



# The Need for Diversity, Equity, and Inclusion towards conducting Antiracist Nursing RESEARCH


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**NATIONAL ADVISORY COUNCIL FOR NURSING RESEARCH**

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# Presentation Objectives

- By the end of this presentation participants will be able to:
  - 1. Discuss the need / drivers for diversity, equity and inclusion in nursing research
  - 2. Discuss the importance of the nursing profession, NINR and its role in fostering antiracist nursing research
  - 3. Articulate the SDH, Health Equity, and DEI drivers of antiracist nursing research
  - 4. List approaches that support doing antiracist nursing research

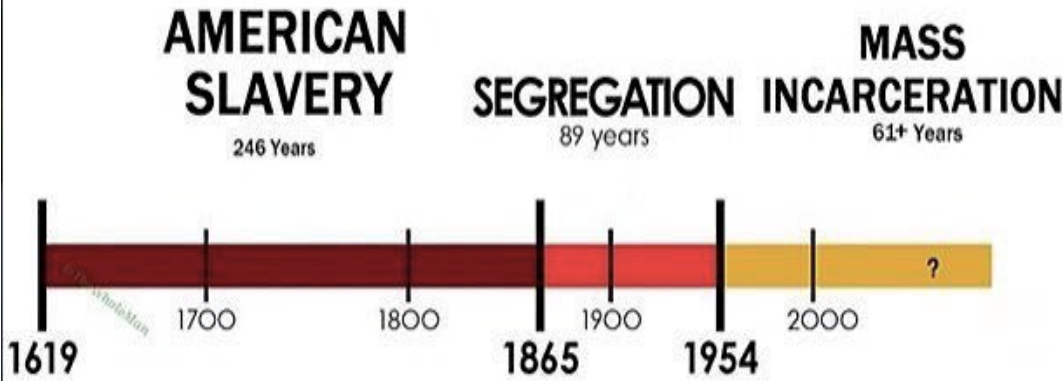


“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Rev. Dr. Martin Luther King Jr.

