



W

LISTENING SESSION REPORT

2022

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1. Executive Summary

Listening Sessions were held by Zoom between January 3, 2022 and April 18, 2022. There were a total of 18 sessions including breakout sessions with approximately 19 hours of recordings, and a total of 80 participants. Participants were from University of Washington School of Nursing (UW SoN) Seattle staff, faculty, and students; UW SoN Bothell faculty; UW SoN Tacoma faculty; Professional Nursing Organizations, Ethnic Minority Nurse Organizations; Ethnic Health Boards; Community Based Organizations; and Community Stakeholders.

The following questions were asked during the Listening Sessions:

1. Understanding the Impacts of Structural Racism

- a. What do you think are the most important issues or priorities for addressing how racism affects communities of color in Seattle and King County? In Washington State?
- b. What do you think are the most important issues or priorities for addressing racism in nursing that the Center should focus on?

2. Stakeholder Expectations and Aspirations for Center for Anti-Racism

- a. What do you want the center to achieve in the short-term?
- b. What do you want the center to achieve in the longer-term?
- c. How do you think the Center in the School of Nursing should be led?
- d. How do you think the leadership of anti-racism Center should be held accountable?
- e. How do you think the anti-racism center in the School for Nursing should work with communities most impacted by racism?
- f. Open ended.

The purpose of the Listening Sessions is to gather critical thoughts and ideas to inform infrastructure for the Center for Antiracism in Nursing (CARIN). UW SoN aims to address racism both inside and outside the walls of its school to decrease harms that are happening and may have happened. Most poignantly, to decrease any further harm to the staff, students, faculty, and communities we are trained to serve. It is critical to hear these voices as UW SoN looks to perpetuate racist activities no further.

To analyze the Listening Session data, we used qualitative methods, keeping in mind the Listening Sessions are not a part of scholarly inquiry. We recorded the sessions on Zoom. The sessions were listened to for errors, the audio recordings were transcribed. For each question answers were grouped into themes and were labeled. Excerpts were captured from each of the transcripts using DEDOOSE software specializing in analyzing qualitative data. There was a total of 196 compelling excerpts. The excerpts were used to validate and refine emerging themes.

There were eight priorities derived from themes of the listening sessions and surveys:

1. Addressing violence and how it impacts people of color (AA, Asian)
 - a. Harm inside the walls of the school and outside the school
 - b. Harm in clinic setting
2. Increase number of BIPOC faculty and staff
 - a. Increase the number of BIPOC students
 - b. Create a pipeline/mentoring program
3. Curriculum overhaul
4. Whoever leads the Center needs to have the power to make decisions and move initiatives forward
5. Explore other models in and outside the US on and off campus
 - a. Look for opportunities to collaborate
 - b. Successful models on our campus and others
6. Address the Social Determinants of Health
 - a. Economics
 - b. Knowledge
7. Community led Center
 - a. Co-leadership, community board
8. Build genuine relationships with the community
 - a. Go to the community before a problem
 - b. Establish a relationship
 - c. Create a space for safe conversation



2. Introduction

Vulnerability and authenticity were crucial to the success of these sessions, and the Center. We wanted to ensure that participants felt comfortable enough to share candidly, because we wanted the most realistic information possible. It can be difficult to share one's perspectives on racism in nursing, particularly for BIPOC individuals if the space is not created intentionally for that. This reality guided all our decisions about how to hold the sessions, who will facilitate, and which questions to ask.

As we look to creating a future in which the UW SoN moves towards becoming a more inclusive, equitable, and antiracist organization, we must begin by looking back to both acknowledge deep harms and recognize previous efforts to correct these harms throughout the history of our School. The origins of the UW SoN began in 1918 in response to the deadly global flu pandemic & was headed by Elizabeth Sterling Soule who would eventually become the founding Dean. While Dean Soule accomplished many important milestones, such as establishing the first baccalaureate nursing program on the West Coast, and only the second university-affiliated program at the time, these advancements were not available to everyone. During this same time, the UW SON also refused admission to qualified African American (AA) applicants for nearly thirty years. In 1948 Lela Duffel Morris finally became the first AA graduate of the UW nursing program. In the decades since, many AA students continued to experience racism, exclusion, and marginalization in the UW SoN as eloquently documented in Dr. Lois Price Spratlan's book 'African-American Nurses in Seattle: The Struggle for Opportunity and Success' and as our listening sessions have revealed, these issues are still impacting Black students, staff, and faculty today.

The history of the UW SoN also includes efforts by many individuals who have stepped forward to shine a light on racist and harmful actions of the SoN and challenged our community to do better. In 2001, coinciding with the release of Dr. Spratlan's book, then Dean Nancy Woods publicly apologized for the SoN's racist history and committed to doing better. In 2002, the SON established its first Diversity Committee to further this work; in 2007 Carolyn Chow & Dina Dumas founded Nurse Camp to help recruit underrepresented teens from Washington state into the SON nursing program; in 2010 Drs. Carol Schroder and Robin diAngelo published about their work to address racism in the SON (Schroeder C, diAngelo R. Addressing whiteness in nursing education: the sociopolitical climate project at the University of Washington School of Nursing. *ANS Adv Nurs Sci.* 2010 Jul-Sep;33(3):244-55. doi: 10.1097/ANS.0b013e3181eb41cf); in 2015, at the request of current Dean Azita Emami and under the leadership of former Dean Woods, the SON embarked on a year-long effort to with faculty, staff, and students to collaboratively revise a more comprehensive DEI Strategic Action plan that, among several initiatives, established an Office of DEI in 2016 that had a dedicated budget and executive-level leader; in 2018 the SoN launched an annual AR & DEI Teaching Institute to provide faculty with the necessary tools to facilitate conversations on racism, respond to microaggressions in the classroom, and integrate principles of antiracism into the curriculum; in 2020 after the murders of Ahmaud Arbery, Breonna Taylor, & George Floyd, the SON convened eleven antiracist workgroups to identify various needs that the SoN should address to become the antiracist organization it aspires to be. In January of 2021 Dean Emami announced the SoN's intention of establishing a Center for Antiracism in Nursing to further these efforts.

