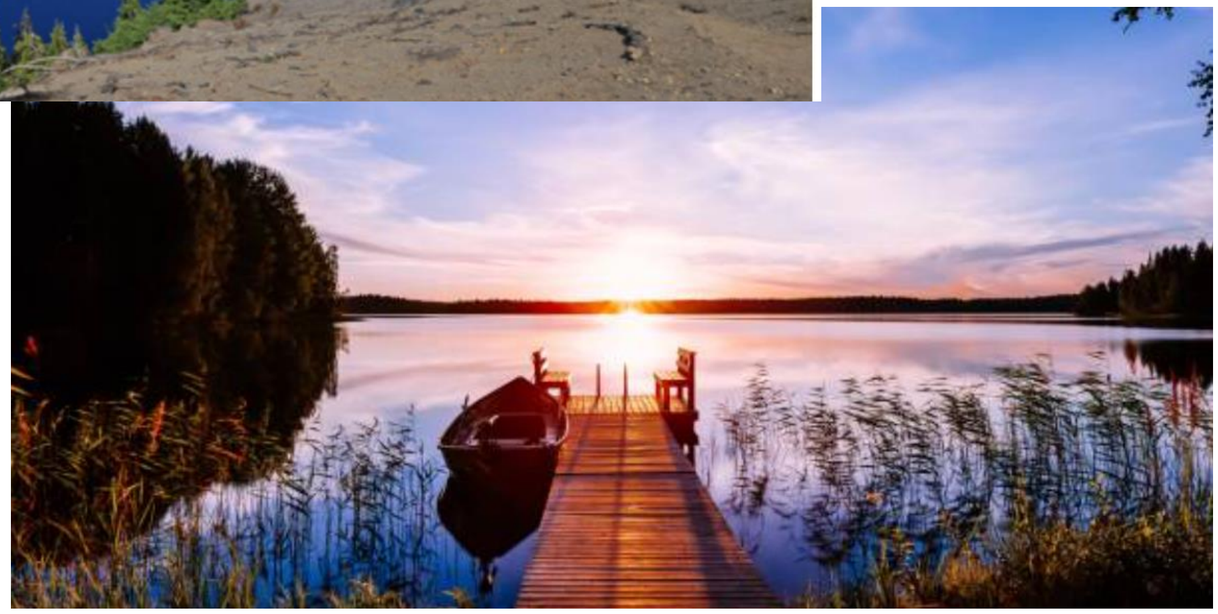
THE CONTINUED IMPORTANCE OF BEING A JEDI

LEAH GORDON, DNP, RN, FNP-C
ASSOCIATE DEAN FOR INCLUSIVE EXCELLENCE, DIVERSITY, AND BELONGING
ASSOCIATE PROFESSOR OF THE PRACTICE
NURSE PRACTITONER, RADIATION ONCOLOGY

How I Approach
inclusive excellence, diversity, and belonging Journey
A Spectrum of Learning and Investment



Zooming IN

A LITTLE BIT ABOUT MYSELF

I have been a member of the nursing profession since 2004

I received my ADRN in December 2003

I received my BSN in May 2011

I received my MSN (Family Nurse Practitioner degree) in May 2012

I received my DNP (nursing education focus) in August 2017

I've work at as a nurse since 2003 and a nurse practitioner since 2021

Mostly in oncology as a Nurse and Nurse Practitioner

Presently, I work one day a week an NP in the department of Radiation Oncology on the GU service.

