

Dr. Scharmaine Lawson ([00:16](#)):

Macon County, Alabama, it's one of the poorest counties in the state. Years ago, Felesia Bowen found herself there. She was a student working to complete her bachelor's of science in nursing at Tuskegee University. As part of the program, she would make visits to patients' homes within the county. As she made these visits, she noticed that these patients faced a unique set of challenges, but she couldn't quite find the words for it.

Felesia Bowen ([00:41](#)):

I was in the midst of health disparities and health equity when I was a student. However, I didn't have a language for it, right? Like nobody was talking about health equity then, talking about health disparities, going out, especially for community health and going into people's homes where you went down dirt roads to get to them, or they were bed bound and who was going to come and see them? Or they didn't have food in their home, no transportation to get to a provider, gaping wounds, pressure wounds because they couldn't afford the special beds or the mattresses. And they were at home with family who loved them very much and were doing the best that they could, but there's lots of equipment and things that we can get to people to help them manage their illness at home or their conditions at home, but they have to be ordered. You have to know to ask for them. So I was seeing that as a student, but again, I didn't have the language for it.

Dr. Scharmaine Lawson ([01:47](#)):

What Felesia struggled to find the language for was what we call health disparities. Health disparities are health differences that negatively affect certain groups of people. These are people who have systematically experienced greater social or economic obstacles when it comes to their health. This can be based on their racial or ethnic group, religion, socioeconomic status, their gender, mental health, cognitive, sensory, or physical disability, their sexual orientation, geographic location, or other characteristics that are historically linked to discrimination or exclusion. This is what Felesia encountered with her patients. And unfortunately, it's the reality for many people in America.

Dr. Sue Hassmiller ([02:29](#)):

Our country lags behind other developed nations on many important indicators, such as life expectancy, infant mortality, and maternal mortality despite spending much more on healthcare than any other country.

Dr. Scharmaine Lawson ([02:45](#)):

That's Dr. Sue Hassmiller. She has served as a senior scholar in residence at the National Academy of Medicine, and also advised the National Academy of Medicine's president on the topic of nursing. According to Sue, historically, not everyone has had equal access to high quality healthcare in America.

Dr. Sue Hassmiller ([03:05](#)):

We have long failed to give everyone a fair and just opportunity for health. It's not equal in this country. Disparities in healthcare access and outcomes related to race, income and geography are common and have been exacerbated now by this pandemic.

Dr. Scharmaine Lawson ([03:24](#)):

Health inequity is not new. When we say health inequities, what we're describing are systematic differences in the opportunities that certain groups of people have to achieve optimal health. The differences among groups vary and this leads to unfair and preventable differences in health outcomes. For too long, people across the nation have not had an equal opportunity to receive the care they need. The health of the nation is at stake and the need for change is urgent. The National Academy of Medicine and the Robert Wood Johnson Foundation set out to find how to chart a path forward to achieve health equity. And what did they find? Nurses are the key to improving the nation's health.

This is *The Future of Nursing*, a series from the National Academy of Medicine based on the recently published report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. My name is Dr. Scharmaine Lawson. I'm a nurse practitioner, and I'll be taking you through the stories of nurses confronting health disparities, and together we'll learn how nurses can draw from their unique skills, knowledge, and dedication to address health inequities and overall improve health and wellbeing for all. Throughout the series, you'll hear more stories from nurses like Dr. Felesia Bowen, who work with patients that are experiencing health disparities every day. You'll also hear from other nursing experts who are working hard to find the best strategies to promote health equity.

I want to introduce you to yet another key player in today's episode, Dr. Mary Wakefield, the co-chair of *The Future of Nursing 2020-2030* committee. Dr. Wakefield has had a long esteemed career as a nurse. Over the course of her career, she's also worked in several positions in health policy, and she's witnessed firsthand how the outcomes of people's health relies on several factors.

Dr. Mary Wakefield ([05:38](#)):

There's been an increasing, growing recognition that the health of individuals and of communities isn't solely the product of access to healthcare, but rather that the health of an individual or the health of a neighborhood is also influenced by an array of other very important factors. Whether or not for example, an individual has a home or they're homeless, whether the individual has an education or perhaps dropped out of school in 10th grade, whether a community is beset by crime, or whether a community has high exposure to toxins in their air that they breathe, or toxins in the water that they drink.

