Reflections on a Lifetime of Promoting Health

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Dr. Sylvia Flack, EdD, RN, an icon for health professions diversity, retired from Winston-Salem State University (WSSU) in 2016 after decades of committed service. As a leader, she is best known for saving the WSSU's nursing program from closure and conducting an annual leadership institute to strengthen nursing education on historically Black college and university (HBCU) campuses. This is significant in that African American nurses comprise about 6% of registered nurses in the United States, and HBCUs, which educate a disproportionate number of BSN-prepared nurses, represent only a fraction of all programs. Dr. Flack also championed the cause of health disparities in communities of color, opening community care clinics and serving as the first director for the Center of Excellence for the Elimination of Health Disparities on WSSU's campus. She was interviewed on by JoAnne Banks, RN, PhD, the Bertha L. Shelton Endowed Professor for Research at Winston-Salem State University, in October of 2016. This interview highlights her thoughts and reflections on health professions diversity.

JB: Dr. Flack, would you please tell me something about yourself and where you came from before you became the one and only Dr. Sylvia Flack?

Dr. Flack: Well, before I became Dr. Sylvia Flack, I was Sylvia Flack. And I'm still Sylvia Flack. I came from a little town in North Carolina, Spindale, which is in the mountains near Ashville. I was raised on a farm, and I am the last of seven children.

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I had a wonderful upbringing. I had the best parents in the world—I really did. They believed in education. My mother, my parents were pro-education advocates, even at that time. They sought out the best educational opportunities for me. It was exciting to be accepted to the nursing program Winston-Salem State University. My mother was out in the community drumming up financial aid for me every place and any place that she could. My dad worked as an orderly at the local hospital. He was instrumental in arranging for me to work there in the summer before entering WSSU. Of course, I could only work as a maid at that time. But that experience shaped my desire to excel in nursing and health care.

JB: Historically, African Americans have been underrepresented in the health professions. What do you see as the major reason for that? And what do you see as the most important thing in terms of changing that?

Dr. Flack: I've been in health care and health education for more years than I want to tell you. In 2018, it will be 50 years.

JB: Oh, praise God!

Dr. Flack: Yeah. And the truth is, Dr. Banks, that there hasn't been much change related to African Americans except for the fact that we can get into educational programs much easier than during my education. You know, at the time I started, African Americans could only attend historically Black institutions. Now, there were a few people, a few of my teachers, for example, that managed to get a master's from the University of Chapel Hill. Some of the aspects that changed I think have helped us, but not enough. The fact that it is recognized that the nation has problems such as disparities in health and health care especially for ethnic and racial groups has presented opportunities for these groups to seek health care professions. And so, every now and then when that disparity issue becomes politically hot, you see more money directed toward African Americans, Hispanics, American Indians, and Asians to prepare themselves to go into health care fields. Certainly, I believe that we do not face as many biases as we used to, but they're still there. An example: until 1967 students from the WSSU nursing program were not allowed to train at Baptist or Forsyth [Hospital]. My class was the first class to train at Baptist. During my time as dean from 1989 to 2004 we had no trouble using facilities in this area for clinical. However, facing criticism and intense scrutiny, the faculty and students had to work hard to maintain an outstanding reputation in these facilities.

JB: So, now that some things have changed, what do you feel is the role of HBCUs and minority-serving institutions [MSIs] in terms of increasing the diversity in health professions? Do you see them as still being relevant?

Dr. Flack: Well, I still think HBCUs are graduating more health care professionals, mainly from nursing. Very few HBCUs and MSIs have the variety of health programs at Winston-Salem State University. In terms of the HBCU, health care programs can really become a plus. A mission to produce health care providers can offer HBCUs the uniqueness that is needed to resist the attempts to close these schools. When I joined WSSU I recommended that each department be connected in some way to programs or initiatives in health and health care. I could see very clearly that the number of campuses in the UNC university system could serve as a liability to the HBCUs. The board of governors was considering closing our nursing program, and if that had happened, I don't think Winston-Salem State would be as it is today, because nursing was and still is the premier program. So, I think the goal of HBCUs should be to respond to the needs of this nation in preparing professional for jobs in fields where there are shortages, one of them being health and health care. They should start integrating health-related programs or initiatives not only in schools of health sciences or departments of health but in other programs. It will give HBCUs uniqueness. This could allow the political strength to resist closing and other major changes occurring in these universities.

