

EMBRACING THE CHALLENGE

Enhancing Diversity in Louisiana's Nursing Workforce



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Campaign for Action
IN LOUISIANA



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NURSING

The Louisiana Action Coalition Convenes Louisiana's First Statewide Nursing Workforce Diversity Think Tank

August 26, 2015 | 8:00 AM – 4:30 PM

PENNINGTON BIOMEDICAL RESEARCH CENTER | BATON ROUGE, LOUISIANA

OVERALL GOAL

To recruit and retain a diverse workforce that mirrors Louisiana's demographics and that is prepared to provide culturally competent care in a variety of settings to an aging and more ethnically diverse population.

GOAL FOR THE DAY

To develop an action plan that will lead to the creation of a diverse nursing workforce that is culturally competent and values inclusivity in the provision of healthcare in Louisiana.

SPONSORS

Blue Cross and Blue Shield of Louisiana
Department of Health and Hospitals Center for Community Preparedness
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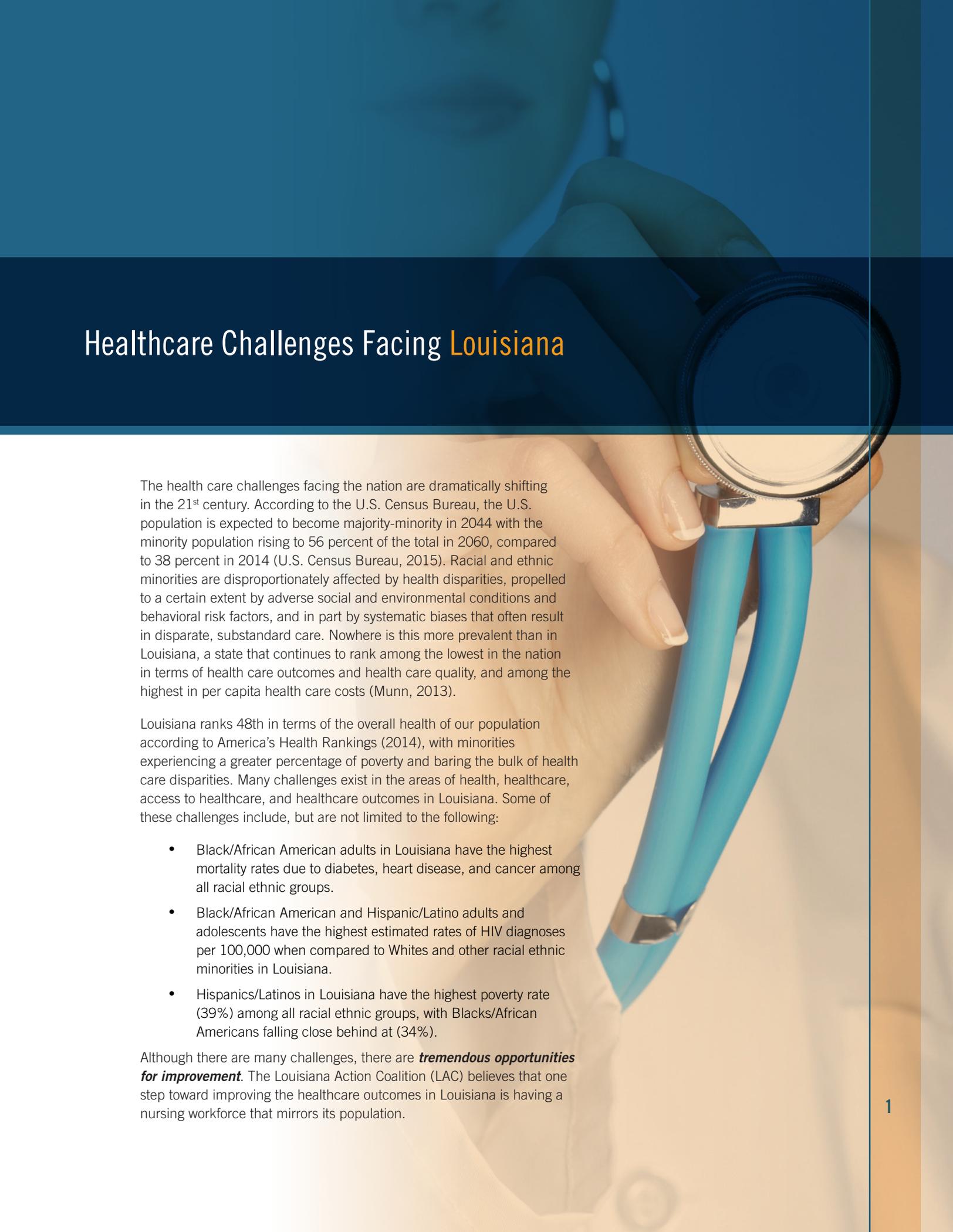
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Healthcare Challenges Facing Louisiana

The health care challenges facing the nation are dramatically shifting in the 21st century. According to the U.S. Census Bureau, the U.S. population is expected to become majority-minority in 2044 with the minority population rising to 56 percent of the total in 2060, compared to 38 percent in 2014 (U.S. Census Bureau, 2015). Racial and ethnic minorities are disproportionately affected by health disparities, propelled to a certain extent by adverse social and environmental conditions and behavioral risk factors, and in part by systematic biases that often result in disparate, substandard care. Nowhere is this more prevalent than in Louisiana, a state that continues to rank among the lowest in the nation in terms of health care outcomes and health care quality, and among the highest in per capita health care costs (Munn, 2013).

Louisiana ranks 48th in terms of the overall health of our population according to America's Health Rankings (2014), with minorities experiencing a greater percentage of poverty and bearing the bulk of health care disparities. Many challenges exist in the areas of health, healthcare, access to healthcare, and healthcare outcomes in Louisiana. Some of these challenges include, but are not limited to the following:

- Black/African American adults in Louisiana have the highest mortality rates due to diabetes, heart disease, and cancer among all racial ethnic groups.
- Black/African American and Hispanic/Latino adults and adolescents have the highest estimated rates of HIV diagnoses per 100,000 when compared to Whites and other racial ethnic minorities in Louisiana.
- Hispanics/Latinos in Louisiana have the highest poverty rate (39%) among all racial ethnic groups, with Blacks/African Americans falling close behind at (34%).

Although there are many challenges, there are **tremendous opportunities for improvement**. The Louisiana Action Coalition (LAC) believes that one step toward improving the healthcare outcomes in Louisiana is having a nursing workforce that mirrors its population.

The Institute of Medicine Report on the Future of Nursing

The landmark 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, recognized that the nursing workforce holds untapped power to transform the face of healthcare. With more than three million members, the nursing profession has nearly doubled since 1980 and represents the largest portion of the U.S. health care workforce (HRSA, 2010). Yet, as our nation is becoming more

and more diverse, “. . . the U.S. nursing workforce has historically been—and continues to be—predominantly white and female” (Villarruel, Washington, Lecher & Carver, p. 57, 2015).

Changing the demographic composition of the nursing workforce has the potential to foster better interaction and communication with underserved populations, thereby improving quality of care and health care outcomes, which may ultimately lead to a decrease in health care

costs (AACN, 2015). Health professionals who come from racial ethnic minority groups and/or socioeconomically disadvantaged backgrounds are more likely to serve in resource-poor and rural communities (HRSA Bureau of Health Professions, 2006). Furthermore, “It has been widely accepted that diversifying the nation’s healthcare workforce is a necessary strategy to increase access to quality healthcare for all populations, reduce health disparities, and achieve health equity” (Williams, et. al., 2014).