3. Methods & Participant Profile

3.1. FACILITATOR TEMPLATE DEVELOPMENT

Steering committee developed comprising members inside the school that were interested in participating in this process. The members were comprised of UW SoN DEI workgroup chairs and members. Each member deeply involved and committed to dismantling racism in nursing. Steering committee met several times throughout the process and were active in influencing decision making related to the activities. See Appendix A for list of steering committee participants.

Development of the questions was an iterative process. Brainstorming ideas for listening session questions began addressing the mission and vision the CARIN set forth. After initial discussion it was determined questions were to include open and closed ended opportunities for participation. Draft questions were submitted to the Steering Committee for commentary and editing. A draft of questions along with scripting was created. Further editing provided the inclusion of land acknowledgements, statements of harm acknowledgements, and community agreement. See Appendix B Engagement Guide.

3.2. FACILITATOR SELECTION

Facilitators were selected based on interest, known expertise and engagement related to antiracist activities. Each facilitator was provided an engagement guide, orientation to the process, question and answer opportunity and support by program manager during sessions. Most sessions were co-facilitated. Facilitators were assigned to listening sessions based on Affinity Groups. Affinity Groups is a strategy used to facilitate sensitive conversations and most importantly minimize ingroup and out of group bias. Ingroup is the groups which and individual belongs, and outgroups are groups to which the person does not belong. The central idea is that group members of ingroup seek to find negative aspects of and out-group, thereby enhancing self-image and identity. There was a total of six facilitators:

- Molly Altman, Assistant Professor
- Patty Hayes, Former Director King County Public Health
- Sammie Inevil, Teaching Assistant
- Rebecca O'Conner, Associate Professor
- Joycelyn Thomas, Family Nurse Practitioner
- Kahlea Williams, Program Manager DEI

See Appendix C for credentials and bios.

3.3. PLATFORM SELECTION

Synchronous Zoom was determined to be the best platform due to COVID pandemic. It was recognized Zoom could limit participation due to size. To minimize this effect, sessions were monitored for size with 25 being the upper limit for registration. If there was a large group, then breakout sessions were implemented to allow for greater participation. In addition, a virtual activity during the sessions was implemented called "JAM Board". Jam Board allowed for participants to participate anonymously with questions or comments during the session. Registrants for each session were sent a survey afterwards regardless of physical presence during the listening session.

3.4. PARTICIPANT SELECTION

Key UW SoN internal partners and external community partners were invited to participate. Constituent groups that were considered for racial and ethnic nurse organizations, professional nurse organizations, Healthcare organizations, UW Tri Campus (faculty, staff and students), and community-based organizations and ethnic health boards. Listening Sessions were held by Zoom between January 3, 2022, and April 18, 2022. There was a total of 18 sessions including breakout sessions with approximately 19 hours of recordings, and a total of 80 participants. Participants were from University of Washington School of Nursing (UW SoN) Seattle staff, faculty, and students; UW SoN Bothell faculty; UW SoN Tacoma faculty; Professional Nursing Organizations, Ethnic Minority Nurse Organizations; Ethnic Health Boards; Community Based Organizations; and Community Stakeholders. There was a total of five student sessions, five faculty sessions, two staff sessions, and five external community partner sessions. See Appendix D for groups listed by name.

3.5. LISTENING SESSIONS PURPOSE

The purpose of the Listening Sessions is to gather critical thoughts and ideas to inform infrastructure for the Center for Antiracism in Nursing (CARIN). Listening sessions cast a wider net than focus groups. UW SoN aims to address racism both inside and outside the walls of its school to decrease harms that are happening and may have happened. Most poignantly, to decrease any further harm to the staff, students, faculty, and communities we are trained to serve. It is critical to hear these voices as UW SoN looks to perpetuate racist activities no further. Listening sessions nurture community driven partnerships especially with underrepresented groups that are historically excluded. Listening sessions lend to deeper and more meaningful conversations related to antiracist principles.

4. Listening Session Results

Listening Session data was analyzed using qualitative methods, keeping in mind the Listening Sessions are not a part of scholarly inquiry. We recorded the sessions on Zoom. The sessions were listened to for errors, the audio recordings were transcribed. For each question answers were grouped into themes and were labeled. Excerpts were captured from each of the transcripts using DEDOOSE software specializing in analyzing qualitative data. There was a total of 196 compelling excerpts. The excerpts were used to validate and refine emerging themes.

4.1. QUESTION #1 – 58

What do you think are the most important issues or priorities for addressing how racism affects communities of color in Seattle and King County? In Washington State?

FOCUS ON SOCIAL DETERMINANTS OF HEALTH

Participants emphasized the importance of a social justice and equity lens as a priority for addressing racism in communities of color in the city, county, and state. Specifically, economics and knowledge and or education was a recurring sentiment. One participant responded:

I think economics are probably the biggest issue.

One participant suggested addressing racism in communities of color warranted addressing policies that impact where people of color live and work:

So how can we look to really center on the policies and the impact on neighborhoods, because I think when it comes down to it, those social determinants of health and how they impact neighborhoods [matters].

