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**Diversity, Equity, and Inclusion Expert Sharing Meeting**

**March 1, 2021**

**1:00- 2:00 PM CST**

**Participants:** Becky Wiseman, Mary Val Palumbo, Jana Bitton, Patricia Moulton Burwell, Sofia Aragon, Clark Ellis Ruttinger, LaNelle Weems, Pam Lauer, Jennifer Wright, Laura Hudson, Meggin Lorino, Edna Cadmus, Ingrid Johnson, Carrie Oliveira, Deborah Elliott, Linda Roberts, Angelina Flores-Montoya

* Colorado- working on diversify the nursing workforce since 2014. Looked at holistic admission processes. We were not seeing 1st generation, students of colors gaining admission into the nursing programs. Built a mentoring workshop through a HRSA grant. Provides mentors with a self-assessment and the tools to become more aware of cultural issues. We need to look past GPA and life experience to diversify. Nurse educators are worried that they will not pass the NCLEX. Holistic admission students pass the NCLEX at the same rate as others. How do we get out there and create a workforce that mirrors the population that we are trying to serve? I sat on a diversity panel discussion and one of the big points of frustration with some of our state DEI leads is that we bring diverse populations in a CNAs and never move them up the career ladder. Until we can help convert those CNAs to higher level positions (and thus more decision making) we will continue to be stuck. Our APRN Fellowship is probably the only specific program and aims to recruit diverse nurses to become APRNs. We are mirroring the population in that recruitment within our program. It's hard...
* Oregon- started working on cultural competence among the nursing workforce for working with patients and their peers. Identifying the problem is not that hard- addressing the problem is hard. Have had several HRSA grants to address the nursing workforce diversity but have not seen a significant change in the workforce. Have seen a change in the nursing schools. Still have a lot of the Man Enough to be a Nurse posters left over from their campaign 14 years ago.
* Washington- working to bring the Colorado mentoring workshop to nursing faculty. Our faculty mirrors the national trends in diversity. Have 7 mentor-faculty pairs that are working together. We see diversity in pre-licensure groups, but in leadership roles and with master’s degree and higher, diversity drops. Are seeing an urgency to replenish the leadership pool post-COVID. The male/female dynamic would be interesting and how the culture of nursing impacts nursing admissions. We have been trying to collect diversity data on the five federal categories and expanding to other groups that are in Washington. Found under-represented groups were not less likely to get a BSN other than Native Americans. About 30% of RNs in WA were another health professional prior to becoming an RN. Some community colleges still require CNA for admission into RN. There's data that nurses who choose CNA and those that acquire CNA with the intention of RN are different.
* New Jersey- Our workforce is more diverse than some of the states but see the same issues with faculty and students in PhD program are primarily white. Just finished a study related to LPNs to see how they are being utilized in the practice environment. Also seen a 11% decrease in the state LPN NCLEX pass rate. Do not have CNA or Home Health Aide data- so are working on that. LPNs also feel stuck as well and feel there is not a way for them to easily move up.
* Iowa- There is a direct care workforce bill under consideration in our state right now. CNAs are monitored by our states Department of Inspections and Appeals, but we have no database about other direct care workers in our state. About 2/3rds of our RNs started out as CNAs and they seem to be more prepared.
* Vermont- seems like there was more opportunities to discuss diversity in this last year, Vermont is pretty much a white state. Do not feel like they have had much progress even with getting more men in the workforce. Did a little research after the are you Man enough to be a nurse campaign to see where Vermont was at.
* Hawaii- do not have an ethnic majority in the state- the largest is 30%, do not have a problem with lack of heterogeneity- we have more of a problem with representation of the population. Our concern is our indigenous population- Native Hawaiians they are well-represented at the lower levels of nursing but not as nursing faculty, APRNS etc. they are not. Have not figured out whey they are underrepresented. Are also working to figure out what that means and what are the consequences if we do not. Many states are at the level 1 of just trying to get more diversity and we are working on the 2nd level of diversity. We do a lot of infographics to show the problem. Really working on the message that we need diversity at the leadership levels. Also look at vulnerable populations. The health systems and homeless shelters are run by diverse nurses which help send the message that they belong in higher level positions.
* Mississippi- just the entry criteria to get into nursing programs prevent a lot of admissions, have had a lot of proprietary LPN programs
* New York- we are trying to replicate Rhode Island’s program that is a charter high school that prepares students for health careers and recruit diverse students- all of them become CNAs while they are in high school and then move to a nursing program, the Center for Health Workforce Studies had a report on Nurse Practitioners and for New York 50% of the black NPs work in shortage areas and are close to representing the population in New York. For NPs that are younger than 50 they are more racially and ethnic diverse. <https://www.chwsny.org/wp-content/uploads/2021/01/NP-Diversity-Brief_2021.pdf>
* Illinois- we currently have legislation so that every health care provider will have to take 1 hour course on cultural competence. Illinois has had dual enrollment between high schools and colleges for about 10 years which was intended to increase racial and ethnic diversity. They don’t end up going to college. An issue with dual enrollment is having a teacher in a rural area that can teach the college classes with enough college credits.
* The NCSBN/Forum survey results will be releasing their publication later this month and confirms what everyone talked about today.