The Future of Nursing Campaign for Action

The National Future of Nursing Campaign for Action (CFA) is a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation that is committed to using the Institute of Medicine (IOM) report on the Future of Nursing framework to ensure that all Americans have access to high quality, patient-centered care in which nurses contribute as essential partners in system-wide transformation. One of the major recommendations from the IOM Report on the Future of Nursing emphasizes the importance of a diverse nursing workforce in meeting the public’s health needs, and providing more culturally relevant care. The Future of Nursing Campaign for Action created a Diversity Steering Committee to ensure that diversity is integrated in the work of all action coalitions. The mission of the committee is:

To narrow the health care disparities gap, to support the importance of a diverse workforce and to help prepare the discipline of nursing to care for an increasingly diverse population [in an effort] to ensure that all Americans, regardless of race, religion, creed, ethnicity, gender, sexual orientation, or any aspect of identity, will have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success (Future of Nursing Campaign for Action Diversity Steering Committee, 2014).

The Louisiana Action Coalition

The Louisiana Action Coalition (LAC) was established in February 2011 under the umbrella of the Future of Nursing CFA. LAC is comprised of a diverse group of stakeholders at the state level that can effect long-term, sustainable change. The mission of LAC is to provide leadership to advance the provision of high quality, patient-centered, cost-effective, culturally competent care by effectively implementing the recommendations from the IOM Report on the Future of Nursing in Louisiana. LAC works closely with the National CFA in implementing the recommendations from the *Institute of Medicine Report on the Future of Nursing; Leading Change, Advancing Health (2011)* at the state level. One of the goals of the CFA and LAC is to prepare a diverse nursing workforce that will provide culturally competent care in a variety of settings to an aging and more ethnically diverse population.

In Louisiana, nurses represent the largest component of the healthcare workforce. While Louisiana has a diverse mix of residents, its nursing workforce is highly homogeneous. Minorities represent 40 percent of the population, yet 19 percent of licensed registered nurses (RNs) residing in Louisiana are minorities (LSBN Annual Report, 2014), and even fewer (16%) are advanced practice registered nurses (APRNs). Additionally, only 11 percent of Louisiana’s nursing workforce is male (LSBN Annual Report, 2014), while 49 percent of the state’s total population is male (U.S. Census Bureau, 2013). Although certainly achievable, Louisiana will *be challenged to recruit and retain a diverse workforce that mirrors the state’s demographics.*

In line with the National Campaign for Action, LAC is aggressively pursuing strategies to create a culturally diverse, culturally competent, and inclusive nursing workforce in Louisiana. One of the first steps toward achieving this goal was to create a forum whereby stakeholders from across the state representing nursing education, nursing practice, nursing leadership, payer groups, business, faith-based communities, policy makers, graduate students, and others with a vested interest in increasing the diversity of Louisiana's nursing workforce could come together, gather information about diversity at the global, national, and state level, and begin the process of developing an action plan to enhance the diversity of Louisiana's nursing workforce.

Funding

LAC was granted its first State Implementation Program (SIP) grant from the Future of Nursing CFA by way of the Robert Wood Johnson Foundation in 2013 in the amount of \$150,000. The Rapides Foundation provided LAC with \$150,000 in matching funds. The two recommendations that LAC focused on with the initial SIP grant were IOM recommendation #1 which addresses the need to remove barriers that would prevent nurses from practicing to the full extent of their education and training, and IOM recommendation #8, which focuses on the need to obtain baseline supply data on Louisiana's advanced practice registered nurse (APRN) workforce. The funds were also used to hire a coordinator, develop a website for LAC, and provide forums across the state to engage stakeholders at the regional level in the work of LAC. In 2015, LAC received a second SIP grant in the amount of \$112,000. Matching funds for the second SIP grant were provided by the Louisiana Health Works Commission by way of the Louisiana Board of Regents, Blue Cross Blue Shield of Louisiana, and Gifted Healthcare. The focus of the second SIP grant is on leadership and increasing the diversity of the nursing workforce in Louisiana.

The LAC Nursing Workforce Diversity Think Tank Planning Committee

Stakeholders from across the state that articulated an interest in becoming involved with the work that LAC is doing in the area of diversity were invited to become a part of the Diversity Think Tank Planning Committee. The vast majority of the committee members had full-time jobs, but they were willing to give of their time, expertise, and energy to make the Diversity Think Tank a reality.

Louisiana's First Nursing Workforce Diversity Think Tank

On Wednesday, August 26, 2015 LAC convened **Louisiana's first Nursing Workforce Diversity Think Tank** which was held at Pennington Biomedical Research Center in Baton Rouge, Louisiana. The Nursing Workforce Diversity Think Tank brought together over eighty thought *leaders from across the state to accomplish the following objectives:*

- Formulate strategies/action steps to address regional and statewide gaps related to the diversity (racial/ethnic and gender) of Louisiana's RN workforce in the areas of education, leadership, and practice.
- Identify resources that were needed to implement the aforementioned strategies/action steps to enhance the diversity (racial/ethnic and gender) of Louisiana's nursing workforce.
- Establish baseline metrics and methodology to assess admission, attrition, and graduation rates for racial ethnic minority and male students enrolled in Louisiana's pre-RN licensure and APRN programs.

These thought leaders gathered together to address challenges, solutions, and resources needed to increase the diversity of Louisiana's RN and APRN workforce.

Diversity Think Tank Synthesizer and Presenters

Coletta Cooper Barrett, RN, FACHE, VP of Missions with Our Lady of the Lake Regional Medical Center, served as the 'Synthesizer' for the day. Ms. Barrett did an excellent job of making insightful connections between information that was shared by each of the presenters and attendees participating in the breakout sessions in a meaningful way which repeatedly brought everyone back to the overarching objective of the Nursing Workforce Diversity Think Tank which was "to develop an action plan that will lead to the creation of a diverse nursing workforce that values inclusivity, mirrors Louisiana's population, and is prepared to provide culturally competent care in a variety of settings to an aging and more ethnically diverse population.

Denise Bottcher, Interim State Director for AARP LA and Co-Lead for the Louisiana Action Coalition, gave a brief overview of the National CFA and an update about LAC. Ms. Bottcher also addressed the challenges of our present healthcare system such as an aging and sicker population, the lack of preventative care – 75% of

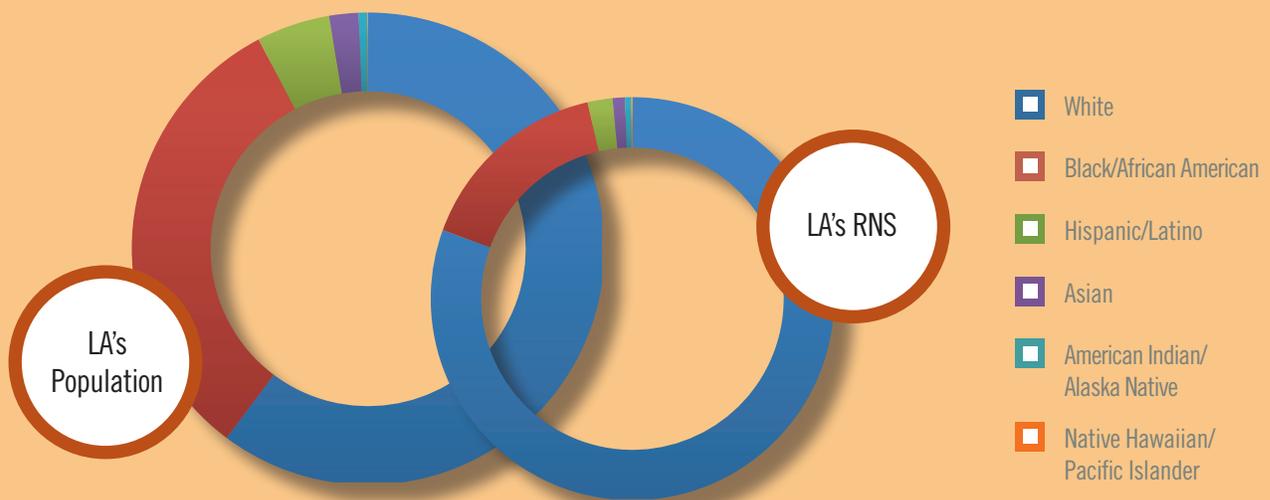


Figure 1. Racial Distribution of LA's RNs and LA's Population (2014 U. S. Census Bureau)

Louisiana is considered a health care professional shortage area, as well as the ever prevailing primary care shortage in our state. Ms. Bottcher emphasized the importance of nurses taking advantage of the opportunity to work with other stakeholders to lead the transformation of our healthcare delivery system by ensuring that every nurse be allowed to practice to the full extent of their education and training, by increasing the number of nurses that are serving on hospital and other health related boards, increasing the number of nurses with doctorates, and developing seamless education progression pathways for nurses desiring to further their education. Diversity is the thread that must be integrated within all of these initiatives.

