

Nursing Leadership at Nation's Leading Public Health System Addressing Health Equity and Social Determinants of Health at the Administrative Level and at the Bedside

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New York City Health + Hospitals (NYC H + H) is the largest public health care system in the United States, safeguarding 1.4 million patients annually, caring for 1 in every 6 New Yorkers through 11 essential hospitals, 5 post-acute care facilities, more than 70 community centers, and correctional health services in city jails. The 9600+ nurses and 970+ social workers represent the largest segment of the system's 40 000 employees, charged with delivering essential health care services to the most vulnerable and disadvantaged members of society, regardless of ethnicity, culture, creed, gender, age, sexual orientation, income, immigration, or insurance status. NYC H + H is in the process of reinventing nursing culture with a renewed focus on achieving true nursing excellence, emphasizing professional evidence-based best practices and a compassionate care delivery model, putting nurses in the forefront of all efforts to address the social determinants of health and the devastating consequences of health disparities. Systemwide implementation of foundational transformation is positioning nursing in the vanguard of the system's commitment to equity and diversity in the workplace, recognizing unconscious bias, calling out bigotry, and rooting out systemic racism, all key recommendations in the National Academies, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. **Key words:** *access to care, compassionate care, diversity, health disparities, health equity, health inequities, professional practice, social determinants of health*

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NURSES AND NURSE LEADERS are on the front lines of the battle to combat health disparities and inequitable access to health care among societies' most disadvantaged and vulnerable populations. Nurses are a driving force in promoting health and wellness within the communities they serve: As the National Academies of Sciences, Engineering, and Medicine's *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*¹ report indicates, nurses are community collaborators and bridge builders and therefore are uniquely positioned within the broader health care landscape to address the social determinants of health and help promote health equity in a wide variety of practice settings, including acute care facilities; postacute, palliative and hospice environments; homes; schools; public and private workplaces; governmental offices; and correctional facilities.

Health care professionals reflect the diversity of the patients and communities we serve and we have a strong and synergistic commitment to enhancing diversity, equity, and inclusion in our workplaces, rooting out the effects of systemic racism from within our clinical practices. Because of these shared values, we prioritize access to care to all those in need, delivering the highest quality patient experience to all and treating everyone with respect and dignity.

Nurses are a cornerstone of our efforts to address the social determinants of health and the devastating consequences of health disparities. Over the past 3 years, NYC H + H's Office of Patient Centered Care/Nursing Administration (OPCC) has embarked on an ambitious plan to reinvent the organization's nursing culture with a renewed focus on achieving true nursing excellence. This foundational transformation emphasizes professional evidence-based best practices and a compassionate care delivery model, putting nurses in the vanguard of the system's commitment to equity and diversity and our efforts to deliver equitable health care for all.

Many of these efforts embody the 9 key recommendations from the National Academies'

*Future of Nursing*¹ report. This article summarizes how NYC H + H's nurses and nurse leaders are addressing recommendations 1, 3, and 8; these are the 3 areas where NYC H + H has made the most significant progress in advancing health equity, both at the system level and at the bedside. A companion article will summarize how NYC H + H is addressing the other recommendations from the *Future of Nursing*¹ report.

Recommendation 1: Develop a shared agenda for addressing social determinants of health and achieving health equity.

In addition to my role as senior vice president, chief nursing executive, I serve as cochair of NYC H + H's Equity and Access Council, identifying and defining systemwide strategic diversity and inclusion priorities and supporting the Office of Diversity and Inclusion in developing strategies and initiatives to promote equity and optimize the delivery of care and health outcomes for diverse populations. I am focusing on 4 main areas: "Workforce Development," to attract, develop, and retain a diverse, talented workforce; "Workplace Inclusion," designing strategies to promote inclusive practices throughout the workplace; Equity of Care, devising and implementing strategies to eliminate racial and social institutional and structural inequities; and "Monitoring and Evaluation," determining specific metrics to evaluate need and program effectiveness.

NYC H + H has formed an Equity Work Group supporting activities in alignment with system priorities and goals, allowing for greater synergy and integration of activities across the organization. Equity Work Group members serve to champion equity and access initiatives and act as a "voice" in support of the programs and initiatives across the organization; offer valuable viewpoints and identify areas in need of policy or attention; and play an integral role to foster "formal" linkages to support system-level efforts.

An exciting 2021 development that impacts nursing throughout NYC H + H is a dramatically expanded partnership with The

City University of New York (CUNY). CUNY and NYC H + H have embarked upon a synergistic nursing academic-practice partnership (CHAPP) that integrates and links nursing education, practice innovation, and scholarly efforts across CUNY nursing programs and NYC H + H nursing practice to facilitate nurses' contributions to the advancement of patient care and outcomes. CHAPP is characterized by a shared commitment to health equity by enhancing the education and preparation of nurses to contribute to the evidence base and applied practice of equitable, accessible, and affordable health care.

