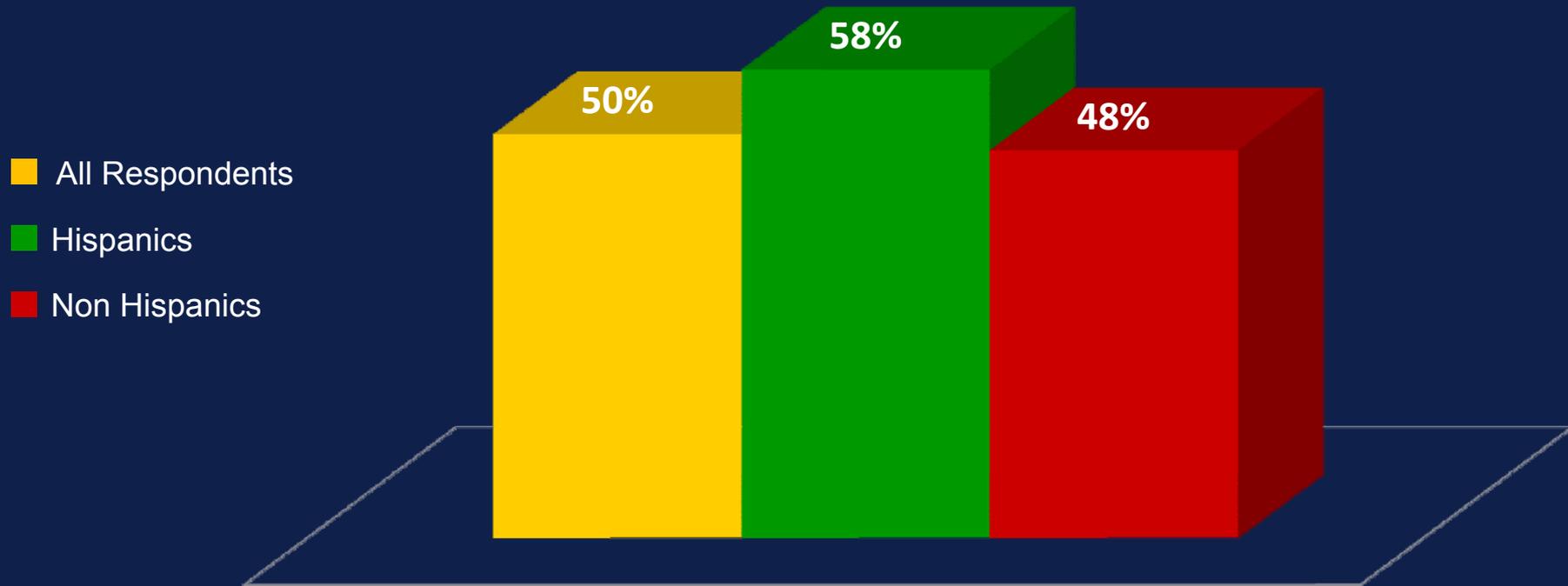


All Respondents  
Hispanics  
Non Hispanics

AP/Univision Poll, 2010

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