



mfp
MINORITY
FELLOWSHIP PROGRAM

Celebrating Diversity in Nursing



**Assessment
Report**
1974–2000

Executive Summary

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EXECUTIVE SUMMARY

INTRODUCTION

One of the essential assets of the United States of America is the nursing work force, which serves all persons in need of health care from every walk of life and across the spectrum of services. This great nation is the home for many diverse groups of people, all of whom share some common beliefs about democracy, freedom, and the right to liberty and justice (see Figure 1). These diverse populations provide a backdrop for a plethora of ideas. Their immeasurable creativity and innovations may produce a range of solutions that could be used to enhance the health and well being of all citizens and to improve their overall productivity (U.S. Department of Health and Human Services [USHHS], 2001).

Disparities in health outcomes across the lifespan and inequities in health care have long characterized the experiences of ethnic minority people. Cultural assumptions are evident in all facets of the health care field and pervade educational systems, research programs, practice, policy promulgation, and leadership styles. These assumptions translate into perceptions about patients' cultural practices, their health beliefs and behaviors, and their definitions of health and illness, help-seeking steps, and other health-related phenomena. Significantly, cultural assumptions influence communications between provider and patient, the interpretation of data, and the construction of interventions designed to address diseases and illnesses. While these assumptions impact all aspects of health care, they are profoundly important in substance abuse and mental health disorders prevention and treatment.

The USHHS Substance Abuse and Mental Health Services Administration's (SAMHSA) Minority Fellowship Program (MFP) at the American Nurses Association (ANA) is one mechanism through which this nation is addressing the urgent need to create a culturally diverse work force of nurses who are educated to make scientific contributions in complex health systems in local and global communities. It has long been understood that educating a culturally diverse group of nurses would help to ensure that all Americans would receive culturally competent, relevant, and appropriate care. Clearly, this outcome would be more likely to occur if ethnic minority nurses shared leadership and decision-making

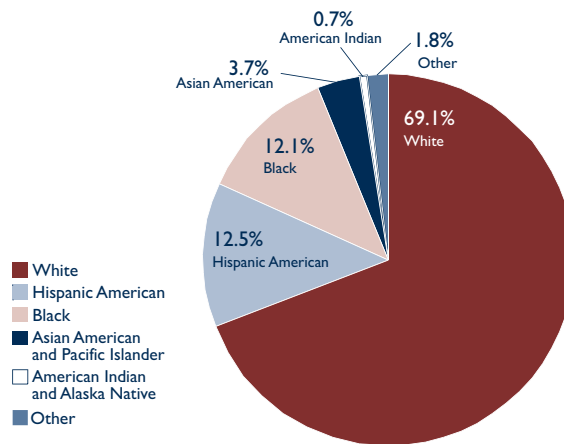
with their Caucasian colleagues in matters of education, practice, public health policy analyses, and research. For three decades, the MFP has been instrumental in ensuring that ethnic minority nurses have access to opportunities that would secure their rightful place in health systems and nursing leadership.

This Executive Summary is a component of a larger effort, the *Minority Fellowship Program Assessment Report, 1974–2000*. The Assessment Report is organized into eight sections, including Section 1 (Ethnic Minorities: Concepts and Definitions, Overview, and Mental Health); Section 2 (21st Century Realities: The Nursing Work Force); Section 3 (Historical Perspectives on the Minority Fellowship Program); Section 4 (The Minority Fellowship Program in Review); Section 5 (The Minority Fellowship Program Fellows); Section 6 (Fellows’ Profiles and Personal Stories); Section 7 (Recruitment and Retention); and Section 8 (Gazing Into the Future). (See pages 7-10 for a further breakdown by section, mirroring the organizational structure of and featuring significant findings in the main report.) The Assessment Report embraces the basic tenets that the Surgeon General espoused concerning mental health and illness, and helps to magnify the importance of educating ethnic minority nurses for leadership roles in education, practice, public health policy, and research:

- Mental health is fundamental to health and well being;
- Mental illnesses are real health conditions that can be prevented and/or successfully treated;
- Efficacy of mental health treatments are well documented in the scientific and clinical literature; and
- A variety of treatment options are available for most mental disorders (USHHS, 2001).

