



Project Echo: Addressing Racism in Nursing – Health Equity



National Commission to Address
Racism in Nursing



Adapting an all teach, all learn model to dismantle racism

ANA  ENTERPRISE



GROUND RULES

- Brave space
- Maintain respect for facilitator and participants
- Stay on mute when not speaking
- Listen intently, respond thoughtfully
- Be present
- Turn on your camera if able
- Respect privacy and confidentiality of others
- Send direct message to ANA ECHO if you have any tech issues during today's call



National Commission to Address
Racism in Nursing



G. Rumay Alexander, EdD, RN, FAAN

Dr. Alexander is a Professor at the UNC School of Nursing. She joined the School of Nursing in 2003 and has held a variety of leadership positions, both within and outside of the school. In addition to serving on the faculty, she was director of the School of Nursing's Office of Inclusive Excellence, the Associate Vice Chancellor for Diversity and Inclusion for the entire UNC-Chapel Hill Campus, and provided leadership and resources for the Gillings School of Global Public Health and the Adams School of Dentistry. Dr. Alexander is currently the American Nurses Association Enterprise's Senior Inclusion Advisor and serves on The Leapfrog Group Board. She also taught a multi-session training program at Faculty Council meetings and continues to lead the Faculty Governance Committee on Community and Diversity.

Her nursing career spans over 45 years in the areas of public policy, advocacy, teaching, and health careers development with an emphasis on cultural diversity issues. At a national level, she has served as President of the National League for Nursing, whose membership is over 40,000 nurse educators and 1200 schools of nursing, served on the AHA's Workforce Commission, the board of The American Organization of Nurse Executives, The National Quality Forum Nursing Care Performance Measures' Steering Committee, Chairperson of the AONE Diversity Council, and a member of the AHA's Leadership Circle of Eliminating Racial and Ethnic Disparities in Health Care. She frequently speaks to groups across the country on the issues of the healthcare workforce, diversity, and strategic planning.



What Does it Take To Have An Equity Mindset?

G. Rumay Alexander, EdD, MSN, BSN, RN, FAAN

ANA Senior Equity Advisor

Clinical Professor & Asst. Dean for Relational Excellence

The University of North Carolina At Chapel Hill

Poll Question #1

1. Is equity a process or an outcome?
 - A. Equity is a process
 - B. Equity is an outcome



Poll Question #2

2. Which of the following is the most crucial for health equity achievement?

- A. Voting
- B. Curiosity
- C. Leadership
- D. None of the above



Hmmm...



\$93 Billion excess medical costs



\$42 Billion – lost productivity



35% of organizations that are diverse outperform their peers

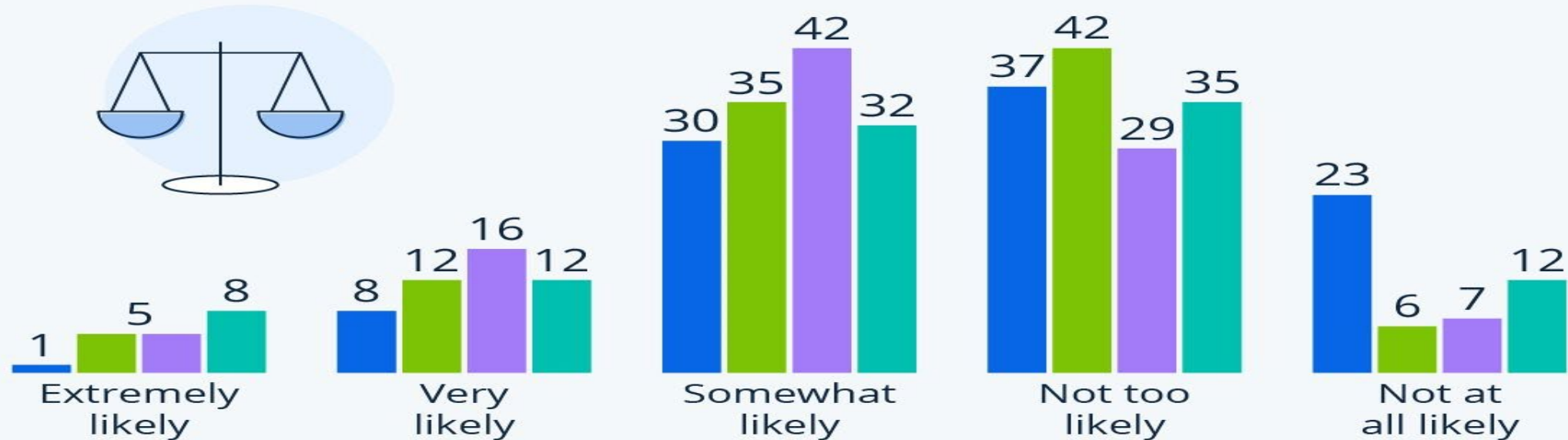


33% of organizations that are diverse in terms of their executive team, are more likely to outperform their peers

Americans Not Too Optimistic on Achieving Racial Equality

Share of respondents who say it's likely/unlikely there will be racial equality in the U.S. in their lifetime (in %)

■ Black ■ Asian ■ Hispanic ■ White



5,073 U.S. adults (18+ y/o) surveyed Apr. 10-16, 2023; "No answer" not displayed
Source: Pew Research Center



Equity Mindset: It's About...



A reflective process of the mind (personal & organizationally);



Shifting judgment (confirmation, structural, implicit biases);



Identifying where SDOH and Bias may be intersecting;



Decision making at all levels including personal;



Monitoring trends and patterns-Good or Bad;

Equity Mindset: It's About..