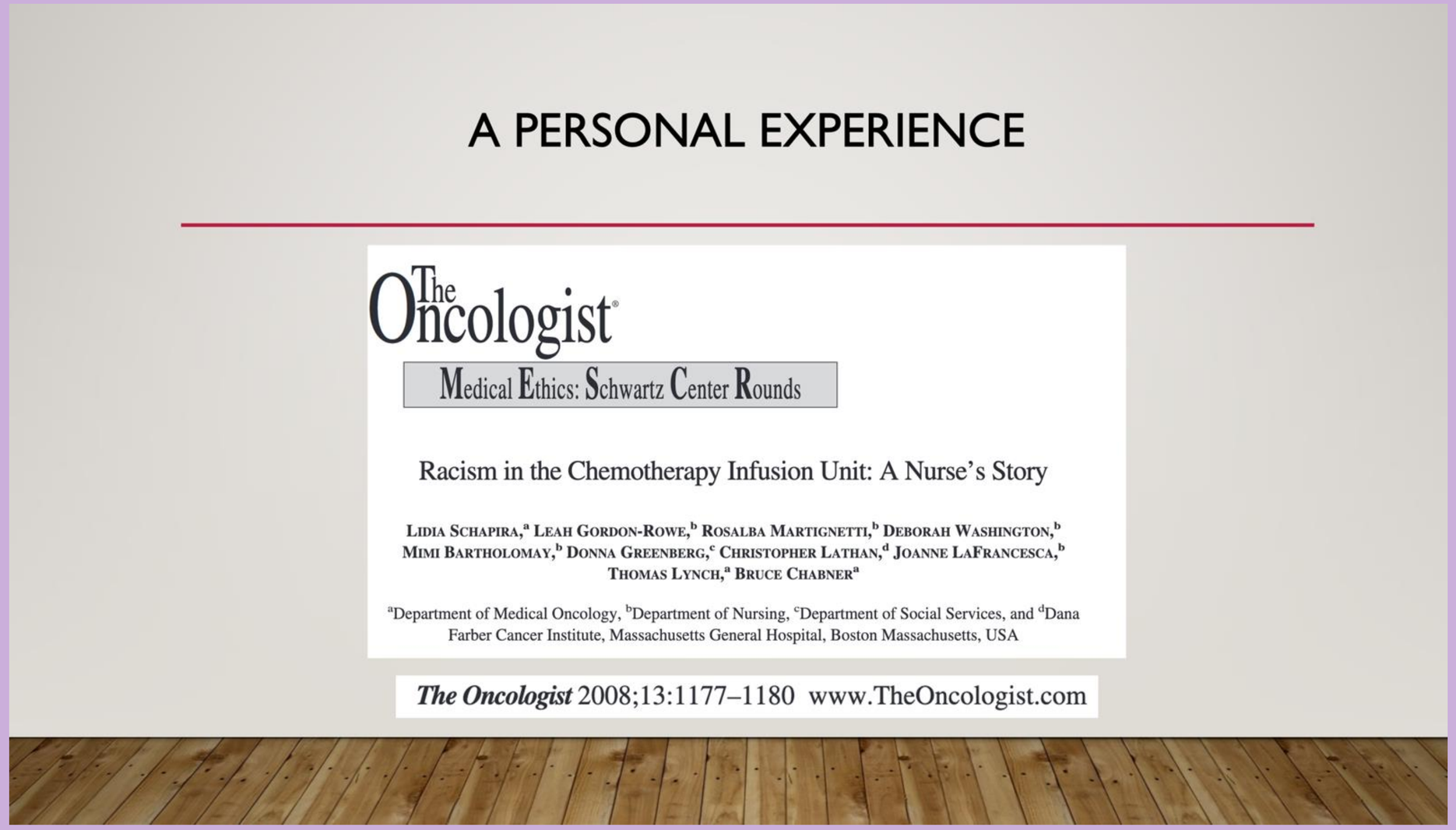
Nursing Leadership and Education Role

Diversity Director for Nursing and Patient Care Services at MGH

I have been the track coordinator for the family nurse practitioner program at UMass Boston

I have also been adjunct faculty at Simmons University, MGH IHP, Fisher College, and Regis College

A PERSONAL EXPERIENCE



The Oncologist®

Medical Ethics: Schwartz Center Rounds

Racism in the Chemotherapy Infusion Unit: A Nurse's Story

LIDIA SCHAPIRA,[a] LEAH GORDON-ROWE,[b] ROSALBA MARTIGNETTI,[b] DEBORAH WASHINGTON,[b] MIMI BARTHOLOMAY,[b] DONNA GREENBERG,[c] CHRISTOPHER LATHAN,[d] JOANNE LAFRANCESCA,[b] THOMAS LYNCH,[a] BRUCE CHABNER[a]

[a]Department of Medical Oncology, [b]Department of Nursing, [c]Department of Social Services, and [d]Dana Farber Cancer Institute, Massachusetts General Hospital, Boston Massachusetts, USA

The Oncologist 2008;13:1177–1180 www.TheOncologist.com

The Nursing and Healthcare Solar System in Distress

HHS

Medicare and Medicaid

NIH

NINR

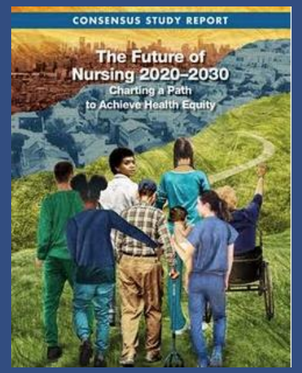
DEIAB

Zooming Out

Diversity, Health Equity, Inclusive Excellence in Our Solar System

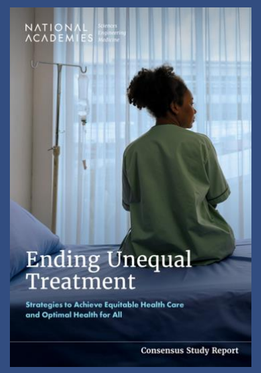
2025 Nursing Code of Ethics

1.1. Allyship is an ethical duty that requires intentional interventions, advocacy, and support to eliminate harmful acts, words, and deeds. Allyship also requires that nurses create space to amplify voices that are not traditionally heard, recognized, or welcomed in order to build and sustain a culture that respects all persons. Nurses aim to mitigate all forms of bias and prejudice and their actual and potential effects. Nurses ought to recognize racism and other forms of bigotry, prejudicial bias, and discrimination (e.g., ableism, ageism, classism, heterosexism, sexism) as harmful assaults that negatively impact care and violate the human dignity of an individual. It is essential to address health disparities by providing culturally concordant care, fostering patient-centered communication, and engaging in allyship to improve patient outcomes.. “



2021 The Future of Nursing Report

“The Future of Nursing report was issued by the Institute of Medicine, the world has come to understand the critical importance of health to all aspects of life, particularly the relationship among what are termed social determinants of health (SDOH), health equity, and health outcomes. “...nursing will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone.”



