FRIDAY MORNING HUDDLE

A gathering of Oregon nursing workforce leaders together to offer timely updates and share insights from peers and stakeholders.

DATE: July 17, 2020

Workforce Concerns:

Internal Contact Tracing. As case counts continue to rise across the state, facilities are working to support employee health and infection control staff as conduct contact tracing for exposed staff.

Employee Training. Facilities trying to implement new tools/technology are struggling with how to train staff and observe social distancing. For example, Kaiser needs to conduct training on a new piece of equipment for 700 staff, while not assembling more than 5 people at a time.

Work From Home. Several facilities reported that non-essential/administrative personnel have been asked to plan on working from home through the end of 2020.

Rural Communities. Kyle Furukawa, interim CNO at Good Shepherd in Hermiston, provided an update from her community where cases are on the rise. Her critical access hospital, with 25 beds, has had 8-9 people hospitalized for COVID-19 for the last couple of weeks. Yesterday 38 staff were out sick. The surgery department can only perform emergency surgeries due to staffing. The home health/hospice team is not accepting new referrals due to staffing issues.

Nursing Education:

NCLEX Pass Rate. Several schools submitted a letter to the Board of Nursing requesting that Division 21 rules be amended so that schools must maintain a first-time NCLEX pass rate of 75% OR an overall NCLEX pass rate of 90%. Schools feel this amendment will help efforts to improve retention of diverse student in their programs. The Board of Nursing will be discussing this proposed language at its August meeting. If the Board agrees to the amended language, additional rule hearings will take place this Fall. The goal would be to have language adopted and in place for the start of 2021.

Students in Facilities. Oregon Health Authority provided an update on whether students are considered "essential personnel in facilities. Current guidance for hospitals addresses screening for staff and visitors. Though the guidance does not specifically call out students, OHA would consider students attending clinicals "staff". It is not clear whether this guidance would apply to long term care facilities.

Student Accommodation. George Fox University asked if other schools had plans in place to accommodate students who are concerned about attending clinicals. They are considering providing modified education plans for students who have documented underlying health conditions. Students without underlying conditions, who do not want to attend clinicals may be asked to defer their education or take a leave of absence from the program.

Resources:

Celebrate Nursing. OCN's Fall breakfast has gone virtual! Check out **details** on how to participate.

NEXT HUDDLE:
FRIDAY, JULY 24, 8 A.M.

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Advancing Health Equity Through Student Empowerment and Professional Success: A Statewide Approach

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ABSTRACT

Background: A lack of diversity in the nursing workforce nationally has been identified by Oregon state leaders as a factor contributing to health inequity. **Method:** The goal of Advancing Health Equity Through Student Empowerment and Professional Success (HealthE STEPS) is to graduate nursing students from disadvantaged backgrounds to improve health equity within their communities. A comprehensive plan of evidence-based strategies was developed based on social determinants of health and addresses academic socialization, learning support, financial resources, networking, curriculum development, and campus culture. **Results:** Ninety undergraduate nursing students participated in the program during a 2-year period. Retention of participants was 97% with graduation rates of 94%. First-time licensure pass rates were 82% and 96% of participating graduates employed in a medically underserved community. **Conclusion:** This comprehensive innovative program of evidence-based strategies addresses health equity by developing a diverse nursing workforce to practice in medically underserved communities. [*J Nurs Educ*. 2016;55(6):316-322.]

Nursing leaders at all levels are calling for a diverse nursing workforce able to provide culturally competent care and contribute to the resolution of health inequities. (Benner, Sutphen, Leonard, & Day, 2010; Institute of Medicine, 2010). Although the number of minority nurses is increasing in the workforce, the minority distribution of nurses in the United States is not representative of the working population (U.S. Department of Health and Human Services, 2015), especially for nurses of Hispanic background. Data from the 2010-2012 American Community Survey (U.S. Department of Health and Human Services, 2015) reveal that approximately 15.5% of the working population is Hispanic. In contrast, 5.4% of the working population of RNs and 4.4% of advanced practice RNs are Hispanic. Recent analyses have identified that there is a persistent gap of minority nurses compared to the nursing workforce and that this gap is widening, especially for Hispanic nurses (Xue & Brewer, 2014). Oregon was identified as a state with a gap in Hispanic representation in the nursing workforce compared to the population (Xue & Brewer, 2014). Lack of diversity in the health care workforce, especially for Hispanic populations, has been identified by Oregon state health officials as contributing to health disparities (Oregon Health Authority & Department of Human Services, 2013). Approximately 12% of the population in Oregon is Hispanic, whereas approximately 4% of the nursing workforce in Oregon is Hispanic (Oregon Health Authority, 2014).

