

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Robert Wood Johnson Foundation

AARP Foundation®

Recommendation 1

CREATING A SHARED AGENDA

Recommendation #1

CREATING A SHARED AGENDA

In 2021, all national nursing organizations should initiate work to develop a shared agenda for addressing social determinants of health and achieving health equity. This agenda should include explicit priorities across nursing practice, education, leadership, and health policy engagement. The Tri-Council for Nursing and the Council of Public Health Nursing Organizations, with their associated member organizations, should work collaboratively and leverage their respective expertise in leading this agenda-setting process. Relevant expertise should be identified and shared across national nursing organizations, including the Federal Nursing Service Council and the National Coalition of Ethnic Minority Nurse Associations. With support from the government, payers, health and health care organizations, and foundations, the implementation of this agenda should include associated timelines and metrics for measuring impact.

#	Sub-Recommendations
1.1	Within nursing organizations: Assess & eliminate racist & discriminatory policies
1.2	Across nursing organizations: Leverage expertise of public health nursing
1.3	Across nursing organizations: Leverage expertise in care coordination & care management
1.4	Across nursing organizations: Develop mechanisms for nurses' health, well-being, resiliency, and self-care.
1.5	External to nursing organizations: Use communication strategies to amplify health-equity related issues
1.6	External to nursing organizations: Increase the number and diversity of nurses
1.7	External to nursing organizations: Establish awards recognizing contributions in achieving health equity

1. CREATING A SHARED AGENDA

1.1 Assess diversity, equity, and inclusion, and eliminate policies, regulations, and systems that perpetuate structural racism, cultural racism, and discrimination with respect to identity (e.g., sexual orientation, gender), place (e.g., rural, inner city), and circumstances (e.g., disabilities, depression)

1. Key Strategic Stakeholders

Nursing Organizations

The organizations named in Recommendation 1: Council of Public Health Nursing Organizations; Federal Nursing Service Council; National Coalition of Ethnic Minority Nurse Associations; Tri-Council for Nursing; and all relevant affiliated organizations of these groups

Health Care Organizations

Per Recommendation 1: Health organizations, health care organizations, payers

Non-profit Organizations

Per Recommendation 1: Foundations
External organizations to build tools and evaluate; group suggested organizations with deep stakes in resolving inequality such as NAACP
Funders with interest in the process of building, validating tools

Federal, State, and Local Government

Per Recommendation 1, governments should be involved in process as funders.
Policymakers

Education

Universities, other research organizations to share learnings from process.

2. Top 3-5 Actions for 2021

1. Stakeholders should investigate possible tools, frameworks, and approaches for a long-term, comprehensive commitment to undoing injustice in internal policies etc. The stakeholders should assume from the start that tools for this process will need to be adapted to nursing, but a thorough review of available tools is essential.
2. Working together, the organizations should agree to a piloting process to develop initial insights into these tools, processes, etc. The key idea is that this is being done on behalf of all nursing organizations, not just as internal review for any given organizations.
3. Even before the piloting process begins, the stakeholders will need to undertake an initial assessment that includes acknowledgement of historical failures to work for justice, inclusion of excluded and silenced voices, and acknowledgement that this work must include all policies. In short, they should ask, "What must happen for this conversation to even begin?"

3. Top 3-5 Actions for 2022

1. Complete pilots in a transparent, accountable manner designed to inspire the entire profession
2. Use piloting process to craft overarching guidance for nursing organizations with the goal of creating a "gold standard" -- include advice on how to adapt this standard to organizations of various types and sizes.
3. While this depends on the outcomes of the piloting process, organizations should make long-term commitments to demonstrate that this is a generational shift.
4. The piloting process should also lead to recommendations for other stakeholders (philanthropy, policy) for changes that will be necessary for work to continue.
5. It is also essential that the process be open to critique from concerned parties external to nursing -- for example, how do we ensure that these changes are in patients' best interest?

4. Success Indicators

- 1) This is a process to achieve justice, so justice-based criteria should be used to evaluate it. Focus should be on the material well-being of those who were wronged, not (just) the interests of the stakeholder organizations.
- 2) Buy-in from a critical mass of nursing organizations is essential; this is an organizing process and cannot succeed without bringing everyone along.
- 3) Long-term sustainability -- this cannot be just a one-time Band-aid fix.

