JOHNS HOPKINS
SCHOOL of NURSING

THE INSTITUTE FOR POLICY SOLUTIONS

Conceptualizing the Mechanisms of Social Determinants of Health: A Heuristic Framework to Inform Future Directions for Mitigation of Health Inequity

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Presentation Agenda

1. **Health Inequities:** A Defining Characteristic of the US Healthcare System
2. A **Paradigm Shift**: Integration of Clinical Expertise and SDOH Mitigation
3. Conceptualizing the Mechanisms of SDOH for Multi-Level **SDOH Mitigation**
4. The Path Forward: **Nurse-Driven Practice, Policy,** and **Advocacy**

Health Inequities: A Defining Characteristic of the US Healthcare System

Health Inequity is a Defining Characteristic of the US Healthcare System

Health Inequities:
Systematic ***unjust and unfair*** *differences limiting the opportunity for individuals, families and communities to achieve their optimal health.*

1. Health Status

→Morbidity and mortality differentials

2. Distribution of Health Resources

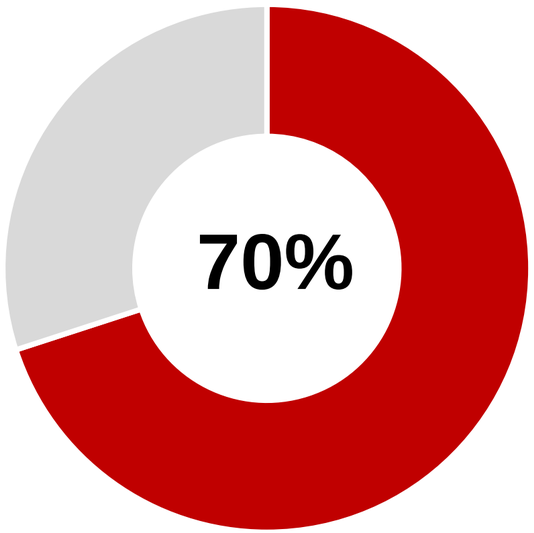
→Accessibility, acceptability, availability, and quality of health services

3. Social Conditions

→ Circumstances in which individuals are born, grow, live, work, and age

Health Status: Morbidity and Mortality

Morbidity:



Nearly **70%** of global premature adult mortality is associated with processes that initiate in adolescence.

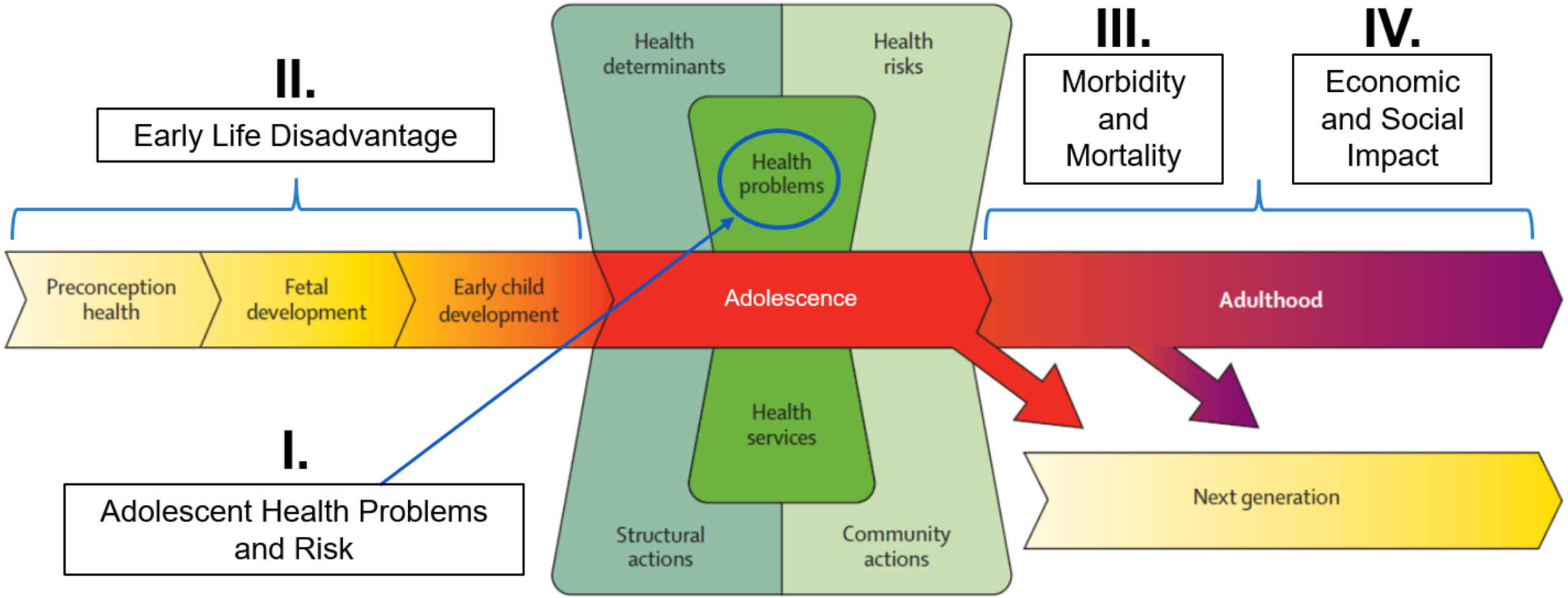
Mortality:

