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Diversity Impacts of Coronavirus Disease 2019

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KEYWORDS
- Diversity • Cultural competence • Belonging • COVID-19 • Mentorship • Podcast • Nursing • Workforce

KEY POINTS
- The COVID-19 pandemic highlighted the impact of systemic oppression on communities of color concurrent with and inextricable from the national reckoning with racism in 2020.
- The Future of Nursing reports and their implementation through the activities of the Campaign for Action and state Action Coalitions exemplify strategies to connect macro-level concepts and research with targeted activities.
- Mentorship is a key component of efforts to bolster a diverse nursing workforce.
- Coalition work leverages the strength of diversity, including across sectors, disciplines, professions, and backgrounds.
- Podcasting is an emerging modality for disseminating information that continues to gain popularity.

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INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic continues to underscore the need for a nursing workforce that reflects the diversity of the communities it serves and that is prepared to promote social justice. Although the COVID-19 virus was novel, its disparate impacts were not. The need for diversity and to better prepare nurses to meet the needs of diverse communities did not result from COVID-19, and much of the work to advance those initiatives predated the pandemic period. Yet, COVID-19 and the contemporaneous national reckoning with systemic oppression provided opportunities to instigate and sustain change.

This article describes how COVID-19 health disparities relate to the social determinants of health and reviews the importance of a diverse nursing workforce prepared to advance an antiracist framework for social justice. Throughout the article, we connect the past and present recommendations of the National Academy of Medicine (formerly the Institute of Medicine) about the “Future of Nursing” (FON) to contemporary antiracist and antioppressive frameworks. We then highlight practical strategies that exemplify the efforts of the Pennsylvania Action Coalition (PA-AC) to implement the recommendations of the FON reports through (1) mentoring nurses from underrepresented backgrounds, (2) amplifying diverse nursing voices, and (3) leveraging the power of coalitions. In highlighting the interwoven impact of COVID-19 and dramatic social change from 2020 to 2022, the article strives to inspire readers to move beyond the acute crisis of COVID-19 to the broader lens of sustained social justice in health care.

HISTORY

*The Future of Nursing: Leading Change, Advancing Health* (2010) created a blueprint for improving health care through targeted strategies that leverage the potential of the nursing workforce.1 Broadly summarized, the recommendations included advancing nursing education, increasing leadership roles for nurses, removing barriers to nursing practice, and improving access to workforce data. Threaded throughout the report was the need for a diverse nursing workforce. When the *Future of Nursing: Campaign for Action*, assumed the role of implementing the recommendations of the FON report; they established “promoting diversity” as one of the pillars.2

In 2012, the PA-AC became one of 51 state action coalitions, and like the national campaign, embraced the recommendations related to diversity as core priorities around which to organize. Under the original leadership of Dr Dawndra Jones and Dr Rita K. Adeniran, the Nurse Diversity Council of the PA-AC (NDC) welcomed nurses and nurse advocates from across PA who saw the need for the state’s nursing workforce to reflect the diverse populations it serves. The NDC set out to enhance nurses’ knowledge, attitudes, and skills regarding diversity, promote inclusion in the nursing workforce, and foster culturally competent care. NDC stakeholders convened to define diversity “as all the ways in which we are similar and/or different… encompassing any dimension of human differences or similarities, including but not limited to cultural, cognitive, and social variables that differentiate groups of people from one another.”3

Members of the NDC represent diverse backgrounds throughout Pennsylvania from a variety of health and health care settings. Members share their expertise to establish short- and long-term goals to promote a diverse and culturally competent nursing workforce. Since its founding, NDC members have met at least every other month via conference call for one hour to share progress on their action plans. The NDC has also created subcommittees as needed to execute targeted projects, such as conference planning.
Early NDC projects included short videos highlighting nurses from traditionally underrepresented backgrounds. In Video 1, nurses answered the question: “When did you know you wanted to become a nurse?” The NDC also supported a survey of Pennsylvania nurses related to cultural competency, which demonstrated a desire among nurses to be more culturally competent.4,5

Across the nation, the recommendations of the 2010 FON report sought to bolster the foundation of nursing to address what was already described as a troubled health care environment stemming from an aging population, fragmented system, uncontained costs, and questionable quality of care. The report could not have predicted COVID-19, but it could have more deeply addressed the profound impact that systemic racism has on health care and the social determinants of health. Future reports took on these issues directly.