Participants strongly felt that historically, racially marginalized groups were continually kept from taking advantage of resources available due to racist practices such as redlining and gentrification. One participant offered:

It's also those areas that are, have the most resources and then like meaning Seattle King County like public health has more resources and able to read more clinics and etc. and more like like best art [Best Start] for kids like all those things. But then making it almost impossible for people who actually need those things to like live here. So, then I'm I like have met a lot of families who live out in like Port orchard or Bremerton, They're just like areas that are much cheaper, but don't qualify for all of the things that like public health has, because they're not like Seattle or King County residents.

Communities of color have had to adapt to racist housing practices both in purchasing and rental markets and move outside the city and county to areas of the state that are more rural and potentially have less resources. The very resources created to bridge equity across the social determinants of health.

VIOLENCE AGAINST PEOPLE OF COLOR - SAFETY

Safety and violence are a concern for participants. Participants expressed fear walking the halls of their institutions after work, traveling to and from work on foot regardless of the day and time. One participant offered:

The DLC [Department of Corrections], DOJ [Department of Justice], or criminal processing system, is a huge issue.

Suggesting, racist activities within these local and federal systems have inherent practices that harm people of color. Another participant expressed:

My safety has been really prominent in a and as a concern. And it's just the unpredictability of things. And so, I think that those entities that are tasked with ensuring the well-being of the of our communities need to look into that. And figure out how people of color can feel safe.

Participants shared stories about how crime is targeted towards specific people of color. A participant shared:

[There is] a lot of hate crime so as Asian American I do see more and more now and the news just seeing that footage and compare myself to this person I don't see much difference between us, you know could be just me walking on the street.

There is fear of being a victim of random acts of violence amongst people of color irrespective of social standing or socioeconomic status.

INCLUSION OF COMMUNITY “LIVED EXPERIENCES”

Including the community perspective was highlighted as an essential component for CARIN to prioritize. Traditionally marginalized communities expressed the need to have their stories listened to in a real and genuine way:

It would have been nice to have people go out into the community and say what will make it work with you.

Engaging with the community is one way CARIN can begin to build a genuine relationship as one participant shared:

Gaining the trust of the community is paramount.

To gain insight and appreciation for communities of color understanding the lived experiences of that group is critical to the foundation of CARIN. One participant shared a strategy for partners to gain insight into the lives of African Americans:

Church, yes, the church...church in reaching and the church reaching out into the Community.

Another participant provided a strategy to engage CARIN and the communities of color:

[I] think we should have representation from the tribes, I mean you know we talked a lot about land acknowledgement but let's like bring it into real life and include them in our Center for anti-racism, because we have such a strong native American Community in a state. Highlighting the power of coming together for a common goal:

I think there are variety of things that separate us, but I do think that, when we have conversations like this, the more we come together and have discussions, the better it is.

Another strategy offered by participants as a priority is including the power of storytelling:

Acknowledge, not just in words but through curriculum and actions, the inseparability between healthcare and social justice um that it our health care or nursing care program I think the curriculums and the training must be infused with the stories of the of its origins. And the gift of storytelling you know, are the the history of our orders our chiefs those things are things that you don't you wouldn't learn in school, but they are really important in our culture, and they help ground our people and bring them together.

Participants commented on decolonizing our racist activities including how we look to understand communities of color suggesting storytelling as a strategy to gain accurate information about the people we are working alongside or strive to work with:

Written word is so good in in Western society, and that is, but our culture is we it's oral storytelling to us that is golden just to sit there and listen to an elder talk about you know... even just explaining history.

Western practices perpetuate racism by dismissing how information is shared and retained in communities of color.

4.2. QUESTION #2 – 57 EXCERPTS

What do you think are the most important issues or priorities for addressing racism in nursing that the Center should focus on?

INCREASING THE NUMBER OF BIPOC FACULTY AND STUDENTS

Hiring Black Indigenous and People of Color into faculty positions is important if the CARIN wants to address racism in nursing:

[Addressing racism in nursing] includes the workforce of the folks who educate us, right? I mean, it's distressing, how few faculty of color we have in what is supposed to be the best nursing school in the country.

Participants shared frustration by the lack of faculty that are experts in the field of social and racial justice:

I understand that the School of Nursing is trying to move in a direction where their faculty is, is more diverse, but the fact that last year, I only had one professor of color the entire year. You know, and I'm taking classes on health inequity and structural racism and other things like that, that aren't being taught by people who are experts in this you know, as as, not only through academia, but through lived experience. That's problematic for me.

Increasing the number of students of color was a shared sentiment. Particularly mentioned were African Americans, Pacific Islanders, and Indigenous populations:

I think that, just a lack of numbers, you know, there are not enough African Americans [in nursing].

Mentorship was an essential element of recruiting to retain students and ensure success:

We can recruit students to come and do the checkbox and then they'll provide mentorship and training to have them excel and live their gifts, so no, no, no, no, we have to be accountable to promote their excellence and success.

There was disappointment expressed when BIPOC faculty and student representation is absent or low:

[Increasing diversity] that's accomplishment we've probably got a little bit better than other parts of the campus, but when when a student come to school, you still see you have really low diversity in your faculty staff, you still have content, where faculty don't have a level of sensitivity.

Recurring sentiment of the need for instruction in racial and social justice being taught by experts and or BIPOC faculty.

