

# Florida Action Coalition

## Diversity Think Tank



October 7<sup>th</sup>, 2014

Hyatt Regency Orlando International Airport



**Vision Statement:** All Floridians have access to high quality, safe, and patient centered care in a health care system where nurses contribute as essential partners in achieving success.

**Mission Statement:** The mission of the Florida Action Coalition is to provide leadership in advancing the nursing profession so that Floridians can access safe, high quality health care.

## Diversity Think Tank Purpose Statement

The purpose of the Florida Action Coalition Diversity Think Tank is to develop strategies to increase the number of diverse and inclusive leaders in Florida through:

O  
b  
j  
e  
c  
t  
i  
v  
e  
s

The development of plans that ensure a diverse pool of nursing students enter, graduate from accredited schools of nursing, and enter the Florida workforce

The development of resources and opportunities for those in the field to secure leadership positions.

The promotion, encouragement and guidance of diverse nurses to appointment on boards that influence health policy.

The creation of an action plan for the coalition to increase the number of diverse and inclusive nurse leaders in Florida.

### FL-AC Steering Committee

Amy Dean  
Anastasia Albanese-O'Neill  
Ann Hubbard  
Chris Hart  
Jan Mauck  
Janegale Boyd  
Li Loriz  
Linda LaComb-Williams  
Lori Schirle  
Martha DeCastro  
Nancy Redenius  
Nancy Rudner Lugo  
Rosa Gonzalez-Guarda  
Rose Sherman  
Sharyn Figgins  
Susan Hartranft  
Tad Fischer  
Tamara Demko

### Florida Blue Foundation Staff

Susan Towler  
Velma Monteiro-Tribble  
Sharon Hackney  
Michael Hutton-Woodland

### Florida Center for Nursing Staff

Mary Lou Brunell  
Ann-Lynn Denker  
Pamela Medina  
Toni Ray Leonard

## Table of Contents

Introduction .....	4
Diversity Council .....	4
Speaker Biographies.....	6
Attendee Demographics .....	7
Opening Session.....	8
Florida Demographics from US Census Bureau <sup>a</sup> .....	8
Diversity of Florida’s Nurse Leaders .....	9
Comparison of Nurse Population to General Population, by Ethnicity 2013 <sup>bc</sup> .....	9
States with “Minority” Majorities.....	10
Breakout Sessions .....	12
Diverse Nurse Leaders Influencing Education/Students.....	12
Diverse Nurse Leaders Influencing Health Policy .....	14
Leadership Opportunities and Resources for Diverse Nurses .....	16
Conclusions and Next Steps.....	20
Appendix A- Diversity Data .....	21
Introduction and Background .....	21
Data Sources and Methods.....	21
Ethnic Diversity .....	22
Educational Attainment by Ethnicity .....	23
Nursing Student Ethnic Diversity .....	25
Nurse Leader Diversity.....	26
Gender Diversity .....	28
Ethnic Diversity by Region .....	30
Appendix B – Attendee List.....	34

## Introduction

The Florida Action Coalition sponsored a Florida's first statewide Diversity "Think Tank" on October 7, 2014 in Orlando. Nurse leaders representing Florida's diverse professional organizations met to address the findings of the RWJF sponsored /Florida Blue Foundation supported State Implementation Project (SIP): *Promoting Nurses as Leaders in Florida to Advance*



*Nursing and Health Policy.* The project addressed the Institute of Medicine (IOM) recommendation 7: *Prepare and enable nurse leaders to lead change to advance health.* A significant aspect of the SIP project is to address the issue of **diversity** among nurse leaders in Florida. The Florida Center for Nursing collects and analyzes data on gender, racial/ethnic, and geographic information of nurses to describe the demographics of Florida's current nurse workforce. Data was collected on leadership background and experience, perceived barriers to attaining leadership, and key policy elements needed to promote leadership among nurses as a part of the SIP grant. In addition the Florida Action Coalition Leadership Team gained input through partnerships with associations, groups and individuals representing diverse leadership populations.

The survey findings helped to describe Florida's current nurse leaders. Among all nurse leaders in the sample, most were white women with approximately 69% of the nurse leaders over the age of 50. Another important finding focused on nurses not in leadership roles. Nurses who were not currently in leadership roles but were interested in pursuing a leadership role were younger than nurse leaders and the sample average age. They were also more ethnically diverse, and had fewer years of experience than nurses in leadership positions. Staff nurses comprised 49% of those who wanted to be a leader, with approximately 50% working in hospital settings.

### Diversity Council

In order to facilitate this effort the Florida Action Coalition engaged a Diversity Council composed of volunteers representing diverse nursing organizations and groups throughout Florida. The Diversity Council serves as a resource and advisory body to the conduct and findings of the leadership survey and work of the Coalition.

"Nursing workforce diversity is a key issue for the *Campaign for Action*, and is threaded through all of our pillar initiatives" (Future of Nursing). The SIP project work plan included activities to "partner with associations representing diverse nurse populations, Hispanic Serving Institutions, Historically Black Colleges and Universities, and other institutions serving a large minority

population to establish a Diversity Resource Council”. The diversity Council initially started with a call to recruit nurses representing diverse populations and organizations. The Council participants participated in statewide conference calls to advise on the leadership survey development and pilot test the instrument, analyze survey findings and form recommendations to address under representation of diverse populations in nursing leadership in Florida.

The Diversity Council made a number of observations and recommendations, which included:

- Florida’s diverse nursing population is increasing
- Leadership mentor programs are needed to target diverse nurse populations
- Develop and make available “leadership” resources
- Publish a white paper or similar document to address these issues
- Conduct a “Diversity Summit” to address the survey findings

And so the Statewide Florida Action Coalition Diversity Think Tank became a reality!





## Speaker Biographies



### **Barbara Nichols, DNSc(hon), MS, RN, FAAN**

served as a consultant to the Florida Action Coalition on behalf of the National “Future of Nursing: Campaign for Action”. Barbara’s career spans four decades in leadership and policy making positions in professional associations and related health organizations including CGFNS International, the Office on Minority Health, the US Department of Labor and Department of Homeland Security. She was the first African

American Nurse in 100 years to be President of the American Nurses Association and the Wisconsin Nurses Association. She currently serves as a visiting Associate Professor of Nursing at the University of Wisconsin-Milwaukee, and as the Leadership and Diversity Coordinator for the Wisconsin Center for Nursing.

---

**Mary Lou Brunell, MSN, RN**, was appointed to the position of Executive Director for the Florida Center for Nursing November 2002. In this role she administers the Center’s goals as set forth in Florida Statute to address issues of nursing manpower in the state. Mrs. Brunell’s professional activities include appointment to the National Advisory Council for Nurse Education and Practice which advises and makes recommendations to the Secretary of Health and Human Services and Congress. In partnership with the Florida Blue Foundation, Mrs. Brunell co-leads the Florida Action Coalition, convened to advance the recommendations of the IOM report – Future of Nursing: Leading Change, Advancing Health. Mrs. Brunell completed her graduate work at the University of Pennsylvania. She has worked as a critical care nurse, administrator, and educator prior to her current commitment to nurse workforce and health policy issues.



## Attendee Demographics

### *Spanish/Hispanic/Latino Origin*

	Count	Percent
No	30	90.91%
Yes, Mexican, Mexican American, Chicano	0	0%
Yes, Puerto Rican	1	3.03%
Yes, Cuban	1	3.03%
Yes, Other Spanish/Hispanic/Latino	1	3.03%
Totals	33	100%

### *Race*

	Count	Percent
White	12	36.36%
Black or African American	13	39.39%
American Indian or Alaska Native	1	3.03%
Asian	6	18.18%
Native Hawaiian or Pacific Islander	0	0%
Multiracial	1	3.03%
Other	0	0%
Totals	33	100%

### *Age*

	Count	Percent
Under 20	0	0%
20-29	0	0%
30-39	2	5.88%
40-49	10	29.41%
50-59	14	41.18%
60-69	6	17.65%
70-79	2	5.88%
80 or over	0	0%
Totals	34	100%

## Opening Session



After welcoming and introductory remarks by the Florida Action Coalition co-leads, Susan Towler, Vice President, Florida Blue Foundation, and Mary Lou Brunell, Executive Director, Florida Center for Nursing, relevant data and reflections on Florida's current standing relative to diversity of the Nursing Profession were presented by Mary Lou Brunell. Florida demographic data set a context for the overall discussion. It was noted that Florida is poised to become the third most populous US state.

*"The only way to make change is with data. You have to speak [with that data] to speak the business language".*

### *Florida Demographics from US Census Bureau<sup>a</sup>*

	Florida	US
Population, 2013 Estimate	19,552,860	316,128,839
Population, 2012 Estimate	19,320,749	313,873,685
White alone, percent, 2012	78.3%	77.9%
Black or African American alone, percent, 2012	16.6%	13.1%
American Indian and Alaska Native alone, percent, 2012	0.5%	1.2%
Asian alone, percent, 2012	2.7%	5.1%
Native Hawaiian and Other Pacific Islander alone, percent, 2012	0.1%	0.2%
Two or More races, percent, 2012	1.9%	16.9%
Hispanic or Latino, percent, 2012	23.2%	16.9%
White alone, not Hispanic or Latino, percent 2012	57.0%	63.0%

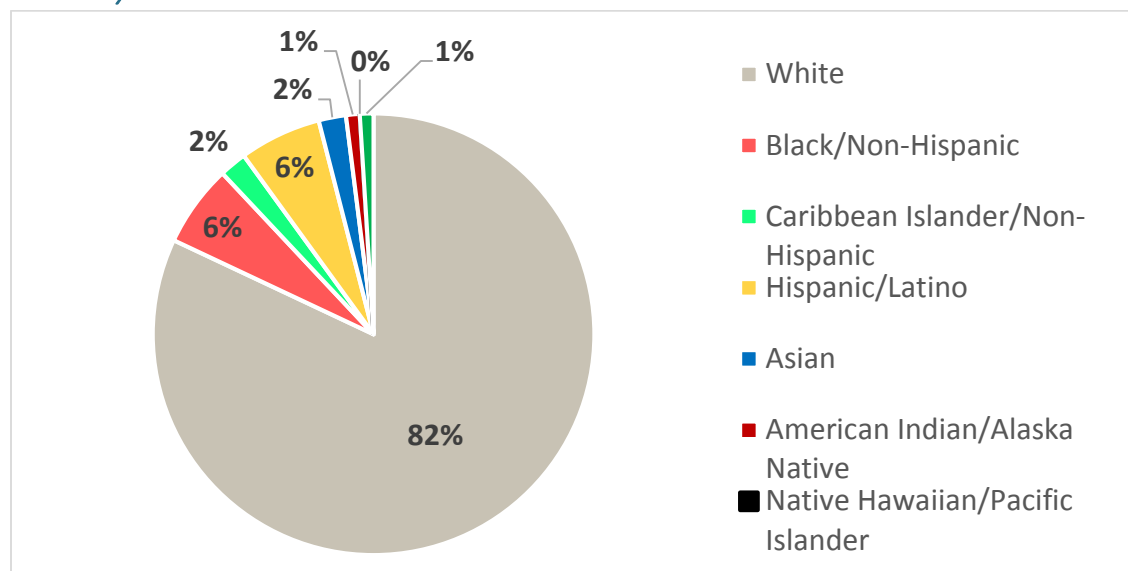
(a) <http://quickfacts.census.gov/qfd/states/12000.html>

