



The Future of Nursing 2020–2030

Charting a Path
to Achieve Health Equity

Report Release Webinar
May 11, 2021

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Agenda

Welcome and Introductions – Stephanie Miceli, Media Officer, NASEM Office of News and Public Information

Opening Remarks – Victor Dzau, President, National Academy of Medicine

Presentation of Report Findings and Committee Recommendations

- Mary K. Wakefield (Co-chair), Visiting Professor, University of Texas at Austin
- David R. Williams (Co-chair), Florence and Laura Norman Professor of Public Health and Chair, Department of Social and Behavioral Sciences, T.H. Chan School of Public Health, and Professor, Department of African and African American Studies, Harvard University
- Marshall H. Chin (Member), Richard Parrillo Family Professor of Healthcare Ethics, Department of Medicine, University of Chicago
- Regina Cunningham (Member), Chief Executive Officer, Hospital of the University of Pennsylvania; Adjunct Professor and Assistant Dean, School of Nursing, University of Pennsylvania

Question and Answer Session



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Opening Remarks



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Committee Presenters

MARY K. WAKEFIELD (*Co-Chair*), Visiting Professor, University of Texas at Austin

DAVID R. WILLIAMS (*Co-Chair*), Florence and Laura Norman Professor of Public Health and Chair, Department of Social and Behavioral Sciences, T.H. Chan School of Public Health, and Professor, Department of African and African American Studies, Harvard University

MARSHALL H. CHIN (*Member*), Richard Parrillo Family Professor of Healthcare Ethics, Department of Medicine, University of Chicago

REGINA S. CUNNINGHAM (*Member*), Chief Executive Officer, Hospital of the University of Pennsylvania; Adjunct Professor and Assistant Dean, School of Nursing, University of Pennsylvania



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Report Findings & Committee Recommendations



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Committee

MARY WAKEFIELD (*Co-Chair*), University of Texas at Austin

DAVID R. WILLIAMS (*Co-Chair*), Harvard University

MAUREEN BISOGNANO, Institute for Healthcare Improvement

JEFFREY BRENNER, JunaCare

PETER I. BUERHAUS, Montana State University

MARSHALL H. CHIN, University of Chicago

REGINA S. CUNNINGHAM, Hospital of the University of Pennsylvania

JOSÉ J. ESCARCE, University of California, Los Angeles

GREER GLAZER, University of Cincinnati

MARCUS HENDERSON, Fairmount Behavioral Health System and University of Pennsylvania

ANGELICA MILLAN, County of Los Angeles Department of Public Health

JOHN W. ROWE, Columbia University

WILLIAM M. SAGE, University of Texas at Austin

VICTORIA L. TIASE, New York-Presbyterian Hospital

WINSTON WONG, UCLA Kaiser Permanente Center for Health Equity

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Study Staff and Advisors

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TOCHI OGBU-MBADIUGHA, Senior Program Assistant

SHARYL NASS, Senior Board Director

SUSAN B. HASSMILLER, Senior Scholar in Residence and
Advisor to the President on Nursing at the National Academy
of Medicine