CUNY's 50+ nursing degree and credit-bearing certificate programs across 14 campuses offer a conduit to train and advance professional practice for incumbent NYC H + H nursing staff, and at the same time, CUNY's 2000 annual nursing graduates provide a pipeline of diverse, highly trained professionals to expand and replenish the nursing workforce at NYC H + H.

Our formal partnership is producing jointly sponsored educational programs; innovations in nursing leadership curriculums; policy initiatives and research opportunities to educate, train, and employ generations of nursing professionals; improve population health; and address our shared vision to reduce disparities among NYC's most vulnerable populations and help them live their healthiest and most successful lives.

The CHAPP is sponsoring a series of health equity forums to provide the necessary platform to engage nurse leaders, academicians, and key stakeholders to address explicit priorities for achieving health equity across nursing practice, education, leadership, and health policy management. The first of these forums will occur in March 2022, with the theme of "Health Equity: Implications for Nursing Practice During COVID."

Sharing knowledge with other public and private health care institutions, academic partners, and researchers is an important tool for creating a shared agenda for addressing health equity, as well as dealing with the health disparities revealed by the

COVID-19 pandemic. Our system has a long history of energetic commitment to education and knowledge; our nurses and nurse leaders are sharing our expertise with colleagues and peers in the greater health care industry at international, national, and regional conferences. Over the past year, NYC H + H nurses and nurse leaders have delivered more than 60 presentations at academic and professional events, spotlighting COVID-19 response, protocols, and evidence-based best practices; COVID-19 vaccination efforts; diversity, equity, and inclusion initiatives; technological advances and the utilization of technology to alleviate health disparities; fostering resiliency and well-being; nursing education and preceptor training; shared governance; and nurse residency programs.

NYC H + H also has implemented a number of systemwide initiatives under the auspices of the Office of Population Health, including the 2021 launch of our system's Public Health Corps, with a workforce of 250 community health workers who serve as a liaison between health and social services, address social determinants of health to identify barriers to health and well-being, and improve primary care engagement and reduce avoidable hospitalizations. The newest component to the program is hiring nurse practitioners at each facility to work directly with the community health workers on issues such as medication refills and blood draws.

Nursing education plays a crucial role in addressing the social determinants of health, and NYC H + H is involved in a radical restructuring of its educational components, including implementation of standardized System Nursing Orientation focusing heavily on the new Care Delivery Model and Professional Practice Model, centered around quality, patient experience, and safety for all parties. These 3 components are embedded in all nursing practice at the bedside to improve patient outcomes and to ensure health equity across our communities. NYC H + H is investing nearly \$4.2 million in learning

management systems to help nurses identify and address the social determinants of health and the impact that social determinants can have on patient outcomes.

In addition, NYC H + H is “training the trainers” by holding regular educator workshops and preceptor training sessions. Educator workshops focus on developing and applying educator competencies based on the scope and standards of practice established by the Association for Nursing Professional Development² to ensure that nurses feel supported and valued, thereby improving nurse retention. Preceptor training focuses on training the preceptors on the structure and processes of nursing workflow and is validated by the Vermont Nurses in Partnership, Inc (VNIP).³ Preceptor nurses are enrolled in training and orientation to ensure uniformity in preceptorship across all facilities for the new, incoming nurses. Essential qualities emphasized in preceptor training include socializing new nurses, developing clinical reasoning, evaluating nurse competency to ensure safety and quality of care, delivering difficult feedback, resolving interpersonal conflict, and communication skills. Courses are offered at the facility level and each newly hired nurse is assigned a preceptor to guide him or her in taking a holistic approach to patient care. Last year, 734 preceptors completed the Systems Preceptor Orientation course.

Our commitment to end bias in medicine and advance racial justice in health care includes the launch of Helping Promote Birth Equity (HoPE) through Community-Based Doula Care at our Queens and Elmhurst facilities. The goal of Helping Promote Birth Equity is to mitigate maternal and infant health disparities by being centered in a human rights framework. By providing nonclinical psychological, emotional, and education support before, during, and after pregnancy, as well as facilitating communication between birthing persons and care providers, the community-based doulas, who are trained professionals, will aid in reducing maternal and infant mortality while encouraging

greater patient engagement and access to community resources.

Recommendation 3: Initiate the implementation of structures, systems, and evidence-based interventions to promote nurses' health and well-being.

The expanding partnership between NYC H + H and CUNY uniquely positions our organizations to embrace these objectives, serving and employing students and staff from New York City's most diverse communities. Our shared commitment provides the necessary foundation for educational pathways, innovative practice interventions, and evidence-based research to contribute to measurable advancements in health equity for the most vulnerable populations; the arrangement will also assist NYC H + H in identifying, preparing, and applying for applicable grant funding from public and private sources. Our innovative nursing educational models will prioritize nursing competencies, skills development, and practice models for building professional capabilities for addressing social determinants of health, achieving health equity across diverse practice settings and populations.

