Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity

July 2021 Maryland Action Coalition (MDAC) Survey To Determine Priorities and Areas of Interest

Earlier this year, the National Academy of Medicine released the ***Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*** report with the following nine (9) Recommendations:

> *Recommendation 1:* in 2021, all national nursing organizations should initiate work to develop as 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.

> *Recommendation 2:* By 2023, state and federal government agencies, health care and public health organizations, payers, and foundations should initiate substantive actions to enable to nursing workforce to address social determinants of health and health equity more comprehensively, regardless of practice setting.

> *Recommendation 3:* By 2021, nursing education programs, employers, nursing leaders, licensing boards, and nursing organizations should initiate the implementation of structures, systems, and evidence-based interventions to promote nurses' health and well-being, especially as they take on new roles to advance health equity.

> *Recommendation 4:* All organizations, including state and federal entities and employing organizations, should enable nurses to practice to the full extent of their education and training by removing barriers that prevent them from more fully addressing social needs and social determinants of health and by improving health care access, quality, and value. These barriers include regulatory and public and private payments limitations; restrictive policies and practices' and other legal, professional, and commercial impediments. [The term "commercial" refers to contractual agreements and customary practices that make antiquated or unjustifiable assumptions about nursing.]

> *Recommendation 5:* Federal, tribal, state, local, and private payers and public health agencies should establish sustainable and flexible payment mechanisms to support nurses in both health care and public health, including school nu7rses, in addressing social needs, social determinants of health, and health equity.

> *Recommendation 6:* All public and private health care systems should incorporate nursing expertise in designing, generating, analyzing, and applying date to support initiatives focused on social determinants of health and health equity using diverse digital platforms, artificial intelligence, and other innovative technologies.

➢ *Recommendation 7:* Nursing education programs, including continuing education, and accreditors and the National Council of State Boards of Nursing should ensure that nurses are prepared to address social determinants of health and achieve health equity.

➢ *Recommendation 8:* To enable nurses to address inequities within communities, federal agencies and other key stakeholders within and outside the nursing profession should strengthen and protect the nursing workforce during the response to such public health emergencies as the COVID-19 pandemic and natural disasters, including those related to climate change.

➢ *Recommendation 9:* The National Institutes of Health, the Center for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Agency for healthcare Research and Quality, the Administration for Children and Families, the Administration for Community Living, and private associations and foundations should convene representatives from nursing, public health, and health care to develop and support a research agenda and evidence base describing the impact of nursing interventions, including multisector collaboration, on social determinants of health, environmental health, health equity, and nurses' health and well-being.

The Maryland Action Coalition (MDAC) is leveraging this report to develop our Strategic Plan for the next 3 to 5 years.

A Qualtrics Survey was distributed to the MDAC Executive Committee as well as MDAC Members. Below is the criteria used for the survey:

1) give a priority rating to each recommendation in terms of the work of the MDAC (3-high priority, 2 medium priority, 1 low priority, 0 not a priority)

2) for the recommendations that you list as a high or medium priority, propose 1-3 actionable strategies that MDAC should consider as part of the strategic plan.

3) for the 1-3 actionable strategies, indicate those that you are most interested in working on during the next 3 years.

The grid below is provided for you to complete this requested feedback.

An example of helpful data we hope to collect is also provided.

July 2021 MDAC Survey Grid

Name of Person Completing:

Email Address:

Preferred Phone Number:

Recommendation #	Priority (circle rating: 3-high, 2-medium, 1-low, and 0-not a priority)	Actionable Item(s)	Include a Check Mark next to the Actionable Item(s) you are most interested in working on during the next 3 years
1	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.
2	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.
3	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.
4	3 High 2 Medium 1 Low 0 Not a Priority	1. 2.	1. 2.

Recommendation #	Priority (circle rating: 3-high, 2-medium, 1-low, and 0-not a priority)	Actionable Item(s)	Include a Check Mark next to the Actionable Item(s) you are most interested in working on during the next 3 years
		3.	3.
5	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.
6	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.
7	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.
8	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.

Recommendation #	Priority (circle rating: 3-high, 2-medium, 1-low, and 0-not a priority)	Actionable Item(s)	Include a Check Mark next to the Actionable Item(s) you are most interested in working on during the next 3 years
9	3 High 2 Medium 1 Low 0 Not a Priority	1. 2. 3.	1. 2. 3.

EXAMPLE:

Recommendation #	Priority (circle or <mark>highlight</mark> rating: 3-high, 2-medium, 1-low, and 0-not a priority)	Actionable Item(s)	Include a Check Mark next to the Actionable Item(s) you are most interested in working on during the next 3 years
Related to Recommendation 3 Dr. Cynda Rushton, The Johns Hopkins School of Nursing, has NSPII Funding for R3 Resilient Nurses Initiative targeted at nursing students, nurses, and educators.	<mark>3 High</mark> 2 Medium 1 Low 0 Not a Priority	1. Create a program for academic faculty and New Residency Program educators and nurses known as the Renewal, Resilience and Retention Program (R3) statewide. 2. Holistically address the root causes of burnout and moral distress; and bridge the gap between education and clinical practice. 3. Form communities of practice and prepare faculty and staff with essential resilience skills and organizational strategies to build personal resilience abilities in mindfulness and ethical confidence to retain their commitment to the profession.	1. 2. 3. X