

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

The demographics of the United States are shifting and the population is becoming increasingly diverse. With the landscape changing like this, nurses need to be prepared to recognize health inequities and address them now more than ever. This kind of preparation doesn't just happen naturally. And historically, schools and health systems have not thoroughly equipped their nurses to understand, identify and act in addressing health disparities. If nurses aren't trained to tackle health inequities, the health outcomes of the nation will suffer. Remember Dr. Bowen? We heard from her in our last two episodes. Early in her career, she saw the impact of health disparities on her patients every day. There was one moment though that stood out to her and made her realize when nurses are not trained or equipped to address health equity issues, patients can really suffer. And just a forewarning, this story contains graphic elements that might be unsettling to some listeners.

Dr. Bowen ([01:16](#)):

I was a young nurse, was working a Saturday in our little acute care center. I was on active duty in the military and a retirees' wife. This woman's family brought her in and she couldn't walk, so we put her in a wheelchair, brought her into a room and they were just sobbing. My mom, she was up, she was doing well, now she's incontinent. The woman was alert and oriented but just really weak though. It was time for me to do my assessment and I went to listen to her chest and her shirt, it was just wet with liquid on the chest. And when I opened the shirt, there was this huge tumor that had lifted away from her chest. And I thought, oh my God, how did this happen? She had breast cancer and she was dying. That's when things really hit me in the face, like she shouldn't be coming in like this. Where was all of the in between care? Why didn't anybody find this sooner?

That interaction has just been drilled in my head and I will never forget that woman or her family and was like, well, where is she going to go? She needed to be at a major medical center. At that time, I know the only treatment that she would've gotten would've probably have been palliative at that time to maybe help reduce pain, but there were no resources to even get her there. There were no resources to get her there. She just wanted to go home and get her affairs in order because she knew that she was going to die.

Dr. Scharmaine Lawson ([03:10](#)):

The nature of this moment was tragic enough as it was, but what really stood out to Dr. Bowen was that she had never been prepared to deal with a situation like this.

Dr. Bowen ([03:22](#)):

That was really, really hard for me. That was super hard. I felt like, here I am a nurse, why am I okay? I wasn't okay. But this lady's just going home and I didn't have the skills. I didn't have the skillset. I didn't know what to call it. I just knew it was not fair. Now, looking back, I recognize that what I was seeing was one of the most ugliest pictures of health disparities where black women usually enter healthcare system with cancers that are more advanced and they die when we have all of this really good treatment out there, but you've got to get people in. We've got to get them the preventive care that they need. I don't want any other nurse to ever experience that.

Dr. Scharmaine Lawson ([04:14](#)):

Now Dr. Bowen is determined to prepare student nurses so that when they face a situation like this, they'll know exactly what steps to take to achieve a better outcome.

Dr. Bowen ([04:25](#)):

And we need to teach our students that. We need to help them so that they're empowered so that they can be advocates on behalf of the patient. A lot of people say I'm going to go home. What that means is I'm giving up because no one's going to do anything for me. How can we be a voice for them, and I wasn't a voice for her or her family. I didn't know how to use my voice.

Dr. Scharmaine Lawson ([04:52](#)):

When health disparities threaten people, whether they are patients in the hospital or individuals in a community, nurses should feel empowered to use their voice.

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. I'm 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 use their unique skills, knowledge, and dedication to address health inequities and overall improve the health and wellbeing of the nation.

In our last episode, we discussed health equity, how it impacts people and why we need nurses to improve the health outcomes of the nation. In this episode, we're going to look at how we can better prepare nurses to understand and tackle the problems that arise from health inequities. We have to first acknowledge, however, that health equity has not been a critical component of nursing school curricula. Employers have not consistently trained their nurses to always recognize social factors that impact health and nurses may even come into their positions with their own prejudices and biases. What this means is that right now, many nurses are not prepared to treat people from all backgrounds and experiences.

