

Report of the Mary Breckinridge Task Force

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1. **Executive summary**

In the fall of 2019, President Susan Stone answered a call to action from concerned students to investigate the history and legacy of the Frontier Nursing University (FNU). Students requested that the administration put in the effort that would lead to lasting systemic change regarding inclusivity and equity. The Mary Breckinridge Task Force (MBTF) was formed and charged with exploring the history and legacy of our founder, Mary Breckenridge, to uncover and understand the nuances of her beliefs and how these affected the formation and development of the Frontier Nursing University.

This report provides the results of our collective work. We were able to shed light on the history and legacy of our founder, Mary Breckinridge and offer insights into our current progress. We then provide recommendations to propel future reparative action, foster an antiracist culture and advance our enduring mission of making health care accessible and reduce health disparities.

Formation and membership of the group

The MBTF consisted of fourteen members from within and beyond FNU with diverse backgrounds and expertise. The group worked together throughout the process and also formed three sub-groups: the historical group took a deep dive into the history and offers areas for future research, the future-forward group took what we learned in our historical investigation and identified key themes for moving us forward and the bridge group analyzed data to help us see our progress in terms of becoming a more diverse and inclusive university.

An external facilitator, nurse historian, and social worker were recruited to guide and support the group process. A nurse historian was recruited to lend validity and an unbiased view of the historical review of the literature. A social worker was added to participate in the process as well as facilitate any difficult conversations that could occur during the project. The Interim Chief Diversity and Inclusion Officer (CDIO) as well as the incoming CDIO and a nurse historian were recruited from within FNU. The remainder of the MBTF (2 faculty, 2 staff, and 4 students) were chosen from those who responded to a request for applications. Two students who initiated the call to action were members and they, along with other invested students, chose the other two student members. Alternates for each position were identified.

2. Mary Breckinridge: A historical review

Historical workgroup process

The charge of the History Workgroup included an examination of Breckinridge's upbringing, words, and actions through an equity lens. An equity lens refers to the process of analyzing the impacts of a particular design or system specifically on underserved or marginalized individuals or groups.¹ Members drew on their scholarly training, life experiences, worldviews, and previous exposure to historical Breckinridge/FNS narratives to create a list of questions to guide historical evaluation. Workgroup members reviewed selected Breckinridge writings and secondary historical analyses about Breckinridge and the FNS and presented them to the larger group for discussion. We intentionally selected both celebratory narratives and writings that were more critical in nature. We compared these sources to highlight evidentiary strengths and weaknesses, authors' motivations, and historical contexts. Throughout, we gained significantly enhanced understanding of historical events. The process highlighted the larger professional and societal stories surrounding the history of the Frontier Nursing Service as well as the power dynamics of who has controlled the historical narrative.

Introduction

Mary Breckinridge contributed significantly to the advancement of nurse-midwifery in the United States and to the development of rural health services in Appalachia. In 1925, the year of the founding of Frontier Nursing Service (FNS), Kentucky was 90% white and segregation was the rule of law. This was the setting that MB chose to create a demonstration project for maternal and family health care delivery. Here, FNS addressed significant health needs for people living in remote and mountainous areas of Eastern Kentucky. FNS nurse-midwives achieved remarkable reductions in morbidity and mortality² in this population through a focus on preventive public health measures such as prenatal care, sanitation, vaccinations, and health education.³

As we acknowledge Mary Breckinridge's successes, we must also confront a difficult and complicated legacy. Until recently, the historical narrative about Breckinridge and Frontier Nursing University has primarily focused on heroism and positively framed stories. Additionally, many of the historical accounts that have been repeated over the years have come from *Wide Neighborhoods*, Mary Breckinridge's autobiographical

¹ This equity lens definition is adapted from "Grantmaking With a Racial Equity Lens," accessed 10/29/2020,

<https://grantcraft.org/content/guides/grantmaking-with-a-racial-equity-lens/>

² "Twenty-year totals," *The Quarterly Bulletin of the Frontier Nursing Service* 21

(Summer 1945): 16; "Forty Year Total," *The Quarterly Bulletin of the Frontier Nursing Service* 41 (Summer 1965): 15; Metropolitan Life Insurance Company, "Summary of the Tenth Thousand Confinement Records of the Frontier Nursing Service," *Quarterly Bulletin of the Frontier Nursing Service* 33 (Spring 1958): 45-55.

³ Mary B. Willeford, "The Frontier Nursing Service," *Public Health Nursing* 25 (1933): 6-10.

account of her life and the first decades of the Frontier Nursing Service.⁴ Autobiographies are by definition subjective sources and naturally contain personal biases. This limited historical assessment has largely overlooked crucially important issues of racism, white supremacy, and exclusionary practices.

This omission in the historical narrative is hurtful and damaging to many within and outside the Frontier Nursing University community. As we grapple with persistent systemic racism and health disparities across the nation and around the world, we at Frontier Nursing University must deeply reflect on the elements that underlie our history, acknowledge the difficult and inequitable views and actions that are part of our history, and provide a more accurate and nuanced view of Mary Breckinridge and the Frontier Nursing Service.

