

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Robert Wood Johnson Foundation

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Recommendation 2

SUPPORTING NURSES TO ADVANCE
HEALTH EQUITY

Recommendation #2

SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

By 2023, state and federal government agencies, health care and public health organizations, payers, and foundations should initiate substantive actions to enable the nursing workforce to address social determinants of health and health equity more comprehensively, regardless of practice setting.

#	Sub-Recommendation
2.1	Rapidly increase number of nurses with expertise in health equity and in specialty areas with current shortages
2.2	Invest in nursing education and traineeships in public health
2.3	Direct funds to nurses and nursing schools to sustain and increase diversity
2.4	Invest in nurse loan and scholarship programs
2.5	Prioritize longitudinal community-based learning opportunities in all relevant Title 8 programs
2.6	Support the academic progression of socioeconomically disadvantaged students
2.7	Establish a National Nursing Workforce Commission or significantly invest in and enhance the current capacity of HRSA's National Advisory Council on Nurse Education and Practice.
2.8	Quantify nursing expenditures related to health equity and SDOH.
2.9	Include nursing expertise when health-related multisector policy reform is being advanced.
2.10	Provide sustainable state and federal funding to prepare nurses to address SDOH and advance health equity.
2.11	Employers support nurses to help them play a leading role in achieving health equity

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.1 Rapidly increase both the number of nurses with expertise in health equity and the number of nurses in specialties with significant shortages, including public and community health, behavioral health, primary care, long-term care, geriatrics, school health, and maternal health. The Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and state governments should support this effort through workforce planning and funding.

1. Key Strategic Stakeholders

Nursing Organizations

Organizations for nursing education, licensure, certification, accreditation

Health Care Organizations

Employers; Insurers; Payers

Non-profit Organizations

Organizations supporting racial and ethnic minorities

Federal Government

Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services; Department of Education Health Resources and Services Administration; Substance Abuse and Mental Health Services Administration

2. Top 3-5 Actions for 2021

- A. Undertake an environmental scan or needs assessment to answer “who needs to be doing what?”
- B. Assess current knowledge on social determinants of health and health equity through an audit of curriculum
- C. Assess current funding sources for nursing education
- D. Develop a uniform definition of health equity or social determinants of health
- E. Develop a platform to engage stakeholders in this effort

3. Top 3-5 Actions for 2022

- A. Identify a dedicated funding source for nursing development/education
- B. Create a national health equity collaborative
- C. Develop a public awareness campaign
- D. Identify exemplar learning experiences and revise current nursing education curriculum to be inclusive of learning experiences with health equity, emphasizing experiences outside of the acute care setting
- E. Formalize joint appointments for nurse educators and practitioners in partnership with health systems such as CONE in North Carolina
- F. Reallocate medical health dollars to nursing
- G. Work with employers to incentivize employees to pursue careers in nursing (such as nursing externships for CNAs, techs, food service workers)

4. Success Indicators

- Implementation of dedicated funding sources for nursing development
- Number of nurses in specialty areas with shortages (goal of percentage increase)
- Number of employers /nursing curriculum with inclusive experiences in health equity and social determinants of health

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.2 Provide major investments for nursing education and traineeships in public health, including through state-level workforce programs; foundations; and the U.S. Department of Health and Human Services' (HHS's) HRSA (including nursing workforce programs and Maternal and Child Health Bureau programs), CDC (including the National Center for Environmental Health), and the Office of Minority Health.