Dr. Bowen ([06:34](#)):

We need our different skillsets. When I was in school, there may have been transgendered patients but I wasn't taught how to care for them. It's important that our nursing students come out with that information. How do you do a health history on a transgendered male or a transgender woman? We have knowledge, we have language, we have skills, we have tools. We need to equip our young nurses to be able to enter their careers with a toolkit and a skillset that they need to be able to care for all people.

Dr. Scharmaine Lawson ([07:15](#)):

It's urgent to fix this lack of preparation because nurses across all settings are in some of the best positions to address health inequity when they meet with the people they care for.

Dr. Regina Cunningham ([07:27](#)):

They're often the group that spends the most time interacting with patients who are with the people that they care for.

Dr. Scharmaine Lawson ([07:33](#)):

That's Dr. Regina Cunningham. Dr. Cunningham is the chief executive officer of the hospital at the University of Pennsylvania. She started her career as an oncology nurse before eventually going into nursing administration. Throughout her career, she saw the unique skills that nurses bring when it comes to recognizing social determinants of health.

Dr. Regina Cunningham ([07:52](#)):

I think that it helps them to establish relationships and an understanding of the unique needs of people, their unique perspectives and their circumstances. So what is the context that they're coming in with? Where do they live? Where do they work? What is it about their sort of personal situation circumstances? And we know that all of these things have an important impact on health outcomes and health equity. And so nurses' ability to communicate and understand people where they are is a huge benefit in terms of thinking about health equity. They bring clinical knowledge and a multiplicity of competencies to the table. So they have, in addition to their clinical knowledge, knowledge about health promotion. They understand systems thinking, which is really important as we think about health equity.

They have an understanding of how healthcare systems work and how communities work, how the public health system works, and they have a history, a long history of focusing on people's social needs. So you could look back in time and look at the role of nursing in terms of addressing these social needs. So that's also important. They also have a lot of complex problem solving skills which also come into play as you think about the complexities that we're challenged within the health equity space. And probably very importantly, they are a group that the public has a great deal of trust in. And so, all those are important variables and when we think about driving improvements in health equity, these are some of the unique characteristics that nurses would bring to a professional team table.

Dr. Scharmaine Lawson ([09:28](#)):

Nurses have the unique knowledge and position in a healthcare system that allows them to advance health equity. But to do this, they need to be properly educated and prepared both in school and in the workplace to understand all the factors that impact patient health outcomes.

Dr. Noelene Jeffers ([09:44](#)):

It's really important, I think, to make sure that our nurses are structurally competent.

Dr. Scharmaine Lawson ([09:50](#)):

That's Dr. Noelene Jeffers. Dr. Jeffers is a certified nurse midwife at Unity Healthcare in Washington, DC, and is also a post doctoral fellow in maternal and child health at the John Hopkins School of Public Health. In her experience, Dr. Jeffers has realized that nurses need to learn about the deeply rooted issues that influence health outcomes.

Dr. Noelene Jeffers ([10:11](#)):

Do they understand how the diseases, disorders, experiences of patients are completely influenced and driven by things like racism and other biases and oppressions. We're not currently doing a great job of that, but it needs to be fully integrated into how we structure our curriculum, how we structure our classes and making sure that our students are familiar with and that they feel comfortable with trying to identify like, hey, what's actually going on here? Are we educating nurses about these root causes? Is racism a word that is even spoken about on a daily basis? Are we really fully integrating anti-racism, anti-oppression, anti-bias frameworks into our curriculum?

Dr. Scharmaine Lawson ([11:12](#)):

This begs the question, whose responsibility is it to prepare nurses to understand health equity?

Dr. Regina Cunningham ([11:18](#)):

It's a lot of different people's responsibility. Let me start with nurses themselves. I mean, nurses have a responsibility to educate themselves. It's the responsibility of nurses themselves to ensure that they are keeping up to date. As they get continuing education, that they're keeping their education up to date.

Dr. Scharmaine Lawson ([11:36](#)):

Nurses bear the responsibility to continue their education. But it's not just on nurses to prepare themselves to deal with health equity issues. All healthcare organizations share the responsibility to educate and equip their nurses to advance health equity.