National reports have documented the importance of a diverse nursing workforce and have called on schools of nursing to expand their efforts to recruit and graduate students from underrepresented populations (American Association of Colleges of Nursing, 2015; Institute of Medicine, 2010; Sullivan Commission, 2004; U.S. Department of Health and Human Services, 2006). This article describes a program, Advancing Health Equity Through Student Empowerment and Professional Success (HealthE STEPS), to improve nursing workforce diversity and, ultimately, health equity. This program was designed to address social determinants of health to enroll, empower, and graduate nursing students from disadvantaged backgrounds, including underrepresented ethnic and racial minority populations, particularly Hispanics. The World Health Organization (2012) defined social determinants of health as:

> the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (para. 1)

The long-term outcome of the HealthE STEPS program is to prepare graduates to improve health equity within their communities through professional nursing practice. The HealthE STEPS program is based on a comprehensive model of evidence-based strategies to enhance the success of students from disadvantaged backgrounds.

HealthE STEPS was developed within a multisite baccalaureate nursing (BSN) program that has five campuses throughout Oregon and participates in an academic progression agreement with 10 community colleges. A statewide approach in both urban and rural settings was selected to include prenursing students, undergraduate nursing students in BSN programs, community college nursing students, and community college graduates who progressed to the university to complete their BSN degrees (RN-to-BSN students). The HealthE STEPS program focused on two of the five university campuses for undergraduate students, RN-to-BSN students at a third university campus or in an online program, and four of the 10 community colleges.

BARRIERS TO STUDENT SUCCESS

Students from disadvantaged backgrounds frequently experience barriers to nursing education that are grounded in social determinants of health and often are difficult to overcome (Furr & Elling, 2002; Gardner, 2005; Hurd, 2000). These barriers include admissions processes and criteria, academic skills and preparation, financial resources, sociocultural traditions and demands, lack of professional networks, and inexperience with higher education. Social determinants of health must be incorporated into evidence-based, individual-level strategies to increase recruitment, retention, and graduation of disadvantaged students, which is critical to advancing health equity. It is important to identify and address students' social determinants of health and barriers in developing strategies that improve a school's ability to recruit and retain diverse students (Noone, 2008). Barriers identified in the literature centered around educational opportunity (Bellack, 2005; Oregon Center for Nursing, 2009), economic instability (Doutrich, Wros, Valdez, & Ruiz, 2005), socioeconomic opportunity (Cason et al., 2008; Doutrich et al., 2005), and social inclusion (Gardner, 2005; Taxis, 2006).

Educational Opportunity

Students, particularly those from disadvantaged backgrounds, can encounter barriers on application and entry to schools of nursing. The admission process to a school of nursing is one such barrier. As the numbers in the pool of qualified applicants to nursing programs rise and nursing schools contend with screening an ever-larger applicant pool, grade point averages and SAT® scores may be emphasized as indicators of the most-qualified applicants (Bellack, 2005). Although many students from diverse backgrounds have competitive grade point averages and SAT scores, they are more likely to experience educational and economic challenges than their more advantaged counterparts. This may place them at a disadvantage if academic metrics are used exclusively or as a screening mechanism for applicants. In a study of Oregon nursing school admissions (Oregon Center for Nursing, 2009), qualified diverse students were admitted at rates similar to White students but diverse applicants were more likely to be unqualified. In a review before implementation of HealthE STEPS of a sample of prenursing students from the two

campuses where the program was focused, diverse students were represented in the pre-entry cohorts planning to apply into the nursing program but were less likely to be admitted.

