Going beyond disparities and competency: why we need to focus on achieving health equity and cultural proficiency.

Published: August 23, 2019

Eric J. Williams, DNP, RN, CNE, FAAN, is a Professor of Nursing and the outgoing President of the National Black Nurses Association (NBNA). Eric talks about some of the priority initiatives at NBNA during his leadership, and how NBNA has built on its mission to improve health equity in America since its founding in 1971. As well as discussing the importance of treating violence as a public health crisis and building a culture of health, Eric discusses ways that we can move beyond cultural competency to attain the higher skill level of cultural proficiency – skills that are good for healthcare and the wider world. Eric also discusses an important new initiative to increase diversity in the nursing workforce, working in collaboration with AARP and the Robert Wood Johnson Foundation. With Carla Harwell, MD.

Dr. Harwell: You are listening to the Health Disparities Podcast from Movement is Life. A series of conversations about health disparities with people who are working to eliminate them. Today I'm discussing health disparities with Dr. Eric Williams. Eric is a Professor of Nursing at Santa Monica College and the outgoing president of the National Black Nurses Association, hereafter referred to as NBNA. Welcome, Eric.

Dr. Williams: Thank you.

Dr. Harwell: Let me start by asking you this, as the outgoing president of NBNA. Could you share some highlights of this past year, particularly in the context of NBNA leading change in health equity and health disparities?

Dr. Williams: Great. I will be glad to do that. For the past year, we've had several, national program initiatives, some were centered on violence reduction in African American communities. When we think about violence and the impact it has in communities of color, that's often connected to social determinants of health, poor housing, mental illness, poor transportation, lack of education. That's one initiative that our chapters across the United States have worked to increase awareness that violence is a public health crisis in communities of color, and we should treat it like we treat other disorders, diabetes, sickle cell with algorithms and identify interventions that are upward in nature. The other programs that we worked on was those centered around, substance misuse. And here again, we looked at, such as smoking and how it's linked to all of the other disorders, such as cardiac disease for one and communities of color, we've looked at, mentorship. How do we create leaders who can deal with the elimination of disparities? While the National Black Nurses Association was established in 1971, our mission was to provide a forum for nurses to come together collectively to make an impact to eliminate disparities. While I think we may not be able to totally eliminate disparities. I hope we can promote equity. So, how do we move away from totally, eliminating

disparities as opposed to focus it on promotion of equity for all? And our theme this year is Advancing Nursing Innovations, centered around access and equity. So, tonight, at our grand opening, I'll talk very briefly that if you don't have access to healthcare, we're not giving people anything. Martin Luther King talked about the lack of healthcare being a big form of social injustice. So, as the Black Nurses Association, within our 120 chapters in 37 states, we've worked to be very innovative based on the geographic region because the needs of people in Los Angeles may be different from the needs of people in New Orleans. And when I talk about needs of people and we talk about promoting equity. And when I talk about moving away from disparities and promoting equity, we need to think about health promotion and creating a culture of health because people are not always sick. So, I think when you think about helping people who are sick, we use an illness model, but how do we keep people healthy, holistically from a mental cycle, social, spiritual, physical status. Whereby we don't get to that side where there is a disparity and that's where we promoted equity. When you think about health promotion and keeping people holistically, to be healthy.

Dr. Harwell: That's great. That sounds like some wonderful initiatives that the organization has taken on. You were featured in a CNN segment on healthcare reform, titled *"A Nursing Professor Rejoices"*. Dr. Williams, what were you rejoicing about? And are you still smiling?

Dr. Williams: Yes, I am. I was speaking about, access and this was very strategically done, the day that the affordable care act pass, under President Barack Obama. During that time, I was featured on CNN and I shared with people what it meant for me. I was in the second grade and my father was 38 years old and he had a massive stroke and my mother cared for him at home. One of nine children, three of us were under 18. So, we didn't have all of the resources that we have today and, the ability to have access to healthcare. And while we don't have a perfect healthcare delivery system, we have a sick system, currently, anything is better than nothing. When you think about creating access, to people, and earlier I talked about the needs of people. So, if you go to small rural towns where a hospital is 45 miles away, the needs of those people for urgent care, emergent care is going to be very, different from an urban city. So, I think we have a lot of work to do, but when you've seen devastation, many of us have experienced devastation within our families and within our communities. So, even if you have not seen it in your family, if you know someone that has experienced a healthcare disparity or, a healthcare inequity issue, it's sort of like your own.

Dr. Harwell: Absolutely. So, what are your thoughts on the current dilemma of so many safety-net hospitals closing and the future of care in communities of color?

Dr. Williams: I think we need to hold people who have the power responsible. I think we need to amplify our voices to let people in Congress know that people need healthcare and who pays for it should not be a priority. Because no matter how much money you have, if you don't have access to care, even if you're rich, when you're sick or ill, you're poor. I think it's very important that we move beyond, the funding being the priority over saving lives. So, how do we deal with educating people who hold the power that we're in a war to eliminate disparities, promote equity, and one thing is ensuring that people have access to care, access to be successful. So, when you think about children and young adults and people not having the need, not having access to care, it really creates other problems in our lives, and it just snowballs. I think ensuring that we hold people accountable, who we elect to public office, that they will meet the needs of the community that they serve.

