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Good afternoon. Thank you for joining us for the future nursing series. My name is Dr. Susan B. Hassmiller. This is nurse saying 2020-2030 that has finally passed. These are all of the things that nurses have done over the decade. Building on nursing capacity and expertise. We can create and contribute for equitable public health. That is designed to work for everyone. To envision a major role for the nursing community. To eliminate health disparities. As the largest and I trusted segment of the healthcare workforce, nurses are well-suited to help and advance the country. Across the board, we truly value the nurses and the work that they do. Today we will hear from experts. I am so excited. We are offering you CEU. I am so honored to introduce our first speaker, Dr. David Williams. He is a Florence and Laura Norman Professor of Public health and the chair of the Department of social and behavioral science at Harvard, school of public health. Dr. Williams, I will turn it over to you.

Thank you. It has been an honor and a privilege to serve on this board. As a practitioner I have respect for the contributions that nurses have made in my life and analyze of so many -- and in the lives of so many. I want to cover this important topic, we can create equity and health. To put social factors in context, I want to talk about COVID 19. I want to show you the indigenous population have a death rate three times higher than the white population. So you can see populations of color have a higher rate of death. I think this is important to keep in mind, the rate of death is not the same as the number who have died. The majority of the deaths, 3% for white, 40% for Latin, so there is a negative impact on some populations. Health equity should begin early in life. To illustrate, I will show you Blacks and whites from 1950 to 2018. You can see that a big gap in the 50s and we can see that it did narrow in 2018. Look at 1950, 69% of African-Americans, did not have access to health care. You see now that the Blacks have the same. You can see the life expectancy gaps, this will give you a real feel of what we are talking about. If we just eliminate the black and white health disparity in the United States, Wade we -- we would say 270,000 African-American lives. There is a disparity and health. We can save 200 black people each and every single day. We are just looking at the African-American population of about disparity in health. But it is even bigger on the grand scale. How do we make sense of inequities and health. Such as economic status. I am talking about income and education. Here is just one example. Here we have household income. You can see low income Americans are three times as likely to die, they have a death rate three times as higher than other Americans. We can see a very [Indiscernible]. That is why there are differences in social economics but let's look at household income. This was translated in a way where you cannot miss. For every one dollar in white households, they more likely have multiple people contributing to the household income. Hispanic or African-American you can see it is at 73% and 59%. In 1978 black Americans earned \$.73 to one dollar earned by white Americans. Income only captures resources that are coming into the household. We do not show any kind of reserve for each household. This would be your savings or investment. For every one dollar, you can see Latinos only get while sense. -- \$.12. When we are in a lower economic status we are in a different boat. Racial differences and health, I want to show you that data is more complex. This is the national data for the United States. The life expectancy at the age of 25, the average white person will laugh five years longer than the black person. And the gap between African-Americans that were in college, you can see that gap again. At the same time at every level of education and income race still matters. For white students to drop out of high school they still have a longer life expectancy. African-Americans who have more education, with a college degree but have a lower life expectancy than those of white Americans who have education. And so income does affect your health. Good racism be a big piece of the puzzle? When I am talk about racism I am not talking about [Indiscernible] but an organized system that values different groups. And have different resources for different groups. There is also the ideology of those who are inferior or perceived as inferior. When we think of racism in a system one of the most powerful effects that it has on health is called institutional racism. I want to talk about racial segregation. One researcher who wrote a book, on segregation. When segregation shows up in a community valuable resources disappear like valuable schools or good job SourceSafe housing. All of these factors very vary when it comes to resources. They studied 171 large cities in the United States, there was not even one city where whites lived in equal [Indiscernible] versus black communities. We rank every county in the United States by 29 different indicators opportunities. Such as schools, access to environmental quality, access to high-quality of health. When you look at metropolitan areas throughout the United States, here you can see the very low income opportunities. Here we see Asian kids and white kids living in a very high income neighborhoods. Research is telling us that segregation is the central driver of the large racial differences in social economic. Here we show statistically, if you can eliminate residential racism you can even raise black and white differences in income, education and employment. All of these differences are linked to opportunities at the neighborhood level.

