The Future of Nursing and Health Equity

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Health Equity

Despite outspending all other high-income nations in healthcare, the U.S. consistently rates near the bottom in most measures of health status, indicating that higher healthcare expenditure does not equate to better health outcomes or equity (Lewis et al., 2023). Health equity is a critical outcome that hinges on many societal and structural changes and is distinct from health disparities, which measure progress toward achieving health equity. According to Lewis et al, health equity is defined as "a fair and just opportunity for all people to achieve their full health potential without variation from personal characteristics, historical oppression, and societal influences."

Policymakers, nursing and health system leadership, nurse educators, insurers, and researchers are actively addressing health disparities and advancing health equity, including identifying social determinants of health (SDoH) (Cunningham et al., 2022). SDoH is defined as circumstances in which people live, work, play, and worship (Hirschey et al., 2021). SDoH of health are categorized into neighborhood and environment, health and healthcare, community, education, and economic stability (U.S. Department of Health and Human Services [HHS], 2020).

Additionally, the Joint Commission (TJC) has stated that health equity is a vital component of healthcare improvement and a quality and safety priority (Austin et al., 2021). Addressing health disparities is a commitment to a just society, as disparities worsen social disadvantage and vulnerability (Velasco & Reed, 2022).

The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity report emphasizes the need for nurses to lead the change in assessing and delivering healthcare to meet

the community's social needs and health equity (Wakefield et al., 2021). After all, nurses have identified and mitigated social, environmental, and behavioral risk factors, assessed population needs, ensured equitable care, collected data, and advocated and led change for healthy policies and healthcare practices for over 200 years (Wilson et al., 2023). However, nurses will need to create new services and organizations that reduce disparities in underserved populations to increase health equity (Lathrop, 2020), and the focus needs to shift from the acute care setting to primary and preventative care (Wilson et al., 2023). Pursuing health equity through action on SDoH is particularly relevant for those who engage daily in the battle to overcome racial, ethnic, and other health disparities (Liburd et al., 2020).

Nursing expertise to support initiatives focused on SDoH and health equity

Historically, a strength of nursing care has been identifying personal barriers and strategies to assist patients in overcoming health disparities. Due to the frequent, sensitive, and personal conversations that nurses have with patients, nurses are uniquely positioned to develop a holistic understanding of the circumstances in which patients live (Hirschey et al., 2021). Incorporating SDoH into nursing assessments and interventions will improve the quality of care that patients receive (Hirschey et al., 2021).

Nurses can further advance the agenda of health equity by developing a shared agenda for addressing SDoH, by integrating and linking nurse education, practice innovation, and research in the education of nurses, using evidence-based practices by way of formal partnerships to develop jointly sponsored community educational programs, policy initiatives, and research opportunities. Equity forums can provide a platform to engage nurse and community leaders and other key stakeholders to address explicit priorities for achieving health equity.

At the policy level, nursing organizations have a powerful voice regarding health equity (Tilden et al., 2018), and nurses actively engage in policy development that addresses structural racism and blatant inequities in our healthcare system (Nikpour et al., 2022). The nursing profession needs leaders who believe that focusing on people will lead to change in health equities. These leaders demonstrate the characteristics of authentic leadership and cultural awareness (Nikpour et al., 2022), and at the center are self-awareness, moral perspective, and transparency. Cultural awareness requires that leaders be actively engaged in lifelong self-reflection. The culturally aware nurse leader uses their knowledge and power to open healthcare access to underserved populations while managing resources (Nikpour et al., 2022).

Nurses can also effectively develop influential health equity-focused coalitions at local, state, and national levels. Nurses have opportunities to lead initiatives and collaborate with other organizations to address the needs of communities and advance health equity dialogue in policy arenas (Crowder et al., 2022).

Hotspotting is an interprofessional, coordinated care approach to treat the whole person and address complex health and social needs. Hotspotting uses health utilization data to discover super-users of healthcare resources, understand their needs, and then dedicate resources and interventions to help patients transition from acute care settings to their homes (Swan & Giordano, 2023).

Nursing education programs and health equity

Nurse educators have a unique opportunity to address racial disparities and foster innovative models to promote equity, improve access, and begin to dismantle systemic and structural racism in the healthcare system (Reed et al., 2022). Preparing future nurses by adjusting curricula to include strategies that address SDOH is fundamental to successfully

serving patients and improving health outcomes. Nursing faculty must embrace the crucial role of educating nurses with the knowledge, skills, and desire to address health inequities (Sumpter et al., 2022). Nursing curriculum should include SDoH concepts such as race, gender, and socioeconomic status and recognize the influence of SDOH on families' access to resources (Davis et al., 2021). Limiting attention to SDoH underscores the fundamental beliefs of nursing, including the provision of high-quality care and commitment to the reduction of health disparities (National League of Nursing [NLN], 2019).