1. CREATING A SHARED AGENDA

1.2 Develop mechanisms for leveraging the expertise of public health nursing (e.g., in population health, SDOH, community-level assessment) as a resource for the broader nursing community, health plans, and health systems, as well as public policy makers

1. Key Strategic Stakeholders

Nursing Organizations

Acute and primary care nursing organizations; American Association of Ambulatory Care Nurses; National Association of School Nurses

Health Care Organizations

American Hospital Association; Federally qualified health centers; Population and public health stakeholders

Federal Government

Department of Housing and Urban Development; Health Resources Services Administration; Legislators; Payers

State Government

Local and state public health departments; State affordable housing agencies

Education

Educational bodies; Nursing programs and student groups; University programs in public health, social work, public administration, mental health

Other

Consumer groups

2. Top 3-5 Actions for 2021

1. Create or designate an organizing body
2. Find funders for implementation (make enterprise sustainable)
3. Share what PH nursing brings to the health equity equation; PH nurses can be leaders and consultants with nurses in other practice domains
4. Connect to primary care (value-based care)
5. Collaborate with NAM report, "Integrating social care into the delivery of health care" to elevate the issue

3. Top 3-5 Actions for 2022

- A. Develop a collaboration platform for electronic health records to coordinate efforts
- B. Consider process and outcome metrics and include patient and consumer groups in the process
- C. Recruit affiliates to an organizing body and ask them to develop their own related goals
- D. Fund opportunities for clinical nursing education in community settings
- E. Build stronger coalitions with federally qualified health centers and Medicaid programs
- F. Develop evidence highlighting the effectiveness of nursing, social work, etc. in advancing health equity
- G. Pressure funders to allocate a percentage of time for public health nurses to do upstream work and policy change
- H. Enumerate number of public health nurses

4. Success Indicators

- Evidence of (cost) effectiveness of nursing, social work, community health worker teams in addressing social determinants of health
- Reimbursement model for health equity interventions
- Funders allocate time in grants for public health nurses to do upstream work and policy change
- National Institute of Nursing Research funding of measurements of health equity outcomes

1. CREATING A SHARED AGENDA

1.3 Develop mechanisms for leveraging the expertise of relevant nursing organizations in care coordination and care management. Care coordination and care management principles, approaches, and evidence should be used to create new cross-sector models for meeting social needs and addressing SDOH.

1. Key Strategic Stakeholders	2. Top 3-5 Actions for 2021	3. Top 3-5 Actions for 2022
<p>Nursing Organizations American Academy of Ambulatory Care Nursing; Association of Nurses in AIDS Care, Association of Public Health Nurses; Corrections nurses; Nursing specialties with experience in care coordination; Tri-Council for Nursing</p> <p>Health Care Organizations Health care organizations across continuum of care, including primary care and long-term care; Hospital associations; Payers</p> <p>Non-profit Organizations Community resources; Food banks; Workforce centers</p> <p>Federal Government Agencies controlling special funding streams for at-risk populations; Centers for Medicare and Medicaid Services; Payers; Regulatory compliance agencies</p> <p>Education Nurse educators</p>	<p>A. Use Ryan White model of HIV care as model to glean lessons and replicate; explore other existing funding streams for at-risk populations</p> <p>B. Unpack existing payer sources for care coordination that already exist</p> <p>C. Identify funders to support care coordination models</p> <p>D. Consider how American Nursing Association’s “Pathways to Excellence” informs this work</p> <p>E. Identify and reach out to diverse stakeholders</p> <p>F. Build up momentum with community health workers, mental health workers and others who can inform the strategy</p> <p>G. Address DEI in care coordination to assure we engage broad communities</p>	<p>A. Bring stakeholders together to create strategy</p> <p>B. Research, leverage and replicate best practices and models for at-risk populations</p> <p>C. Establish incentives such as a certification designation/recognition for systems that implement value care management (similar to Magnet Recognition Program)</p> <p>D. Evaluate inclusiveness of regulations to break down silos for populations</p> <p>E. Develop communication strategy to increase awareness of what is already funded and possible and to promote adoption of new models</p>