1. Key Strategic Stakeholders

Nursing Organizations - Public health nursing corps, Nursing schools

Health Care Organizations - Health care business partners

Non-profit Organizations -Foundations; LGBTQ organizations; National Urban League

Federal Government -Agencies funding social determinants of health programs; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services; Department of Health and Human Services; Department of Housing and Urban Development; Department of Transportation; Health Resources and Services Administration; Maternal and Child Health Bureau; Lobbyists; National Center for Environmental Health; Office of Minority Health; Public Health Service nursing corps

State Government -Lobbyists; State-level workforce programs; Transportation authorities

Other -Retailers such as CVS and Walgreens through public-private partnerships

2. Top 3-5 Actions for 2021

- A. Consider how we engage funding agencies to partner with schools of nursing
- B. Get governing bodies on board with social determinants of health
- C. Create awareness for the roles and understanding of current landscapes for nursing careers
- D. Expand modalities for how we train registered nurses and nurse practitioners
- E. Work with stakeholders to make the business case for how more diverse workforce leads to increased community health outcomes and decreased costs
- F. Work with public schools to increase opportunities to partner with nursing programs
- G. Increase use of technology and simulation
- H. Improve understanding of the policy side

3. Top 3-5 Actions for 2022

- A. Challenge the existing budgets – we need an increased number of practicums inside Health Resources and Services Administration and Centers for Disease Control to create a national database of experiences
- B. Create a proposal and get meetings to impact budgeting discussions
- C. Recruit advocates to help sustain activities
- D. Establish fellowships to address specialty areas including public health and community health
- E. Establish investments to place nursing in positions similar to physicians – equal access
- F. Create a forum for communication strategies to meet with agencies to create alignment and increase public health experience
- G. Align essentials and accreditation arms
- H. Find evidence-based strengths and innovations and build on them.
- I. Increase simulation training for clinical hours and get more nurse practitioners into public health settings
- J. Analyze federal budget and state budgets related to nursing/health care to look for fit/opportunities

4. Success Indicators

- Number of nurses employed in public health
- Dollars dedicated to nurse fellowships and preceptorships at all levels
- Number of placements increase 50,000 paid positions/preceptorships (1/3 of students to have access)
- Secure \$750 million, or half of the \$1.5 billion budget (Senate health care workforce training) identified and dedicated funding out of CARES Act
- 20,000 nurse practitioner graduates per year - increasing year over year, especially family nurse practitioners

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.3 State governments, foundations, employers, and HRSA should direct funds to nurses and nursing schools to sustain and increase the gender, geographic, and racial diversity of the licensed practical nurse (LPN), registered nurse (RN), and advanced practice registered nurse (APRN) workforce.

1. Key Strategic Stakeholders

2. Top 3-5 Actions for 2021

3. Top 3-5 Actions for 2022

<p>Nursing Organizations Health Care Organizations Employers of nurses</p> <p>Non-profit Organizations Community organizations and partners; Faith-based organizations; Foundations; LGBTQ+ organizations; Organizations that advocate for diversity; Organizations that work with immigrant populations; Organizations that work with veterans</p> <p>State Government Workforce boards</p> <p>Education K-12 schools; Head Start programs; rural schools; urban schools</p> <p>Other - Corporations and retail clinics</p>	<p>A. Push for federal funding</p> <p>B. Conduct baseline analysis of current workforce: students in nursing schools, nursing school leadership, and health care system leadership</p> <p>C. Evaluate which stakeholders need to get involved and engaged and mobilize existing partnerships</p> <p>D. Leverage expertise across sectors to tackle recommendations among both the NAM report and AACN New Essentials report</p> <p>E. Learn from existing partnership models</p> <p>F. Establish business case for a diverse nursing workforce</p> <p>G. Evaluate school of nursing admissions processes</p>	<p>A. Standardize applications for scholarships</p> <p>B. Evaluate what nursing schools need to do to improve diversity</p> <p>C. Continue outreach to underrepresented populations</p> <p>D. Expand/develop mentorship programs in nursing schools for diverse students.</p> <p>E. Rethink financing models for nursing students/schools.</p> <p>F. Identify social determinants of health needs of students and develop action plans</p> <p>G. Implement holistic admissions processes</p> <p>H. Incorporate questions into American Association of Colleges of Nursing annual survey on social determinants of health needs and how they are being met (if at all)</p>
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4. Success Indicators

- Expansion in number of scholarship opportunities
- Increase in partnerships among K-12 schools
- Improvement in diversity in the nursing profession, nursing schools, nursing school leadership, and health care system leadership
- Increase in funding for programs that support the whole student (wraparound services)
- Establishment of business case for a diverse nursing workforce

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.4 HRSA and the Indian Health Service (IHS) should make substantial investments in nurse loan and scholarship programs to address nurse shortages, including in public health, in health professional shortage areas (HPSAs) for HRSA, and in IHS designated sites; and invest in technical assistance that focuses on nurse retention.

