

# FUTURE OF NURSING™

## Campaign for Action

### AT THE CENTER TO CHAMPION NURSING IN AMERICA



#### Pathway to Policy: Nurses Driving Change for a Healthier America Meeting Summary Princeton, New Jersey October 15-16, 2019

The goal of this meeting was to empower and deploy nurses to build a Culture of Health. The objectives for the two-day session included:

- Raise visibility and impact of nurses leading in public policy.
- Increase nurses' capacity to improve health in the community through public policy.
- Analyze state policies and the role of nursing.
- Empower nurses to lead in building multi-sector partnerships.

Susan Reinhard, PhD, RN, FAAN, senior vice president and director, AARP Public Policy Institute and chief strategist to AARP's Center to Champion Nursing in America welcomed the 22 state-based Action Coalitions and thanked the representatives for their work around policy, education and a culture of health.

#### Welcome, Introductions and Keynote Presentation

Paul Kuehnert, DNP, RN, FAAN, associate vice president-program Robert Wood Johnson Foundation, shared the vision for culture change that is occurring undergirded by the focus on the social determinants of health (SDOH). He described the SDOH as the dynamic interrelated systems that create an environment where families can either strive or struggle. After describing his work in Chicago and his partnership with allies in the community to address the AIDS epidemic, he highlighted the relationships that bring together the multiple factors that can play a role in someone's health. Knowing that nurses are the most trusted profession, he then focused on the need for nurses to build the evidence and inspire others to change policy around the SDOH.

Susan Hassmiller, PhD, RN, FAAN senior adviser for nursing, Robert Wood Johnson Foundation, director, Future of Nursing: *Campaign for Action*, senior scholar in residence and senior adviser to the President on Nursing for the National Academy of Medicine, then focused on what it is going to take to change how care is delivered and how policy can be changed around the social determinants of health in the country.

Brian Castrucci, DrPH, president and CEO of the de Beaumont Foundation, began by explaining that "the power of nursing is amazing if we can unleash" it. He said one cannot address the social determinants of health through an individual lens and the health investment opportunities that develop as one moves from individual downstream, to community upstream activities. His description included the examples as:

- Individual downstream- traditional clinical medicine.
- Individual mainstream -addressing non-medical social needs.
- Individual upstream- earned income tax credit.
- Community downstream- community food banks.

- Community mainstream- dignity health, impact investment.
- Community upstream-actual policy change.

He noted that the key to success in policy change is partnerships. He then provided personal and professional examples of how policy changes improve health outcomes. He closed by noting that to create the future, nurses need to be:

- involved in policy development that changes the community conditions in which people live;
- informed by data; and
- skilled in creating multi-sector partnerships.

## **Panel Presentations**

The remainder of the meeting was comprised of a series of rapid-fire panel discussions composed of representatives of the New Jersey Action Coalition and their activities around policy development and building a culture of health in the state. Moderating each panel was a member of the New Jersey Action Coalition. The themes of these panels were:

### **Backbone Organization, Collective Impact and the Advisory Panel**

A variety of organizations described their relationships and their involvement with the New Jersey Action Coalition. These organizations included New Jersey YMCA State Alliance; AARP New Jersey; the Mental Health Association of New Jersey; New Jersey and New York CVS Health; the New Jersey Nursing Initiative; and Rutgers University School of Nursing. Each representative shared their perspective on why they chose to work with the Action Coalition; how they benefited by being part of the group; what they brought to the table; and how they benefited from this work. The organizations then described how they created a common agenda, looked at data and how it could be used to help one another and how they communicated to better understand one another through the phases of collective impact.

### **Building Partnerships and Capacity- Mental Health Literacy**

The panel focused on how to engage and educate individuals to understand mental health and how to utilize a mental health first aid program that was developed. The organizations included in this discussion were the New Jersey State School Nurses Association, Rutgers School of Nursing, New Jersey Hospital Association, Health Coalition of Passaic County and the Henry and Marilyn Taub Foundation. Each representative described their work with a variety of populations including youth, nurses, those over 50 and veterans and the value of the mental first aid toolkit to each population.

### **New Jersey Action Coalition Model- Connecting RN Volunteers and Community-Based Organizations**

The panel focused on the how to educate organizations on using nurses beyond clinical assistance; the benefit of using inter-professional teams; how nurses help to grow work around the state; and how to spark interest in the nursing community. Members of the panel included a volunteer nurse coach, a district leader of CVS Health, a representative of the Alzheimer's Association; a nurse educator and a DNP nursing student. Each representative described their experiences in using or being a nurse volunteer. A major

factor in the success of this work was identified as the partnerships and networking that developed between the organizations and the nurses.

