

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Robert Wood Johnson Foundation

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Recommendation 9

BUILDING THE EVIDENCE BASE

Recommendation #9

BUILDING THE EVIDENCE BASE

The National Institutes of Health, the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Administration for Children and Families, the Administration for Community Living, and private associations and foundations should convene representatives from nursing, public health, and health care to develop and support a research agenda and evidence base describing the impact of nursing interventions, including multisector collaboration, on social determinants of health, environmental health, health equity, and nurses' health and well-being.

#	Sub-Recommendation
9.1	Develop mechanisms for proposing, evaluating, and scaling evidence-based practice models that leverage collaboration
9.2	Identify effective multisector team approaches to improving health equity and addressing social needs and SDOH
9.3	Use evidence based-approaches to Increase number and diversity of students from disadvantaged groups
9.4	Determine evidence-based education strategies for preparing nurses to eliminate structural racism and implicit bias to strengthen culturally competent care.
9.5	Use technology to identify and integrate health and social data to improve nurses capacity for support

9. BUILDING THE EVIDENCE BASE

9.1 Develop mechanisms for proposing, evaluating, and scaling evidence-based practice models that leverage collaboration among public health, social sectors, and health systems to advance health equity, including codesigning innovations with individuals and community representatives and responding to community health needs assessments. This effort should emphasize rapidly translating evidence-based interventions into real-world clinical practice and community-based settings to improve health equity and population health outcomes, and applying implementation science strategies in the process of scaling these interventions and strategies.

1. Key Strategic Stakeholders

Health Care Organizations

All

Federal Government

All

Education

Universities and Colleges of Nursing and other professions (Interdisciplinary)

Other

Organizations focused on social determinants of health/poverty; Foundations that fund nursing research and programming; Employers

2. Top 3-5 Actions for 2021

- A. Needs assessment to identify gaps and evaluate existing successful models for proposing and scaling evidence-based interventions
- B. Review available intervention databases such as Centers for Disease Control or Agency for Healthcare Research and Quality
- C. Increase awareness in education of evidence-based practice models within policy making bodies
- D. Identify vested stakeholders to provide funding and support

3. Top 3-5 Actions for 2022

- A. Analyze findings of the Needs assessment
- B. Mechanisms to obtain sustainable funding
- C. Make best practice recommendations and structure for program planning, and implementation

4. Success Indicators

- Implement mechanisms for proposing, evaluating and scaling evidence-based practice models that leverage collaboration and rapidly translate interventions to real world application.

9. BUILDING THE EVIDENCE BASE

9.2 Identify effective multisector team approaches to improving health equity and addressing social needs and SDOH, including clearly defining roles and assessing the value of nurses in these models. Specifically, performance and outcome measures should be delineated, and evaluation strategies for community-based models and multisector team functioning should be developed and implemented.

1. Key Strategic Stakeholders

Health Care Organizations

National Association of Social Workers; National Alliance for Mental Illness; National Alliance to Impact Social Determinants of Health; Institute for Healthcare Improvement; community-based health organizations

Non-profit Organizations

Root Cause Coalition; Camden Project; Health Leads USA; The Gravity Project

Other

Interprofessional Education Collaborative, faith-based organizations; Worldwide Clinical Trials Organization; Community Guide Health Equity (Community Preventative Services Task Force)

2. Top 3-5 Actions for 2021

- A. Agreement on universal definition of health equity*
- B. Engagement of organizations with repositories of data bases for social determinants of health (Joanna Briggs, National Institute of Nursing Research)
- C. Identifying best practices for addressing social determinants of health and health equity to focus on nurses' roles and values in these practices
- D. Literature review, environmental scan across all sectors –
- E. Engagement with government leaders to focus on social determinants of health and health equity in funding support

* Success indicator

3. Top 3-5 Actions for 2022

- A. Nurses lead design of health equity and health equity research agenda.
- B. Conduct gap analysis on these models.
- C. Develop criteria/structure for providing rewards for nurses working in these areas. i.e. Edge Runners, Baldrige awards.
- D. Design strategy for tracking referrals for social determinants of health and impact at community level i.e. County Health Rankings.
- E. Developing criteria for high performing models and teams.

4. Success Indicators

- Agreement on universal definition of health equity.
- Universal improvement in health rankings of vulnerable communities i.e. Blue Zones.
- Collaborative/unified Dashboard that demonstrates community performance on SDOH and Health Equity by zip code.
- Increased numbers of nurses recognized for driving outcomes in SDOH and Health Equity models and research.