Ms. Brunell's opening remarks included data about Florida's nursing workforce. The Florida Center for Nursing partnered with the Florida Board of Nursing to collect supply data as a part of the online renewal process. Results are analyzed every two years on Florida's licensed practical nurses, registered nurses and advanced registered nurse practitioners. This is often referred to as Florida's nurse workforce. In addition, she also presented information from a broad-based survey, mentioned above, that was collected in 2013 from over 4,000 nurses in Florida who discussed leadership among nurses.

The survey findings helped to describe Florida's current nurse leaders. Among all nurse leaders in the sample, most were white women with approximately 69% of the nurse leaders over the age of 50. Another important finding focused on nurses not in leadership roles. Nurses who were not currently in leadership roles but were interested in pursuing a leadership role were younger than nurse leaders and the sample average age. They were also more ethnically diverse, and had fewer years of experience than nurses in leadership positions. Staff nurses comprised 49% of those who wanted to be a leader, with approximately 50% working in hospital settings.

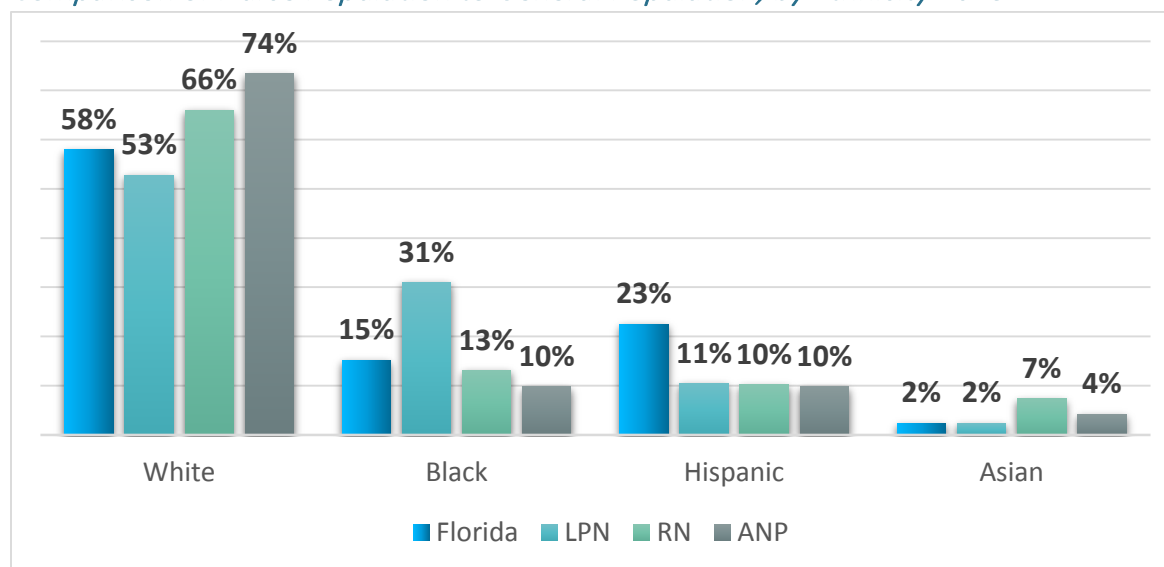


### Diversity of Florida's Nurse Leaders



Ms. Brunell noted that approximately a third of the Florida population is part of a racial or ethnic minority group in 2008, yet only 18 percent of our nursing students were from racial or ethnic minority groups. By 2050, African Americans, Asians, Latinos and American Indians/Alaskan Natives will comprise a majority of our population. We need to make sure our profession reflects the people we serve, and that all nurses deliver culturally competent services in all settings.

### Comparison of Nurse Population to General Population, by Ethnicity 2013<sup>bc</sup>



(b) FCN Nurse Supply Survey 2013

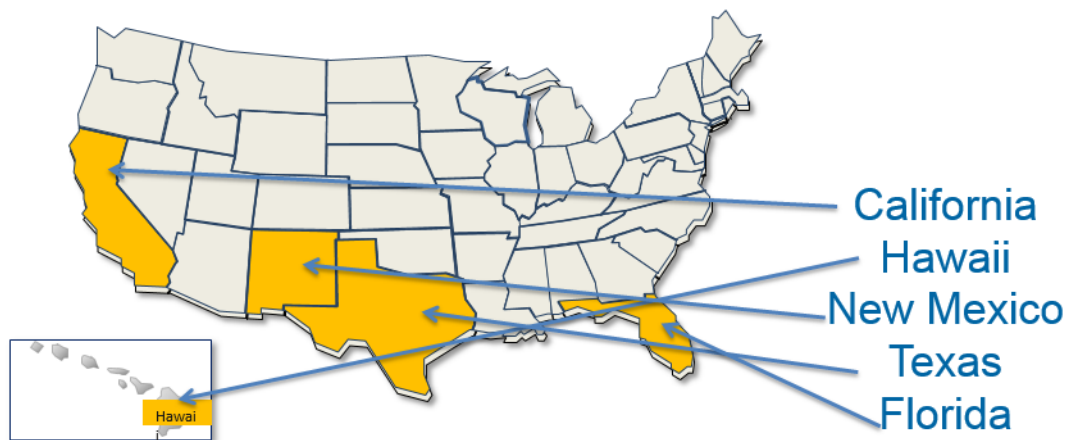
(c) Florida Legislative Office of Economic and Demographic Research

From the Florida Center for nursing data, one sees that there is a higher proportion of LPNs who are black than the general population. A strategy might be to support black LPNs to go on for the RN license, and then on to leadership positions. There is also a higher percentage of

Hispanics in the Florida population than in nursing, so another strategy would be to encourage Hispanic students to enter the nursing profession.

Following Mary Lou Brunell, Barbara Nichols presented Perspectives on Globalization and Health Policy. The keynote presentation set the stage and provided a global and national perspective on diversity. She emphasized that as the 21st century evolves, the demographic landscape in which nursing is practiced is dramatically changing. For example, the 2012 US Census report predicts that by 2043 the United States will have a majority-minority population emphasizing that the five states of California, Florida, Hawaii, New Mexico and Texas already have minority populations as majorities. Thus, as the United States population demographics change it portends that a national shortage of a different dimension is occurring. This shortage is characterized by a widening gap between the numbers of diverse persons needing care and the diverse nursing staff available to provide that care. It indicates that we are living in a more diverse world and challenges the nursing profession to transform outdated practices, recalibrate skills and utilize culturally and linguistic interventions that are responsive to a growing US diverse population.

### *States with “Minority” Majorities*



Ms. Nichols set a broad context for the discussion that was to occur throughout the remainder of the day. She contextualized a major focus on diversity as needing to remember the issue of racism. Her comment, “Racism – it is invisible, because it is so normal,” went straight to the heart of this. In quoting Martin Luther King, Jr., “*We are tied together in a single garment of destiny, in the web of mutuality...*” she contextualized the work that needs to be done.

Her charge, *Change your assumptive state*. She pointed out that worldwide nurses *are* diverse. And she identified four major policy issues that will need to be addressed:

- Globalization
- Migration
- Demographics
- Policy Changes

So as Florida moves to address diversity among its nursing workforce, we need a systematic intent for what we do. As facilitator, Ms. Nichols challenged the participants to:

1. Focus dialogue around a series of evidenced based data regarding the Florida nursing workforce
2. Identify and address key challenges related to outstanding diversity issues
3. Find common ground of shared meaning and experience to fuel and direct nursing policy on diversity

## Breakout Sessions

### Diverse Nurse Leaders Influencing Education/Students

#### Breakout Session Summary

**Ann-Lynn Denker, Facilitator**

**Pamela Medina, Recorder**

This breakout session was held to contribute to the achievement of the Think Tank objective: The development of plans that ensure a diverse pool of nursing students enter, graduate from accredited schools of nursing, and enter the Florida workforce. A series of scripted questions/discussion topics were posed to the participants in each of three groups. The information below represents the responses and key take-a-ways from the discussion.

*What specific issues or challenges do students from diverse backgrounds face in moving toward leadership positions?*

#### Challenges for Nursing Students

- Lack of diverse mentors and role models
- Do not provide the right resources, skills training
- Lack of faculty appreciation of cultural differences
- Students have un-met basic needs
- Identifying/tapping into students with leadership potential
- Making students aware that they may already be leaders
- Exploring avenues for continuing education
- Stereotyping students
- Lack of confidence to step up for leadership
- Students believe stereotypes of themselves
- See being turned down as failure
- Work structure
- Rigidity of nursing programs (need to create programs that are sensitive/flexible for diverse students with unique life situations)
- Broad definition of leadership
- Social dynamics of the non-verbal (feelings of not being 'good enough')
- Need clear articulation of necessary skills and competencies for nurse leaders
- Need support from those who want preparation from the start
- Mindset of nursing as a means to a job
- Lack of awareness of potential opportunities and professional memberships
- Nurse leaders need to reach out to minority students and find/be role models for them
- First family member in college- lack of family understanding- distorted family experience
- Need equitable process to select mentees
- Lack of assertiveness
- Lack of mechanisms to reach people
- Absence of incentives
- Acceptance into certain schools or programs
- Finances; support during education
- Lack of encouragement for continuing education
- Minority students with few minority faculty

- Perceptions of minority students' inability to learn
- Parents don't encourage students to go away from local areas
- Lack of preparation out of high school
- Lack of external support
- Language barriers
- Faculty lack of cultural sensitivity
- Negativity from employers about continuing education
- Lack of professional support system and mentors
- Poor education in rural communities
- Difficulty in finding mentor
- Poor succession planning
- Perpetuating stereotypes that minorities can't be successful
- Stereotyping during interviews

**Take-Away:** Students of diverse backgrounds come to nursing with numerous barriers related to culture, education, stereotypes, financial, language and poor self-concepts that may present obstacles to becoming leaders. Schools, health care organizations and educators must be aware of these barriers and provide the appropriate resources, mentors, teaching strategies, cultural knowledge, financial support, leadership training, and role modeling to facilitate the opportunities for these diverse future leaders.

