

## Diversity, Equity, and Inclusion: How Far Have We Really Come?

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**D**iversity, equity, and inclusion. These terms have increased exponentially in popularity. However, the question remains about how much progress we have truly made in each of these areas. Certainly, as a nation, we are a more diverse population. Equity and inclusion, however . . . well, that journey continues. I find it interesting that “diverse” has now taken on a new definition as a way to identify a person. All too often, when inquiring about whether an individual is a person of color, for example, the substitute question asked is, “Are they diverse?” I am left to wonder when a “diverse” person became a pseudonym for a non-White person. I always thought that being diverse or coming from a diverse background meant you had several different elements such as racial, cultural, or other representations in your background. I question this new definition of diverse, and whether labeling someone who likely already experiences other labels, as diverse, isn’t more alienating than anything else. It reminds

me of the stores I would visit to purchase personal items. It was always odd to come upon the aisle labeled “ethnic products.” Of course, that was the aisle for (usually skin and hair) care products for non-White people who had now been termed “ethnic.” Ultimately, the message it sends is that the items for White people are normalized, need no label, and just go in a regular skin and hair care products aisle, and then there’s the aisle for the other people. Similarly, there’s the concept of nude. I always think of this in relation to pantyhose or shoe shopping. There’s not just the difficulty of finding inclusivity in tones, but there’s the hijacking of the definition of nude. I’ve always known nude to be representative of naked or transparent so that nude pantyhose would make my legs appear nude, or without covering. Yet whenever I purchase nude pantyhose, or nude shoes for that matter, I have to ask myself, “Nude according to whom? This is not nude; it’s clearly light beige. It’s anything but nude.” The term “diverse” has become redefined to normalize Whiteness and serves as one of the many reminders in society of hierarchy, power, and inequity that are glaring to those subjected to it daily. Those who are not subjected to those inequities are often oblivious and may even deny its truth or find derogatory names to call those who speak about it.

I am, among other things, a Black woman. In many cases, representation by someone like me helps to create diversity in groups that have been plagued by homogeneity. I think about how often, by virtue of being the only one, the one who brings diversity to the group, I become the representative of my entire race, bearing much more responsibility than anyone else in the group. Nonetheless, this does not make me diverse. I do wonder what it is like to live free of these and so many other daily burdens and just be you. Someone who comes with only favorable preconceived notions,

inherent inclusion, and for whom matters like these are mere abject conversation.

To be diverse means to be inclusive or representative of many elements. Diverse is not a person, nor should it become another label for those outside of the mainstream or marginalized groups to bear. Everyone has a hand in diversity. There are those who equate diversity strategies with unfairness, almost like a robbery of opportunity for some. Aiming for diversity does not mean “exclusion of”; it means “more than just.” A diverse setting is one where people from a mainstream group are represented along with people from nonmainstream groups. A single person in that group is not the diverse one; it is the presence of varying representations that makes the group diverse.

Health care can represent one of the most inequitable experiences one can have. In March of 1966 at a meeting of the Medical Committee for Human Rights in Chicago, in reference to the disparate medical care received by Black people, Dr. Martin Luther King Jr. stated,

We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death. (Mt. Vernon Register News, 1966, p. 5)

Healthcare inequities persist today. Communities comprised primarily of people of color are consistently and disproportionately exposed to pollution, environmental hazards, and discriminatory practices that put them at greater risk for almost all illnesses. The age-old pandemic of racism underscores inequities, and its manifestations are heightened in times of crises.

Nurses have a unique opportunity to advocate for equity in care delivery. Nurses collaborate with other members of the care delivery team and contribute to the development and execution of the plan of care. Incorporating equity awareness should be an integral part of our role and practice.

Attention to diversity and inclusiveness exposes the need to examine ourselves and the inclusiveness, or lack thereof, of our settings and of our practice (Woolforde, 2018). Everyone plays a role in the journey to equity, either by actively taking steps toward improvement, by promulgating environments and processes that perpetuate inequity, or through standing by, another mechanism that promulgates inequity but allows the bystander to find ways to absolve themselves of accountability.

So, what are three steps every person can take to help build a healthcare system and an environment that fosters diversity, inclusion, and equity?

## **Understand Your Community**

While there are constants in health care that haven't changed in centuries, such as handwashing as the most effective method to prevent the spread of infection, we have to go beyond the routine and aim to understand the composition and needs of the communities we serve. We must then adjust education and care planning to meet the needs of the community. We should point out and address the disparities and place emphasis on adjusting planning and resources according to these realities in order to achieve optimal wellness. Inequities might be related to language, lack of cultural awareness among staff, lack of cultural awareness integration into the plan of care, and more. Having a diverse workforce that is reflective of the community helps to mitigate these divides. These

changes can translate into significant improvements in health outcomes and great satisfaction among those providing care—not just those receiving it.

## **Educate Yourself**

Nurses spend a lot of time educating others. Equally important, however, is educating oneself, not just on the latest in clinical care but on one's own biases or lack of knowledge about the community one serves and how to modify plans and care to address needs. Nurses have the power to design and deliver initiatives that incorporate equity considerations and demonstrate for others across professions how this is done.

## **Build an Army of Advocates**

Nurses interact with a wide variety of care providers at all levels of practice. Role-modeling advocacy practices is an important part of our responsibility. Take a stance on unequal treatment and build an army of people who have learned from you that they, too, must do the same. Trade fear for fearlessness. Advocating for equity is not a spectator sport. Nurses cannot and should not stand on the sidelines while inequity grows deeper roots. We can be champions of the equity message.

There is no healthcare issue that can truly be considered “someone else's problem.” What affects one affects us all. The effects may not be immediate or obvious to all, but in time inequity will cause harm to more than just the groups on the margins. There are many ways for nurses to advocate for equity, and the first step is to recognize it as a critical part of our role and responsibility.



## INTRODUCTION

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**T**he American Nurses Association (ANA), the American Association of Colleges of Nursing (AACN), the National Academy of Medicine (NAM), the Association for Nursing Professional Development (ANPD), and numerous other organizations have recently highlighted the significant need for diversity, equity, and inclusion in nursing education and practice. While data show increasing diversity within the U.S. population, the nursing profession continues to lag in recruitment and retention of nurses representing the residents of the communities they serve. The above organizations have created executive-level goals and priorities for achieving a more balanced nursing workforce, though there are currently no grassroots initiatives to provide strategies for realistic, attainable, and meaningful change.

*Journey to Equity* evolved from a conversation in March 2021 between the coeditors who initially planned to develop and publish a white paper on the topic. Over the next several weeks, they discovered that health equity required more than a single paper, and the result was the creation of this book. As the coeditors could not represent the diverse populations impacted by inequities in our population and profession, they sought the input of nurse leaders who represent these communities.

As communities diversify, the nursing profession must rise to the challenge of truly representing the communities they serve. In this book, a historic perspective evolves into a nursing process approach that incorporates the personal stories of nurses with

diverse racial, gender, and ethnic backgrounds who share their journeys and their recommendations for the future. This is a template for K–12 schools, community and healthcare organizations, academic and continuing nursing education advocates, and professional associations and organizations to facilitate the growth and success of underrepresented groups in the nursing profession.

*Journey to Equity* will help readers develop an action plan that meets ANA, AACN, NAM, ANPD, and other initiatives for diversity, inclusion, and equity as nurses lead change and improvement in health care now and into the future.