[1]Quad Council Coalition of Public Health Nursing Organizations (QCC)

Key Action Areas for Addressing Social Determinants of Health through a Public Health Nursing Lens

Submitted by QCC Co-Chairs

Tom Engle, RN, NM
Lisa A. Campbell, DNP, RN, PHNA-BC

Submitted to

The National Academies of Sciences, Engineering, and Medicine

The Future of Nursing 2020-2030 Ad Hoc Committee

November 21, 2019

[1] The QCC member organizations are: Alliance of Nurses for Healthy Environments, American Public Health Association Public Health Nursing Section, Association of Community Health Nursing Educators, Association of Public Health Nurses, and the Rural Nurse Organization

The Quad Council of Public Health Organizations had an information gathering session on November 3, 2019, in Philadelphia sponsored by the Center to Champion Nursing in America. The purpose of the session was to gather information that would inform the Future of Nursing 2020-2030 process regarding important issues for the public's health. The session was introduced by Susan Hassmiller and facilitated by Pat Polansky. Approximately 100 nurses attended and discussed eight topics:

Refugee Health
Education of the current workforce
Violence
Racism
Environmental justice
Poverty
Emergency preparedness
Population health

The overarching question was: Think about the nurse ten years from now. What will they need to know that they don't necessarily know enough now? The discussion covered action steps and key stakeholders. Each discussion topic ended with "the single most important action."

Most Important Actions

1. *Racism – Alleviating Oppressive Practices by Nurses, in Nursing and Healthcare at large*

   Nursing needs to operationalize health equity (social justice) – identifying and understanding systems of oppression; structural competency – skillful awareness of how social, political, and economic structures may affect clinical interactions, and an ability to envision and implement structural interventions; and leverage ally-ship & co-conspirators (working together because our liberation is bound together - risk).

2. *Poverty – Social determinants of health (SDOH) at the most basic level*

   All nursing schools should include as part of their basic curricula poverty experience simulations.

3. *Education of current workforce –The need for timely training and education of the workforce on population health as differentiated from population health management, and social determinants of health as differentiated from screening for social needs.*

   Create a certificate program on population health that includes population health management and the social determinants of health.

4. *Refugee Health – Community-Level Interventions for Reducing the Effects of Trauma.*

   Develop an open course – Global Health at Home – that can be used in nursing school curricula and with continuing education efforts.

5. *Emergency preparedness – Preparing Community Responses through a Health Equity Lens [emerging diseases, hurricanes, floods, fires, heat extremes, etc.]*

   Build the concept that "Every nurse is a disaster nurse." Include disaster preparedness in nursing school curricula. Develop continuing education for nurses in all areas.

6. *Environmental Justice – Climate change and chemicals*

   Environmental justice should be clearly articulated in the Future of Nursing document

7. *Population Health – Population health management as it relates to public health nurses*

   Assure that all nursing students at basic and advanced levels are taught the public health-oriented conceptual and historical underpinnings that differentiate a population health approach from a population health management approach.

8. *Violence – A determinant of health.*

   Nurses speak out and write about violence and health.

Crosscutting Themes

Additionally, several actions and themes were crosscutting:

- The NCLEX test must be made relevant to current practice and issues. Schools spend a good deal of time teaching to the test. Regardless what we think about it, that is what it is. So make the test relevant. More focus is needed on community health and public health topics.

- Climate change appeared as an important issue. We must assure that climate change is not only a set piece of the nursing curricula, but the subject must be woven into all concept areas. Additionally, we must develop climate change mechanisms to reach practicing nurses.

- The world is moving fast. We need mechanisms to keep practicing nurses and faculty nurses educated and up to date with emerging issues.

