

The Future of Nursing Education:

Ensuring a Population Health Focus in Nursing Education in Washington State

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Abstract

Our nation has a very poor return for its overly large investment in health care services. Social determinants underlie the health disparities that burden our country's most marginalized residents and undermine health improvements. Achieving health equity and eliminating disparities requires a focus on population health and related expanded roles for nurses. As Deans and Directors of schools and programs of nursing in Washington State that prepare baccalaureate- and graduate-degree nurses, it is our goal to adopt a population health focus in nursing which considers the social determinants of health in all areas of nursing practice. In this paper, we describe our commitment to developing nurses who are equipped to create an equitable and healthy future by integrating population health concepts throughout nursing curricula to prepare nurses as leaders, clinicians, scholars, and policy advocates.

Keywords: population health, nursing education, population management, health equity

*The Future of Nursing Education in Washington State:
Ensuring a Population Health Focus in Nursing Education*

While the United States (US) spends much more than most industrialized countries on healthcare, Americans generally have poorer health outcomes (Squires & Anderson, 2015). Americans experience high rates of disease with the greatest burden experienced by those with less racial and economic privilege (Pickett & Wilkinson, 2015). Multiple upstream factors contribute to health inequities. Commonly referred to as social determinants of health, these factors include: historical and current social conditions (including discrimination based on geography, sexual orientation, race, socioeconomic status, and migration status), legislative policies, exposure to trauma, and poor access to quality health services.

Healthy People 2020, a project of the Office of Disease Prevention and Health Promotion under the US Department of Health and Human Services, articulates the most recent national goals for achieving population health. One of its explicit priorities is to “achieve health equity, eliminate health disparities, and improve the health of all groups” (Office of Disease Prevention and Health Promotion, 2017). A basic definition of population health is offered by Kindig and Stoddard (2003): the “health outcomes of a group of individuals, including the distribution of such outcomes within the group” (p. 380). For this paper, the definition from Kindig and Stoddard (2003) will be used with consideration for an expanded definition by Storjfell, Winslow, and Saunders (2017) who defined population health practice as including “collaborative activities that result in an improvement of a population’s health status” (p. 2). Achieving an equitable vision of health requires expanding roles for nurses, including measuring factors that contribute to health status, as well as collaborating with healthcare providers, civic

organizations, academic institutions, and community leaders “with shared accountability and a commitment to addressing upstream determinants of health” (Storfjell, Winslow, & Saunders, 2017, p. 2). This work goes beyond the concept of population health management, described by the Institute for Healthcare Improvement as the “payment and the delivery of health care services toward achievement of specific health-care-related metrics and outcomes for a defined population” (Storfjell, et al, 2017, p. 82). Although healthcare services are one aspect of population health, a focus solely on acute, curative, individually-focused care is limited in its impact and contributes to growing disparities.

As Deans and Directors of schools and programs of nursing in Washington State that prepare baccalaureate- and graduate-degree nurses, it is our goal to adopt and strengthen a population health focus in nursing which considers social determinants of health in all areas of nursing practice. This goal is consistent with nursing’s historical commitment to social justice as embodied by the work of foremothers such as Lillian Wald and Lavinia Dock (Bekemeier, 2008). The American Association of Colleges of Nursing’s (AACN) *Essentials Series* for nursing education (AACN, 2006, 2008b, 2011) and other national organizations support the importance of nurses being well prepared to address population health in all settings of practice—regardless of their role (Appendix). Truly advancing health means doing so at the level of entire populations and redressing the inequities that undermine health. Given nurses’ roles in care transitions and care coordination across the system, they are well-positioned to be leaders in creating and implementing strategies to improve population health. As educators, we are looking ahead together and committing to developing nurses who are equipped to create an equitable and healthy future. Nursing education must integrate population health concepts throughout nursing curricula to prepare nurses as leaders, clinicians, scholars, and policy advocates.

Changes Needed In Education

Nursing education is a critical pathway for preparing nurses to understand, evaluate, and act on the social forces that influence health—no matter the environment in which they ultimately work. Moving towards this shared vision requires that we be proactive and adaptive, adjusting faculty skills and educational programs to ensure the establishment of a workforce that is focused on and has the competencies for improving the population's health. This includes recruiting and retaining nursing students and faculty from underrepresented and marginalized populations and adapting educational strategies to meet the needs of students from harder-to-reach communities. Faculty will need mentorship opportunities to refine their courses to meet these goals. As nursing education leaders, we bear responsibility for educating our students, assuring quality education for our profession, and meeting the needs of the broad, and often marginalized, populations that nurses serve.