Findings of historical inquiry

Some, although not all⁵, branches of Mary Breckinridge's family had clear connections to the Confederacy and evidence shows that some members of her family owned enslaved people. Her paternal grandfather, John C. Breckinridge, was commissioned a brigadier general in the Confederate army and served as Jefferson's Davis's secretary of war, championing states' rights and the protection of slavery.⁶ Mary Breckinridge's father, Clifton Breckinridge, served as a soldier in the Confederate army. When Mary Breckinridge's parents married, the son of former Confederate president Jefferson Davis served as best man.⁷ Breckinridge's maternal grandfather, James Green Carson, inherited a Mississippi estate including nearly 600 enslaved people and he purchased additional land and humans in the 1840s.⁸

Importantly, many of the historical accounts that have served as key reference points for understanding Mary Breckinridge's family, and have thus largely controlled the historical narrative, have been constructed by White voices. The biases that underlie many analyses have allowed the realities of the Breckinridges' problematic worldviews to remain hidden. These widely accepted historical accounts frame Breckinridge's upbringing in a romanticized and positive light as one of "Southern aristocracy" and her

⁴ Mary Breckinridge, *Wide Neighborhoods: A Story of the Frontier Nursing Service* (Lexington, Ky., 1952).

⁵ For a discussion about the union-supporting Breckinridges and the confederacy-supporting Breckinridges, see James C. Klotter, *The Breckinridges of Kentucky* (Lexington: The University Press of Kentucky, 1986): 80-81.

⁶ James C. Klotter, *The Breckinridges of Kentucky* (Lexington: The University Press of Kentucky, 1986): 121, 128.

⁷ James Duane Bolin, "The Sins of the Fathers: Clifton Rodes Breckinridge Remembers the Civil War," *Civil War History* 44 (March 1998): 42.

⁸ John Q. Anderson, "Dr. James Green Carson, Ante-Bellum Planter of Mississippi and Louisiana," *Journal of Mississippi History XVIII* (October 1956): 243-267.

family as “public servants.”⁹ Only recently has the dominant narrative begun to change. Scholars and others are now beginning to clearly describe the ways that some members of the Breckinridge family used their political power to try to uphold slavery and supported Jim Crow policies and white supremacist beliefs.

When History Workgroup members analyzed the extent to which Mary Breckinridge’s family members’ views were reflected in her actions, we found clear evidence that Mary Breckinridge believed in the superiority of White people. Using eugenics, a pseudoscience popular in the early 20th century, Breckinridge expressed that White Appalachian families were “worthy” of FNS care. Advocates of eugenics, a term meaning “well-born,” called for the manipulation of reproduction and thus improvement of the human race through selection of desirable characteristics such as intelligence. Breckinridge and the FNS used eugenics-based, nativist arguments in their quest for professional recognition and in their requests for donations. After commissioning intelligence tests in mountain children, Breckinridge wrote in the service’s *Quarterly Bulletin*: “The native population in the mountains had a very high average of ability and was of the greatest possible value to the nation.”¹⁰ She then published these sentiments in the *American Journal of Obstetrics and Gynecology*: “We considered the quality of the people... The old American stock which explored and established this country is still gloriously well worth while.”¹¹ Moreover, in the *FNS Record Routine*, when Breckinridge and the FNS described the organization’s purposes for collecting scientific data, they included a eugenics-based purpose: “The Appalachian Mountains constitute the largest reservoir of certain important racial stocks to be found in the United States.”¹²

Mary Breckinridge’s racist views were not limited to eugenics-based ideals. In the *Quarterly Bulletin*, she expressed her beliefs about the value of segregation, encouraging “brotherhood” rather than racial equality. She argued that God had created inequality saying “No two people in the world are equal—nor are any two nations, or races. God did not want uniformity and so he created the myriad inequalities of the world.”¹³ Helen Browne, a nurse-midwife, close colleague of Mary Breckinridge for nearly 30 years, and FNS director after Breckinridge died, reported that Breckinridge

⁹ Eunice K. M. Ernst, “Tomorrow’s Child,” *Journal of Nurse-Midwifery* 24 (September/October 1979): 8.

¹⁰ The First Meeting,” *Quarterly Bulletin of the Kentucky Committee for Mothers and Babies* 1 (June 1925): 2.

¹¹ Mary Breckinridge, “A Frontier Nursing Service,” *American Journal of Obstetrics and Gynecology* 15 (January-June 1928): 867.

¹² “Record Routine,” 2, 1930, folder 6a, box 27, Frontier Nursing Service Collection, University of Kentucky Special Collections Library; “Record Routine,” 2, 1934, folder 7, box 27, Frontier Nursing Service Collection, University of Kentucky Special Collections Library.

¹³ “Beyond the Mountains,” *Quarterly Bulletin of the Frontier Nursing Service* 20 (Spring 1945): 50.

“would never sit at table with a Negro.”¹⁴ Indeed, Browne reported that throughout her life, Breckinridge believed that Black individuals should be “in their place...in her mind, that’s where they belonged.”¹⁵ Breckinridge apparently linked her Southern upbringing with the inevitability of such views. Browne (British by birth) recalled that Breckinridge told her: “Brownie, you’ll never understand. You weren’t born and raised in the South.”¹⁶

Throughout Mary Breckinridge’s life, the Frontier Nursing Service remained an almost entirely White organization, with few staff or students of color. We did not locate any written exclusionary policies, but other sources provided key insights into the *de facto* exclusion of Black nurses from the FNS. In her oral interview, Helen Browne reported that she had fervently hoped to accept an application from a Black nurse to work at the FNS but Breckinridge denied the request.¹⁷ Breckinridge did permit some non-White nurses, whose heritage she deemed acceptable, to stay for a brief period to gain experience. During the 1930’s, FNS accepted three Chinese nurses¹⁸ and one Spanish nurse¹⁹ from the Rockefeller Foundation, and two Native American nurses of “rare aptitude” sent by the Colonial Dames.²⁰ All of these non-White nurses were expected to return home promptly.