2023 Ending Unequal Treatment

“Healthcare exists within this larger legal, political, and societal context, with profound implications on the ability of the nation to adequately address healthcare inequities and achieve optimal health for all.”

The Oncology Nursing Society

DEIC Commitment Statement

The Oncology Nursing Society (ONS), Oncology Nursing Certification Corporation (ONCC), and Oncology Nursing Foundation (ONF) are committed to advancing oncology nurses to deliver quality and equitable care to patients with cancer.

We know that diversity, equity, inclusion, and connection (DEIC) are critical to our efforts in supporting those who provide care for diverse patient populations.

DEIAB and Genomics

"Diversity, equity, inclusion, and belonging (DEIB) efforts are important for the field of genomics for both scientific and ethical reasons. First, without diversity our understanding of human genetics is incomplete. Diverse genomic datasets enhance our understanding of genetic variation across populations and can provide novel insights propelling advances in precision healthcare. There are also crucial health equity reasons underscoring the importance of DEIB to genomics. We must acknowledge that certain populations have been underrepresented in genomic research contributing to inequities. There is a pressing need to create inclusive environments that build trust and help expand participation of historically marginalized communities. I believe that prioritizing DEIB is critical for harnessing the full potential of genomic discovery to benefit all people."

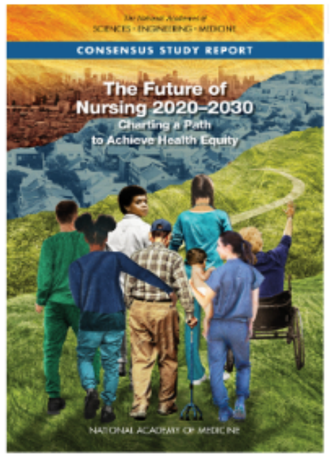
Andrew A. Dwyer

Ph.D., FNP-BC, FNAP, FAAN

Associate Professor, Boston College

Macy Faculty Scholar (Class of 2023)

William F. Connell School of Nursing



Defining Racism

The Future of Nursing 2020-2030 defines racism as:

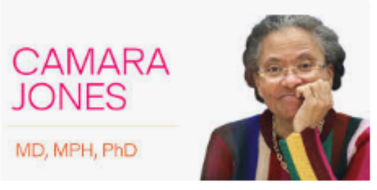
•An organized social system in which the dominant racial group, based on an ideology of inferiority, categorizes and ranks people into social groups called ‘races’ and uses its power to devalue, disempower, and differentially al- locate valued societal resources and opportunities to groups defined as inferior” (Williams et al., 2019, p. 106).

Camara Jones defines levels of racism as:

•Institutionalized-manifesting itself both in material conditions and in access to power.

•Personally mediated-defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race.

•Internalized-as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth.



