



National Commission to Address
Racism in Nursing

How Do Equity-Minded Nurses Advance Anti-racism?



WELCOME AND INTRODUCTIONS

- **Name:** Piri Ackerman-Barger, PhD, RN, CNE, ANEF, FAAN
- **Preferred pronouns:** She/Her
- **Connection to this work:** Associate Dean for Health Equity, Diversity and Inclusion, University of California Davis, Betty Irene Moore School of Nursing



Health Equity is an Outcome

What is Health Equity?

May 1, 2017 | Publisher: Robert Wood Johnson Foundation

Author(s): Braveman P, Arkin E, Orleans T, Proctor D, and Plough A



While the term health equity is used widely, a common understanding of what it means is lacking.

What is health equity?

In a report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Health Equity is an Outcome

*“ Health equity is assurance of the conditions for optimal health for **all people**. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. Health disparities will be eliminated when health equity is achieved.”*



Health Disparities

- A measurement that determines if a health outcome is seen to a greater or lesser degree between populations/groups/communities.



Example: People Experiencing Homelessness

- **Health Disparity:** Individuals experiencing homelessness have an average life span that is about 17.5 years shorter than the general population. *(Romansko, et al. 2021)*
- **Racial Health Disparity:** People from Hawaiian, Native American and African American decent are more likely to experience homelessness. *(National Alliance to End Homelessness, 2022)*

What is an equity-minded nurse?

Campaign for Action

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SEP 26, 2022



Advancing Health Equity: The Rise of Equity-Minded Nurses



Related News

Gender-Affirming Nursing is Equity-Minded Nursing

Advancing Health Equity: The Rise of Equity-Minded Nurses

A Trauma-Informed Approach Provides Framework for Achieving Health Equity

by Kupiri "Piri" Ackerman-Barger, PhD, RN, FAAN, Campaign Health Equity Fellow

<https://campaignforaction.org/the-rise-of-equity-minded-nurses/>

Becoming Equity-Minded: One

- Equity-minded healthcare professionals are those with the **knowledge, skills, and desire** to advance health equity.



Becoming Equity-Minded: Two

- Equity-minded healthcare professionals recognize themselves as **informed and capable drivers of change** who are uniquely poised to inform healthcare practice, policies, research, and educational standards.

