

Dr. Scharmaine Lawson ([00:15](#)):

For too long, health inequities have negatively impacted way too many people in the United States, and the number one thing we've learned throughout The Future of Nursing Podcast is that nurses have a major role in addressing health disparities and in turn improving the health and wellbeing of the nation. And we've also learned that they cannot accomplish this on their own. In this episode, we're going to be hearing from some familiar voices from the entire series.

But before that, we wanted to share another story with you, a story that once again shows why it's urgent to implement practices that empower nurses to address inequities they encounter with the individuals they care for. Dr. Emily Jones is an associate professor at the University of Oklahoma College of Nursing. She started her career as a labor and delivery nurse before going on to earn her PhD. Dr. Jones remembered a significant moment early on in her career. She witnessed the current health system, prevent an individual from receiving the care they truly needed.

Dr. Emily Jones ([01:25](#)):

When I was practicing as a nurse in inpatient obstetrics a little over a decade ago, I could see that the postpartum care that we routinely provided, created a huge gap for women to fall through. I helped care for a pregnant adolescent. She was probably about 17 or 18 years old, and she was diagnosed with gestational diabetes. She also met the criteria for metabolic syndrome and was at really high risk for developing diabetes.

Although in that obstetrical setting, we didn't focus on her future risk as much as the present risk and especially the condition, the risk that was conferred for her growing baby. This young woman stayed on our antepartum unit for several weeks related to her gestational diabetes diagnosis and the need for nursing support to help her maintain safe blood glucose levels. Close to term, this patient gave birth to her baby. And after a few more days of monitoring her blood glucose in the hospital, she was discharged home.

Dr. Scharmaine Lawson ([02:23](#)):

This particular individual had a much higher risk of developing a more serious illness down the road. And what happened next really concerned Dr. Jones.

Dr. Emily Jones ([02:33](#)):

Here's the surprising part, her discharge instructions sounded nearly identical to every other postpartum or new mom's discharge instructions. As her nurses, we didn't counsel her about her significant risk for developing type 2 diabetes or refer her to a diabetes prevention program or postpartum support group for other moms with similar high risk conditions, most likely because no systems were in place to provide or pay for such care.

What I witnessed time and time again was that we commonly swept the realities of a gestational diabetes diagnosis or other pregnancy related condition under the rug, so to speak, and failed to act in a way that could have prevented disease down the road.

Dr. Scharmaine Lawson ([03:18](#)):

It left Dr. Jones wondering why didn't they provide this person with preventative care?

Dr. Emily Jones ([03:26](#)):

It wasn't that we weren't allowed to recommend those things. It was that recommending that sort of preventative or prevention focused care postpartum was not really even on our radar as obstetrical nurses. And that in part was a result of the fragmented, siloed care that we offer women, which really is more focused on body systems than on the whole person.

What I wish we could have offered to this young woman would have been those resources in way of relationships with community care providers or health advocates that would have provided her with a network of support to optimize her health after pregnancy. And after her insurance provided postpartum care coverage ended, I wish we could have health oriented systems in place with the goal to prevent chronic conditions like diabetes and help new moms optimize their health before subsequent pregnancies.

Or better yet, I wish we could have systems in place that actually account for and seek to address the root causes of poor health in the first place and can pave the way to healthier pregnancies for everyone.

Dr. Scharmaine Lawson ([04:39](#)):

For Dr. Jones, the clinicians tend to focus only on patient symptoms and illnesses rather than causes and long term consequences that will impact the health and well-being. Clinicians felt like they only had the time and capacity to view the individual through the body system they were treating. The problem is that this kind of can leave health inequities unaddressed.

Speaker 1 ([05:04](#)):

I think it's important for nurses to have a human centered approach that examines the need of the end user, and the end user of nursing is the community we serve. We can't address the inequalities unless we address the inequalities every day. I think we need to know that our communities are made up of systems.

Dr. Scharmaine Lawson ([05:31](#)):

This is why the Future of Nursing Report was created. People need better care, the systems in place and the people who work in healthcare like nurses have the skills to provide it. We must address the root causes of poor health outcomes by preparing and supporting the nursing workforce to advance health equity. And to do this, clinicians and health systems must acknowledge the entire being of the person who is seeking care.

Speaker 2 ([05:59](#)):

Why are nurses so important? Number one, it's the perspective we bring. Nurses are educated to look at people and communities holistically. We're not just looking at one aspect of a person. The socioeconomic factors, the social determinants of health contribute more to people's health outcomes. We've got to be assessing them. We've got to be able to intervene with them, and we've got to be able to evaluate the efforts. We're really partners with the people. We're partners with the community in addressing all these things.

Dr. Scharmaine Lawson ([06:32](#)):

As health systems allow nurses to provide holistic approaches to care, nurses are then empowered to use their voice and address the inequities in front of them inside of the clinic, out in the community, and in leadership. When this happens, nurses can influence the health of the nation.