Summary

It can be tempting to view Mary Breckinridge as a “product of her times”: a member of a prominent family entrenched in the customs of the Old South and raised in a time when racism was even more blatant than it is today. We argue that she could have challenged the white supremacy with which she was raised and used her considerable power, influence, and reform skills to break down racial hierarchies. We argue that she could have bucked conformity with her Southern upbringing but for many reasons, she did not.

When the task force was convened, the charge was “to examine historical documents and create a [report] describing Mary Breckinridge’s beliefs, any resulting actions related to her beliefs and effects on the development and operations of the Frontier Nursing Service, and Frontier Nursing University.” To meet this charge, the history workgroup examined historical documents and concluded that Mary Breckinridge’s writing and actions reflect beliefs in white superiority and eugenics. These beliefs

¹⁴ Dale Deaton, Interview with Helen E. Browne (1979OH174 FNS 75), March 27, 1979, Frontier Nursing Service Oral History Project, Louie B. Nunn Center for Oral History, University of Kentucky Libraries, p. 4

¹⁵ Interview with Helen E. Browne (1979OH174 FNS 75), p. 11.

¹⁶ Interview with Helen E. Browne (1979OH174 FNS 75), p. 4.

¹⁷ Interview with Helen E. Browne (1979OH174 FNS 75), p. 4.

¹⁸ “Field Notes,” *Quarterly Bulletin of the Frontier Nursing Service* 12 (Summer 1936): 20.

¹⁹ “Field Notes,” *Quarterly Bulletin of the Frontier Nursing Service* 11 (Autumn 1935): 17.

²⁰ “Indian Nurses,” *Quarterly Bulletin of the Frontier Nursing Service* 10 (Winter 1935): 7-8.

provided a foundation to the establishment of the Frontier Nursing Service. The FNS evolved into Frontier Nursing University and we contend that an institution founded on racist beliefs will continue to contribute to systemic racism unless intentional actions interrupt the process.

Areas for future research

Our historical investigation was not exhaustive and there is much more work to be done. The scope of our inquiries was necessarily limited during this process and we acknowledge that a more comprehensive historical investigation would likely uncover a great deal more. We identified a number of questions for future historical analysis and that exploration process will certainly be valuable to the entire community within and outside Frontier Nursing University. We recommend that scholars and others interested in FNS history and the broader history of midwifery do the following through an equity lens: (1) Amplify the voices of local Midwives of Color supplanted by the FNS. Although Mary Breckinridge conducted a survey of local midwives practicing in the area prior to the FNS's inception, the voices and perspectives of these midwives are notably absent from the historical record. (2) Amplify the voices of families of color in the FNS geographic area. As is typical with disenfranchised persons, little is recorded and available for historical analysis concerning the experiences of Black families in Eastern Kentucky during this time. Sources about this issue are sparse but provide a window into the complexities of how Black families were treated. For example, an oral history describes a Black patient in Hyden Hospital but a different anecdotal report indicates that FNS staff refused to provide care to some people of color. These reports and other sources should be fully and respectfully explored to better understand the context and to bring those stories to light. (3) Investigate and analyze the important roles of Black, Indigenous, and immigrant midwives in communities across the nation, including how the nurse-midwifery profession supplanted those midwives. (4) Investigate and acknowledge the specifics of exclusion of Black nurse-midwives in the professional organizations, including the organization Mary Breckinridge founded, the Kentucky State Association of Midwives, later renamed the American Association of Nurse-Midwives. The legacy of exclusionary practices is felt strongly even among today's midwives who are Black, Indigenous and people of color.

1. Building a bridge to the future

A review of the data

As we acknowledge FNU's history we also want to view the university's trajectory in creating a diverse workforce of qualified nurse practitioners and nurse-midwives.

The FNU Institutional Assessment Data Reporting Office and the Office of Information Technology provided data from 1992 to 2019 (the years for which this data is available). This information provides a sense of the university's student enrollment, withdrawals, degrees awarded, and faculty and staff demographics.

The ability to obtain a comprehensive list of demographic data was limited by varied approaches to past and current data collection methods, and systems that lack interoperability. Limitations are also noted as some may choose not to self-identify their race, ethnicity, or gender. These are the best estimate of rates and percentages when comparing populations.