Notes from the Discussion Tables

Racism

Action steps

- Enhance racial literacy of leadership and employees in academia and all levels of practice
- Structural competency—should be integrated into health professional education and clinical practice as foundational to reducing health inequities
- Examination of structures of harm and oppression
- Identify and dismantle structural racism in healthcare & academic nursing settings through co-conspirator lead; ally supported efforts
- Time devoted to anti-racist practice at the highest level of nursing leadership and practice
- Anti-racist policies and pedagogy in nursing education: within core competencies; include CRT, privilege, our country's history and the history of nursing, structural racism
- Commit to critical inquiry, try new approaches to achieve racial justice in nursing disciplines, and study the impact of efforts

- Creation of pipeline programs middle school to university programs, that target and promote racially marginalized communities entering nursing and nursing leadership
- Increase community/ public health nursing opportunities in nursing school
- Racism in NCLEX and AACN

Key Stakeholders:
- National Black Nurses Association
- National Hispanic Nurses Association
- National Alaskan Native American Indian Nurses Association

- Other comments: Difficulty attracting minorities in nursing schools students may not look as nursing as a career; schools should go into the communities to create more of a presence. Unintended consequences- students have to see themselves reflected if they get recruited to a school. Amherst has a model bilingual nurse clinical program

Poverty

Action steps:
- Poverty simulations build empathy
- Increase funding for public health to increase pay
- Add policymaking into the nursing curricula and NCLEX
- Make sure students register to vote
- Students visit school boards, city councils, other places of advocacy.
- Funding of immigrant nursing students, diversify the workforce
- Partner with overseas communities and villages. Send nursing students outside the US.
- Remote area medicine in the US
- How address important issues with students when the education is focused on passing NCLEX.
- Interprofessional emphasis
- AACN cooperative agreements
- Pathway to citizenship
- Will nurses be a voice, maybe 'the voice' for those in poverty

Key Stakeholders:
- American Academy of Pediatricians – support at least one nurse per school

- Parents
- Nursing students
- Funders, e.g., HRSA, local philanthropic organizations
- Academic practice partnerships

Other comments:
Interprofessional emphasis, population health vs. population health management (upstream approach), sometimes working with those in poverty is not considered nursing practice but social work, AACN cooperative agreements, preparing elementary children in science curricula to join the healthcare workforce, pathways to citizenship for students going into healthcare, "We will be the voice for…"

Education of Current Workforce

Action steps:
- Faculty development in population health
- Communicate the value of community and public health nursing straight out of nursing school
- Develop new and/or redirect funding to CPHN (Community/Public Health Nursing) roles that incorporate activities needed to address upstream factors in the %FTE of the nursing role.
- Identify & implement measurable population health and population health management skills, i.e., what the skills are and having a way to measure them.
- Create a standard
- Create a certificate program on population health
- What do PH nurses know that all nurses should know?
- Faculty development
- Teach population health and SDOH at all levels
- Understand new CHN roles
- Communicate value of CHN roles directly to nurses out of school
- Empower CHN

Key Stakeholders:
- Deans
- Program directors

- AACN
- Non-profits
- Government
- Student nurses

Other comments: Population health terminology is used differently in different settings – need a unified conceptualization that differentiates population health from population health management. Current paradigm – health care begins and ends in a hospital – health is a layered approach. Increase ambulatory & community care, increase partnerships.

Refugee Health

Action steps:

- Develop an open course/case studies a repository: Global Health at Home
- Historical context, i.e., reframe the issue
- Create a white paper
- A continuing application/studies regarding political issues among facility and students: Nursing curriculum updated to address racism and refugee health
- Need to reframe the policy conversation/content to address (high level); Historical context; Reframing the Policy Discussing: Policy advocacy
- Activating the command center: Working strategically with grassroots and non-profit organizations within the communities who can go into areas where our government organization cannot. Strategic Allies
- Need to address trauma, ensure individuals are appropriately trained to train others.
- Open sources available to all

Key Stakeholders:

- Educate higher education
- Faith and Non-profit communities
- Asylum seekers
- Immigrants
- RN Response Network

Other comments:

- Health care is a basic human right
- Reallocation of resources, displacement of the homeless
- Non-traditional ways of reducing trauma
- New arrivals to the main US include [refugee*] health asylum seekers, new arrivals, immigrants.
- Reframe on resiliency and teaching about social issues, mental health.
- Policy Advocacy - nursing student needs to respond to empathy and have a skill set for a pathway towards moving and directing the context.
- *The term refugee might pose concerns that limit immigrants/new arrivals?
- Local employers and non-profits need to adopt a welcoming center that needs to be shared with others.
- Must work within the framework of global health and inter-professional

Emergency Preparedness

There should be all-hazards emergency preparedness education for all nurses. Every nurse is a disaster nurse.