What we are talking about in -- segregation. We have separated African-Americans on a large scale. I talked about racism. We also want to talk about individual discrimination. We want to talk about biases that leads to different treatment. And this includes medical care. Back in 2003 we documented disparity and healthcare. Last year 1.8 million hospitals verse, when cared by white doctors, black babies are three times more likely to die than white newborns to die in the hospital. Disparity cut in half when black babies were cared by black doctors. Here are the words of Martin Luther king. True compassion is more than flinging a coin to a beggar, it is to understand that at Ephesus -- edifice which produces beggars need to be reconstructed. Thank you so much for your time and attention.

Wow. That was amazing, Dr. Williams. I appreciate you cochairing this committee but your data was so compelling. I cannot wait to get to the questions. Next we have Dr. Kenya Beard , an associate for social mission.

I am very honored to be here today. Trent used years ago I was asked to discuss racism in nursing. I remember thinking, we were not ready to have a conversation about racism. I was very apprehensive about delivering a talk. I am back today. It seems like every organization is talking about race and racism. The American Association of College of nursing, mentions racism. This document amplifies we have to make nursing more equitable. To combat racism. Prior to this, we wanted to emphasize diversity and inclusion toolkit. We wanted to do an assessment, and now we can address structural racism. How this can also impact nurses and healthcare. In response to this, how can we articulate? What are the practices and traditions on how we treat each other? During a faculty meeting, I'll call a discusses the nursing program [Indiscernible] rate and highlights that students who were black, were less likely to progress to graduation and experience a higher failure rate on the exam. The faculty member declares that the request to implement holistic admissions should be immediately halted. What about students who are unable to grasp [Indiscernible]? Notice I did not say anything about race. What is the message when we use race? Stratifying when based on race, is that considered an active racism? Before we dive into this scenario, we have to talk about how racism is defined. And how racism is rooted in the system. This includes education, employment, health and the criminal justice system. They are all linked together. We wanted to define structural racism. We do this using this enforcement system. We wanted to look at the effects of adverse health outcomes. When we think about racism it is important to consider how this system reinforces an equity. When a student applies to nursing schools, what are the barriers? What about their employment choices? Are they limited? Were they denied? We have to think about this book that addresses, the invisible of racism. This was based on race. This is what they say, that string of a puppet master unseen by those whose subconscious it directs. It instructions like the intravenous drip to the mind, cast [Indiscernible] is normal. Look at the high failure rates. Injustice looks at [Indiscernible]. There are several articles that explored the faculty of color. We looked at the standards and the myth of intellectual [Indiscernible]. There was once a gentle man who was the first African-American to be admitted into school. He had to submit five different evaluations in order to attend school. When he asked, and other faculty members with [Indiscernible] was not requested. We are finding similar parallels. Many people unfortunately, decide about your intellectual abilities based on color. One other individual set their academic history was not even considered. Faculty members, [Indiscernible]. Why can we do? We have to treat systemic racism. We have to look historically at an equity and the impact it has on healthcare. They need to facilitate [Indiscernible]. To stratify the system, we can no longer set by. The root factors that drive this, about intellectual inferiority should be uprooted. Instead of [Indiscernible] we have to ask critical questions. What is your belief about this group? This can play racism in that saddle of normalcy. In this editorial we see the importance of discussing unconscious bias. We want to dismantle racism. There is a nursing report call, All Of Us. They want to unite and break down barriers in today's nursing education. How do we do that? I like to call it, hashtag just moved. Consistently we have to ask how are we operating? That is how we can reduce assumptions. To establish a new norm. I am going to leave you with a quote from Alice Walker. We will be truly misled if we think we can change society without changing ourselves. We want to get to a place that Dr. Williams described. Not only income but education as well. Thank you.

Wow. Thank you Dr. Kenya Beard . I thought this was excellent. Thank you so much. Next we have Dr. Angelica Millan , she works in Los Angeles County Department of health. To address and achieve health equity. Her first recommendation on this work in an.