Important risk factors that contribute to significant adult morbidity typically start in adolescence:

- Tobacco use
- Alcohol and drug use
- Mental health issues
- Unhealthy dietary behavior
- Inadequate physical activity
- Risk behaviors resulting in unintentional injury
- Sexual risk behaviors

Sawyer, S. M. et al. (2012). *The Lancet*, 379(9826), 1630-1640.
Banspach, S., et al. (2016). Morbidity and Mortality Weekly Report. 65(30);759–762; Centers for Disease Control and Prevention (2019). Youth Risk Behavior Surveillance.

Adolescence as a Critical Developmental Period



Patton, G. C., et al. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet, 387(10036), 2423-2478.;*

Distribution of Health Resources

→**~1 in 10 Americans are uninsured** (31.6 million)

→**1 in 5 Americans are underinsured***

→**2 in 5 American children are covered by a public option** such as Medicaid

Healthcare Coverage, Population under 18, United States

	Number	Percentage
Under 18 Population	73.1 million	**22%** of total US population
CHIP Enrollment	7.2 million	**12%** of under 18 population
Medicaid and/or CHIP Enrollment	38.3 million	**49%** of under 18 population
Uninsured	3.9 million	**5%** of under 19 population

According to a KFF analysis, approximately 2.2 million uninsured children are eligible for Medicaid or CHIP.

Cha AE, et al. Demographic variation in health insurance coverage: United States, 2020. *CDC National Health Statistics Reports*. 2022; (169).; Ortaliza J, et al. How does cost affect access to care? Peterson-KFF Health System Tracker. 2022.; Drake P, Rudowitz R, Tolbert J, Published AD. A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP. KFF. Published March 15, 2024. Accessed April 12, 2024.; Total Number of Children Ever Enrolled in CHIP Annually. KFF. Accessed April 12, 2024.; Ogunwole S, Rabe M, Roberts A, Caplan Z. Population Under Age 18 Declined Last Decade. Census.gov. Accessed April 12, 2024.;December 2023 Medicaid & CHIP Enrollment Data Highlights. Medicaid.gov. Published March 28, 2024. Accessed April 12, 2024.

Social, Commercial and Political Conditions

The Social Determinants of Health
(~80% of modifiable contributors to health outcomes)