The National Academy of Medicine continued its work to support the next decade of nursing, producing Assessing Progress on the Institute of Medicine Report The Future of Nursing in 20156 and began research for the FON 2020 in 2018. Meanwhile, national and international organizations strategized to take on the health care priorities of the next decade. The World Health Organization identified the year 2020 as the “International Year of the Nurse and Midwife.”7 Federal initiatives like Healthy People were likewise updating their strategies for the decade ahead.8

Ultimately, 2020 brought with it more than our health care and social institutions anticipated.

CONTEXT

The COVID-19 pandemic impacted every facet of life in 2020, and the foundation of nursing experienced unprecedented pressure, highlighting every crack along the way. US society entered another transformative period in 2020 with the murders of George Floyd, Breonna Taylor, Ahmaud Arbury, Tony McDade, and too many more.9–11 COVID-19 further revealed the impact of systemic racism on the health and well-being of communities as the virus infected and killed black Americans at disproportionate rates from the beginning. Comprehending the full impact of COVID-19 requires understanding the “Color of COVID-19.”12 The pandemic period cannot be fully appreciated outside the context of America’s centuries overdue reckoning with racism.

Box 1 includes the definitions of racism adopted in the FON report.

The COVID-19 pandemic dramatically exposed the ways people of color experience disparities in health care and inequities related to social determinants of health. Dr Camara Phyllis Jones, past president of the American Public Health Association, underscores that historical factors of systematic oppression led to disparate outcomes from COVID-19.16,17 In an interview with Claudia Wallis with the Scientific American, Jones outlines how racism led to an increased disease burden of COVID-19:

1. People of color are less protected from and more exposed to the virus because they are more likely to live in disinvested communities that have less healthful options and poorer environmental factors such as air quality.

2. People of color are less likely to have access to high-quality health care; this led to a decreased ability to access testing and vaccines, and more broadly, receive the best care once in the hospital. In addition, people of color are more likely to experience individual and systemic discrimination once in the care of a health care provider.

3. People of color are more likely to hold frontline jobs that were classified as essential work and undervalued in terms of pay, including home health aides, postal workers, warehouse workers, meat packers, and hospital orderlies.
4. People of color are more vulnerable to disease because they are overrepresented in prisons and jails and immigration detention centers and are more likely to suffer from housing insecurity. These factors resulted in an increased likelihood of living in densely populated areas and/or areas that have poorer access to clean water.

5. People of color are less protected because their lives are less valued by cultural norms.

6. People of color are more likely to experience worse outcomes or die as a result of COVID-19 because they are more burdened with chronic diseases such as hypertension. This increased burden is due to their increased likelihood of living in places with sparser access to tools that enable people to live healthier lives as a result of residential segregation.

Like the general population, nurses of color disproportionately suffered the impacts of COVID-19. Approximately 32% of health care worker deaths were among nurses (Fig. 1), and perhaps the most striking example of COVID-19’s disparate impact was seen among Filipino nurses.

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**Box 1**

**Definitions of racism adopted in the future of nursing report**

Racism: An organized social system in which the dominant racial group, based on an ideology of inferiority, categorizes and ranks people into social groups called “races” and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as inferior.

Racism is a structural inequity that negatively impacts health and health equity.

Williams and colleagues describe 3 interrelated forms of racism: structural racism, cultural racism, and discrimination.

**Structural racism:** Racism that is embedded in laws, policies, and institutions and provides advantages to the dominant racial group while oppressing, disadvantaging, or neglecting other racial groups. Structural racism can be seen in residential segregation, the criminal justice system, the public education system, and immigration policy. Williams and colleagues identify structural racism as the most important way in which racism impacts health.

**Cultural racism:** The instillation of the ideology of inferiority in the values, language, imagery, symbols, and unstated assumptions of the larger society. Through cultural racism, people absorb and internalize negative stereotypes and beliefs about race, which can both create and support structural and individual racism and create implicit biases.

**Discrimination:** It occurs when people or institutions treat racial groups differently, with or without intent, and this difference results in inequitable access to opportunities and resources.

**Intersectionality:** Recognizes the complex factors contributing to health inequities by stressing the importance of the intersection of multiple interdependent social determinants that shape the health and well-being of individuals and communities. More specifically, the theoretical framework considers the intersection of these social determinants at the “micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level.”

