Nursing’s Role in Achieving Health Equity

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From Health Disparities to Health Equity

**Health Disparities:**

“…preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations”¹

**Health Equity:**

“When every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances’²

Percent of Nonelderly Adults with Selected Health Conditions by Race/Ethnicity, 2018

- **Report Currently Have Asthma**
  - White: 10%
  - Black: 12%
  - Hispanic: 7%
  - Asian: 7%
  - American Indians and Alaska Natives: 7%
  - Native Hawaiians and Other Pacific Islanders: 5%

- **Told by Doctor They Have Diabetes**
  - White: 7%
  - Black: 7%
  - Hispanic: 9%
  - Asian: 6%
  - American Indians and Alaska Natives: 14%
  - Native Hawaiians and Other Pacific Islanders: 10%

- **Told By Doctor They Have Had a Heart Attack or Have Heart Disease**
  - White: 4%
  - Black: 4%
  - Hispanic: 4%
  - Asian: 2%
  - American Indians and Alaska Natives: 7%
  - Native Hawaiians and Other Pacific Islanders: 5%

Vulnerable Populations and Groups with Health Disparities in U.S.

- People of Color
- Persons with Low Income
- Immigrants
- Women
- Children
- Older Adults
- Homeless or housing insecure
- Persons with chronic conditions
- LGBTQ
- Individuals with Special Needs
- Rural and Urban Residents
- Persons with Low Literacy and Numeracy
- Persons in correctional institutions
- Residents of nursing homes and assisted living facilities

Sources


Challenges Magnified for Vulnerable Populations During COVID-19 Outbreak

- Lack of access to basic resources such as food, water, shelter, and transportation
- Suboptimal housing conditions
- Employment in essential jobs with limited protections
- Lack of access to healthcare services
- Mistrust of institutions due to discriminatory experiences
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASES&lt;sup&gt;1&lt;/sup&gt;</td>
<td>2.8x higher</td>
<td>1.1x higher</td>
<td>2.6x higher</td>
<td>2.8x higher</td>
</tr>
<tr>
<td>HOSPITALIZATION&lt;sup&gt;2&lt;/sup&gt;</td>
<td>5.3x higher</td>
<td>1.3x higher</td>
<td>4.7x higher</td>
<td>4.6x higher</td>
</tr>
<tr>
<td>DEATH&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1.4x higher</td>
<td>No Increase</td>
<td>2.1x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>

<sup>1</sup> Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.


COVID-19 Deaths Per 100,000 People by Race and Ethnicity

Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

Reflects mortality rates calculated through Aug. 4.

<table>
<thead>
<tr>
<th>Race/ Ethnicity</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK</td>
<td>3.7</td>
</tr>
<tr>
<td>INDIGENOUS</td>
<td>3.5</td>
</tr>
<tr>
<td>PACIFIC ISLANDER</td>
<td>3.1</td>
</tr>
<tr>
<td>LATINO</td>
<td>2.8</td>
</tr>
<tr>
<td>ASIAN</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Indirect age-adjustment has been used.
Source: APM Research Lab • Get the data • Created with Datawrapper

Source: https://www.apmresearchlab.org/covid/deaths-by-race
A Game Plan to Help the Most Vulnerable

1. Track data on COVID-19 cases by race, ethnicity, and geography
2. Communicate and build trust with communities of color
3. Enhance access to testing and health care
4. Protect essential and low wage workers
5. Provide social services to keep vulnerable groups safe

Achieving Health Equity is Complex!

COVID-19 and Health Equity: A New Kind of “Herd Immunity”

- Healthcare access and quality matter, as do adverse living and working conditions
- Flattening the curve on disparities in health will require long-term, systematic, comprehensive, and coordinated investments in addressing social determinants of health
- Failure to protect the most vulnerable groups of society not only harms them but also increases the spread of infection
- Resistance to the spread of poor health will occur when a sufficiently high proportion of individuals across all groups are protected from and thus “immune” to negative social factors
Reducing Racial Inequities in Health: Using What We Already Know to Take Action

1. Create “communities of opportunity”
2. Build more health into the delivery of health care
   - Ensure access to high quality care for all
   - Diversify the healthcare workforce
   - Strengthen preventive and primary care
   - Address patient’s social needs as part of healthcare delivery
3. Raise awareness of inequities and build political will to address them

### Race and Ethnic Diversity of Nurses and Primary Care Physicians vs. U.S. Population

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>American Indian</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Population¹</td>
<td>61.1</td>
<td>5.4</td>
<td>12.3</td>
<td>17.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Registered Nurses²</td>
<td>80.8</td>
<td>7.5</td>
<td>6.2</td>
<td>5.3</td>
<td>0.4</td>
</tr>
<tr>
<td>NPs or Midwives³</td>
<td>77.8</td>
<td>7.9</td>
<td>6.9</td>
<td>1.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>61.4</td>
<td>21.1</td>
<td>7.3</td>
<td>7.6</td>
<td>0.4</td>
</tr>
</tbody>
</table>

1. American Community Survey, data.census.gov
2. The 2017 National Nursing Workforce Survey
3. [https://datausa.io/profile/soc/2911XX/#ethnicity](https://datausa.io/profile/soc/2911XX/#ethnicity)
4. AAMC, 2018
Five Activities to Facilitate Integration of Social Care into the Delivery of Health Care

- Adjustment
- Assistance
- Awareness
- Alignment
- Advocacy

Activities focused on individuals
Activities focused on communities

The National Academies of Sciences • Engineering • Medicine
Building Trust in Health Systems to Eliminate Health Disparities

1. Nurture trust-based relationships
2. Establish institutional commitment
3. Adopt co-production models
4. Measure progress toward agreed upon areas of focus
5. Establish supporting systems for accountability

Nursing’s Role in Advancing Health Equity

• Clinical practice
  – Nurses can assess SDOH in the clinical context and advocate for community-based resources/case management for vulnerable populations.

• Research and Quality Improvement
  – Nurses are well-positioned to design and implement community-engaged studies to achieve health equity
  – Nurses can design quality improvement projects across different contexts to reduce disparities in health outcomes

• Workforce and training issues
  – Achieving health equity requires increasing racial/ethnic diversity in nursing.
  – Health equity should be threaded across nursing curricular from pre-licensure to advanced practice /doctoral education

• Leadership and Advocacy
  – Nurses represent the largest segment healthcare workforce and should be socially and politically engaged in advocacy efforts to address SDOH
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