*What specific resources or opportunities does your organization provide to nurses from diverse backgrounds moving toward leadership positions?*

### Resources

- Structured mentoring programs (tailored for specific roles)
- Partnering with employers to identify leaders
- Sharing information on existing resources
- Making leadership development more intentional
- Plant seeds for community leadership
- Leadership forums/academies/institutes
- See examples of what leaders do
- Membership in nursing organizations
- Develop responsibility to become involved
- Reduce pressure to only join a specialty organization (increase benefits for other memberships)
- Students need support from administration
- Shadowing/match with business leaders
- Treating internships as learning experiences with real work
- Voluntary rather than forced mentorship
- Developing ability to be a leader

**Take-Away:** Reliable and proven resources and opportunities are essential to the success of transforming diverse students and novice nurses to positions of leadership. Mentoring, partnering, support and role modeling are resources that should be available in educational and practice settings.

*What specific resources or opportunities you have provided or are aware of to provide to nurses from diverse backgrounds moving toward leadership positions?*



### Examples of what has worked

- Exposing students to leadership through experience (work study research experience)
- Sharing data to get a wider perspective
- Start membership when they are still students (require meeting attendance)
- Meet 6 months after graduation
- Fill out membership applications at graduation (structured intent)
- Experience map (list education requirements, experience, skills mastered, and core areas for leadership)
- Job fairs, technology
- Assistance with linguistics and verbal communication- negative association between knowledge and accent or pronunciation
- Becoming more comfortable with having conversations about unspoken rules
- “Boot camp” to prepare students and show them how to be successful in a nursing program

**Take-Away:** Opportunities to develop diverse nurse leaders exist in many forms and practices. These opportunities should become standard practices in the work and educational settings. Exposing student to leadership competencies and skills through activities of professional development require study and evaluation to identify the best and soundest efforts for success.

### Diverse Nurse Leaders Influencing Health Policy

#### Breakout Session Summary

Mary Lou Brunell, Facilitator

AnnToni Leonard, Recorder

This breakout session was held to contribute to the achievement of the Think Tank objective: promotion, encouragement and guidance of diverse nurses to appointment on boards that influence health policy. A series of scripted questions/discussion topics were posed to the participants in each of three groups. The information below represents the responses and key take-a-ways from the discussion.

*What does the phrase “health policy” mean to you?*

- Politics
- Economics
- Legislation/authority in decision making
- Practices/standards
- Informs/influences practice
- Directly influences what goes on in our communities
- Rules & regulations based on needs that influence decision making
- A decision that will positively or negatively affect someone’s life
- A sub-set of public policy
- The need to move toward unification of the profession

**Take-Away:** Health policy is an essential component of meeting the health needs of Floridians and a strong influencer of nursing practice.

### *Who sets / determines / approves health policy?*

- Legislature
- Special interest groups
- Policy changes occur on institutional level as well as legislative
- People within communities being affected
- Formalized structures that make decisions
- Lack of participation allows others to have increased involvement and push their special interests
- Set up conversations to establish apathy about concerns, obligation with policy
- Have various groups come together and extend invitation to outside individuals to learn more about organization

**Take-Away:** Health policy is driven at many levels and in many settings. Nursing must be aware of all of them.

### *How to influence policy in Florida?*

- Demystify the process
- Conduct a 101: Intro to Policy class for individuals who may not be knowledgeable.
- Educate nursing students, become role models in spiking their interest in policy & other healthcare concerns
- Need to be taught policy prior to entering workforce as well as when they begin practice
- Policy needs to be taught at undergraduate level
- Diversity and health policy should be included as mandatory continuing education
- Nurses need information about policy. Nurse leaders should educate their nursing staff on policy issues.
- Establish instructional format to educate population of nurses on candidates/issues so that they can vote with informative knowledge
- Prepare nurses for the future so that they will be more knowledgeable with policy
- Grass root level- change occurs in areas of passion of nurse
- Political activism / Critical masses through voting, political voices
- Mentoring can help to understand issues before meetings and discussion
- Actively mentor while practicing, acknowledging diverse communities and work places
- Nurse leaders should encourage new professionals to become more engaged in communities/organizations
- Unification of groups to reflect one voice
- Promote nurse leadership programs and organizations
- Partnerships between all organizations to portray unified front on policy/legislation
- Legislative engagement. Become more involved with collective voices
- Utilize professional organizations / Align with other healthcare professions (i.e. pharmacy)
- More diverse unit groups produce divergent ways to promote policy
- Data is key
- Research and data

- Set agenda so that priorities are put in proper order
- Run for positions or join committees that are active in policy implementation
- Communicate how policy has an effect on nursing and how to then make it relevant

**Take-Away:** The ability to influence health policy requires education, mentoring, commitment, ongoing learning, activism, unity, data, and communication. A well-informed and versed person is an asset.

*How to carry energy and diversity forward*

- Establish fellowships that will develop leaders and be conscientious about required the strategies
- Become active in lobby days locally and nationally
- Be open and acknowledge that there are areas/concerns that need to be addressed
- Identify issues surrounding diversity that need policy changes or implementation
- Realize the importance of policy and diversity and enforce it
- Increase diverse engagement
- Cultural diversity must be taught in order to be practiced – may be first encounter with diversity
- Address male population and encourage them to consider nursing careers
- Nursing has become an economic choice rather than passion. In this case push and encourage them to learn more and become involved in the field and organizations.

**Take-Away:** To carry forward nurses must be strategic, involved, diverse, and knowledgeable. 50% of the population will be nurses born into Generation Y. We need to reach out to them and embrace this generation because they are the future.

## Leadership Opportunities and Resources for Diverse Nurses

### Breakout Session Summary

**Michael Hutton-Woodland & Sharon Hackney, Facilitators**

**Anastasia Albanese-O'Neil, Recorder**

Breakout Session: Leadership Opportunities and Resources for Diverse Nurses

Objective: Each participant offers specific resources and opportunities to gather a bank of resources and colleagues to support diversity among nurse leadership. Participants were invited to share their experiences and their knowledge as diverse nurse leaders from around Florida.

## *Issues and Challenges*

- Nursing education system barriers have to be overcome first before considering leadership
- Consider the different “paths” for students as opposed to going “straight to college” (i.e. CNA→LPN→...). Many diverse nurses choose these alternative pathways.
- Diverse students may not perceive/have confidence in their own ability
- Diversity/cultural competency classes are a MUST in curriculum at all levels
- We need earlier support in sciences (e.g. middle school, high school), for example, STEMM (science, technology, engineering, math AND medical)
- Don’t pigeonhole people into roles based on race/ethnicity
- There should be communication within nursing- to increase the sensitivity to diverse backgrounds of our own colleagues
- Lack of transparency in promotion processes is a barrier
- Horizontal violence/bullying within the profession is a limitation
- Need for transition/ “residency” for nurses from other countries
- For-profit nursing schools offer a false promise: huge student debt upon graduation, low pass rates for NCLEX = lack of opportunity subsequent to graduation
- Nursing as a profession may not understand the value of diversity
- Set intentionality - we are accountable to developing diversity in leadership in nursing
- Mid-career funding is needed to support diverse leaders

**Take Away:** Nurses from diverse backgrounds may take non-traditional paths through their nursing education, and may not have confidence in their own skills and abilities. Many barriers exist in the development of nurse leaders from diverse backgrounds, including a lack of transparency to how one becomes a nurse leader, barriers created by other nurses, and a lack of recognition of the value of diversity. The whole field of nurse needs to intentionally develop nurse leaders from diverse backgrounds.

## *Resources: Classes and Trainings*

- Partner with area university: VALOR (VA learning opportunities residency) after employed PRIDE
- Leadership courses – management vs. transformational leader
- FPHA – training program across professions- leadership institute
- Haitian American Nursing Association – cultural diversity and data
- U Miami study workshop
- HRSA – 3D benefits of diversity to/in nursing  
<http://bhpr.hrsa.gov/nursing/summit.html>
- Succession planning process and PNAA advocacy not lobbying federal and state level

### *Resources: Scholarships*

- Post available grants/ scholarship in ONE place on the FNA website
- Send scholarship/ grant information to employers as well as schools
- Mid-career RWJF nursing fellow program supports minority leaders
- ABWA (American Business Women's Association) - <http://www.abwa.org>
- ANA - <http://www.nursingworld.org/>
- NIH/HRSA <http://www.nih.gov/>
- FPHA <http://fpha.org/>
- First Coast Black Nurses Association: 2-3 semester plus mentoring and money for college tuition
- PEO grants \$500-\$5,000 career transition for women through state-need based
- Miami-Dade Baptist Health scholarship, Barry Scholars program, NOVA schools and linkage to employment 5-9% turnover rate
- Haitian American Nursing Association
- Caribbean Nurses Association

**Take Away:** Nurse scholarships and programs to develop nurse leadership do exist. These opportunities need to be more broadly disseminated and advertised.

### *Resources: Mentoring*

- Mentoring happens at all stages of a nursing career
- Mentors pull future leaders out of their comfort zone- they see something in mentee that they may not see in themselves
- How do leaders acquire mentoring skills?
- Mentoring should be structured and the mentor should see beyond stereotypes
- Mentor/mentee can/should be from diverse backgrounds
- Nursing faculty organize 6 month post-graduation reunion to continue mentoring process "structured intent" with cohort of students
- Establish a "Corps" within nursing to pay it forward to other nurses
- Mentoring plan/succession planning for employees
- Sponsorship opens doors; recommends people for opportunities
- National Black Nurses Association notes a deficit of mentors
- Mentoring could be attached to funding
- First Coast Black Nurses Association [www.fcbna.info/](http://www.fcbna.info/)
- Haitian American Nursing Association
- University of Miami 10 funded scholarships
- Professor directly counsels students, opens doors, and advocates for students
- VA has "mentor" training program
- Assigning mentors/mentees does not always work due to lack of chemistry



**Take Away:** Mentoring is a crucial element in the development of nurse leaders from diverse backgrounds, and must happen at all stage of a nurses career. Current nurse leaders need to take on the responsibility of becoming a mentor to nurses who are coming up.