Structural Racism

Climate Change

Widening Inequality and Inflation

Housing

Technological Advances

Sexual and Reproductive Rights

Social Safety Net

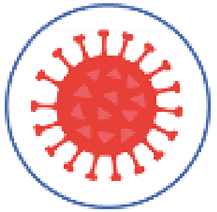
Mental/Behavioral Health

Education

Inequitable Health System Access

Migration

Pandemics

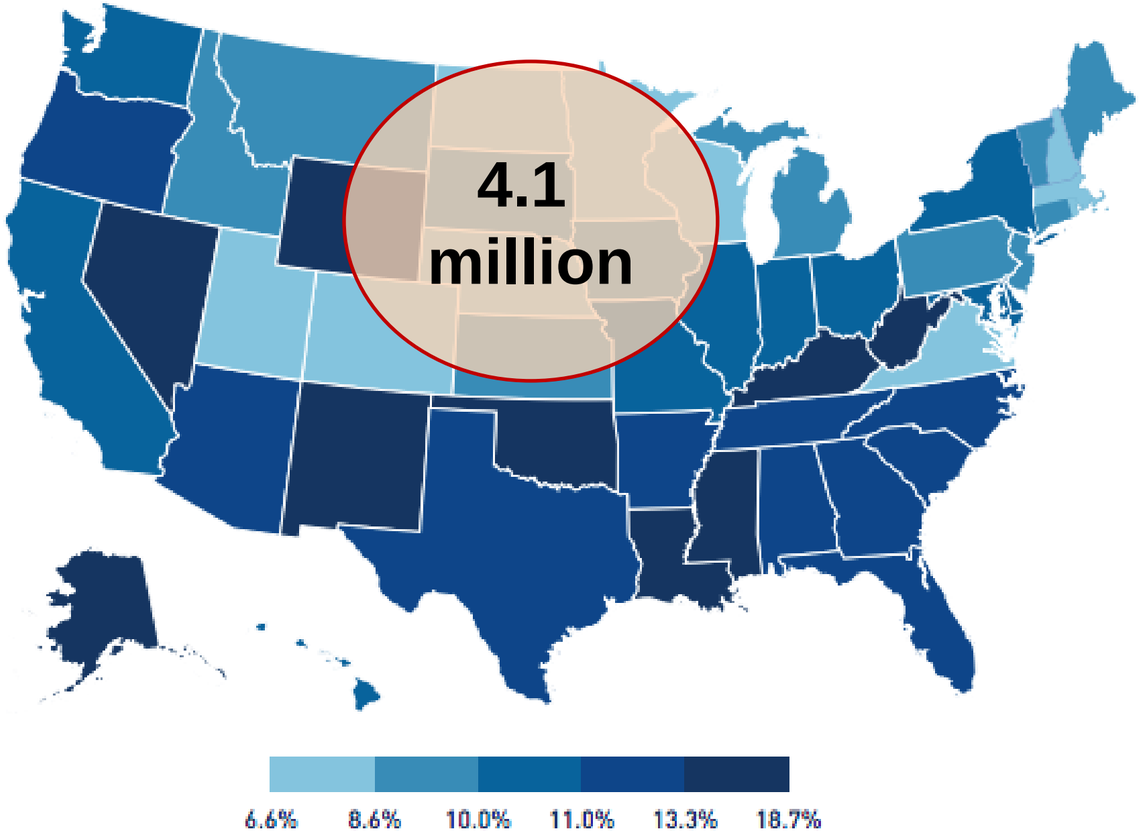


Magnan S, Social determinants of health 101 for health care: Five plus five. *NAM Perspectives.* 2017.

Costs of Health Inequities: AYA Population

Disconnected Youth in the US

16-24 year olds who are not in school and do not have a job account for $55 billion in forgone tax revenue annually and additional expenditures for health and social services.



Disconnected vs Connected Youth:

Poverty	Nearly twice as likely to experience poverty
Education	8x as likely to have dropped out of high school
Living Arrangements	22% of disconnected youth live apart from both parents at ages 16-17 (vs. 8.3%)
Health Insurance	25% of disconnected youth are uninsured (vs. 11%)

Lewis, K., Gluskin, R. (2018). Two Futures: The Economic Case of Keeping Youth on Track. Measure of America, Social Science Research Council. ;
Lewis, K. A Decade Undone: 2021 Update. New York: Measure of America, Social Science Research Council, 2021.

The Human Costs of Health Inequities

Health Inequities

- Health Status
- Distribution of Health Resources
- Social Conditions & Large-Scale Events

Excess morbidity, premature mortality

Unfulfilled human potential

Eroded social cohesion

Excess bereavement

Increased unpaid caregiver reliance

OECD, Health at a glance 2017, *OECD Indicators, Chapter 2*. 2017. ; Rothstein B, Uslaner EM. All for all: Equality, corruption, and social trust. *World Politics*. 58(1). 2005. Johns Hopkins University Press.; Schoch D, 1 in 5 Americans now provide unpaid family care. *AARP*. 2020.; Umberson D, et al. Death of family members as an overlooked source of racial disadvantage in the United States. *Proc Natl Acad Sci*. 2017; 114(5).; USDHHS & ODPHP, Social Cohesion. Healthy People 2030. N.d.

Without progress on reducing health inequities, their cost is projected to triple by 2040.