With regard to admissions there was an upward trend of the enrollment of students of color (SOC) with an increase of 14.4% from 2007 to 2019. Within the same time frame was a narrowing of the difference between the rate of withdrawals for students who identified as SOC compared to students who identified as White, with a peak in the difference between the rate of withdrawals for SOC in 2011 (6.18%) and 2019 (2.26%). Another significant measure to discuss is the percentage of degrees awarded to SOC, with a 16.1% increase from 2007 to 2019. And lastly, is data to elucidate the FNU workforce with regard to race, ethnicity, and gender. Those who identify as White makeup the majority of the FNU workforce (faculty 74%/ staff 89%), compared to Black or African American (faculty 8%/ staff 5%), Hispanic (0), American Indian or Alaskan Natives, Asians, and Native Hawaiian or Other Pacific Islander and two or more races (1%) respectively. The majority of the workforce identify as female (faculty 95%/ staff 77%) compared to those that identify as male (faculty 5%/ staff 23%) . This section reveals the need for FNU to provide resources and to develop initiatives to identify and eliminate barriers for people of color and for males to be successful at FNU. Additional information is available within Appendices A-E and includes more detail with regard to student admissions, withdrawals, degrees awarded, and faculty and staff demographics. The tables also include national data used by FNU as benchmarks for goals, objectives, and planning. This section reveals a positive trend indicating the university has made strides but also that much work remains to be done.

2. Propelling FNU forward: Envisioning an equitable future

After critically reflecting on the racist elements of FNU's history, reviewing a snapshot of our data from 1992 to the present, task force members considered how to help the university actualize a diverse, equitable and inclusive future. Our recommendations are in line with the FNU strategic plan and national health education organization guidelines [Appendix F].

Future-forward workgroup process

With the historical legacy of Mary Breckinridge in mind, the future-forward work group identified themes pertaining to advancing equity within FNU. These themes include: acknowledgment, recruitment and retention, accountability through training and development, curriculum change, and cultivating a culture of dialogue. For each theme, the group reviewed relevant literature and national guidelines and also shared personal experiences. A number of recommendations emerged from this multi-layered review and can be found in Appendix G. From this list, MBTF members voted to identify key recommendations. These are listed below.

Key recommendations:

1. Adopt, apply & operationalize the proposed statement of acknowledgement.
2. Provide full scholarships for at minimum one student of color per class per specialty each term.
3. Allocate funds to maximize the presence and availability of faculty/staff mentors and tutors of color.
4. Dedicate resources & apply best practices to increase recruitment & retention of faculty/ staff of color.
5. Ensure that all members of the FNU community receive on-going and scaffolded implicit bias, privilege, systemic oppression and racism training.
6. Hire an external consultant with an Equity Lens to guide policy, procedure and curricular revisions.
7. Establish a culture of frequent listening sessions through regular Affinity Groups and Community Forums.
8. Select a sustained dialogue model and invest in peer facilitator training and stipends for faculty, staff, and students to help further a culture of dialogue.

Below the reader will find a discussion of the university's status in each of the theme areas as well as a description of the MBTF recommendation(s) that pertain to each one.

Acknowledgement

FNU distributed a survey in 2020, focused on creating an Inclusive Campus, to employees and students. The survey was designed to obtain information about the best ways to ensure an environment that feels inclusive and welcoming. There were several recommendations gleaned from the responses; physical and symbolic acknowledgments, and the recognition of historical and contemporary diverse nursing professionals.

Our recommendations add to those of the Inclusive Campus workgroup. Members of the MBTF clearly articulated the need to fully acknowledge the nuanced history of Mary Breckinridge including her racist and eugenic beliefs. Many perceive that this aspect of her legacy has not been not freely shared and the silence that surrounds it perpetuates the harm. Furthermore, there are many important figures in our history, particularly those of color, who have not been properly acknowledged.

Recommendations:

- The MBTF proposes that FNU adopt the following as FNU's formal Statement of Acknowledgement:

Frontier Nursing University rejects racism, bigotry and hate in all forms. We acknowledge the racist and eugenics beliefs that were intertwined in the university's beginnings. Frontier Nursing University sincerely apologizes to Black, Indigenous and People of Color for a history that has failed to honor the inherent right of all individuals to equitable treatment and opportunity. The university draws upon its rich legacy of pioneering and innovation to rise to the call for reform.

- MBTF further recommends that FNU **apply and operationalize** the above statement in a variety of highly visible formats (e.g. on the website and Versailles campus, during Frontier & Clinical Bound sessions, during presentations to the public and to prospective students as part of the application process)

Recruitment and retention

Recruitment and retention of students, faculty, and staff from underrepresented groups, particularly those from disadvantaged backgrounds and rural areas are priorities at FNU. The concept of “belonging” is foundational to retention and satisfaction and must be integrated into our recruitment and retention efforts as we go forward. (See Appendix H for background information.) Our current efforts to promote recruitment and retention include holistic admissions, mentoring programs, tutoring and writing programs, scholarships, emergency funds, outreach, and the Diversity Impact Program which offers continuing education and support. We acknowledge these steps while asserting that more must be done to encourage the emergence of future practitioners of color to train at FNU.

Recommendations:

- Provide full scholarships for at minimum one student of color per class and specialty each term. The scholarship should not be need based and should be awarded by lottery in an effort to remove all possible barriers and stigma associated with the application process.
- Allocate funds to maximize the presence and availability of faculty/staff mentors and tutors of color.
- Dedicate resources for increased recruitment and retention for faculty/ staff of color. Utilize best practices for active recruitment and outreach to diversify applicant pools and provide anti-bias training to those who review applications.

Accountability through training & development

FNU has committed to becoming an antiracist organization, yet faculty, staff and administrators have had varying degrees of training and experience with topics related to diversity, equity and inclusion. Current minimum standards for training and development may not be sufficient. Those completing foundational training, may want to further their education and become mentors and leaders.