JB: I've been talking to people and reading the *Chronicle of Higher Education* and the *Journal of Blacks in Higher Education*. It seems like some of our health profession programs at HBCUs are really struggling right now. Do you see that as being different, say, from when you first started your work, or has that always been the same? And what accounts for the big struggle that we're having?

Dr. Flack: Well, there's a lot. We struggled. I came here kicking and screaming. I didn't mean to come back home, but there was something, a higher power, that said, "You're going." I had a choice between West Virginia and Winston-Salem. My son, who was a teenager, looked in my eyes and said, "Please don't take me to West Virginia. Let's go to Winston-Salem State." But yes, HBCU programs are still struggling. The Center of Excellence for the Elimination of Health Disparities (CEEHD) through its initiative, the National Strategy, sponsored eight annual nursing leadership institutes for HBCU and MSI nursing programs. Mostly, the conversations were about the issues facing our programs. These were some of the same issues as when I joined Winston-Salem State University in 1989. What was wrong then? What were the struggles then? The nursing program struggled with funding, student preparation, faculty morale and preparation, resources such as computer technology, lab materials, and clinical space. We experienced pressures from the university system, board of trustees, the N.C. legislators and the N.C. Board of Nursing, university administration, and the community. These are some of the same issues that the programs are facing today.

Some of the tactics that the faculty and I used to improve the WSSU nursing program may be applicable to health professional programs in today's environment. To comply with the needs of students, constituents, and authorities, we realized that integrating diversity

could change the path of our nursing program. Diversity became our goal. We diversified the student body in race and ethnicity, in age, in educational backgrounds and abilities, in geographical location, and in life experiences. We diversified our program initiatives. We promoted our program as a place where students can realize their dreams and ambitions. Our plan resulted in outreaching our RN to BSN programs throughout the state, as well as a paramedic-to-BSN program. There were students who drove from Tennessee, Virginia, and South Carolina for our paramedic- and RN-to-BSN programs.

One very interesting example is the paramedic-to-BSN program. There were paramedics from all over that state interested in obtaining BSN degrees. One group from Mount Airy met with us to talk about opportunities. Their request was to help them use their skills to become registered nurses. I thought about it, and I finally said to them, "But you're not nurses." So, they went away with their tails tucked under and feeling bad because they had now approached UNC-G [University of North Carolina at Greensboro] and WSSU and received negative answers. My response worried me all night long. I called them the next day and said "Come back, let's talk more." And we kept talking, talking, until I saw a way. After reviewing their state curriculum, I saw a way of doing it. The rest is history, the first paramedic-to-BSN program in our nation. We designed a program that would allow them to continue working as paramedics. We analyzed their paramedic curriculum and compared it with the nursing curriculum. We determined the gaps and designed a course of study.

JB: What are your thoughts about why it is that nursing—and you can correct me if I'm wrong—but nursing, at least at Winston-Salem State, and I suspect at other HBCUs and minority serving institutions, has been more successful as compared to some of the other health disciplines in terms of the recruitment, retention, and graduating diverse groups of people?

Dr. Flack: Well I think it probably had something to do with the necessity. Nursing was started in '53 for African Americans. There has always been diversity in faculty and students at the university. I think under my leadership we really started to open to White and Hispanic students. I think we attracted diverse students because of the quality of the programs, as well as the fact that many of our students were considered adult students. The university is located geography in an area of the state that meets the commuting needs of many students. The tuition compared to private schools, of course, is attractive. Now, physical therapy, a BS program at that time of inception, started with more White students than African Americans and other ethnic groups. The objective was to admit qualified students. At that time, we did not have many African American students applying to the program.