The intersection of such social determinants as race, gender, and socioeconomic status is multiplicative rather than additive with respect to health outcomes. Although there is a wealth of literature on social determinants of health, less literature is available on the intersection of social determinants and its impact on health outcomes. A full understanding of intersectionality will allow nurses to take a more holistic approach that considers the intersection of multiple interdependent social determinants that impact the health and well-being of individuals and communities.
The long-awaited *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* was published in May 2021 and referenced the research aforementioned alongside decades of research on racial disparities and social determinants of health. Beyond the existing pressures on the health care system explained in the original report, the new report was published as institutions were stretched to their limits managing an unrelenting public health crisis and as the nation was grappling with its legacy of racism and other systems of oppression. Among the 54 recommendations were changes needed to prevent the crises observed in 2020 and to build capacity to withstand future crises. **Boxes 2–5** include the recommendations most directly reflecting this context.

The recommendations of *the Future of Nursing 2020-2030* report solidified the path forward for Action Coalitions already working to cultivate a diverse nursing workforce. The report accurately reflected the priorities of the moment and bolstered the foundation laid by the PA-AC and its NDC since 2012.

**PROMISING PRACTICES**

The PA-AC has implemented several promising practices to advance workforce diversity and foster an environment of belonging among nurses from all backgrounds. This section focuses on 3 overlapping initiatives that illustrate these approaches: (1) mentoring future nurses from traditionally underrepresented backgrounds, (2) amplifying diverse nursing voices, and (3) leveraging the power of coalitions.

**Pennsylvania Action Coalition Cohort of Exchanged Learning Mentorship Program**

Creating a health care system that empowers everyone to live their healthiest lives requires the nursing workforce to be reflective of the population that it serves. Diversifying the nursing pipeline entails more than recruiting and admitting a diverse student body. It is critical to build an inclusive environment where all students receive individualized support and are encouraged to thrive academically and professionally. During
the pandemic, the need to support diverse nursing students increased as students navigated new personal and academic challenges.

In 2020, the NDC of the PA-AC and Lincoln University of Pennsylvania (Lincoln University) partnered to start the PA-AC Cohort of Exchanged Learning (PA-ACCEL). The objective of the program is to bolster nursing students’ capacity to be successful in nursing school and in their transition to professional nursing practice. Through qualitative and quantitative feedback, the program has demonstrated a positive impact with regard to the students’ and mentors’ satisfaction. Since its inception, the PA-ACCEL program has been designed to be both sustainable with regard to the institution that it is serving and replicable to expand its reach to more students. The goal of the partnership between the PA-AC and Lincoln University was to provide comprehensive resources and programmatic support, recruit mentors, create evaluation tools, and maintain communications between Lincoln, the students, and the mentors. The PA-AC built a dedicated committee of PA-AC staff and partners to execute these tasks with Lincoln and to develop meaningful experiences for the students and mentors.

Box 2
FON 2020 recommendations

Recommendation 2: By 2023, state and federal government agencies, health care and public organizations, payers, and foundations should initiate substantive actions to enable the nursing workforce to address social determinants of health and health equity more comprehensively, regardless of practice setting.

Recommendation 3: By 2021, nursing education programs, employers, nursing leaders, licensing boards, and nursing organizations should initiate the implementation of structures, system, and evidence-based interventions to promote nurses’ health and well-being, especially as they take on new roles to advance health equity.

Recommendation 8: To enable nurses to address inequities within communities, federal agencies and other key stakeholders within and outside the nursing profession should strengthen and protect the nursing workforce during the response to such public health emergencies as the COVID-19 pandemic and natural disasters, including those related to climate change.

Box 3
Responses from student-mentees in the 2020 to 2021 and 2021 to 2022 cohort about what they learned about themselves so far

“I have learned to reach out to people in my career path”

“I have learned that I am open to learning about the different routes I can take with a nursing degree”

“...that there is nothing I cannot conquer”

“I am resilient, strong minded, and more capable than I believe myself to be”

I have learned... “To be myself and to advocate for yourself”

“... I’m stronger and know more than I think”

“I am very capable of achieving all my goals, and that setting goals has made life easier and more organized”

“I am a strong interviewer and planner”