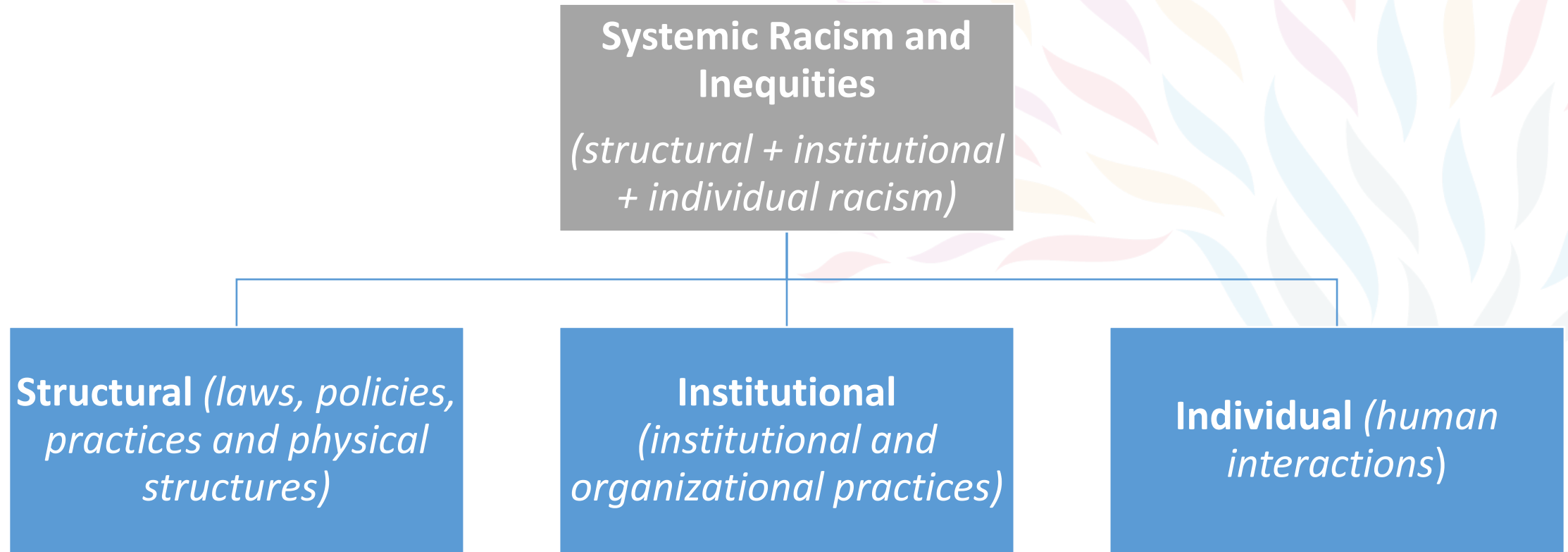


Becoming Equity-Minded: Three

- Equity-minded healthcare professionals so deeply understand and embrace health equity and social justice that these concepts emerge as **normalized, automatic and default** thought processes no matter the setting or the group of people they work with.



Racism and inequities as Wicked Problems

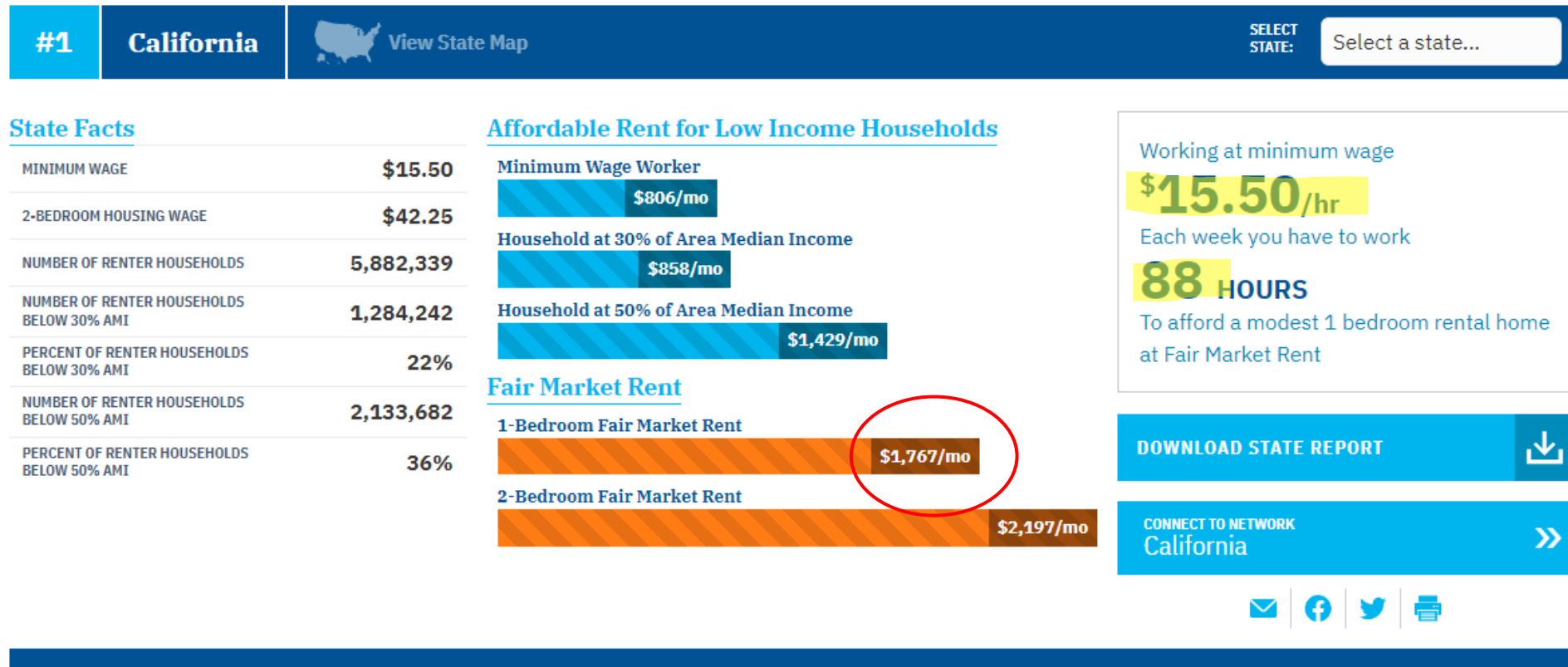


“The only way to undo racism is to consistently identify and describe it- and then dismantle it” Ibram Kendi




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Structural Inequities: Cost of Living



Structural Inequities: Minimum Wage

#21 **Texas**  [View State Map](#) SELECT STATE:

State Facts

MINIMUM WAGE	\$7.25
2-BEDROOM HOUSING WAGE	\$25.06
NUMBER OF RENTER HOUSEHOLDS	3,848,280
NUMBER OF RENTER HOUSEHOLDS BELOW 30% AMI	866,886
PERCENT OF RENTER HOUSEHOLDS BELOW 30% AMI	23%
NUMBER OF RENTER HOUSEHOLDS BELOW 50% AMI	1,455,299
PERCENT OF RENTER HOUSEHOLDS BELOW 50% AMI	38%

Affordable Rent for Low Income Households

Minimum Wage Worker
\$377/mo

Household at 30% of Area Median Income
\$690/mo


Household at 50% of Area Median Income
\$1,150/mo


Fair Market Rent





1-Bedroom Fair Market Rent
\$1,090/mo

2-Bedroom Fair Market Rent
\$1,303/mo

Working at minimum wage
\$7.25/hr
Each week you have to work
116 HOURS
To afford a modest 1 bedroom rental home at Fair Market Rent

[DOWNLOAD STATE REPORT](#) 

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Structural: Poverty Rates 2022

Group	Rate
Overall	11.5%
White	8.6%
Black	17.1%

<https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf>

Structural Racism: Homelessness and Poverty

- **Health Disparity:** Individuals experiencing homelessness have an average life span that is about **17.5 years** shorter than the general population. *(Romansko, et al. 2021)*
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Institutional Racism: Race- Norming

SPORTS

NFL Agrees To End Race-Based Brain Testing In \$1 Billion Settlement

The revised testing plan follows public outrage over the use of “race-norming.”

AP MARYCLAIRE DALE

10/20/2021 11:05pm EDT | Updated **October 21, 2021**

The league had agreed in June, amid the uproar, [to halt the use of race-norming](#), which assumes Black players start with lower cognitive function. That makes it harder to show they suffer from a mental deficit linked to their playing days.



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Institutional Racism: Race- Norming



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Removing Race from Estimates of Kidney Function

March 9, 2021 - A joint statement from the presidents of the American Society of Nephrology

Estimated glomerular filtration rate (eGFR) is one of the primary diagnostic methods for detecting and managing kidney diseases. The eGFR equation includes age, sex, race and/or body weight to approximate directly measured kidney function. **However, race is a social, not a biological, construct.**

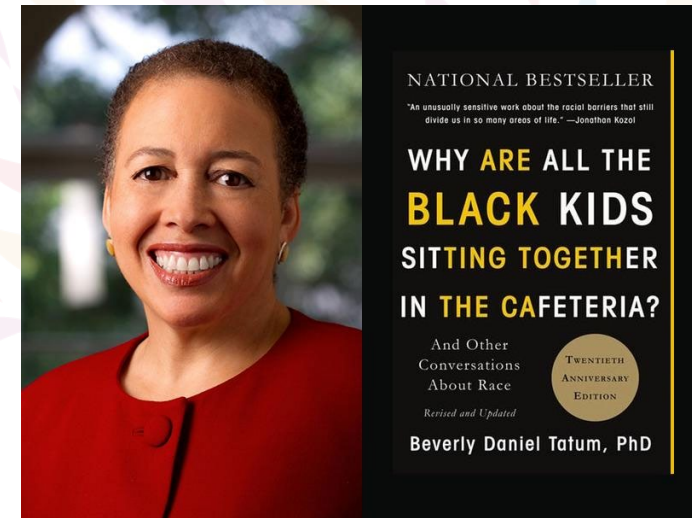
In an update sent to members of the American Society of Nephrology (ASN) and the National Kidney Foundation (NKF), the groups' **leaders asserted that race modifiers should not be included in equations used to estimate kidney function.** The leaders also stated that current race-based equations should be replaced by a substitute that is accurate, representative, unbiased, and provides a standardized approach to diagnosing kidney diseases.

