



## NYSANA DEI TASK FORCE RECOMMENDATION

March 7, 2025

Per the [association's bylaws](#), NYSANA's purpose has always been to “promote continual high-quality patient care”. Today, high-quality care includes not only clinical competencies but cultural competencies<sup>1</sup>, given the diversifying population in the state.<sup>2 3</sup>

Cultural competence is defined as “the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.<sup>4”</sup>

The NYSANA board formed the DEI Task Force to research and recommend programs and activities to support the ongoing development of cultural competencies required to serve an ever-diversifying patient population. To ensure continued alignment with NYSANA's purpose and traditions, the task force developed the mission and purpose outlined below.

Activities and programs for 2025 were approved by the board of directors. To be successful, these programs and activities will require ongoing commitment from the committee, engagement from the membership and support from the NYSANA board of directors. Therefore, the task force recommends that the NYSANA membership vote to elevate the DEI Committee to a standing committee, as outlined in the NYSANA Bylaws.

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### DEI Committee Mission

The DEI Task force, in concert with the NYSANA board of directors, proposes a mission and purpose statement to guide current and future activities of a DEI Standing Committee.

- To continue to advance health equity by fostering an inclusive healthcare environment that respects and values diverse backgrounds, experiences, and perspectives
- To address health disparities, improve patient outcomes, and promote culturally competent care
- To ensure equitable access and treatment for all healthcare consumers, regardless of race, ethnicity, gender identity, socioeconomic status, ability, or other factors influencing health

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<sup>1</sup> [Georgetown University Health Policy Institute Issues Brief, “Cultural Competence in Healthcare: Is it Important for People with Chronic Illness?”](#).

<sup>2</sup> [22.4% of New York State's population is foreign born, US Census Bureau](#)

<sup>3</sup> [New York ranks 3rd among all states as having the highest percentage of foreign-born residents, approximately 19.5% identify as Hispanic or Latino, 17.6% identify as Black or African American, 9.3% identify as Asian alone](#)

<sup>4</sup> [For example, Black women are three times more likely to die from a pregnancy-related cause than White women. Multiple factors contribute to these disparities, such as variation in quality healthcare and underlying chronic conditions.](#)

## DEI Committee Purpose

1. Identifying and Addressing Health Disparities
  - a. Regularly reviewing and disseminating research in order to recognize disparities in health outcomes and healthcare access among diverse patient populations
  - b. Developing targeted interventions to shrink health equity gaps and improve patient-centered care.
  
2. Promoting Culturally Competent Care
  - a. Educating healthcare professionals on culturally responsive practices that enhance communication, trust, and treatment adherence
  - b. Advocating for inclusive policies and practices that acknowledge and respect cultural, linguistic, and socioeconomic differences
  
3. Enhancing Diversity and Representation
  - a. Encouraging workforce diversity through recruitment, retention, and leadership development initiatives
  - b. Supporting mentorship and professional development opportunities for all New York State nurse anesthesia residents and CRNAs
  - c. Celebrating our diverse workforce by highlighting cultural, religious, and awareness dates; along with sharing culturally competent interventions to care for our diverse patient population
  
4. Accountability and Continuous Improvement
  - a. Develop measurable goals and metrics to track progress in achieving health equity and inclusion
  - b. Regularly reviewing NYSANA policies, procedures, and programs to ensure alignment with best practices in DEI and patient-centered care

## 2025 - 2026 Programs and Activities

The following programs and activities support the mission and purpose outlined by the DEI Task Force and approved by the NYSANA Board of Directors.

Through these efforts, the NYSANA DEI Task Force strives to contribute to a healthcare system that is equitable, inclusive, and responsive to the needs of all healthcare consumers, ultimately improving patient outcomes and fostering a culture of belonging and respect.

### 1. Promote CRNA profession in Schools

- Widely promote the profession throughout the state to attract a highly qualified, competitive pool of candidates to NY CRNA programs, reflective of the diversity of New York State.
- Create a system and toolkit for CRNA volunteers to visit high schools and nursing schools in their community to educate & attract highly qualified students to consider the CRNA profession
- Educate students on the education and training required to succeed in CRNA school

### 2. Collaborate with Diversity in CRNA Mentorship Program

- Offer more workshops and programs within the state to support nurse anesthesia residents and introduce the profession to ICU nurses

### 3. Develop a Shadowing Network & Database

- Create a more formal network for RNs who do not have access to CRNA shadowing opportunities in their current hospital