Barbara Nichols, DNSc (hon) MS, RN, FAAN, served as the keynote speaker for the Nursing Workforce Diversity Think Tank. Dr. Nichols is one of two diversity consultants for the National Future of Nursing Campaign for Action. Dr. Nichols has been a consultant on credentials assessment and diversity to the Office of Minority Health, the U.S. Department of Labor, and the Department of Homeland Security. She was also the first African American nurse in 100 years to be President of the American Nurses Association and the Wisconsin Nurses Association, respectively. Dr. Nichols gave an excellent keynote presentation entitled *Diversity and the Global Nursing Workforce: Perspectives on Globalization and Health Policy* which set the stage for the charge for the day. Dr. Nichols addressed four policy issues: globalization, migration, demographics, and policy changes. She defined globalization as the mobility of capital, organizations, ideas, technology, and immigrants. Migration is the movement of people across borders, usually for the purpose of employment or acquiring new residence. It occurs within

countries (e.g., internal – rural to urban) or external through daily commuting, seasonal relocation or internationally. A global change in demographics means that you can no longer conceptualize “disease over there or disease over here.” The USA is becoming more multi: multi-ethnic; multi-racial; multi-linguistic; multi-religious; and multi-cultural. Defining issues that will need to be addressed include world poverty, economic inequalities, feminization of labor, globalization, migration, diversity, cultural competence, and embedded social justice.

Dr. Nichols’ keynote address opened the doors of the minds of the attendees and encouraged them to step outside of their virtual comfort box and step into the diverse world in which we live and work. Dr. Nichols’ interaction with the attendees, and input during the breakout sessions truly contributed to the success of the Think Tank.

Cynthia Bienemy, RN, PhD, Director of the Louisiana Center for Nursing and co-lead for the Louisiana Action Coalition followed Dr. Nichols with a presentation on the diversity of Louisiana’s registered nurse (RN) and APRN workforce. According to Dr. Bienemy the RN and APRN workforce in Louisiana continues to be majority White and female. Blacks/African Americans in Louisiana represent thirty two percent of the population, Hispanics/Latinos five percent, Asians two percent, and American Indian/Alaska Native and Native Hawaiians/Pacific Islanders approximately one percent (Figure 1). In 2014, the racial make-up of the RN workforce in Louisiana was eighty-one percent White, sixteen percent Black, two percent Hispanic, one percent Asian, and less than one percent American Indian/Alaska Native and Native Hawaiian/Pacific Islander (LSBN Annual Report, 2014).

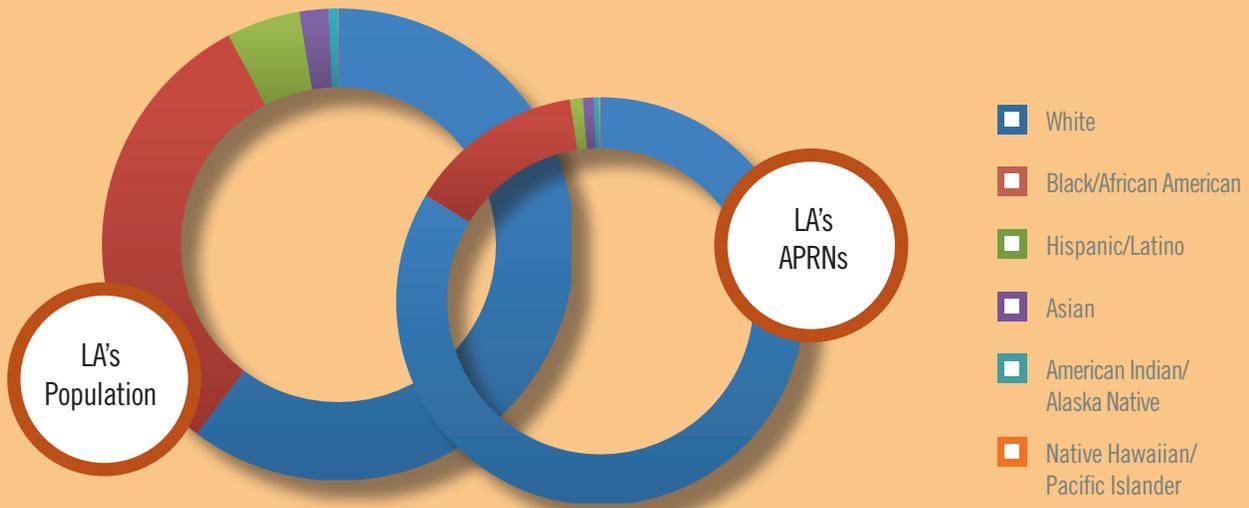


Figure 2. Racial Distribution of LA's APRNs and LA's Population (2014 U. S. Census Bureau)

The APRN workforce in Louisiana is eighty four percent White, fourteen percent Black/African American, one percent Hispanic/Latino, one percent Asian, and less than one half percent American Indian/Alaska Native and Native Hawaiian/Pacific Islander (Figure 2).

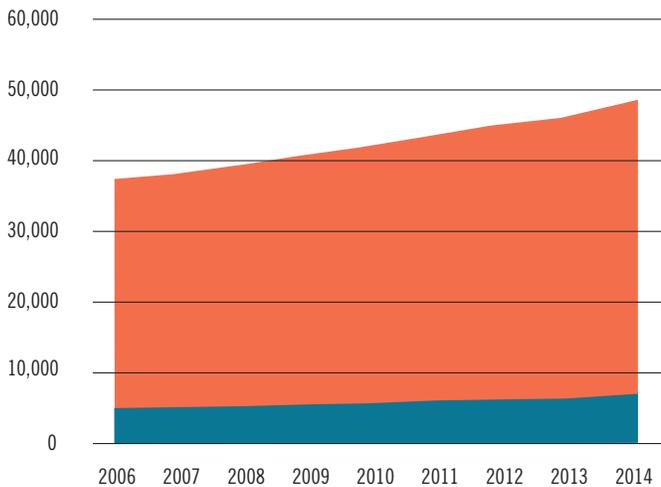


Figure 3. Gender distribution for licensed RNs residing in Louisiana - 2014

■ Females
 ■ Males

The gender distribution for Louisiana's population is 48.9 percent male and 51.1 percent female (U.S. Census Bureau, 2014). Yet, the gender distribution for RNs in Louisiana for the past five years has been 11 percent male and 89 percent female (Figure 3). Nationwide, approximately 9.6 percent of the RN workforce is represented by males (U.S. Census Bureau, 2013).

Figure 4 illustrates the gender distribution for the APRN workforce, although primarily female, is not as extreme in variation with 23 percent of its workforce represented by men (49 percent of the certified registered nurse anesthetists [CRNAs] are men). These state findings are in line with national findings which report that 41 percent of CRNAs are men (U.S. Census, 2013).