Responses collected from the 2020-2021 and 2021-2022 PA-ACCEL Student-Mentee Program Evaluations.
The PA-ACCEL addresses structural inequities in our health care system by equipping nurses from underrepresented backgrounds with more tools to pursue their educational goals and to be the health care leaders that they are fully capable of becoming. Lincoln University, the nation’s first degree-granting Historically Black College and University (HBCU), reports that 85% of their students are black or African American, whereas most nursing students across the country are white. In 2020, almost 81% of RNs reported being white. Studies have shown that common barriers to the success for minority nursing students have included a lack of financial support; inadequate emotional, moral, and technical support; insufficient academic advising and program mentoring; and inadequate professional socialization. The PA-ACCEL program components outlined below respond to these barriers, addressing the social determinant of health of educational attainment for the students who participate and the transformation of access to care and services for those who will benefit from their successful career as professional nurses.

The PA-ACCEL matches students with mentors recruited from the PA-AC’s NDC. Students select their preferred mentors, according to their interests and desired career paths. The Mentor Biography Lookbook created for this past year’s cohort includes the volunteer mentors’ passions and professional roles. Students ranked their

### Box 4
**Responses from student-mentees in the 2020 to 2021 and 2021 to 2022 cohort about how the coronavirus disease 2019 pandemic impacted them as a student**

- “I struggled mentally to keep going and trying to tell myself that I got this. I was very discouraged but also empowered. It just was difficult finding a balance”
- “Poor learning and communication with faculty and classroom settings”
- “I have been struggling with keeping up with everything and feeling motivated”
- “It impacted me by making me do a lot of things virtual and I feel like I lost a lot of resources.”
- “Not being to work at first to pay bills.”
- “Covid-19 made things lot harder to manage me as a student”

Responses collected from the 2020-2021 and 2021-2022 PA-ACCEL Student-Mentee Program Evaluations.

### Box 5
**Continuing the conversation about racism and coronavirus disease 2019 with Dr Deborah Washington**

- “What nurses are doing, minority nurses, Black nurses are doing is to respond to the outreach of: This is what I need. Can you help us? Your voice carries weight. Can you help us to think about whether or not what we’re asking for is feasible? How does the system operate?”
- “That the most powerful action we’ve taken in terms of how to message to a community within its cultural values. I can address vaccine hesitancy as a nurse, as a Black nurse, by tapping into the cultural values of Black people around the need to protect family and family relationships”
- “Nursing as a communicator, as a relational discipline, there’s nothing better.”
- “The most practical thing we can do these days is number one, to stop treating health disparities and inequities as sort of a crisis intervention”

Additional quotes from Dr. Deborah Washington in “At the Core of Care” podcast episode, “Vaccine Hesitancy: Is Healthcare Listening?”
top 3 mentor choices according to this book. In the first cohort we received over-
whelming interest in being a mentor, and many of the mentors indicated that they
would be interested in serving as a mentor to an additional student. In the second
cohort, the program expanded to both the junior and senior classes, because the pro-
gram committee felt that the juniors might be able to receive enhanced benefits from
their participation in the program. The mentor-mentee relationship is designed to
continue into the students’ senior year. We also received feedback that due to
competing priorities of impending graduation and NCLEX preparation, the junior class
would have more capacity than the senior class to be active in professional develop-
ment opportunities.

Students and mentors receive individualized training, resources, and an outline of
expectations for the year. Information is shared through separate meetings to intro-
duce the program staff, facilitate a networking activity, walk through the compilation
of tools, and answer any questions. At this point, we also review the comprehensive
PA-ACCEL Toolkit, which details the program’s purpose and expectations, tips for
navigating the mentor and mentee relationship, resources specific to both students
and mentors, and areas for further exploration. Mentors sign commitment letters,
where they agree to attend the trainings, meet with their mentee at least once a month
for the entirety of one calendar year, and complete initial, midyear, and end-of-year
evaluations. We ask for honest communication and feedback, outreach to the pro-
gram committee with any issues, and their enthusiasm and willingness to teach and
to learn. Students also sign agreement letters where they acknowledge their participa-
tion and program expectations.