Deloitte. Insights

Modeling the future cost of health inequities*

Cost of Inequities Today

Cost to Healthcare Systems:
$320 Billion

Annual Direct Cost to Individuals:
$1000

Expected changes in population demographics, cost of care, and per capita spending

Cost of Inequities in 2040

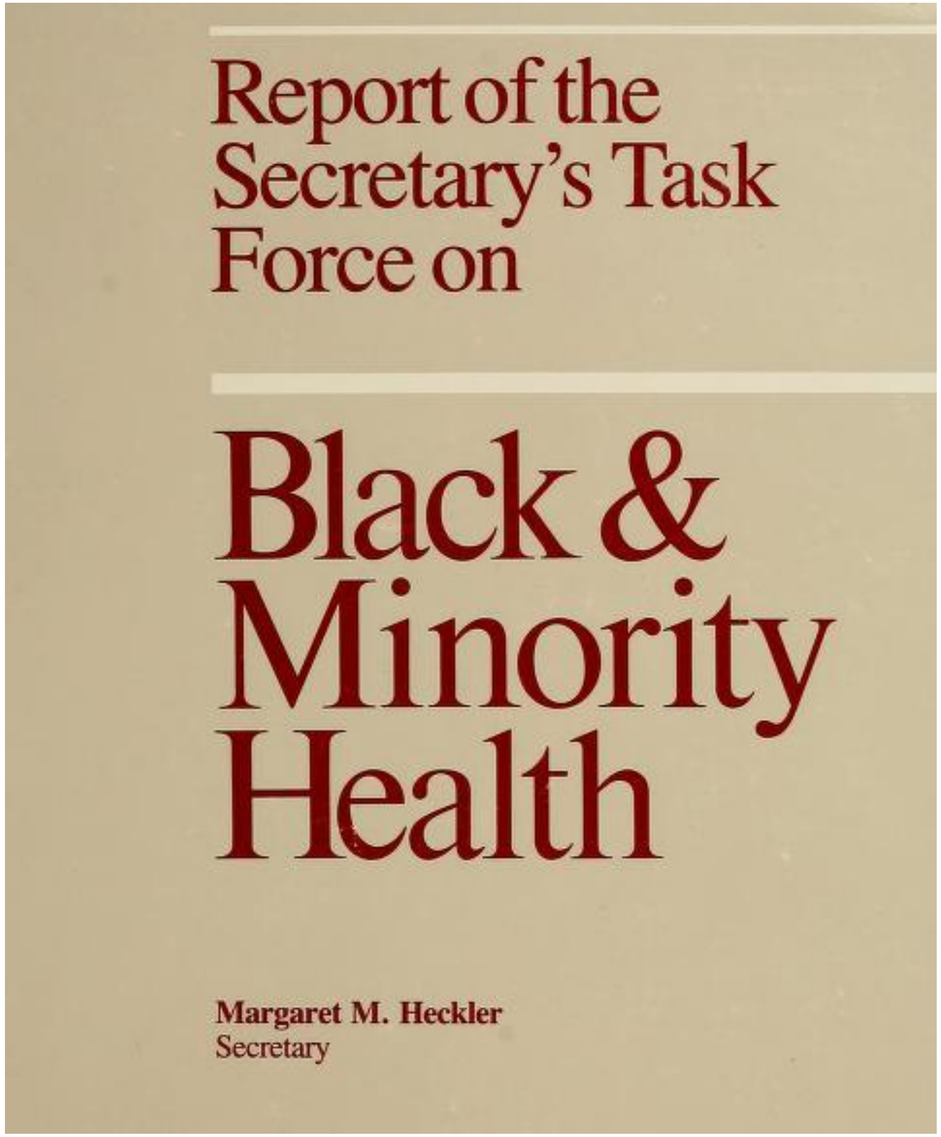
Cost to Healthcare Systems:
$1 trillion

Annual Direct Cost to Individuals:
$3000

*Calculations and estimates based on a set of high-cost diseases (e.g. breast cancer, diabetes, colorectal cancer, asthma, and cardiovascular disease) and the corresponding proportion of spending attributed to health inequities.