- Obtaining inclusive data by design such as:
 - race, gender identity, ableism, assessment of SDOH, brand in the community, market share, employee hired, retained, promoted, succession plans, who works at the workplace demographically , who occupies the C-Suite, etc.
- The development of skillsets, intelligences and processes that successfully address implicit and structural bias
- Increasing understanding between those served or with whom we worked and their best health;
- Providing boosts to the brand
- Identifying un-checked harm and the perpetuation of inequities

What's Belonging Go To Do With It?

- Othering fuels inequities
- Othering is more than not othering. It is not same-ing!
- Belonging invites us into curiosity and connectedness with respect and appreciation
- Inequity stories are about how someone has been excluded.
- The research is clear, those who find happiness and a sense of belonging are:
 - 31% more productive than peers;
 - 3X more creative than peers;
 - 87% less likely to leave the organization than their disengaged and unhappy peers;

When does equity fail?

- When applied to:
 - Language differences
 - Health literacy
 - Vision impairment
- Otherness...not **belonging** enters the room as defined by the majority
- NOTE:
 - Equality must occur before equity can be achieved. Equity does not mean equality.

References

- ** Chrystal L. Lewis, Alice Yan, Michelle Y. Williams, Lynette V. Apen, Cecelia L. Crawford, Lisa Morse, Anna M. Valdez, G. Rumay Alexander, Ernest Grant, Claire Valderama-Wallace, Dale Beatty, Health equity: A concept analysis, *Nursing Outlook*, Volume 71, Issue 5, 2023, 102032, ISSN 0029-6554, <https://doi.org/10.1016/j.outlook.2023.102032>, <https://www.sciencedirect.com/science/article/pii/S0029655423001379>
 - Kritek, P.B. (2002). *Negotiating at an uneven table: Developing moral courage in resolving conflicts*. San Francisco, CA: Jossey-Bass.
 - Porter-O'Grady, T., & Malloch, K. (2015). *Quantum leadership: Advancing innovation, transforming health care*. Burlington, MA: Jones & Barlett Learning.
 - ** Tost, L, Gino, f., & Larrick, R. (2013). When power makes others speechless: The negative impact of leader power on team performance. *Academy of Management Journal*, 56(5), 1465-1486.
- ** Accessible on [Project ECHO Racism in Nursing website](#) under Series 3 Resources**

Scenario:

A leadership position became open suddenly and an interim was appointed. The organization announced that a national search would be conducted and plans to do so, including hiring a search firm occurred.

A diverse search committee was formed, which included the interim. A robust effort was launched with a deadline for interviewing candidates of 3 months from the date of the position posting.

Many qualified candidates applied and 1 month before closing the search, the interim tossed her hat into the ring and applied. The search committee narrowed the pool to 3 individuals, provided the decision maker the strength and weaknesses of each, and the interim was hired.



Questions

- As a search committee member assisting in shaping the process with the search firm, what applicant criteria would you speak about as necessary for screening applicants using your equity mindset lens? What rules would you hope would guide the process?
- If you were the hiring decision maker and the search firm told you that the interim had applied, how would you have responded in words or actions?
- Would you have made the decision to hire the interim? Why or why not?
- How do you feel about the decision that was made and why?



Employing Curiosity

Detach- From your assumptions, biases, certainty;

Intend-Prepare your mindset and setting;

Value-See the dignity of every person

Embrace-Welcome the hard times in your life.

-Scott Shigeoka



The way to get started
is to quit talking and
begin doing.

Walt Disney



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Next ECHO:

When: Wednesday, September 20, 3:00-4:30pm ET

Topic: How do healthcare's concealed weapons of harm drive equity?

Presenter:

Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC

You will receive emails from the
Racism in Nursing Project ECHO team with:



An evaluation link
to help us improve!



A survey to
receive CNE



Slides from
today



Registration remains open!

Please share the QR code for registration (do not forward your unique zoom link).

[Click here](#) to explore educational videos, webinars and resources for change.

Fall, 2023: Virtual sessions every other week from 3-4:30 ET

Earn 1.5 CNE credit per session attended!



SEPTEMBER 6
What does it take to have an equity mindset?
G. RUMAY ALEXANDER, EdD, RN, FAAN
Professor, UNC School of Nursing
Senior Inclusion Advisor, ANA Enterprise



NOVEMBER 1
Barriers to health equity: is providing access enough?
DANICA SUMPTER, PhD, RN
Clinical Associate Professor,
University of Texas, Austin, School of Nursing



SEPTEMBER 20
How do healthcare's concealed weapons of harm drive inequity?
KATIE BOSTON-LEARY, PhD, MBA, RN, NEA-BC
Professor, University of Maryland School of Nursing
Director of Nursing Programs, ANA



NOVEMBER 15
How can cultural intelligence be the catalyst that perpetuates health equity?
ANGELA RICHARD-EAGLIN, DNP, MSN, FNP-BC, CNE, FAANP, CDE
Associate Dean for Equity, Yale School of Nursing



OCTOBER 4
How Do equity-minded nurses advance antiracism?
PIRI ACKERMAN-BARGER, PhD, RN, CNE, FAAN
Associate Dean for Health Equity, Diversity and Inclusion, UC Davis School of Nursing



NOVEMBER 29
How do we ensure health equity in a society built on white supremacy and oppression?
ROBERTA WAITE, EdD, RN, PMHCNS, ANEF, FAAN
Dean, Georgetown University School of Nursing



OCTOBER 18
How can we break barriers to health equity? Combating stereotypes and bias in healthcare
KELLIE BRYANT, DNP, WHNP, CHSE
Assistant Dean of Clinical Affairs and Simulation, Columbia School of Nursing



DECEMBER 13
Is anti-racist care possible under capitalism? Building a foundation of structural inclusion
DANISHA JENKINS, PhD, RN
Assistant Professor, San Diego State University