The PA-ACCEL includes a robust evaluation process that consists of informal
“check-in” surveys and a more formal mid-year and end-of-year evaluation question-
naire. The questions reflect the mentors’ and mentees’ experiences and goals. Re-
sponses from the end-of-year survey from the 2020-2021 cohort showed that 89%
of students found the program to be helpful (this increased to 93% for the second
cohort) and 75% of students reported that their mentor was a good match and plan
to keep in touch after the program concludes. In addition, most students (93%) re-
ported that using the PA-ACCEL Toolkit and other resources was helpful. Most
impressively, 100% of students maintained a grade point average of 3.6 or higher in
their last semester, and 100% of students from both cohorts are on track with their
postgraduation goals. Examples of the students’ goals include passing their NCLEX
examination, pursuing higher education with plans to become a trauma nurse or nurse
practitioner, entering the Air Force Nursing Transition Program, working in an intensive
care unit, and working in a maternal-infant care unit. Furthermore, we received feed-
back to improve the infrastructure for the next cohort, including increasing communi-
cations between the cohort and the program committee and providing test-taking
resources and tutoring for the NCLEX examination.

The students shared the comments listed in Box 3 in response to the question
asking what they had learned about themselves.

The PA-ACCEL program committee, including the PA-AC staff, Monica Harmon, Dr
Vilma Davis (Director and Chair/Assistant Professor of the Nursing Department at
Lincoln University), Dr Adriana Perez, Melanie Mariano, and Chavon Crampton, has
navigated many hurdles in building a successful program. The team has met regularly
since before the COVID-19 pandemic and remained connected to shift and reimagine
the program’s infrastructure to adapt to the pandemic environment. Frequent commu-
nication among all program partners to respond to students’ concerns allowed the PA-
ACCEL to succeed in its original goals despite difficulties presented by the pandemic.
The team meets frequently to strategize in a collaborative, transparent environment.
One programmatic challenge was that, due to a variety of circumstances, not all students were able to fully engage at the level originally planned. Many students had competing priorities in their professional and personal lives. Although the program committee aimed to provide as much support as possible, remain available to students, and plan activities that were in tune with the students’ interests and needs, ultimately the students need to decide to engage with the program on their own. Box 4 describes challenges specific to the COVID-19 pandemic.

As part of the 2021-2022 Cohort, the PA-ACCEL included more leadership engagements for the students to expose them to public health advocacy in action and inspire a lifelong pursuit of health equity and justice. The opportunities were selected to showcase a variety of nursing pathways that students could explore in their careers and to provide tools for their professional growth. On February 3, 2022, the team traveled with 5 students to attend the National Black Nurses Day on Capitol Hill led by the National Black Nurses’ Association, Inc (NBNA). The students had the opportunity to hear from esteemed nurse leaders and policy experts. Those who attended expressed that they had a rewarding experience and that they would recommend that their peers attend in future years. The PA-ACCEL also covered memberships to NBNA for each attending student, and will sponsor students to participate in the NBNA National Conference in Chicago from July 26 to 31, 2022. Another highlight from the year was the PA-ACCEL Professional Development Day, planned with support from the NDC. On April 6, 2022, the PA-AC hosted several panel presentations with the goal of increasing nursing students’ confidence in their professional development and readiness to succeed in their transition to the nursing profession.

To broaden future participation in the program’s activities, the PA-ACCEL provided additional networking opportunities and communications for the students. The program now includes more regular check-ins between students and mentors and monthly “office hours” sessions for mentors and mentees to connect with the program committee. The program hosted more regular “sharing out” of resources and other tools received from the broader PA-AC network. Crucially, despite the obstacles presented by the pandemic, the PA-ACCEL has cultivated and maintained a committed team that will help to ensure the program’s sustainability and continued success. With a diversity of partnerships, including PA-AC staff, Lincoln University leadership, the PA-AC Advisory Board, and the NDC, the program is equipped to begin next year poised to make an even greater impact.

**At the Core of Care Podcast: Amplifying Diverse Nursing Voices**

At the Core of Care (ACC) highlights the consumer experience of patients, families, and communities and the creative efforts of nurses and other partners to better meet their health and health care needs through diversity, leadership, and practice innovation. The series received seed funding from the Future of Nursing: Campaign for Action Innovations Fund and is produced in partnership with Kouvenda Media, a social change multimedia production company.