1. Key Strategic Stakeholders

Nursing Organizations

Association of Public Health Nurses; Council of Public Health Nursing Organizations; Minority nursing associations; Rural Nursing Associations

Health Care Organizations

Employers; Industry groups across the healthcare continuum

Federal Government

Policymakers with influence over appropriations

State Government

State and county health departments

Education

All colleges and universities with nursing programs at all levels; Current and potential nursing students; Midwife and pediatric nursing programs

2. Top 3-5 Actions for 2021

- A. Encourage coalitions to make specific funding requests by drafting legislative language
- B. Identify advocates – nurses and friends of nurses
- C. Reach out to nursing associations
- D. Establish academic practice partnerships.
- E. Leverage funding opportunities, especially Medicare and Medicaid

3. Top 3-5 Actions for 2022

- A. Get everyone registered to vote, especially through coalition partnerships.
- B. Showcase best practices at national level
- C. Compile data on scholarship availability
- D. Deliver qualitative and quantitative data and analytics that can be applied to patient scenarios
- E. Align with other sectors of healthcare workers to address nursing shortages – family caregivers, community health workers

4. Success Indicators

- Equitable fund disbursement
- Benchmarks for near-term and long-term comprehensive goals
- Specific measures around different health drivers – for profit/non-profit, rural, inner city, etc.

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.5 In all relevant Title 8 programs, HRSA should prioritize longitudinal community-based learning opportunities that address social needs, population health, SDOH, and health equity. These experiences should be established through academic–community-based partnerships.

1. Key Strategic Stakeholders

2. Top 3-5 Actions for 2021

3. Top 3-5 Actions for 2022

<p>Nursing Organizations National Council of State Boards of Nursing</p> <p>Health Care Organizations Ambulatory care settings; Community health organizations; Federally qualified health centers; Health systems</p> <p>Federal Government Centers for Medicare and Medicaid Services; Health Resources and Services Administration</p> <p>State Government Boards of nursing</p> <p>Education Preceptors; Schools of nursing;</p>	<p>A. Leverage American Rescue Plan (advocate at the state level, based on how funds are distributed) – identify core messages and work with key advocacy groups to integrate into their messaging (nursing and other groups).</p> <p>B. Consider a plan for sustainability and advocacy of American Rescue Plan funding.</p>	<p>A. Develop plan to incentivize those who are educating on social needs (see example of preceptor tax credit in Georgia)</p> <p>B. Remove barriers for community-based learning (NCLEX and accreditation)</p> <p>C. Track how American Rescue Plan funds and others are being distributed to make sure it aligns with the recommendations.</p> <p>D. Identify preceptor plans and determine which ones are successful (and clarify how to define success)</p>
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4. Success Indicators

- Demonstrate the impact and distribution of CARES Act and American Rescue Plan funding for Title 8
- Increase number of nurses at FQHCs, public health, community/ambulatory care settings due to incentives
- Increase in number of preceptors, stronger preceptor programs/models
- Increase in the number of community learning opportunities
- Increase in the number of academic practice partnerships focused on community settings

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.6 Foundations, state government workforce programs, and the federal government should support the academic progression of socioeconomically disadvantaged students by encouraging partnerships among baccalaureate and higher-degree nursing programs and community colleges; tribal colleges; historically Black colleges and universities; Hispanic-serving colleges and universities; and nursing programs that serve a high percentage of Asian, Native Hawaiian, and Pacific Islander students.