Speaker 3 ([06:52](#)):

In the Future of Nursing Report, we talk about the importance of engaging in public policy from local to national levels, serving on boards, serving on advisory committees that advice state agencies and federal agencies, for example, volunteering to do that work, to become appointed to those positions. We talk about the importance of nurses engaging with government officials at all different levels.

This is really about using the voice and the expertise of nursing, lifting it up to impact the health, not just of seven patients on a shift, but in addition to that influencing the health of seven million patients or 70 million patients or people, families, thousands of communities by engaging and ensuring that health policies are supportive of achieving equity in health and equity in healthcare in our country.

Dr. Scharmaine Lawson ([07:50](#)):

This is the final episode of The Future of Nursing. In this episode, we want to look forward to 2030 by remembering what we've learned throughout the series and explore how we are going to move forward. If we're going to move forward, we must collaborate and work together to put these strategies into place.

Speaker 4 ([08:24](#)):

I think what's important to share is that in the United States compared to other developed countries, we have the highest poverty rate, the greatest income inequality, and some of the most poorest health outcomes. And as you know, all this was highlighted more with the COVID-19 pandemic, where the deaths that were occurring in our communities are occurring to black, Hispanic, and really communities of color. I believe that now is the time.

I'm very hopeful that we are going to advance and address the social determinants of health, because I can't see how we remain this way. I understand that we spend the most amount of money in healthcare, but we have the poorest outcomes. It just doesn't make any sense to me. I'm hoping to see that we actually develop this shared agenda with all of the organizations in nursing, out of nursing, and that we all begin to work together.

And once the shared agendas identifies our priorities, the directions and that the health systems, our leaders really look to nursing because I believe that nursing has the education, the leadership, the skill to move us forward. I really do believe that

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

Throughout the series we've covered each of these topics in depth. These are the things means we need to do if we want to advance health equity. We need to permanently remove the barriers that hold back nurses from fully practicing to the scope of their education and training. We must diversify the nursing workforce to reflect the population we serve. We need to value nurses' contribute through reformed payment systems. We must better prepare nurses to tackle and understand health equity.

We need to fully support our nurses' health and well-being as they work to support the nation. We need to strengthen, protect, and prepare our nursing workforce for the next public health emergency. And lastly, we need to create a shared agenda across nursing organizations that prioritizes addressing social determinants of health. It starts with knowing the state of the science and a vision to move forward. With the Future of Nursing 2020-2030 Report, we now have a resource that explains the evidence behind these recommendations.

And this resource also lays out how individual nurses, educators, organizations, policymakers, and health systems can begin acting on the strategies.

Sue Hassmiller ([11:19](#)):

I want to invite all nurses to read the report, first of all. It is a long report. But if you look at the recommendations in chapter 11, look at those recommendations and see what resonates with you, see who you can bring to the table, wherever you work or maybe you do your volunteer work, and see what some of you can work on. Look up the state action coalitions in your state by going to the Future of Nursing: Campaign for Action.

And if you really want to work on these recommendations, see if you can help your state action coalition. I think the other thing I would say is this is a really hard subject matter for all of us. A lot of people in this country have been working on health equity for a very long time. It has been their issue.

Dr. Scharmaine Lawson ([12:17](#)):

How do we move forward? Well, first, all key players must know what their role is in advancing health equity. Roles will look different between nursing leaders, educators, frontline nurses, and policymakers. When everyone is certain of their role, they can have a better understanding of what strategies they need to implement to move forward. Nurses can then begin planning how they will personally work to advance health equity.

Many of the nursing experts we've heard from in this series have seen some amazing ways that nurses across the new, even across the world, have worked to deliver the best quality care to people from all backgrounds and experiences. For Maureen Bisognano, President Emerita and Senior Fellow of the Institute of Healthcare Improvement, there was one nurse who did this that she'll never forget.

Maureen Bisognano ([13:11](#)):

I also read an article in The New England Journal of Medicine. And in the body of the article, there was a sentence that changed me. Susan Edgman-Levitan and Michael Barry, the authors of the article, said, "We can't only ask patients what's the matter. We also have to ask what matters to you." I ripped up my plenary, rewrote it on the plane. And when I got to Paris, I said to everybody in the audience, "When you go back, don't only ask the patient what's the matter. Ask what matters to you."

And Jen Rodgers, a pediatric nurse from Scotland, did just that. She went back to her hospital and she went in to ask the first patient that she was seeing, a young girl named Kendra, "What matters to you?" Kendra has autism and has never spoken. Kendra and her father made a poster for her door and she wrote what matters to me. And she said, "I'm seven years old. I have autism. I don't speak. I say hello by pulling your hair. I don't like medications by my mouth. I will make a run for it. I like fuzzy toys. I can dance." They put the poster up on the wall.