### 4. Develop a Formal Mentoring Program

- Provide early guidance, feedback, and support for CRNAs entering the profession to deliver high quality, culturally competent care

### 5. Create Social Media Engagement

- Recognize diversity celebrations & heritage months (ie Black to highlight how CRNAs of diverse backgrounds are serving patients in culturally competent ways
- Educate CRNAs on cultural competencies they can apply to their own practice

### 6. Review Research & Develop Training

- Regularly review and disseminate research from nurse anesthesia schools, Diversity in Nurse Anesthesia mentorship programs, AANA, and other health research organizations to identify healthcare disparities and educate providers on ways to address and provide culturally competent care
- Audit NYSANA's programs to understand and suggest opportunities for alignment with culturally competent care

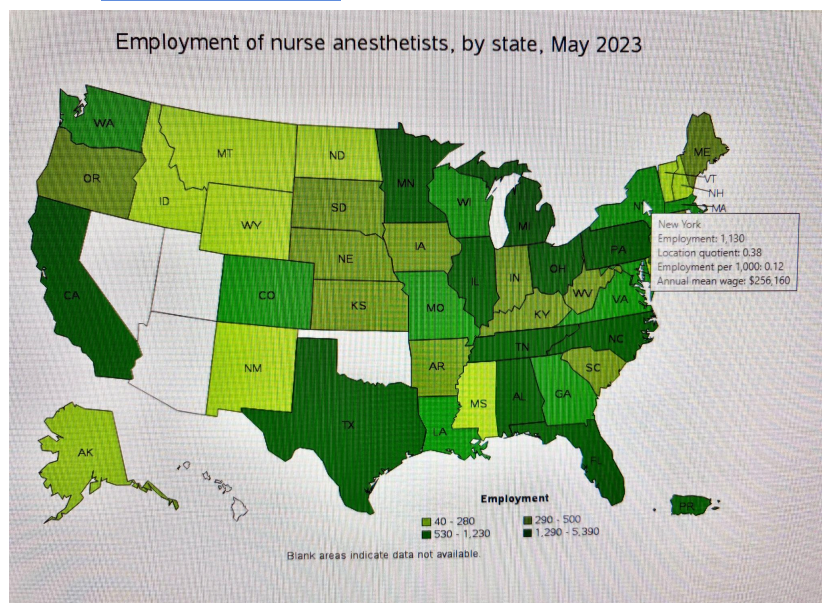
### 7. Tracking and Measurement

- Provide quarterly updates to NYSANA board and membership  
Track progress for each activities in Basecamp
- Revisit metrics in 2026

## Addendum

### Background / Research

- The US Department of Health and Human Services estimated in 2020 that New York state had about 20 million, with 45% of the population residing in NYC (about 9 million people).
- According to data from the 2020 Census, 22.4% of New York State's population is foreign born.
- Of New York State's ~20 million residents, approximately
  - 19.5% identify as Hispanic or Latino
  - 17.6% identify as Black or African American
  - 9.3% identify as Asian alone
  - 1.0% identify as American Indian or Alaska Native
  - 0.1% identify as Native Hawaiian or Other Pacific Islander.
- Compared to national estimates, New York State has a higher percentage of non-Hispanic Black, Asian residents, and Hispanic residents.
  - <https://mchb.tvisdata.hrsa.gov/Narratives/Overview/b3d5c297-d623-4524-9172-0686a2ef2ee1#:~:text=Of%20New%20York%20State's%2020%2C201%2C249,or%20Alaska%20Native%2C%20and%200.>



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- As of 2023, The U.S. Bureau of Labor Statistics estimated that New York State had about 1,130 employed CRNAs (not including self-employed practitioners).
  - <https://www.bls.gov/oes/2023/may/oes291151.htm>
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- <https://hpi.georgetown.edu/cultural/>
  - Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.(1) A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. Examples of strategies to move the health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care.
- Example of health disparities affecting our minority patient populations
  - African American pregnant women have the HIGHEST incidence of maternal death in the U.S, receive less analgesia for labor, and are more likely to receive GA instead of regional anesthesia

for cesarean sections.

- Somer, S; Sinkey, R.; Brayant, A (2017).
- Creagna AA, Berg CH, Syveson C et al (2015).
- Tangel, V. et al. (Oct 2020) found that out of 6 million women in labor between 2007-2014
  - Black women were 44% more likely to receive GA for C/S instead of regional
  - Black women were 45% less likely to receive any analgesia for vaginal delivery