1. Key Strategic Stakeholders

Nursing Organizations

Men in nursing organizations, including local and state chapters;
Minority nursing organizations, including local and state chapters; National Council of State Board of Nursing; National Education for Progression in Nursing Collaborative; National Forum of State Nursing Workforce Centers; National nursing foundations; School nurses

Non-profit Organizations

Area Health Education Centers; Organizations that advocate for immigrants;

Federal Government - Policymakers

State Government - Commissions and agencies on higher education

Education - Academic leadership organizations; Associations of deans and other academic leaders; Historically black colleges and universities plus affiliated organizations

Other

Media and filmmakers; Social workers

2. Top 3-5 Actions for 2021

- A. Start the process of assessing barriers to academic progression:
 - Create or identify universal tool to assess social determinants of health and student needs that are a barrier to academic progression
 - Survey identified stakeholders to see what the needs/barriers are and what they are doing to address them
 - identify private entities who have made this a priority
- B. Start holistic admissions movement
- C. State Action Coalitions should contact national nursing organizations to get name/connection to state/local contacts to collaborate with
- D. States that need better data, begin those conversations with national stakeholder organizations
- E. Support federal policy, such as American Rescue Plan and Dream and Promise Act
- F. Encourage Health Resources and Services Administration to increase funding

3. Top 3-5 Actions for 2022

- A. Analyze data from the survey, gap analysis.
 - Share findings, gaps and best practices
 - Identify what resources are available for students and share findings
- B. Make holistic admissions possible
- C. Show other ways of being nurses – show diversity across sectors and major media/TV/movie film-makers engagement

4. Success Indicators

- 20% improvement in admission data, reflecting greater diversity, in two years

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.7 Establish a National Nursing Workforce Commission or significantly invest in and enhance the current capacity of Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice.

1. Key Strategic Stakeholders

Nursing Organizations

National Council of State Boards of Nursing; Nurse champions; Nursing Community Coalition

Health Care Organizations

Insurance companies; Interdisciplinary health care providers

Federal Government

Elected officials who are nurses; Policymakers

2. Top 3-5 Actions for 2021

- A. Enhance current Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice by diversifying and expanding its membership with a focus on education
- B. Send a nurse of color representative to open session of the July 2021 Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice meeting to start the conversation about these recommendations
- C. Recommendation of the creation of a Diversity, Equity, and Inclusion Committee (comprised of nurses of color and other members of communities reflected in the Future of Nursing Report 2020-2030 to gain health equity) to the Council made up of nurse leaders from the Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice who can advocate nationally for additional funding and support
- D. Increase visibility of Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice and their reports

3. Top 3-5 Actions for 2022

- A. A fully funded Diversity, Equity, and Inclusion Committee within Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice is established and visible
- B. Nurses from this new group run for office, are elected, and bring it to the national legislature
- C. Appointments of nurses on the boards of all stakeholder groups at the state and national level champion this concept
- D. Educate and amplify this information to the public through media campaign (to include audiences of healthcare professionals, legislators, general public, etc.)

4. Success Indicators

- Creation of the Diversity, Equity, and Inclusion Committee of Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice by 2022
- A highly diversified board of Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice members (adding 3 - 5 new members) by end of 2021
- Visibility of Health Resources and Services Administration's National Advisory Council on Nurse Education and Practice and their reports on Campaign for Action website and those of the state Action Coalitions by end of 2021

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.8 Public health and health care systems should quantify nursing expenditures related to health equity and SDOH. This includes providing support for nurses in activities that explicitly target social needs, SDOH, and health equity through health care organization policies, governance and related advisory structures, and collective bargaining agreements.