Dr. Harwell: Absolutely. So, you've touched on a lot of key points. We've talked about access to care. We've talked about equitable care. You have a strong interest in teaching about cultural competency among nursing students. Could you talk about what things are key to cultural competency and why cultural competency is so important to everyone in health?

Dr. Williams: Right. When you think about cultural competency, I think we have to work to understand people who are different. I'm African American. I think I

know African Americans well. All of my life I've been African American, but that appreciation for people who are different, and it may not just be dealing with race, gender, sexuality, it goes on to religion and so forth. But how do we have a cultural desire? Now, we all have cultural knowledge and cultural awareness. We can look at each other and see that we are different. We have cultural skills so that we know how to interact with a Muslim versus a Jew versus a Protestant person, but the overall key is to have that cultural desire to appreciate the differences that we all bring to health, healthcare, and the cultural encounters we learned from interacting with people who are different. I think that internal commitment to appreciate diversity and build on that will move us forward in healthcare and the world.

Dr. Harwell: Absolutely, it's just a matter of just being sensitive to the fact that we all are different, and you can't approach everyone the same way.

Dr. Williams: Right. And I think we talk about cultural competence and cultural sensitivity, but now I'm moving in a direction that we need to move beyond cultural competency to cultural proficiency because cultural competency is not a very high level. And we see this when we deal with law enforcement and we talk about the disparities of crime with law enforcement and we pay people to protect and serve, but we have many issues going on here. You have people who are not understood, and I think we need to move to

cultural proficiency, and how do we deal with mental illness and all these other things when people come into problems with the law? I think moving in educating people, because it all has a system issue, because for example, when you have a gunshot wound or anything like that, or a victim when law enforcement is involved, not only the family is ill, but that community for a long time. So, how do we work with people to move beyond cultural competency, to cultural proficiency because at the end, it all affects health and it affects the, not only the psychosocial, physical, spiritual wellbeing of that family, but it affects that realm in the community as well, and the world, because we all see it on TV.

Dr. Harwell: Absolutely. How can we get patients more involved in the process of eliminating disparities?

Dr. Williams: I think we need to educate people on taking control of their lives, taking control of their bodies and their future. And I know it's predicted that children born today can live to be 120 to 150 years of age. And then we have to say, God help us because the healthcare delivery system is not ready. Even if we said 50% of the children born today can live to be 100 years of age because of what we know, the whole foods and the organic and the eating better. So, we would not see a lot of the healthcare disparities that we're seeing today, if we educate people, but we have to

start early creating that culture of health, where everybody wants to be healthy.

Dr. Harwell: St. Louis University describes you as a pioneer in nursing. So, what's left for you? What is that next mountain you would like to climb?

Dr. Williams: I will be working with the AARP, Robert Wood Johnson Foundation as the co-lead for the action coalition, the Campaign for Action to Increase Diversity in the Nursing Workforce. Because we know that diverse nurses make a difference in diverse populations, especially those vulnerable populations. So, the action coalition for us, the diversity piece and each state, there's an action coalition director. And I will be working with Carmen Alvarez out of John Hopkins University to oversee the 50 states and that starts on August 1st, to increase the diversity in the nursing workforce.

Dr. Harwell: Because there's definitely a need to have diversity in the workplace, in the healthcare profession. And we have to address pipeline issues to make sure that that happened, especially for people of color. Because we all know that, patient outcomes and patient satisfaction seems to work better when there's healthcare provider and patient racial concordance, especially among people of color. So that sounds like an absolute great initiative for you to take on. Wow.

Dr. Williams: Thank you.

Dr. Harwell: Well, we have a few minutes remaining. For my last question, as the outgoing president of NBNA, you're going to pass on that baton.

Dr. Williams: Yes.

Dr. Harwell: What would you like to see the organization's next steps be in terms of eliminating health disparities?

Dr. Williams: Well, I think we have to continue to work at the ground level and to help people and to reach the masses, to share who we are, what we do and to create leaders that next cadre of generation of nurses who can help deal with the issues because we know that we have generational gaps, but I think we have to continue to identify people and create people that not only have compassion for the patient, the family, the community, but have compassion for the profession, the direction in which we're going and how do we lift others as we climb. I came to NBNA, as I said, in college in 1984. So, I think the road before us is filled with many transitions and NBNA, will continue to make a difference because we are the difference.

Dr. Harwell: Yes, absolutely. Well, thank you, Eric.

Dr. Williams: Thank you.

Dr. Harwell: And thank you all for listening to the Health Disparities Podcast from Movement is Life. Please join us for new installments every two weeks by subscribing at Apple Podcasts, Stitcher, Spotify, and Google. You can also find us at www.movementislifecaucus.com. Thank you and see you next time.

(End of recording)