Source: Bhatt J, et al. Deloitte Insights: US health care can't afford health inequities. https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html

Racial/Ethnic Inequities Within a Historic Context



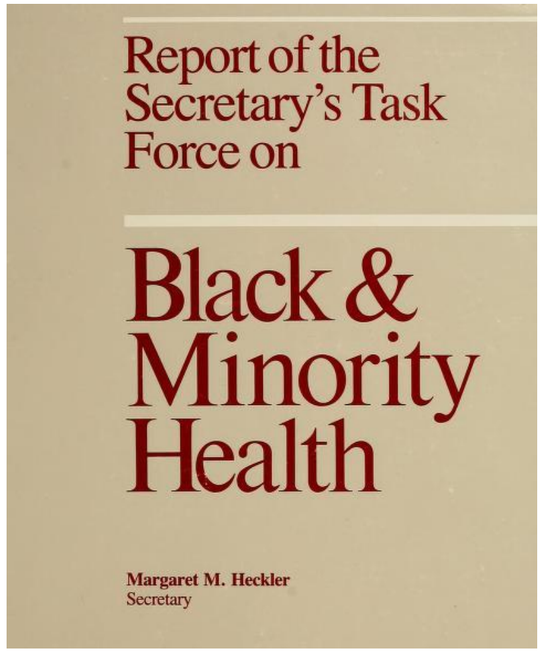
1985 Heckler Report:

The first **national convening to explore** racial and ethnic disparities, primarily evident in ***health status***

For Example:

"Life expectancy reached a new high…Nevertheless, Blacks today [in 1985] have a life expectancy already reached by Whites in the early 1950s, or **a lag of about 30 years.**"

The Policy Response to the Heckler Report



1986

OMH®
U.S. Department of Health and Human Services
Office of Minority Health

2010

NIH National Institute on Minority Health and Health Disparities

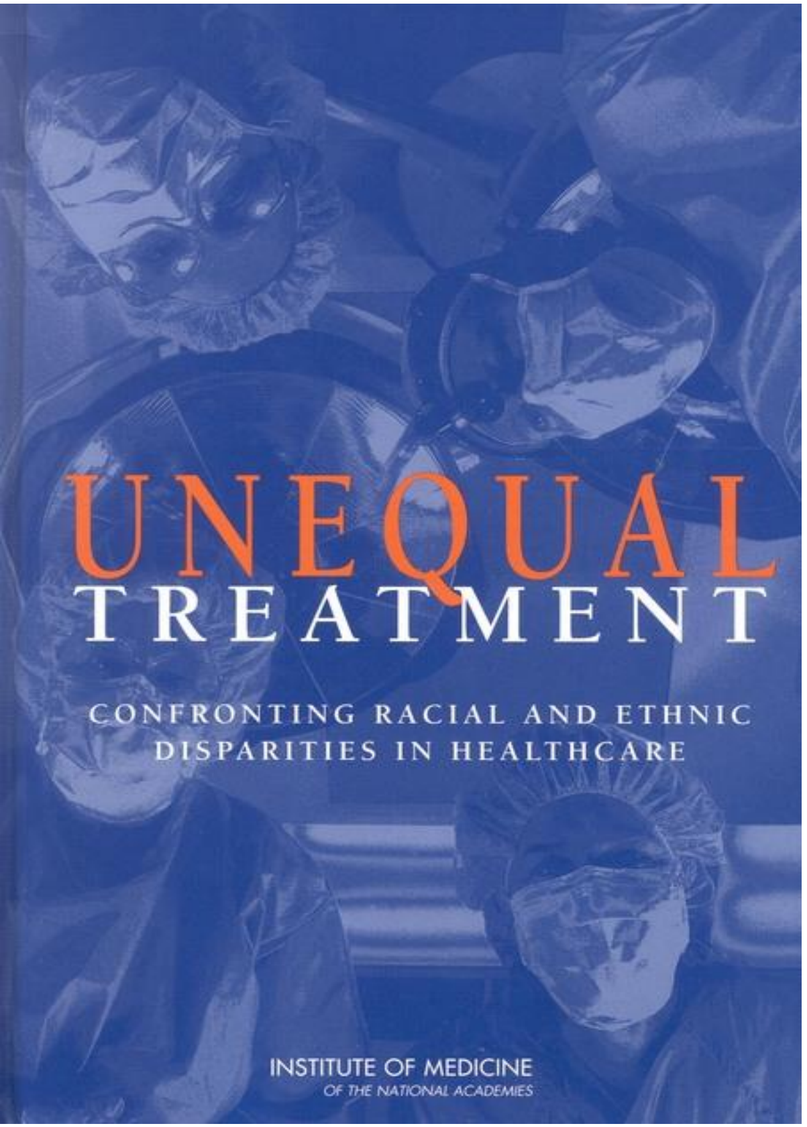
Previously: the National Center on Minority Health and Health Disparities (2000)