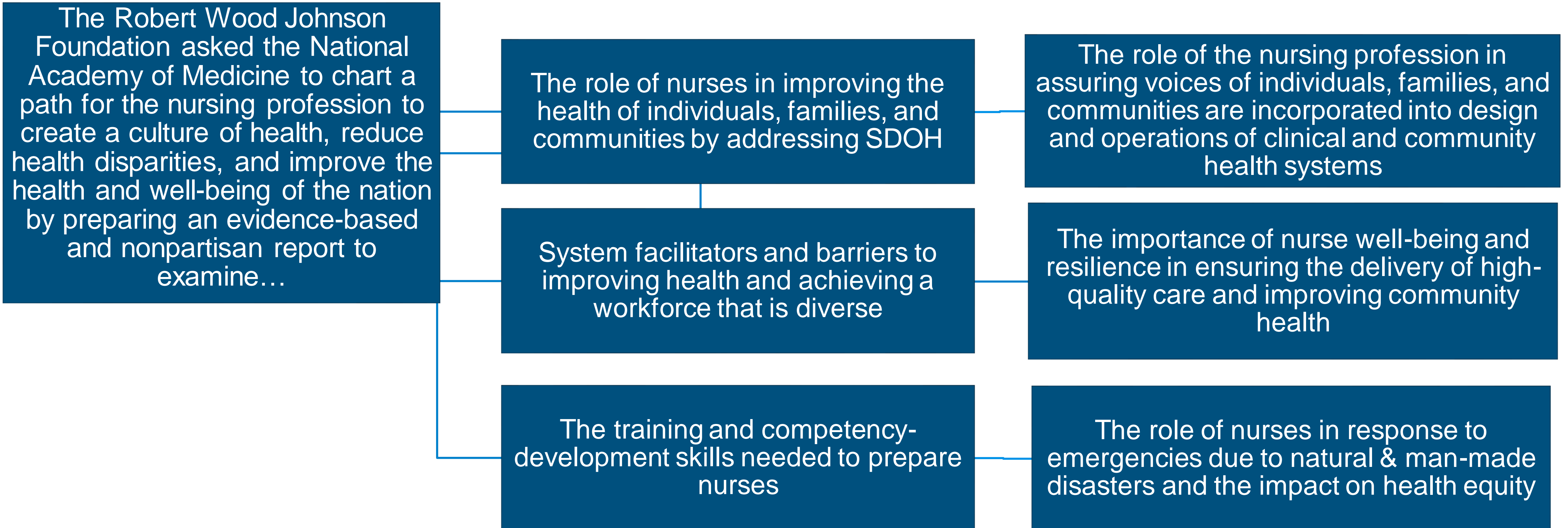
ASHLEY DARCY-MAHONEY, National Academy of Medicine
Distinguished Nurse Scholar-in-Residence



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Statement of Task



The Challenge

Compared to other developed countries, the United States has the highest poverty rate, the greatest income inequality, and some of the poorest health outcomes. The COVID-19 pandemic did not create health inequities. But it has brought into stark relief that much of what affects our health is driven by many factors outside of medical care.

Factors like our race and ethnicity, income level, sexual orientation, and the conditions where we live predict whether we will suffer from preventable, costly medical conditions, live shorter lives, and have a fair and just opportunity to be as healthy as possible.