1. Key Strategic Stakeholders

2. Top 3-5 Actions for 2021

3. Top 3-5 Actions for 2022

<p>Nursing Collective bargaining organizations (should be engaged in a dialogue to review the practices of nurses related to SDOH)</p> <p>Healthcare Payers; Medicare/Medicaid, etc. (invest in the services provided by nurses, using the current services nurses provide at no cost)</p> <p>Nonprofit Community Non-profit organizations</p> <p>Federal Gov't PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences, a tool that compiles the cost of SDOH); regulatory agencies with influence on costs and revenues related to service delivery.</p> <p>State Gov't Public Health Departments</p>	<p>A. Coalition of nursing organizations will lead an initiative to identify current actions already provided by nurses across the continuum of care related to SDOH, i.e., home settings, schools, acute and long-term care</p> <p>B. Make more explicit the actions taken by nurses in service delivery to capture billable services</p> <p>C. Include nursing representation in models that are currently testing promising programs</p> <p>D. Examine the natural settings where nursing services are being delivered, i.e. home settings, schools, etc.</p> <p>E. Identify actions/strategies that reduce the disparities/outcomes of care and SDOH</p>	<p>A. Facilitate care transitions as patients move to different care settings</p> <p>B. Review the current structure on the drivers of payment for health care, i.e., moving from fee for service to an outcomes of care</p> <p>C. Re-orient the payment structure system to address needs of patients, including those aspects of care that improve the social determinates of health</p>
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4. Success Indicators

- A compilation of current nursing practices that address SDOH by nursing specialty and practice settings
- Expansion of the payment system that reflects the provision of services that address SDOH
- Enhanced visibility of nursing care delivery in payer systems

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.9 Continued Representatives of social sectors, consumer organizations, and government entities should include nursing expertise when health-related multisector policy reform is being advanced.
EDITED NOTES – we did not get to success indicators

1. Key Strategic Stakeholders

Nursing
 “Nursing” – delivered by multiple roles (incl. support workers) vs nurses – esp relevant in rural and global environments – what is the focus?; Community and Public Health Nursing organizations

Nonprofit
 Social justice and civic organizations

Federal Government
 Centers for Medicare and Medicaid Services (CMS)

State Government
 Integration of navigators –(ie housing); Community based participatory approach

Education
 Need for thinking further upstream (ie K-12 & education departments)

Other
 Need the voice of the consumer/person with lived experience at the table; Multidisciplinary approach (IT, architects, etc.); state, national, integrate international – county level is axis of impact)

2. Top 3-5 Actions for 2021

- A. Landscape scan or gap analysis at local level to determine success indicators – first step environmental scan
- B. Integration of consumer/lived experience & Care giver/Family voice
- C. Strengths based and solution engagement
- D. Must co-create & co-design the ecosystem with the authentic partners
- E. Must start early in the continuum of education – addressing the highly fragmented higher education system as well as K-12 – addressing the for-profit model detriment
- F. Must move out of power models of engagement (i.e. shift to crowd sourcing) – and into the more accessible methods (peer reviewed vs tech, video, etc.)
- G. Recognizing native resilience and highlighting and uplifting that vs. power imbalance (i.e. we’re helping you)

3. Top 3-5 Actions for 2022

- A. Framed as greater economic recovery – the benefit is multi-sector and much larger than just healthcare
- B. Focus on children and teaching basic health information – opens up opportunity for health professional recruitment but also immediately impact health & well being directly in the family/community
- C. Seeing health in all policies – drives funding from the public coffers
- D. Develop new frameworks of partnership that support sustainability in the long term
- E. Align with Nursing on Boards – amplify & expand – what other sectors need nursing representation through NOBC (Nurses on Boards Coalition)– getting more nurses as mayors and elected officials
- F. Building capacity for collective impact – competency, mentoring, shared agenda, goals, trust and framework for implementation – community based participatory process
- G. Partnering with RWJF Aligning Systems for Health

4. Success Indicators

- Use data and specific outcomes of these programs to demonstrate impact

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.10 State and federal governments should provide sustainable funding to prepare sufficient numbers of baccalaureate, APRN, and PhD-level nurses to address SDOH, advance health equity, and increase access to primary care.