# Racism is deeply rooted in the U.S. against Blacks and other People of color

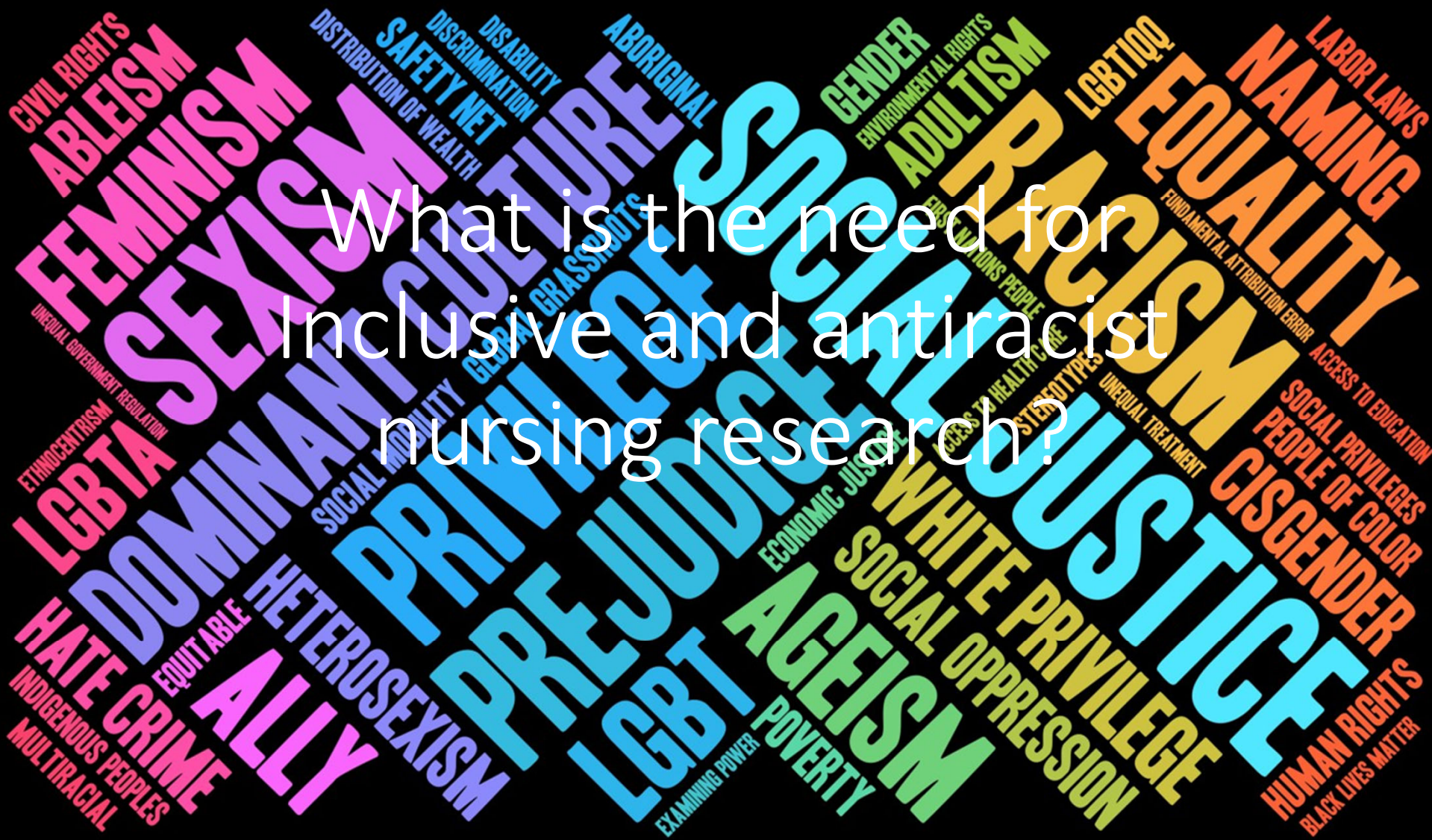
# BLACK LIVES MATTER



# Dr. Ibram X. Kendi: How to be an Antiracist

- Believes that there is no in between safe space of being “**Not Racist**”, one is either “**RACIST**” or “**ANTIRACIST**”
  - The claim of not racist neutrality is a mask for racism
- **What’s the Difference?**
  - A *racist* endorses the idea of a **racial hierarchy**
  - An *antiracist* endorses the idea of **racial equality**
- **Research is either Racist or Antiracist**

What is the need for  
Inclusive and antiracist  
nursing research?



# History of Medical Atrocities = Mistrust

- **Tuskegee Syphilis Study: USPHS 1932-1972**
  - Purpose of the study was to observe the natural history of untreated syphilis in the negro male even though treatment was available
- **Henrietta Lacks**
  - An African-American woman whose cancer cells are the source of the HeLa cell line that were taken without her consent
- **Mississippi Appendectomy: 1920s – 1980s**
  - The “Mississippi Appendectomy” was the medical practice that provided involuntary sterilization to poor, black, women who were deemed unfit to reproduce. The term itself was coined by Fannie Lou Hammer.
- **Dr. Susan Moore: Black Physician discriminated against died of COVID**
  - <https://www.youtube.com/watch?v=XpLBhAcTpTw>

When White  
folks catch a  
cold, Black  
folks get  
pneumonia

## Health Care Disparities

The World Health Organization (WHO)  
defines health disparities as:

Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play



Figure 1

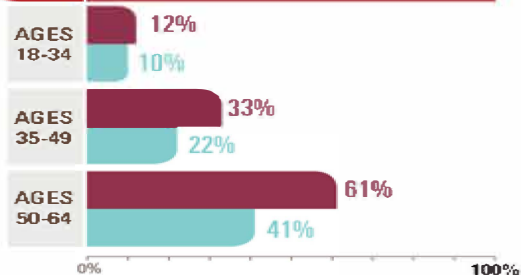
# Social Determinants of Health

<b>Economic Stability</b>	<b>Neighborhood and Physical Environment</b>	<b>Education</b>	<b>Food</b>	<b>Community and Social Context</b>	<b>Health Care System</b>
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

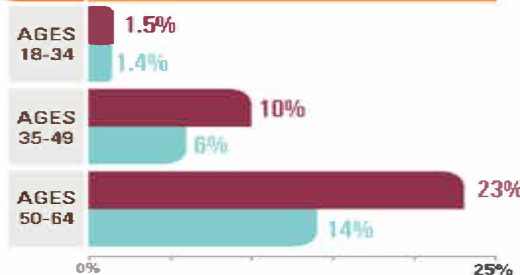
## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