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The Committee's Vision

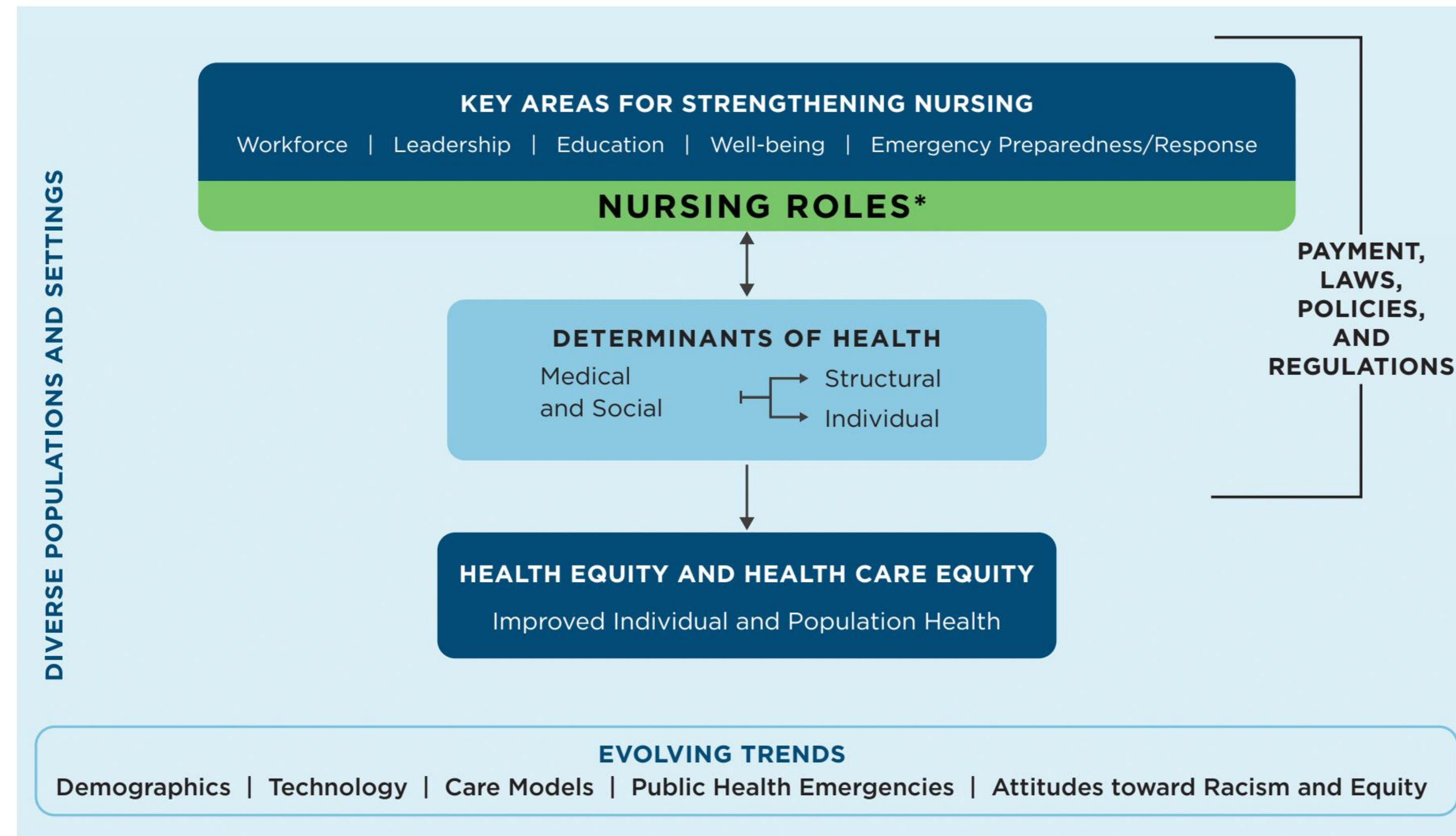
The achievement of **health equity** in the United States
built on **strengthened nursing** capacity and expertise.



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NURSE'S ROLE IN ADDRESSING HEALTH EQUITY AND HEALTH CARE EQUITY



*Examples of nursing roles in acute, community, and public health settings include:
Care Coordinator, Policy Maker, Clinician, Advocate, Educator, Researcher/Scientist, Administrator, Informaticist

The Actions

For our country to advance health equity for all, the systems that educate, pay and employ nurses need to **permanently remove** barriers to allow them to do this work, **value** their contributions, **prepare** them to understand and tackle these issues, and **diversify** the nursing workforce.



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Key Messages, Conclusions, and Recommendations



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Key Message 1:

Policymakers need to permanently lift artificial regulatory and practice barriers that keep nurses from practicing to the top of their education and training and that restrict people's access to high quality care.

PERMANENTLY REMOVE NURSE PRACTICE BARRIERS

Eliminating restrictions on the scope of practice of advanced practice registered nurses and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity.