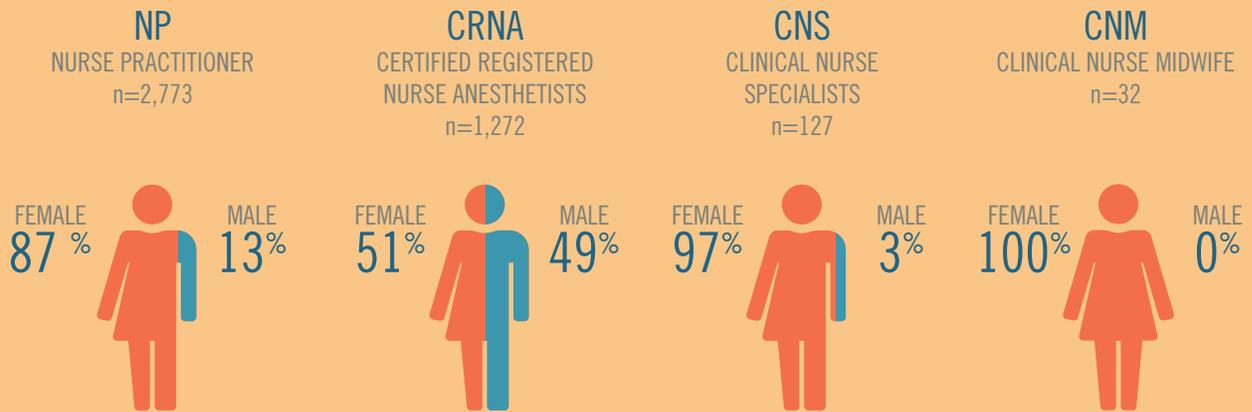


Figure 4. Gender distribution for licensed APRNs in Louisiana - 2014

According to findings from a recent report released by the Louisiana State Board of Nursing – Center for Nursing (2015) entitled *Advanced Practice Registered Nurses in Louisiana According to Role 2014*, there are substantial gaps in the diversity and gender of the nurse practitioner (NP) and CRNA workforce in Louisiana at the statewide and regional levels when compared to the population being served.

Breakout Sessions: Diversity and Nursing Education, Leadership, and Practice

Prior to the Think Tank all registrants were randomly divided into three groups: education, leadership, and practice. Upon signing in on the day of the Think Tank, each person was given an ID badge with a number placed on the badge (1, 2, or 3). The number on the attendee's badge would determine which working group they would be participating in for the remainder of the day. Each group was assigned a specific meeting room. Facilitators and scribes for each of the focus areas rotated to each of the groups for 50 minute sessions throughout the remainder of the afternoon. The facilitators were leaders in nursing education, practice, and the community. The scribes were doctoral nursing students from universities across Louisiana.

An abundance of rich information was shared by the participants that will be used to develop the LAC Nursing Workforce Diversity Action Plan. In the following section of the report you will hear from the over eighty thought leaders and stakeholders that participated in the Nursing Workforce Diversity Think Tank. The information is presented in as close as possible to the dialect that was used by the participant.





Diversity and Nursing Education

A major challenge for the nursing workforce is the underrepresentation of racial and ethnic minority groups and men in the profession. “Because of the current and future demographics of this country, it is important that schools of nursing address the issue of diversity in their curricula and overall programs. The issue of diversity has implications from two aspects in regards to nursing school programs: (1) the need to prepare professional nurses who are competent in providing culturally-specific or culturally competent care; and (2) the need

to respond to the educational needs of culturally or racially diverse students (Leonard, 2006).

“If the nursing workforce is to reflect the population served today and in the future, nursing professionals must embrace the challenge of educating and supporting minority and disadvantaged students and measure their efforts by the outcome evidence of increased diversity of the professional nursing workforce” (Swinney & Doba, 2008).

The education breakout sessions were facilitated by Dr. Norann Planchock, Dean Emeritus, Northwestern State University School of Nursing. The scribes were DNP students Rosa Lamerson (Southern University School of Nursing) and Jennifer Creech (Loyola University). The charge to this breakout group was to identify:

- 1 Challenges faced by minorities and males relative to admission, retention, and graduation from Louisiana’s RN and APRN programs;
 - 2 Strategies used to increase the pool of diverse nursing students enrolling in, and graduating from Louisiana’s accredited schools of nursing;
 - 3 Methods currently used by schools of nursing to track minority and male nursing students from admission to graduation;
 - 4 Available resources to provide minority and male students with the support that is needed to increase their success in nursing school;
 - 5 Resources outside of schools of nursing that can be used to improve the success of minorities in nursing school, including performance on the national council licensure examination for RNs (NCLEX-RN); and
 - 6 What stakeholders can do within the next 18 months to increase the success of minority students enrolled in or thinking about enrolling in pre-RN licensure programs in Louisiana?
-

DIVERSITY AND NURSING EDUCATION

1

Challenges faced by minorities and males relative to admission, retention, and graduation from Louisiana's RN and APRN programs

- Lack of male role models (more coaches than male teachers)
- Image of nursing is portrayed by the media to be a feminine career/profession
- Traditional image of a nurse (white hat, woman wearing a dress)
- Community concept of males and minorities in nursing (nursing viewed as a "Woman's job")
- Break-up of African American family
- Lack of family support (resources)
- Lack of knowledge; many are first generation students
- Culture has a greater push for athletics vs. academics
- Foundational issue that the culture of the minority community doesn't place emphasis on professionalism but rather focuses on sports and entertainment
- Language barrier; English as a second language
- Communication barrier - language of the community
- Lack of promotion of entry into nursing at a young age
- "Othering"; changing perceptions; the challenge is to help minorities see themselves differently (as professionals, as nurses) instead of how others typically see them
- Emotional intelligence (generational) "helicopter parents"

COMMON THEMES

Challenges faced by minority students include the perception that there is more focus on sports instead of academics; there is a disintegration of the African American family; a lack of support and involvement by the minority student's family; first generation students; language barriers; and feelings of isolation within schools of nursing. For male students, the stereotypical idea that nursing is a profession for women continues to prevail as the greatest challenge. Feelings of isolation, lack of support within schools of nursing, and a lack of mentors and advocates that look and speak like them were challenges common to both minority and male students.

- Generational differences cause differences in values and how we take care of people; "glued to technology" vs actual patient interactions
- Minority faculty penalized for helping Blacks/African Americans while no penalties for helping Whites; perceived preferential treatment
- Recruitment plan left off Black/African American middle and high schools (unintentional)
- Allow for dialogue to take place; teachers are fearful to talk to students (retaliation)
- From a student perspective; who cares about me? (lack of mentors and advocates)
- Minority and male students do not see people that look like them in faculty and leadership positions
- Limited number of minority and male faculty
- Minority faculty get tried by students – students do not feel that minority faculty are capable

DIVERSITY AND NURSING EDUCATION

2

Strategies that can be used to increase the pool of diverse nursing students enrolling in and graduating from Louisiana's accredited schools of nursing

- Celebrate diversity
- Implement pipeline programs
- Encourage early exposure to nursing
- Hold recruiting events at predominantly minority middle and high schools
- Schools should start with valuing diversity and creating an environment of mutual respect at the beginning of the program and imbed throughout
- Educational programs need to be more inclusive of the language of diversity and cultural awareness throughout the entire program
- Mentoring programs – helping minority students through courses with resources; starting with minority faculty
- Start sooner with guidance; middle school instead of high school; start coursework in high school that will prepare for post-secondary school success
- Help guide high school curriculum that will help minority students to be successful in nursing school; pre-nursing high school track (i.e., sciences, math)
- Identify learning styles of students
- Explain what it is actually like to be a nurse (outside of what is seen on TV)
- Identify students with family and childcare issues early on and provide support as needed

COMMON THEMES

Create a pipeline of minority nurses by first celebrating diversity, secondly by introducing minorities to the nursing profession at an early age, thirdly, providing resources (e.g., academic, social, emotional, financial) and finally, but most importantly, develop a plan to increase the diversity of the nursing workforce and be committed to the plan.