ACCOUNTABILITY – ACKNOWLEDGING THE PERPETUATION OF RACISM IN THE CLASSROOM, RESEARCH, HIRING AND ADMISSION PROCESSES

Participants expressed frustration with curriculum taught about racism and antiracist strategies and solutions and the curriculum itself lacking actual integrity or impact. One participant stated:

I've come across a lot of professors who so far in this program, who pay lip service to something, but it doesn't actually impact their curriculum at all. And the way that they are teaching these, these subjects that have widespread application to structural racism, and health inequities aren't even addressing it at all.

Another participant offered a strategy to support faculty teaching equity courses:

I would find it really beneficial to have resources around methodologies. So like, if people are looking at disparities or inequities are looking both qualitatively and quantitatively doing their research to have some experts that we could go to and say, here's the thing I'm doing, I'm either looking for a partner, or I'm trying to find out sort of how have people approached this in the past?

Participants were passionate about dismantling white oppression and the socio-economic and political systems where whites enjoy structural advantages and BIPOC communities do not. One participant felt it was important for nursing to address the oppressive beliefs the profession was built on:

I think one of the really important priorities for addressing racism in nursing is addressing the history and addressing the ways in which nursing was created to uphold whites like a patriarchal white supremacy model of care.

Another participant shared:

[What] we're not really doing as a school yet, is addressing more the political and societal structures that keep these systems in place, I think we've done a lot more on training faculty, increasing diversity of our student cohorts, infusing anti-racism into curriculum and things like that. But we could have all of those things perfect. And it won't matter if the system is still in place that's perpetuating racism and the health disparities that are subsequent to that.

Some participants experience their voices being silenced. Silenced by the structures of white supremacy and fear of verbalizing any concerns related to oppression and discrimination. One participant offered:

Chinese we treasure harmony, we don't want to confront it's not in our culture to confront so even when I brought this [listening session opportunity] in they're like oh don't talk about it.

Another participant felt similarly:

The Asian American and American Pacific Islander communities have been silenced [in] the hallway and I feel like this has been even more of an issue a priority right now.

One participant described how the language that we use perpetuates silence in historically marginalized communities:

We have to be very mindful of how we how communities are silenced. And the one thing that one must be aware of in terms of the silencing, one way that occurs also is in terms of our language, and the words that we use, I really have a problem with the word minority, I continue to have a problem with using the word minority, it has become very common in our vernacular, I was telling some students that I was teaching that, you know, one must use the word minoritized

BIPOC communities feel they work harder than their white counterparts for their ideas and research to be acknowledge the way it is intended:

I really, really had to push my agenda to have that seen as a legitimate area of research for nursing, I had to frame it as nurses were the patients in this case, and I had to phrase it in a certain way and to make it fit the definition of what nursing research is.

4.3 QUESTION #3 – 22 EXCERPTS

What do you want the center to achieve in the short-term?

CURRICULUM OVERHAUL

Listening session participants believed evaluating and revising curriculum to reflect an antiracist and equity lens as a top priority:

Some of our textbooks, are the most racist, as you can be and you still we're still teaching people that black people don't have pain.

Added by another participant:

Figure out how to thread through our curriculum and all the different levels, how to make sure that we're threading in anti-racism learning.

SELF-REFLECTION - ACKNOWLEDGING RACISM IS REAL

Initial steps to addressing racism is recognizing racism is real. It was shared in the listening sessions the process of self-reflection can be difficult but is necessary. In the short-term, participants describe how it might feel to have these conversations. One participant shared:

It's not about trying to get people to be angry it's so we can hear their journey we can honor where they are and then decide what are we going to do, but we don't have it figure it all out yet.

Another participant states:

Very critical self-reflection in all of our constituents our students our faculty so that there is clear [expectations].

INCREASE THE NUMBER OF AA STUDENTS IN NURSING

While wide disparities exist in health for AA's there is a continued lack of representation of AA nurses. Participants want CARIN to make a priority increasing the number of AA nurses in the profession:

The only black person or one of two or three in classes that had 30 and 40 people so there's got to be some kind of overhaul I'm not sure what that admission process is, recruiting not only nursing students but faculty and and being very mindful and deliberate instead of kind of group and everybody as you know, persons of color, being very deliberate about the most maybe underrepresented.

There was expressed frustration at lack of AA students when comparing to other schools on campus:

And I use the Medical School a lot and engineering as examples, because years with nursing have said it was difficult to find people who qualify, yet still when I look at engineering and medicine and computer sciences, I see an awful lot of black people sitting up in those classes

4.4 QUESTION #4 – 8 EXCERPTS

What do you want the center to achieve in the longer-term?

ADDRESSING SOCIAL DETERMINATES OF HEALTH-STUDENT MENTORSHIP BEGINNING EARLY (MIDDLE SCHOOL):

Creating a mentorship program or pipeline to the UW SoN was seen as a top long-term priority. Development of such a program would ensure timely and competitive applications and successful matriculation:

So if you're a middle school kid, and you're experiencing junk, he's [here is what] we do, you're not going to do very well in math. So therefore, if you apply to community college, you're going to do the compass chest, and they're going to place you in math 85. And now you're going to be at GCC for the next four years.

Another participant echoed the sentiment:

So, I think long term, some type of, you know, mentorship program that's kind of embedded throughout education, your educational journey

TRANSFER POWER TO THE COMMUNITY – THROUGH TRANSPARENCY OF COMMUNICATION AND FUNDING

Exploring means to transfer power to BIPOC communities is a priority CARIN can focus on to address racism in nursing over the long term:

I think about you know you'd have as a government institution, a state institution all of its money comes in, through government dollars, which means that because it's government dollars it's Community dollars, and I think that they I would love to see the Center achieve.