4. Success Indicators

- Increase in billing for care coordination (through fee-for-service billing but also other funding mechanisms)
- At-risk populations will have greater continuity of care
- Wider adoption of cross-sector models
- Use “Health Days” measure from the Centers for Disease Control and Prevention
- Long-term indicators of care continuity, reduced adverse events, health equity, lower emergency room visits and hospitalizations

1. CREATING A SHARED AGENDA

1.4 Develop mechanisms for prioritizing and sharing continuing education and skill-training resources focused on nurses' health, well-being, resiliency, and self-care to ensure a healthy nursing workforce. These resources should be used by nurses and others in leadership positions.

1. Key Strategic Stakeholders	2. Top 3-5 Actions for 2021	3. Top 3-5 Actions for 2022
<p>Nursing Organizations Association of Public Health Nurses and state affiliates; Minority nursing groups; Nursing student groups; Workforce centers</p> <p>Health Care Organizations Long-term care organizations; Hospitals and health systems; Nurse employers and others who set employment policy; Payers; Prison health organizations</p> <p>Non-profit Organizations Foundations</p> <p>Federal Government National Academy of Medicine and others who have developed plans for clinician well-being; Regulatory agencies involved in clinician well-being</p> <p>Education Nursing schools</p> <p>Other Business leaders; Wellness providers</p>	<p>A. Inventory existing plans from National Academy of Medicine and others for clinician well-being, looking for root causes, innovative practices, and best-practices evidence base</p> <p>B. Craft communications toolkit with consistent messages with an eye toward customization for nursing and non-nursing decision-makers</p> <p>C. Get stakeholders together virtually to affirm commitment for action and identify key actions to be taken, including funding</p>	<p>A. Get this work out to state and local levels</p> <p>B. Identify clusters of success/exemplars to look to for replication</p> <p>C. Identify funding sources</p> <p>D. Bring in legislators and nurse allies to support this</p> <p>E. Consider state lottery to benefit nurses</p> <p>F. Use Center for Disease Control and Prevention Healthy Days as a measure as well as nursing boards data on nurses leaving profession</p> <p>G. Change professional certifications talking points include professional development hours for self-care</p>

4. Success Indicators

- Number of companies/foundations/others pledging funding for nurse well-being initiatives
- Institution of new metrics of success (nurse satisfaction scores) by boards of nursing and others
- Number of nurses thriving through career advancement and further education

1. CREATING A SHARED AGENDA

1.5 Develop and use communication strategies, including social media, to amplify for the public, policy makers, and the media nursing research and expertise on health equity–related issues.

1. Key Strategic Stakeholders

Nursing Organizations

Nurse unions; State nursing associations; State workforce centers

Non-profit Organizations

AARP national and state offices; Social justice groups; Think tanks

Federal Government

Nursing caucus; Policymakers

Other

Consumer groups; Hollywood; Media (healthcare-focused and mainstream); Religious groups; Social workers; Sororities and other service groups that promote nursing as career track

2. Top 3-5 Actions for 2021

- A. Secure funding
- B. Get the International Academy of Nursing Editors to write a joint editorial on NAM report and spark others to do the same.
- C. Build a comprehensive digital toolkit to include messaging, social media, images, stories of nurses leading in health equity, research.
- D. Conduct Capitol Hill briefing
- E. National nursing organizations develop a shared agenda around this work.

3. Top 3-5 Actions for 2022

- A. Build awareness, engagement and dissemination of tool kit
- B. Presentation at association for health care journalists conference
- C. Build a template for state organizations to use to present to state lawmakers on the work that nurses are doing
- D. Conduct public service awareness

4. Success Indicators

- Agreement in strategy among national nursing organizations
- Completion of tool kit, repository established
- Briefings completed
- Analytics tied to digital tools, resources
- Replication of existing models on EDI
- Increasing stories about nurses with expertise in health equity in media; nurses become regular voices in media, on policy, etc.