*Resources: Diversity Plans*

- ASAE Succession Planning  
<http://www.asaecenter.org/Search/search.cfm?y=0&x=0&query=resource%20kits&Topic=838>
- U. Penn: diversity in academic nursing think tank (Assoc. Dean of Diversity)  
<http://www.nursing.upenn.edu/diversity/Pages/default.aspx>
- Public Health Reports  
<http://www.publichealthreports.org/issuecontents.cfm?Volume=129&Issue=8>
- Baptist Health office of diversity metrics analyzed annually, identify leadership potential readiness internally  
<http://careers.baptisthealth.net/Nursing/ScholarshipsandPrograms.aspx>
- Recruit/retain diverse faculty- need clear formal plan/strategy
- Encourage membership/engagement in organizations
- Show up and don't waste the opportunity

*Resources: General suggestions*

- "Leap out of your comfort zone and be a leader"
- Look at retention or promoting from within
- Be willing to leave/walk away in order to be promoted
- Data/demographics – natural attrition – need to be proactive
- Need Multiple strategies
- There is a history of social change within the nursing profession with respect to diversity
- Faith-based organizations can support the dissemination of ideas
- Minority nursing organizations association should RUN next session
- Must be prepared with necessary credentials, there may not be a second chance for minority candidates
- Role models – Create a volume of leader biographies
- NCEMNA has/had leadership program <http://www.ncemna.org/>
- Are available dollars matched to candidate's grants?
- What is ineluctable quality that inspires nurses to seek leadership roles?
- Create an Experience map
- How to best prepare individuals for a leadership role within an organization?
- Can organization fill in gaps in the experience map?
- Create a List of contacts for trainees

**Take Away:** Gathering data on the current state of diverse nurse leaders is key to understanding where we need to go. Formal succession planning may also develop future nurse leaders from diverse backgrounds. Nurses from diverse backgrounds must be engaged.

## Conclusions and Next Steps



*“Many of us have had challenges, from whatever walks of life we come from. We need to share our stories to let people know what’s possible. It is possible, from whatever walk of life you come from, to be a leader.” – Janegale Boyd*

So many great ideas were generated through this conversation, and strong agreement was shown by many of the comments and suggestions. The information and recommendations voiced during this Think Tank will be extremely helpful in the days, weeks and months to come as the Florida Action Coalition plans its next steps in its diversity journey. The Diversity Council will also incorporate input received in post-evaluation comments as they frame a Diversity Action Plan for presentation to the Coalition Steering Committee and eventual implementation. Each of the participants of the Florida Action Coalition Diversity Think Tank gained insight into their own beliefs and those of others.

*“I can now take this structured intent and I can re-think, re-frame, and re-define myself and the institution I work for”.*

## Appendix A- Diversity Data

### Introduction and Background

The purpose of this report is to convey information comparing multiple facets of diversity between Florida's general population and Florida's nurses. "Diversity includes consideration of socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity" (AACN, 1997). In the landmark Institute of Medicine (IOM) report *The Future of Nursing*, the IOM urges that nurses place a greater emphasis on increasing diversity in the workforce and ensure that nurses are able to provide care to the richly diverse population in the United States.

Utilizing nurse data collected by the Florida Center for Nursing, this report provides information on ethnicity, gender, and age demographics for both working nurses as well as nursing students, to guide discussion on increasing nurse diversity.

### Data Sources and Methods

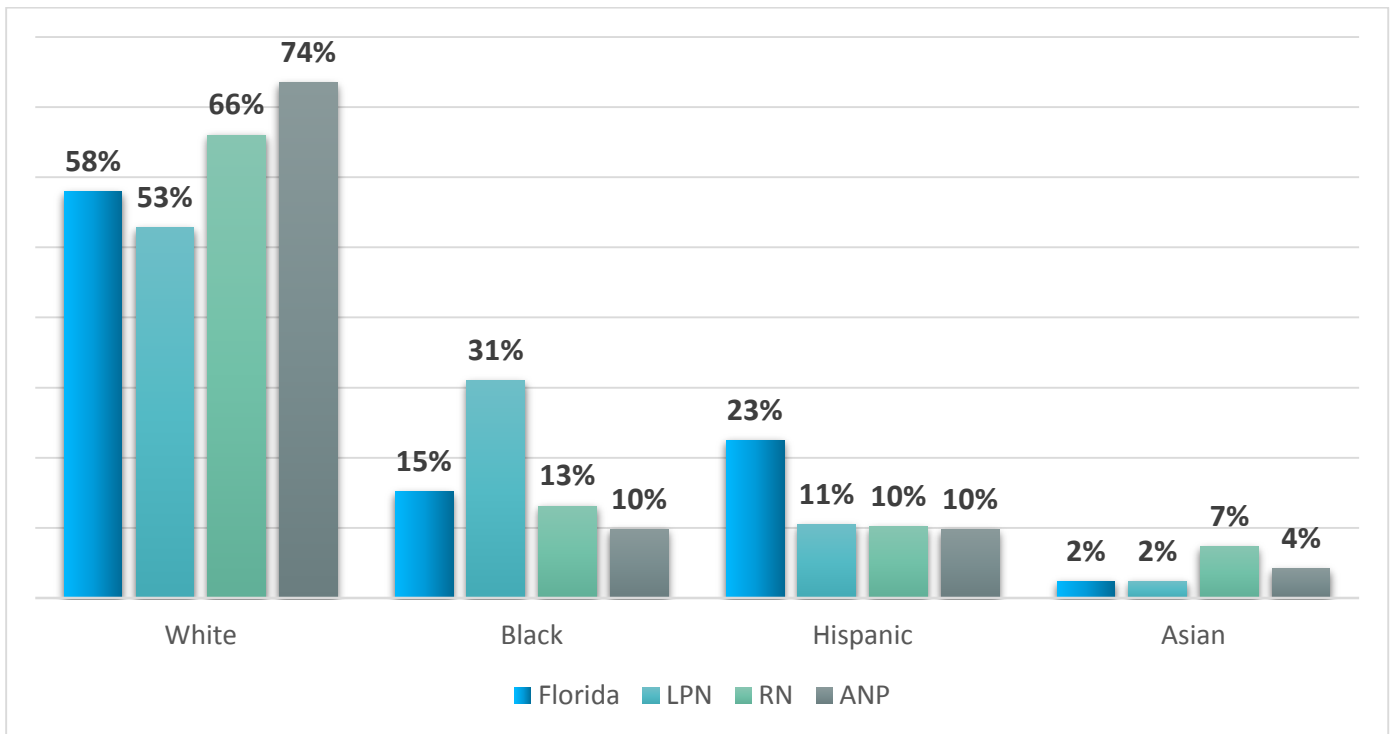
This report contains data from three major sources. Data from the Florida Legislature's Office of Economic and Demographic Research (EDR) were used to measure the size, age, and race/ethnicity of the general population in Florida. This data is based on the most recent census, taken in 2010. It should be noted that for the purposes of this comparison, persons of Hispanic origin are classified as Hispanic and removed from other categories.

Nurse supply data was collected by the Florida Center for Nursing as part of a voluntary workforce survey integrated into the license renewal process in the renewal cycle of January 2012 – December 2013. The Florida Center for Nursing in partnership with the Florida Board of Nursing and Florida Department of Health Division of Medical Quality Assurance, has collected workforce data since January 2008, allowing for comparison of trends.

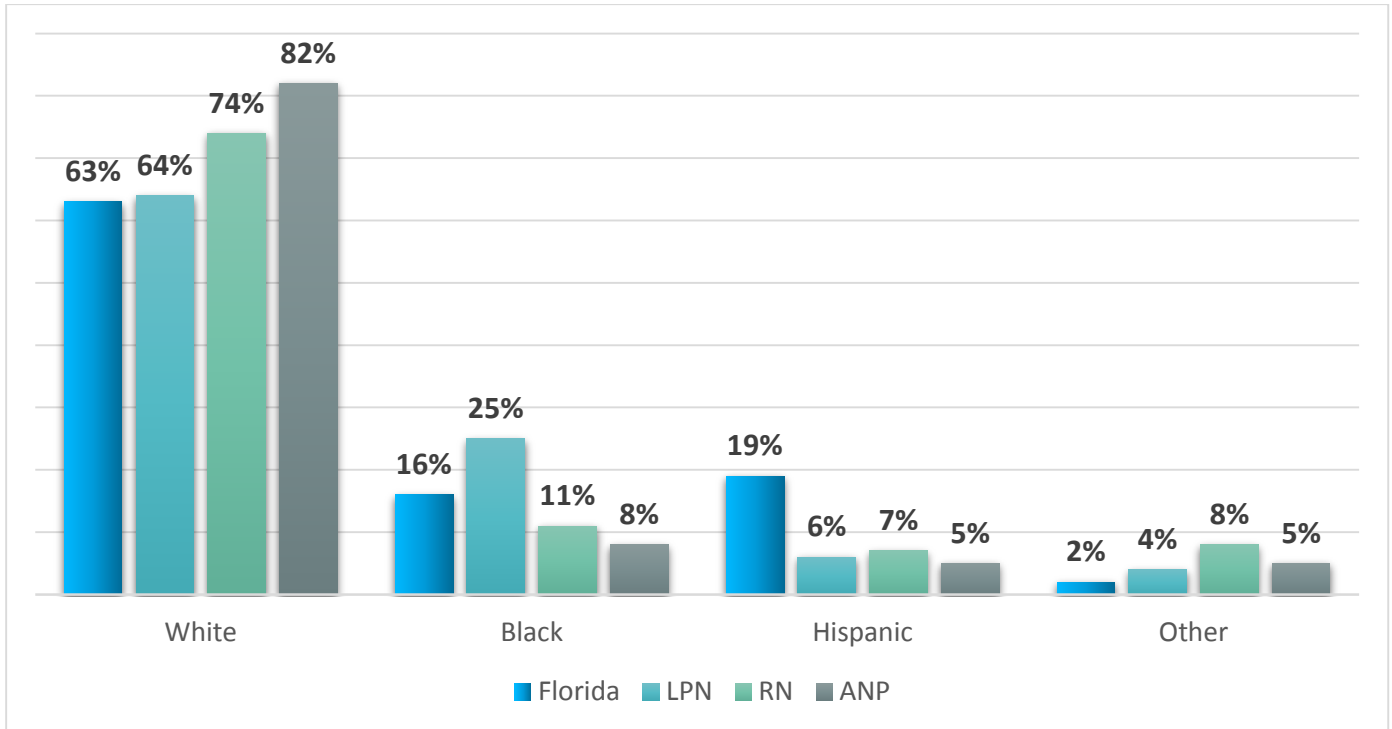
Finally, data on nurse leadership was obtained as part of a Robert Wood Johnson and Florida Blue Foundation funded Statewide Implementation Project grant. This data was collected through convenience sampling, with distribution through multiple avenues. E-mails were sent to 202,012 nurses listed in the Florida Board of Nursing e-mail list; members of the Quality and Unity in Nursing Council were asked to distribute the survey, and participation was promoted in *The Florida Nurse*. Three regions within Florida with the highest number of nurses from ethnic minorities were heavily targeted to ensure that the study sample was representative of Florida's nursing population. The data collection period ran from July 22<sup>nd</sup> through September 30<sup>th</sup>, 2013.