Figure 1. Percentage Distribution of U.S. Population by Ethnic Minority Background, March 2000

Source: Spratley, E., Johnson, A., Sochalski, J., Fritz, M. and Spencer, W. (2000). *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses*. Rockville, MD: USHHS, p. 9.



Nurses of the 21st century must be well educated, culturally competent, and capable of addressing a spectrum of health issues, ranging from prevention to rehabilitation, from community-based to institutional care, across the lifespan. Nurses are also expected to contribute to the science of nursing and substance abuse and mental health disorders prevention and treatment. Specifically, nurses in substance abuse and mental health disorders prevention and treatment have the responsibility for generating science and service innovations that require sophisticated and complex knowledge and skill sets, superb communication acumen, and expertise in practice and research. In addition, they should possess an unrelenting desire to pursue the highest standards of care for individuals and their families. The MFP Fellows are expected to manifest a commitment to culturally competent health care for diverse groups and communities, all of which seek solace within our health systems (Schneider and colleagues, 2002; National Academies, 2003; USHHS, 2001; U.S. Census Bureau, 1996; Spratley and colleagues, 2000; Smedley and Smedley, 2005).

The nation has a long-standing obligation and commitment to educate nurses who are members of diverse ethnic minority groups, capable of providing evidence-based care for all people in this society. These nurses must reflect the identities of the four ethnic minority groups in the country. Using FY 2000 data, Figure 2 reveals that ethnic minority nurses comprised less than 15 percent of the nation's nursing work force. Historical and current perspectives clearly document the underrepresentation of ethnic minorities in the nursing profession. These particular groups include African Americans/Blacks, American Indian and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanic Americans. Moreover, the nation's health record makes available overwhelming evidence that ethnic minority groups have, and continue to carry, the greatest disease burden. Health status deficits among ethnic minority groups extend to numerous diseases and other maladies (Clayton and Byrd, 2001; Oppenheimer and Shultz, 1999; National Academies, 2003).

Mental health is an essential key element to an individual's productivity, overall quality of life, and health status. It is the base from which all people function in their families, their communities, and within the larger society. Mental health problems can be prevented, successfully treated and, hopefully, cured (USHHS, 2001; Insel and Scolnick, 2006). However, much work is needed to ensure that all people have access to culturally competent substance abuse and mental health care that is based on the best practices. This goal is yet to be realized, but the devastating consequences of not strengthening and expanding substance abuse and mental health prevention and treatment services for all people, including ethnic minority populations, is incalculable.

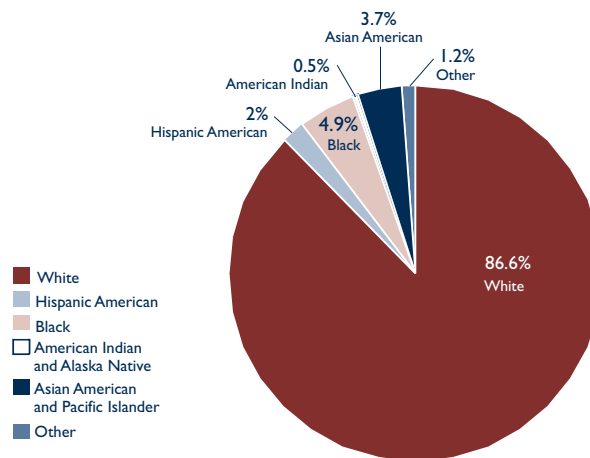
BACKGROUND

In the early 1970s, the Center for Minority Health and the National Institute of Mental Health (NIMH) became concerned about the lack of mental health professionals who could provide culturally competent care to an increasing ethnic minority and culturally diverse population, with ever-expanding needs for mental health research and services. While it was believed that ethnic minority mental health researchers and providers could best address many of the problems faced by these various populations, only a small number of such professionals were in place. There was concern that theoretical formulations about substance abuse and mental health disorders prevention and treatment, assessment measures, interventions, and research interpretations were seldom culturally relevant, were not always accurate, and did not adequately address the needs of ethnic minority people. In its earliest manifestation, the Ethnic Minority Fellowship Program (EMFP) became a component of the American Sociological Association, and subsequently of the ANA, American Psychiatric Association, American Psychological Association, and Council on Social Work Education. Consequently, the EMFP became one of the most consistent, focused, and effective national programs to educate ethnic minority substance abuse and mental health disorders researchers and practitioners.¹

The Ethnic Minority Fellows—nurses, psychiatrists, psychologists, sociologists, and social workers—now function as leaders in education, practice, public health policy, and research. In these roles, they develop, implement, and evaluate culturally competent services for individuals, families, and communities (USHHS, 1994). They also function in academic institutions, where they teach, conduct research, and analyze public health policy. Still other Fellows are leaders in international organizations and communities.