Recommendations:

- Faculty, staff, administrators and students receive a basic level of knowledge and skill related to implicit bias, privilege, systemic oppression and racism. This training should be annual, mandatory and require active engagement
- Allocate resources for continuing and advanced education in topics of diversity, equity and inclusion

Curriculum change

FNU's 2020-2023 Strategic Plan includes curriculum changes to address diversity, equity, and inclusion. The FNU D&I curriculum subcommittee created a diversity and inclusion statement which resides in each course. Collaboration between the President's Cabinet, the Office of Diversity, Equity and Inclusion (DEI), and the Curriculum Committee resulted in the approval of Health Equity as an end of program student learning outcome for the MSN programs. There is also a plan to begin an assessment of how and where DEI is scaffolded in the curriculum.

Faculty workload must be considered to support ongoing education and time needed to make curriculum changes. In-person student experiences (Frontier & Clinical Bound sessions) should be revised to ensure inclusivity and to maximize opportunities for cross-cultural learning.

Recommendation:

- Hire an external consultant with an Equity Lens expertise in education to review university policies, procedures and curriculum and to make recommendations to further diversity, equity and inclusion in these areas.

Cultivating a culture of dialogue

At present, FNU offers several forms of support for dialogue (e.g., DEI support groups for faculty, staff, student, alumni and antiracism listening sessions etc.).

MBTF members and others within the university share a desire for an improved culture of listening, dialogue, and authentic communication across the institution. We have the foundations for this in our culture of caring model but we must push further. By consciously creating safe and brave spaces and developing a transformational culture of shared dialogue, we will build bridges and increase trust.

Recommendations:

- Establish a culture of frequent listening sessions through regular Affinity Groups and Community Forums.
- Select a sustained dialogue model and invest in peer facilitator training and stipends for faculty, staff, and students to help further a culture of dialogue [See Appendix I for sustained dialogue models].

Conclusion

The MBTF members have undertaken an unflinching self-examination of its institutional past, present, and future. As a result we must acknowledge the parts of our history that served to reinforce systemic oppression and exclusion during our early years. Only through this acknowledgement can we propel a future in which FNU truly dedicates itself to advance health equity for underrepresented groups. We hope this historical review, description of progress and key recommendations will aid FNU as it moves toward a more just future.

Appendix A: Enrollment- FNU Data and National Data (2007-2019)

- a. **FNU Enrollment:** Unduplicated headcount enrollment (including those who did not disclose ethnicity) of degree-seeking MSN, Post-Graduate Certificate, and DNP Students per calendar year (January 1 through December 31). Students of Color (SOC) is a subset of total enrollment and comprises students who self-identified as a member of one of the following groups: American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American, Hispanic, Multi-racial

Year	Total Enrollment	SOC Enrollment	% SOC Enrollment
2007	608	59	9.70%
2008	749	92	12.28%
2009	926	104	11.23%
2010	1227	160	13.04%
2011	1572	195	12.40%
2012	1848	249	13.47%
2013	2012	288	14.31%
2014	2014	324	16.09%
2015	2084	372	17.85%
2016	2231	435	19.50%
2017	2588	557	21.52%
2018	2881	641	22.25%
2019	3117	751	24.09%

- b. **National Enrollment:** The total column represents the number of students enrolled in postsecondary institutions annually by Sector of the institution (Private not-for-profit, 4-year or above), Race/ethnicity; Results limited By Institutional category: Degree-granting, graduate with no undergraduate degrees. The 12-month reporting period for IPEDS data is July 1 - June 30. This data is based on colleges and universities with multiple programs and is not specific to nursing programs.

Year*	Total*	Total Students of Color**	% Students of Color**
2007-08	127,970	28,655	22%

2008-09	138,507	32,210	23%
2009-10	143,017	34,495	24%
2010-11	145,755	37,381	26%
2011-12	145,957	39,340	27%
2012-13	145,443	41,437	28%
2013-14	137,431	39,454	29%
2014-15	136,302	41,745	31%
2015-16	132,510	42,547	32%
2016-17	131,848	43,899	33%
2017-18	135,492	46,623	34%
2018-19	136,531	48,351	35%

*Source: U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), 12-month Enrollment component 2018-19 provisional data.

**Source: FNU calculation based on IPEDs source data (*SOC Comprised of All Disclosed, Non-White Ethnicity values; Percentage SOC/Total*)

Appendix B: FNU Withdrawals (2007- 2019)

- a. **Number of institutional withdrawals per calendar year for both the White population and the Student of Color population.** Percent calculated based on the total number of students who were enrolled during the calendar year, including those who were not enrolled for a full term.

Year	Total Withdrawn White Population	% of Unduplicated Headcount Enrollment White Population	Total Withdrawn SOC Population	% of Unduplicated Headcount Enrollment SOC Population
2007	77	13.32%	11	17.19%
2008	57	8.43%	11	11.70%
2009	67	7.88%	10	9.09%
2010	77	7.04%	14	8.43%
2011	113	8.11%	30	14.29%
2012	125	7.79%	34	13.03%
2013	138	8.00%	36	11.92%
2014	149	8.71%	35	10.4%
2015	115	6.77%	38	9.84%
2016	102	5.71%	43	9.56%
2017	155	7.59%	43	7.50%
2018	130	5.79%	44	6.71%
2019	138	5.89%	67	8.51%

Appendix C: Degrees Awarded by FNU and National Data

- a. **FNU Degrees Awarded:** Total number of degrees awarded per calendar year (January 1 through December 31). Students of Color (SOC) is a subset of total degrees and comprises students who self-identified as a member of one of the following groups: American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black or African American, Hispanic, Multi-racial.