Population health concepts are important to integrate into all nursing courses by emphasizing public health strategies, trauma-informed models of practice, determinants of wellness and illness, and prevention of disease. All baccalaureate-prepared nurses should be prepared to deliver chronic disease management and prevention services as well as address the social determinants of health through assessment, leadership, collaborative practice, and policy development. With respect to acute care nursing and management, for example, faculty need to teach how to address underlying social and environmental factors that hinder health improvement. In terms of maternal and child health, population health preparation means nurses learn to address social risk factors that lead to disparities in birth outcomes and address these needs through primary and secondary prevention methods.

Necessary Considerations for Nursing Education

Our commitment to fully integrating a population health focus into nursing education in Washington State raises practical questions that include, but are not limited to, preparedness of faculty and other pedagogical and evaluative issues that will need to be addressed.

The Association of Community Health Nursing Educators (ACHNE) (2009) has raised concerns regarding the common practice of faculty teaching community health who lack graduate level specialty preparation and/or population-health experience. To be consistent with the ACHNE and the AACN's *Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs* (2008a), population health nursing theories should be taught by faculty with graduate-level academic preparation and advanced expertise in population health nursing. Similarly, clinical supervision must be provided by faculty who are qualified to support students in applying principles of population health in their practice. The necessary components of clinical supervision and competency evaluation in population health are currently not well defined, leaving educators to develop those components. Additional effort must be placed on enhancing these definitions to include nursing of the community and population as the unit of care.

Washington State Nursing Deans' and Directors' Commitments

We will integrate population health competencies throughout our baccalaureate and graduate nursing curricula

Population health nursing must be a component of *all* nursing education. This requires curricular changes and leadership development throughout academic nursing. Such curricular changes will require shifting towards education that considers historical and contemporary narratives, theoretical perspectives, analytical tools, and new types of data and knowledge for nurses to develop better policy and deliver education that directly addresses social determinants

of health. The increase in large data sets enables and obliges the study of large cohorts and their environments, as well as examinations of disproportionate access to and impacts of nursing care. Future nurse clinicians and scholars need to understand how they can access and utilize resources to implement meaningful health improvements for whole populations.

Recent work led by the Robert Wood Johnson Foundation suggests core competencies related to population health nursing. These include competencies such as “Advocacy—for individuals, families and populations” and “Systems thinking” (Storfjell, et al., 2017, p. 33). Integrating these competencies into the curricula of baccalaureate and graduate nursing programs should be a priority for nursing education leaders. Graduates would then be equipped to work in non-clinical as well as clinical settings and to apply core concepts, such as respecting the leadership within the communities they are serving and demonstrating how to create improvements in health outcomes at a population level.

Changing healthcare paradigms present a responsibility and an unprecedented opportunity for nurses to assume positions of leadership in health policymaking, healthcare delivery, and health promotion. But nurses must first be educated on how to build healthier and more equitable communities. Schools of nursing are thus critical to advancing effective health system transformation and achieving health equity.

We will support the development and refinement of educational tracks for specialization in Population Health at the graduate level

A subset of nurses will pursue careers that specifically emphasize population health. These nurses need specialized graduate education that prepares them for leadership roles as policymakers, administrators, researchers, and clinicians. Graduate programs should build on the existing robust educational foundation of general nursing concepts by integrating strategies for

working in the systems and structures that create the social determinants of physical and behavioral health. Such programs would also expand the students' theoretical and practical knowledge of political, economic, and social systems to enable them to be leaders in changing the design of health care delivery to better enhance the well-being of communities (Institute of Medicine, 2011).

We will promote academic-practice partnerships to effectively prepare nurses for population health roles

Transformation of nursing practice is best served by partnerships between academic programs and organizations that promote population health. In comparison to traditional acute care clinical placements, partnerships with community organizations have often been marginalized to a single course. An emphasis on population health throughout the curriculum would require innovative re-conceptualizations of clinical settings where students and faculty have opportunities to build relationships with community leaders and stakeholders invested in community health. Curricular-wide practice-academy ventures may include partnerships with clinicians, educators, agency partners, and community members who collaborate to create meaningful student learning experiences that prepare a skilled nursing workforce to improve population health, such as designing innovative community-centered practices or conducting community-based participatory research.