Figure 2. Percentage Distribution of RNs by Ethnic Minority Background, March 2000

Source: Spratley, E., Johnson, A., Sochalski, J., Fritz, M. and Spencer, W. (2000). *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses*. Rockville, MD: USHHS, p. 9.



¹ www.emfp.org/about/who.htm.

ACCOMPLISHMENTS

In its first quarter century, the program produced outstanding Fellows who completed doctorates. In the process, it has reshaped the profile of nurse leaders in education, practice, public health policy, and research. Substance abuse and mental health experts have emerged from this program. The translation from science to service continues to occur through prevention and treatment-focused initiatives.

A large number of the Fellows are employed in academic settings where they teach, conduct research, and participate in the formulation of public health policy through their contributions to local, state, national, and international boards, advisory committees, and scientific review groups. Numerous Fellows have accepted positions as leaders in colleges of nursing and serve as deans, directors of research, and quintessential scholars. Others work as prevention specialists and expert clinicians, providing care to children and families who suffer from numerous types of substance abuse and mental health disorders. Many Fellows, for example, provide direct care to individuals with mental illness who reside in long-term care facilities and community-based homes. They also focus on individuals with co-occurring disorders and on the overlap between substance abuse and mental health problems. Other Fellows are making contributions through their involvement with international agencies, such as the World Health Organization, where the focus is on public health policy for the global community.

MISSION OF THE MFP

The mission of the MFP is to develop ethnic minority nurses who are recognized for excellence in creating, transmitting, and utilizing knowledge and skills to improve the health of people in local and global communities. The Mission Statement summarizes the goals of the program and indicates the areas where success has already been achieved. The program's intention is to increase the number of PhD-prepared nurses from underrepresented ethnic minority groups who will:

- Conduct research about substance abuse and mental health disorders prevention and treatment within minority populations, across all age groups and in a variety of settings;
- Assume leadership roles in the initiation of scientific investigations and service utilization phenomena that occur among ethnic minority populations;
- Expand and contribute to the evidence-based practice of substance abuse and mental health disorders prevention and treatment among ethnic minority populations throughout the lifespan; and
- Function as leaders and members of interdisciplinary research, public health policy, and direct-service care teams with the objective of improving the overall health status of ethnic minority populations.

In the groundbreaking report, *Missing Persons: Minorities in the Health Professions*, the Sullivan Commission on Diversity in the Healthcare Workforce observed:

“Historically, racial and ethnic minorities have always been underrepresented in the health professions in America, just as members of these populations have always been more likely to receive a lower quality of care, experience higher rates of illness and disability, and die at earlier ages than members of the white population.” (Sullivan Commission, 2004, p. 4.)

The profession of nursing has been no exception to this pattern; much like its counterparts in medicine and dentistry, nursing has been among the last professions to integrate its classrooms, boardrooms, and professional organizations. Change is evident, however, and the MFP is an exemplary model for advancing the discipline through educating a diverse work force that includes ethnic minority nurses.

Professional organizations such as the ANA, the home of the MFP, have been long-term supporters. Other organizations, including the American Association of Colleges of Nursing and the National League of Nursing, also have been associated with the MFP. The W.K. Kellogg Foundation, the All State Foundation, and numerous other foundations have demonstrated their strong commitment to the MFP.

Unrelenting support and encouragement from SAMHSA, the ANA, and other stakeholders have sustained the MFP, a model for nursing education that generates success. The MFP model should be shared with other agents and agencies. Alumni of the MFP address substance abuse and mental health disparities through participating in culturally competent practice and research in local and global communities. They are also helping to develop roadmaps and blueprints for the education and training of future nurses in the world community, who will help in the pursuit of reducing mortality and morbidity and in enhancing well-being.