That night, Kendra's father, who was her only caregiver, had a cardiac event and he was taken to the adult hospital in Glasgow. Kendra was by herself. But the doctors and nurses said because that poster was on her wall, they knew that she would pull their hair. They knew that they needed some extra attention to give medications by mouth. They said, "We know her and we know how to take care of her." They changed the way they cared for her.

Jen Rodgers then spread this idea of what matters to you across the entire pediatric hospital, and then across Scotland. Last year, Jen Rodgers was named as Scotland's Woman of the Year for changing the culture of healthcare in the country, not just in healthcare, but woman of the year, because she changed the way people looked at patients.

And instead of looking them as a disease or a process or a vital sign, she looked at them as a whole person with their family and brought together all of the assets that every patient and family bring and as well, the science of medicine to provide the best care.

Dr. Scharmaine Lawson ([15:30](#)):

Ms. Bisognano has seen how nurses around the nation are recognizing the health inequities in the communities they work in, and they're stepping up to address them in unique and creative ways.

Maureen Bisognano ([15:43](#)):

I've seen impact, big impact, on all different parts of the population. I've seen nurses working in communities with mothers, starting mothers support groups, so that children are born healthier and they're fed more appropriate food in the beginning so that they end up with a healthy beginning. I've seen nurses work with elderly populations who are at home, working with new models of care to keep them healthy at home.

I've seen nurses in schools really thinking about how do I understand, especially in this COVID time, the impact of COVID on the mental health of young kids and teenagers. We are in such dire straits in the United States in some parts of our country with mental health and resilience.

Dr. Scharmaine Lawson ([16:29](#)):

The nursing profession is critical to reducing health disparities and improving the health and well-being of the population. There's a lot of work to be done by 2030. It's going to take the work of individual nurses, educators, policymakers, and health systems to accomplish this. And it's hard work, but it can be done. Many of the clinicians we spoke with have a lot of hope for what the next decade holds for the nursing workforce.

Speaker 5 ([17:00](#)):

We are not going to be prepared as a nation unless we can see and feel comfortable with the notion and the fact that our frontline healthcare professional is comfortable with their role.

In a world in which we are increasingly aware of the fact that the line between what happens within the clinic doors and what happens outside the clinic doors to affect the health status of our population, 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.

Speaker 6 ([18:09](#)):

When 2030 comes around, we need to see a shift in our educational systems, not just the healthcare system. We need to see that we are supporting well-being, that we're not dismissing the needs of our nursing students, that we are providing nursing students with the training, the skills, and the capacity to recognize their biases and to mitigate them, to have frank conversations about racism and how it gets in between and disrupts outcomes.

I'd like to see us partnering more, partnering more with healthcare systems in a way that only look at how we deliver care for patients, but also to bridge that gap between what it looks like to be a nursing student and practicing and what it looks slight when the nurse goes to practice.

Speaker 7 ([19:17](#)):

We can begin to make some inroads in terms of health disparities. I really feel that that's where we can be. And in terms of health equity, we need more nurses in government, whether it be local, state, federal, we need more nurses on boards who are diverse, who understand the patients that they're working with, who can bring those voices, be at the table when policies are being made. Being able to say, "Hey, this sounds like a good idea, but let's think through. How might this affect X group of people or Y group of people?"

Dr. Scharmaine Lawson ([19:55](#)):

The recommendations in the Future of Nursing 2020-2030 Report have a specific goal, the aim to ensure that nurses are inspired, supported, valued, and empowered to chart a path forward so that all people have what they need to live their healthiest lives. The nursing profession must focus on educating and developing nurses, including advanced practice nurses, to work competently in home, community based, and acute care settings.

These efforts can then build a culture of health and health equity in America. And there's no time to waste.

Speaker 8 ([20:33](#)):

Nurses can't solve all of the problems by themselves, but nurses can play a role in reaching out to others within the healthcare sector, other professionals, so that we can comprehensively deal with the challenges our patients face.

Sue Hassmiller ([20:50](#)):

I would encourage nurses no matter where you work, no matter where you are in the spectrum of understanding health equity and what you've been working on to really have crucial conversations at work and do so with kindness and respect and patience.

Dr. Scharmaine Lawson ([21:09](#)):

Like Sue Hassmiller just mentioned, we encourage everyone to read the Future of Nursing 2020 to 2030 Report and consider starting conversations and discussions in your organization, workplace, or school about the recommendations and stories you heard on this podcast. We all have a role to play and should now take this opportunity to work together for the health and well-being of the nation. I'm Dr. Scharmaine Lawson.

We hope that with these stories and recommendations, you feel more empowered to influence the future of nursing. You can find the report, The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity, at the report homepage at nap.edu/nursing2030. As always, thank you for listening to the Future of Nursing Podcast.