Diverse students may be presented with additional academic barriers, particularly if English is not their first language. Although students may have conversational fluency in English, they may lack the academic language competency necessary to succeed as a nursing student (Newman & Williams, 2003). Students may require additional time to write papers, read texts, and take tests (Gardner, 2005). A lecture may proceed too quickly to allow time for translation. Students may have difficulty with communication, including feeling uncomfortable expressing themselves in a group or using therapeutic techniques that are not part of their culture. They also may struggle with academic study skills, writing, and test-taking (Gardner, 2005).

A barrier encountered at the current authors' school was identified by an evaluation study before program implementation and indicated that minority students were more likely to fail pathophysiology and pharmacology courses in their first year of the undergraduate curriculum. In addition, students from underrepresented minorities at the campuses where the program was to be implemented were more likely to have difficulty passing the NCLEX-RN® on the first attempt.

Economic Stability

Financial constraints may be a particular barrier for disadvantaged and underrepresented students (Doutrich et al., 2005). Because education and income are positively correlated (Carnevale, Rose, & Cheah, 2011), students who are the first in their family to attend college are more likely to come from families with financial constraints to support college costs.

Socioeconomic Opportunity

The need for disadvantaged students to work at an early age to support their families may prevent students from pursuing their education, and their social or cultural networks may not support personal advancement. Students from families and neighborhoods where education is not highly valued may be constrained by situated freedom and be unable to imagine themselves as nurses. Middle and high school students may encounter barriers related to lack of career exploration and career preparedness (Cason et al., 2008). They may not consider nursing as a career because of a lack of role models, as they may never have encountered a nurse from a similar background. It may not be culturally acceptable for women to work outside of the home or for men to be nurses (Doutrich et al., 2005). They may not have prepared in high school for entry into nursing and may lack guidance for application to nursing school, particularly if their parents did not have experiences with higher education. Once in school, family demands may take precedence in some cultures and threaten academic success (Furr & Elling, 2002; Hurd, 2000).

Social Inclusion

Barriers identified from several studies of ethnically diverse students can be related to academic needs, feeling isolated, and experiences with discrimination from faculty, peers, and patients (Gardner, 2005; Taxis, 2006). Ethnically diverse nursing students report feeling different and isolated from their White peers. In one study

of Mexican American BSN students (Taxis, 2006), the campus student nursing association was identified as an organization that was not welcoming to them and fostered isolation. Cultural differences may exacerbate a sense of isolation, for example, different modes of communication, such as lack of assertiveness and difficulty with language, and campus norms, such as alcohol use during social events. Being separated from family also may increase a sense of isolation. Although many nursing students may not be living with their family while at nursing school, this separation from family may be more isolating for ethnically diverse students because they are now surrounded by people who are very different from them (Evans, 2004). Diverse students also may perceive discrimination from student peers, faculty, and patients, which may worsen the sense of isolation (Amaro, Abriam-Yago, & Yoder, 2006).

Specific barriers on the authors' campuses were identified through a campus climate survey completed before program implementation, which identified student-reported strengths of the school in support of diversity and weaknesses to address. Students reported the strengths of the curriculum were related to (a) the diversity of clinical placements in influencing their experiences with clients from different backgrounds, (b) the emphasis on the integration of culturally competent care and social determinants of health throughout the curriculum, and (c) faculty who were passionate about diversity. Students reported the challenges related to diversity included (a) lack of diversity among students and faculty, (b) discrimination by peers and faculty, and (c) lack of resources for diverse students. Suggestions to improve diversity were to increase diversity of students and faculty, improve student support services for diverse students, and provide faculty development related to inclusivity.

Health Equity

Although the link between workforce diversity and improved health equity has not been clearly established, underrepresented minority health care professionals are more likely to work in medically underserved communities and contribute to improved satisfaction with health care among minority clients (U.S. Department of Health and Human Services, 2006). Non-English speaking clients may be more likely to keep follow-up appointments when working with health care providers who speak their language, contributing to better treatment utilization. Degazon and Mancha (2012) described the impact of providing opportunities for disadvantaged nursing students as having a "multiplying effect" within students' families and social networks, and the potential for reducing health disparities and achieving health equity within their communities.