STRUCTURE OF THE *MINORITY FELLOWSHIP PROGRAM ASSESSMENT REPORT, 1974–2000*

In **Section 1** of the Assessment Report, we highlight the fact that America's demographic profile is changing, and as it changes, additional health care providers, reflecting the country's ethnic diversity, will be needed to service these burgeoning populations. The ethnic minority groups that are the focus of this Assessment Report are African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanic Americans. These four groups have experienced unequal treatment throughout the history of this nation; they are grossly underrepresented among all of the health professions, including nursing. This section provides details about some of the historical and current realities that have influenced science and service in substance abuse and mental health disorders prevention and treatment.

In order to provide contextual realities for the reader, **Section 2** presents the current state of nursing's work force. It highlights the composition of the work force and suggests that America's nursing profession does not yet adequately represent ethnic minorities. The data demonstrate that ethnic minority people comprise about 31 percent of the total population. If parity were used as the measure for representation, the relationship between percentages in the population and representation in the nation's nursing work force would be the same. Figure 2 demonstrates the actual percentages of ethnic minority nurses in the country's work force. Figure 3 depicts the three types of education that nurses achieve. About one-half of all nurses receive their initial education in either 2-year or 3-year programs. These data have implications for the subsequent pathways that nurses must traverse to acquire advanced degrees and become leaders as scholars, clinicians, public health policy analysts, and researchers.

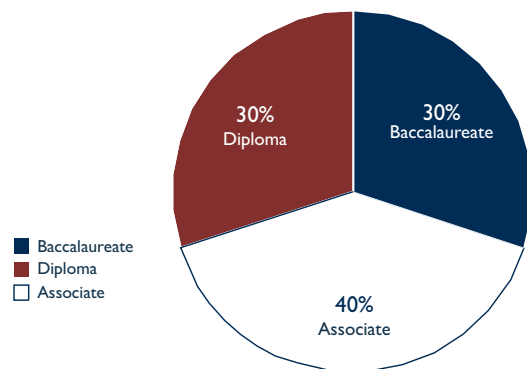
Section 3 provides the reader with a glance into the history of the MFP. Over the three decades that this program has existed, nursing has changed in content and structure, shifting from distinct domains of knowledge to an integrated approach to substance abuse and mental health nursing. This perspective may have strengthened substance abuse and mental health nursing, helping students to become more aware of the utility of its knowledge and application. It, however, may not have enhanced the learner's understanding of substance abuse disorders and/or psychopathology. Numerous changes have occurred in health care delivery systems and in substance abuse and psychiatric nursing over time. One major change, advances in psychobiology, moved ahead at a rapid pace. Information was evident in the scientific community around the areas of (1) neurotransmitter and neuronal receptors, (2) psychobiology of emotions, (3) brain-imaging techniques,

(4) molecular and genetic knowledge related to behavior, and (5) an intense interest in the study of the brain (Schatzberg and Nemeroff, 2003). Other changes were occurring in practice and policy implementation: Community-based care was continuing to be the preferred method of treatment, and fewer patients were retained in large state mental hospitals (Gary, 1991; Stuart, 2001; Porter, 2000; Serlin, 1998). Nurse educators began to integrate knowledge related to the brain, behavior, emotions, cognition, culture, and community as essential features in psychiatric nursing. Nationwide, colleges and schools of nursing responded by developing advanced practice nurse programs in substance abuse and mental health specialties that were designed to integrate the biological, psychological, and social components of those two specialty areas. Over the last three decades, the number of doctoral programs in nursing has rapidly increased. In 1983, there were 27 doctoral programs, but by 1987, 45 doctoral nursing programs were in commission. Content varied across programs, with some requiring a clinical specialty focus; the majority of these programs, however, embodied content that concentrated on theory, philosophy, ethics, research methods, and statistics. Embedded in this section is a discussion about the overall approach of the MFP that permeates the core disciplines promulgated by SAMHSA (*CMHS Minority Fellowship Programs 20 Year Report*; USHHS, 1994):

- increase the pool of ethnic minority doctorally trained mental health professionals and researchers;
- approach its work through the respective national mental health core professional organizations; and
- expand research in ethnic minority mental health.

Figure 3. Percentage Distribution of RNs by Initial Education

Source: Spratley, E., Johnson, A., Sochalski, J., Fritz, M. and Spencer, W. (2000). *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses*. Rockville, MD: USHHS, p. 19.