OMH Mission: To improve the health of racial and ethnic minoritized populations through the development of health policies and programs that **eliminate health disparities**

NIMHD Mission: To **lead** scientific research to improve minority health and **eliminate health disparities** (Congressional Mandate)

Source: OMH. https://minorityhealth.hhs.gov/about-office-minority-health#:~:text=The%20mission%20of%20the%20Office,will%20help%20eliminate%20health%20disparities. NIMHD. https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-minority-health-health-disparities-nimhd

US Health Inequities Within a Historic Context



2003 Unequal Treatment Report:

Landmark report to point to longstanding ***systemic and structural racism in healthcare*** — not poverty, lack of access, treatment refusal, or other social conditions — as a major reason for the nation's deeply entrenched health disparities

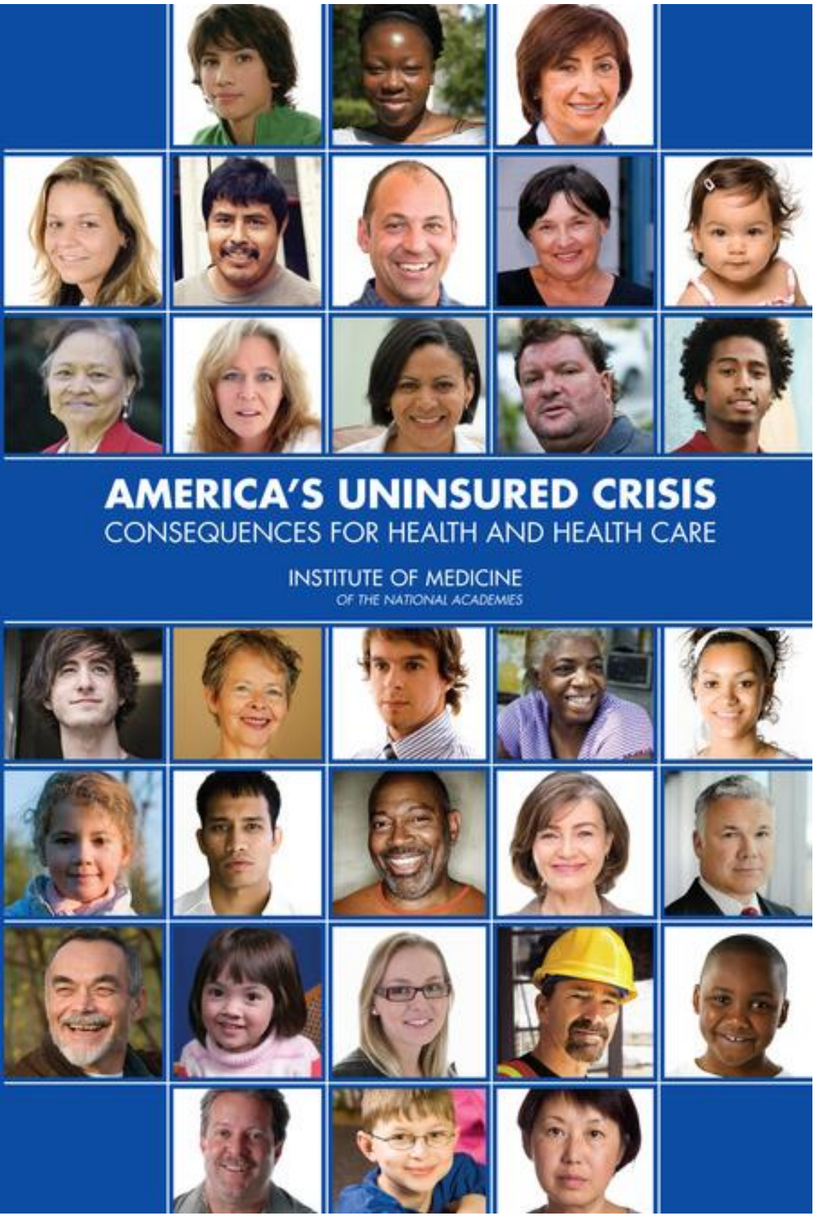
Source: NASEM. Unequal Treatment. 2003. https://nap.nationalacademies.org/catalog/12875/unequal-treatment-confronting-racial-and-ethnic-disparities-in-health-care

The Societal Costs of Health Inequities

In the U.S., the burden of health inequities is ***most evident*** amongst *minoritized* and *marginalized populations*