Before program implementation, clinical placements were reviewed. Approximately 50% of students in the undergraduate program had clinical experiences in medically underserved communities, and approximately 20% of clinical contracts were with agencies that were federally designated as medically underserved communities. However, there was no intentional benchmarking to fully develop clinical experiences in medically underserved communities to address social determinants of health and improve population health equity.

PROGRAM STRATEGIES, IMPLEMENTATION, AND OUTCOMES

A program model that identified categories of strategies to address barriers and social determinants of health was developed based on the literature review and needs assessment (**Figure**). The program model focuses on improved financial, academic, and social support for diverse students to address social determinant barriers to students' success; expanded community partnerships to better attract and recruit diverse students to nursing and better prepare diverse prenursing students for entry into schools of nursing; and increased capacity to address health disparities in Oregon through increased educational experiences for nursing students in medically underserved communities. The model was based on a successful nursing diversity program using a comprehensive approach to attracting and supporting students to thrive in a nursing education program (Wros & May, 2013). The most promising practices identified in this model included bilingual staff, prenursing outreach into underrepresented communities and mentoring students through the pipeline, case management and individualized academic coaching, and the scholarship outreach program.

The HealthE STEPS model has been expanded and modified within a social determinants of health framework to include development of clinical experiences within neighborhoods serving disadvantaged and underserved clients. Two bilingual diversity coordinators with a background in academic support services provided support and case management for diverse students by partnering with students to address identified academic and social barriers. The HealthE STEPS program included a statewide approach that accommodates 44 to 46 students annually at four different levels of nursing education: (a) prenursing students completing their nursing prerequisites, (b) community college nursing students in an academic-progression partnership, (c) nursing students in a traditional BSN program, and (d) students who have completed their associate degree and transitioned to the university to complete their BSN degree (**Table 1**). The HealthE STEPS students met one or more of the following three criteria: educationally disadvantaged, financially disadvantaged, and underrepresented minority in nursing (**Table 2**). The component strategies of the model include:

- Academic socialization.
- Financial resources.
- Community and professional network.
- Campus culture.
- Curriculum.

Academic Socialization

Several strategies were used to facilitate academic socialization focused on preparation, recruitment, admission, and retention for diverse students. A series of pipeline activities including day and week-long precollege youth camp sessions on nursing and related health careers were implemented for diverse youth to facilitate their exploration of a college education and a health-related career. These pipeline activities were led by nursing faculty, diversity coordinators, and diverse nursing students.

In addition, opportunities were created for prenursing students to engage regularly with the nursing program through informational sessions and activities with student nursing organizations. Information sessions on requirements for nursing school admissions were presented several times per year. These sessions provided prenursing students access to direct information on current requirements for nursing school applications.

Several strategies were used to increase recruitment and admission of diverse students. Fliers, Web pages, social media sites,

and videos were created in English and Spanish to recruit diverse students. The videos explained the benefits of the program and encouraged prospective students to contact the diversity coordinators; the videos also included interviews with diverse nursing students. Posters were created depicting diverse nursing students and were placed at local community colleges, high schools, and community organization locations. Flyers were distributed during outreach events, such as high school presentations or college fairs. One diversity coordinator appeared on a local Spanish-language radio show to inform the Spanish-speaking community about the program. Information about the program also appeared in a community Spanish-language magazine. All of the recruitment materials were in both English and Spanish and encouraged students and parents to ask questions and connect with diversity coordinators about the school of nursing.

School of nursing strategic planning set priorities around diversity goals for both faculty and students. A diversity admissions task force was formed to create a nursing admissions mission and values statement for the school of nursing, which influenced changes to the admission process to be more inclusive. Facilitated preparation of students through the admission interview included invitations to mock interviews and creation of an interview guide. The mock interviews allowed students who had applied to the program to practice their interviews and learn about how the interview process worked. A workshop for students included a presentation on how to prepare for admissions interviews, mock interviews where the students practiced and received feedback on their interview skills, and a question-and-answer session. The interview guide offered students additional suggestions on how to best prepare for the interviews.