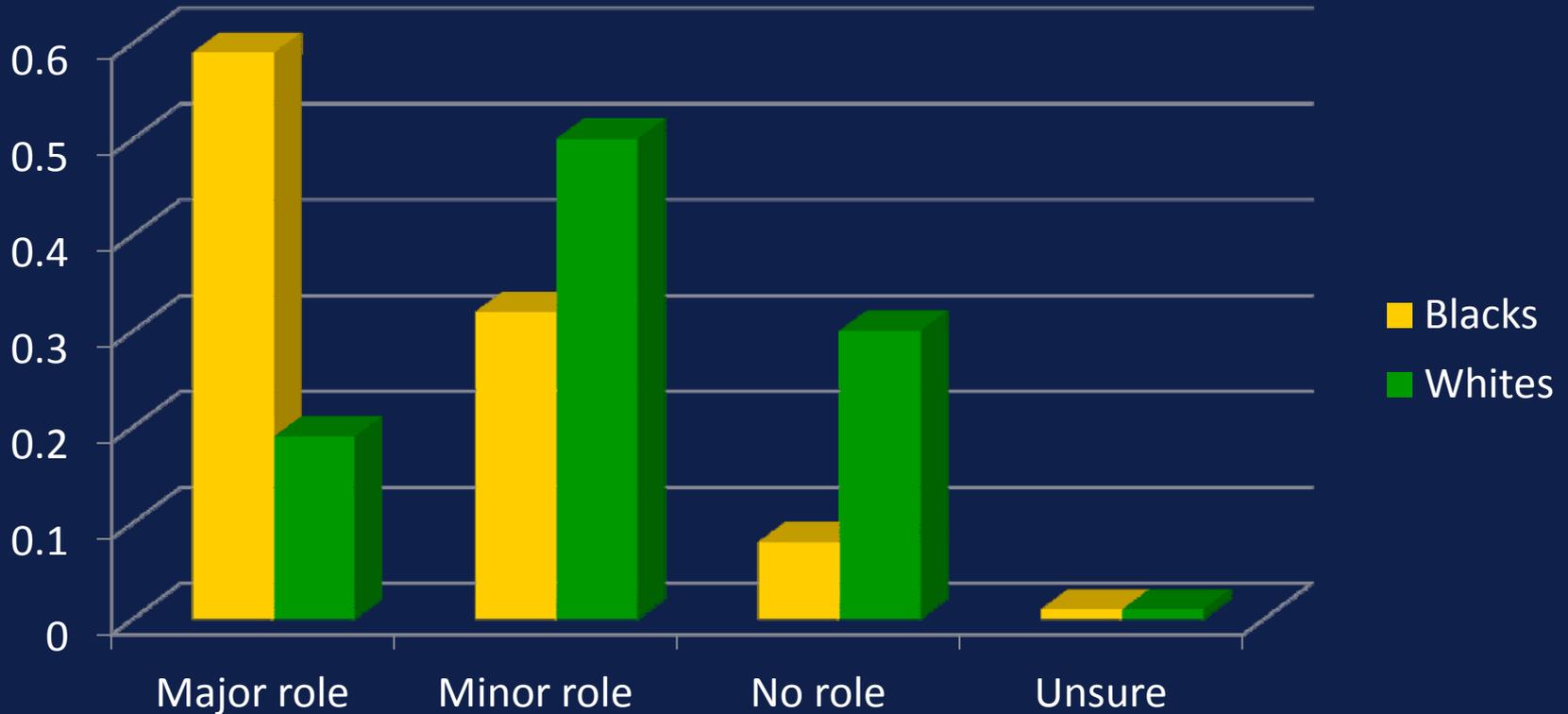
How much discrimination against women do you feel there is in the U.S., limiting their chances to get ahead?