Dr. Scharmaine Lawson ([06:21](#)):

A patient's health outcome is heavily impacted by what we refer to as social determinants of health. These are factors outside the clinic that include where the patient lives, the economic stability, the access to education and transportation. There are more, but we'll discuss these more in depth in a later episode. The question is if these circumstances occur outside of the clinic, then how can nurses have such an important role in improving the health and wellbeing of a community? Think back to your last doctor's appointment. When you left the waiting room, who was the first person you encountered? Or perhaps you were in the hospital with a family member, who do you speak with most while your family member was being treated? Regardless of the situation, when individuals from all backgrounds and experiences are seeking care, they first make contact with nurses.

Dr. Sue Hassmiller ([07:13](#)):

They are often the first and most frequently healthcare contact with individuals, families, and communities. They have a long history of tackling many of the social and economic drivers of health such as access to food, safe housing, affordable transportation. The Robert Wood Johnson Foundation and the National Academy of Medicine wanted to explore how more nurses could address the social determinants of health and advance health equity.

Dr. Scharmaine Lawson ([07:46](#)):

Nurses on the frontline are the first to get clues in their patient's cultures, their jobs, and their family dynamics. But when it comes to knowing about the lives of patients outside of the clinic, there's a certain thing the overall health system has failed to do. Dr. Michael McGinnis, the Leonard D. Schaeffer Executive Officer of the National Academy of Medicine has witnessed this over his career as a physician.

Dr. Michael McGinnis ([08:10](#)):

Perhaps the most fundamentally important responsibility of the clinical arena generally is to listen, to listen to patients and families about the issues that matter most to them. And in many ways, that's the area in which we as a health system have failed the most in the listening process.

Dr. Scharmaine Lawson ([08:35](#)):

When health systems fail to listen, health inequities can increase.

Dr. Michael McGinnis ([08:39](#)):

Our most important health challenge is health inequities. And nurses can do a great deal to help the nation engage health inequities in an effective manner. Nurses are on the frontline. They deal daily with the challenges of those who are most in need. They're also individuals who are well-trained and inherently receptive and aware of the need to identify early on the challenges of those who are most disadvantaged in our society.

Dr. Scharmaine Lawson ([09:17](#)):

Not only can nurses identify the challenges their patients might be experiencing, but many nurses are in positions where they can confront these challenges before the patient even gets to the clinic doors.

Dr. Michael McGinnis ([09:30](#)):

Many nurses practice on a daily basis in those situations outside the clinic doors, whether it's as a school nurse on the frontline in school settings, whether it's a nutritional counselor working in partnership with a food support services enterprise, whether it's as an ombudsman looking at the broader links to community support and housing in workplaces and beyond. Those who are best equipped to blend and braid the kind of services that are viewed as social in nature or have fundamental impact on the health consequences for individuals. Nurses are fundamentally important.

Dr. Scharmaine Lawson ([10:27](#)):

Nurses are uniquely embedded in communities in ways that other clinicians are not. This means that they can address social determinants of health in non-traditional ways.

Dr. Mary Wakefield ([10:37](#)):

And that really means paying attention to those social needs of a patient. Maybe for example, the food insecurity of a community. That as an example, calls for a significant and sustained shift in how we might educate nurses in terms of topics that they focus on in their undergraduate nursing program, for example. So it's talking about not just what we do with patients inside health systems like nursing homes, home health agencies, and so on, but how are we affecting issues like food insecurity,

homelessness, and other factors outside of healthcare delivery systems? And that takeaway calls for a very significant shift in how we educate and what we educate nurses about.

Dr. Scharmaine Lawson ([11:19](#)):

It's because of nurses' positions in the community and their unique skills that make it so important for them to be on the frontline of addressing health equity issues, but to empower nurses to confront inequities, there's a lot that needs to be done to better support nurses as they support us.

Dr. Michael McGinnis ([11:36](#)):

The role of the nursing profession as a linchpin in all dimensions of health and healthcare and the operations of our health system is critical. Nurses work at the frontline, they work in the policy arena, they work in the leading edges of our efforts as a nation to engage issues and activities outside the clinic doors that are fundamentally important to the nation's health. They're the catalyst for progress in many ways. So from the perspective of the nation, there is no question that the nursing profession is critical to progress.