1. CREATING A SHARED AGENDA

1.6 Increase the number and diversity of nurses, especially those with expertise in health equity, population health, and SDOH, on boards and in other leadership positions within and outside of health care (e.g., community boards, housing authorities, school boards, technology-related positions).

1. Key Strategic Stakeholders	2. Top 3-5 Actions for 2021	3. Top 3-5 Actions for 2022
<p>Nursing Organizations Nurses on Boards Coalition; State action coalitions; State nurse associations</p> <p>Health Care Organizations American Public Health Association</p> <p>Non-profit Organizations AARP Office of Volunteerism; Alliance for Justice; Council of State Governments; National Conference of State Legislators</p>	<p>A. Collaborate with Nurses on Boards Coalition to amplify appointments and to enhance targeting of boards at local, state, national levels.</p> <p>B. Develop enhanced education on the importance of nurses serving on boards and political appointments, target non-nursing entities</p> <p>C. Prioritize boards for appointments, recognizing that not all boards are the same</p> <p>D. Develop strategies to get nurses elected to every school board and public health board in United States</p> <p>E. Target nurses for appointment to housing authority boards</p> <p>F. Target faith-based organization boards in collaboration with parish nursing organizations</p> <p>G. Answer key questions: “What are we missing if nurses are not on boards? Who are the experts?”</p>	<p>A. Develop enhanced education on the importance of serving on boards and political appointments for every nurse</p> <p>B. Non-nursing entities such as Walgreens and CVS should create internship opportunities to educate nurses on the importance of boards</p> <p>C. Identify and target political appointments related to positions that impact social determinants of health at local, state and national Levels (including banks and financial institutions)</p> <p>D. Partner with each state’s “Women in Government” or appropriate entity to expand appointments to boards</p>

4. Success Indicators

- Establishment of baseline data on number of nurses serving on boards in collaboration with Nurses on Boards Coalition
- Annual targets for number of nurses on school boards and public health boards
- Specific impact factors (to be identified) of nurses serving on key boards
- Number of nurses appointed, running for or elected to political positions and elected boards
- Ensure that equity underlies all actions and strategies
- Develop answers to the question: What is America losing by not including nurses on boards?

1. CREATING A SHARED AGENDA

1.7 Establish a joint annual award or series of awards recognizing the measurable and scalable contributions of nurses and their partners to achieving health equity through policy, education, research, and practice. Priority should be given to interprofessional and multisector collaboration.

1. Key Strategic Stakeholders	2. Top 3-5 Actions for 2021	3. Top 3-5 Actions for 2022
<p>Nursing Organizations American Association of Colleges of Nursing</p> <p>Health Care Organizations American Public Health Association</p> <p>Non-profit Organizations Foundations</p> <p>Federal Government Department of Health and Human Services</p> <p>Education Nursing schools; Partners to reach students in nursing and other disciplines</p> <p>Other Celebrities; media</p>	<p>A. Clarify what the “ask” for each organization will be</p> <p>B. Identify stakeholders to bring heft</p> <p>C. Vet stakeholders for portfolio fit, even if not nursing, seeking organizations with a health equity focus.</p> <p>D. Prioritize partner or stakeholder who will invest in award long-term</p> <p>E. Devise award that functions to support community where awardee’s work is being done, a “give-back”</p> <p>F. Reach out to Robert Wood Johnson Foundation, Johnson and Johnson to help identify ten organizations that would create awards, such as MacArthur Foundation</p>	<p>A. Begin inviting, then negotiating with stakeholders to establish consensus around award</p> <p>B. Engage younger and aspiring nurses, via elementary and high school outreach, perhaps via school nurses. Follow lead of previous successful campaigns, such as Johnson and Johnson’s</p> <p>C. Develop communications strategy that ensures award is covered in the news media; the strategy would evolve as partner orgs chime in and bring their own communications assets to the project</p> <p>D. Explore foundations that might fund media series/ or segments on health equity in venues such as PBS Newshour</p>

4. Success Indicators

- Key strategic stakeholders are identified by the end of 2021
- Key strategic stakeholders are secured by first quarter 2022
- Creation of a calendar/timeline for execution of award by Thanksgiving of 2021
- Coverage of the award in news media