I am very honored to be part of this work. I am so happy to be part of this panel. I will start off with, how can we create a a good agenda? How do we eliminate disparity? How can we be a stronger and more diverse workforce? How do we address the system and disparity? This is going to help nurses to achieve health equity. Recommendation number one, 2021 on national organizations for nursing work, develop the agenda for social determinants health. We need relevant expertise. To identify [Indiscernible] like the public nurse Association. Or the American federal [Indiscernible]. American Air Force, American Red Cross, and public health service. We use them because they are very well versed in disparities. We have a national coalition,

with the nursing Association. They have expertise that is addressing health in the community. We need to support healthcare organizations. So that they can implement this agenda. We need to leverage all groups, all work, and we need to work as one. Why do we need this agenda? To address health equity. For all nurses and for all nursing schools. So they are empowered and can address disparity in health. To prioritize and develop mechanisms with nursing expertise and resources. We need a bigger effort within nursing organization to do the hard work of a self-assessment. Looking at diversity, equity and inclusion. To look at systems that perpetuate racism. We want to identify [Indiscernible]. In order to accomplish this agenda, we need to develop mechanisms to leverage expertise of public health nursing. As a resource to achieve better nursing. We call them public health nurses because they are very familiar with the space about determinants and health. We also need relevant nursing organizations, [Indiscernible] because they have expertise and care management principles. To create new models. We also need to prioritize education and resources that will focus on nurses, their self-care. We need to go outside of the nursing organizations. To develop strategies. We need to include social media to reach out to the public. We need to increase the number of diversity in nursing. We need to have expertise. Those in leadership positions outside of healthcare such as community boards, school boards, technology-related communities. We have a series of awards, recognizing the contribution of nurses and their partners. Through education, policy and resources. This is an interdisciplinary collaboration. The national Council is a great example that I want to share with you. This is a majority and minority organization. The mission of this group is to have a unified body for equity and justice and health care. Our president is Dr. Kelly, I serve as the advice president. We have board members from each organization. This is the membership. This represents the diversity of all of the committee. We have Asian American, specific [Indiscernible]. We have the national Alaskan native nursing Association. The presidents of these organizations found that there was a big concern in the workforce. We want to leverage their combined expertise. This is how they approached it. They identified that strategy. They looked at ethnic and minority nurses. They want to help ethnic and minority nurses to compete successfully. To increase health disparity research in nursing. This is just one successful strategy. This is part of the nursing program. There is a \$2 million grant. And the purpose was to increase ethnic and minority in schools. Here we have five national organizations that pull together and leverage each other across five different cultural groups. I believe that this work is very relevant. We need this in order to prepare nurses in order to create a new model. To increase outcomes for this important work. Now we can move forward as a profession. This has to be a collaborative effort. We want to make sure that we have a unified group and that we work together.

Thank you.

I appreciate your comments and expertise. We are going to ask all of the presenters to come back on camera. We do have questions. Let me start with you Dr. Williams. We have a question, how strongly scientific evidence that discrimination can adversely affect health?

That is a great question. But the work on this is less than 30 years old. What I want to say, discrimination like work are not being hired for a job. This evidence calls from what I called day to day, like being treated with less courtesy than others or that they are afraid of you. Just to illustrate discrimination. There is a higher rate of breast cancer linked to discrimination. There is a higher rate of obesity. There is a higher rate of mental illness. We now have studies from Australia, New Zealand, South Africa, United Kingdom and the United States. When you look at racial differences in health, look at education. When you add this statistically to the model, we now have evidence that discrimination itself is a social stress that leads to diseases that contribute to health disparity across the globe.

This was connected to another question that I wanted to ask you, Dr. William. Can the speaker address racism as a public health risk? Can you address racism? And how can nursing impact this? And why nursing?

One of the things that I did in my talk, I talked about the experiences of discrimination that affects health and health disparity. I talked about racism and segregation where we live. We did not talk in depth on how racism can lead to stereotypes or implicit bias. We need to look at healthcare providers and this includes nurses. We have to look at the quality of care because it does affect your survival rate. Racism does lead to inequity. This can be a major public health crisis. There are steps. There are so many ways in which we can address this.

I want to point out that the report really does say it will take a lot of people to work on health equity in this country. We also need to work with other sectors. The other sectors that represent things like housing, food, and transportation. Kevin all of that, that we are in this together why nursing?