Dr. Regina Cunningham ([11:57](#)):

I feel like there are things that we need to do as healthcare organizations in order to help advance health equity. We need to educate nurses that are already in practice as I mentioned before. We need to begin to incorporate elements of these issues into everyday practice. And just to give you an example to kind of bring that to life, we know that factors like housing and food security, these are important issues for patients. And so nurses in the acute care setting can incorporate some of these things into their systematic assessments that they do when patients come into the hospital. They can look at those data and incorporate them into the planning process that goes around sending patients back home after they've been in the hospital.

Dr. Scharmaine Lawson ([12:43](#)):

It is essential to specifically train and educate nurses to consider these social factors during patient assessments. It will allow nurses to better understand the various factors, both medical and social, that impact an individual's health outcomes. The first strategy that can help better prepare nurses to recognize and identify the factors that impact patient health outcomes is to adjust the nursing curriculum.

Dr. Regina Cunningham ([13:15](#)):

If we really want to drive health equity in this country, then we must support and prepare nurses to be able to do that because this wasn't included in their historical curricular content. And not just in the didactic component, but it really hasn't been a focus of the clinical education or the clinical experiences that nurses have while they are in school.

Dr. Scharmaine Lawson ([13:39](#)):

We heard from Dr. Bowen at the beginning of this episode. Dr. Bowen understood that there were certain things that adversely affected health outcomes in the community she practiced in, but she also realized that many student nurses may not be educated in recognizing these things as health disparities.

Dr. Bowen ([13:57](#)):

When you drove through the neighborhoods, you look at what's there. Are there playgrounds? Where is the nearest grocery store? All of those things that I just knew if I went into a certain community, there wasn't going to be these resources that I need. I didn't know that there was something called a food desert. I didn't know it was called a food desert. I just knew that in certain towns and certain parts of

towns, people didn't have access to the pharmacy, to a good grocery store. Kids didn't have beautiful playgrounds or parks to play in.

Dr. Scharmaine Lawson ([14:30](#)):

People who experience food insecurity are likely to have poor health outcomes because they don't have access to nutritious foods. And kids who live far from playgrounds may experience poor health outcomes because they don't have a safe place to run and play. These are the kinds of things that nurses need to be aware of when these individuals walk through the clinic doors. But teaching nurses to recognize social determinants of health and diversity, equity and inclusion, well, let's just say it takes more than just inserting one course into the curriculum.

Dr. Bowen ([15:05](#)):

People think, oh, there's a course, like I worked someplace before and we have had a course. DEI is not a one course thing. It affects every part of a person's life. And so it needs to be threaded throughout the curriculum. It's not just black/white, it's young/old, it's around resources, it's economics, and black, white, purple or brown. If you don't have money, you're probably going to have poor health. So if you don't have money, you're probably not going to live in the best neighborhoods or the best homes. Your homes may not be safe for your kid. It's 2021 but there are still homes that have lead paint in them. There's still homes where the pipes are not earthed and children are becoming lead poisoned.

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

Nursing curricula needs to have these topics on health equity integrated throughout all courses. We mentioned earlier, however, that historically, health equity has not been prioritized in nursing school curricula or has only been found in one course, often public health nursing, at the end of the curricula. There are a few unfortunate reasons for this.

Dr. Regina Cunningham ([16:24](#)):

Health equity hasn't been addressed and prioritized in curricula in nursing education because it hasn't been identified as an important priority for nursing. One of the benefits of the National Academy of Medicine report on the Future of Nursing 2020-2030 is that providing this clarity and providing this direction will provide a sense of where schools need to go and what they need to focus on for the future of nursing. So it gives us an opportunity to kind of refocus and to look at what really needs to be done.

Dr. Scharmaine Lawson ([16:57](#)):

Not only has health equity not been identified as a priority for nursing, but nursing curricular is already so full of information. Dr. Greer Glazer has spent a lot of time examining this issue throughout her career. After years working as a staff nurse in women's health, Dr. Glazer became the Dean at the University of Cincinnati College of Nursing.