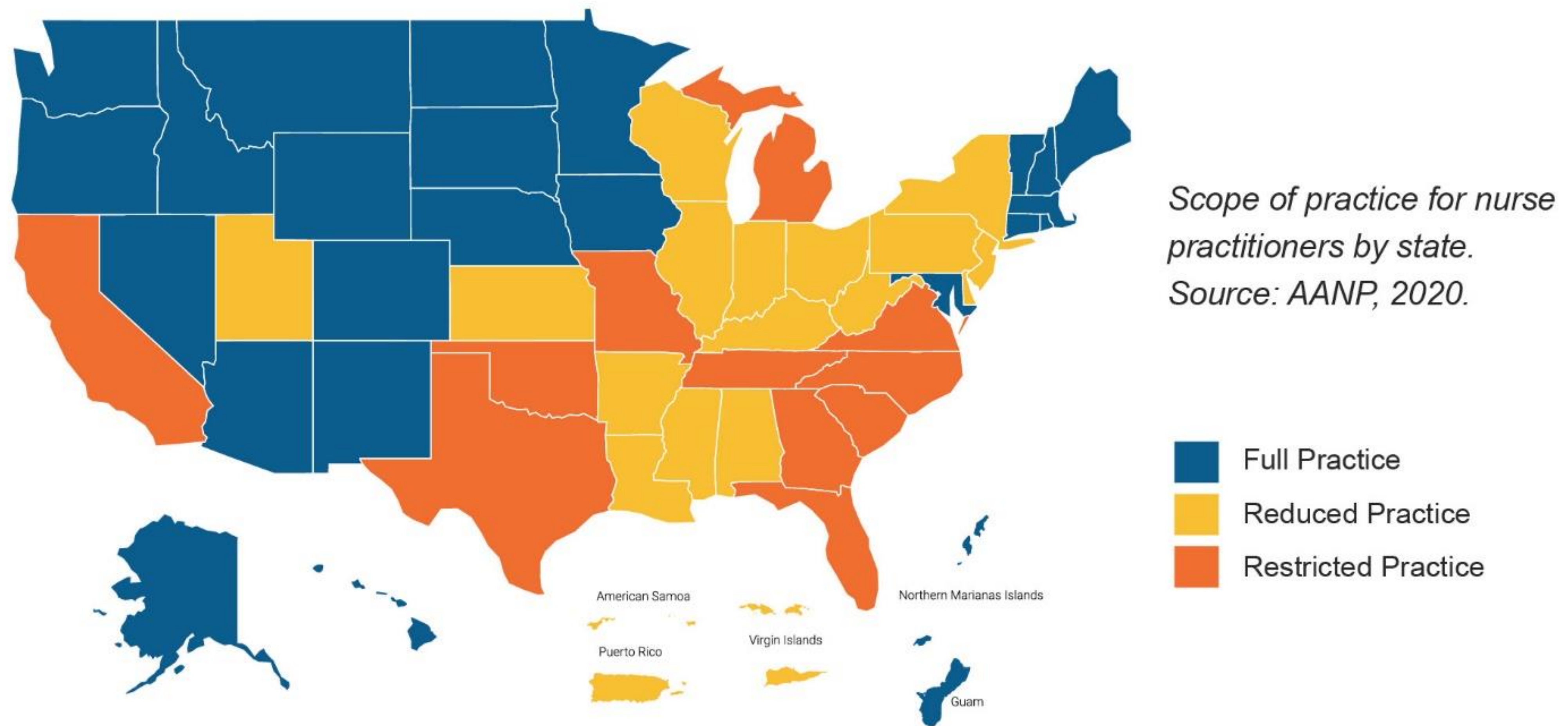
Nurses have substantial and often untapped expertise to help individuals and communities access high-quality health care, particularly in providing care for people in underserved rural and urban areas. Improved telehealth technology and payment systems have the potential to increase access, allowing patients to obtain their care in their homes and neighborhoods. However, the ability of nurses to practice fully in these and other settings is limited by state and federal laws that prohibit them from working to the full extent of their education and training.



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Recommendation on Nursing Scope of Practice

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 improving health care access, quality, and value. These barriers include:

- regulatory and public and private payment limitations;
- restrictive policies and practices; and
- other legal, professional, and commercial impediments.



Key Message 2:

Public and private payers need to establish sustainable and flexible payment models to support nurses in health care and public health, including school nurses, so that they can effectively address the medical and social needs of people, families, and communities.