NYC H + H is launching a system-level Positive Practice Quality Research Systems Team (PQRST) committee, which is charged with developing, implementing, and maintaining standards of nursing excellence through a collaborative standardized and structured approach. The new PQRST committee is grounded in the principles of the American Nurses Credentialing Center (ANCC)⁴ Nursing Excellence frameworks, Institute for Healthcare Improvement (IHI) Model for Improvement, and the IOWA Model of evidence-based practice. The committee is overseeing efforts led by individual facilities within NYC H + H to seek ANCC Magnet and Pathway to Excellence recognition as well as AACN's Beacon Award for Excellence for all acute care facilities.

The PQRST committee will empower nurses to work within their communities to address health disparities, implement recommendations based on the community

needs assessments, and improve access to care among vulnerable populations. These efforts include nurse-led research projects, such as 2 ongoing studies tracking the characteristics and demographics of patients admitted with COVID-19. The committee includes a separate subcommittee for scientific review to encourage front-line nurses to advance their education by providing guidance and direction on doctoral research projects.

Nursing's new Care Delivery Model encourages nurses to recommend and implement creative approaches to addressing the social determinants of health, allowing them to "connect-the-dots" from social circumstances to patient admission and through discharge. Using many of the tenets from Jean Watson's "Theory of Human Caring"⁵ and Madeleine Leininger's "Transcultural Nursing Theory of Culture Care,"⁶ NYC H + H Care Delivery Model will inspire the nurses to have discussions with patients regarding practices, beliefs, and values to identify potential barriers to care and self-care.

The OPCC is also focusing heavily on nursing wellness and resiliency. During the past year, a series of virtual Nurse Leadership Retreats were held with each facility, focusing on wellness and a new "resiliency toolkit" to help promote both physical and mental well-being among nurses. The chief nursing officer work group meets on a regular basis to discuss establishing and leading healthy working environments for their units and departments, aligning day-to-day operations with the mission, vision, and strategic priorities of the system. The chief nursing officer work group is in the process of establishing a formal nurse leader developmental program that includes initial and continuous competency development, preparing nurse leaders with the knowledge, tools, resources, and competencies to achieve success by focusing on the 15 nurse manager competencies of the American Organization of Nurse Executives (AONE)⁷ including facilitating change, shared decision making, professional development, engaging staff, creating a shared

vision, patient-centered decision making, cultural competence, and social justice.

To deal with the stress, anxiety, and compassion fatigue of the COVID-19 pandemic, NYC H + H's new Helping Healers Heal (H3) program created enhanced Emotional Wellness Support services to assist all staff showing symptoms of anxiety, depression, fatigue, and burnout, and connecting them with mental health resources, counselors, and services if requested—including one-on-one telephonic, in-person debrief, or anonymous counseling.

Behavioral health specialists, H3 Peer Support Champions, and ancillary support volunteers even began making wellness rounds at all facilities to actively engage employees working in areas heavily impacted by COVID-19 to proactively assess for signs and symptoms of traumatic stress and compassion fatigue, as well as provide on the spot services for staff who were unable to step away from their clinical areas. In addition, our system initiated and will continue to provide other direct mental health support to nurses and other frontline staff in the form of a dedicated, anonymous behavioral health helpline staffed by licensed mental health practitioners.

Furthermore, all NYC H + H facilities now have designated wellness spaces for staff to get relief from their patient care duties. Many of these wellness spaces are located near service areas that are heavily impacted with large number of COVID-19 patients. In these rooms, staff can de-stress, meditate, grab a snack, engage in wellness activities, and speak to a Peer Support Champion or Emotional & Psychological Response volunteer. NYC H + H is committed to enhancing access to individual one-to-one support sessions, establishing ongoing wellness events utilizing the skill sets of licensed clinicians to facilitate art and experiential directives, and leveraging time during staff meetings to help people process grief.

Recommendation 8: Enable nurses to address inequities within communities ... strengthen and protect the nursing

workforce during the response to such public health emergencies as the COVID-19 pandemic.

Resiliency, specifically in the nursing profession, can be defined as an ability to recover and recuperate during an emergency situation, and the ongoing COVID-19 pandemic certainly qualifies as such. Resilient nurses and nurse leaders are better able to cope with chaotic and demanding circumstances, focusing on quality patient care and evidence-based best practices to achieve better patient outcomes, even in the face of life-and-death crises. NYC H + H is among the first and hardest-hit health care organizations to experience the full force of the pandemic and our heroic nurses were pushed onto the front lines of the battle against a rapidly spreading global pandemic. Our nurses were not forced to “go it alone.” We received support from the US Department of Defense, deploying nurses and medics from the Army, Air Force, and Navy as leaders and educators throughout our system, as well partnering with New York City’s Department of Health and Mental Hygiene and Department of Education to re-deploy more than 200 school nurses to our facilities.