Year	Total Degrees Awarded	SOC Degrees Awarded	% SOC Degrees
2007	114	8	7.02%
2008	144	16	11.11%
2009	173	18	10.40%
2010	220	24	10.91%
2011	286	32	11.19%
2012	382	42	10.99%
2013	531	70	13.18%
2014	527	59	11.20%
2015	559	86	15.38%
2016	545	82	15.05%
2017	639	121	18.94%
2018	820	154	18.78%
2019	951	219	23.03%

- b. **National Degrees Awarded:** The number of degrees/certificates awarded [not specific to nursing degrees] at postsecondary institutions by Sector of the institution (Private not-for-profit, 4-year or above), Race/ethnicity. Results limited By Institutional category Degree-granting, graduate with no undergraduate degrees.

This table presents data collected from Title IV institutions in the United States. Prior to 2009-10, the data include only Title IV primarily postsecondary institutions. The Asian, Native Hawaiian or Other Pacific Islander, and the two or more race/ethnicity categories were optional from 2007-08 through 2009-10 and

became mandatory in 2010-11. The race/ethnicity titles reflect the new race/ethnicity categories that began in 2007-08 with the exception of Asian or Pacific Islander category which was the term used prior to 2007-08.

Completion Year*	Total*	Total Students of Color**	% Students of Color**
2007-08	29015	6018	21%
2008-09	31737	6888	22%
2009-10	33861	7610	22%
2010-11	34308	7914	23%
2011-12	35350	8665	25%
2012-13	36100	9197	25%
2013-14	35403	9337	26%
2014-15	35209	10166	29%
2015-16	33534	9979	30%
2016-17	33180	10312	31%
2017-18	34794	11497	33%
2018-19	33747	11440	34%

*Source: U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS), Completions component 2018-19 provisional data.

**Source: FNU calculation based on IPEDs source data (*SOC Comprised of All Disclosed, Non-White Ethnicity values; Percentage SOC/Total*)

Appendix D: FNU Degrees Awarded by Non-White Ethnicity (In 5-year Increments)

Ethnicity	1992-1996	1997-2001	2002-2006	2007-2011	2012-2016
American Indian or Alaska Native	4	0	3	12	15
Asian	0	0	0	5	28
Black or African American	8	9	11	34	123
Hispanic	5	4	8	28	108
Native Hawaiian or Other Pacific Islander	0	4	0	0	1
Two or More Races	1	17	6	19	64
Grand Total	18	13	28	98	339

*Source: FNU Institutional Assessment Data Reporting Office

Appendix E: Faculty and Staff Demographic data (Race/Ethnicity/Gender)

- a. FNU Employees Historical: Count of full-time instructional employees [faculty members] as reported to IPEDS per the Fall Census date. *Note Reporting this data to IPEDS in 2012 and 2014 was optional, therefore data does not appear for these 2 years*

	2013	2015	2016	2017	2018	2019**
American Indian or Alaska Native total	0	0	1	1	0	1
Asian total	0	0	0	0	1	1
Black or African American total	4	4	4	7	12	12
Hispanic or Latino total	2	1	1	0	0	0
Native Hawaiian or Other Pacific Islander total	0	0	0	0	0	1
White total	63	68	67	77	90	110
Two or more races total	0	0	0	1	1	1
Race/ethnicity unknown total	0	0	0	0	0	0
Nonresident alien total	0	0	0	0	0	0
Grand total	69	73	73	86	104	126

*Source: NCES IPEDS Custom Data file <https://nces.ed.gov/ipeds/datacenter/Data.aspx> downloaded on 8/4/20

**2019 data came from PDF of the Human Resources IPEDs submission, not yet incorporated into the IPEDs data center

- b. **FNU Current Employees:** Breakdown of current **faculty** by gender and ethnicity (as of July 2020).

<i>Race/Ethnicity</i>	<i>Female</i>	<i>Male</i>	<i>Grand Total</i>
American Indian or Alaska Native	1%	0%	1%
Asian	1%	0%	1%
Black or African American	8%	0%	8%
Not Disclosed	12%	2%	14%
Native Hawaiian or Other Pacific Islander	1%	0%	1%
Two or more races	1%	0%	1%
White	71%	3%	74%
Grand Total	95%	5%	100%

- c. **FNU Current Employees:** Breakdown of current **staff** by gender and ethnicity (as of July 2020).

<i>Race/Ethnicity</i>	<i>Female</i>	<i>Male</i>	<i>Grand Total</i>
American Indian or Alaska Native	0%	1%	1%
Asian	1%	0%	1%
Black or African American	3%	2%	5%
Not Disclosed	2%	1%	3%
White	71%	19%	89%
Grand Total	77%	23%	100%

Appendix F: Furthering Diversity, Equity and Inclusion in healthcare education: Frontier Nursing University and National Healthcare Organizations

The following is the 2020-2023 Strategic Goal of Frontier Nursing University related to advancing Diversity, Equity and Inclusion:

Goal: Create an environment that promotes diversity, equity and inclusion, and promotes the success of all community members.