- Must be intentional in developing programs that meet students where their needs are (i.e., reading comprehension)
- There should be specific plans in place to help specific types of students succeed; not one plan for all students; there should be a teaching model developed for African American students (taking into consideration home-life, family structure, etc.)
- Formal and informal relationships with schools of nursing; identify at risk students and provide 'Life Coaching' to assist in maneuvering through school and the life of a nurse as a new graduate
- Incorporate retention programs
- Older faculty need to change delivery of instruction (i.e., traditional lecture vs hands on demonstrations); faculty development
- Provide financial incentives/ tuition reimbursement from hospitals
- Be realistic and committed to increasing the diversity of the nursing workforce



DIVERSITY AND NURSING EDUCATION

3

Methods currently used by schools of nursing to track minority and male nursing students from admission to graduation

- Seek best practices from universities and or community colleges that are tracking students
- Implement tracking programs to assess why students are dropping out; data gained at exit interview; systematic approach; identify contributing factors related to failing courses
- When students fail, we lose track of them because they are with new cohorts
- Family and childcare issues identified during tracking of students non-completion of a nursing program

COMMON THEMES

Although a method or methods for tracking minority students was not identified in this discussion which creates a substantial gap in the ability to obtain baseline data on attrition, retention, and graduation rates for minority and male students enrolled in schools of nursing in Louisiana, there was a recommendation for the implementation for a tracking program.

- Faculty have an obligation to meet with and assist struggling students
- Quantify individual progress with disadvantaged students before the student fails a course
- What does success look like?
- Use of other factors besides GPA for admission criterion (i.e., Holistic admission process)

4

Resources currently available to provide minority and male students with the support that is needed to increase their success in nursing school

- Intentional transparency
- Peer Mentor pilot program – pair upperclassmen with lower classmen; pay \$10/hr to mentor (nurse tutor and support group can derive from this program)
- National Black Nurses Association – provide mentorship; offer scholarships
- Chi Eta Phi bridging gap by networking with student nurses; assisting with resume building and search for opportunities for leadership or volunteer service work
- Minority Faculty Role-Models
- Universities have applied for funding to support students from disadvantaged backgrounds
- Scholarship tied to service; Train the Trainer Program; student obtains the scholarship then obligated to tutor others in the program
- Discoveringnurses.com by Johnson & Johnson – a program

COMMON THEMES

Valuing diversity appears to be seen as the first step in providing the support that is needed by minority students to increase their success in nursing school. Mentoring was also identified as a strategy to increase success. Mentoring can be conducted by nurses in practice, organizations, faculty, and by other students. Funding in the form of financial assistance, tuition reimbursement, and scholarships is also deemed important to enhance success in nursing school for minority students. Being intentional in exposing minority students to nursing as a profession beginning at the middle school level carrying over to high school is important for success, as well as taking into consideration the social determinants that impact success in nursing school such as being a caregiver, childcare, housing, and the need to work. Developing retention programs that take these roles/responsibilities into consideration may help to increase the success of minority students in schools of nursing. The role of student-faculty relationships was also suggested as contributing to the success of minority students in nursing.

- to increase awareness; use the same approach to recruitment as the coaches use for athletes or that the Honor's colleges use for retention
- National Student Nurses Association leadership programs

DIVERSITY AND NURSING EDUCATION

5

Resources outside of schools of nursing that can be used to improve the success of minorities in nursing school, including performance on the national council licensure examination for RNs (NCLEX-RN)

- In the past capitation money provided from legislation allowed for increased faculty and also allowed for more activities for students
- \$600,000 for Disadvantaged Student Scholarships
- Funding through work-study so that students can work less and study more to promote overall success in the program and on the NCLEX-RN exam.
- Create strategic partnerships with businesses/corporations

COMMON THEMES

Seeking funding for students and faculty from state, federal and private sources seems to be the primary method identified by attendees for obtaining resources needed to increase the success of minority students in nursing school. Hiring a retention specialist was seen as another avenue for supporting minority students enrolled in schools of nursing.

- Grant writing
- Retention specialist

6

What can we, as stakeholders, do within the next 18 months to increase the success of minority students enrolled in or thinking about enrolling in pre-RN licensure programs in Louisiana?

- Educate the faculty about diversity, and current data available through the Center for Nursing and LAC
- “Brother-Sister” Mentor Program; peer program pairing upper classmen to lower classmen
- Establish mentoring and accountability program
- Offer family nurse practitioners (FNP) incentives to become clinical instructors
- Preceptorship program
- Offer a tutor program as an outside resource
- Pay for review courses and exam fees as graduation gift to new nurses
- Target 3-4 parishes; start with small pipeline programs (Ouachita Parish)

COMMON THEMES

Mentorship for minority students seemed to be the most frequently identified strategy that attendees felt could be implemented within the next 18 months, followed by enhancing preceptorships, providing tutoring services, paying for review courses, making the connection between schools of nursing, high schools and hospitals, and guidance counselors; working with AHECs that are currently reaching out to students interested in a profession in healthcare, and intentionally targeting those students that are underrepresented.

- Make a connection between nursing schools and high schools and partner with hospitals
- Educate guidance counselors to promote nursing career/ programs to students
- Market nursing in a newer dimension and highlight available resources
- Area Health Education Center (AHEC) and Ambassador programs
- Target underrepresented students



Diversity and Nursing Leadership

According to the IOM Report on the Future of Nursing (2011), strong leadership is critical if the vision of a transformed health care system is realized. Therefore the nursing profession must produce leaders throughout the healthcare system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions. The style of leadership that is needed involves working with others as full partners within the context of mutual respect and collaboration. This leadership style has been associated with improved patient outcomes, a reduction in medical errors, and less turnover.

The American Organization of Nurse Executives (AONE) is committed to advocating for and achieving diversity within the community of nurse leaders and in the workplace environment. The organizational mission and strategic direction of AONE recognizes that the success of nursing leadership is dependent on reflecting the diversity of the communities nurses serve. AONE advocates promoting diversity in all forms. It is the position of AONE that diversity is one of the essential building blocks of a healthful practice/work environment (AONE, 2011).

“Minority nurses in influential leadership roles are more likely to be better positioned to directly influence resource allocation and the recruitment and retention of a diverse workforce, and shape organizational and national policies aimed at eliminating disparities” (Phillips and Malone, 2014).

As illustrated in Figure 5, approximately fifteen percent of nurse executives in Louisiana are minorities (13% Black/African American; 1% Hispanic/Latino; 1% Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander) and eighteen percent of nurse managers (15% Black/African American; 1% Hispanic/Latino; and less than 2% Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander).



Figure 5. Positions held by licensed RNs in Louisiana according to race/ethnicity - 2014

The Leadership Breakout sessions were facilitated by Ecoee Rooney, Director of Nursing Professional Development and Evidence Based Practice and Wound Ostomy Continence Nursing at Ochsner Medical Center in New Orleans. The scribes were DNP students Katherine Brown (Louisiana State University Health Science Center) and Mary Dudley (Southeastern University School of Nursing). The charge to this breakout group was to have guided discussions around the following questions related to diversity and leadership:

- 1 What are the challenges faced by minority and male nurses relative to attaining leadership roles in nursing?
- 2 How do we increase the number of minority and male nurses that are serving in leadership positions in practice settings?
- 3 How do we increase the number of minority and male nurses that are prepared and available to serve on boards that influence health policy?
- 4 What resources do we currently have in place to move the strategies that have been identified forward?
- 5 What can stakeholders do with in the next 18 months to increase the number of minority and male nurses serving in leadership positions in Louisiana?