One of the issues that I have heard from not only our health science faculty but also faculty from other universities and schools is that students are entering college not prepared. Some students and particularly racial and ethnic and some foreign national students struggle with developing analytical, critical thinking, research, and problem-solving skills, which are

necessary for building a hierarchy of learning. Many students steer away from courses where these skills are developed. Students and especially those who may be considered high-risk candidates for health professional programs should be engaged early on in their education. This would require health professional programs to get involved in secondary education with administrators, counselors, and students.

As dean, I worked with the school system here in Winston-Salem. I attended the counselors' meetings. I work closely with superintendents and kept them informed about the SOHS [School of Health Sciences]. The dean, associate deans, and directors of HBCU health-related programs must be involved in the community. They must be political, which is not a good word right now, but I'm going to say it. They must be political. You got to be out there, meeting people, talking about these programs, making sure that you're a part of that backroom talk where resources and money are allocated. Visibility is significant to health programs because they are judged by their demonstration of excellence.

JB: Our nursing program, and I suspect all of the health science programs on campus as well as other places, are very short on faculty, and so as we try to increase the diversity and to make sure that the students are successful. How do you see the balance between attending to the students and doing the work that needs to be done in the communities? How do we balance those things?

Dr. Flack: I don't have a magic answer. It always seemed that more and more was expected of the School of Health Sciences when I was dean. It was my intent that the faculty would have the time to seek degrees, conduct some research, and to be present in the community. Obtaining resources and careful resource allocation was the main answer at that time. We as a school worked together in an organized manner, making sure everybody had an opportunity to achieve their goals. As dean and associate dean of nursing, securing resources to meet the goals was my responsibility. So, the relationships with the university administration and my counterparts were very significant.

JB: It sounds insane, but okay. [Both laugh.]

Dr. Flack: I guess it was insane. But it had something to do with being obsessed or determined to achieve a goal. It brought people together to face a mutual challenge. We all wanted to save the nursing program from closure. We all wanted to develop health professional programs at WSSU. We all wanted to produce graduates that were known to be from WSSU. I heard Representative Larry Womble tell the story about being in Africa one summer and meeting one of our nursing graduates. He said the people there recognized the superiority of her nursing skills. That was rewarding to all of us. We worked hard because we wanted the program to survive and because we wanted to be the best in N.C. So, let me go back to

your question about balance. I don't want to disregard faculty significance and faculty stress. It is up to the administration of the university to allocate resources to secure enough faculty in HBCU health professional programs to make sure all faculty can perform their duties without burnout and a need to leave the university. Health professional faculty have always been scarce.

JB: So what are the challenges of trying to maintain that level of excellence and diversity? What does that do to your larger life when you're working so hard for the school?

Dr. Flack: I missed a lot. I missed a lot. But, I accomplished so much, which has been very rewarding. There was no balance, no balance whatsoever, and that's the way I wanted it. I presented a paper for North Carolina Women Administrators in Higher Education at Western Carolina University, and it was the antipathy of balance. I addressed what happens to an individual who feels pressured to balance life when that's the exact opposite of what they want or need at the time. But no, there was no balance. I could take care of my son, and was able to take care of my mother. Past that, my time belonged to Winston-Salem State University. I'm not advocating that others do that—no, I'm not. I never asked anyone to give the kind of time and energy that I did. However, many people who worked with me did. But I'm advocating a commitment way beyond what you sign in the contract. I advocate a model of caring. There are students that need guidance or students that you just need to put your hands on and say, "You're going the wrong direction, let's talk"—that kind of thing, which I know, Dr. Banks, that's what you do in your new position. But I can't tell you or anybody else how to find that balance. All I know is I am very proud of my work at my alma mater.

JB: Well, for me coming here from predominantly White research institutions, what I've had to make peace with is that I can't do research the way I did it before. And so my question is, as we move into this environment where the research and the scholarship are becoming increasingly important, what it means in terms of the sustainability of the university? What are the challenges of trying to be the researchers that we're now asked to be while also having that high touch with our students?