Another participant commented:

Community relationships that transfer power from the university to community and I know that that takes time and, but I think if we want the university to be more representative, if we want the university to have.

4.5 QUESTION #5 – 26 EXCERPTS

How do you think the Center in the School of Nursing should be led?

CO-LEADERSHIP MODEL - UW/COMMUNITY MEMBER (S)

Nearly all participants shared community must be at the center of any model CARIN develops:

Collaborative leadership approach to kind of exactly what's needed to set but also, I think you should be led with as much transparency as possible.

Participants echoed there should a shared model between CARIN and community members:

It should be led by the Community, meaning that and maybe it is a board of folks from different groups.

Another participant added:

I really think that there should be Community at this and I don't think it should be just one person.

4.6. QUESTION #6 – 4 EXCERPTS

How do you think the leadership of anti-racism Center should be held accountable?

ACCOUNTABILITY TO THE COMMUNITY

Session participants feel the CARIN activities to address racism is for the Center to held accountable to the communities they are serving.

It would be a shame for the Center to become something that is led by the University and not by Community

One participant suggested going into the community and assessing the needs was one way to build genuine relationships and strengthen any mutual programming:

That was like one of the big things that I noticed when I was abroad to is just like how many NGOs failed because they come in with ideas preconceptions of what it is the Community needs

4.7 QUESTION #7 – 15 EXCERPTS

How do you think the anti-racism center in the School for Nursing should work with communities most impacted by racism?

Participants were adamant that engaging with communities prior to issues arising is a way to create meaningful relationships instead of reacting to an issue in the population we are wanting to serve. Going to meet our community and learning what the needs are nurtures genuine partnerships and relationships:

Allowing those people, our community partners that we're working with to lead us toward their needs versus us deciding, you know.

Showing up in the space prior to a problem or crisis helps to build trust. One participant shared:

I think the Center can learn from Community by engaging in the lives and not just their illnesses, we shouldn't only be engaging when folks are ill

And:

We have events that brings communities together, I think that would be part of what our community wants

Allowing the community to have their voice heard is essential. One community member stated:

Create opportunity for conversations and engagement at the Community level and not in the not in the Center is building bring this out [the] Center into where people are actually living.

Participants want the activities of the Center to reflect transparency and action:

Broader Community capturing their voice, but if you raise expectation that you really want their participation, then you have to you have to not just talk the talk you got to walk the walk and engage them

4.8 OPEN-ENDED – 8 EXCERPTS

POLICY RE-ENVISIONING

The open ended questions allowed for participants to answer inhibited. There were similar themes visited from prior questions. One participant sees re-envisioning school policies to address racism in nursing:

Policies and our, on our learning environment. Because a lot of our policies are structurally racist.

Another participant expressed sentiment at the state level about policy revision:

In order to do that [revise racist policies], and of course the policies that guide all of us see I don't think we'd have any racism in nursing or anyplace else if the, if the committee, nursing Commission made it so.

5. Impressions

Participants appeared to be eager to contribute and we believe overall the process was well received. Sessions did go over time to accommodate those that wanted to have their voice heard. A recurring theme from the session participants was concern for effort wanting to address racism as a public health crisis. Participants feared visible and meaningful action would not take place within the school to move social justice initiatives forward.

6. Priorities

Eight priorities were derived from the themes of the listening sessions and surveys:

1. Addressing violence and how it impacts people of color (AA, Asian)
 - a. Harm inside the walls of the school and outside the school
 - b. Harm in clinic setting
2. Increase number of BIPOC faculty and staff
 - a. Increase the number of BIPOC students
 - b. Create a pipeline/mentoring program
3. Curriculum overhaul
4. Whoever leads the Center needs to have the power to make decisions and move initiatives forward
5. Explore other models in and outside the US on and off campus
 - a. Look for opportunities to collaborate
 - b. Successful models on our campus and others
6. Address the Social Determinants of Health
 - a. Economics
 - b. Knowledge
7. Community led Center
 - a. Co-leadership, community board
8. Build genuine relationships with the community
 - a. Go to the community before a problem
 - b. Establish a relationship
 - c. Create a space for safe conversation

The listening sessions attempted to capture the voices of key partners about envisioning the structure and vision for CARIN. The initial work has set the groundwork for future collaboration with internal and external communities as the Center is developed. We anticipate future iterations of listening sessions to further refine the focus of CARIN and continue to nurture relationships with internal and external partners.

7. Next Steps

A STATEMENT FROM EXECUTIVE DEAN AZITA EMAMI

The University of Washington School of Nursing acknowledges with humility and profound regret that the racism described in this report has been a pervasive, persistent, and pernicious part of our legacy, resulting in harm to those unfairly denied an opportunity for a nursing career.

By our admissions policies and other actions—overt and covert—we perpetuated a systemic racism that has built white privilege into the country’s social, economic, cultural, and educational institutions. As educators and healthcare professionals, we had a particular duty of care to deny and oppose that privilege at every level. We failed to do so.

The harm done has been incalculably great. That harm has affected not only the individuals who were unfairly denied a nursing career but also the communities to which those individuals would have provided capable, conscientious care.

The taint of racism began at the School of Nursing’s founding, reflecting contemporary racial and other biases and prejudices that sustained white supremacy. It continues today in ways both visible and invisible. We cannot undo the past. We can commit to the process of understanding and dismantling the inequities and attitudes that racism has fostered, and doing so in a way that is credible, respectful, meaningful, and transparent. There must be actions, not just words. This must be a process, not just promises. And it must result in change that endures.