9. BUILDING THE EVIDENCE BASE

9.3 Review and adapt evidenced-based approaches to increasing the number and diversity of students and faculty from disadvantaged and traditionally underrepresented groups to promote a diverse, inclusive learning environment and prepare a culturally competent workforce.

1. Key Strategic Stakeholders

Nursing Organizations

American Association of Colleges of Nursing; Sigma Theta Tau; American Nursing Foundation; National League for Nursing; Foundation of the National School Nurse Association

Education

Organization for Associate Degree Nursing – National Education Progression in Nursing; State Higher Education Executive Officers Assn; primary and secondary educational organizations; state boards of education; high school counselors; researchers; graduate programs; English as a second language (ESL) programs; ethnic fellowship foundations

State

National Governors Association

Others

Tribal groups; National Coalition of Ethnic Minority orgs

Media

Minority Nursing Association journals; national publications

2. Top 3-5 Actions for 2021

- A. Evaluation of education modality
- B. Admission criteria analysis (holistic vs academic)
- C. Evaluation of the universities and schools of nursing honors admission programs
- D. Analysis language-based barriers
- E. Identify & prioritize educational barriers from pre-K-12
- F. Identify programs that assist ESL or immigrant students in passage of nursing education and NCLEX
- G. Profile best practices of models in successful recruitment, retention and graduation of disadvantaged students. Example: The Nightingale College encourages disadvantaged students to apply and provides support for both disadvantaged students and faculty from ethnic/minority groups
- H. Integration of various levels within nursing programs

3. Top 3-5 Actions for 2022

- A. Meta-Analysis of Best Practices of Education Modalities.
- B. Meta-Analysis of Holistic Admission Criteria – Does it really make a difference.
- C. Designate Funding for Educational Research
- D. Undergraduate language resourcing
- E. Assessing and identifying best practices in programs that assist ESL & immigrant students
- F. Assessing programs that support faculty diversity and develop toolkit and best practices
- G. Promote the continuing education of diverse pre-licensure students to graduate programs
- H. Targeted recruitment and marketing plan to increase the percentage of diverse faculty

4. Success Indicators

- Increase percentage of faculty and students from underrepresented populations; increase the percentage of research projects completed and published on recruitment and success of diverse students and faculty; expanded ESL programs; faculty diversity tied to accreditation.

9. BUILDING THE EVIDENCE BASE

9.4 Determine evidence-based education strategies for preparing nurses at all levels, including through continuing education, to eliminate structural racism and implicit bias and strengthen the delivery of culturally competent care.

1. Key Strategic Stakeholders	2. Top 3-5 Actions for 2021	3. Top 3-5 Actions for 2022
<p>Nursing Organizations State Boards of Nursing; Minority Nursing Associations; National Council of State Boards of Nursing/NCLEX; American Association of Colleges of Nursing; National League for Nursing; Foundation of the National Student Nurses Association; Alliance for Nurses and Healthy Environments</p> <p>Health Care organizations Health systems; Area health education systems</p> <p>Non-profits Urban League; AARP; Social justice and ethics organizations</p> <p>State, Local State boards of nursing</p> <p>Education Universities, colleges, nursing schools; state education systems; K-12; Health Occupations Students of America; public health schools for health professions</p>	<p>A. Identify key indicators through research</p> <p>B. Identify best practices for eliminating racism and addressing implicit biases</p> <p>C. Identify practices in schools of nursing and practice settings</p> <p>D. Develop a comprehensive definition of ‘diversity, equity, inclusion and belonging’</p> <p>E. Develop a comprehensive definition of social determinants of health and how they operate in communities and for individuals</p> <p>F. Develop evidence-based education strategies/curricular content to address structural racism and biases that will better inform SDOH</p> <p>G. Identify political and legal SDOH that drive health outcomes (policy research)</p> <p>H. Require nursing students to have exposure to community service activities to understand and improve SDOH</p> <p>I. Examine “Social Mission” as related to nursing education.</p> <p>J. Emphasize political awareness and activism (education and experience) in nursing education as it relates to SDOH.</p>	<p>A. Assess, develop, and sustain pipelines for nursing within communities (K→RN) and funding to support programs</p> <p>B. Nursing schools develop blueprint for equity, inclusion, equality for students, faculty and staff</p> <p>C. Scale up and broadly disseminate best practices for eliminating structural racism and implicit biases</p> <p>D. Plan and implement research with adequate funding sources to eliminate structural racism and implicit biases</p> <p>E. Implement national awards/recognition program to elevate role models and champions to eliminate racism and implicit biases – focused on EEI. (No tokenism)</p> <p>F. Government & other funding sources update research agenda to include research about health outcomes and racism/implicit biases, impact of SDOH.</p> <p>G. Nursing schools partner with K-12 to facilitate nursing as profession and topics related to racism/biases, SDOH.</p> <p>H. Prioritize and allocate funding for policy research re: SDOH (upstream) rather than only disease research funding.</p> <p>I. Leverage and evaluate mentored partnerships between nurses and potential nursing students. (Toolkit sponsored by AACN and Office of Minority Health and AARP, NBNA)</p> <p>J. Implement education scholarships to support nursing students from diverse backgrounds (expand on existing funding) along with wraparound services.</p>