Dr. Greer Glazer ([17:19](#)):

Well, one thing is this, our curricula are jam packed with many, many facts and lots of information about diseases, medical conditions, a lot of sciences, microbiology, organic chemistry, all kinds of things. So there's a real question here on what can be taken out of our curriculum so that it's replaced by these things that have been identified in the Future of Nursing report like delivering person-centered care so we have content on cultural humility, trauma-informed care, motivational interviewing, lots more on

mental health, substance abuse, elderly, information technology, data analytics, policy. So we've got so much content that we may touch on but it really needs to be covered in a much more in-depth way. And we're not going to be able to do that unless we take away some things.

So we really have to be able to take a look at all of our curricula and decide what's really important now and if we really want to achieve health equity in the United States, what is it that we need to make room for and then what can we take out? It will mean a real transformation of our curriculum because we've done very little with health equity. We address these things in a cursory manner in community health nursing courses. There is a course in almost every nursing school on community health nursing. We talk about some of the social determinants but as far as our assessment of factors, our intervention with these factors, our evaluation with these factors, we have a long way to go.

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

Adjusting the curriculum is not just a one time fix because like we mentioned earlier, with each year, the population of the United States becomes more and more diverse.

Dr. Regina Cunningham ([19:23](#)):

In order to really effectively prepare the next generation of nurses, schools need to sort of constantly assess their curricula and make sure that it's really reflecting contemporary practice and the changing trends. And so in this case, as we outline the plan for nursing, the role that nursing can play in health equity, this is an important contribution changing how we look at curriculum.

Dr. Scharmaine Lawson ([19:44](#)):

There are many topics on health equity and social determinants of health that must be integrated throughout nursing curricula. Earlier, we heard from Dr. Noelene Jeffers. On top of being a certified nurse midwife, Dr. Jeffers is also an adjunct faculty member at Georgetown School of Nursing. She's seen some topics come up in her classes over and over again, topics that she realized must be incorporated into the nursing curriculum.

Dr. Noelene Jeffers ([20:12](#)):

Oftentimes something that may come up either in my classes or even in my clinical practice is sort of the use of the term non-compliance and like, oh, what do we do about this patient that's non-compliant and whatnot. When you're thinking about sort of teaching nurses what it means to be structurally competent, sort of aware of how social determinants of health are shaping clients and their experience of health and their outcomes, examining sort of the use of the phrase non-compliance is a great start. Why, because, hey, non-compliance is completely born out of our tendency to blame clients and patients instead of being aware of, hey, what's going on in their life, in their individual life, and what's going on with sort of the system and the structures around them that's sort of contributing to this.

So, hey, they haven't been to their last two prenatal visits. Okay. It's not likely that they don't care about their health or the health of their baby. In fact, what's more likely is that, hey, they may live in a maternity care desert and they may have to take two buses and a train in order to get to their prenatal visit. They just don't have the transportation. So thinking about sort of what barriers our clients are facing instead of blaming them I think is... That's just sort of one example that I could potentially utilize, but sort of reframing what has historically been seen as sort of individual deficits.

Dr. Scharmaine Lawson ([21:52](#)):

It's this kind of thinking that advances health equity. With this kind of thinking, nurses can look at an individual's home and personal life and ask what other factors might be influencing this health outcome. This enables nurses to look at an individual's poor health outcome and not immediately blame them for it. By prioritizing health equity in nursing curricula, nurses can gain the foundational knowledge of what social determinants of health are, how to notice them when they impact an individual and what steps can be taken to deliver the best quality care to that person. There's another step that needs to be taken to prepare nurses to work with people from all backgrounds and experiences. During school, student nurses go through clinical rotations where they get supervised, hands-on experience working in a clinical setting. However, most of these rotations happen within the hospital setting and this may not set up nurses to understand and identify social determinants of health in various communities.