AP/Univision Poll, 2010

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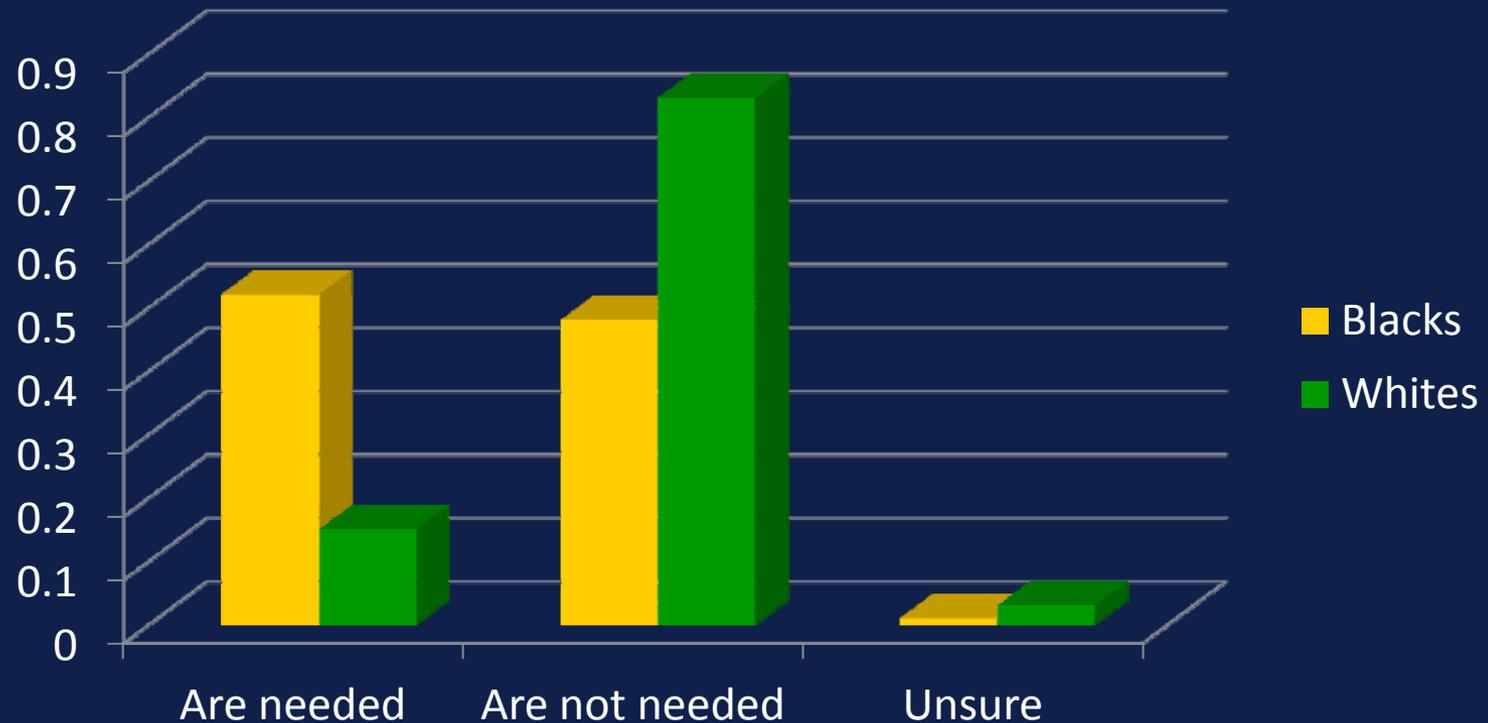
How much of a role, if any, do you think the government should have in trying to improve the social and economic position of blacks and other minority groups in this country: a major role, a minor role, or no role at all?"



<http://www.pollingreport.com/race.htm>



## Do you think new civil rights laws are needed to reduce discrimination against blacks, or not?



<http://www.pollingreport.com/race.htm>

# Differing views between immigrants and non-immigrants

| <i>Percent who agree:</i>                                   | Immigrants | Non-Immigrants |
|---|------------|----------------|
| Immigrants strengthen U.S. because of hard work             | <b>81</b>  | 42             |
| Immigrants are more hard-working than other                 | <b>71</b>  | 42             |
| Recent immigrants unfairly discriminated against            | <b>61</b>  | 40             |
| Recent immigration has been good for U.S.                   | <b>56</b>  | 25             |
| Recent immigrants take jobs away                            | 17         | <b>51</b>      |
| Government not tough enough on immigration                  | 26         | <b>66</b>      |
| Government should spend more to prevent illegal immigration | 34         | <b>55</b>      |

Source: NPR/Kaiser/Kennedy School *Immigration Survey* (5/27-8/4/04)

# Diffusion Durability Data

# Diffusion

- Reframing the questions
  - Does diversity matter?
  - How do we diversify the nursing workforce?
  - How do we improve health outcomes among racial, ethnic, and socially and economically disadvantaged populations?
- Identify successful models
- Support the replication, *dissemination, and scale* up of successful models

# Diffusion

- Diversity efforts should not be limited to recruitment/applicant efforts only
- Mentoring
- Creating supportive environments (academic and psychosocial)
- Developing a critical mass of URM health professions students and faculty
- Focal and consistent policies and leadership
- Financial support
- Professional opportunities

## Durability (sustainability)

- The likelihood of existing – after funding ends!
- Does what you/we are doing make sense as a long-term strategy?
- Can we keep this up?