Section 4 traces the relationship of the MFP to NIMH, the initial home of this program. The stated long-range goal of the program was to increase the knowledge base of phenomena related to mental health among members of racial and ethnic minority groups. The Fellows were expected to become researchers. From this program and over time, SAMHSA participated in creating an arm of the MFP, and at this time, it is the only funding source for the MFP. However, in past years, the MFP received funding from the W.K. Kellogg Foundation as well as the Clara Lockwood Fund, which provided support to American Indian nurses. This section recognizes some of the people and processes that were needed to launch this important program. Numerous individuals, including the former directors and advisory committee members, had various responsibilities for this program and their efforts are acknowledged.

Section 5 highlights some of the trends and patterns that have emerged over three decades. Collectively, the Fellows' accomplishments are presented to illustrate the plethora of contributions that they have made to science and service in their respective local and global communities. In addition, this section provides data about the applicant pool and other considerations, including grade point averages, marital status, choice of academic institutions, employment trends, types and numbers of publications, and so forth.

Section 6 continues with this theme through depicting eight Fellows who represent different periods of the fellowship. Two Fellows from each of the four ethnic minority groups are highlighted. The Fellows are presented from the perspective of their interests while matriculating at a university through the support of the MFP. Their individual contributions to science and service and their own statements about how the program facilitated their careers are illuminated. Other Fellows who were also interviewed described the fellowship and its contributions to their careers and their lives.

In **Section 7**, the focus shifts to recruitment and retention of ethnic minority nurses in the MFP. Historical trends indicate that recruitment of ethnic minority individuals into nursing requires a focused and steady approach, as short-term programs yield limited results. The profession has a dilemma: There is a need to catch up, and at the same time, keep up, with the needed numbers of ethnic minority nurses. This reality will need to be addressed with a sense of urgency as America's populace continues to grow in diversity, with African American/Black, American Indian/Alaska Native, Asian American/Pacific Islander, and Hispanic American populations increasing in size (National Advisory Council on Nurse Education and Practice, 2000; USHHS, 2001). The MFP has a stellar history related to recruiting highly qualified nurses from ethnic minority backgrounds by maintaining a careful and rigorous screening process, widely publicizing the funding opportunity, and ensuring that the Fellows attend graduate nursing programs where they will successfully compete and become competent professionals. Since its inception, the MFP has used a systematic nationwide recruitment effort to reach potential applicants, undergirded with a carefully designed retention segment that is embedded within its structure. Some of these strategies are explained in this section.

In the final component of the Assessment Report, **Section 8**, the focus shifts for the final time. Emphases are placed on the necessity to “gaze into the future” and intelligently begin to prepare for the demographic patterns that are emerging. This section suggests that new and novel approaches will be needed to educate nurses in general, and ethnic minority nurses in particular. The MFP has begun to implement some of the strategies that are enumerated. “Brain storming” continues among stakeholders who commiserate about how the MFP can continue to strengthen its approach, expand its base, and affect the lives of this nation’s citizens through expert knowledge and skills in science and service. Importantly, the MFP is one of the most successful models in America. It must be preserved, nurtured, and expanded. Finally, as emphasized earlier, the mission of this program is to develop ethnic minority nurses who are recognized for excellence in creating, transmitting, and utilizing knowledge and skills to improve the health of people in local and global communities.

FUTURE OF THE MFP

In our evolving society, nursing is at an intersection where dynamic change is needed and futuristic thinking is essential. The goals of such blueprints as *Healthy People 2010* (USHHS, 2000) can be attained, primarily through a diverse work force that is educated to address the substance abuse and mental health issues that we face in the 21st century. Nursing’s best research and practice outcomes will depend on a work force that is diverse and culturally competent. An exploration of the country’s myriad substance abuse and mental health problems through multiple perspectives, reflecting the best thinking from among all of the nation’s populations, is a key element necessary for reducing and eliminating health disparities and enhancing the quality of life.

The MFP at the ANA is grateful to the many stakeholders who have helped to sustain this program for more than three decades. It is especially indebted to NIMH and SAMHSA for their vision, which created the program; for their fiduciary commitment, which has sustained it; and for their personally demonstrated levels of foresight and dedication, which continue to inspire us.



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