Nurses often focus on the response phase of the disasters. Often nurses are not prepared to care for patients over the long recovery and rebuilding period. This is especially relevant for nurses working at facilities that are structurally impacted by a disaster.

Climate change is the greatest threat to health in the 21st century. Nurses need more education and awareness of how climate change impacts disasters, locally and globally, and how to communicate about disaster preparedness within and outside of the profession.

Action Steps:

- Disaster preparedness education in schools and the workforce is imperative. Nurses require more advanced education on leadership and management of services, supplies, and operations during and following a disaster. Nurses must adopt a culture of “just-in-time” training for relevant disasters throughout acute care and public health environments.

- Health care institutions must support nurses willing to respond to local, national, and/or international disasters by granting leave, pay, and job security following their service.
- Nurses must coordinate with the media about appropriate and timely risk communication related to disasters.
- Increased funding is needed for research related to the impact of climate change on health in disasters.
- Several state boards require CEUs for license renewal. In order to increase knowledge of disaster preparedness among practicing nurses, states could specify specific requirements for CEUs related to disaster training.
- Nurses responding across state lines are often unable to work at their full scope of practice (or at all), due to a lack of licensure reciprocity across states. Although volunteering through the Red Cross can overcome this barrier, Emergency procedures for licensure reciprocity during disasters should be standardized across the U.S.

Key Stakeholders

1. Academic institutions, public health professionals, NGOs, Health care coalitions
2. State boards, CCNE, NCSBN
3. Hospital Administrators, AHA
4. FEMA, local EMS, Local disaster management
5. Broadcasting systems (radio, Hamm, text alerts)
6. Alliance of nurses

Other comments: Call to Action and/or what is the single most important action?
Every nurse is a disaster nurse. Disaster preparedness is a fundamental part of nursing, regardless of the specialty practice area. All nurses should expect and be competent to respond to a disaster within their community.
Accountable Care Organizations require specific health care outcomes for reimbursement. We recommend that one of these outcomes be that the client/patient has a prepared household, requiring nurses to prepare clients/patients for disasters. This is already happening for many patients requiring regular dialysis treatments. Institutional disaster plans exist and are mandated by accrediting organizations; similarly, individual plans are also imperative for vulnerable community members. Policies should promote accountability with providers, patients, and insurers around personal and household disaster preparedness.

With increased frequency and severity of disasters, climate change will force more and more climate refugees to relocate from or to their community. Nurses need to be engaged.

Improved awareness of the special needs in urban areas following a disaster

Providing mental health services for people experiencing PTSD following the impact of disasters. This can be done through increased funding for mental health services following disasters, as well as support for caregivers experiencing secondary trauma following disasters.

Training and preparing nurses to be able to manage medical needs at emergency shelters, both local and Red Cross Shelters.

Nurses often aren't free when disasters hit their community due to personal and/or professional obligations.

To improve mobilization for disasters, creating pre-organized teams that can respond to disasters locally and/or regionally (organized through the state), with teams rotating for short- and long-term support following disasters. State EMS systems have models that nursing can use as a guide or integrate into existing structures. State board registration can also be used to collect and activate nurses willing and able to respond during and following a disaster.

Creating accessible and formalized systems of mentorship and knowledge transfer of leadership and management of medical teams during disasters.

Providing "Just-in-time" education and training for new or unknown threats, like Ebola or other emerging diseases.

Encouraging nurses to have their own personal and family preparedness plan so they can serve their communities, knowing that their families are safe.

Using health care coalitions and partnerships to provide nurses to staff (2 nurses per facility) emergency shelters in disasters, reducing the burden on individual institutions for nursing resources.

In the event of an outbreak of a specific contagion, create specialized, centralized hospitals or places for treatment (e.g. SARS in China, or Ebola treatment centers in West Africa)

Understanding and awareness of where vulnerable communities are located, who is vulnerable within communities, and what specific needs are of community

members. With this knowledge, create a database that is accessible for nursing and other disaster management personnel to interpret and act upon the information. For example, often, local fire department are aware of persons within communities with special needs; however the burden to notify falls upon patients/families. Community health nurses are uniquely positioned to advocate for the medically and socially vulnerable within their communities during a disaster.