# Durability

- Infrastructure development – no quick fixes
- Identify factors that affect sustainability of effective diversity programs
- Creating “unlikely” partnerships
  - New alliances
  - Crossing boundaries – institutional, professional, color
- Developing coalition agendas

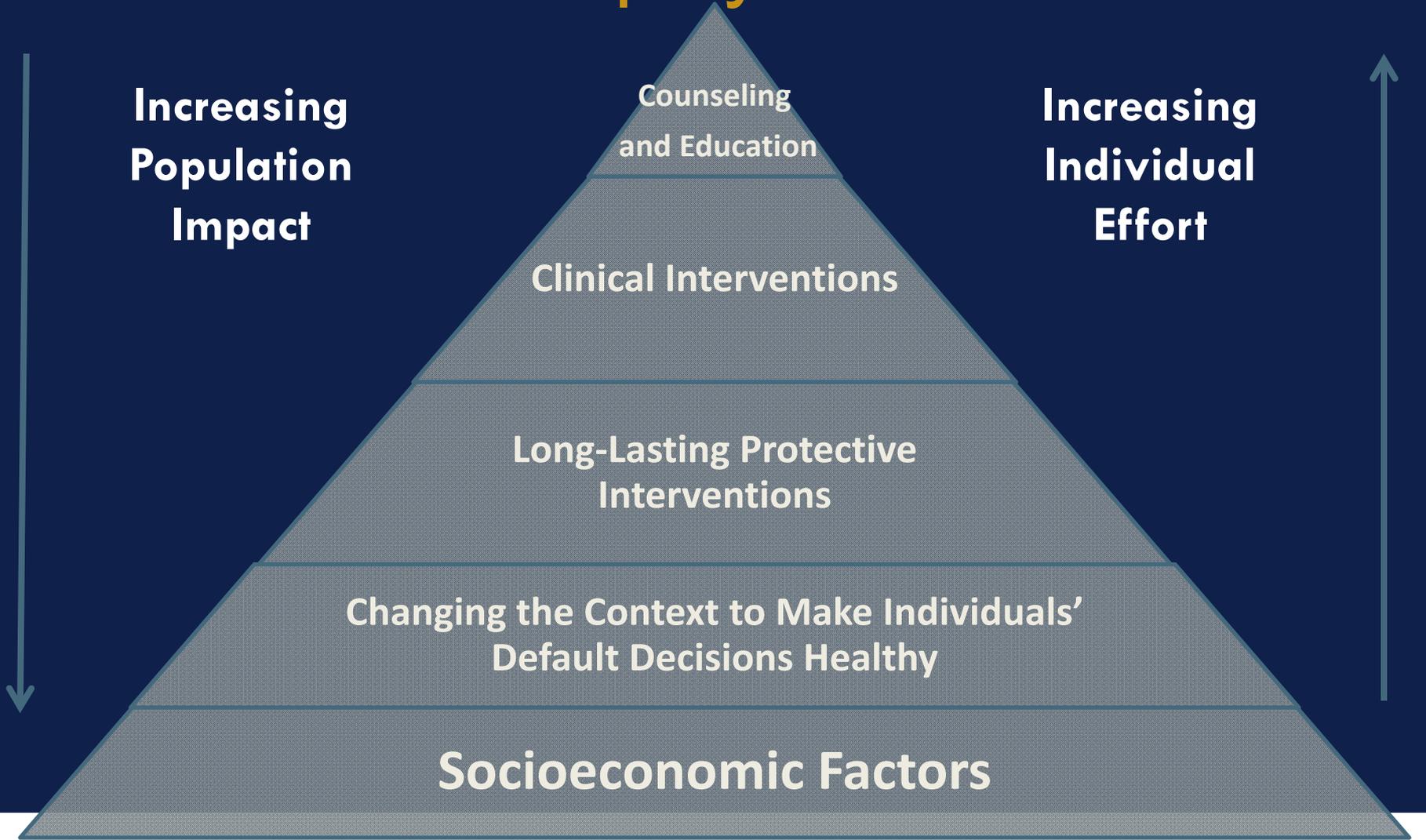


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# Leverage for sustaining change

- Lower leverage
  - Programs or individuals
- Mid range leverage
  - Institutional standards and norms
  - Improved capacity
- Higher leverage
  - Systems, policies, paradigm shifts that support mid and lower leverage efforts

# Prevention Equity and Research



# Durability

- Support efforts of minority nurses in advancing diversity efforts and programs to address social determinants
- Engage minority nurse leaders in meaningful ways to lead, develop, and disseminate successful leadership programs



# Data

- Reframing the question
  - How does a diverse workforce contribute to reducing/eliminating disparities?
  - What has been the impact of nursing on the health of diverse populations and communities and in making collective contributions to eliminating disparities in health and health care?