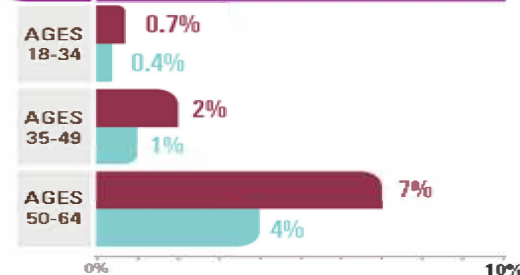
## High Blood Pressure



## Diabetes



## Stroke



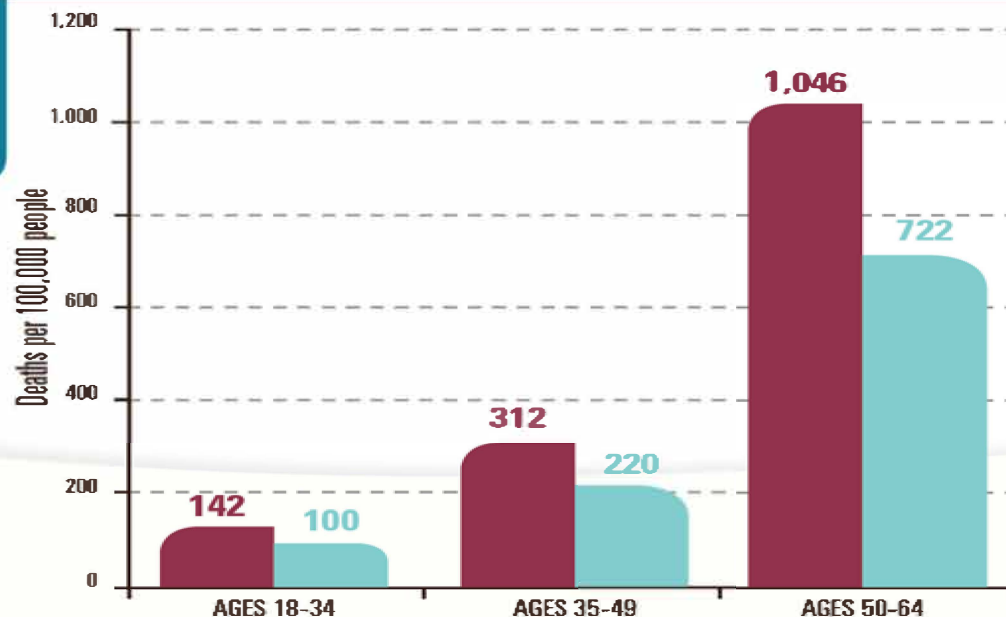
African American

White

African Americans and whites include Hispanic and non-Hispanic origin.

SOURCE: Behavioral Risk Factor Surveillance System, 2015.