1. Key Strategic Stakeholders

2. Top 3-5 Actions for 2021

3. Top 3-5 Actions for 2022

<p>Healthcare Major Healthcare Employers; State Hospital Associations</p> <p>Nonprofit Community-Based organizations; private foundations</p> <p>Federal Centers for Disease Control (CDC); Health and Human Services (HHS); Health Resources and Services Administration (HSRA); Immigration (Title 8); Indian Health Services; Medicare/Medicaid; Military; Substance Abuse and Mental Health Services Administration under HHS (SAMSHA)</p> <p>States Departments of Education & Higher Education; Departments of Health; Departments of Labor</p> <p>Other Rural Health _____.</p>	<p>A. Investigate state & federal funding with most of the funding coming from federal/ private sector (health systems/ foundations)</p> <p>B. Create a national network of Junior / Senior Schools Health Academies for nursing career pathways beyond acute care</p> <p>C. State appropriated funds 4 areas:</p> <ul style="list-style-type: none"> • Nursing workforce • Recruiting • Retention • Nursing apprenticeship programs <p>D. Loan forgiveness for public health for higher education.</p> <p>E. Rural health nursing focus addressing health inequities.</p>	<p>A. Sustainability for funding pipeline. Develop new public/private partnerships, example: https://www.cdc.gov/cpr/readiness/funding-ph.htm.</p> <p>B. Relook at GME (Graduate Medical Education) funding model and provide it for nursing by creating GNE(Graduate Nurse Education).</p> <p>C. Use existing infrastructure pipeline for nursing pathways. Schools to provide nursing students wrap around services for them to be successful with their education and eventually in practice.</p> <p>D. Establish a “New” Public Health Nurse forum or alliance. Host a national meeting (school-based health). https://www.cdc.gov/healthyschools/features/school_nurse.htm</p> <p>E. Alternative work schedule for nurses looking to retire, (per diem).</p> <p>F. Increase nursing salaries in public health.</p>
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4. Success Indicators

- Pipeline - increase percentage in nursing graduates and the percentage representing population that they serve.
- New Metric - increase percentage in DNI (Diversity and Inclusion) / DEI (diversity, equity and inclusion) BSN, APRN, PHD prepared nursing students.
- Development of National Retention Metric for nursing – Broad Metric that has different categories of nursing beyond acute care.
- Sustainable pipeline for State/ Federal / Private Funding Sources

2. SUPPORTING NURSES TO ADVANCE HEALTH EQUITY

2.11 Employers should support nurses at all levels in all settings with the financial, technical, educational, and staffing resources to help them play a leading role in achieving health equity.

1. Key Strategic Stakeholders

Healthcare

Public and private employers (financial source); Employers (staffing source)

Federal Government

CDC Covid-19 crisis response cooperative (financial source)

State Government

All (financial source)

Other

Local government (financial source)
Industries that have health equity resources (e.g. Microsoft, AI, Google) (technical assistance source)
Entertainment industry (educational source)
Celebrity spokespeople (educational source)
Social media influencers (educational source)

2. Top 3-5 Actions for 2021

- A. Education to general public (including very educated individuals in private sectors, CEOs, etc.) about what nurses do beyond the acute care setting
- B. Nurses be in the role of healthy equity officer or part of the health equity team for employers
- C. Develop a toolkit for a rapid assessment of financial, technical, educational and staffing needs

3. Top 3-5 Actions for 2022

- A. Encourage entities, through incentives, to conduct assessment using developed tool
- B. Employers or government need to look at a national disability insurance model
- C. Connect with NOBC at ANA and talk about developing new metrics for nurses on boards that are leading in health equity
- D. Develop a board certification in health equity (to make nurses a better health equity resource for employers), also promote health equity certificates in schools of nursing

4. Success Indicators

- Get a measure of educational programming that would support health equity - % of CE (Continuing Education)
- Retention measure categorized by specialty
- A school nurse at every school in the state