1

Challenges faced by minorities and male nurses relative to attaining leadership roles in nursing

- Lack of mentors to help navigate
- Need mentors in middle school and high school to initiate the process early
- Lack of male mentors; female dominated profession
- Exclusion, perceptions and judgement of others
- Invisible line that says this as far as you can go
- Institutional belief system that must change to remove invisible barriers
- “One is enough! Why do we have to have only one minority at the top?”
- Perceived level of aggressiveness
- Minority nurses often have to prove themselves at a different standard
- Stereotyped by where you received your education; are you capable?
- False perceptions of others - stereotypes
- Perception that men in nursing are homosexual – false image
- Institutionalized discrimination in hiring practices
- Route for leadership for majority may be different for minorities
- Lack of financial and human resources
- Salary compression
- Competition for the best
- Misunderstanding of the profession
- Lateral violence – “clicks”/ harder assignment
- Lack of succession planning

COMMON THEMES

Themes in terms of challenges faced by minority and male nurses interested in acquiring leadership positions appear to be predominantly related to perceived barriers related to various institutional belief systems and/or practices, stereotypical beliefs about minorities and males in general as well as in nursing, the route to leadership for the majority race may be different for minorities, the lack of mentors (minority and male), and the fact that nursing is a female dominated profession that lacks strategic succession planning. It was interesting to note that some nurses do not see themselves as leaders which may be related to their life experiences or an environment that did not model the abilities needed for professional leadership. Salary compression was also seen as a challenge or barrier for those nurses that might be interested in pursuing a leadership role.

- Staff nurses may not see themselves as leaders
- Life experiences may cause feelings of inadequacy for leadership (internal and external)

2

How do we increase the number of minority and male nurses that are serving in leadership positions in practice settings?

- Recognize our own biases and find ways to eliminate them
- Need more dialogue
- Break down stereotypes from the top
- Leaders need to be culturally competent and sensitive
- Mentoring programs
- Culture change
- Courage to speak up! “Nothing about us without us”
- Creating pathways for leadership
- Just as we advocate for our patients we need to advocate for diversity
- Leaders need to encourage other leaders
- The individual needs to recognize themselves as a leader
- Change mindset for leadership
- Leaders need to be accountable
- Acknowledge individual's accomplishments
- Staff nurses in leadership roles can make a difference in the team morale without the upper level management
- Have a succession plan
- Teachers need to be aware of their biases and stereotypes because students follow their lead
- Faculty diversity workshops
- Work with volunteer organizations to build leadership
- Individuals hiring in critical care (ICU) arenas need to be open to different cultures

COMMON THEMES

The recognition of our own biases as it relates to increasing the number of minorities and men in leadership positions in nursing was recognized by participants as the most significant first step in moving toward the goal of increasing the number of minorities and males in leadership positions in nursing. The need for a culture change also seemed to be a prevalent theme in the discussions, as well as having the courage to speak up. The role of faculty in increasing minority and male nurse leaders was also prevalent in terms of identifying their biases and role-modeling for students.



3

How do we increase the number of minority and male nurses that are prepared and available to serve on boards that influence health policy?

- Start early creating opportunities for leadership to be instilled
- Review path of other leaders; study their resume
- What is the story behind the glory?
- Seek mentors that have similar backgrounds, things in common, socioeconomic status, etc.
- Attend the LAC Nurse Leader Institute or similar leadership academy
- Continuing education
- Identify minorities in organizations and seek those out who are prepared for leadership roles
- Include comments on evaluations that make it more personal to encourage growth
- Measure perceptions around diversity

COMMON THEMES

Preparing minority and male nurses to serve on boards will require starting early and identifying role models that have served on boards that impact health policy and studying what they had to do to acquire those positions (“The story behind the glory”). The intentional identification of emerging minority and male nurse leaders by those that are already in leadership roles and/or serving on boards also seemed to be a reoccurring theme in the leadership breakout sessions. Identifying and documenting professional goals related to serving on boards along with continuing education and attendance at leadership academies and/or institutes (e.g. LAC Nurse Leader Institute) were also identified as useful strategies to increase the number of minority and male nurses that are available and willing to serve on boards.

- Document leadership goals
- Be aware of the mission of the board/organization for which you are pursuing a leadership role
- Flatten the hierarchy through learning circles

4

What resources are currently in place to implement the strategies that have been identified to increase the number of minorities and males serving in leadership positions and on boards?

- LAC Nurse Leader Institute
- Model of learning circles
- Transformational leadership
- Learn from Leaders – “Pathway to create your own”
- Formalized mentor programs
- Programs that match mentor / mentee
- Professional staff development programs
- Professional organizations
- Future of Nursing Campaign for Action and the Louisiana Action Coalition
- Evidence-based practice
- Career days
- External stakeholders on advisory boards

COMMON THEMES

The resources that participants identified that are currently available to increase the number of minorities and males serving in leadership positions or on boards focused on continuing education and participation in formal leadership institutes, circles, and/or programs. The need for mentorship programs was also evident with emphasis placed on the formalized mentor/mentee relationship that is intentional and purposeful. Participation in professional organizations, the Future of Nursing Campaign for Action and the Louisiana Action Coalition was also deemed to be resources that are currently available for those minority and male nurses interested in leadership positions. It is also interesting to note that Church Mission groups and technology was also listed as resources for nurses interested in becoming leaders.

- Church mission groups
- Technology

5

What can we, as stakeholders, do within the next 18 months to increase the number of minority and male nurses serving in leadership positions in Louisiana?

- Establish relationships with boards or groups who can help in efforts to increase the diversity of nurse leaders
- Invite external stakeholders to serve on advisory boards
- Participate in the LAC Nurse Leader Institute
- Identify mentors for emerging nurse leaders from diverse backgrounds
- Identify funding sources to prepare minority and male nurses for leadership roles
- Channel individuals who can mentor males in nursing
- Change image of nursing to be more inclusive of minorities and males
- Diversity training in nursing schools
- Address cultures of males in nursing school
- Disseminate information from the Louisiana Action Coalition
- Focus on retention in leadership roles
- Address discrimination in management
- Attend and participate in career days
- Go on youth trips and promote nursing as a profession
- Reach out to minority nursing organizations

COMMON THEMES

Feasible next steps that participants at the Nursing Workforce Diversity Think Tank thought could be implemented over the next 18 months centered around establishing key partnerships with both nursing and non-nursing stakeholders that could provide both tangible resources as well as the expertise needed to jump start this initiative across the state. Identifying funding to sponsor minority and male nurses to participate in the LAC Nurse Leader Institute was also seen as an appropriate next step along with participation in nursing leadership mentorship programs. Diversity training in schools of nursing and sharing information with young people about nursing as a profession was deemed something that could be done over the next 18 months, along with reaching out to minority nursing organizations across the state and disseminating information about the Future of Nursing Campaign and the Louisiana Action Coalition.



Diversity and Nursing Practice

One of Louisiana's most pressing health concerns is related to reducing health disparities in which underrepresented populations are disproportionately affected. A culturally diverse healthcare workforce is one that meets the needs of an increasingly diverse population and is believed to be critical in providing culturally competent patient care, improving access to care, and helping reduce health disparities (The Sullivan Commission, 2004). According to the 2014 LSBN Annual Report the largest percentage of minority RNs when compared to White RNs work on medical surgical units and adult health (Figure 6). Less than ten percent of the nursing workforce in operating rooms/post anesthesia care units and emergency rooms are racial/ethnic minority nurses.