NYC H + H also enlisted the aid of our academic partners to meet the demands of providing patient care during these unprecedented circumstances. During the first surge, we recruited more than 400 nursing students and educators from local colleges and universities to assist with telehealth. When vaccines became available, 984 CUNY nursing students, supervised by faculty, supported our vaccine operations with administrative responsibilities, appointment logistics, administering vaccines, and observing patients after receiving vaccines. These efforts allowed us to administer more than 1.5 million vaccines across 11 NYC H + H acute care facilities, Gotham Health, and NYC Test & Trace Corps sites during the first year of vaccine availability.

Nurses were also invaluable in the NYC Test & Trace Corps, which provided COVID-19 testing to more than 8 million New

Yorkers. Last year alone, the team reached more than 90% of all new cases, identified more than 1 million close contacts, and engaged 72% of them in care and services. The Test & Trace Corps doubled its mobile testing fleet, adding mobile vans with a full-service vaccination experience in Spanish, Mandarin, and Haitian Creole, and launched in-home COVID-19 tests and vaccinations. In partnership with the NYC Health Department and NYC Care, in early 2022, the Test & Trace Corps began distributing 500 000 rapid antigen self-testing kits and 1 million KN95 masks through more than 150 community-based organizations across New York City at no charge.

In addition, the NYC Test & Trace Corps has launched 6 Street Health Outreach and Wellness (SHOW) vans to offer COVID-19 tests and vaccinations to homeless New Yorkers while assessing the medical and behavioral health needs among this population. NYC H + H has requested \$40 million in funding for health outreach and wellness to keep the mobile health care units operational even after the COVID crisis eases. Future plans include tying in the mobile units to existing ambulatory care facilities to offer services including COVID vaccines, seasonal flu vaccines, respiratory viral panels, testing for respiratory illnesses, and wound care to close the gap in health equity.

CONCLUSION: ON OUR WAY . . . BUT THERE IS STILL MORE TO DO

Nurses and nurse leaders are the cornerstone of any health system and as such are positioned to use their expertise and judgment to create and implement patient-centered policies that effectively address the social determinants of health and promote greater health equity within the communities they serve. Nurses represent New York City’s—and indeed, the nation’s—largest segment of health care professionals and are regularly cited as the nation’s “most trusted profession” by national polling services.

NYC H + H's public health nurses play a critical role in assessing and incorporating the social determinants of health into professional practice and patient care to alleviate health inequities and achieve greater health and well-being at all levels of society. Public health nurses also act as "change agents" through vigorous public policy advocacy regarding mitigating the social determinants of health; these efforts are indispensable to enacting policies and carrying out comprehensive changes in health care systems to reverse the negative effects of health inequities both locally and within the broader health care landscape.

The programs and initiatives outlined here and in a companion article publishing separately are designed to create a culture of transformative change for our system, moving away from the idea of health care as treating illness and injury, and moving more toward the concept of preventing chronic illness and promoting wellness through community-based, patient-centered nursing. Our public health mission encompasses far more than just treating disease and trauma; it incorporates programs designed to foster early detection and treatments of chronic conditions, such as regular blood pressure and cancer screenings, as well as educational programs that highlight the importance of good nutrition, exercise, and other healthy lifestyle behaviors. Nurses are uniquely poised to consider the distinctive and diverse cultures and backgrounds of our patients and the communities we serve, giving nurses exceptional opportunities to make a difference in the care and lives of patients by addressing the sociopolitical, economic, and cultural factors that help build healthy communities.

But even with the all of the efforts currently in development, we recognize that

there is still more to be done to foster health equity both within and without our system. Building upon our public health mission and the recommendations contained in the *Future of Nursing*¹ report, NYC H + H is investigating, evaluating, and implementing numerous structural changes to radically reimagine and reinvent the traditional health care model. These include enhancing nursing education and professional development to craft an engaged, resilient nursing workforce ideally suited to address the issues of structural racism, institutional and clinical biases, health disparities, and the underlying causes of poor health in the communities we serve. We are actively seeking out collaborative partners in academic, governmental, and related health care professions to assist us with meeting our goals, and vigorously encouraging advocacy on the part of our nurses and nurse leaders to ensure that the nursing profession has "a seat at the table" when it comes to setting policies and procedures. We believe that only through creative, synergistic thinking and direct, decisive action can we address the societal challenges of entrenched health inequities and build a better future for our nurses, our patients, and our communities.

Going forward, shifting demographics among our patient population will have a significant impact on the kind of care patients need and their ability to access that care. We must remain aware and responsive to these shifts and the new challenges they present. The evolving diversity of our patients will continue to serve as an overarching framework for nurses at NYC H + H, as we design and implement policies that address the social determinants of health and mitigate widespread disparities in health and health care, thereby enhancing overall individual and community health.