### **South Jersey Engagement: Cumberland County**

The panel focused on the work at AARP NJ to drive change in rural south New Jersey. Panel members also included representatives of a coalition of stakeholders, employers, residents and school districts in south NJ, the American Heart Association and a community benefit consultant. The discussion focused on how the panelists worked together to assess what the community needed; how to use data to target populations and the implications for policy on the payer side and how collective impact can be used to impact population health.

### **Moving Beyond Hospital Walls-Population Health Academia and Practice Partnerships**

The Action Coalition involved an educator from a NJ baccalaureate nursing program, a population health director from a New Jersey health system, and a representative of Blue Cross and Blue Shield of New Jersey. Focus was on how New Jersey was moving nursing curriculum to the workforce of today and how faculty are exploring new ways to partner and share their learnings with organizations to support the community. Some of the curriculum changes that were discussed were the use of Poverty simulation to link students with community and the need to educate all nurses on population health, population health management and the business of health care.

### **Out of Hospital Nurse Residency**

Panelists included representatives from the Visiting Nurse Association and Rutgers University School of Nursing students who discussed the value of involving students and new nurses in the community and out of hospital sites to both students and the organizations that supported the experiences.

### **Access to Care**

The final panel focused on the facilitators and barriers to advanced practice nurse (APN) practice. The panelists **included** representatives from the New Jersey Organization of Nurse Leaders, AARP NJ, the New Jersey State Nurses Association, and a representative of CVS Minute Clinics. The discussion encompassed the policy changes need at all state and federal levels to give APNs an ability to work at the top of their licenses; the joint protocol in New Jersey; the future direction of CVS and the role of the APN; ideas to more effectively engage APNs and nurses in policy; and the value and need for APNs in improving access to care.

### **Question and Answer Periods**

Following each panel presentation there was dedicated time for interactive questioning and sharing from all the participants. Action Coalition representatives shared activities that are occurring within their states that reflected the discussions within the panels and sought advice on how to more effectively connect with community-based organizations to focus on population health and engage nurses in policy.

### **Table Exercise: Upstream, Midstream and Downstream**

Participants worked with their table mates to discuss their meeting pre-work that asked about the policy work that was occurring within their states. Using the framework provided by Brian Castrucci at the start of the meeting, participants were asked to classify their policy work as either upstream, midstream or down stream

### **Ending Keynote:**

Giridhar Mallaya, MD, MSHP, senior policy officer, Robert Wood Johnson Foundation described how the work of the Action Coalitions could connect to health equity. He described why policy matters as it is long lasting and self-sustaining and changes norms, expectations and cultural understandings of key societal issues. He discussed the policy cycle of building evidence; shifting mindset, setting the agenda; and then formulating the policy; moving to adoption, implementation and evaluation. He then described the process of Medicaid expansion in states and where the Robert Wood Johnson Foundation is heading in their policy work including how they can support major state advocacy organizations and leverage their advocacy infrastructures.

### **Call to Action for Action Coalitions**

Patricia Polansky, MS, RN, director of program development and implementation for AARP's Center to Champion Nursing in America, opened the session on state policy by sharing the major themes that emerged from the meeting revolved around building partners to mobilize an agenda and recognizing that policy is not nurse-centric but means working with others. She then asked each state about their policy imperatives. The responses included:

- Mississippi working on the expansion of Medicaid;
- Washington State described grants they are working on and the need to look at what tools are being used to assess the social determinants of health;
- Tennessee working on a state health program "Talk to Me, Baby" which is more a midstream activity that needs to be moved to more upstream;
- California described their communication around the role of health impact serving as strategists, conveners, policy makers and futurists.

### **New Ventures-Housing**

Cathleen Bennett, Esq., president and CEO of the New Jersey Hospital Association (NJHA), provided a lunch time discussion about the new project that the Hospital Association is working on to connect supportive housing services to an acute care environment. The program targeted individual with complex problems including homelessness, behavioral health issues, chronic illnesses and a variety of disabilities. She described how the NJHA partnered with the Healthcare Financial Management Association for a \$12 million equity investment based on data showing a direct correlation between housing insecurity and health impacts. She concluded by challenging all health care providers to focus on primary care and behavioral health, chronic disease and care management, care coordination around the SDOH and utilizing community base facilitators to improve the quality of community-based care.