- **Objective 1:** Increase the percentage of students, faculty, staff, (preceptors), Board of Directors, and administrators from racially and other underrepresented groups and rural communities.
- **Objective 2:** Integrate Diversity, Equity, and Inclusion as core values throughout the community.
- **Objective 3:** Ensure a diverse and inclusive curriculum with a focus on health equity and the factors that impact it.
- **Objective 4:** Implement strategies to retain at least 85% of enrolled students.
- **Objective 5:** Increase faculty and staff satisfaction and retention with a focus on underrepresented groups.

The following major organizations set the standards for nursing education, practice, and leadership and are committed to increasing diversity, equity, and inclusion:

- The American Association of Colleges of Nursing (AACN).
- The American College of Nurse Midwives (ACNM)
- Accreditation Commission on Education in Nursing (ACEN)
- The American Association of Nurse Practitioners (AANP)
- National Organization of Nurse Practitioner (NONPF)
- Institute of Healthcare Improvement (IHI)

Appendix G: Future-forward workgroup recommendations

*Note: We recognize that some recommendations by the MBTF confirm existing initiatives at FNU which we hope the university will prioritize and accelerate. These areas are marked by **

Overarching recommendations

- Hire professional consultants to do an organizational DEI audit (policies, climate, curriculum) and offer recommendations for improvement
- Re-vamp Frontier & Clinical Bound events (Specifically, increase sensitivity to people who don't feel comfortable with certain traditions, avoid "whitewashing" historical presentations/ tours/ focus, ensure that imagery is inclusive (diverse, trans, LGBTQ, rural) and forward thinking. Include history/context of diverse leaders/ influencers/ alumni, ensure climate is welcoming and feels safe, include meaningful DEI training and experiences
- Support student/ faculty outreach and engagement with professional groups outside of FNU in relation to our DEI efforts
- Increase visibility of and engagement with current DEI initiatives within FNU
- Collaborate with the FNU Office of Advancement to fund specific goals related to SOC success

Acknowledgement

Note: the last 4 items on this list were also identified by the Inclusive Campus workgroup in a FNU student/ employee survey during Spring of 2020

- Display written acknowledgement of the damage caused by the FNU legacy of racism and white supremacy (make it visible & apparent to all - on website, for applicants, on campus, in courses, during Bounds)
- Include this history (racism/ white supremacy) in presentations on history & legacy of FNU (for all current and incoming students/ faculty/ staff)
- Display our commitments to rectifying the wrongs (may be included in the antiracist agenda that is currently being formed)
- Formal apology (may be included in formal acknowledgement)
- Campus (virtual and in-person) environment should be inclusive for all*
- Honor diverse health providers who have been marginalized & underrepresented (on campus & in courses) *
- Create a timeline of FNU and progress toward DEI*
- Highlight diverse/ rural Alumni of FNU and the impact they have on their communities*

Accountability: Policy

- Policies needed:
 - Zero tolerance for racism and discrimination in any form*
 - Bias/ discrimination response*
 - Support for curricular changes to ensure DEI content throughout

- Policies for evaluating a students conduct should be done with a group of peers with the majority from the same ethnicity
- Complete a full external audit of all FNU policies to ensure they are fair and inclusive to all groups

Accountability: Training & Development

- All faculty/ staff/ admin/ students need basic level of knowledge & skill in DEI topics including unconscious bias*
- Those who want to further DEI knowledge & skill should be supported in doing so (continuing education reimbursement, recognition, advancement) and may choose to become an ally/ mentor/ ambassador
- DEI training should accommodate individual learners who are at different levels in terms of DEI understanding and perspectives- options for training to individualize, survey participants for feedback/ suggestions
- People of Color specific listening and sharing circles*
- Incorporate mini-trainings into all faculty/staff trainings & other regular (mandatory) meetings
- FNU leadership to champion DEI education/ initiatives
- Expand Diversity Impact conference to reach more faculty/ staff/ students*

Recruitment & Retention: Students

- Scholarships:
 - Full funding of a set number of students of color each term- not need or merit based
 - For all midwifery students of color to apply to who are pursuing midwifery schools in any program whether it be the CNM track or, for reparative purposes, the CPM track
 - Full scholarships to FNU targeted for southern Black midwifery students
- Active recruitment at conventions and on-line for students of color*
- Expand the tutoring program
- Need more faculty & staff mentors of color*
- Deep listening/ qualitative research regarding the student of color experience
- More resources (money) needed to offer sufficient support services to SOC
- Assistance with preceptorship placement for SOC; to be placed with preceptors of color if possible and to assist in states that tend to be more hostile to SOC

Recruitment & Retention: Faculty & Staff

- Include staff/faculty of color in the hiring process
- Actively recruit for faculty/ staff of color; ensure these outreach efforts are deliberate and supported with resources*
- Allocate recognition/resources to faculty of color to support students of color

- Deep listening/ qualitative research regarding the staff & faculty of color experience

Curriculum Change

- Curricular overhaul needed to include health inequity into every course
- Expand education on privilege, implicit bias, racism, and systemic oppression in courses and Bounds.
- Directly integrate the full history of the university founding into courses
- Need policy to support curricular changes to ensure DEI content throughout
- Hire an external consultant to audit curriculum and make recommendations
- Ask course coordinators what barriers are to including DEI content and provide the needed support for including it.