Conclusion

Population-focused nursing represents an embodiment of many of the ideals of nursing practice, particularly a shifting emphasis from treatment of illness to promotion of wellness and a consideration of the numerous environmental factors that influence health. We have a unique opportunity to enhance our position of leadership by engaging in a cooperative, collaborative

effort to make population health nursing a significant part of nursing education across Washington State. We anticipate various approaches will be necessary to accomplish our goals. We commit to working together to optimize our use of scarce resources to benefit our students, our faculty, the discipline of nursing, the organizations we work with, and the populations served by our graduates.

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APPENDIX

National Organizations' Support for Nursing Preparation to Address Population Health

Various global, national, and state efforts support the need for academic nursing leaders with competence in approaches to care that address population health. The need to shift to a more population-focused approach to health has been confirmed in the literature, and academic and clinical organizations are changing their approach accordingly (Duffy, McCullagh, & Lee, 2015; Institute of Medicine, 2011; National Academies of Sciences, Engineering, and Medicine, 2016). Most population health initiatives focus on health professionals striving to improve not just the lives and care of patients, but also to recognize “the fundamental need to improve the health of the broader population” (Perez, Szekendi, Taylor-Clark, Vaughn, & Susman, 2016, p.66). Compelling demographic changes, such as our aging population, an increasingly ethnically and linguistically diverse population, and changes in healthcare policy necessitate that nurses fully participate and provide leadership in the management of chronic conditions, care coordination, transitional care, primary care, prevention, and wellness (Institute of Medicine, 2011). This changing landscape needs nurses in all areas of health service delivery to effectively advance the health of whole populations. The following institutions support our commitment as Deans and Directors of schools and programs of nursing in Washington State to assure the development of nurses who meet the growing national need for nurses at all levels to be competent in population-focused care.

The American Association of Colleges of Nursing

The AACN outlines the curricular content and expected competencies necessary for nursing graduates of Baccalaureate, Master's, and Doctor of Nursing Practice (DNP) programs. The *Essentials Series* support population-focused nursing preparation and emphasize meeting the

needs of a US population with increasing linguistic and cultural diversity, questioning dominant health and social system assumptions, and pursuing social justice as an ethical imperative (AACN, 2006, 2008b, 2011). It is stated within *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008b) that population-focused care is a fundamental aspect of generalist nursing practice and that all nurses are expected to deliver clinical prevention and population-focused interventions with attention to effectiveness, efficiency, cost-effectiveness, and equity ("Baccalaureate Education," 2008, p. 6). *The Essentials of Master's Education in Nursing* (AACN, 2011) and *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) highlight the importance of interdisciplinary collaboration and clinical prevention to promote the health of all populations and apply knowledge of the social determinants of health to ensure the accessibility, accountability, and affordability of health care.

The American Nursing Association (ANA)

Nursing care focused on population health is considered nursing's "ethical endeavor, with moral leadership at its core" (Lancaster, 2016, p. 129). In 2010, the ANA issued *Nursing's Social Policy Statement: The Essence of the Profession*. In it, the ANA left its 2003 definition of nursing unaltered, but clarified nursing actions, placing expanded emphasis on advocacy for populations and nursing interventions for community and population health. This perspective on nurses' advocacy roles underscores the need for direct consideration of the profession's social obligation toward population health. The 2015 revision of the ANA's Code of Ethics called on national nursing organizations to act in solidarity with the global nursing community while working to protect the public's health, sharing in scholarship to advance a nursing agenda for the public's health, and uniting around the ideals of global health and the common good (ANA, 2015).

National Academy of Medicine (NAM)

In 2011, the NAM (then known as the Institute of Medicine) released a landmark report on the future of nursing, stating that healthcare transformations early in this century would require shifting many aspects of health care delivery (Institute of Medicine, 2011). NAM's 2016 subsequent progress report called for nurses to enhance their expertise in developing and redesigning care delivery models to ensure the health of populations (National Academies of Sciences, Engineering, and Medicine, 2016). Such expertise requires nurses to embrace a population health approach that recognizes the complex social, political, and economic forces that impact population health outcomes.

The Robert Wood Johnson Foundation (RWJF)

Through its considerable funding, RWJF supports statewide efforts to redesign undergraduate nursing education that prepares nurses to “achieve greater equity and well-being of communities” (Robert Wood Johnson Foundation, 2017). In 2017, the RWJF published a paper identifying the roles and competencies needed by nurses to effectively practice population-focused nursing and produced findings and recommendations for nurses to advance their population-focused practice—including the integration of population health concepts throughout all nursing curricula (Storfjell, Winslow, & Saunders, 2017).