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Moving Forward Into the Future

Nurses and Nurse Leaders at Leading US Public Health System Implementing Foundational Transformation to Advance Health Equity

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The nation's largest public health care system, New York City Health + Hospitals (NYC H + H), is engaged in a fundamental transformation of its nursing culture, actualizing many of the recommendations in the National Academies, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. NYC H + H and its more than 9600+ nurses and 970+ social workers share a common public health mission, vision, and values to deliver essential health care services to the most vulnerable and disadvantaged members of society, regardless of ethnicity, culture, creed, gender, age, sexual orientation, income, immigration, or insurance status. This mission dovetails with all of the recommendations in the *Future of Nursing* report. Systemwide implementation of these recommendations is proceeding, with some programs further advanced than others. This article highlights the system's diversity, equity, and inclusion initiatives; nursing professional development; collaboration with academic partners; labor contract provisions to support recruitment and retention campaigns; technological advances to remove barriers to patient care; and nurse residency program and professional-shared governance implementation. NYC H + H safeguards 1.4 million patients annually, caring for 1 in every 6 New Yorkers through 11 essential hospitals, 5 post-acute care facilities, more than 70 community centers, and correctional health services in city jails. **Key words:** *access to care, compassionate care, diversity, health disparities, health equity, health inequities, professional practice, social determinants of health*

THE NURSING profession has been in the forefront of promoting and advancing health care for all Americans, especially

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the disadvantaged, underprivileged, and most fragile of our citizens. The larger health care landscape has been profoundly altered by contributions from minorities serving as nurses, midwives, physicians, and other professionals. And yet, by all accounts and many sobering statistics, minorities face an array of health care challenges, brought about by economic, educational, social, environmental, cultural, and physical components, known collectively as the social determinants of health. These factors have a measurable impact on the health of individuals, communities, and overall human populations.

As the National Academies of Sciences, Engineering, and Medicine's *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*¹ report indicates, nurses are integral to any societal or community efforts to address the social determinants of health, alleviate health disparities, and improve access to care among vulnerable populations. Nurses also play a vital and growing role in promoting health literacy and wellness programs within communities, thereby fostering overall population health.

New York City Health + Hospitals (NYC H + H) is the largest public health system in the United States, and our more than 9600 nurses and 970 social workers represent the single biggest segment of our system's 40 000 employees. Nursing leadership in NYC H + H's Office of Patient Centered Care/Nursing Administration (OPCC) has launched numerous, ambitious and wide-ranging initiatives to promote healthy lifestyles and provide better health care to the patients and communities we serve. These efforts are the cornerstone of fulfilling our public health care mission to deliver essential health services to the most vulnerable and disadvantaged members of society, regardless of ethnicity, culture, creed, gender, age, sexual orientation, income, immigration, or insurance status. This places our nurses squarely on the front lines of our fight to combat health disparities and provide equitable access to health coverage to all.

Many of these efforts embody the 9 key recommendations from the National Academies

*Future of Nursing*¹ report. Some of NYC H + H initiatives addressing the *Future of Nursing*¹ report's recommendations are more advanced than others: A separate, companion article (*Nursing Leadership at Nation's Leading Public Health System Addressing Health Equity and Social Determinants of Health at the Administrative Level and at the Bedside*) summarizes how NYC H + H nurses and nurse leaders are addressing recommendations 1, 3, and 8, which are the 3 areas where NYC H + H has made the most significant progress in advancing health equity, both at the system level and at the bedside. This piece summarizes how NYC H + H is addressing the other recommendations, including numbers 2, 4, 5, 6, 7, and 9, in the following sections.

Recommendation 2: Initiate substantive actions to enable the nursing workforce to address social determinants of health and health equity.

An integral part of addressing health disparities at NYC H + H are equity work groups, jointly developed by OPCC and the Office of Population Health. These work groups are developing nursing forums spotlighting the social determinants of health and nurse-led panels developing strategies to promote equity of care.

Initiatives include a "Diversity in Recruitment/Retention" work group, addressing the importance of promoting diversity at the nursing faculty and student level, as well as in the hiring and retention of staff at NYC H + H; a sickle cell management initiative to reduce readmission and hospitalization rate among patients, including hiring a specialized nurse practitioner; and a Behavioral Health venture to train nurses to address the stigma of pregnant mothers with substance abuse disorder and to ensure that these mothers get the treatment they need for substance abuse disorder as well as pregnancy and prenatal care. Other planned programs center on pain management, providing training and education to address disparities in how people of color are treated in terms of pain; eliminating biases in clinical documentation;

and access to information technology, training nurses to assist and educate patients in the use of technology, such as smartphones, tablets, and computers.