## Ethnic Diversity

**Figure 1.1 Comparison of Nurse Population to General Population, by Ethnicity 2013 <sup>1,2</sup>**



**Figure 1.2 Comparison of Nurse Population to General Population, by Ethnicity 2007 <sup>1,2</sup>**



1. Source: Florida Legislative Office of Economic and Demographic Research  
[http://edr.state.fl.us/Content/population-demographics/2010-census/data/2010Census\\_RedistrictingFile\\_Table3a.pdf](http://edr.state.fl.us/Content/population-demographics/2010-census/data/2010Census_RedistrictingFile_Table3a.pdf)

2. Source: FCN Nurse Supply Survey 2013

According to the U.S. Census Bureau, individuals from ethnic and racial minority groups accounted for more than one third of the U.S. population (37%) in 2012. *In the state of Florida, minority groups account for 42.1% of the population, based on 2010 census data.* This establishes a need for a more ethnically diverse nursing population, capable of understanding the unique cultural elements that are critical to providing quality care. Population trends show that the number of ethnically diverse residents in Florida is growing, with a particular emphasis on the Hispanic population which grew from approximately 19% to 23% of the population from 2007 to 2010.

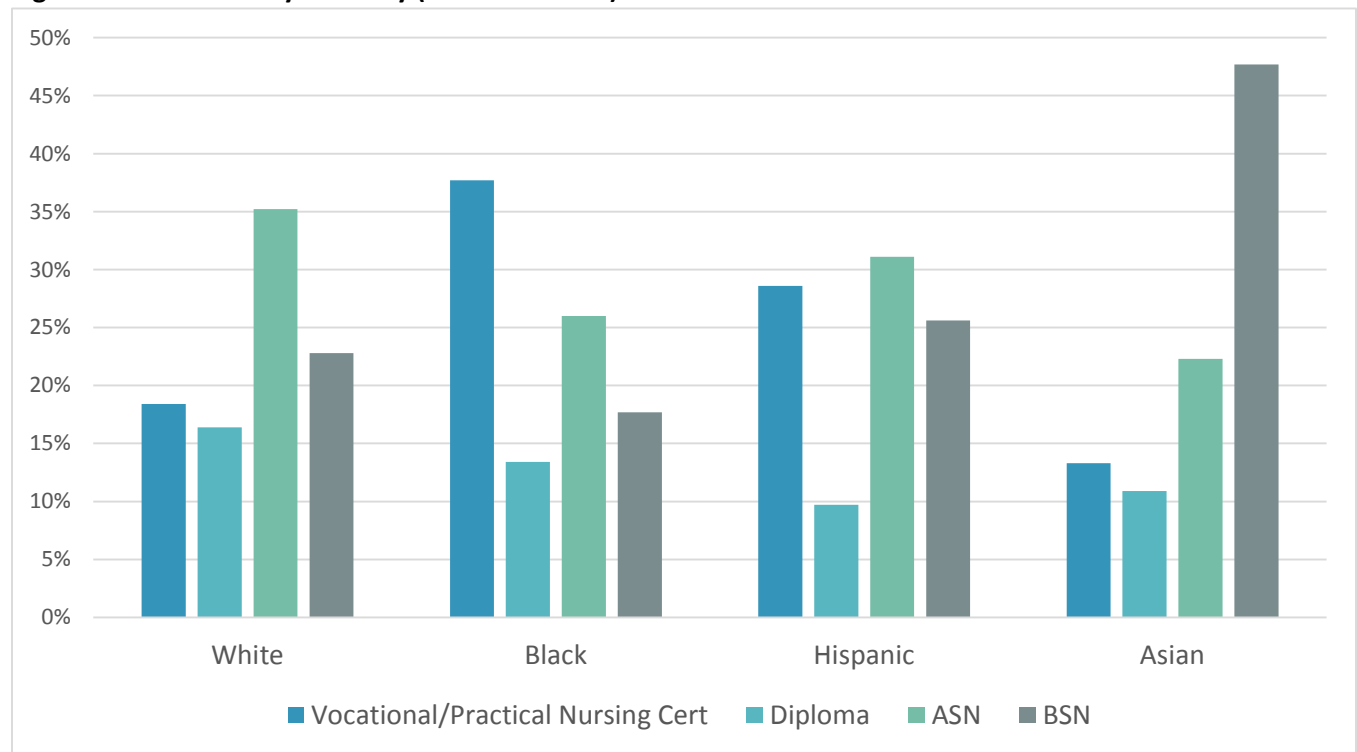
### Educational Attainment by Ethnicity

Educational attainment varies significantly by ethnicity. While a larger proportion of Black (37.7%) and Hispanic (28.6%) nurses are educated at the vocational/practical nursing certificate level as compared to White (18.40%) and Asian (13.30%) nurses, Asian nurses represented the most highly educated group with 53.30% having attained a BSN or higher.

**Table 1.1 BSN or Higher Achievement by Ethnicity**

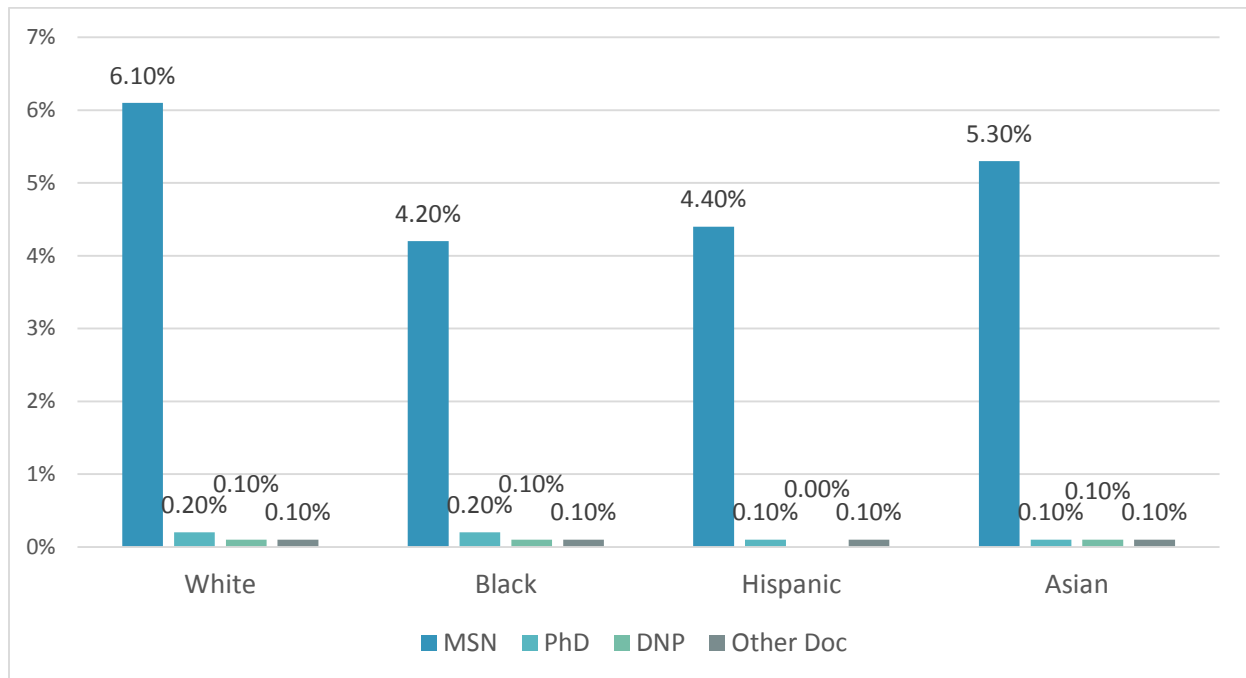
<i><b>Ethnicity</b></i>	<b>%BSN or higher</b>
<i>White</i>	29.30%
<i>Black</i>	22.30%
<i>Hispanic</i>	30.20%
<i>Asian</i>	53.30%