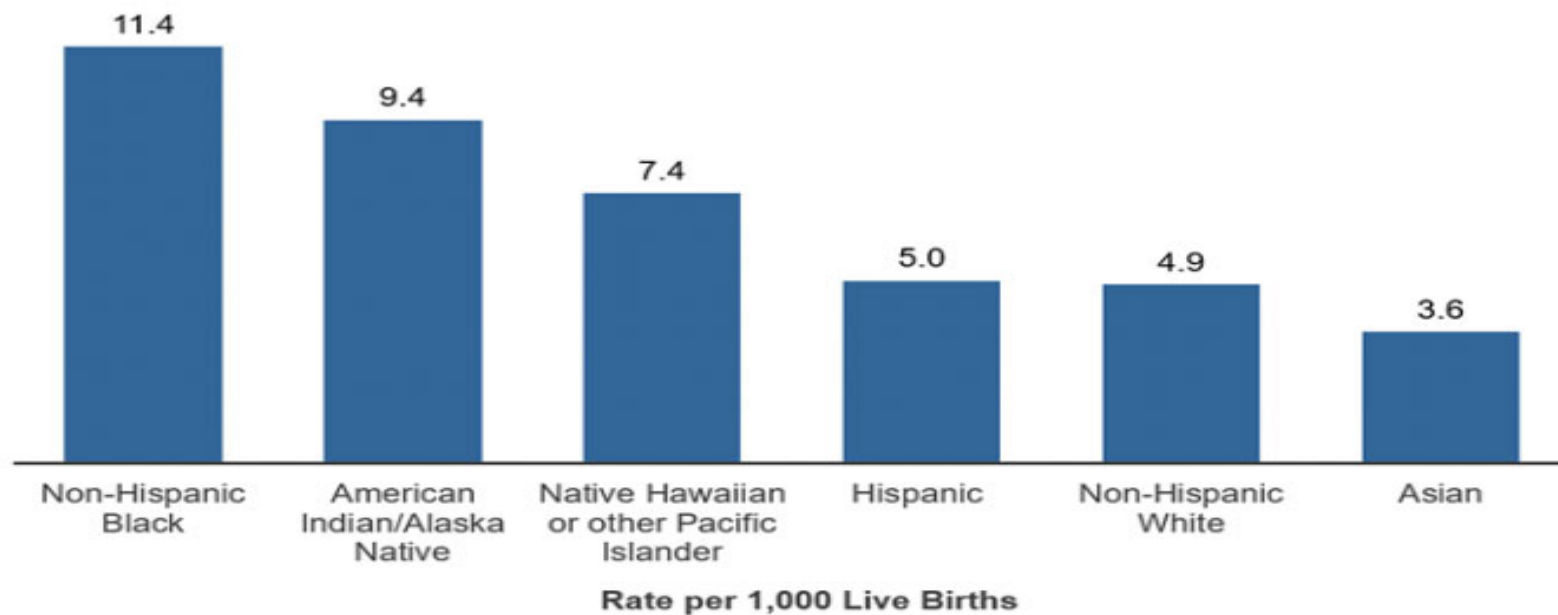
African Americans are more likely to die at early ages from all causes.



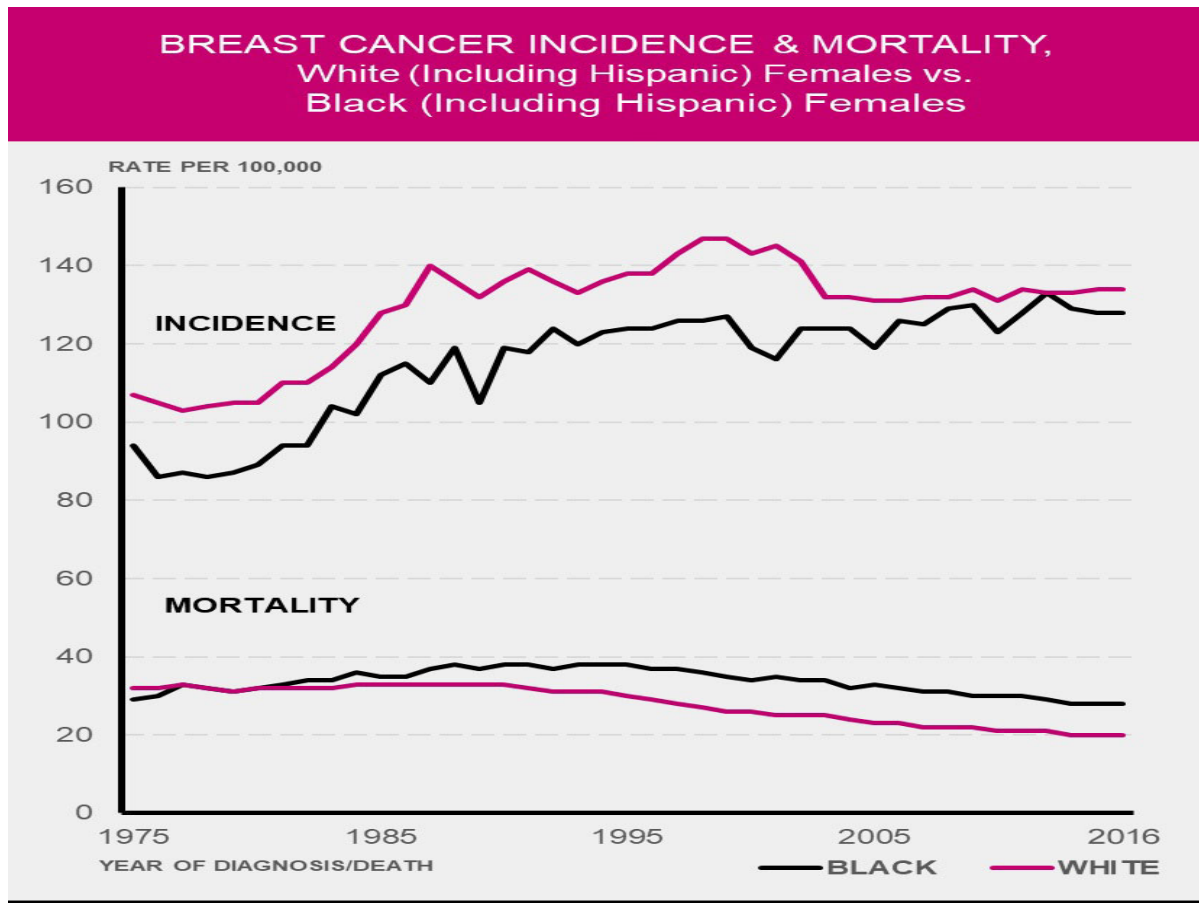
SOURCE: US Vital Statistics, 2015.