VALUE NURSES' CONTRIBUTIONS

To enable nurses to more fully address social needs and social determinants of health, improve population health, and advance health equity, current payment structures and mechanisms need to be revised and strengthened and new payment models intentionally designed to serve those goals. ***The current health care system does not value addressing social determinants of health nor advancing health equity.***

Eliminating restrictions on the scope of practice of advanced practice registered nurses and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity.



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Recommendation on Paying for Nursing Care

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 nurses, in addressing social needs, social determinants of health, and health equity.

- Reform fee-for-service payment models
- Reform value-based payment
- Reform alternative payment models
- Create a National Nurse Identifier
- Ensure adequate funding for school and public health nursing



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Key Message 3:

Nursing schools need to strengthen education curricula and expand the environments where nurses train, better prepare nurses to work in and with communities, and diversify nursing school classes and faculties so nurses at all levels reflect the communities they care for.

PREPARE NURSES TO TACKLE AND UNDERSTAND HEALTH EQUITY

A curriculum embedded in coursework and experiential learning that effectively prepares students to promote health equity, reduce health disparities, and improve the health and well-being of the population will build the capacity of the nursing workforce.

Increasing the number of nurses with PhD degrees who focus on the connections among social determinants of health, health disparities, health equity, and overall health and well-being will build the evidence base in this area. Building capacity in schools of nursing will require financial resources, including scholarship/loan repayment opportunities; adequate numbers of expert faculty available to mentor; and curriculum revisions to focus more attention on social determinants of health and health equity.

Rapid action is needed across nursing education, practice, policy, and research to address the gaps in nursing's disaster preparedness and improve its capacity as a profession to advocate for population health and health equity during such events.



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Recommendation to Strengthen Nursing Education

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.



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Key Message 4:

Employers must support nurse well-being so they can in turn support the well-being of others.

FULLY SUPPORT NURSES

All environments in which nurses work affect the health and well-being of the nursing workforce. Ultimately, the health and well-being of nurses influence the quality, safety, and cost of the care they provide, as well as organizations and systems of care. The COVID-19 crisis has highlighted the shortcomings of historical efforts to address nurses' health and well-being.

Structural racism, cultural racism, and discrimination exist within nursing as in other professions. Nurses of color experience discrimination and bias within the workplace and educational systems, compounded by the lack of diversity among the nursing workforce and faculty. Nurses, educators, and health care leaders have a responsibility to address structural racism, cultural racism, and discrimination within the nursing profession across educational and practice settings, and to build structures and systems that promote inclusivity and health equity.

Nurse leaders have a responsibility to address structural racism, cultural racism, and discrimination based on identity (e.g., sexual orientation, gender), place (e.g., rural, urban), and circumstances (e.g., disabled, mental health condition) within the nursing profession and to help build structures and systems at the societal level that address these issues to promote health equity.



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Recommendation to Promote Nurses' Health and Well-Being

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.



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Key Message 5:

Nurses need to leverage their own power to advance health equity by making sure they are well prepared to bridge medical and social needs; taking care of their own mental and physical health so they can care for others; and advocating for policies that address poverty, racism and other conditions that stand in the way of health and well-being.

CREATE A SHARED AGENDA TO ADDRESS SDOH AND ACHIEVE HEALTH EQUITY

underserved individuals, neighborhoods, and communities and to prioritize the elimination of health inequities.

Nurses, educators, and health care leaders have a responsibility to address structural racism, cultural racism, and discrimination within the nursing profession across educational and practice settings, and to build structures and systems that promote inclusivity and health equity.

Nurse leaders at every level and across all settings can strengthen the profession's long-standing focus on social determinants of health and health equity to meet the needs of



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Recommendation for Nursing Organizations to Create 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.



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Next Steps for Report Communications and Dissemination

- 3-Part Webinar Series (Summer-June, July, and August)
- 8-Series (30 minutes each) Podcast (Released at end of August)
- Online Toolkit with Report Briefs, Social Media Toolkit, and Infographic (Late Spring/Early Summer 2021)
- Follow us on Twitter: @theNAMedicine @NASEM_Health #FutureofNursing2030



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Question & Answer Session



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