However, health inequities impact us ***all.***

The Myth of the Zero-Sum Game



Policies and practices for marginalized and minoritized populations improve outcomes **<u>for everyone</u>**

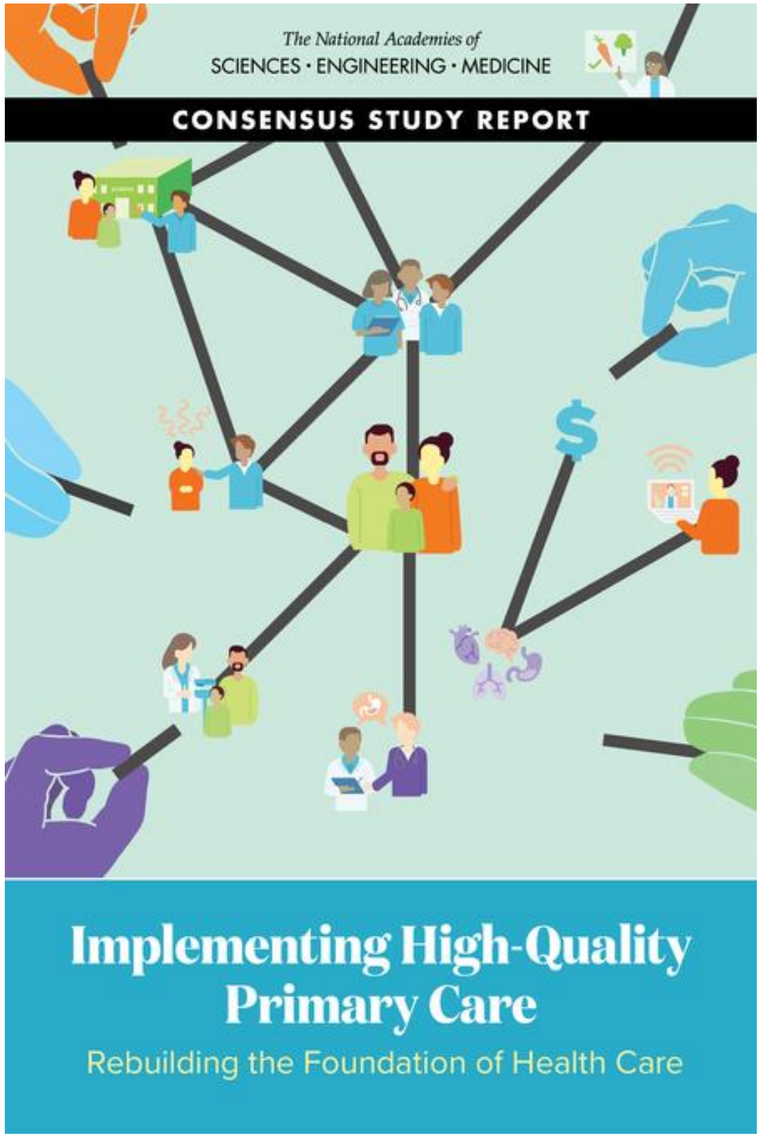
<u>For Example</u>:

When **community-level uninsurance rates** are high [e.g., in communities with more minoritized individuals] **insured individuals face greater difficulties in receiving care**.

Source: NASEM. America's Uninsured Crisis. https://nap.nationalacademies.org/download/12511#

A Paradigm Shift Towards Integration of Clinical Expertise and SDOH

Investment in Primary Care Vs. Specialty Care



Primary care is the ONLY form of healthcare that is associated with:

Population health impact

AND improves health equity, healthcare quality, and lowers long-term healthcare expenditures
(Strange, K.C. et al.)