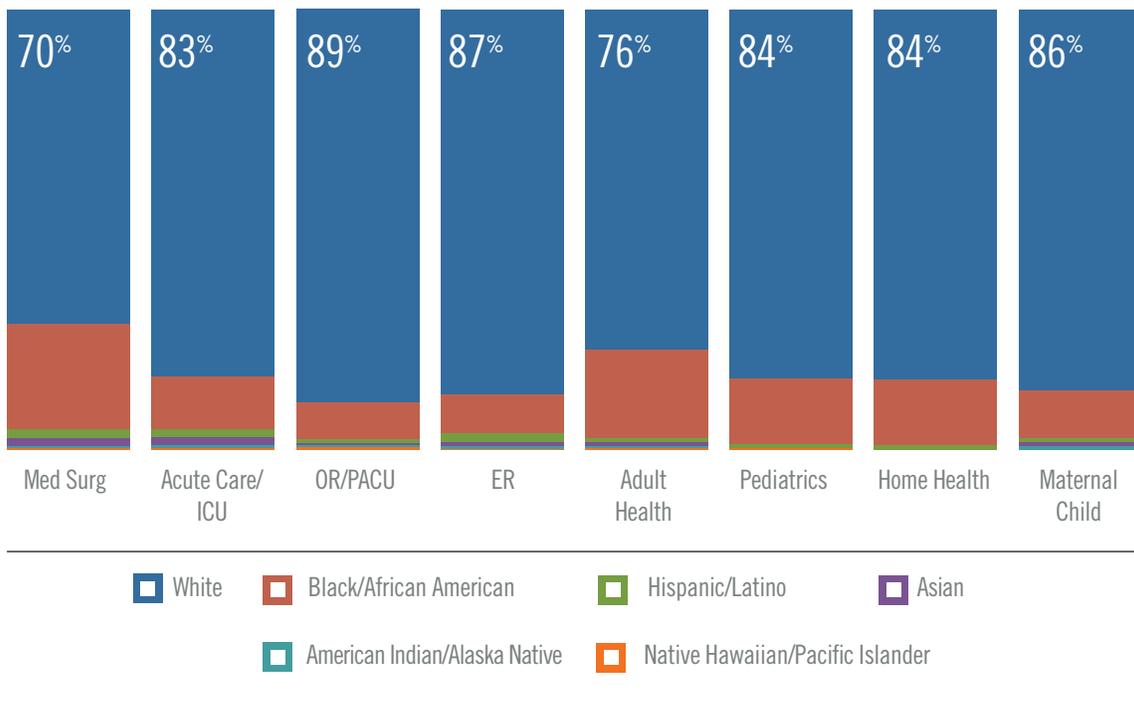


Figure 6. RN work-setting in Louisiana according to race/ethnicity - 2014



The Practice Breakout facilitator was Linedda McIver, Director of Multicultural Outreach for AARP LA. The scribes for this session were DNP students Erica Joseph (Southern University School of Nursing) and Billy Morales (Northwestern State University). This breakout group was charged with guiding discussions around the following questions related to diversity and practice:

- 1 What are the challenges faced by minority and/or male RNs and APRNs that are providing care within healthcare facilities in Louisiana?
- 2 How have healthcare organizations addressed these challenges?
- 3 What are the challenges faced by minority patients relative to receiving culturally competent care in a healthcare facility where there are very few persons that look or speak the way that they do?
- 4 How are healthcare facilities addressing these challenges?
- 5 How can the Louisiana Action Coalition assist healthcare industries in creating an environment where:
 - 5a Leadership values diversity, inclusivity, and the delivery of culturally competent care;
 - 5b All nurses, regardless of race or gender, can practice their profession to the full extent of their education and training in an environment where diversity is valued in both the nursing workforce and the population being served.
- 6 What can stakeholders do within the next 18 months to address the challenges faced by minority and/or male RNs and APRNs practicing in Louisiana's healthcare facilities and those that are recipients of healthcare within these facilities?



DIVERSITY AND NURSING PRACTICE

1

Challenges faced by minorities and male RNs and APRNs that are providing care within healthcare facilities in Louisiana:

- Cliques – managers hire those that look like them
- Preconceived notions of hiring committees
- Lack of mentors and role models
- Lack of respect
- Minorities feel they have to prove themselves
- Minority nurses perceived to be the nursing assistant rather than the RN or Director
- Being called ‘doctor’ instead of ‘nurse’
- Belief that males do not have compassion – “men don’t care as much as women”
- Assumption that patients may not want a male nurse
- Belief that older women may not want Black/African American male nurses to care for them
- “Unspoken fear that if you are male, Black/African American, and a nurse, you may rape me.”
- Belief that males won’t stay long because of salary; they are there until they find a higher paying position
- Men do not see that there is an opportunity to lead
- Male nurses are questioned, “Why are you in a female dominated profession?”
- Male nurses are asked, “Are you gay?”
- Gender roles – male nurses assigned to help with manual labor – lifting and transferring patients

COMMON THEMES

Themes in terms of challenges faced by minority and male RNs and APRNs in practice were primarily from two perspectives: challenges associated with nurse leaders/colleagues and challenges associated with patients. In terms of nurse leaders/colleagues the discussion centered around hiring practices that may be perceived as bias, feeling that one has to prove themselves, lack of respect, that minority nurses were not as knowledgeable as their non-minority counterparts and in some instances patients may refuse care by a minority or male nurse. Male nurses are sometimes seen as sources for manual labor; good for lifting and moving patients. From the perspective of interactions with patients, male nurses may be assumed to be orderlies and in some instances ‘the doctor’. Minority nurses were seen as nursing assistants rather than the RN or director. There was extensive discussion about the challenges faced by male nurses simply because they chose to enter a female dominated profession. Male nurses are often questioned as to why they decided to become a nurse – “Are you gay?” If you are a Black/African American male nurse, patients may perceive that you are aggressive and are therefore uncomfortable with the nurse providing care.

It is interesting to note that it was perceived that male nurses may sometimes have a certain advantage over female nurses relative to more accessibility to leadership positions.

- Thinking that there is no need for an orderly if a male nurse is on duty
- Misconception that males should be physician assistants and nurses should be nurse practitioners

DIVERSITY AND NURSING PRACTICE

2

How have healthcare organizations addressed these challenges?

- Our healthcare facility is diverse; our VP is Filipino
- We work together at our facility to pull the wall down
- Professional development to pull minorities into leadership roles; paired with minority mentors
- Collaboration between leadership and faculty
- Intentional efforts – investigating what has worked at facilities that are diverse
- Nurse intern program-students apply and are selected based on test scores
- Leaders share their journey with students from disadvantaged backgrounds; gives a story of hope
- Role modeling
- Mentoring

COMMON THEMES

Efforts must be intentional and may begin with identifying best practices that have been implemented by high performing healthcare facilities that have a diverse nursing workforce. Diversity training for staff and persons in leadership roles was identified as essential. Changing the image of nursing that is more inclusive of males and minorities, and role modeling and mentoring appeared to be consistent themes throughout all discussions.

- Putting management staff through rigid cultural diversity training; help to raise awareness of own prejudices
- Clinical experiences at clinical sites that have diverse staff
- National student nurses association
- Men's conferences; enlightening and bringing awareness about nursing to the community by way of schools and churches
- Faith based organization reach back program
- Diversity Retreat

3

Challenges faced by minority patients relative to receiving culturally competent care in a healthcare facility where there are very few persons that look or speak the way that they do?

- Perception that healthcare professionals believe minority patients are noncompliant and therefore they do not receive an aggressive treatment plan
- Perception that minority patients are drug seeking and therefore receive inadequate treatment for pain management
- Lack of trust – not believing that the other race / person understands them or believes them
- Lack of respect – belief that elderly minority are not intelligent and confused which gets passed on to other providers that take on the same belief
- Language barriers – “It is scary and frightening”
- Lack of health literacy – medical jargon can be a challenge

COMMON THEMES

Distrust and lack of respect appear to be common themes that came out of the discussion about challenges faced by minority patients relative to receiving culturally competent care in a healthcare facility where there are very few persons that look or speak the way that they do. Other challenges included language barriers, perceived lack of health literacy, and health providers not taking time for patient teaching. It is important to note that stereotypes related to minority patients such as the belief that they are ‘noncompliant’ and ‘abuse drugs’ could potentially impact the healthcare they receive.

- Distrust of providers
- Disrespect
- African Americans do not trust the healthcare system (e.g., basic care like shampooing of the hair will be skipped during long hospital stays)
- Belief that healthcare providers do not embrace cultural diversity and religion
- Lack of understanding of culture
- “No one takes time to teach; reaching individuals at their level”

4

How are healthcare facilities addressing these challenges?