Podcasting itself is emerging as a learning modality with the potential to reach diverse audiences and highlight a wide variety of voices. A wealth of podcasts focused on nursing have emerged in the last several years, including nurse-created independent podcasts, supplements to nursing journals and other publications, academic-based perspectives, and well-recognized institutional podcasts. Casting a wider net across health care, the Health Podcast Network “is a collection of over 8,000 podcast episodes that feature tough topics in health and care with empathy, expertise, and a commitment to excellence.” The podcasts each have a unique voice and together offer multifaceted insights into nursing and health care.
As a PA-AC initiative, ACC focuses primarily on highlighting diverse perspectives meeting special health care needs. When COVID-19 hit, podcast content naturally shifted to capture perspectives from the field. Highlighted in the following discussion are episodes that captured the seismic shifts related to diversity and COVID-19 through *At the Core of Care*.

**2020: being heard**

In “Social Justice in Nursing,” Andre’ Bennett, a graduate from Lincoln University, shares his outlook on what is happening in our country, the need for social justice, and how that relates to his interest in mental health nursing. The discussion highlights the intersection of contemporary events, the pandemic, and nursing institutions as presented through individual experience. “One of the nurse’s main things and main objectives is to be an advocate for our patients. We are the buffer between our patients and sickness. And I think if we use that same drive that we have for our patients, we can make meaningful change not only with COVID but with the way the whole country is dealing with this whole racism piece. Audio 1”

Similar to the Bennet interview, “Nursing Student Perspective on COVID-19” again highlighted the ways in which navigating the pandemic was shaped by one nurse’s background. In this episode, we spoke with Ana Pichardo, a recent BSN graduate from LaSalle University and a full-time certified Spanish-speaking medical interpreter at Temple University Hospital in North Philadelphia. When her grandfather contracted the virus in another state, Pichardo functioned as her family’s medical interpreter “not only with the language [because] most of my family doesn’t speak English, but I also had to help them with the medical lingo.” She described the challenges of completing her nursing education while also watching her grandfather pass away on Zoom. However, she also described how the nurses who treated her grandfather helped her feel “part of the team” and solidified her decision to finish her degree to “become a nurse, so I can also be a support system for other families now dealing with this, because most likely with this pandemic, I will probably end up working with COVID patients. Audio 2”

Both Bennett and Pichardo describe the importance of platforming diverse voices. Bennet said, “And I mean, as a African American male living now, hey, it’s a tossup, whether you return home or not. It’s really important to be able to speak.” Pichardo echoes the sentiment from a different perspective, with her experience helping her mother navigate the health care environment after coming from the Dominican Republic and not understanding English well. “And that’s what first sparked my interest in medicine, to see my mom go through like all that hardship. That bridge between not knowing the language and not being heard.”

**2021: “is health care listening”**

When vaccines became available in late 2020, the discourse on diversity shifted to how to cultivate confidence in the vaccine among communities that have been mistreated by medical institutions for centuries. Through funding from the Centers for Disease Control and Prevention, *At the Core of Care* specifically addressed these issues across the country in early 2021.

Dr Deborah Washington, Director of Diversity for Nursing & Patient Care Services at Massachusetts General Hospital, directly confronted the issue of race and COVID-19 in “Vaccine Hesitancy: Is Healthcare Listening?” She describes the importance of having a more diverse nursing workforce and considering race in clinical trials—“the whole concept of racialized medicine Audio 3.” But what Washington most clearly notes is the strength of communities speaking out with their needs. “It’s a change in
the power dynamics of the community’s voice in healthcare decision-making and healthcare strategizing.”

According to Washington, in Boston, the “system is listening” and, with the local community, rolled out strategies like community vaccination vans. And she noted that black nurses in particular have been important messengers not only to communities of color but also from communities of color. She notes that nurses with competing demands are not always making it to the community tables where strategizing and planning takes place. She is “trying to make that impression on communities of color here in Boston, that nursing as a discipline and nursing as a power broker absolutely has a place and influence in terms of helping you to reach your goals of access and care planning and disrupting things that need to change. We do have a voice and you can trust us to do that work with you.”

In “Vaccine Confidence: Identifying Trusted Messengers,” nurses spoke about reaching Asian and Arab-American communities in Michigan, with Philippine, black, and other diverse communities frequently echoing the same themes noted by Washington. Dr Meriam Caboral-Stevens, a researcher and faculty member at Eastern Michigan University in the School of Nursing and faculty at the university’s Center for Health Disparities Innovations and Studies, described the importance of not only ensuring communities have access to technology and that their specific concerns are addressed but also the need for translated materials. She also described the importance of working within the religious culture of communities, like engaging the Imam when trying to connect with the Muslim community.