Individual Inequities: The Smog of Racism

“Books, computer games, the Web, television - there are so many places that we can be exposed to stereotypes, that we can be exposed to distorted information. And there is a whole universe of information that we're not getting. Think about these stereotypes, these omissions, these distortions as a kind of environment that surrounds us, like smog in the air. We don't breathe it because we like it. We don't breathe it because we think it's good for us. We breathe it because it's the only air that's available.” *Beverly Daniel Tatum*

Race the Power of Illusion Interview on PBS

https://www.pbs.org/race/000_About/002_04-background-03-04.htm



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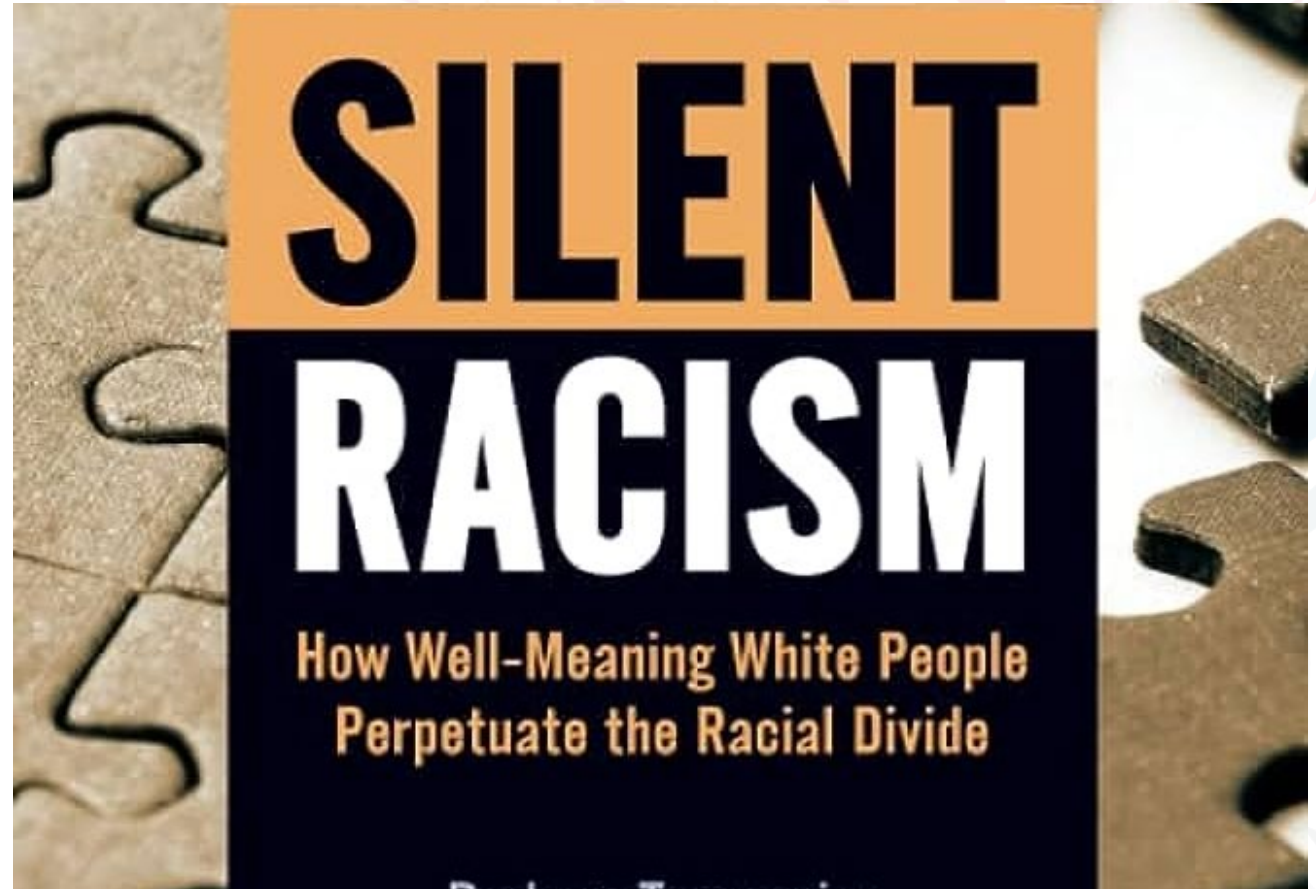
What Does it Mean to be Anti-racist?

- Ibram Kendi defined anti-racism as an **active state** where individuals and/or organizations effectively identify racist policies, practices, processes, behaviors, or ideas or actions and purposefully dismantles them ([Kendi, 2019](#)).



What Does it Mean to be Anti-racist?