# Maternal Mortality (NCHS, 2016)

- Black and American Indian/Alaska Native women were about 3 times as likely to die from a pregnancy-related cause as White women



# Breast Cancer Incidence and Mortality



- Blacks have the highest breast cancer mortality rate
- **Recent trends point to incidence increasing among black women, aged 60–79 years**

# Disparities in HIV CDC, 2017

## What is a health disparity?

A disproportionate number of health conditions and deaths compared with the general population

African Americans make up 13 percent of the U.S. population ...



... but represent almost half of all new HIV cases.



- First identified in 1981 this world-wide pandemic is still present and disproportionately affects African-Americans
- Effective treatment exist (anti-retrovirals)
- PrEP and PEP exist
- 40 years into the HIV/AIDS Pandemic there is still no CURE or VACCINE

# COVID-19 Revealed Health Disparities

- The rate of Black fatalities is 2.4 times that of whites with COVID-19. In states including Michigan, Kansas and Wisconsin and in Washington, D.C., [that ratio jumps](#) to five to seven Black people dying of COVID-19 complications for every one white death
- Blacks are only **13%** of the population but account for **30%** of COVID-19 cases across 14 states where data is available = ***SYNDEMIC CONDITIONS***
- **Why the differences in infection and death rates from COVID-19**
  - Over-representation of Blacks in the “essential workforce” (HHA, Janitors, Food service, Laundry)
  - Population density (Public Housing, Transportation)
  - Historic trauma, mistrust, medical bias, structural racism, cultural incompetence
  - Lower health insurance rates, lack of Medicaid expansion (Especially in the Southern U.S)
  - **SDH**: Income inequality, employment discrimination, political gerrymandering
  - Higher prevalence of underlying chronic conditions (DM, HTN, Obesity, etc.)

# Health Equity

Dr. Camara  
Jones (2014)

- **Health Equity**: Assurance of the conditions for optimal health for all people
- **Three principles to achieve health equity**:
  - Providing resources according to need
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices

## The Nursing Profession Is

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- The largest segment of the healthcare workforce
  - 4 Million+ RN's
- The most trusted profession





**Data From 2013-2017 Found That Nursing in the United States Does Not Reflect the Country's Racial and Gender Diversity<sup>1</sup>**



**90%**

**FEMALE**

**80% WHITE**

# ANA Nursing Code of Ethics

- **Provision 1:** “Nurses must practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”
- **Provision 2:** “The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.”
- **Provision 3:** “The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.”
- **Provision 4:** “The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.”
- **Provision 5:** “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.”
- **Provision 6:** “The nurse, through continual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.”
- **Provision 7:** “The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.”
- **Provision 8:** “The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.”
- **Provision 9:** “The profession of nursing, collectively through its professional organizations, must articulate nursing

# The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

- **Vision**

- The achievement of health equity in the United States built on strengthened nursing capacity and expertise

- **Health Equity achieved through ten desired Nursing Outcomes**

- Nurses are prepared to act individually, through teams, and across sectors to meet challenges associated with an aging population, access to primary care, mental and behavioral health problems, structural racism, high maternal mortality and morbidity, and **elimination of the disproportionate disease burden carried by specific segments of the U.S. population**
- **Nurses reflect the people and communities served throughout the nation, helping to ensure that individuals receive culturally competent, equitable health care services**
- Health care systems enable and support nurses to tailor care to meet the specific medical and social needs of **diverse patients to optimize their health**