# Data

- Workforce data by race/ethnicity
- Predictors of academic success
- Predictors of practicing in underserved areas
- Examine the impact of race and ethnicity of providers as it relates to health outcomes
- Examine the effects and impact of the nursing workforce reducing/ eliminating disparities in care, access to care, outcomes of care, and cost
- Improve evaluation of and accountability for outcomes of funded programs

# EXEMPLARS

## Alternative Sites

### Challenges

1. Student lack of knowledge and discomfort
2. Patients' lack of insurance
3. Students' fear of mental illness and substance abuse
4. Competing demands of patients → lack of adherence with plan

### Opportunities

1. Exposed to situations in safe environment to put real-world face on homelessness
2. Must develop treatment plans that are truly individualized. Physical assessment and history skills are strengthened
3. Sharpens skills in motivational interviewing and counseling
4. Develop resourcefulness in developing plans that take into account the demands and priorities of pts in the face of "ideal health"

# Alternative Site Examples

- Homeless shelters (Delonis)
- Community health fairs
- Local health departments
- Tumaini Center (Detroit)
  - In addition to structured clinic hours, the NP brings services to those who cannot access the clinic by going to where the homeless are located





# Educational Innovation

- Modular, web-facilitated, interdisciplinary, systems-based curriculum
  - Focused on uninsured and underinsured
  - Game-based experiential learning
  - Improve working knowledge of public healthcare systems available for the medically underserved
  - Bio-psycho-social model of health
    - Includes biomedical concerns, social determinants of health, psycho-social concerns, and interdisciplinary team care

# Developing Patient-Centered Care

- Diversifying Delivery of Care
  - Shared Medical Appointments or group care
  - Expanding service hours
  - Establishing part-time work-site clinics (similar to school-based clinics)



## Patient-Centered Care

- FQHC  
An environment with multiple services and health workers
- Nurse-Managed Centers  
Settings with providers who are experts in patient-centered care

# Oregon Center for Nursing – Nursing Workforce Diversity Initiatives

- Nursing Student Admissions Database Project
  - To ensure that the nursing school applicant and enrolled student pools are representative of the general population.
  - Annual data collection of 21 ADN and BSN programs to accurately track and report admissions and enrollment trends
  - Collection is at the applicant (vs program) level
  - Applicants from underrepresented ethnic/racial groups who met qualifications for nursing schools were admitted at rates similar to Caucasian students
- Cultural Competence Network



# Juntos Podemos

- Purpose: To reduce negative effects of some of the educational and social disparities (students) may be experiencing in nursing school
- Methods
  - Protégé-to-Mentor
  - Learning support
  - Social support
  - Leadership Advisory Board
  - Family programs
- Outcomes
  - Over 300 students participate
  - 100% NCLEX pass rate
  - 43% of Juntos Podemos students are enrolled in graduate school
- Sustainability plans
  - Development of an endowment to sustain the program
  - Development of a minority faculty recruitment plan



**Advancing Education  
Transformation**



**Removing Barriers to  
Practice and Care**



**Nursing Leadership**

Interprofessional Collaboration

Diversity

DATA

## **CAMPAIGN FOR ACTION PILLARS**

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## DIVERSITY STEERING COMMITTEE



Increasing diversity of nursing workforce and faculty will narrow health disparities gap



Nursing *with* diversity, not nursing + diversity

Committee will advise Campaign on:

- Diversity strategies
- National diversity action plan
- Developing targeted TA to states



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## CAMPAIGN FOR ACTION: DIVERSITY INITIATIVES

- Robert Wood Johnson Foundation funding opportunities include a diversity requirement
  - Academic Progression in Nursing
  - Future of Nursing: State Implementation Program
- Campaign for Action dashboard indicator will include diversity as a component



# QUERER ES PODER