A major system- and citywide focus has been the Coalition to End Racism in Clinical Algorithms Medical E-racism endeavor to identify areas of race-based assessments to eliminate racial biases. NYC H + H has eliminated 2 common diagnostic tests for kidney disease (eGFR) and vaginal birth after C-section (VBAC), which embedded race-based calculations for severity of illness and risk and could lead to biases in diagnosis and treatment; another area we are evaluating is pulmonary function tests. Our goal as a founding member of Coalition to End Racism in Clinical Algorithms is to share our experiences and insights with other health care institutions to expedite the elimination of these race-based clinical practices that can lead to substandard care for patients of color.

Recommendation 4: Enable nurses to practice to the full extent of their education and training by removing barriers.

Nursing administration is dedicated to reviewing and removing restrictive policies and practices: if and when a limitation is identified, the senior director for professional practice and education reviews the structure and issues a recommendation regarding the policies and practices, following the guidelines of the new NYC H + H Nursing Professional Practice and Care Delivery Models.

Professional nursing workforce development is being addressed through an exciting expanded partnership between NYC H + H and The City University of New York (CUNY). Launched in 2021, this collaborative nursing academic-practice partnership (CHAPP) focuses on promoting health equity in nursing practice and education and in research and practice interventions, as well addressing racial issues in health care and nursing generational development.

The nursing workforce development programs currently planned by CHAPP include targeted recruitment of incumbent staff into

existing and customized educational pathways and training programs as well as building capacity for preceptorship to prepare nursing students and new graduates for successful practice, supported by staff engagement and faculty appointments across institutions. This includes expanded clinical placement arrangements across NYC H + H facilities, with streamlined nurse residency and recruitment pathways to incentivize hiring of CUNY undergraduate and graduate nursing graduates across NYC H + H facilities. It will also include dedicated efforts to build a resilient workforce across nursing education programs to enable nurses in addressing inequities within their communities and during responses to public health emergencies and natural disasters.

The implementation of a new nursing Clinical Ladder program at NYC H + H further aids in promoting professional development, shared governance, and strengthening all aspects of patient care delivery. Developed in partnership with the New York State Nurses Association (NYSNA), the Clinical Ladder program, with 618 completions to date, provides onetime bonuses upon successful completion. The Clinical Ladder program is designed to provide clinical staff nurses with opportunities for advancement and to prepare nurses for future leadership roles, all while remaining in a clinical setting and providing direct patient care. Staff nurses approved for this program receive professional coaching from experienced and passionate leaders who are committed to the success and career path of each and every participating nurse.

Another parallel program that dovetails with the Clinical Ladder program is an RN mentorship arrangement, calling on retired nurses to be trained as mentors for new nurses. The mentorship program piloted at 2 facilities in 2021 will be further refined and expanded on the basis of feedback from both mentors and mentees for a systemwide launch in 2022.

Also in 2021, NYC H + H launched a Nurse Practitioner Fellowship as a Learning Collaborative with the Weitzman Institute's National

Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) to provide free coaching as part of a grant-funded workforce development program at NYC H + H consistent with NNPRFTC Accreditation Standards.

Recommendation 5: Establish sustainable and flexible payment mechanisms to support nurses.

In late 2019, NYC H + H entered an agreement with NYSNA to address many issues involving recruitment, retention, and professional development, all designed to make our system more attractive for nurses with a passion for excellence and our public health mission. The agreement includes a detailed schedule of pay increases and retention bonuses, as well as a number of general improvements in the employee experience, including workplace violence prevention, safe patient handling, disaster relief float assignments, and nurse practice councils.

Under this agreement, NYC H + H and NYSNA are making a strong commitment to nursing professional development. Provisions include the pioneering Clinical Ladder program, referenced previously, as well as enhanced education differentials for certain NYSNA-represented employees who obtain bachelor of science in nursing, master of science in nursing, doctor of education, doctor of nursing practice, or PhD in nursing. The pact also provides certification differentials for inpatient behavioral health/CPEP, correctional health, critical care units, emergency departments, and med-surgical units. In addition, NYC H + H has established a clinical staffing committee responsible for the development and oversight of staffing standards for each unit to comply with the provisions of 2 nurse staffing bills passed by the New York state legislature.

Recommendation 6: Incorporate nursing expertise in designing, generating, analyzing, and applying data to support initiatives focused on social determinants of health and health equity using diverse digital platforms, artificial intelligence, and other innovative technologies.

NYC H + H has been incorporating numerous technological advances during the past 2 years to advance the judicious use and application of technology to address gaps in care. Many of our most recent technological advances were spurred in part by the exigencies of the pandemic. The system established a dedicated COVID-19 hotline that handled nearly 100 000 calls from March through June of last year and our robust telehealth efforts transitioned nearly 300 000 patient care appointments to mitigate the serious overcrowding in the system's emergency departments at the height of the initial COVID-19 surge. NYC H + H has also expanded its program of Virtual ExpressCare and Virtual Visits, redirecting 911 encounters to prevent thousands of unnecessary emergency medical services transports to nearby hospitals.