The Social Determinantes of Health

Figure 1

Health Disparities are Driven by Social and Economic Inequities

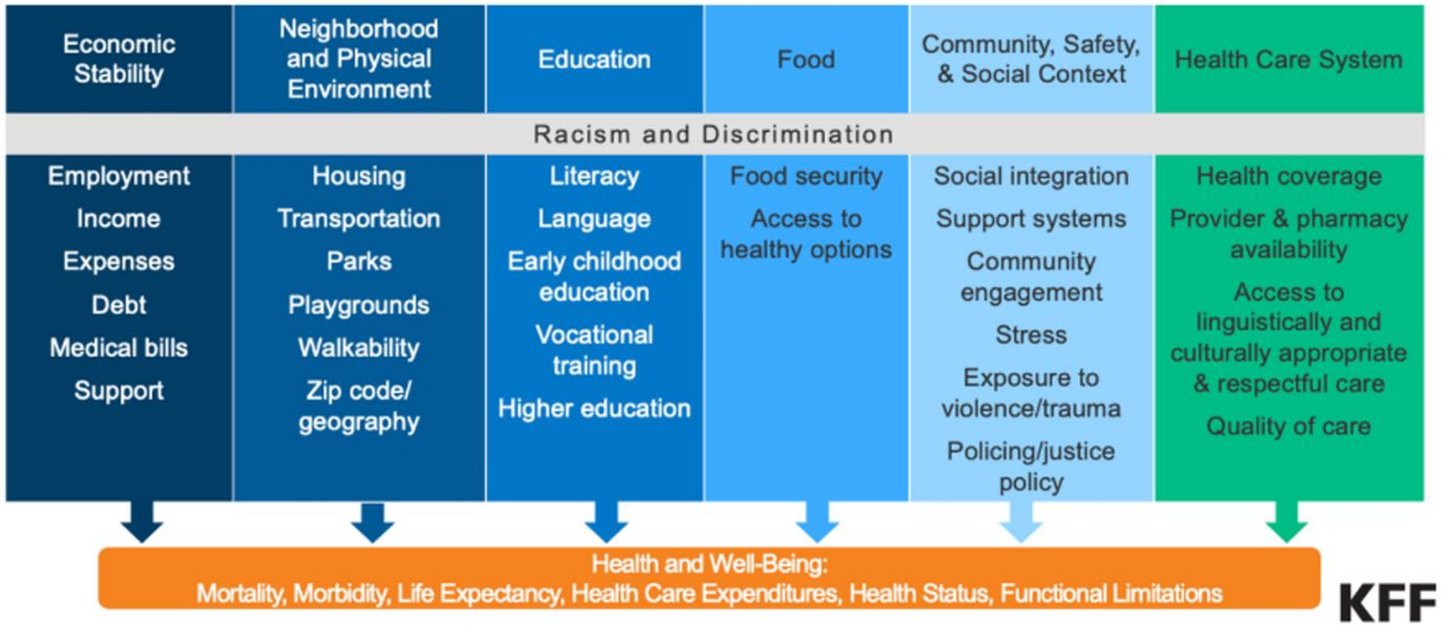


Figure 1: Health Disparities are Driven by Social and Economic Inequities

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2025 Estimates

Estimated New Cases

Male			Female		
Prostate	313,780	30%	Breast	316,950	32%
Lung & bronchus	110,680	11%	Lung & bronchus	115,970	12%
Colon & rectum	82,460	8%	Colon & rectum	71,810	7%
Urinary bladder	65,080	6%	Uterine corpus	69,120	7%
Melanoma of the skin	60,550	6%	Melanoma of the skin	44,410	4%
Kidney & renal pelvis	52,410	5%	Non-Hodgkin lymphoma	35,210	4%
Non-Hodgkin lymphoma	45,140	4%	Pancreas	32,490	3%
Oral cavity & pharynx	42,500	4%	Thyroid	31,350	3%
Leukemia	38,720	4%	Kidney & renal pelvis	28,570	3%
Pancreas	34,950	3%	Leukemia	28,170	3%
All sites	**1,053,250**		**All sites**	**988,660**	

Estimated Deaths

Male			Female		
Lung & bronchus	64,190	20%	Lung & bronchus	60,540	21%
Prostate	35,770	11%	Breast	42,170	14%
Colon & rectum	28,900	9%	Pancreas	24,930	8%
Pancreas	27,050	8%	Colon & rectum	24,000	8%
Liver & intrahepatic bile duct	19,250	6%	Uterine corpus	13,860	5%
Leukemia	13,500	4%	Ovary	12,730	4%
Esophagus	12,940	4%	Liver & intrahepatic bile duct	10,840	4%
Urinary bladder	12,640	4%	Leukemia	10,040	3%
Non-Hodgkin lymphoma	11,060	3%	Non-Hodgkin lymphoma	8,330	3%
Brain & other nervous system	10,170	3%	Brain & other nervous system	8,160	3%
All sites	**323,900**		**All sites**	**294,220**	

Estimates exclude US territories and are rounded to the nearest 10; cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Ranking is based on modeled projections and may differ from observed data.

American Cancer Society

Cancer Facts & Figures 2025

Table 9. Incidence and Mortality Rates for Selected Cancers by Race and Ethnicity, US