Creation of this report and the School of Nursing’s Center for Antiracism in Nursing are the first steps in what will be a long and difficult process. It is a process that will demand commitment, investment, patience, and understanding. It is a process that will require introspection, and self-reflection. It is a process in which everyone must participate, and during which everyone must listen as well as speak.

It is a process that must succeed if we as a School of Nursing are to succeed.

This report identifies themes that were distilled from 16 listening sessions held over a two-month period. These themes will catalyze and inform the action strategies to be pursued by the Center for Antiracism in Nursing.

Among the next steps for the Center are:

- Articulating its mission and vision
- Determining initial priorities for action, based on the themes derived from the listening sessions

The School of Nursing will take every possible step toward creating an antiracist future. This is our opportunity to do what we previously failed to do—stand for what is right, see that Black, Indigenous, and other people of color have equal access to educational opportunity, and in doing so improve healthcare for everyone. This is a process and a future from which everyone will ultimately benefit.



AZITA EMAMI, PHD, MSN, RNT, RN, FAAN

Robert G. and Jean A. Reid Executive Dean
UW School of Nursing

Appendices

APPENDIX A – STEERING COMMITTEE MEMBERS

- Molly Altman, PhD, CNM, MPH, Assistant Professor, UW School of Nursing
- Wendy E. Barrington, PhD, MPH, Associate Professor, UW School of Nursing
- Daniel Bustillos, JD, PhD, Assistant Professor, UW School of Nursing
- Sammie Inevil, DNP Student, UW School of Nursing
- Rebecca O'Connor, PhD, RN, Associate Professor, UW School of Nursing
- Keondra Rustan, PhD, RN, CHSE, CNE, Assistant Director of Simulation Lab, UW School of Nursing
- Joycelyn Thomas, DNP, ARNP, Family Nurse Practitioner and Medical Director, Virginia Mason Franciscan Health
- Kahlea Williams, MS, Project Operations Manager, Office of Diversity, Equity and Inclusion, UW School of Nursing

APPENDIX B – STAKEHOLDER ENGAGEMENT GUIDE

Thank you very much for your engagement today. We would like to first acknowledge the historic and present manifestations of structural racism within the Schools of Nursing and Public Health at the University of Washington and the harms inflicted on faculty, staff, students, and communities of color. We apologize for these harms. We also commit to establishing a mechanism for accountability for those impacts. In that vein, we are here to engage stakeholders to identify concrete anti-racist priorities for the schools to implement. These priorities will center the needs and lived experiences of communities within Washington state with learnings we co-create to inform efforts nationally and globally.

LAND ACKNOWLEDGEMENT

- Read slide.
- Through this acknowledgement, we make explicit that we do our work while positioned on land that was essentially stolen. That we have and continue to benefit from the colonization of indigenous lands and peoples as members of UW.
- Land acknowledgements do not exist in a past tense: colonialism is a current ongoing process, and we need to build our mindfulness of how and why we occupy our current spaces. Land acknowledgements provide a point of self-reflection and personal and institutional accountability to guide our future actions for repair and redress.
- The first link provides guidance about how to craft land acknowledgements as a process, which for me is iterative as a life-long learner.
- I want to acknowledge that the Puget Sound Area encompasses ancestral lands of several tribes –both recognized and unrecognized. Furthermore, federal recognition of the Duwamish is a complex issue that I am not fully versed in.
- However, there are local efforts for reparations for these historic acts. The second link collects contributions in the form of rent from those who live and work in Seattle to the Duwamish Tribe, who despite signing away 54,000 acres to the U.S. government in 1855, has failed to be justly compensated for their land, resources, and livelihood and remain unrecognized by federal, state, and local governments.
- Real Rent Duwamish is an effort led by the Duwamish Tribal Services in partnership with the Coalition for Anti-Racist Whites that aspires to repair the unfaithfulness of governments to uphold the Treaty of Point Elliott and the resulting impacts to the Duwamish Tribe.
- If you are outside of the Seattle area, I invite you to explore the third link which allows you to type in your address and find out what tribal lands you occupy and reflect on how you can contribute to reconciliation and repair in your context.
- Finally, I want to highlight 2 local indigenous-led organizations that are doing transformational work to decolonize health with amazing people that are willing to partner in knowledge building and sharing in service to that goal.

COMMUNITY AGREEMENTS

Acknowledging our colonial history is also important to ground our conversation today. We want to acknowledge that experiences of racism are traumatic and having this conversation may bring up unexpected feelings. We also want to honor the lived experiences and perspectives that are shared here today and would like to offer the following community agreements to help us create a space where everyone can feel empowered to speak their truth.

- Stay engaged
- Speak your truth
- No fixing
- Experience discomfort
- Take risks
- Listen for understanding
- Expect and accept non-closure

Are there agreements that need to be added? Will everyone agree to honor these agreements during our time together? Wonderful. Thank you so much.

GROUNDING THE POSITIONALITY OF THE GROUP (“ALL ON THE WALL” ACTIVITY)

Now, we are going to move into an activity to help us share the motivations that brought us in this time and space today.

Please use the Jamboard to post stickies that tell us more about you in a way that is anonymous. Specifically, please share your social identities, your greatest strength or thing that you most value about yourself, and 1-2 words to describe why you have joined us in this conversation today. We have provided an example stickie on the board for your reference, but you may craft your response in whichever way feels authentic to you. We will then allow time for people to verbally introduce themselves to help us build connections between us.