NYC H + H is improving direct patient access through the MyChart system, which achieved a 72% activation rate in 2021, empowering our patients to get their test results, schedule appointments, and communicate with providers. MyChart also has been augmented with the addition of gender, race, and ethnicity to further improve health inequities.

Another program maximizing technology is the integrated Bedside Mobility Assessment Tool (BMAT), which is now optimized for the electronic health records at all acute care and post-acute care facilities systemwide, establishing standard documentation of evidence-based mobility assessments.

One extremely exciting new technology initiative rolling out in 2022 is the Mobile Insulin Titration Intervention (MITI) Program. This registered nurse-led project is a texting program to help patients manage diabetes by providing immediate feedback regarding blood glucose levels, as well as offering patient education. Patient blood glucose levels are reviewed weekly using a computer algorithm, easily allowing the nurses to adjust insulin doses as needed. Mobile Insulin Titration Intervention overcomes logistical barriers for patients needing to find their correct basal insulin dose by bringing the care

to them on their cell phones; because the program is text-based, a smartphone is not required, which increases access to care.

Recommendation 7: Ensure that nurses are prepared to address social determinants of health and achieve health equity.

As the largest public health system in the United States, NYC H + H has been a leader in identifying and addressing the varied and specific needs of vulnerable, marginalized, and disadvantaged populations. Our facilities provide care to 1 out of every 6 New Yorkers. Our patients come from across the globe, with almost half of them born in a country other than the United States.

Additional characteristics of NYC H + H's patient population reflect New York City's growing and changing diversity: 49% of New Yorkers speak a language other than English at home, and of these, 23%, or 1.8 million residents, have limited English proficiency. At NYC H + H, approximately 1 out of every 3 patients has limited English proficiency and prefers health care services in a language other than English. To bridge these gaps, NYC H + H offers translation services in more than 180 languages and dialects and provides more than 11 million minutes of interpretation services—a figure that is increasing steadily every year, sometimes by up to 20%.

Challenges in understanding and navigating the health care system for patients go beyond language proficiency. For example, only 34.6% of New Yorkers are college graduates, and an estimated 36% of New York City adults have literacy proficiency at the lowest levels. Many of these New Yorkers are NYC H + H patients, and low health literacy may inhibit their ability to understand critical information, resulting in poor adherence to physicians' recommendations leading to negative health outcomes.

Poverty also plays a huge role in health disparities. Recent studies have found that lower-income people face greater barriers to accessing medical care because they are less likely to have health insurance, have less access to primary and specialty care, and are less likely to receive new drugs

or technologies than higher-income people. Low-income patients also have higher rates of behavioral risk factors, including smoking, obesity, and substance abuse. For example, people in families earning less than \$35 000 a year are 3 times more likely to smoke as those in families with an annual income of more than \$100 000. Low-income communities typically have less access to fresh foods; contain a higher density of fast-food restaurants; and live in environments with fewer parks and recreational opportunities. These communities often suffer from more environmental pollutants, underresourced schools, and higher rates of unemployment and incarceration.

An aging population also presents challenges: more than 1 million NYC residents are currently older than 65 years, and projections estimate that this age group will increase by 40% by 2040, presenting new challenges for New York City's health care system. Furthermore, approximately 500 000 New Yorkers are identified as having a disability that requires health care accommodations. These patients require comprehensive health care and integrated health care services that are sensitive and responsive to their unique needs.

Other demographic factors also affect our patient population. Nationally, New York City is home to the largest lesbian, gay, bisexual, and transgender (LGBTQ+) community, a population with specific health care issues. For example, LGBTQ+ youth are 2 to 3 times more likely to attempt suicide and more likely to be homeless. Gay men and transgender individuals are at a higher risk of HIV and other sexually transmitted diseases, especially among communities of color, as well as mental health issues and suicide. The LGBTQ+ populations also have the highest rates of tobacco, alcohol, and other drug use.

Our system has a long history of providing expert, culturally competent care to LGBTQ+ patients and has become a leader in serving patients in need of gender-affirming surgery. Now, NYC H + H has 6 Pride Health Centers that provide culturally responsive

health services and address barriers that contribute to health disparities among LGBTQ+ youth and adults. Gender-affirming surgeries can take as little as 6 weeks to schedule, from initial consultation to insurance approval to the actual procedure—a far shorter timeline than other health systems. NYC H + H/Metropolitan began offering gender affirmation procedures to patients in February 2017, and earlier this year, marked a significant milestone, performing its 100th gender-affirming surgery.

The OPCC senior director of nursing education coauthored 2 articles for national journals specifically addressing the needs of the LGBTQ+ community, including “A Guide to Fostering an LGBTQ-Inclusive Workplace,” for *Nursing Management*, offering an actionable discussion on how to create an LGBTQ-inclusive work environment for all health care workers, and “Delivering LGBTQ-Sensitive Care,” published in *Nursing Critical Care*, examining a framework and best practices for LGBTQ-sensitive care.