Cultivating a culture of dialogue

- Hold regular open forums/ listening sessions with students*
- Commit to sustained dialogue groups over time (form bridges, create safe space for sharing, reveal areas for growth)
- Be intentional about our Culture of Caring model and enhance it to advance DEI

Appendix H:

“Life as a ‘Lone Ranger’”: Understanding the literature on “Belonging”

Concept

Having a sense of belonging within an institution addresses the mental and physical wellbeing of underrepresented groups and creates a feeling of safety. Garcia²¹ defines five characteristics of belonging: *where I have a role or responsibility, where people look like me, where I am valued and cared for, where my racial identity and culture is recognized and valued, and where I share interests or values with others.*

One consequence of working at a Traditionally White Institution (TWI) is that faculty of color may feel invisible, lonely, and isolated, often remaining in their offices during lunch and avoiding social events. To assimilate to an institutional culture dominated by white colleagues, faculty of color may transform their identities to overcome these feelings. Jones²² challenges institutional members to engage in critical reflections on the prevalence of racist ideologies amid diversity rhetoric that intends to keep such norms hidden. The lack of equity, diversity, and inclusion (EDI) socialization in academic departments with a highlight on compositional diversity yielded feelings of being marginalized and tokenized in minority graduate students, if not overtly targeted.²³

Implications for Belonging

If a person or group does not feel they belong, what is their purpose at the institution? Being marginalized and tokenized have dire consequences for underrepresented groups. A lack of belonging may cripple the mental and physical state of being with detrimental outcomes for underrepresented groups. Affinity groups, sororities, and fraternities connect group members and elicits a sense of belonging.²⁴ Academic departments must consistently provide intentional opportunities for individuals to learn about EDI in their disciplines and fields.²⁵ Jones contends with the predominately white institutions that provide rhetoric on diversity and inclusion while masking the existence of social inequalities and racist practices lived by students of color. Evaluating and threading of authentic diversity, equity, and inclusion efforts throughout the University is essential to belonging and can decrease withdrawal

²¹ Garcia, C. E. (2020). Belonging in a predominantly White institution: The role of membership in Latina/o sororities and fraternities. *Journal of Diversity in Higher Education*, 13(2), 181–193.
<https://doi.org/10.1037/dhe0000126>

²² Jones, V. (2020). Challenging race neutral rhetoric: Black student leaders’ counternarratives of racial salience in PWI student organizations. *Journal of Diversity Higher Education*, 13(1), 23-32.
<http://dx.doi.org//1037/dhe0000105>

²³ Perez, R. J., Robbins, C. K., Harris, L. W., & Montgomery, C. (2020). Exploring graduate students’ socialization to equity, diversity, and inclusion. *Journal of Diversity in Higher Education*, 13(2), 133-145.
<https://doi.org/10.1037/dhe0000115>

²⁴ Garcia, C. E. (2020). Belonging in a predominantly White institution: The role of membership in Latina/o sororities and fraternities. *Journal of Diversity in Higher Education*, 13(2), 181–193.
<https://doi.org/10.1037/dhe0000126>

²⁵ Perez, R. J., Robbins, C. K., Harris, L. W., & Montgomery, C. (2020). Exploring graduate students’ socialization to equity, diversity, and inclusion. *Journal of Diversity in Higher Education*, 13(2), 133-145.
<https://doi.org/10.1037/dhe0000115>

Appendix I: A selection of Dialogue and Deliberation Educational Models

Many institutions and organizations are increasingly using dialogic models to advance a culture of authentic communication and dialogue. The National Coalition of Dialogue and Deliberation (NCDD) . provides a chart of *Streams of Engagement*, which compares models and suggestions that enable people to have authentic, civil, productive discussion. Explore NCDD's full index of nearly 200 techniques at www.ncdd.org/practices. Here is a short list of what the site offers.

Appreciative Inquiry:

- A change method that encourages stakeholders to explore the best of the past and present in their organizations and communities. Explore the art and practice of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential. Subscribe for more information @ www.david-bohm.net/dialogue

Compassionate Listening:

- Listeners use reflection and skilled inquiry to help speakers deepen their own understanding and awareness. Engender's generative listening which is non-judgmental and questions that are non-adversarial, and an ability to remain open when witnessing strong feelings and divergent viewpoints. For more information go to <https://www.compassionatelistening.org/>

Future Search:

- A unique planning method which enables large, diverse groups, communities and organizations to validate a common mission, take responsibility for action, and develop commitment to implementation. Especially useful in uncertain, fast-changing situations when it is important that everyone have the same large picture in order to act responsibly. For more information go to www.futuresearch.net

Intergroup Dialogues

- Face-to-face meetings from at least two different social identity groups. Designed to offer an open and inclusive space where participants can foster a deeper understanding of diversity and justice issues through participation in experiential activities, individual and small group reflections. For more information go to www.igr.umich.edu.

Sustained Dialogue:

- Goal to transform and build relationships among members of deeply conflicted groups to effectively deal with practical problems. Moves participants through a series of recognizable phases including a deliberative "scenario-building" stage and an "acting together" stage. For more information go to www.sustaineddialogue.org.

A Wisdom Circle:

- Small group dialogue designed to encourage people to listen and speak from the heart in a spirit of inquiry.
- By opening and closing the circle with a simple ritual of the group's choosing, using a talking object, and welcoming silence, a safe space is created where participants can be trusting, authentic, caring, and open to change. For more information go to <http://www.wisedemocracy.org>