Dr. Scharmaine Lawson ([12:25](#)):

The Future of Nursing 2020-2030 report focuses on how nurses can promote health equity. But to do so, the systems that are in place such as public health care systems, Medicaid and Medicare, private healthcare systems and medical facilities, nursing schools and academia and nonprofit organizations, these systems need to better prepare and support their nurses so that their nurses can then promote health equity. The Future of Nursing 2020-2030 report was actually built on the foundation of another major nursing report. Back in 2011, the Institute of Medicine, what we now refer to as the National Academy of Medicine, released another Future of Nursing report also sponsored by the Robert Wood Johnson Foundation. This report focused on the years 2010 to 2020.

Dr. Sue Hassmiller ([13:14](#)):

The first report was focused on building the capacity of the nursing workforce. The nursing field came together to strengthen education and advanced practice, promote leadership, and increase workforce diversity. A tall order.

Dr. Scharmaine Lawson ([13:29](#)):

This first report was critical in progressing the nursing workforce, but the work didn't stop there.

Dr. Sue Hassmiller ([13:35](#)):

So the first report built our capacity, and then we asked ourselves, okay, building nursing's capacity to what end? This is where we're going to do our work, achieving health equity in this country.

Dr. Scharmaine Lawson ([13:50](#)):

It was time to establish a new report for a new decade, a decade that brought a pandemic, a summer of climate disasters, and a long overdue awakening of racism in America systems and institutions.

Dr. Mary Wakefield ([14:04](#)):

I think in terms of what catalyzed The Future of Nursing 2020-2030 report, what really encouraged this focus was largely based on some very substantial expansion over maybe the last decade or so of

research, a research base that has been growing rapidly that has shown a very clear relationship between health, health status, health outcomes, and social determinants of health.

Dr. Scharmaine Lawson ([14:36](#)):

All reports published by the National Academy of Medicine are based solely on existing evidence. For The Future of Nursing 2020-2030 report, experts carefully and methodology approach the research to gather the most accurate evidence.

Dr. Mary Wakefield ([14:51](#)):

The conclusions and recommendations in the report are derived from evidence. And so we focused a lot, as I said, on the work of literature searches of reviewing research to inform our thinking and then also site visits to help us better understand what some of the effective models were as well as the challenges to them across the country that involved nurses in addressing social determinants of health with the aim of improving health equity.

Dr. Scharmaine Lawson ([15:20](#)):

Now we have an evidence-based report filled with recommendations to guide our nursing workforce through the very real challenges they face when it comes to health equity. But this work is going to require the participation of all sectors involved in health because at the end of the day, if nursing isn't prepared to tackle health equity, it will be near impossible to improve the health of the nation.

Dr. Michael McGinnis ([15:43](#)):

There is a critical need to reassess the ways in which we educate our health professionals and the way in which we deploy them as team members to be able to work with each other and to have a comfort level in working in multiple venues and circumstances. This report has helped set the stage for accelerated progress of not just the nursing profession, but the whole health system as it moves to meet the challenges and the opportunities of the 21st century.

Dr. Mary Wakefield ([16:20](#)):

We need a much broader, clearer commitment and actions that ensure that nurses are prepared, not just nurses who already have a lot of this expertise in the community, but that all nurses need to be prepared to drive improvement. And they need to be able to do that by partnering with and leveraging other sectors beyond the health sector.

Dr. Scharmaine Lawson ([16:40](#)):

As Sue mentioned earlier, the recommendations from the first Future of Nursing report were a tall order. For the 2020 report, it's no different. But this set of practical recommendations and their resulting policies and actions are possible to implement. Throughout the series, we'll look closely at each recommendation, but at a glance, this is what The Future of Nursing 2020-2030 recommends.

Dr. Sue Hassmiller ([17:05](#)):

The report has four key takeaways. The systems that educate, pay, and employ nurses need to do this. They need to permanently remove the barriers to allow them to do their work, value their contributions, prepare nurses to tackle and understand health equity in the first place, and then fully support nurses.

Dr. Scharmaine Lawson ([17:30](#)):

There is a multitude of systems that should implement these recommendations, systems such as public health care systems, Medicaid and Medicare, private healthcare systems and medical facilities, nursing schools and academia, and nonprofit organizations. These systems can better prepare and support their nurses to promote health equity.