Incidence, 2017-2021	All races & ethnicities	White	Black	American Indian/ Alaskan Native[b]	Asian American/ Pacific Islander	Hispanic/ Latino
All sites	455.6	476.9	462.0	497.2	303.0	362.5
Male	493.5	513.0	535.0	520.1	298.1	378.5
Female	431.4	454.0	413.5	487.2	312.3	359.6
Breast (female)	131.8	137.9	131.3	123.6	108.3	104.1
Colon & rectum[a]	35.1	35.0	40.4	50.6	27.9	32.3
Male	40.4	40.1	48.2	57.6	32.9	38.2
Female	30.5	30.5	34.7	44.7	23.9	27.5
Kidney & renal pelvis	17.7	18.0	19.3	34.2	8.4	18.2
Male	23.9	24.3	26.3	45.6	11.6	23.6
Female	12.3	12.2	13.8	24.6	5.6	13.7
Liver & intrahepatic bile duct	8.8	7.6	10.2	19.4	11.5	14.1
Male	13.1	11.2	16.4	27.0	17.5	20.3
Female	5.0	4.3	5.5	13.0	6.6	8.7
Lung & bronchus	54.0	58.5	55.5	64.0	33.0	28.3
Male	60.4	63.9	70.2	68.7	39.8	33.6
Female	49.1	54.5	45.4	61.0	27.9	24.6
Prostate	118.3	114.5	191.5	99.1	63.1	92.9
Stomach	6.4	5.2	9.9	10.3	8.9	9.4
Male	8.4	7.1	13.0	13.4	11.7	11.4
Female	4.8	3.5	7.8	8.0	6.8	8.0
Uterine cervix	7.6	7.2	8.5	11.9	6.1	9.8
Uterine Corpus	28.1	28.1	29.7	31.7	22.4	26.7
Mortality, 2018-2022						
All sites	146.0	151.3	168.6	178.1	93.0	106.8
Male	173.2	179.0	208.3	207.4	107.5	126.8
Female	126.4	131.0	144.7	158.7	82.6	93.2
Breast (female)	19.3	19.4	26.8	20.5	11.9	13.7
Colon & rectum	12.9	12.9	16.7	18.4	9.1	10.7
Male	15.4	15.2	21.3	22.2	10.9	13.4
Female	10.8	10.9	13.5	15.6	7.7	8.5
Kidney & renal pelvis	3.4	3.6	3.3	6.7	1.6	3.2
Male	5.1	5.3	4.9	10.1	2.3	4.7
Female	2.1	2.2	2.1	4.2	1.0	2.1
Liver & intrahepatic bile duct	6.6	5.9	7.9	13.0	8.1	9.1
Male	9.5	8.4	12.3	18.2	11.8	12.6
Female	4.2	3.8	4.6	9.0	5.1	6.1
Lung & bronchus	32.4	35.4	34.3	40.0	18.7	14.6
Male	38.7	41.2	46.7	45.4	23.7	19.4
Female	27.6	31.0	25.9	36.4	15.0	11.1
Prostate	19.0	18.1	37.2	21.2	8.8	15.4
Stomach	2.7	2.0	4.7	5.3	4.2	4.6
Male	3.6	2.8	6.6	7.0	5.4	5.7
Female	2.0	1.4	3.3	4.0	3.3	3.8
Uterine cervix	2.2	2.1	3.2	3.6	1.6	2.4
Uterine corpus	5.2	4.7	9.5	5.4	3.7	4.4

Rates are per 100,000 and age adjusted to the 2000 US standard population; incidence is adjusted for delays in reporting. All race groups are exclusive of Hispanic origin. [a]Excludes appendix. [b]To reduce racial misclassification, incidence is limited to Purchased/Referred Care Delivery Area counties, and mortality (entire US) is adjusted using factors published by the National Center for Health Statistics. For more information about data methods, see Sources of Statistics, page 41).

Data sources: Incidence-North American Association of Central Cancer Registries, 2024. Mortality-National Center for Health Statistics, Centers for Disease Control and Prevention, 2024.

American Indian and Alaska Native (AIAN) people

·**American Indian and Alaska Native (AIAN) individuals: AIAN people have the highest incidence of any population in for cancers of the kidney, liver, lung and bronchus, cervix, and colorectum. –Cancer Facts & Figures 2024**

·From 2014-2018
Indigenous/Native Americans and Alaska Natives **men** were almost **twice as likely to have liver & Intrahepatic Bile Duct (IBD) cancer** as compared to non-Hispanic white men.

·Indigenous/Native Americans and Alaska Natives **men** are **30 percent more likely to have stomach cancer than non-Hispanic white men and are over twice as likely to die from the same disease.**

·Indigenous/Native Americans and Alaska Natives **women are 2.3 times more likely to have, and 2.2 times as likely to die from, liver & IBD cancer**, as compared to non-Hispanic white women.

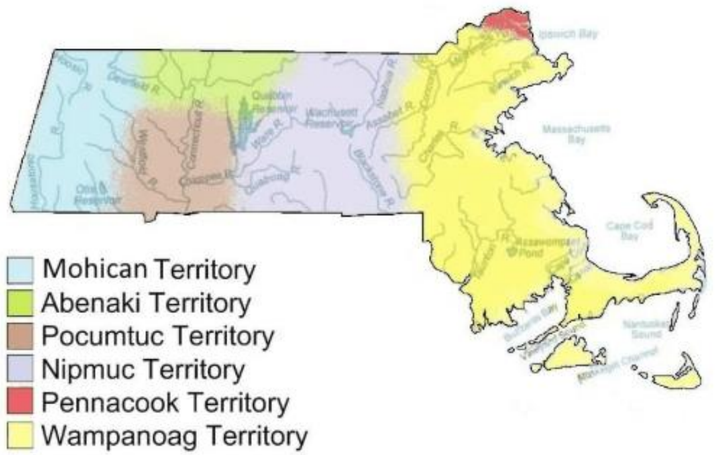
·Indigenous/Native Americans and Alaska Natives **women** are **20 percent more likely to have kidney/renal pelvis cancer than non-Hispanic white women**.

