Partnering for health equity and reduction of disparities

Gertrude Brown Thomas DNP, MSN, BSN, RN
Hennepin Healthcare – DPNs of Color
University of Minnesota school of Nursing, Minneapolis, Minnesota State,

Background
• Narrowing the gap in health equity and outcomes demands a new perspective.
• In their 2021 document The Future of Nursing 2020-2030: The National Academies of Science, Engineering, and Medicine identify ways in which nurses should work with the interdisciplinary team to eliminate disparities in healthcare and move towards equitable care delivery.1
• Partnership across disciplines backed by actions that deliver care with a focus on equity will bring us closer narrowing equity gap.2
• Including communities in decisions that affect their outcome is yields results.3

Purpose: To evaluate Nursing knowledge & participation in DEI initiatives that affect equity outcomes in one healthcare setting

Methods
• Design: Qualitative study through interviews and observation
• Setting: Safety net hospital Minneapolis, Minnesota
• Sample: Leaders across disciplines, nursing staff and community members.
• Observation through volunteering, collaboration and direct interview
• Tool: Interview questions from the American Hospitals Association Equity toolkit.4

Results
• Two 1:1 extensive interviews conducted with Nurse executive and DEI executive showed extensive work driven by the organization’s strategic plan to improve health equity and reduce disparities in health outcomes for the community is in focus.
• Observation with notes from talent garden-black women in white coat initiative showed limited knowledge and participation of nurses from across the organization.
• Volunteer-observation of community in people of color Health career fair & random interview of nurses showed limited knowledge/interest & participation in DEI the initiatives.

Table 1. Leaders Perspective on DEI Partnership for equity

<table>
<thead>
<tr>
<th>Questions from the AHA equity toolkit</th>
<th>Nursing leader perspective</th>
<th>DEI leader perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where does the organization stand in progressing the call action in partnering for health equity?</td>
<td>Still work to be done in nursing in the area of mentorship</td>
<td>Making changes through hiring &amp; representation</td>
</tr>
<tr>
<td>Inclusion of leaders to reflect the community</td>
<td>Pocket of structural section that we need to address</td>
<td>Outreach involvement - new leadership</td>
</tr>
<tr>
<td>Perspective on quality data stratification in care</td>
<td>Work in progress on analyzing data to impact change</td>
<td>More data collection to interventions</td>
</tr>
<tr>
<td>Perspective on Community involvement</td>
<td>Focus on addressing quality outcomes by race presented through data collection</td>
<td>Community leadership - Bringing in community vendors</td>
</tr>
<tr>
<td>Perspective on cultural competence</td>
<td>Need for bias training and trauma informed care education for nurses</td>
<td>Partnering on multiple fronts - job training, hiring practices, Ongoing education</td>
</tr>
</tbody>
</table>

Table 2. Participation and assessment of nurses’ knowledge in DEI partnership & works of equity

<table>
<thead>
<tr>
<th>Events observed</th>
<th>Nurses of color participation</th>
<th>Nurses not identified as nurses of color participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talent garden initiative observed participation</td>
<td>&lt;10%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Nurses knowledge of talent garden initiative</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>People of color career fair observed participation</td>
<td>&lt;10%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Nurses knowledge of people of color career fair</td>
<td>30%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Conclusion:
• Multiple initiatives to improve health equity and close the disparity gap is happening across the organization with minimal nursing involvement.
• There is limited knowledge & participation from nurses in ongoing work to close the equity gap and reduce health disparities.
• The community is ready for inclusion across discipline to improve health outcome.

Implications
• There is a high need for executives to form partnership with nurses (the largest sector of the healthcare workforce) beyond the executive level to make DEI initiatives a part of the organizations culture.
• Diversity, Education, and Inclusion (DEI) should be a focal point for cultural humility education across all levels of nursing curriculum.

Limitations
• Limitations of the study is based on the observations and interviews carried on at one organization. This limits generalization of findings to all healthcare organizations.
• The AHA tool on equity was structured and peer reviewed for adjustment to one setting. There was no test of internal validity of the interpretation of interview questions.

Next Steps
• Interview with Chief Medical officer followed expansion of descriptive study to include 2 other organizations from Metro area hospitals over a two- year period.
• Data stratification and publication.

References

Acknowledgements
• Dr. Stephanie Gingerich, DNP, RN, CPN
• Dr. Nona Keidstrøm PhD, MPH, MA
• Kelly White, MSN, RN

Contact: thom7453@umn.edu@dnpsofcolor.org