Dr. Flack: I think the university is going to discover that, if they expect research, they must develop strategies that will allow faculty to produce. There is a great benefit to the university from research money, for instance, the administrative overhead. We received a $4.7 million grant for the CEEHD—that's over a million dollars in overhead. One way of involving several faculty members in research is to develop teams. We did it together, because there was no way that one person can do research, teach, serve on committees, and everything else that's expected.

JB: Yeah, they've got whole teams, but this is what I'm looking at right now and trying to think through, because so many of our faculty are working full time. We're having a lot more of our faculty who are getting their degrees through online programs that are not research intensive, and so they get degrees, but they don't necessarily have the level of preparation to be able to immediately do the type of grants that come with indirects, as you are talking about. So how do we think about that as a university?

Dr. Flack: We probably need to go back and look at models in the past. A lot of people don't like looking at the past. My degree is an education degree, a practice degree. And in terms of research, I had a couple of courses—I made sure I did. And it may be something that you say to them. You make sure you get research, grant writing, and publishing into your curriculum at a level higher than basic research. That could even be a requirement. Teams with individuals who have the expertise in grant writing, research skills, and publishing skills can reduce the time a faculty member spends on developing these skills. Engaging faculty from other universities will prove be an asset. I remember the first approved grant that we received. It was a DOD [Department of Defense] breast cancer grant. The team included Dr. Johansson (a WSSU graduate) from Johns Hopkins University, a faculty member from each program in the SOHS, and the staff from Sponsored Programs. All the directors of programs in the SOHS and I went to Bethesda, Maryland, to meet with NIMID [National Institute on Minority Health and Health Disparities] to talk about our plan to increase research. They spent time with us talking about how to apply for grants. It was impressive to them that we all came together. I don't know if that is done now.

One issue that I worked against as dean was isolation of programs. I'm afraid isolation of program, departments, schools, and HBCUs is destructive. I think it is very significant that educational programs work together to teach students the value of collaboration. Education must take the lead in order that these professional students learn how skills become integrated in patient care. We don't know the path that our health care system will take. However, if we accept the recommendation of the Institute of Medicine's report on nursing ["The Future of Nursing: Leading Change, Advancing Health" (2010)], nursing will take a greater leadership role in health and health care. I have this vision: nurses in health care facilities will be nurse practitioners; at that point decisions about what patients need from other health care professionals will be made by nurses.

JB: So when you think about research as it relates to scholarship, as it relates to decreasing health disparities and increasing health equity, what do you see as the most important type of things that we should be thinking about?

Dr. Flack: In universities, especially HBCUs, we make the mistake of thinking it's biomedical research that is significant to reducing health disparities. It's not. Now there are certainly

some biological disparities. But it is the social determinants, it's political issues, it's societal issues, it's everything. These components converge to cause health and health care disparities. So, I think that's where the research should be. Research should be out in the community, churches, health departments, and public schools. The mayor's office, the county commissioner, and city council should be involved in some way. The SOHS should be the academic component that brings this together.

JB: If we do that, what do we need to change about our curriculum or the curriculum that students have before they get into the majors? It seems like mostly what we're doing inside the curriculum right now across board is not really preparing students to necessarily be able to think about those social determinants.

Dr. Flack: I'm not sure what's in the curriculum now, and that's a disadvantage for me talking. I'm not just trying to talk about what we did when I came, because things have continued to change in very positive ways. That was my biggest problem, getting people to change. But the curriculum, especially the general education, should address on a basic level research, critical thinking, analytical skills, technology, communication, diversity in this nation, health, and health care. [At the lower levels] we should include all those things that would stimulate an interest in research. That's another problem—, we don't think about what will set this person on fire to become their absolute best.

JB: I see students are focusing a lot on the technical skills. Well, obviously you have to have technical skills, but people are, as you said, they're in a context. And I'm not so sure that any of the health professions are doing enough in terms of helping people to see that you're taking care of people in context and that those contexts have to be addressed. . . . Looking back over your career and your contributions, if you could go back and change some things, are there any things you would change? And if so, what would they be?