American Indian and Alaska Native (AIAN) people

- AIAN men and women combined have the highest cancer incidence and mortality of any population group in Table 9, partly because of the high rates in women.
- Incidence and mortality in AIAN people is approximately twice that in White people for cancers of the kidney, liver, and stomach and 50% higher for cervical and colorectal cancers. The excess colorectal cancer burden is partly driven by the extraordinary burden among Alaska Native people, who have the highest rates in the world.[2]

See Cancer Statistics for American Indian and Alaska Native Individuals 2022 for more information.

NATIVE AMERICAN TERRITORIES BY REGION



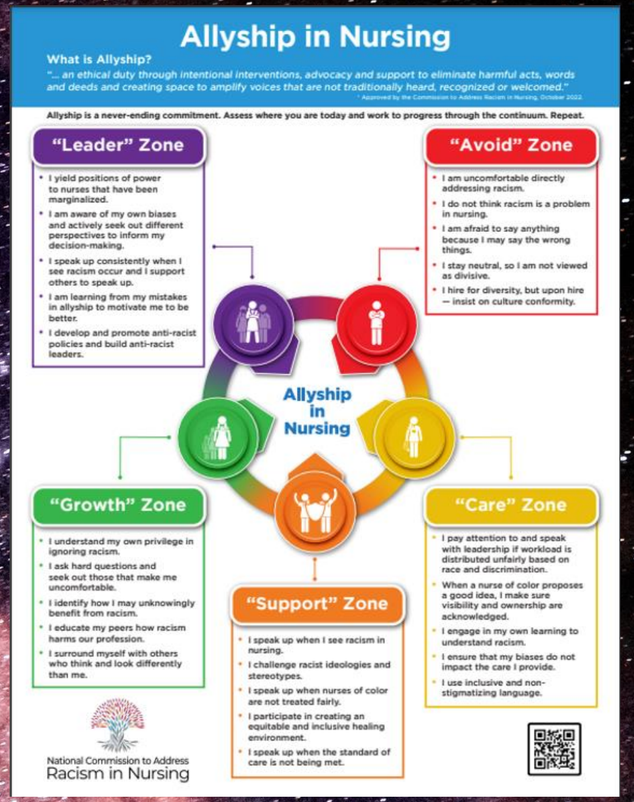
Cancer Facts & Figures 2024-Special Section

Special Section: Cancer in People Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer, or Gender-nonconforming

- **Elevated prevalence of some cancer risk factors among LGBTQ+ individuals can be partially explained by minority stress**
- An estimated 16% of lesbian, gay, or bisexual individuals currently **smoke cigarettes**
- Lesbian, gay, and bisexual youth in grades 6-12 are much more likely to **smoke cigarettes and to use e-cigarettes** (13% versus 8%, Figure S4)
- Lesbian and bisexual women are more likely to have **excess body weight** than heterosexual women
- Lesbian, gay, or bisexual individuals are more likely than heterosexual people to **drink alcohol excessively**, especially among women.
- **Heavier drinking has previously been reported among young transgender adults**
- There is evidence **of higher HPV prevalence** in some LGBTQ+ population groups
- Compared to the general population, **the prevalence of HCV** infection is 58% higher among HIV-negative gay and bisexual men and more than six-fold higher among HIV-positive gay and bisexual men
- **Screening prevalence is lower among bisexual individuals**
- **Transgender individuals have a lower prevalence of sex-specific cancer screenings**

The astronomy of the Future: Challenges and hopes

How can we continue to make change in nursing



RACISM IN NURSING IS A REAL AND A DEVASTATING PROBLEM

https://www.statnews.com/2023/05/31/nursing-racism-survey/

EXCLUSIVE

‘A target on my back’: New survey shows racism is a huge problem in nursing

By Usha Lee McFarling May 31, 2023

ADDRESSING RACISM IN THE NURSING PROFESSION
NATIONAL COMMISSION TO ADDRESS RACISM IN NURSING

National Commission to Address Racism in Nursing

On January 25, 2021, leading nursing organizations launched the National Commission to Address Racism in Nursing (the Commission). The Commission examines the issue of racism within nursing nationwide focusing on the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront individual and systemic racism.

National Commission to Address Racism in Nursing

The Commission members and organizations represent a broad continuum of nursing practice, racially and ethnically diverse groups, and regions across the country. The Commission is led by the American Nurses Association (ANA), National Black Nurses Association (NBNA), National Coalition of Ethnic Minority Nurse Associations (NCEMNA), and National Association of Hispanic Nurses (NAHN).Before joining forces to address racism in nursing, the organizations that make up the National Commission to Address Racism (the Commission) have for years raised their individual voices to condemn all forms of racism within our society and health care system.