Dr. Greer Glazer ([22:53](#)):

We need to be able to provide clinical experience in every one of the clinical specialties. So it's pediatrics, women's health, adult, geriatrics, psychiatric nursing. All of the areas that we do clinical, there should be experiences out of hospital. Should be out in the community, should be in community centers, should be in federally qualified health centers, should be in people's homes, in places of employment, in schools. There's so much to be said and there's a lot written in the report about the benefit of school-based health clinics and people receiving care in schools. But I would bet that very few nursing students get experiences in those places.

Dr. Scharmaine Lawson ([23:38](#)):

If nurses aren't educated and trained in community settings, it's going to be difficult for those nurses to then recognize the impact of social determinants of health outside of outpatient and traditional care settings. By expanding clinical rotation sites to community settings, nurses can have a supervised experience as they learn what it means to recognize inequities and advance health equity.

Dr. Regina Cunningham ([24:03](#)):

Moving a little bit away from some of the very traditional spaces where nurses have had their clinical training is very important in advancing health equity as well. So thinking about more community experiences, more clinical experiences in non-traditional spaces such as more community settings, community centers, schools, the school nursing as a clinical experience, prisons, other types of environments are really, really important for nurses to gain some clinical experience. So moving away from some of the very acute care focused hospital type experiences is something that will also be really important.

Dr. Scharmaine Lawson ([24:45](#)):

It has to be acknowledged that while strengthening curriculum and expanding where nurses train are necessary steps, there are still other obstacles nurses will face when working in and with communities and these obstacles will stem from their own personal biases. This goes for student nurses and nurses who have been practicing for years. Dr. Kenya Beard, who we heard from last episode, remembered an experience where she personally saw what happens when a nurse's implicit bias gets in the way of caring for someone.

Dr. Kenya Beard ([25:18](#)):

We don't prepare nurses to talk about race and racism and what happens. That fuels frustration and nurses feeling anxious and upset. So family members in the hospital, he received pain medication and the pain medication didn't work. The pain was getting worse. So when I brought this to the nurse's attention, when she came into the room, the first thing she said was, do you have a drug problem? So I called her out on this after the fact and I spoke to her and the nurse manager. The nurse was upset that I would have the audacity to suggest that racism played a role in the question that she asked.

And I was trying to make this a teachable moment where she could understand that all of us, we all have inherent biases and we have to talk about them because not talking about it, muting the conversation does nothing to help us to move to where we need to get to. She had a hard time understanding that, but then I had to realize she had not been trained to deal with bias. So when someone presented it to her, she didn't have the skills nor the capacity to respond in a way that was humbling, that could recognize, wow, why did I ask that question?

Dr. Scharmaine Lawson ([26:52](#)):

This can be a common experience in many health settings and it's important to understand that it's not just a select few who are clouded by their own prejudices and biases. The co-chair of the committee that authored the Future of Nursing report, Dr. David Williams, made it clear that everyone has implicit biases.

Dr. David Williams ([27:13](#)):

Implicit bias is something real. I like to tell my students that I think of myself as a prejudice person. You look at me with surprise. I said, yes, I think of myself because I would like to think of myself as a normal human being. And I say, if you are a normal human being, you're probably prejudiced. Not just racially prejudiced because it's not just about race. Every culture, every society has in groups and out groups, groups that are viewed positively and groups that are viewed negatively. And what research finds is when we meet someone for whom we have a deeply embedded stereotype in our mind, negative stereotype, we will treat that person differently. Maybe you don't have a racial stereotype, but what are the negative stereotypes you have about fat people, about gay people, about women, about old people, all of these biases that shape what we do.

Dr. Scharmaine Lawson ([28:05](#)):

To effectively tackle health inequities, nurses must honestly confront their own biases. But schools and healthcare systems should also support nurses by guiding them through this process and protecting them from any retaliation.

Dr. Kenya Beard ([28:22](#)):

I think we have to examine policies and practices that have created inequities and have the courage and conviction to call out disparities, ensure that all nurses are protected from retaliation, that all nurses are trained on implicit bias and how it emerges, especially when we're feeling anxious are rushed or afraid.

Dr. Scharmaine Lawson ([28:47](#)):

Mitigating bias in healthcare systems requires more than implicit bias training because unfortunately, some people's minds are already made up.