Dr. Mary Wakefield ([17:50](#)):

There's a lot of opportunity for nurses to make contributions to these serious challenges with all their inherent complexities, but change needs to occur both to incorporate the expertise that's currently embedded and expand it. That expertise that's currently embedded in public health and school. And they're saying that we ensure that nursing students and graduates of nursing programs learn much more deeply about issues around health equity and that our students when they graduate are prepared to partner beyond and work beyond the traditional healthcare sector.

Dr. Scharmaine Lawson ([18:25](#)):

The report also focuses on non-traditional ways that nurses can partner beyond the healthcare sector.

Dr. Mary Wakefield ([18:32](#)):

When we think about engaging in other sectors, we really need to be thinking about that public policy sector too. So that's a key takeaway from the report as well. And standing in the way of that goal is I think the need for nurses to be educated to really engage in all of these venues I've just described well-informed and recognize this as part and parcel, this kind of work as part and parcel of their role as a nurse. The ways that nurses can engage in health policy to inform health policy and to inform health policy makers so that I as a nurse might be influencing the patients for whom I care on a shift in a hospital, for example, but I as a nurse can also influence the health status of 20,000 patients or 20 million patients by engaging in and informing health policy and informing health policy makers that are writing laws and regulations.

Dr. Scharmaine Lawson ([19:32](#)):

Nurses can greatly influence the healthcare system in America. Many already have, but we want to be clear, solving health equity does not just fall on nurses. It's everybody's responsibility.

Dr. Sue Hassmiller ([19:48](#)):

What stands in the way of these goals being accomplished? Dismantling structural racism and advancing health equity in this country are really difficult tasks that cannot be accomplished in a single lifetime. And they're too big for any one sector to solve on its own. So we call upon nurses. Yep, we do, but we need a lot of other people working on this. All of the health professions, those in the organizations that represent the social determinants like housing and transportation and food and access to care. Part of the reason why our country has been so slow to advance health equity is because few leaders and organizations have prioritized it. If every organization made advancing health equity its top priority, we could make our country better and more just for everyone who lives here.

Dr. Scharmaine Lawson ([20:48](#)):

We're going to look at each of the takeaways and recommendations much more thoroughly throughout the next episodes. It may not be easy. The reality behind health inequities, systemic racism in healthcare, and the challenges that nurses face in addressing these matters, it can be sad and downright frustrating. But if we want to improve the health and wellbeing for all, it's work that needs to be done. The co-chair of the report, Dr. David Williams, stressed just how critical a report like this is to improve the health of the people most disadvantaged in society.

Dr. David Williams ([21:26](#)):

One of the things the committee's report does, it doesn't ask nurses to do all of this work of improving healthcare equity, improving health equity, and doing it on their own and doing it without being prepared to do it. There's a lot in the report of the kinds of investments that need to be made in terms of enabling nurses to practice to the full extent of their training, in terms of ensuring the wellbeing of nurses so that they are equipped and they are cared for so that they can provide adequate care for others, in terms of providing the education and training so that nurses understand the importance of the social determinants. So for example, we are dealing with a challenge, not only of healthcare equity, that they are sometimes differentials in care based on being from a rural area or based on being a racial, ethnic disadvantaged socially stigmatized person, that's healthcare equity, but it's also health equity.

Dr. Scharmaine Lawson ([22:35](#)):

Dr. Williams is stressing that healthcare equity means all individuals and communities should have access to healthcare and high quality care. Everyone should have the opportunity to attain full health potential. No one should be disadvantaged from achieving full health potential because of their social position or any other socially defined circumstance. With nurse's key role in the health of Americans, there's an opportunity to chart a path forward to achieve health equity.

Dr. Sue Hassmiller ([23:06](#)):

And so my hope is that this report will unleash the full potential of all of us, all nurses across the country. Substantial barriers so prevent all nurses from being able to effectively advance health equity.

Dr. Scharmaine Lawson ([23:22](#)):

Before we explore the practical recommendations of The Future of Nursing 2020-2030 report, we have to know exactly what we're up against. In our next episode, we're going to look more closely into health equity, what it means, why it matters, and what nurses are seeing on a front lines when patients are impacted by health disparities. Thanks for listening. To learn more about the report or to read it yourself, which we always recommend, you can visit the report home page at nap.edu/nursing2030.