Although nursing organizations value diversity, inclusion, belonging, accessibility, and equity, the nursing profession still does not mirror the population it serves (Sumpter et al., 2022). Mentoring, professional development, scholarships, tuition reimbursement, and loan forgiveness programs are a few options that schools can employ to attract students and faculty traditionally underrepresented in nursing.

Other ways to enhance health equity-focused nurse education are the provision of implicit bias and microaggression training and resources for faculty, staff, and students, incorporation of strengths-based training for faculty, structured mentoring plan for teaching, implementation of team teaching in significant courses, college-wide innovative teaching grants, travel funds for professional development, and development of student-centered activities to prepare transformative and culturally competent nurses (Reed et al., 2022).

Nursing programs must balance meeting accreditation standards and adequately preparing students for licensure examinations while adapting to care delivery in the context of health inequities within vulnerable populations (Colburn, 2022). Programs must also target public health as a curricular priority, and institutional resources should be dedicated to faculty advancement in public health and promoting faculty fluency in SDoH. Doctoral-level nursing

students are uniquely positioned to hone teaching skills in SDOH, population and environmental health, trauma-informed care, health equity, and social justice in the nursing profession. Graduates from doctoral programs in nursing should be prepared not only to understand but also to teach and affect health policy related to health equity and social justice.

Financial and administrative support for nursing faculty will allow educators to incorporate a social determinants framework into nursing curricula and prepare future nurses to provide safe and culturally competent care to their patients in an increasingly complex healthcare system (Stephenson, 2021).

Nursing scope of practice

Expanding the role and scope of practice of nurse practitioners (NPs) in the delivery of primary care has had a significant impact on access to primary care for vulnerable populations. An important implication for state policymakers and stakeholders is that the differential growth rates in the NP workforce between states with and without restrictive regulations could result in sizeable state-level disparities in healthcare provision, utilization, and outcomes, especially in rural and vulnerable population areas (Brom et al., 2018).

NPs offer a pathway to primary care, especially in underserved areas, but a gap remains between national support for independent NPs and state-level legislative change. Hurdles to full prescriptive authority and independent practice for NPs continue due to opposition from organized medicine, so educating state legislators on how restrictions to NPs' scope limit their abilities to fully meet patient care needs, is imperative (Brom et al., 2018).

Payment mechanisms to support nurses in addressing SDoH and health equity

If key nursing roles to advance health equity are to be created and sustained, public and private payment systems should be designed to support and incentivize primary and preventative

care. In the U.S., the predominant fee-for-service payment system rewards volume of care, treating illness, and inpatient and specialty care, instead of prevention, health promotion, primary care, and public health (Chin & Bisognano, 2021), areas in which nurses excel. Nurses can reduce costs associated with chronic illness and complex patients by preventing hospital readmissions and emergency department visits through their roles in transitional care and care coordination. Value-based payment and alternative payment models have the potential to support and incentivize vital nurse roles to address SDOH and advance health equity. Flexible funding alternatives can address SDoH when combined with pay-for-performance metrics that incentivize efforts to advance health equity. A universal nurse identifier could be created to facilitate recognition and measurement of the value of services registered nurses provide so they can bill for telehealth services.

Funding for public health nursing is woefully inadequate. Federal, state, and local leaders, along with public health departments and organizations, should partner with payers, health systems, and accountable health communities to develop funding and payment opportunities.

Joint accountability metrics should align incentives for health, public health, and social sectors to address SDOH and advance health equity, and nonprofit hospitals' community benefit requirements should be leveraged to create partnerships among school and public health nursing, primary care organizations, and other social sectors (Brooks-LaSure et al., 2021)(Chin & Bisognano, 2021)(Bailit Health, 2018).

Protect the nursing workforce during responses to public health emergencies

Virtual nurse leadership retreats and developmental programs can prepare nurse leaders with knowledge and tools to learn shared decision-making, facilitate change, teach cultural and

social justice competencies, and enhance the emotional wellness of nurses. Resilient nurses and nurse leaders can better cope with demanding circumstances, focusing on quality patient care and evidence-based best practices to achieve better patient outcomes (Cineas et al., 2022). Also, healthcare institutions must enable nurses to function within the scope of their professional ethical codes. Nurses have traditionally been on the frontline of every pandemic and typically put the needs of their patients above their own. When the crisis is over, nurses need to participate equally in decision-making processes for the training and coordination of acute responses in future situations. Furthermore, instead of waiting for others to acknowledge the contribution of nurses in the care of individuals, a set of minimum standards for safe nursing care need to be established to prove when nurses are functioning within the scope of their professional moral codes or when they are being outstretched to save as many lives as possible (Kyranou, 2022).

Conclusion

Nurses and nurse leaders must improve their diversity, equity, inclusion, and belonging literacy to harness their power to change policies and payment models, develop innovative nursing curricula, and eliminate regulations and laws that restrict their scope of nursing practice and hinder the advancement of health equity.

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