NAHN National Association of Hispanic Nurses
NBNA NATIONAL BLACK NURSES ASSOCIATION, INC.
NCEMNA
ANA AMERICAN NURSES ASSOCIATION

Addressing Racism in the Nursing Profession
American Nurses Association
Confronts Its Own History of Racism

Our Racial Reckoning Statement

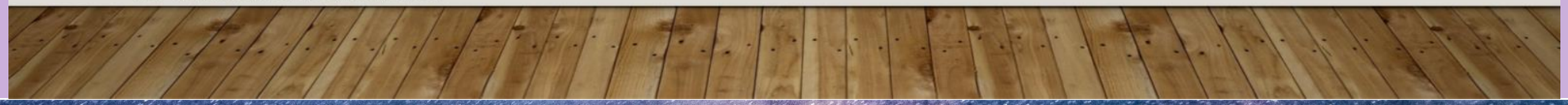
On June 11, 2022, the ANA Membership Assembly, the governing and official voting body of ANA, took historic action to begin a journey of racial reckoning by unanimously voting 'yes' to adopt the ANA Racial Reckoning Statement.

JOURNEY of RACIAL RECONCILIATION

This statement is a meaningful first step for the association to acknowledge its own past actions that have negatively impacted nurses of color and perpetuated systemic racism.

For more information, please read the frequently asked questions.
Download PDF version

"We failed to support a robust education approach that included the appropriate preparation to care for ALL our patients, especially patients of color….ANA also failed in supporting and caring for communities of color and other marginalized people..ANA's failure to lead resulted in a fragmentation of the profession that contributed to a fragmentation in nursing care for minoritized communities."



WHERE NURSING LEADERSHIP IN EDUCATION AND PRACTICE STAND

American Association of Colleges of Nursing

AONL American Organization for Nursing Leadership™

National League for Nursing

Tri-Council Releases Statement on Diversity, Equity, Inclusion, and Belonging in Nursing

July 19, 2024

The Imperative Need for Diversity, Equity, Inclusion and Belonging in Nursing

As part of nursing's ongoing commitment to advance health equity and advocate for quality care, the **Tri-Council for Nursing** — the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization for Nursing Leadership (AONL), the National Council of State Boards of Nursing (NCSBN), and the National League for Nursing (NLN) — calls for unwavering support for diversity, equity, inclusion, and belonging (DEIB) within nursing education, practice and all other healthcare sectors.

Bulling Comes in Many Forms

“Younger health care workers more frequently than health care workers overall agreed that racism against patients is a major problem. They reported witnessing patients receiving lower quality of care because of their race or ethnicity at a higher rate than did all health care workers. Furthermore, when asked about how racism and discrimination affected their work in health care, 30 percent of younger health care workers reported being stressed from dealing with racism and discrimination compared to only 16 percent of all health care workers.

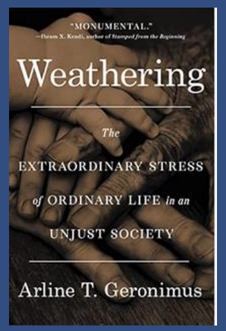
Young Health Care Workers See More Discrimination in the Workplace, Leading to Added Stress and Burnout

▲ Nurse Elisa Gilbert checks on a patient in the acute care COVID-19 unit at the Harborview Medical Center on January 21, 2022, in Seattle. Young health care workers are experiencing burnout at unprecedented levels, due to factors including racism and discrimination in the workplace, along with the stress of the COVID-19 pandemic. Photo: Karen Ducey via Getty Images

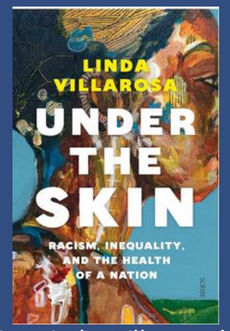
Advancing Health Equity Commonwealth Fund Blog May 29, 2024

The astronomy of the Future: Challenges and Hopes for Nursing

The planets: Diversity in the solar system



Dr. Arline T. Geronimus coined the term “weathering” to describe the effects of systemic oppression—including racism and classism—on the body. In Weathering, based on more than 30 years of research, she argues that health and aging have more to do with how society treats us than how well we take care of ourselves. She explains what happens to human bodies as they attempt to withstand and overcome the challenges and insults that society leverages at them, and details how this process ravages their health. And she proposes solutions.



In Under the Skin, Linda Villarosa lays bare the forces in the American health-care system and in American society that cause Black people to “live sicker and die quicker” compared to their white counterparts. Today's medical texts and instruments still carry fallacious slavery-era assumptions that Black bodies are fundamentally different from white bodies. Study after study of medical settings show worse treatment and outcomes for Black patients. Black people live in dirtier, more polluted communities due to environmental racism and neglect from all levels of government. And, most powerfully, Villarosa describes the new understanding that coping with the daily scourge of racism ages Black people prematurely. Anchored by unforgettable human stories and offering incontrovertible proof, Under the Skin is dramatic, tragic, and necessary reading.

Nurses and patients of color are having a different experience in healthcare, in nursing school, and at the bedside than their white counterparts. Learn more about these issues and how to make a difference.