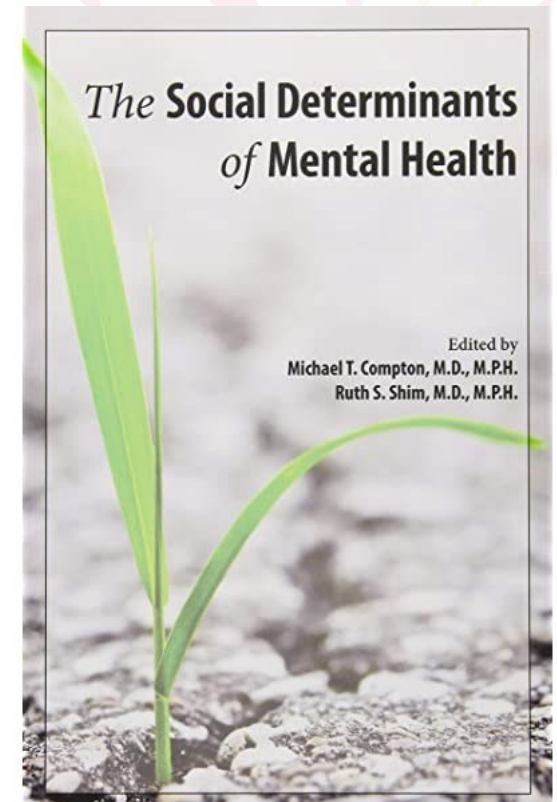
- Trepagnier also noted that anti-racism must be active when she said, “Antiracism refers to taking a committed stand against racism, a stand that translates into action that interrupts racism in all its forms, whether personal or institutional, blatant or routine, intended or unintended. **Antiracism is active by definition—the** opposite of passivity, which colludes with racism. If one claims to be antiracist but takes no action against racism, the claim is false” ([Trepagnier, 2010](#)) (p. 104).



Someone should do something about this!

Shim, et al. 2015 observed,

- We need to move from a culture of witnessing the negative impact of the social environment on mental health and thinking, “someone should do something about this” to “I should do something about this” to “I can do something about this”. Through community involvement to shift social norms and through engagement with legislative process to improve public policy, we can experience a sense of community-focused agency, promote a more equal distribution of opportunity, and begin to heal an unfair and unwell society. (p.18)



ARE WE WILLING TO DO SOMETHING ABOUT THIS?



- Nikole Hannah-Jones said, “When we talk about systemic inequality, it kind of alleviates us from acting,” she said. We can kind of throw our hands up and say, ‘Well, it’s too big. It was created a long time ago. There’s nothing I can do personally.’ But that’s not true. ... It was created intentionally, which means it can be intentionally undone. The question is: Are we willing to put the same amount of effort into undoing inequality as we did into creating it?”

WE CAN DO SOMETHING ABOUT THIS!

“The health equity movement is just that: a movement of people committed to advancing health equity for all communities. It requires the participation and unwavering commitment of all of us, working together to address the determinants of health and advocating for improving the quality of life for those who have been historically ignored and excluded from opportunities afforded other privileged groups” (Williams, 2020, p. xi).

The Political Determinants *of* Health



Daniel E. Dawes

Foreword by
DAVID R. WILLIAMS



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Case Scenario: From Student Interview

I was doing my pediatric rotation and had a newborn from a Hispanic family, who was not doing well. We have this thing called “Mollera”, the front fontanelle, the soft part at the front of the head. We believe if you press on it or if you shake the baby too much, well, it’s super taboo for us to touch it. It’s part of the nursing physical assessment to palpate fontanelle. I went in with my preceptor and she did it. I was paying attention to the family because I knew what that meant for us. Since the baby was already not in the best health, their facial expression was one of almost terror- like, “Why are you touching my baby there?” But they didn’t say anything. So when my preceptor said, “Now you do it.” I said, “you know actually ... I think that’s okay. I’ll do the other things. I can explain to you about it after”. I did the rest of the assessment and when we walked out, I tried to explain to her how it was taboo and that she had already done it. I was trying to have a patient centered approach to my care. I got slammed for it. She was actually very upset with me that I had disobeyed her in front of the patient’s family. From that point on, it was just horrendous my experience with her. I almost failed that rotation.

I ended up talking to my department ahead. However, when I went to talk to them, they were already aware because the preceptor had called and said I wasn’t doing as I was told. I was told to do to suck it up. At our School of Nursing, if you fail the class, you fail the year. You repeat. There is no remediation for any clinical or any class that we do. The pressure is immense to pass. What ends up happening is that we get these preceptors who are very insensitive to cultural and diversity. When we speak out, (I’m not the only student who has experienced this) we tell each other. The students of color at the School of Nursing warn each other about certain preceptors, about saying certain things. We have it as culture within our school that we warn each other because every year one minority student of the entering class fails out. It’s usually because of a preceptor and it usually because of the same preceptor all the time