Dr. Flack: I don't really know. I know things could have been done better. Things could have been done differently, but as I look back, and I'm thinking right now about my 26 years at Winston-Salem State, I think we did those things we had to do to save the nursing program and then to build an SOHS. It was our goal to leave a foundation for those who came after us to continue developing. You know, that's hard to answer. The Department of Nursing and Allied Programs was the name of the SOHS. Both programs were strong. We added stronger curricula steeped in health disparities, and a community component, the primary care center in public housing. Physical Therapy and Nursing started the first two graduate programs in the university. We secured the first research grants that were not biomedical. We developed the School of Health Sciences. We introduced many organizational components to the university, for example, the administrative assistant dean's position and an informa-

tion technology position. We were the first to establish a learning lab with computers. We promoted excellence by seeking nonrequired approval, such as Sigma Theta Tau [Sigma Theta Tau International Honor Society of Nursing] and a higher level of accreditation.

JB: You've talked about what you did in nursing and what you did as the dean of the School of Health Sciences, but you haven't really talked about why it is that you felt the need for the center. What do you think the center added to this notion of increasing diversity of the health professions?

Dr. Flack: We always had that emphasis on populations who experienced disparities. We didn't call it that then. I think it was first called gaps in health. But I especially had an interest in health care disparities. I'll tell you another story. When I graduated from high school and was accepted to Winston-Salem State in the nursing program, my mother and daddy said, "You're going to have to work this summer." I said, "What? Work?" So, Daddy got me a job at the hospital as a maid. That's all I could do back then. And I was assigned to an annex. At that time we called it the annex. That's where the Black patients were cared for. And guess what, Dr. Banks? The maids on that unit gave medicine! Now this is 1964, don't forget. Maids giving meds to Black patients did not seem to worry anyone. The nurse, who was way down in the other wing, brought medicines to the annex, left them on a table, and instructed me to give the meds to a patient. I thought, "This can't be right." And that's where it all started for me. That's absolutely what made me do the best I could in nursing school.

So back to the CEEHD, Chancellor Harold Martin and I ended up serving together on a several committees in the city, health-wise. When I left the SOHS in 2004, I served as special assistant to the Dr. Martin. Because of his interest in health and health care, we decided to develop a research center to work closely with the community and serve as a vessel for faculty and students to participate in research. And really, we had the opportunity to bring people together all over this county. It was just unbelievable. Many people were not aware of the disparity in health in our community. The CEEHD became a great instrument for dissemination of information regarding health disparities. We sponsored public school students to be involved in research and engaged students in the university to serve as research assistants and interns in the center. We developed young researchers not only in the School of Health sciences but in other departments, such as biology, social service, computer science, business, education, and gerontology.

JB: What do you see as the future of centers in terms of moving forward, particularly increasing diversities within the professions? What do you think they can offer?

Dr. Flack: Well, certainly a place where disparities research is developed. But in terms of increasing diversity in programs, we brought together all the HBCU nursing programs, and

in the last couple of years we were also attracting Hispanics, American Indian programs, and community colleges. The goal was to build environments for nursing student success by developing strategies to assist each other and strategies to assist our faculties develop. We worked with other minority organizations, the National Black Nurses Association and the American Association for Men in Nursing, to attract future nursing students. A diverse work force is significant in eliminating disparities in health and health care. The CEEHD engaged parents and postsecondary students regarding careers in health care. We sponsored many high school students to take part in health disparities camps and programs.

JB: What I hear is a three-prong thing that you're saying about the center: one being to develop and implement the research agenda. A second one that I hear is as a place of developing the future generations of clinician scholars themselves. And the third thing that I hear you say is to be a catalyst for engaging the community in being part of the solutions.

Dr. Flack: Yes, the goal was to assist in eliminating health and health care disparities by developing health professionals, supporting research, and engaging the community.

The major goal was to promote better health, not only for diverse populations but also elderly, children, disabled, veterans, et cetera. Just before I retired we starting examining Appalachia in terms of disparities. Look what's happening in that area: alcohol and drugs, issues with insurance, and increased illness related to social determinants.

