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## LIFTING BARRIERS TO EXPAND THE CONTRIBUTIONS OF NURSING

The past two decades have seen progress in lifting state-level regulations restricting the scope of practice for advanced practice registered nurses (APRNs), but 27 states still do not allow full practice authority for nurse practitioners.<sup>1</sup>

Eliminating these restrictions so APRNs can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs.

Institutional barriers also need to be lifted for APRNs and other nurses, including registered nurses (RNs) and licensed practical nurses (LPNs), to allow them to practice to the top of their education and training.

*<sup>1</sup> APRNs hold at least a master's degree in addition to the initial nursing education and licensing required for all RNs and may continue in clinical practice or prepare for administrative and leadership positions.*

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The current payment systems are not designed to pay for services that address social needs and social determinants of health (SDOH) nor advance health equity.<sup>2</sup>

By supporting team-based care, improved communication, and proven interventions and strategies that can reduce health disparities, payment systems can enable nurses to make these essential contributions to improving care and outcomes for all patients.

New payment models (e.g., accountable care organizations, accountable health communities, value-based payment) can give health care organizations the flexibility to address social needs and SDOH and advance health equity.

*<sup>2</sup> The conditions of the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.*

Nursing education coursework and experiential learning that prepare students to promote health equity, reduce health inequities, and improve the health and well-being of the population will build the capacity of the nursing workforce.

Substantive education in community (e.g., schools, workplaces, home health care, public health clinics) and telework settings allows nursing students to learn about the broad range of care environments and to work collaboratively with other health and non-health professionals.

Additionally, nursing schools should continue expanding efforts to recruit and support diverse students and faculty that reflect the populations they serve, through holistic efforts to support, mentor, and sponsor students and faculty from a wide range of backgrounds.

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## VALUING COMMUNITY AND PUBLIC HEALTH NURSING

Community and public health nurses play a vital role in advancing health equity.

School nurses, for example, are front-line health care providers, serving as a bridge between the health care and education systems and other sectors as well as links to broader community health issues through the student populations they serve.

More school nurses need the practice authority and payment structure to address complex health and social needs.

The COVID-19 pandemic has also heightened the need for team-based care, infection control and prevention, person-centered care, and other population-based skills that reflect the strengths of community and public health nurses.

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## FOSTERING NURSES' ROLES AS LEADERS AND ADVOCATES

A new generation of nurse leaders is now needed—one that recognizes the importance of diversity and equity and is able to use and build on the increasing evidence base supporting the link between SDOH and health status.

This requires the contributions of nurses in all roles and settings in a collaborative system of leadership.

Nurse leaders can play an important role in acknowledging the history of racism within the profession and health care and help mitigate the effects of discrimination and implicit bias on health.

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The COVID-19 pandemic has revealed chasms within an already fragmented U.S. health care system, resulting in significant excess mortality and morbidity and glaring health inequities.

Most affected are communities of color, who suffer from the compound disadvantages of racism, poverty, workplace hazards, limited health care access, and pre-existing health conditions.

Articulating the roles and responsibilities of nurses in disaster response and public health emergency management is critical to the nation's capacity to plan for and respond to these types of events.

Nurses' health and well-being are affected by the demands of their workplace, and in turn affect the quality of and safety of the care they provide.

Thus, it is essential to address the systems, structures, and policies that create workplace hazards and stresses that lead to burnout, fatigue, and poor physical and mental health among the nursing workforce.

The pandemic has illuminated and exacerbated the day-to-day demands of nursing. Nurses often cope with unrealistic workloads; insufficient resources and protective equipment; risk of infection; stigma directed at health care workers; and the mental, emotional, and moral burdens of caring for patients with a new and unpredictable disease and helping with contact tracing and testing.

To help address the many SDOH, nurses need to first feel healthy, well, and supported. Policy makers, nurse employers, nursing schools, nurse leaders, and nursing associations all have a role in achieving this goal. Ultimately, the health and well-being of nurses influence the quality, safety, and cost of the care they

provide, as well as organizations and system

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