Several strategies were used to promote retention of students. An expanded orientation focusing on scholarship workshops, financial literacy, and strategies for writing and test-taking success was created; the orientation was based on evidence that pre-entry preparation supports retention (Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). The program enhanced the orientation process and expanded the resources offered to assist students with their transition into nursing school. A learning support specialist position was created for the school of nursing, and more recently an English-as-a-second-language coach was added as a resource. The diversity coordinators worked closely with the learning support specialists to create and host workshops for prenursing and nursing students regarding writing.
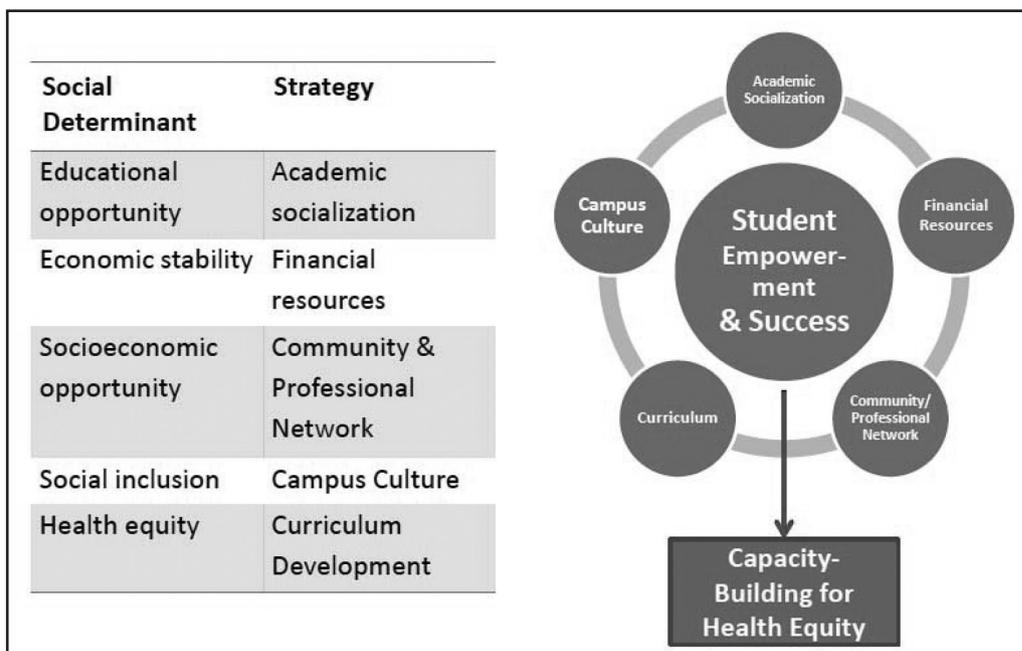

Figure. The model for HealthE STEPS links social determinants of success for nursing students with evidence-based strategies to build capacity for health equity.

Intake assessments of student participants are used to promote retention and to identify potential barriers to academic success, support student career plans, and guide selection of a mentor. Individual case management with the diversity coordinator occurs throughout the academic year. In addition, peer tutoring programs were implemented to help students master difficult courses, such as pharmacology and pathophysiology.

A priority evidence-based strategy (Escallier & Fullerton, 2009; Sedgwick, Oosterbroek, & Ponomar, 2014) includes a mentorship program in which all HealthE STEPS participants are assigned a mentor. For prenursing participants, the ideal mentor is a current diverse nursing student. For participants in the community college, BSN, and RN-to-BSN programs, mentors are practicing nurses or advanced practice nurses in their career interest area. Participants are asked to meet with their mentor at least once per month during the academic year. The local chapter of the National Association of Hispanic Nurses provides guidance with mentorship. Linkages with minority nursing organizations is an evidence-based strategy to support retention of diverse nursing students and aid in their transition into clinical practice (White & Fulton, 2015).

Financial Resources

Financial support was made available to participants in the form of scholarship or stipends. Workshops were held for students to assist them in building a scholarship portfolio, as well as in applying for scholarships. Diversity coordinators provided individualized case management for students with particular financial need. Access to workshops and individual counseling on financial literacy and student debt management were made available to students. Participants graduating from the community colleges and BSN programs received financial support for an NCLEX-RN preparation course.

TABLE 1

HealthE STEPS Participants

Targeted Group	Year One	Year Two
Prenursing students	10	10
Community college students	16	16
Traditional BSN students	10	12
RN-to-BSN students	8	8
Total	44	46

Note. BSN = baccalaureate nursing degree.