**Figure 1.3 Education by Ethnicity (BSN and below)**



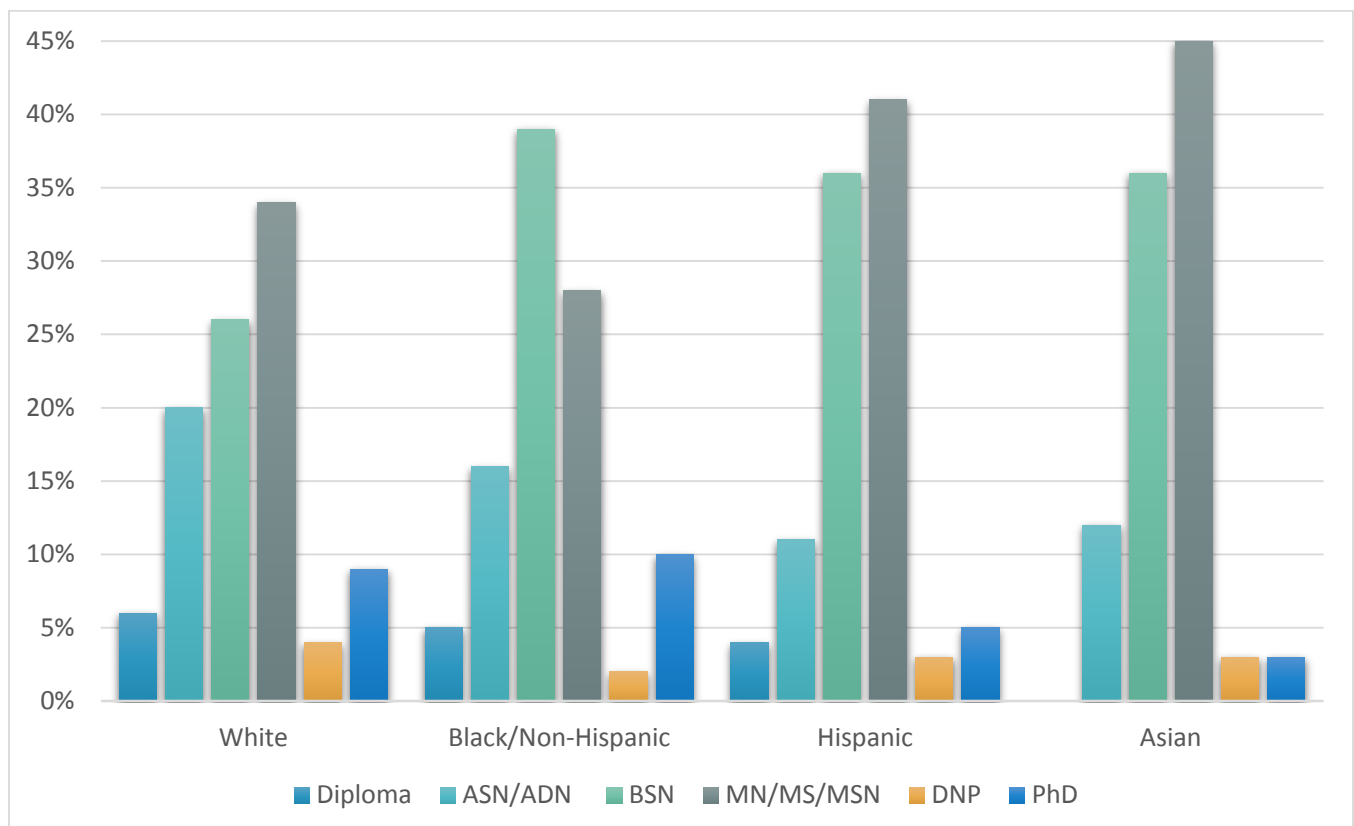


**Figure 1.4 Education by Ethnicity (MSN and above)**



Although variations also exist in educational attainment by ethnicity among nurse leaders, a majority of nurse *leaders* of all ethnicities have attained a BSN or higher. However, the most highly educated group of nurse leaders are of Asian ethnicity, with 87% having attained a BSN or higher.

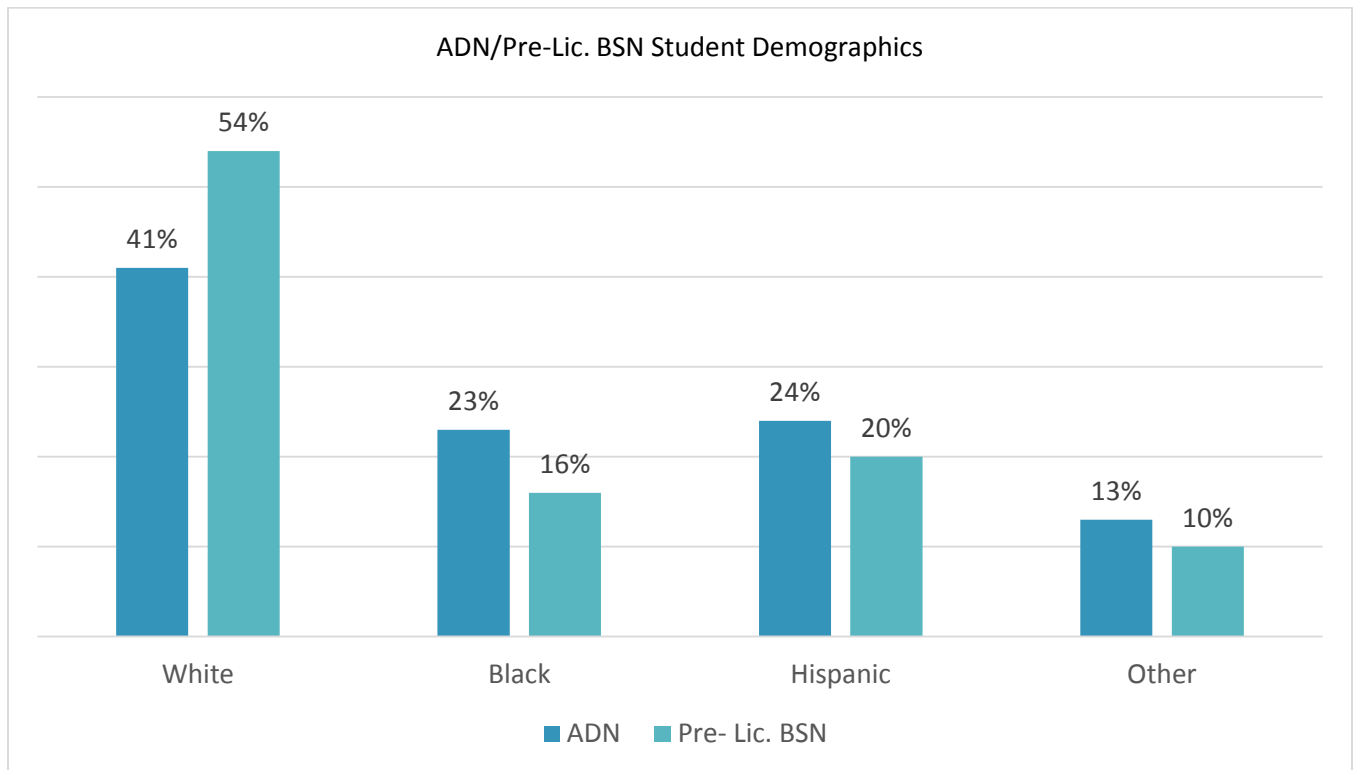
**Figure 1.5 Leaders Highest Education by Ethnicity**



### Nursing Student Ethnic Diversity

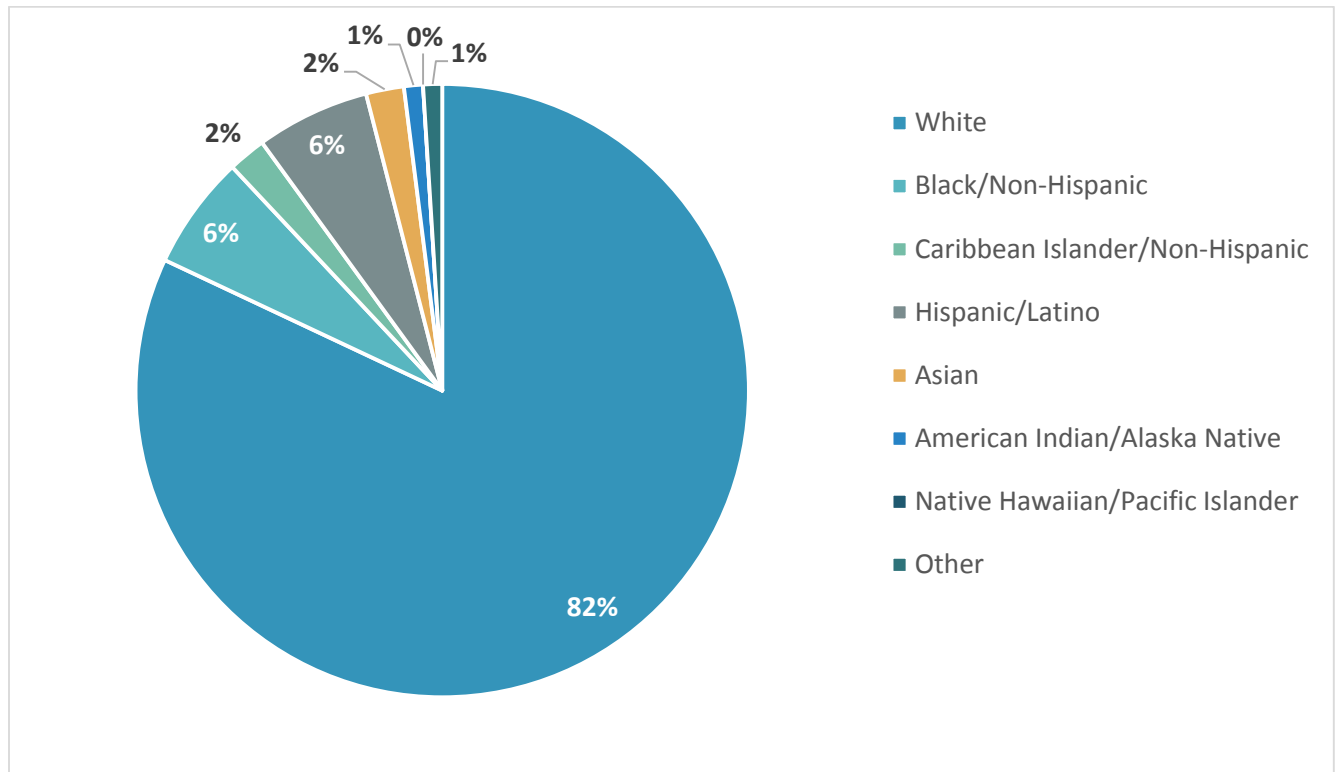
The racial and ethnic diversity of the nursing student population is more reflective of Florida's diverse population than the current nurse workforce. Twenty-three percent of ADN students are black, 24 percent are Hispanic, and 41 percent are white. In contrast, 66 percent of Florida's RNs working in nursing are white, 12.7 percent are black, 9.3 percent are Hispanic, and 10 percent are men. As the race and ethnicity of the student population continues to diversify, racial and ethnic diversity will gradually increase within the entire licensed nurse population, thus better mirroring Florida's population at large.