Why nursing, I will start with that. This is a good discipline and we have the ability to address this. And there is no reason why we should not address it. How racism works in the background quiz I often talk about this with faculty. When I was sent -- let's say I go see a provider. They checked my blood pressure. And this is my third or fourth visit. Regardless of all of the treatment my blood sugar and blood pressure is still not

good. I would tell the faculty, how would you explain this to your students? We do not share the background. I would say to them, think about this mom, who lives in an area where there is poverty and crime. She just started college. How do they get back and forth from school? This mother is so afraid that the cops are going to pull over her son. When I go to the doctors office and my blood pressure is elevated, it is because of fear. We do not have that conversation. We do not talk about the fact that with racism, what we experience, it does impact our health. I asked the faculty, I will say why is this blood pressure not under control? Many times they will say she is not taking her medication or we need to educate her. We never talk about the social determinants. Until we prepare our students, so when they are graduating, they do not have all of these assumptions. We have to have a conversation if not it is going to be difficult to implement all of these ideas.

The report talks about bringing the concept of health equity, and disparity in their curriculum? How do we do that? Everything is so crowded and can we do this one more thing? Many are doing a good job. But they are the exception. But how do we get this into the curriculum? Not only for nurses but all professions.

One other things that this report does, it does not ask nurses to do all of this work to improve health equity and doing it on their own. There is a lot in the report about the investment that needs to be made. We have to enable or ensure that they are equipped so they can provide adequate care for others. Looking at education, we want nurses to understand social determinants. Not only for public health, but equity, there are differences in care depending on rural areas or race. We have to talk about health equity. There are so many social determinants to health. This is so important. This is important to address health in the United States. What I learned from recent studies, the United States spends more money on health care than any other country in the world but we have the worst health. It is not just more healthcare. We need to put more health into our healthcare. This means we have to look at the social needs of each population. To ensure that everyone has optimal health care but we have to go beyond that. The world healthcare organization, they asked what did we accomplish? All we do is give good people healthcare, we send them back to the same place and the same conditions that they came from. When a mother brings a child to a clinic, and they report on their poor housing conditions, and may have asthma. If we only give the medication that is not going to help the child. Nurses can play a role. We have to deal with the challenges that we are facing today.

How do we ask nurses to get out of their comfort zone and work with others?

I think that is what nurses already do. The public health nurses we brought in and said that they get help educate us. They are out in the community. They know the community. If you asked a public health nurse about ethnicity, gender and race and income level. It will tell you for an example, do they have clean water or clean air? Is there a free way close by? Because I can increase [Indiscernible]. We need more resources.

Dr. Beard I have a question. As a nurse leader how can I support my staff to assume their role, in promoting health equity? And not have it seem like one more thing for the nurses to do.

That is a great question. I know with academia they think it is one more thing to do. Dr. Williams shared about the effects of health and equity. Many people will think, it is one more thing to do but I have colleagues that would rush to the table and say, why can I do? We have textbooks that will set the stage. We want faculty to empower at the graduate. What is our role? When we talk about who has the higher roots -- rate asthma, we have to talk about treating the person and sending them back to the condition that exasperated the condition. We have to address it. I believe that faculty, especially with all of the evidence that is out there today, but I hear how do I do this? I recognize this. How do I do this?

I was so proud when I graduated from nursing school. My mother was a nurse as well. When I graduated I always think I was colorblind, I it seemed that everyone was treated equally. I do understand now, very well, one of the first things that we do is [Indiscernible].

I agree. Once the nurses are educated, they do believe it is our duty and our responsibility. But I want to remind everybody that nurses do need to be supported and they need their resources that they need.

David, I have one last question. We hear about implicit bias training? Does it really work?

I tell my students, I think of myself as a prejudice person and they look at me like, what? I say if you are a normal human being you are prejudice. There are groups that are viewed positively and there are groups that are viewed negatively. We have stereotypes in our minds. Maybe it is not racial stereotype. How do you feel about people or women? Implicit bias training is important. There are so many reviews that simply are just one hour or two hours . But we have to do more than that. It has to be part of a larger strategy. And what are the tools that we can use to move forward? How do we give people exercises that they can practice? I often talk about what I call, the divine solution. There is a implicit bias program that is eight weeks. Not just hours. Just because you take a train to our workshop -- two our workshop on implicit bias does not make it an.

We are offering CEU, it will have one hour. You have to complete the queries -- that way is. You will need to use this code. This is your verification code. Thank you for participating and thank you for your questions. Then next webinar, will be on July 21st. Thank you and goodbye. [Event concluded]