Dr. Noelene Jeffers ([28:56](#)):

I know that there has been a lot of energy around sort of, okay, let's bring in implicit bias trainings into the workplace. I think that we don't have good evidence about whether or not implicit bias is going to change the hearts and minds of individual nurses and other healthcare providers. But I think it's definitely something that we should be researching. So I think that at this point, in many ways it almost becomes less about sort of convincing people that are racist not to be racist anymore and it's more about putting systems and structures in place to decrease the impact of racism on health and healthcare.

Dr. Scharmaine Lawson ([29:39](#)):

There is a strategy to decrease this impact that biases, racism, and discrimination may have on health outcomes. We briefly talked about it in our last episode on health equity. To better prepare health systems to treat people from all backgrounds, it is critical to diversify the nursing workforce.

Dr. Greer Glazer ([29:59](#)):

The real issue, I think, is people want to be cared for by people that they think understand their experience, look like them, understand language. There are a lot of studies that indicate that people that are being cared for by health professionals want to have healthcare professionals that match their ethnicity, their race, their language, their sexual orientation, their ability, disability, all of these things. People feel more comfortable, people feel that they get better care, and they feel as if they're understood.

Dr. Scharmaine Lawson ([30:39](#)):

So where do we even begin to diversify an entire workforce? It starts with nursing schools, both students and faculty.

Dr. Bowen ([30:48](#)):

I would think one of the easiest and low hanging fruit in terms of metrics that we have is that every nursing school has nursing faculty and nursing students that look like the communities and the states that they're in. If you are situated in an area where your town or your state is 30% Latinx but you only have 2% in terms of student population or faculty, that's a problem. So what can we start to do now to bring in Spanish speaking students, Spanish speaking faculty who look like the communities that they're in and mirror them.

Dr. Scharmaine Lawson ([31:36](#)):

The challenge here is a difference in resources. Students who are marginalized typically don't have equal access to the resources that will allow them to get accepted into nursing school.

Dr. Bowen ([31:50](#)):

If they've taken those tests, what we do know is that all students who've had the opportunity to go to study classes, prep classes, take the test a few times. The more you take it, the better you are at it. And that comes from what, having resources. And so for a lot of our black and brown and even poor white students, they don't have the opportunity to start going to SAT prep courses when they're in junior high school. They don't have the opportunity to take the SAT every year of high school or to go to the tutors. Those are barriers. And so it doesn't mean that those students who are black, brown and maybe poor

white, come from rural communities or under resourced communities, it doesn't mean that they're less intelligent or less capable of being a nurse.

Dr. Scharmaine Lawson ([32:47](#)):

To diversify nursing school classes, schools must begin recruitment outreach to underrepresented students in K-12 education and schools must also adopt what we call a holistic admissions process where prospective students are evaluated on more than just their academic achievements and GPA.

Dr. Greer Glazer ([33:07](#)):

There's an ample amount of data that shows that when you use other criteria that you deem important in future workforce like ethics, like somebody is ethical, like somebody's communication skills are great. With nursing, and I really want to get this across, nurses are intelligent. It's not just about people being caring and taking care of people. You have to be intelligent to be a nurse. So it's a combination of factors that we're looking for. More and more people are admitting into schools now using a holistic admission process.

Dr. Scharmaine Lawson ([33:44](#)):

Nursing schools must work to diversify their student bodies, but it's equally important to work at diversifying the faculty as well.

Dr. Bowen ([33:53](#)):

Do we have faculty who are from the LGBTQ community? And if not, then what can we do to recruit faculty? There has to be an intentional effort. What are we going to do to first of all get into a situation or get into places and spaces where different faculty are. There's HBCUs, there's Hispanic serving universities that have nursing program, that have DNP programs, that have PhD programs. We all know that people usually graduate around May. So why not be there in those spaces recruiting nurses. How about providing some financial assistance so that they can move to these places where there aren't large populations and providing some assistance so that they can get their program of research off the ground.