The Bastardiation of Diveristy, Equity, Inclusion, Access, and Belonging (DEIAB)

The work of DEIAB is imperative to addressing systemic inequities in education and healthcare. Recent legal and legislative efforts threaten to reverse decades of progress. The nursing profession has made tremendous strides that underscore the continued necessity of equitable and inclusive work from education to the bedside. The unfortunate reframing of DEIAB as a political issue rather than a structural correction and moral responsibility is an attempt to take our profession off track. Recognizing historical injustices is not about dwelling on the past-it is about acknowledging that equity requires an intentional sustained effort. The nursing profession is rooted in advocacy and social justice work. This intentional bastardiation of what is our work intuitively is must be stopped for the betterment of our profession, the communities were care for, and the quality of our healthcare system overall

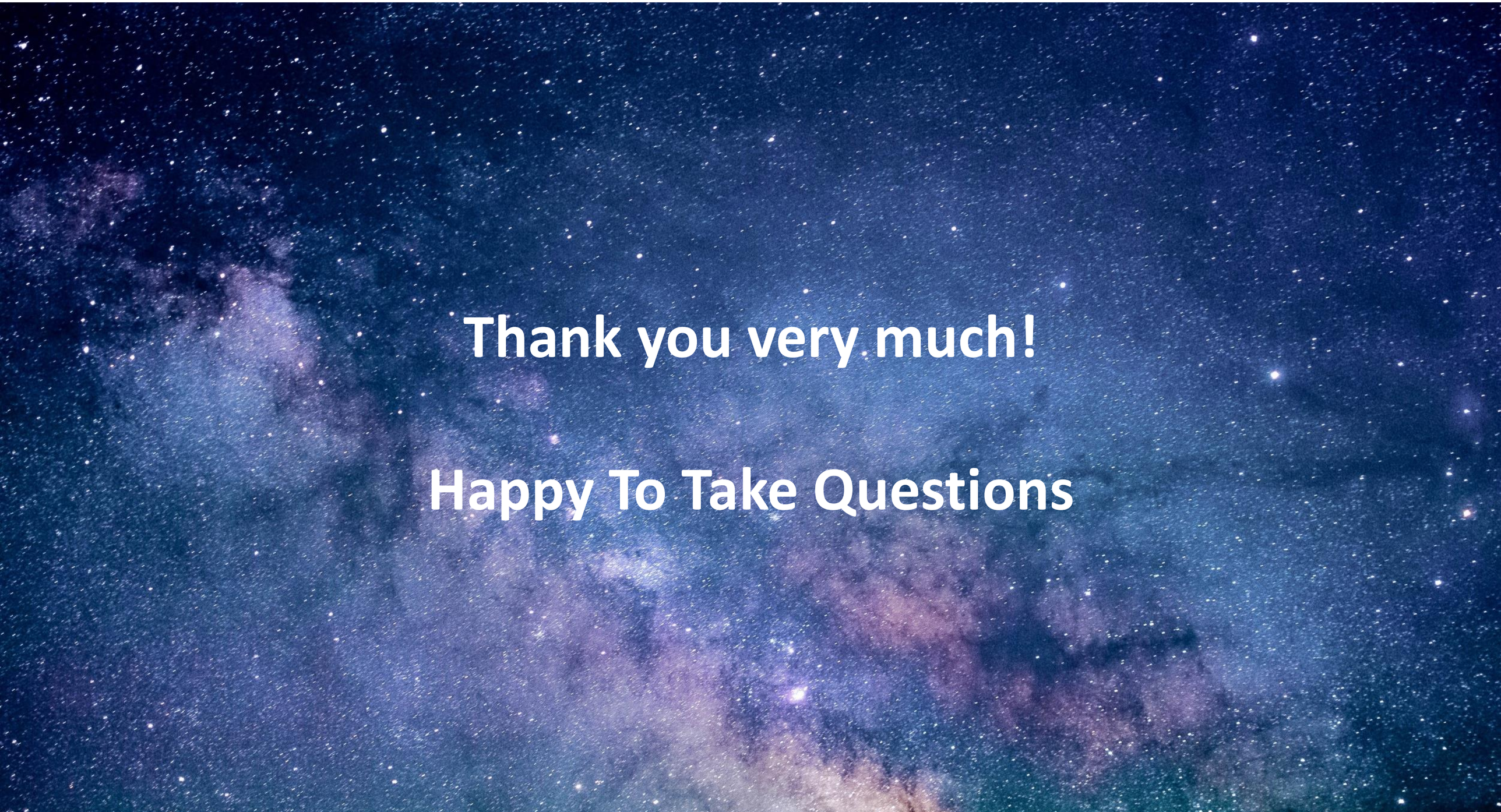
Nursing *Inquiry*

ORIGINAL ARTICLE

The Bastardization of DEIA: Regressing Decades of Progress in Nursing and Healthcare

Kechi Iheduru-Anderson, Roberta Waite, Teri A. Murray

First published: 30 April 2025 | https://doi.org/10.1111/nin.70027


Thank you very much!
Happy To Take Questions