**Figure 1.6 Student Ethnic Diversity**



## Nurse Leader Diversity

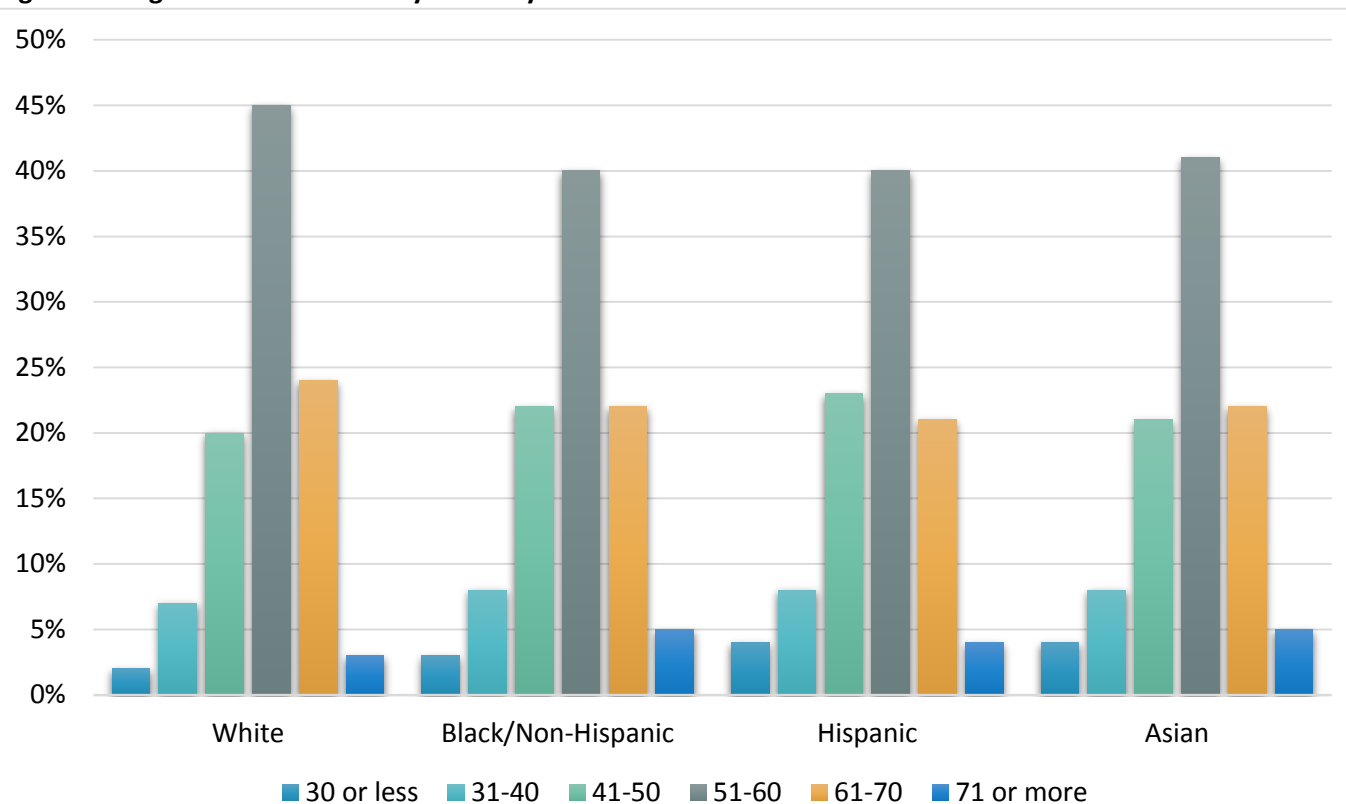
**Figure 1.7 Nurse Leader Diversity**



**Table 1.2 Nurse Leadership by Ethnicity**

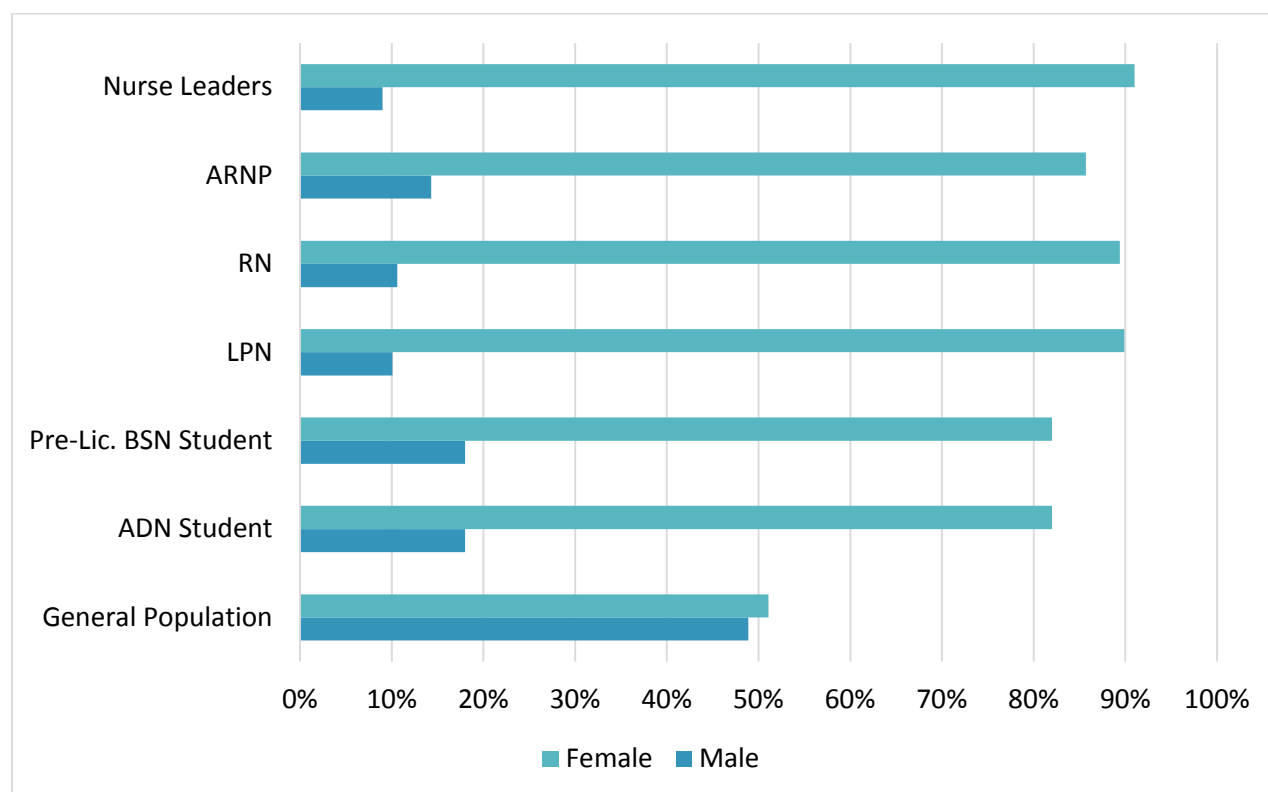
	White	Black	Caribbean Islander	Hispanic	Asian	Am. Indian	Other
<i>Employment</i>	83.13%	5.73%	1.98%	6.35%	1.67%	1.15%	0.52%
<i>Voluntary</i>	84.34%	6.05%	0.71%	4.98%	3.20%	0.36%	2.49%
<i>Both</i>	81.45%	5.82%	2.91%	7.27%	2.91%	0.36%	1.09%
<i>Want to be</i>	71.33%	9.39%	3.50%	10.49%	4.60%	1.00%	2.70%
<i>No interest</i>	82.43%	4.25%	1.83%	8.69%	2.32%	0.87%	1.93%

**Figure 1. 8 Age of Nurse Leaders by Ethnicity**



## Gender Diversity

**Figure 2.1 Gender Diversity <sup>1</sup>**



1. Source: Florida Legislative Office of Economic and Demographic Research

**Table 1.1 Demographic Characteristics of LPNs Working in Nursing**

Race/Ethnicity	%	Age	%
White	52.8	21-30	13.1
Black	31.0	31-40	23.0
Hispanic	10.5	41-50	26.8
Asian	2.4	51-60	24.8
Native American	0.3	61 or older	12.2
Other	3.1	<b>Average Age</b>	<b>45.6</b>
<b>Gender</b>	<b>%</b>		
Women	89.9		
Men	10.1		



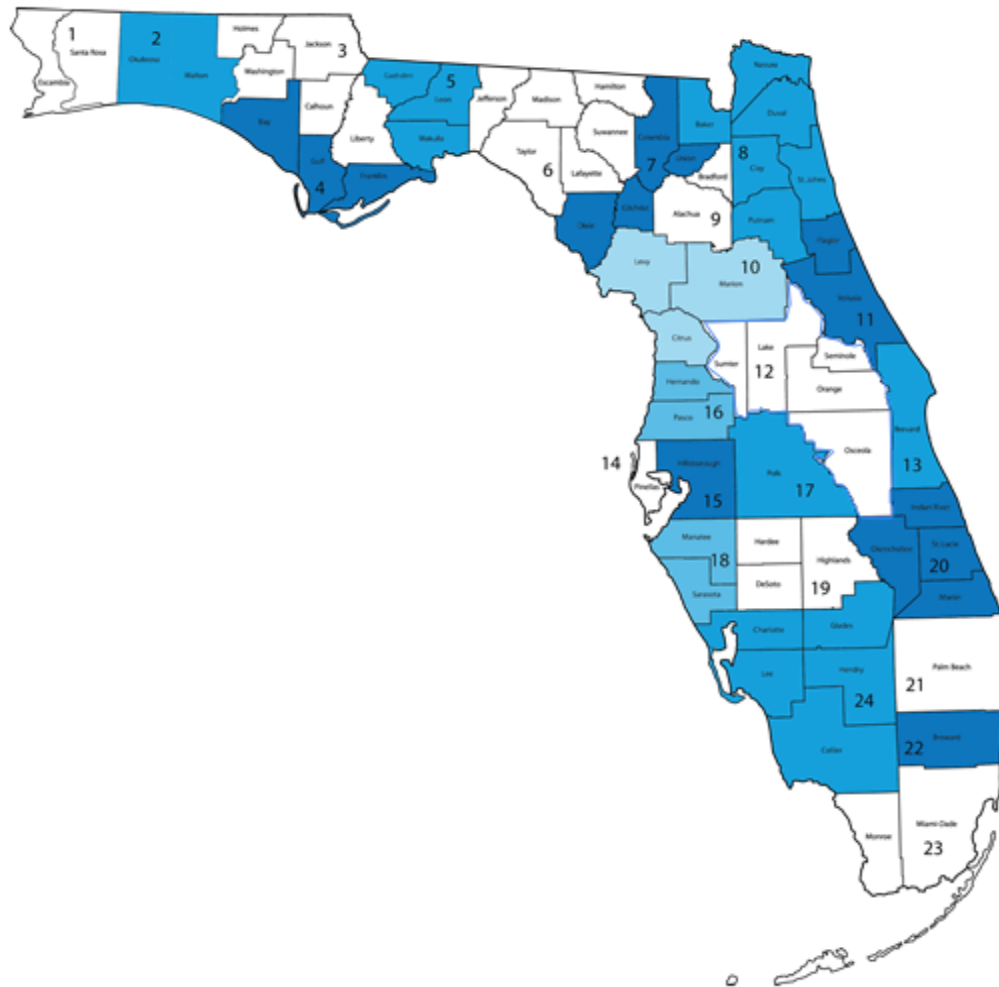
**Table 1.2 Demographic Characteristics of RNs Working in Nursing**