1. As part of your introduction, please share:
 - a. Something about yourself that you value
 - b. What brought you to our conversation today
 - c. What you hope is gained from our conversation

UNDERSTANDING THE IMPACTS OF STRUCTURAL RACISM

Thank you so much for sharing yourselves and committing to this constructive conversation about how the UW Schools of Nursing and Public Health can advance its anti-racism work in partnership with UW faculty, staff, students, and community stakeholders.

To begin, we will present a definition of structural racism to ground our conversation and help us develop a shared understanding of this work. We will use the Aspen Institute Roundtable on Community Change definition of structural racism as “...the normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.”¹ We emphasize that racism is not only the result of individual bias or private stereotypes, but is perpetuated by policies, practices, and norms across multiple sectors in our society including the economy, education, housing, law enforcement and mass incarceration, and health care.²

¹ The Aspen Institute: Roundtable on Community Change. Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis. <https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>. Accessed 12/10/21.

² Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet* (London, England). 2017;389(10077):1453-1463.

With that definition, let's begin by asking...

2. What do you think are the most significant ways that racism affects communities of color in Seattle and King County? In Washington State?
3. What do you think are the most important issues or priorities for addressing how racism affects communities of color in Seattle and King County? In Washington State?
4. What do you think are the most significant ways that racism shows up in nursing?
5. What do you think are the most important issues or priorities for the anti-racism center in the School of Nursing?
6. What do you think are the most significant ways that racism shows up in public health efforts?
7. What do you think are the most important issues or priorities for the Center for Anti-Racism and Community Health (ARCH) in the School of Public Health?

Thank you very much for your candor and vulnerability in sharing your experiences and perspectives.

STAKEHOLDER EXPECTATIONS AND ASPIRATIONS FOR ANTI-RACISM CENTERS

Both the UW Schools of Nursing and Public Health have made a public commitment to address structural racism through the creation of centers of excellence with allocated funding to support their operations and activities. The creation of these centers and their activities need to be co-developed with the communities most impacted by structural racism. Through continued conversations with our stakeholders, we will set up initial processes for decision-making and priority-setting that meaningfully include and preference the perspectives and needs of communities of color. These processes will continually be shaped by community stakeholders. The next set up questions will help us identify initial structures and priorities for the centers.

SCHOOL OF NURSING

8. What is your vision or dream for the anti-racism center in the School of Nursing?
9. What do you want the center to achieve in the short-term? [Prompt: About over what period of time are you thinking?] How will you know it will have made those achievements?
10. What do you want the center to achieve in the longer-term? [Prompt: About over what period of time are you thinking?] How will you know it will have made those achievements?

School of Public Health

11. What is your vision or dream for the Center for Anti-Racism and Community Health (ARCH) in the School of Public Health?
12. What do you want the ARCH Center to achieve in the short-term? [Prompt: About over what period of time are you thinking?] How will you know it will have made those achievements?
13. What do you want the ARCH Center to achieve in the longer-term? [Prompt: About over what period of time are you thinking?] How will you know it will have made those achievements?

ANTI-RACISM CENTER LEADERSHIP

14. How do you think anti-racism centers should be led? [Prompts: Should it be led by one person? More than one person? Who should that person or people be? How should the leadership be organized? How should it function? Who should employ the person or persons that lead the center?]
15. The ARCH Center leadership currently consists of a director. How would you enhance that leadership structure to ensure the success of the center?
16. What are important characteristics for leadership to have? What expertise does the leadership need to have?
17. How do you think the leadership of anti-racism centers should be held accountable? [Prompts: Who do you think the leadership should be accountable to? How would you want them to be held accountable? Who should be responsible for evaluating the performance of center leadership? How should this performance evaluation be conducted? Who needs to participate in that evaluation?]

18. How do you think anti-racism centers should work with communities most impacted by racism?
19. What do you want to know about the progress of anti-racism centers? How do you think those updates should be shared?

CLOSING

20. Is there anything else you would like to share that is relevant to anti-racism efforts at the UW?

Thank you so much for your time today! We value your contributions. Our next steps will be to summarize the information we have collected and will report out our findings and next steps by March 2022. Please do not hesitate to contact us if you have additional thoughts, questions, or concerns.

CONTACTS

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APPENDIX C – FACILITATORS BIOS

Dr. Molly Altman assistant professor in the Child, Family, and Population Health Nursing department and track lead for the nurse-midwifery and women's health clinical nurse specialist tracks of the DNP program. My experience as a nurse-midwife in clinical practice for over 15 years has provided the grounding for my program of research around respectful and equitable care provision during pregnancy and childbirth. I completed the transdisciplinary postdoctoral fellowship at the University of California San Francisco's Preterm Birth Initiative in which I focused my research on exploring women and birthing people's experiences interacting with health care providers in the context of respectful care provision, particularly regarding racism, discrimination, and bias in health care interactions. My current program of research uses a variety of methods including in-depth qualitative methodologies, instrument development, and community-based participatory methods to assess and address issues in care provision for communities at risk for poor birth outcomes, specifically BIPOC and LGBTQ+ communities.