4. Success Indicators

- Tie NCLEX/Licensure to knowledge, skills abilities re: SDOH and structural racism/implicit biases.
- Research investigating healthcare outcomes with racism/implicit bias.
- Funding mechanisms for above research agendas (NIH, HRSA, AHRQ, etc.).
- All SONs will partner with at least 1 public school to facilitate curricula to address structural racism/implicit bias and SDOH.
- Increase in the % of racially diverse students who live in the local communities of higher ed institutions.
- Increase the % of racially diverse students who **graduate** from SONs.
- Mentorship programs that facilitate entry into nursing programs exist in all states.

9. BUILDING THE EVIDENCE BASE

9.5 Augment the use of advanced information technology infrastructure, including virtual services and artificial intelligence, to identify and integrate health and social data, including data on SDOH, so as to improve nurses' capacity to support individuals, families, and communities, including through care coordination.

1. Key Strategic Stakeholders	2. Top 3-5 Actions for 2021	3. Top 3-5 Actions for 2022
<p>Nursing Organizations Ambulatory/acute care; state boards of nursing; Center for Nursing – workforce data, epidemiological studies to look at health outcomes</p> <p>Health Care organizations Hospital systems; national consortium of telehealth centers; providers using tech to serve rural population</p> <p>Federal government All</p> <p>State, local National Governor's Association;</p> <p>Non-profits Those serving vulnerable populations</p> <p>State, Local All</p> <p>Education All; schools of nursing</p> <p>Other Software engineers, technology developers; Amazon, Microsoft, getting involved in APRN practice authority Insurance companies</p>	<p>A. Assessment of what everyone is using as their systems-- having data and systems not operate in a silo.</p> <p>B. Partnerships with adult learning centers- ensure patients can utilize technology.</p> <p>C. Research/deep understanding of what SDOH are and the many levels included.</p> <p>D. Scientific research training for nurses.</p> <p>E. Decide what kind of data to collect- as a nursing profession ready them to adopt a research agenda that prioritizes SDOH.</p> <p>F. Partnerships with technical/engineering schools– training nurses with AI and define the requirements around it.</p> <p>G. Advocate for a unified agenda for health information and social service integration and implicit/unconscious bias training.</p> <p>H. Identify high quality, evidence-based resources/organizations for teaching implicit bias.</p>	<p>A. A shift in nursing education through curriculum changes to include virtual service options, how social data integrates and impacts care coordination and be extremely clear in the operational definitions of what SDOH are Integrate electronic health data and systems to improve care coordination and better understand health and social data.</p> <p>B. Implement/prioritize unconscious bias training– implicit bias- baseline assessment of your bias</p> <p>C. Creating centralized data sharing.</p> <p>D. How to locate a national nurse identifier initiative to serve data workforce enumeration and nurse data collection needs.</p>
<h3>4. Success Indicators</h3>		
<ul style="list-style-type: none"> • Clear operational definitions and data collection of SDOH are developed and uniformly applied. • Uniform unconscious bias/implicit bias training toolkit is available and disseminated through avenues, • An understanding available data systems and what stakeholders are using, • Increasing support by legislators to try to advance data integration – introduction of legislation, • Increase the number of training programs/partnerships available, • Prepare nurse scientists to respond to how to use data to support SDOH, • Integration of the technologies that are available, • Increased understanding of the direction or support– how we know we've gotten to this point and ready to implement the next phase of technology, 		