<b>Race/Ethnicity</b>	<b>%</b>	<b>Age</b>	<b>%</b>
White	66.0	21-30	9.8
Black	13.1	31-40	19.5
Hispanic	10.2	41-50	25.5
Asian	7.3	51-60	29.3
Native American	0.2	61 or older	15.8
Other	3.2	<b>Average Age</b>	<b>47.9</b>
<b>Gender</b>	<b>%</b>		
Women	89.4		
Men	10.6		

**Table 1.3 Demographic Characteristics of APNs Working in Nursing**

<b>Race/Ethnicity</b>	<b>%</b>	<b>Age</b>	<b>%</b>
White	73.5	21-30	6.7
Black	9.8	31-40	22.6
Hispanic	9.7	41-50	26.2
Asian	4.2	51-60	28.9
Native American	0.2	61 or older	15.6
Other	2.6	<b>Average Age</b>	<b>48.1</b>
<b>Gender</b>	<b>%</b>		
Women	85.7		
Men	14.3		

## Ethnic Diversity by Region



\*Divided by Career Source Florida Workforce Regions

<b>Region 1</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	93.7%	0.9%	1.1%	2.3%	2.0%
RN	85.0%	6.4%	2.1%	3.5%	3.1%
LPN	70.9%	20.3%	1.7%	2.4%	4.7%

<b>Region 2</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	90.2%	3.7%	1.8%	1.2%	3.0%
RN	88.0%	3.1%	2.4%	3.3%	3.2%
LPN	82.5%	8.2%	3.0%	3.3%	3.1%

<b>Region 3</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	91.2%	2.0%	3.9%	0.0%	2.9%
RN	88.0%	6.7%	1.4%	1.0%	2.9%
LPN	82.3%	14.1%	1.3%	0.0%	2.3%

<b>Region 4</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	93.3%	3.1%	0.5%	1.5%	1.5%
RN	89.9%	3.7%	1.8%	2.1%	2.6%
LPN	78.5%	13.6%	2.6%	2.2%	3.0%

<b>Region 5</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	80.8%	13.3%	2.2%	2.2%	1.5%
RN	73.7%	16.0%	2.6%	3.3%	4.5%
LPN	50.8%	41.2%	1.4%	0.7%	5.9%

<b>Region 6</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	78.0%	9.8%	4.9%	2.4%	4.9%
RN	86.6%	9.0%	1.6%	1.7%	1.2%
LPN	75.7%	20.5%	1.4%	0.3%	2.1%

<b>Region 7</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	82.6%	7.0%	2.3%	4.7%	3.5%
RN	85.5%	6.2%	3.3%	2.1%	2.9%
LPN	78.1%	16.1%	1.9%	1.0%	2.9%

<b>Region 8</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	84.1%	6.7%	2.9%	4.0%	2.4%
RN	73.3%	11.9%	3.0%	8.4%	3.4%
LPN	54.6%	34.2%	3.1%	4.4%	3.6%

<b>Region 9</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	87.9%	3.7%	3.3%	2.4%	2.7%
RN	75.9%	7.2%	4.8%	8.5%	3.6%
LPN	62.1%	28.1%	4.1%	2.1%	3.6%

<b>Region 10</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	82.5%	10.3%	1.7%	3.9%	1.7%
RN	82.0%	7.0%	3.6%	4.1%	3.3%
LPN	76.3%	14.9%	4.5%	1.1%	3.2%

<b>Region 11</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	85.0%	5.3%	4.1%	2.5%	3.1%
RN	82.7%	6.9%	4.0%	3.2%	3.2%
LPN	73.9%	17.0%	4.7%	1.3%	3.0%

<b>Region 12</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	74.9%	8.3%	8.2%	5.0%	3.6%
RN	63.1%	12.5%	10.5%	9.6%	4.3%
LPN	52.3%	29.6%	10.2%	2.8%	5.0%

<b>Region 13</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	83.5%	5.3%	3.8%	3.6%	3.8%
RN	82.7%	6.8%	3.6%	3.4%	3.5%
LPN	68.8%	22.7%	3.6%	1.4%	3.5%

<b>Region 14</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	88.9%	3.6%	2.2%	2.7%	2.7%
RN	82.3%	5.7%	3.2%	5.3%	3.4%
LPN	70.6%	17.6%	4.9%	3.2%	3.7%

<b>Region 15</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	77.6%	8.5%	7.3%	4.0%	2.6%
RN	68.1%	11.6%	9.5%	7.3%	3.5%
LPN	50.2%	28.8%	13.6%	3.3%	4.1%

<b>Region 16</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	83.9%	5.3%	5.5%	2.5%	2.8%
RN	83.2%	4.6%	4.4%	5.2%	2.6%
LPN	81.7%	5.6%	6.7%	2.2%	3.8%

<b>Region 17</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	82.3%	7.9%	6.8%	2.2%	0.8%
RN	75.7%	10.5%	5.6%	5.5%	2.7%
LPN	67.6%	21.3%	6.1%	1.4%	3.5%

<b>Region 18</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	90.5%	3.2%	1.9%	2.1%	2.3%
RN	89.5%	3.3%	2.6%	2.3%	2.3%
LPN	79.5%	11.5%	4.6%	1.5%	3.0%

<b>Region 19</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	87.7%	1.2%	4.9%	2.5%	3.7%
RN	70.2%	7.2%	9.3%	10.3%	2.9%
LPN	69.5%	13.6%	11.1%	2.0%	3.8%

<b>Region 20</b>	<b>WHITE</b>	<b>BLACK</b>	<b>HISPANIC</b>	<b>ASIAN</b>	<b>OTHER</b>
ARNP	82.6%	8.2%	4.2%	2.6%	2.4%
RN	79.3%	9.3%	3.9%	4.3%	3.2%
LPN	62.2%	27.5%	4.7%	1.4%	4.1%

<b>Region 21</b>	<i>WHITE</i>	<i>BLACK</i>	<i>HISPANIC</i>	<i>ASIAN</i>	<i>OTHER</i>
<i>ARNP</i>	73.2%	14.0%	5.8%	4.2%	2.8%
<i>RN</i>	63.9%	18.5%	6.7%	6.4%	4.6%
<i>LPN</i>	35.2%	52.1%	5.7%	2.2%	4.9%

<b>Region 22</b>	<i>WHITE</i>	<i>BLACK</i>	<i>HISPANIC</i>	<i>ASIAN</i>	<i>OTHER</i>
<i>ARNP</i>	54.1%	22.8%	11.0%	7.9%	4.2%
<i>RN</i>	44.7%	29.0%	11.1%	9.1%	6.2%
<i>LPN</i>	24.4%	58.3%	8.5%	2.7%	6.0%

<b>Region 23</b>	<i>WHITE</i>	<i>BLACK</i>	<i>HISPANIC</i>	<i>ASIAN</i>	<i>OTHER</i>
<i>ARNP</i>	34.2%	18.2%	38.3%	5.9%	3.3%
<i>RN</i>	23.1%	20.9%	42.3%	9.2%	4.6%
<i>LPN</i>	9.1%	41.2%	43.6%	2.1%	3.9%

<b>Region 24</b>	<i>WHITE</i>	<i>BLACK</i>	<i>HISPANIC</i>	<i>ASIAN</i>	<i>OTHER</i>
<i>ARNP</i>	87.0%	3.0%	4.6%	2.9%	2.6%
<i>RN</i>	82.8%	5.7%	5.5%	3.1%	2.9%
<i>LPN</i>	68.7%	17.9%	8.5%	1.7%	3.1%

## Appendix B – Attendee List

Debbie Anglade, University of Miami  
Violet Argo, Cornerstone Hospice  
Louise Aurelien, Palm Beach State College  
Reuben Bowie  
Deborah Brabham, Florida State College at Jacksonville  
Laura Brennaman, Nova Southeastern University  
Marcie Rutherford, Nova Southeastern University  
Constance Brown, Health South Rehab Hospital of Altamonte Springs  
Jose Castillo, Wolford College  
Kathryn Davies, Orlando VAMC  
Romeo Devera, Mayo Clinic Florida  
Marie Etienne, Miami Dade College  
Solimar Figureroa, Baptist Health South Florida  
Willa Fuller, Florida Nurses Association  
Kay Frances Fullwood, University of North Florida  
Laura Gonzalez, University of Central Florida  
Rosa Gonzalez-Guarda, University of Miami  
Lucille Hollis, Baptist Home Care  
Versie Johnson-Mallard, University of South Florida  
Nahomie Mirville, Chamberlain College of Nursing  
Natalie Jones, Orlando Health  
Phillipa Jones, Wolfson Children's Hospital  
Leah Kinnaird, Kinnaird Healthcare Consulting, LLC  
Ying Mai Kung, Florida State University  
John Lowe, Florida Atlantic University  
Marjorie Lozama, Coventry Health  
Carol Neil, Florida State College at Jacksonville  
Joan Osborne, Broward Health  
Germina Rio, St. Catherine Laboure Manor  
Nancy Roberts  
Patricia Seabrooks, Florida State College Jacksonville  
Willie Spaulding  
Robin Tellez, Baptist Health South Florida  
Lenora Yates, Miami Dade College  
Ariel Zabala, Tampa General Hospital