Opeyemi Ogguniyyi, who works on a medical surgical unit in Houston, Texas, shared yet another perspective: “where I come from Nigeria, most people did not believe that COVID existed, they thought it was all a lie. Not until later last year to this year, when people were passing away and they found out that some of the symptoms were related to COVID because most of the symptoms of COVID, they believed there was malaria. So they’d never believed that it was COVID, they thought it was just like a made up term from the US.” Reglita Laput, the last nurse highlighted in this episode, is a community health nurse in Michigan (and president of the Philippine Nurses Association). Regardless of the setting, each nurse describes the essential roles that nurses can play. Oguniyyi says, “the community look up to us. In terms of what we put out there, we’re almost like, like a guide. So that says a lot on the role of a nurse in the eyes of a patient.”

2022: looking ahead

Among the lessons reflected throughout the interviews, the need for nurses to not only listen but also speak out came through. As health care moves farther from the period of acute crisis, our speakers have increasingly called out the systems that still need to change. In “Cultivating Support, Resilience and Retention among Health Professions,” Dr Paula Milone-Nuzzo discussed the continued need to reframe training and education for health professions. She talked about the need to “look internally at what aspects are inconsistent with an antiracism and anti-oppression framework” from how case studies and assessments are taught to how faculty are supported. She describes a system that has been calling for the same improvements—better academic-practice partnership, pay that values the care that nurses provide, and allowing all health professions to practice to the top of their license. “And that’s going to require sometimes changes in legislation, sometimes changes in statute, sometimes changes in accreditation standards. All of that is possible, because we are in a new area of healthcare.”
Nurse Diversity Council: Leveraging the Power of Coalitions

The pandemic exposed and exacerbated many problematic social realities, but it also elevated practices and approaches that foster resilience. The value of embracing diverse viewpoints and aligning multisector approaches was not new to the PA-AC during COVID-19, but the pandemic offered an opportunity to commit to it further.

Although some stakeholders pulled away into competing priorities, more partners deeply engaged in the coalition’s work during the pandemic, sharing their unique perspectives and calling for joint action. At times when action felt like too much, simply connecting with colleagues in a different part of the state, from a different organization, often a different industry was an essential reminder that even folks shouldering tremendous responsibility still need a place to lean. In coalition work, and especially the work of collective impact initiatives, the importance of sharing measurable outcomes as a mechanism for aligning action stands out. Although important, it is also possible that the less visible outcomes of coalition work are what kept people engaged during periods of professional and personal crisis.

As The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity was released, the PA-AC NDC felt that it was important to digest the report together and review the Council’s mission and vision as it related to the new FON report. Although NDC members endured personal and professional burdens and traumas as the pandemic was surging, the group also knew that the calls in the report as they related to addressing health disparities were critical. The NDC listened to stakeholders in providing the space for dialogue and action, with a consensus to revisit its original charter in the new FON report’s wake. The NDC recognized the danger in delaying these conversations for a time that was not a crisis because it is inherently in a crisis when disparities are underscored.

The NDC worked for months to bolster its charter, ultimately expanding to include the following:

The NDC of the PA-AC is a volunteer council dedicated to promoting diversity and cultural humility in nursing to increase access and quality of care.

The NDC aims to:
- Enhance nurses’ knowledge, attitudes, and skills regarding diversity, equity, and social determinants of health;
- Work to promote equity, health equity, and health care equity;
- Promote inclusion in the nursing workforce;
- Foster culturally humble care across practice settings and levels;
- Increase the diversity of the nursing workforce across academic pipelines; and
- Educate the nursing workforce on structural racism, antiracist practices, and social and emotional justice.

Each meeting of the NDC begins with the verbal affirmation of each person present to make the meeting a “Gracious Space.” Gracious Space is a spirit and setting that invites the stranger and embraces learning in public. “To invite the stranger” is defined as being open to diverse perspectives to gain clarity. “Learning in public” is defined as truly listening to new thoughts or conflicting ideas, with openness to changing one’s mind. The power of a coalition to impact change resonates, because no one person, organization, industry, discipline, state, culture, race, or perspective can alone achieve the transformation required of society. Creating a Gracious Space in a coalition amplifies its power.