Many specialty nursing certifications target specific, marginalized populations, and OPCC is working closely with individual facilities to increase nurses' certification rates by 10% annually; many of the new educational resources referenced previously are designed to assist nurses in preparing for specialty certification examinations. For instance, as the American population ages, health equity for older adults is becoming increasingly important, and the NICHE (Nurses Improving Care for Healthsystem Elders) educational program is designed for all nurses in the system caring for adult or geriatric patients; completing the NICHE modules also prepares nurses to earn certification as geriatric resource nurses.

Recommendation 9: Develop and support a research agenda and evidence base describing the impact of nursing interventions, including multi-sector collaboration.

Nursing engagement in evidence-based practice (EBP) is facilitated by a culture of inquiry, in which nurses crucially evaluate patient care activities and actively review existing evidence to address identi-

fied clinical issues. Accordingly, NYC H + H has formed a system-level Positive Practice Quality Research Systems Team (PQRST) committee, which has established a scientific review process to guide doctoral nursing students in their capstone/dissertation research. The PQRST committee is also developing a systemwide nursing research, EBP and innovation initiative, to pursue analysis, exploration, and investigation of the unique populations served by our public health system.

CHAPP partnership is formalizing structures for promoting and mentoring a culture of inquiry, including joint EBP and research committees focused on a shared research agenda on social determinants of health and health equity for vulnerable populations. As the partnership develops, research products will be incorporated into nursing educational models and practice innovations at CUNY and H + H, with ongoing evaluation of these models in practice. Currently, members of CUNY faculty and NYC H + H nursing leadership are in the process of identifying current and prospective research to define a shared research agenda for 2022-2023 and establish targeted research projects and publication goals. The EBP and research committees will also initiate structures, systems, and evidence-based interventions to promote nurses' health and well-being, especially as they take on new roles to advance health equity, as well as developing a curriculum for nursing resiliency during responses to public health emergencies and natural disasters.

Furthermore, NYC H + H has a robust and growing nurse residency program (NRP), which adds another layer of education and support for new nurses, with the goal of having each nurse empowered to practice to the full extent of their specialty. Nurses are encouraged to pursue specialty certifications, such as NICHE, and all associate degree nurses are given support and financial incentives to pursue bachelor of nursing degrees.

Many of the elements incorporated into the NRP speak either directly or indirectly

to the various recommendations contained in the *Future of Nursing*¹ report. For example, there are seminars on implicit bias, as well as on the decision-making process and how implicit bias can impact clinical decision making. Another seminar focuses on the concept of “teach-back” and how to ensure that patients are understanding instructions provided to them. This seminar on improving patient literacy instructs participants on how to communicate clearly with patients while avoiding medical jargon. The teach-back component of this seminar is when the nurse asks the patient or the caregiver to repeat back what they learned from the instructions, allowing the nurse to confirm or rereview the instructions provided.

An important, required component of the NRP is the completion of evidence-based projects, and a number of the participants have addressed health disparities and the social determinants of health in these projects, which subsequently become part of the system’s Professional Practice and Care Delivery Model. In addition, a number of other evidence-based projects from the NRP have focused on the issue of nursing wellness and self-care.

To further advance the goal of evidence-based best nursing practices, NYC H + H has partnered with NYSNA to implement an exciting professional-shared governance initiative over the past 2 years. Our professional-shared governance system is increasing nurse engagement by ensuring that front-line care providers are actively empowered participants in systemwide decision making. Last year, we established 186 councils with 95% participation, providing our nurses with the greatest opportunities to be engaged in the decision-making process, leading to better patient experiences, superior quality of care,

and more favorable job outcomes for our nurses. In addition, the model assists in cultivating collaboration, partnerships across disciplines, and staff engagement, and boosts team building for our staff.

CONCLUSION: BUILDING BLOCKS FOR THE FUTURE

There are numerous genetic, environmental, cultural, and socioeconomic factors that account for health disparities, but the bottom line is that more research and action is needed to identify the unique health care issues and concerns facing disadvantaged communities, and more education and outreach is necessary to make sure that underserved minority populations receive appropriate care and treatment. We believe that the recommendations in the *Future of Nursing*¹ report create a substantive blueprint for change in both the nursing profession and the broader health care environment.

As we have outlined, NYC H + H is putting our nurses front and center in our efforts to promote greater health equity in the communities we serve. Our major goal with these initiatives is to make sure that nurses have a voice in public health care, in order to maximize our potential both from within the nursing profession and without, as part of the greater New York City, state, and national health care landscape.

Nurses are uniquely poised to take into account the distinctive and diverse cultures and backgrounds of our patients and the communities we serve. There is perhaps no greater opportunity to truly make a difference in the care and lives of our patients than in community-based, public health nursing.

REFERENCE

1. National Academies of Sciences, Engineering, and Medicine. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Wash-

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