JB: If you could talk to the next generation of scholar clinician faculty, what would be the two or three most important things you would say to them about going forward in the next couple of decades?

Dr. Flack: I would tell them, prepare yourself through advanced education. You need to look at a curriculum that can lead to many career paths. Nursing degrees will allow one to become practitioners, educators, politicians, CEOs, entrepreneurs, and even more. Secondly, I would advise them to be intense and committed to accomplishing their goals, because they will look back and say, I don't regret the work that I have done. If I could change anything about me, I guess I would have gotten a PhD, because it is research intense.

JB: What do you think getting the PhD would have added?

Dr. Flack: More research.

JB: More research, just more research?

Dr. Flack: I think a PhD versus an EdD would have added even more respectability to the work that I have done.

JB: I want you to talk a little bit about that, because now we have more students getting the DNP, the DPT, the doctorate in pharmacology. These are practice degrees. What do you see as the strengths and limitations of those degrees in terms of what it is we're trying to do?

Dr. Flack: Well, certainly a practice or clinical degree is an advantage for patients. I believe a clinical degree is an asset for clinical teaching. Depending on the practice degree, there is a limitation in research, leadership, management of care, and teaching content. However, clinicians gain the basic competencies, and there is always the opportunity to build on those basics.

JB: Is there anything that I should have asked that I didn't ask? And if so, ask it and answer it. [Both laugh.]

Dr. Flack: I don't know, but I can tell you, JoAnne, I can tell you my journey has been real, it's been wonderful. I truly have had opportunities that I just happened to have been in the right place at the right time. A good example is my speaking for the 1989 Pinning Ceremony. A tornado hit the campus during my speech, and of course, my car was heavily damaged. If that hadn't happened, I would not have had to opportunity to meet Dr. Cleon Thompson, chancellor, and Dr. Alex Johnson, provost. They insisted that I needed to come home to help with the nursing program. You have to be a risk taker. You have to take chances. You have to be determined to achieve, and you have to be willing to fail and learn from failing.

JB: And so how do we nurture people's willingness to take risks and fail?

Dr. Flack: I don't know. I think—especially people of color—we're protecting [the younger generation] so hard and thinking, "I'm going to make sure you have everything. You're going to have everything that you need." They lost the will to struggle. Now with us, me, you're not as old as I am . . .

JB: No, but I had to struggle.

Dr. Flack: We had to struggle. And if it wasn't for resources, it was for recognition. It was to be somewhere that nobody wanted you there, that kind of thing . . . You've got to have good role models. I don't know what that means in terms of how you're hiring now, but you've got to have those good role models. There's strength in the older generations of nurses. They can in some way help guide younger faculty. Use them.

JB: I got to ask you one last thing. I said I wasn't going to ask you any more, but what you just said just makes me ask this one thing. The way programs, ours and other programs, are set up now, with students being literally kicked out of programs if they get less than a C in more than one course, how does that shape how we develop opportunities for students to struggle?

Dr. Flack: I don't think that's unlike what it was. I think it has always been the policy in the nursing program. If you received lower than C in two nursing courses, you had to leave the program. It may be time to relook at that. Taking courses more than one or two times is mastery. Other nursing programs have that two-policy rule. True mastery or competency based is designed to allow all the time that you need to master the course competencies. We started modified mastery. And that may be too much.

JB: Well, we're still talking about mastery. And this is one of the things that have befuddled me. Faculty acknowledge that you started it, but what it has come down to is test, retest. Often students are taking a quiz and then they're retesting the next day or in two days. And so the mastery piece seems to be lost.

Dr. Flack: There is a time element—time is the enemy. There must be a built-in time frame for testing. And mastery includes reteaching and relearning and retesting. Sometimes we would have students maybe testing on one unit while completing a prior unit. That happened, and I don't know if we ever worked that out. There are bugs with it—many, many bugs. But at least it gave students the opportunity to master the content. It also was an element that factored into passing the NCLEX-RN.

JB: All right. Well, thank you.

REFERENCE

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