

The ABCs of DEI

An overview of diversity, equity, and inclusion, and why they're important for nursing.

Diversity, equity, and inclusion (DEI) are principles that support and advance equal representation of all people regardless of their differences. DEI is integral to the health and well-being of our nation (yes, it's that serious) and intricately connected to terms such as *health disparities*, *social determinants of health*, *health equity*, and *structural racism*. Discussions about DEI can evoke strong emotions, especially when we are unclear on terminology. However, we can't address issues of DEI if we don't talk about them. This article provides an overview of the terminology needed to begin the difficult yet necessary discussions to help us along this journey.

Health disparities are preventable differences in how people are affected by disease, injury, or violence.¹ These differences limit a person's ability to access resources to help them live their healthiest life. They can also result in more severe symptoms, disability, and even early death. The key part of this definition is "preventable," meaning that if these differences didn't exist, the outcome for the affected individual would be the same as that for the rest of the population. For example, according to the Breast Cancer Research Foundation, the chances of Black and White women getting breast cancer are about the same; however, Black women are 41% more likely than White women to die from the disease.²



It's time for the nursing profession to begin this conversation.

impact on a person's health, well-being, quality of life, and life expectancy than any medication or treatment from a health care provider. Take, for example, patients who are continually readmitted to the hospital for uncontrolled diabetes. They are regulars on the unit, can tell you what foods they should be eating, and know that exercise is good for them. These are the patients who frustrate nurses and prompt questions like, "Why can't this patient get their act together?" When we view these patients through a lens of social determinants of

health the question becomes, "What barriers are preventing these patients from managing their health?" Can the patients afford their medication? Where are they living? What is their literacy level? Do they have a primary care provider? What community supports are available to help with healthy meals? Just as nurses assess vital signs, they should also assess social determinants of health.

Health equity. When every person in the United States can live their best and healthiest life without a premature death, we will have achieved health equity. Equity should not be confused with equality but often is. For example, Community A and Community B both have hospitals. Community A's hospital is well staffed, has state-of-the-art equipment, and has a full complement of specialists on staff. Residents can access the hospital by rail, bus, or car. Community B is rural; its hospital is fre-

When every person can live their healthiest life without a premature death, we will have achieved health equity.

Social determinants of health. There are several differences that contribute to health disparities, and according to Healthy People 2030, they can be grouped into five domains: income level, geography, education, health care access, and the community environment.³ These domains are known as social determinants of health and have more of an

quently understaffed and has limited resources to care for major illnesses and injuries. Residents who are seriously ill must go to another hospital that is two hours away by car. Equality would suggest that Community A must share its resources with Community B. Equity, on the other hand, involves giving people and communities the

support they need to excel, with the understanding that some will need more help than others and many will not require any help at all.

We must dismantle policies that deny people the opportunity to live their best lives.

Structural racism. Community A and Community B are inherently different because of policies and rules that were purposefully developed to advantage Community A and disadvantage Community B; this is known as structural racism. Residents of Community B are more likely to experience worse health outcomes and die younger than residents of Community A. Structural racism is intentional and pervasive; it exists in written policies, institutional practices, laws, societal norms, and cultural representation. Nurses must be willing to critically examine policies and dismantle those that deny people the opportunity to live their best lives. The American Nurses Association began this work by establishing the National

Commission to Address Racism in Nursing.⁴ Through this work, they have acknowledged harmful policies that have denied nurses of color opportunities within nursing.

It is time for the nursing profession to begin this conversation. You now have the skills to join the conversation. Let's keep talking about how we can achieve DEI. ▼

Felesia Bowen is associate dean for diversity, equity, and inclusion at the University of Alabama at Birmingham School of Nursing. Contact author: fbowen@uab.edu. The author has disclosed no potential conflicts of interest, financial or otherwise.

REFERENCES

1. Centers for Disease Control and Prevention. *Health disparities*. Atlanta; 2017 Jan 31. Alzheimer's disease and healthy aging. <https://www.cdc.gov/aging/disparities/index.htm>.
2. Breast Cancer Research Foundation. *Black women and breast cancer: why disparities persist and how to end them*. New York, NY; 2022 Jan 25. <https://www.bcrf.org/blog/black-women-and-breast-cancer-why-disparities-persist-and-how-end-them>.
3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Social determinants of health*; n.d.; <https://health.gov/healthypeople/priority-areas/social-determinants-health>.
4. National Commission to Address Racism in Nursing. *Practice and advocacy*. 2021. <https://www.nursingworld.org/practice-policy/workforce/racism-in-nursing/national-commission-to-address-racism-in-nursing>.