Action Coalitions are designed to foster cross-sector collaborations as they work to advance a culture of health equity. Best practices in coalition building increasingly
frame activities in terms of leadership building and systems change. The *Future of Nursing: Campaign for Action*’s Health Equity Toolkit provides additional guidance for coalitions taking an upstream approach to public health and equity.\(^{36}\)

Capturing the power of coalitions as a measurable outcome might look like the call for mentors for PA-ACCEL, which produced 4 times more mentors than mentees (15 students, 57 interested mentors). It might also look like the Cultural Competence Education and Awareness Survey that reached 1246 registered nurses in Pennsylvania through distribution among PA-AC networks.\(^{4}\) The NDC has harnessed its collective power to produce 3 statewide conferences on diversity, the most recent in 2021 pivoting to entirely virtual content (Fig. 2). Fig. 2 showcases the impact of the “Pennsylvania’s Healthcare Mosaic” (Mosaic) conferences, sharing quantitative and qualitative feedback.

The Mosaic conference, cohosted by the PA-AC’s NDC, is a biannual conference that gathers health and social service providers to share ideas surrounding health equity, diversity, inclusivity, culturally humble care, and cultural humility. Although each year has its own theme, the Mosaic conference seeks to open dialogue about health disparities, often created by the social determinants of health, and how they affect population health and the health care environment.

In 2016, the NDC hosted its first conference at the Robert Morris University School of Nursing and Health Sciences entitled “Pennsylvania’s Healthcare Mosaic: Building a Culture of Health Equity.” The next conference Pennsylvania’s Healthcare Mosaic 2018 included partnering with the Drexel University College of Nursing and Health Professions with the theme of “Achieving Excellence in Care for All.” Keynoting the conference was former Deputy Surgeon General Rear Admiral Sylvia Trent-Adams, PhD, RN, FAAN. Trent-Adams discussed the need to bridge gaps and build a Culture of Health while providing insight from her role advising operations of the US Public Health Service Commissioned Corps. “Culture is complex,” Trent-Adams said. “This is hard work, but it’s worth it.”

In response to public health best practices, the NDC pivoted to host a virtual conference from March 1 to 5, 2021. In partnership with the Penn State College of Nursing, the “Pennsylvania’s Healthcare Mosaic: Advocacy & Equity in Action” Virtual Conference brought together health care experts to (1) identify culturally competent care practices among academic, clinical, community, and other stakeholders; (2) discuss impact of health policy and advocacy on health, health care delivery, and outcomes; (3) examine current policy and evidence-based practices in addressing social determinants of health, health disparities, and health equity; and (4) analyze sources of explicit and implicit bias and how they affect patient care, community health, and health care policy. Like the earlier events, the conference galvanized advocates for health equity around nursing workforce strategies, not deterred by COVID-19 but poised to affect change.

**SUMMARY**

The COVID-19 pandemic offers lessons on diversity that unfortunately continue to be learned and learned again. The impact of the virus varied across minority populations as the same groups that suffer under systems of oppression were likewise more vulnerable to COVID-19. Moreover, the pandemic bolstered the role of the nurse as communicator and trusted advocate, emphasizing the value of a diverse nursing workforce to meet the needs of a diverse population. Efforts to increase nursing workforce diversity continue, and the context of the pandemic period along with calls for social change provides opportunities to amplify and scale existing strategies. Meanwhile,
Preparing existing and future nurses to apply antiracist and antioppressive frameworks to their practice will build workforce capacity to address the unequal burden of social determinants of health. Ultimately, it will be the work of diverse stakeholders—the work of coalitions—that will apply the lessons learned during the COVID-19 pandemic to advance health equity.

Fig. 2. Pennsylvania Action Coalition: 10 years in review—selected conference highlights: Pennsylvania’s Healthcare Mosaic.37
CLINICS CARE POINTS

- Gracious Space creates a space for thoughtful dialogue and creative problem-solving.
- Nurses in all settings serve as communicators across individuals, families, and communities and the systems impacting them.
- Social injustice is not a short-term crisis; the lessons we have learned in the past several years need to transform health care for lasting change.
- Underrepresented nurses and communities need to be heard, which means health care needs to listen.
- Coalition work aligns diverse strengths that, when translated into action, produces substantial collective impact.

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The authors have nothing to disclose.

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SUPPLEMENTARY DATA

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