Patty Hayes, MN, RN, recently retired as Director of Public Health – Seattle & King County, and has over 30 years of experience in public health, policy development and advocacy. Most recently, Patty has been responsible for the COVID-19 response for King County. In addition, County Executive Dow Constantine and Patty declared Racism as a Public Health Crisis. Patty co-led the efforts in the county to address systemic and institutionally racist governmental policies and procedures and to build pathways for community-led solutions. Patty has received numerous honors and recognition, including the University of Washington Alumnus Summa Laude Dignatus Award in 2020. Patty has a bachelor and master's degree in nursing from the University of Washington, School of Nursing and was inducted into the Washington Nursing Hall of Fame in 2002. The King County Council awarded Patty the MLK Medal of Distinguished Service in October 2021

Sammie Inevil, DNP student. Sammie Inevil (she/her) is a 2nd year Doctor of Nursing Practice student in the Population Health and Systems Leadership track at the UW. She is also pursuing the International Humanitarian Response graduate certificate at UW. Her professional interests focus on community & population health, health equity, and health communication. As a 2nd generation Haitian-American, she understands the issues and concerns impacting racialized communities, immigrants, and refugee populations. She intends to center these populations in her career and use her education, skills, experiences to remove systemic barriers impairing these groups from reaching their highest state of health and wellbeing. She previously worked in the acute care setting as a critical care nurse and as a nurse consultant in infection prevention for the WA State Department of Health and CDC Foundation. Currently, she works as research assistant at the Center for Antiracism and Community Health at UW School of Public Health.

Dr. Rebecca O'Connor is an Associate Professor in the University of Washington School of Nursing, a Betty Irene Moore Nurse Leaders and Innovators Fellow, and Affiliate Member of the Center for Pediatric Nursing Research at Seattle Children's Hospital. Her research, teaching, and service reflect her commitment to antiracism and furthering diversity, equity, and inclusion (DEI). Dr. O'Connor recognizes that multiple historical and structural barriers in the US prevent many marginalized populations from achieving health equity and dissuades their participation in clinical research, further exacerbating inequities. To address the former, her current research seeks to reduce disparities in marginalized youth by describing and ultimately interrupting factors like implicit bias that negatively affect health care providers' decision-making. Dr. O'Connor also provides implicit bias training for undergraduate nursing students, interdisciplinary health sciences graduate students, Seattle Children's Research Institute teams, and the National T3 Interprofessional Team Development Training for Health Sciences Faculty. To address a lack of diversity among clinical research participants, she works with Seattle Children's and the Institute of Translational Health Sciences as they partner with communities to ensure that future research benefits us all. Through her Innovative Educator Fellowship, Dr. O'Connor developed and leads an annual 3-day Antiracism and DEI Teaching Institutes in the School of Nursing that resulted in statistically significant increases in DEI-related teaching self-efficacy among faculty who attended. She recently secured additional funding to develop virtual reality simulations that will explore the impact of implicit bias on nursing care among undergraduate and graduate nursing students and her project for the Betty Irene Moore Fellowship seeks to transform clinical nursing education by making implicit bias a central focus in all patient encounters. Dr. O'Connor received the School of Nursing's student-nominated Excellence in Promoting Diversity Through Teaching in 2016, 2018, 2019, and 2021.

Dr. Joycelyn Thomas, DNP, ARNP, is a practicing clinician and alumnus of University of Washington School of Nursing. She is the president of the Mary Mahoney Professional Nurses Organization, as well as a member of Dean Emami's Executive board. She has been hired by the School of Nursing to conduct listening sessions for the Center for Antiracism in Nursing.

Kahlea Williams, MS, is the Project Operations Manager for the Office of Diversity, Equity and Inclusion at the UW School of Nursing. She has a background in social work and public health. Her professional interests include DEI work, community engagement and health equity.

APPENDIX D - PARTICIPANT GROUPS

Session #	Group
1	Students, white
2	Staff
3	Students, BIPOC
4	Students 3
5	Students 4
6	Students 5
7	Health boards
8	Community Stakeholders
9	Professional Nurse organizations
10	Faculty, BIPOC
11	Faculty, CFPH
12	Faculty, BNHI
13	Staff BIPOC #2
14	Ethnic Nurse Organizations
15	Faculty, UW-Tacoma
16	Faculty, UW-Bothell
17	MMPNO #1
18	MMPNO #2

Afterword

While my journey ends here with the results of the Listening Sessions, the ever pressing walk towards an equitable and justice society free of oppression and white supremacy will begin for some and continue for others. I honor the toils of those who came before me, my ancestors whose disappointment, blood, loss of limb and life placed me where I am today. Right here in this space. So I honor every bit of work that we have done together.

Diversity, equity, and inclusion activities are not new to the School of Nursing. What is new is birthing of a culture that desires an existence that fosters accountability for harms and transparency for how to address those harms both inane out of the school. I am grateful to have been a part of this birthing.

I give honor to my mentors both individuals and community partnerships. Thank you to each individual on the Steering Committee. I see you and how you have laid down your souls to promote equity, to peel back the layers of social and racial injustice. Thank you to the following individuals whose contributions and support were invaluable: Dr. Wendy Barrington, Dr. Rebecca O'Connor, Dr. Molly Altman, Kahlea Williams, Sammie Enevil, and Patty Hayes. Thank you to the leadership of DEI Office Dr. Butch De Castro and the members fo the DEI committees and workgroups for entrusting me with the process. Thank you to Dean Emami because without your leadership this may not have been possible.

I want to pay gratitude to all participants of the Listening Sessions. Your stories were heartfelt, compelling and at times heartbreaking. I grew as a human during this process and I will be forever grateful for that. Some of you described very intimate and painful experiences. Your stories bind us together as one human race. Your lived experiences shared during this journey will provide a starting place for us to get to know one another better, respect each other, understand each other and look to build whole and genuine relationships with each other. In closing I paraphrase a sentiments shared during the sessions:

To address racism in society and in nursing you have to first acknowledge it exists and is real. Understanding the people you are trying to serve and creating genuine partnerships is critical. You see, the power is in the people.

In Solidarity,

Joycelyn



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