Technology continues to evolve and advance. Nurses can utilize available technology to collecting data/information during and following disasters and use technology to prepare. However, it is imperative to have a low-resource back – up plan in case technology is non-functional during or following a disaster.

More nurses can be involved in the National Outdoor Leadership Academy (NOLA) for advanced training in wilderness medicine as applied to both large and small disasters.

Environmental Justice

- Environmental justice should be clearly articulated in the Future of Nursing document
- Elevate in the PH Nursing section with a session dedicated to Environmental Justice (EJ)
- Political/policy engagement about environmental justice and climate change
- Push forward work on the American Nurses Association Scope and Standards of Practice #11

Key Stakeholders:

- EJ communities
- EPA EJ office
- Alliance of Nurses for Healthy Environments

Other comments:

- Climate change is the greatest threat to public health
- How to educate the practicing nurse and the practicing public health nurse
- Create a “policy and practice” about EJ

Population Health

Action steps:

- Clear operational definition population health management & population health. Consensus within the discipline of definitions.
- Kindig and Stoddart (2003) definition of population health not sufficient for operationalizing this difference
- Apply the definitions of population health and population health management as defined in Table 1 of Swartout et al. (2017) to maintain conceptual and intervention-focused activity distinctions.
- Population health = structural change [Public Health Nurses can do all of this, and is more than a nurse that works with a population, not just understanding population health but intentionally designed]
- Understand population health is not about nurses in a setting, rather all nurses
- Move the thinking upstream, away from medical model and managing clinical outcomes
- Teach and practice population health – assess, evaluation, plan
- Understand larger systems and what resources are needed by populations
- Focus on Social Determinants of Health (SDOH)
- Climate change impact on populations – vector-borne illness, etc.
- Critical thinking
- Link population health management to payment systems
- Understand and teach the difference between population health [outcomes, practices to improve outcomes, upstream] and population health management [specific populations, hospital, downstream]
- Define roles for each – PH and PHM – by practice domain & sometimes PHNs engage in both PH & PHM (role or program-specific); at the advanced level PHNs aggregate individual-level data integrate system & population data to improve population health outcomes (plan/implement/evaluate strategies)
- Understand and teach basic level [SDOH] and advanced level

Key Stakeholders:

- Funders
- Health departments
- Population health organizations
- Nursing organizations
- Role of technology

- Genetic knowledge
- Long term care

Other comments:

- Technology will be critical – telemedicine to improve population health management outcomes & data collection
- PHNs assess, evaluate, plan at the population level
- Acute care more focused on where patients come from and where they going home to.
- Understanding environmental health, genetics, genomics

Swartout, M., & Bishop, M. A. (2017). Population health management: Review of concepts and definitions. American Journal of Health System Pharmacists, 74: 1405-1411.

Kindig, D., & Stoddart, G. (2003). What is population health? American journal of public health, 93(3), 380–383. doi:10.2105/ajph.93.3.380

Violence

Action steps:

- Increase knowledge of trauma-informed care
- Increase knowledge of historical violence.
- Activate the public – see something say something
- Precision interventions with specific communities
- Define violence
- ACES as part of trauma-informed care
- The issue of guns must be dealt with
- Expand nurse family partnership
- Evidence-based early intervention programs that work [bystander, etc.]
- Nurses speak out, write, and address the issue

Key Stakeholders:

- Faith community
- Political allies
- Native American groups
- Nail salons
- Beauty industry

- Flight attendants
- Hotel staff
- Schools
- Uber drivers
- Bus and trains
- Police
- Nannies
- Media

Other comments:

- Domestic violence
- Historical violence (Native American Indians population experience of grandchildren)
- Human trafficking
- Me-too movement
- Active shooter [unintended outcomes in schools]
- Gun violence
- Bullying
- Collect data, Creating healthy environment for victims, empower LBGTQ community, start by believing, teach children respect (anti-bullying), stigma perpetuates violence
- Appreciate that the politics and elected officials of today will leave legacy in ten years and beyond.
- Power to change!
- Nurses should be in schools and preschools