TABLE 2

HealthE STEPS Participants, Based on Scholarship Requirements

Targeted Group	Year One, n (%)	Year Two, n (%)
Minorities underrepresented in nursing	26 (59)	31 (67)
Educationally disadvantaged	37 (84)	40 (87)
Financially disadvantaged	42 (95)	40 (87)

Community and Professional Networking

Intentional efforts were made to expand partnerships with local organizations serving disadvantaged youth, and increased outreach occurred at local high schools and college and career events. A social media site was created related to the HealthE STEPS program. Outreach activities often included a nursing presentation covering the basics about nursing, including the educational options for nursing school and opportunities available in the nursing profession. The presentations explained the difference in schools (public and private), how the admissions process works, what classes are needed to apply to the school of nursing, and how the academic progression partnership works. This information helped students to get a general idea of their options after high school.

Networking opportunities were made available to students, including participation at local and national conferences such as the Oregon Hispanic Health Equity Conference and the National Association of Hispanic Nurses annual conference. Presentations about graduate school and career advancement were developed and made available to students statewide via webinars to allow all students to have access and connect with the faculty during the presentation. During year two, an additional visit was implemented for current undergraduate students to visit with faculty and directors of graduate programs in-person to allow for more personal connection. Other networking opportunities occurred if a trainee's mentor was an advanced practice nurse. One trainee, who had identified that he wanted to become a certified RN anesthetist (CRNA), was paired with a CRNA for a mentor. He was able to accompany the mentor to the state capital for the annual state CRNA lobby day, which assisted him in networking and improved his understanding of the role.

Campus Culture

Specific interventions were developed to address campus culture through a school of nursing diversity action plan and ongoing findings of campus climate surveys. Faculty development sessions were held on the topics of unconscious bias, recruitment of underrepresented faculty, constructing culturally and linguistically competent examination questions, and teaching–learning strategies supporting diverse student groups. A diversity resource center was created on one campus with space for students to meet with the diversity coordinator. This resource center included books on diversity in nursing and health care, a computer for students to conduct scholarship searches, and postings about various opportunities and resources for diverse nursing students. Diverse artwork was added to enhance the campus environment and create a more welcoming space.

Curriculum Development

Cultural competency learning activities (Noone et al., 2013) were developed throughout the curriculum and shared across involved schools. Other exemplars of innovative learning activities to promote improved delivery of care to medically underserved communities included simulations designed to assist students' understanding of the influence of social determinants of health on health and health equity (Noone, Sideras, Gubrud-Howe, Voss, & Mathews, 2012; Sideras, McKenzie, Noone, Dieckmann, & Allen, 2015). Efforts were made to increase the number of clinical contracts and clinical placements at medically underserved communities as part of the BSN program. Unique clinical learning experiences related to health equity were created. For example, nursing students at some sites participated in the Interprofessional Care Access Network, in which student teams address social determinants of health for disadvantaged individuals and populations in underserved neighborhoods (Wros, Mathews, Voss, & Bookman, 2015).

OUTCOMES

Data collected since implementation of the HealthE STEPS program have shown improvement in several different areas for the school of nursing, university campus sites, and participants. Baseline recruitment, progression, and graduation outcomes for year one and year two participants are shown in **Table 3**. Data from HealthE STEPS participants included an overall retention of 98% in year one and 96% in the year two of the program. Four of the six eligible community college participants who graduated from their programs transitioned into the RN-to-BSN program after year one. Graduation rates of underrepresented minority students from the school of nursing BSN programs improved as well, from 78% at baseline to 93% in year one and 82% in year two (**Table 3**). On-time graduation rates of participants were 94% (15 students of 16 who were eligible to graduate) after year one and 93% (13 of 14 eligible to graduate) in year two (**Table 4**). The students who did not graduate on time were mentored back into their programs and are progressing well with case management.