# The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

- **Nursing Roles and Leadership**

- Conclusion 9-4: Nurse leaders have a **responsibility** to address structural racism, cultural racism, and discrimination based on identity (e.g., sexual orientation, gender), place (e.g., rural, urban), and circumstances (e.g., disabled, mental health condition) **within the nursing profession** and to help build structures and systems at the societal level that address these issues to promote health equity

- **Recommendation 9:**

- The National Institutes of Health, the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Administration for Children and Families, the Administration for Community Living, and private associations and foundations should convene representatives from nursing, public health, and health care **to develop and support a research agenda and evidence base** describing the impact of nursing interventions, including multisector collaboration, on social determinants of health, environmental health, health equity, and nurses' health and well-being

# National Institute of Nursing Research

- **Mission**

- The mission of the National Institute of Nursing Research (NINR) is to promote and improve the health of individuals, families, and communities.

- **Strategic Plan**

- Symptom Science: Promoting Personalized Health Strategies
- Wellness: Promoting Health and Preventing Disease
- Self-Management: Improving Quality of Life for Individuals with Chronic Illness
- End-of-Life and Palliative Care: The Science of Compassion

# NINR History and Budget

- 1985: NCNR Established
- April 1986 – June 1987: **Dr. Doris Merritt** Acting director of NCNR
- June 1987 – March 1994: **Dr. Ada Sue Hinshaw** serves as the first Director of NCNR
- June 10, 1993: NCNR achieves Institute status at NIH
- July 1994 – April 1995: **Dr. Suzanne Hurd** serves as Acting Director of the NINR
- April 3, 1995: **Dr. Patricia A. Grady** is appointed Director of the NINR
- 1997: End of life and Palliative care research
- 2005-2006: 20<sup>th</sup> NINR Anniversary
- 2010-2011: 25<sup>th</sup> NINR Anniversary
- 2015-2016: 30<sup>th</sup> NINR Anniversary
- October 14, 2020: **Dr. Shannon Zenk** is appointed Director of NINR

- Initial NCNR Budget: \$16M
- FY 2000: \$90.2M
- FY 2005: \$138M
- FY 2010: \$145.6M
- FY 2015: \$150M
- FY 2017: \$146M
- FY 2020: \$169M

## Factual Observations

- Since its inception, the NINR directors have all been White Women
- NINR funding has consistently gone up, but study priorities have not considered an antiracist agenda

## Nurses You Should Know

- A website and archive celebrating the contributions of BIPOC nurses to the nursing profession.
- Started by nurses and launched on February 1, 2021 to coincide with Black History Month
- Website:  
<https://medium.com/nurses-you-should-know>
- My Profile:  
<https://medium.com/nurses-you-should-know/sheldon-d-fields-5d0d219e31e6>



# How to be Antiracist in Nursing Research

- **Teach a more inclusive and diverse version of nursing history**
  - Teach the contributions of BIPOC nurses to the profession
  - Avoid teaching a narrow white female Eurocentric focus of nursing history
- **Diversify the NINR and Prioritize inclusive antiracist research**
  - Leadership, Funding priorities, Strategic Planning, Review Panels
  - Set mandatory diversity and inclusion criteria in sampling / recruiting
- **Consider the use Critical Race Theory as a framework for research projects**
  - A paradigm to investigate the root causes of health disparities
  - Based on race equity and social justice principles
  - Community based participatory approaches
- **Infuse DEI and social health justice principles into nursing practicum/practice courses at all levels**
  - **Get creative and focus on the Political Determinants of Health**
  - **Use community-based factors: Not just a focus on statistical significance**
- **Establish nursing research post-docs with antiracist restorative justice objectives focused on health disparities**
  - **Be intentional in the focus on healthcare disparities to find solutions**



# Take Home Points

- **Racism in the U.S exist and persist**
- Health disparities in BIPOC people persist
- **COVID-19 revealed the extent of BIPOC health disparities**
- Nursing is a critically important part of the healthcare system that impacts health disparities
- **Past Medical research atrocities = Medical Mistrust that must be addressed before antiracist research can be done**
- Conducting antiracist research will help us achieve health equity
- **Nursing is in a unique position to put forth an antiracist research agenda and there are many things that can be done**

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