

Problem: If everyone had a fair chance to be healthy, there would be no difference in health outcomes among different groups of people. If everyone had a fair chance to be healthy, disease would not fluctuate by race, gender or zip code. In short, there would be no health disparities.

Solution: Looking more closely at how health disparities are created, the Robert Wood Johnson Foundation (RWJF) found that about 80% of health outcomes come from something called the “social determinants of health” (SDOH). SDOH are all those things that influence health outside of clinical care and genetics – where we are born, grow, live, work, and age. Because of this, RWJF has been steadfast in promoting a “Culture of Health.” What this means is that they want to craft a society in which everyone has a fair chance to be healthy, in which health disparities no longer exist. This requires addressing SDOH by eliminating obstacles to good health, such as the causes and effects of poverty and discrimination.

You may have seen this popular image on equality and equity, which shows the difference between giving everyone the *same thing* and giving everyone *what they need*:



Getting people what they need requires cross-sector collaboration – nurses working with social workers, case managers connecting with transportation officials, discharge planners talking with housing authorities, administrators negotiating with policy-makers, and so on. This ensures, for example, that people can access to transportation to get to their doctor appointments or find resources to help them overcome homelessness and settle into stable housing where they can live healthier lives.

Since nurses represent the largest segment of the health care workforce and often interact closely with patients when they seek clinical care, there is a unique opportunity for nurses to lead system change. In fact, the National Academy of Medicine recommended that we as a nation prepare and enable nurses to lead change, which is why RWJF has resources dedicated to developing nurse leadership. The Washington Center for Nursing partnered with a nurse leader at King County’s Department of Public Health and formed a group called the Leadership Washington Nursing Action Coalition (WNAC) to champion nurse leadership in Washington State. Their first and ongoing success has been linking nurses with leadership opportunities – including partnering with the Health Care Authority to appoint nurses to committees and positions influential in the implementation of Healthier Washington, an initiative for whole-person care. To cultivate a Culture of Health and promote health equity, WNAC surveyed nurses to gauge their level of understanding on SDOH before and after an educational campaign on the topic. Next, WNAC collaborated with a nursing student completing her capstone project to create a toolkit designed to engage nurses and other stakeholders involved in care coordination and transition management in a conversation on how they are addressing or could address SDOH at the point of care, including integrating them into plans of care. WNAC is actively recruiting for and conducting focus groups across Washington through March 2019 using this toolkit.

Preliminary results indicate that systems must be in place to support nurses in screening for and linking patients to SDOH resources. This includes administrative protocols on collecting SDOH data, relationships with community service providers who can act on that data, and strategies to build buy-in on the importance of SDOH, such as trainings on implicit bias. Once these systems are in place, a mobilized nursing workforce can lead organizations to reach beyond their standard practices so that the healthy choice is the easy choice and Washingtonians have a greater chance of thriving.

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