Outcome data related to preparation for employment and employment for program participants are listed in **Table 4**. The first-time NCLEX-RN pass rate for HealthE STEPS participants who gradu-

TABLE 3

HealthE STEPS Recruitment, Progression, and Graduation Data

Variable	Baseline	Year One	Year Two
Disadvantaged[a] students enrolled in prenursing programs at two university campus sites	38%	53%	51%
Disadvantaged prenursing students transitioned from two university campus sites into nursing program	5%	26%	32%
Overall percentage of underrepresented minority students enrolled in undergraduate BSN programs	11%	14%	17%
Number of students transitioning from community college programs to the RN-to-BSN program	55%	136%	83%
Graduation rates of underrepresented minority students from university BSN program (all five sites)	78%	93%	82%

Note. BSN = baccalaureate nursing degree.
[a] Disadvantaged = underrepresented minorities, educationally disadvantaged, or financially disadvantaged.

ated after the first year of the program was 86% (12 of 14), which was above the national average pass rate for 2014 of 79% for first-time test takers (National Council of State Boards of Nursing, 2015). All of the students who did not pass the NCLEX-RN on their first attempt were successful the second time they took the examination.

The percentage of students at the two university campus programs who participated in focused learning in medically underserved communities related to social determinants of health was 95% in year one and 93% in year two. The combined percentage of HealthE STEPS participants (including students in the community colleges) placed in clinical learning experiences in medically underserved communities areas was 65% for year one and 83% for year two. The diversity coordinators are collaborating with community college advisors to expand clinical experiences for participants into medically underserved communities. In the first year, all of the HealthE STEPs graduates were employed in medically underserved communities, and in the second year, 92% of trainee graduates were employed in medically underserved communities.

DISCUSSION

HealthE STEPS introduces a model for recruitment, retention, and graduation of disadvantaged students based on social determinants of health that may be barriers to the success of individual nursing students. This approach supports a variety of individual student needs in a statewide system of nursing education that includes rural and urban university campuses, community colleges, and an online RN-to-BSN program. The HealthE STEPS program has achieved many expected outcomes, including an increase in diverse prenursing students and an increase in the percentage of diverse prenursing students who gain acceptance into the nursing program. Retention and graduate rates of participants are excellent. In addition, the students have been successful in passing the NCLEX-RN on the first try and gaining employment in a medically underserved area.

Lessons Learned

Several recommendations are offered for the continued improvement of the HealthE STEPS program:

- Connect earlier with disadvantaged prenursing students on college campuses to assist with advising and course selection, review academic progress, provide opportunities to interact with nursing

TABLE 4

HealthE STEPS Participant Outcome Data

Outcome	Year One	Year Two
Retention of participants	98%	96%
Graduation rates of participants	94%	93%
First-time NCLEX-RN pass rate	86%	79%
Participants working in medically underserved communities after graduation	100%	92%

students and faculty, participate in health-related community service, and support application into nursing school.

- Implement a database to identify, track, and support disadvantaged community college students into BSN completion programs.
- Improve the pipeline from undergraduate to graduate education by consistently engaging graduate students and faculty in mentorship and educating undergraduates earlier about career and graduate opportunities.
- Continue to develop partnerships to find committed and effective mentors for disadvantaged students among practicing nurses and alumni.
- Provide ongoing faculty development regarding knowledge, skills, and attitudes needed to create inclusive classrooms in which all students have equal opportunity for success.
- Expand local community advisory groups across the state to identify issues of concern and develop strategies that improve health equity for communities of interest.

A comprehensive approach to changing the composition and culture of the campus community requires commitment and support across the university and among academic and community partners.

SUMMARY

HealthE STEPS is a comprehensive, individualized approach to nursing education that provides academic, financial, and social support for students from disadvantaged backgrounds. This program has demonstrated success in recruiting, retaining, and graduating diverse

nursing students who obtain employment in medically underserved communities. The model is grounded in the social determinants of health, which focuses interventions on key barriers to recruitment and retention. Bilingual diversity coordinators are central to the success of the program, creating a bridge for the community, the university, and the students. Case management is crucial to identify unique barriers for each student and to connect with appropriate resources and services. Partnerships with universities and community colleges facilitate a statewide pipeline that includes prenursing students, nursing students at community colleges and university settings, and RN-to-BSN students. A program such as HealthE STEPs is a successful strategy to address health equity by developing a diverse nursing workforce to practice in medically underserved communities.

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