- Implementation of the platinum rule instead of the golden rule; “treat someone the way they want to be treated”
- Look at population health-targeted measures with subsets of minority population and develop plans around the findings
- Use translators
- Make sure nurses use appropriate non-verbal communication cues
- Billboards that show there is a Spanish speaking provider at the facility
- Employee orientation that is more inclusive regarding diversity

COMMON THEMES

Healthcare agencies have evaluated population health-targeted measures with subsets of minority populations and developed action plans based on the findings. There appears to have been substantial work centered on enhancing communication through the use of translators, appropriate nonverbal communication cues, and billboard marketing. Again diversity training was mentioned as well as treating individuals the way they would like to be treated.

5a

How can the Louisiana Action Coalition assist healthcare industries in creating an environment where: Leadership values diversity, inclusivity, and the delivery of culturally competent care?

- Establish an “easy place” for organizations to recruit minority providers
- Sponsor “undoing racism” workshops for key leaders, educators, health professionals, those in key positions that can make a difference across the state
- Offer diversity training
- Education about healthcare disparities and the outcomes
- Need to be speaking the same language
- Develop academic practice partnerships
- Include physicians and the whole treatment team and
- Find a way to get to leadership so that diversity, inclusivity, and the delivery of culturally

COMMON THEMES

The need for diversity training for all health care providers was stressed throughout this discussion (e.g., undoing racism, diversity training). Recruitment of minority providers, discussions about healthcare disparities, and the development of academic practice partnerships was also seen as ways that LAC could assist healthcare industries in creating an environment where leadership values diversity.

hospital administrators in diversity/cultural training or education

competent care is the true mission of the organization

DIVERSITY AND NURSING PRACTICE

5b

How can all nurses, regardless of race or gender, practice their profession to the full extent of their education and training in an environment where diversity is valued in both the nursing workforce and the population being served.

- Work with sponsors like Blue Cross Blue Shield to allow nurse practitioners to be on a panel without the need to have a collaborating physician
- Conduct a survey or policy review on regulatory practices and legislation that prevents nurses from practicing to the full extent of their education and training
- Reach out to advocacy groups that can assist to address the concerns that cause barriers to practice
- Mobilize public support for NP practice and allow patients to speak with legislators

COMMON THEMES

Much of the discussion focused on allowing nurses to practice to the full extent of their education and training and removing barriers through advocacy by nurses, stakeholders, and healthcare consumers. Working with policy makers, legislatures and regulatory boards was also seen as essential in moving this initiative forward. And, lastly explore what other states have done and identify strategies that worked as well as those that were proven to be unsuccessful.

- Constant contact – everyone can call their legislators on the same day
- Advocacy
- Educate legislators
- Look at other organizations and how they tell their story so that it is not seen as being self-serving; more credibility for nursing

6

What can stakeholders do within the next 18 months to address the challenges faced by minority and/or male RNs and APRNs practicing in Louisiana’s healthcare facilities and those that are recipients of healthcare within these facilities?

- Start a dialogue
- Undoing racial and cultural competence workshop
- Professional development and cultural competence workshop
- First step to being culturally sensitive is to become aware of one’s own culture
- Better connection between education and practice
- Educate on diversity throughout all levels
- Increase number of male nurses; cultivate males early on and let them know who nurses are and what they do
- Conduct an assessment of barriers, policies, legislation, regulation, and public and

COMMON THEMES

Begin a dialogue that addresses diversity and the issues related to diversity such as racism, sexism, healthcare disparities, and healthcare inequities. Participation in undoing racism and cultural competence workshops by healthcare leaders and staff is also seen as essential. Changing the face of nursing to one that is more inclusive was also seen as being very important. Finally, conducting an assessment of barriers, policies, legislation, regulation, and public and private barriers to practice is needed if nurses are going to be allowed to practice to the full extent of their education and training.

- Change the face of nursing - instead of a cap and dress add pictures showing male nurses and nurses from different racial/ethnic backgrounds, as well as young and older nurses
- Partner with like-minded organizations that are supportive of this work



Major Findings

The Nursing Workforce Diversity Think Tank opened up a conversation that was not deemed to be comfortable but essential if Louisiana is to move forward with the goal of increasing the diversity of the nursing workforce. The most outstanding theme throughout the day was that all efforts related to increasing the diversity of Louisiana's nursing workforce must be 'intentional' and must include metrics to monitor progress and ensure accountability (Villarruel, Washington, Lecher & Carver, 2015). It cannot be assumed that everyone values diversity or that nursing workforce will suddenly become diverse on its own. Any efforts toward creating a diverse nursing workforce must be well thought out, supported by nursing and nurse champions, and have expected outcomes that are measured and evaluated. There were common threads or themes noted in each of the breakout sessions that were oftentimes repeated in each of the focus areas (nursing education, leadership, and practice). The common themes included the need for:

1. schools of nursing, healthcare facilities, stakeholders, and persons in leadership positions to be committed to increasing the diversity of Louisiana's nursing workforce through the active implementation of many of the strategies identified in the current document;
2. diversity training beginning at the highest level of leadership and extended to all nursing and ancillary staff in both schools of nursing and healthcare facilities;
3. mentors and role models that look like and speak like the students and/or nurses that they are mentoring;
4. funds to provide scholarships, support services including the provision of test-taking skills, counseling, and interviewing skills for racial and ethnic minority students;
5. early (middle and high school) recruitment of racial and ethnic minority and male students into nursing; and
6. partnering with schools of nursing, healthcare facilities, industries outside of nursing and healthcare to establish best practices for enhancing the diversity of the RN and APRN workforce in Louisiana.



Recommendations

A review of the literature which focused on the diversity of the nursing workforce was conducted in preparation for the Diversity Think Tank. Hallmark studies like the Sullivan Report (2004) *Missing Persons: Minorities in the Health Professions*, the National Advisory Council on Nurse Education and Practice Report (2013) on *Achieving Health Equity through Nursing Workforce Diversity*, and the hot off the press National Academies of Sciences, Engineering, and Medicine report on the evaluation of the Institute of Medicine Report on the Future of Nursing entitled *Assessing Progress on the Institute of Medicine Report on the Future of Nursing* (December 2015) were reviewed along with state level reports from the Wisconsin Center for Nursing (2013), *Enhancing Diversity in the Nursing Workforce* and the summary report on the Florida Action Coalition Diversity Think Tank (2014). Comprehensive studies have been conducted over the past 10 years on the diversity of our country's nursing workforce with outstanding recommendations provided, yet there has been limited progress in changing the face of the nursing workforce. In terms of recommendations for future work on this issue, we need only go back to some of these reports to determine where we fell short. Why should valuable resources be used to establish new recommendations when the ones that were identified ten years ago are still relevant today? Therefore, based on the findings from the LAC Nursing Workforce Diversity Think Tank which are in line with many of the findings from the well-researched and well-written evidence-based reports previously mentioned, the following recommendations for increasing the diversity of Louisiana's RN and APRN workforce have been identified:

- Convene an advisory group made up of nursing and non-nursing stakeholders that will develop a comprehensive Nursing Workforce Diversity Action Plan for Louisiana with actionable steps that can be accomplished over the next 18 months with ongoing review of outcomes and reassessment as needed;
- Develop a standardized system with agreed upon benchmarks for tracking data on racial ethnic minority and male students enrolled in RN and APRN programs throughout the state;
- Seek funding for the development of new, innovative, targeted programs and strategies for increasing the diversity of nursing students and the nursing workforce and/or for tailoring programs for Louisiana that have been shown to be effective in other states; and
- Establish statewide collaborative academic-practice-community partnerships between schools, healthcare organizations, professional nursing organizations, community, and consumer organizations to make increasing the diversity of Louisiana's nursing workforce an organizational and system-wide priority.

For more information, please go to the Louisiana Action Coalition website at the following link <http://louisianafutureofnursing.org/site/> to learn more about the work that is being done to implement the recommendations from the IOM Report on the Future of Nursing: *Leading Change, Advancing Health* in Louisiana.

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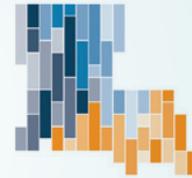
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