Dr. Scharmaine Lawson ([34:50](#)):

To sustain a more diverse faculty, schools can't just hire people and leave it at that. They need to provide additional resources to these faculty members because as Dr. Bowen has observed, diverse faculty take on an extra workload that usually goes unnoticed.

Dr. Bowen ([35:09](#)):

Because there is the brown tax. So when someone sees that there's a black or brown faculty, they're going to navigate to them, or that, gee, here's a faculty member who's gay like me. I want to go and be with them and talk to them. Maybe they can understand the things that I'm going through. And so then all of a sudden you're mentoring so many students that you can't get your work done. And then what happens? You don't get tenured, you get booted out, and we have this revolving door. And so for people who don't understand that, it's just like, well, they couldn't cut it here. No, we have to make things equitable and that's where we talk about giving the extra resources and the supports because probably the other faculty don't have the five black students or the five Latinx students or Asian students, whatever the case may be in terms of that diverse student right there with that one diverse faculty

person. So I think that those are some of the things, those are all good starting points, but we have to recognize that there's a problem.

Dr. Scharmaine Lawson ([36:16](#)):

All of these changes that we've discussed can receive pushback because these changes will require a shift in the culture and will change where we allocate resources.

Dr. Greer Glazer ([36:28](#)):

There's all kinds of programming that is evidence-based but it takes money and it takes will and it takes persistence and it takes the desire to make it happen. So that I think is where we need to focus our efforts.

Dr. Scharmaine Lawson ([36:48](#)):

But even though these changes may come with a cost, they are worth implementing if it means we can get one step closer to improving health outcomes across the nation.

Dr. Bowen ([37:00](#)):

I would challenge us to just keep moving forward, keep thinking outside of the box, including people, making your spaces a place where people want to come and where they can truly thrive. That's what I would like to see when we get to 2030 and I really don't think that that's something that's impossible. I think it's extremely doable. We just have to want to do it.

Dr. Scharmaine Lawson ([37:29](#)):

All systems have to prepare nurses to tackle health inequities, whether it's through strengthening curriculum, expanding clinical rotations, working to mitigate bias, or increasing diversity in schools and workplaces. Nurses must be prepared to recognize when an individual is struggling due to health disparities. And it doesn't end there because nurses must also feel equipped to take the next steps in getting the proper care to that person. As Dr. Bowen said earlier, nurse should always feel empowered to use their voices to ensure individuals and communities get the best quality care. It's the responsibility of all health systems to prepare nurses for these moments and it's also their responsibility to help nurses see themselves as powerful agents for change, especially when it comes to advancing health equity.

Dr. Regina Cunningham ([38:24](#)):

When you think about health equity in kind of the big picture, it seems like, wow, what can I do about health equity? I mean, what can one person do about health equity? But the truth of the matter is in the report, our hope is that every single nurse sees themselves in that report and understands their potential role. So it doesn't matter if you are a nurse in a community setting like we've been talking about or if you are a nurse in an acute care hospital setting, or if you're a nurse in an organization that really doesn't directly deliver healthcare services but does something related somehow to the healthcare industry, that you have an opportunity to see yourself, to understand the impact that these complex issues have on people and on outcomes, and to be able to affect change. We also talk about every nurse seeing themselves as a leader. You don't have to be in a formal leadership role to say that you're a leader. I mean, every nurse can effect change at whatever level they are working at.

Dr. Scharmaine Lawson ([39:28](#)):

As we work to prepare our nursing workforce to achieve health equity, there's a big caveat that threatens this mission, and it's the lack of support for nurses. Perhaps you're a nurse listening to this and you're thinking, I want to advance health equity but I'm not even supported in my current role. Perhaps you've witnessed your colleagues struggle to deliver high quality care and address health disparities because they weren't supported to carry these tasks out in the first place. In our next episode, we are going to cover what it means to fully support nurses because if nurses aren't fully supported, how can we expect them to step up as leaders to address the complex issues of health equity. Until then, if you want to learn more about the report or read it yourself, which we always recommend, you can visit the report homepage at [nap.edu/nursing2030](http://nap.edu/nursing2030). As always, thanks for listening.