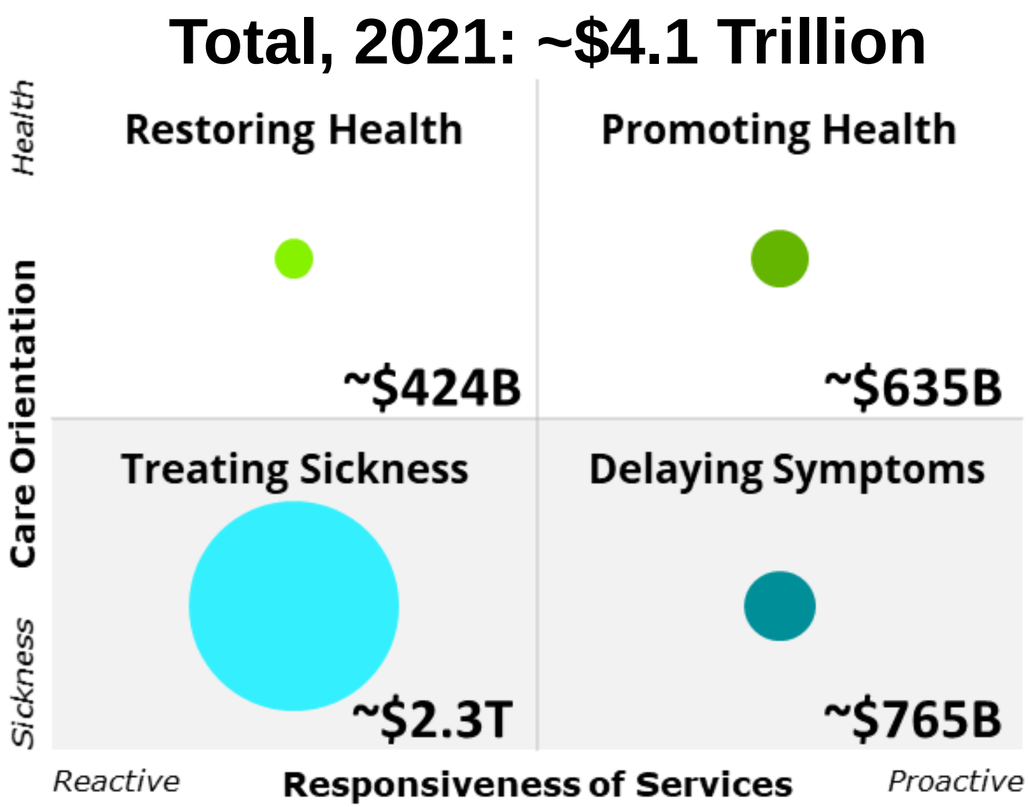
McCauley, L. et al. *(co-chair)*: The NASEM *Implementing High-Quality Primary Care* report elevates the importance of the **interprofessional healthcare workforce** and **highlights nurses** as critically important in the elimination of health inequities.

Access Here:

Stange KC, Miller WL, Etz RS. The Role of Primary Care in Improving Population Health. The Milbank Quarterly. 2023 Apr 1;101(S1):795-840. National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

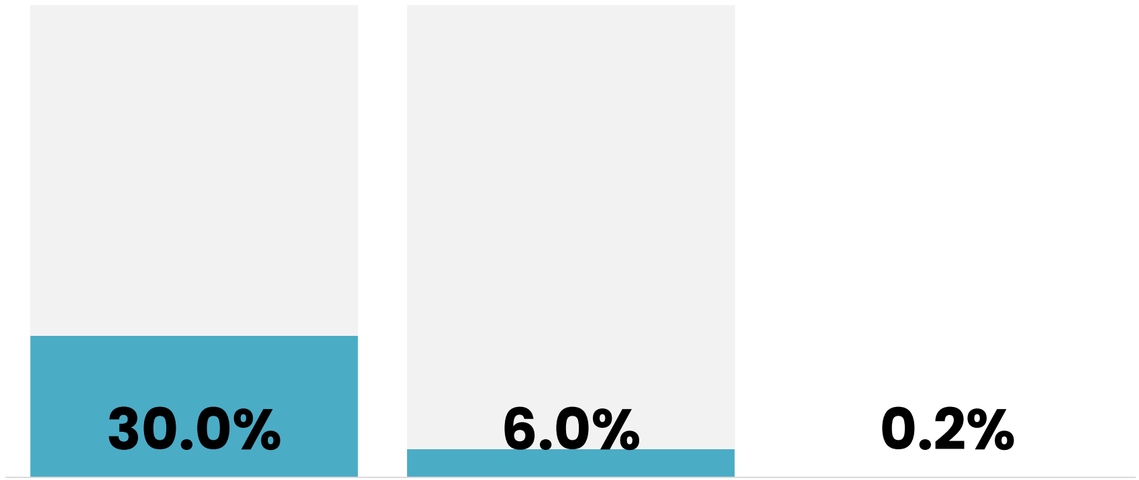
Investment in Specialty Care vs. Primary Care

US Healthcare Expenditures, by service*



*Deloitte analysis

US Investment in Primary Care



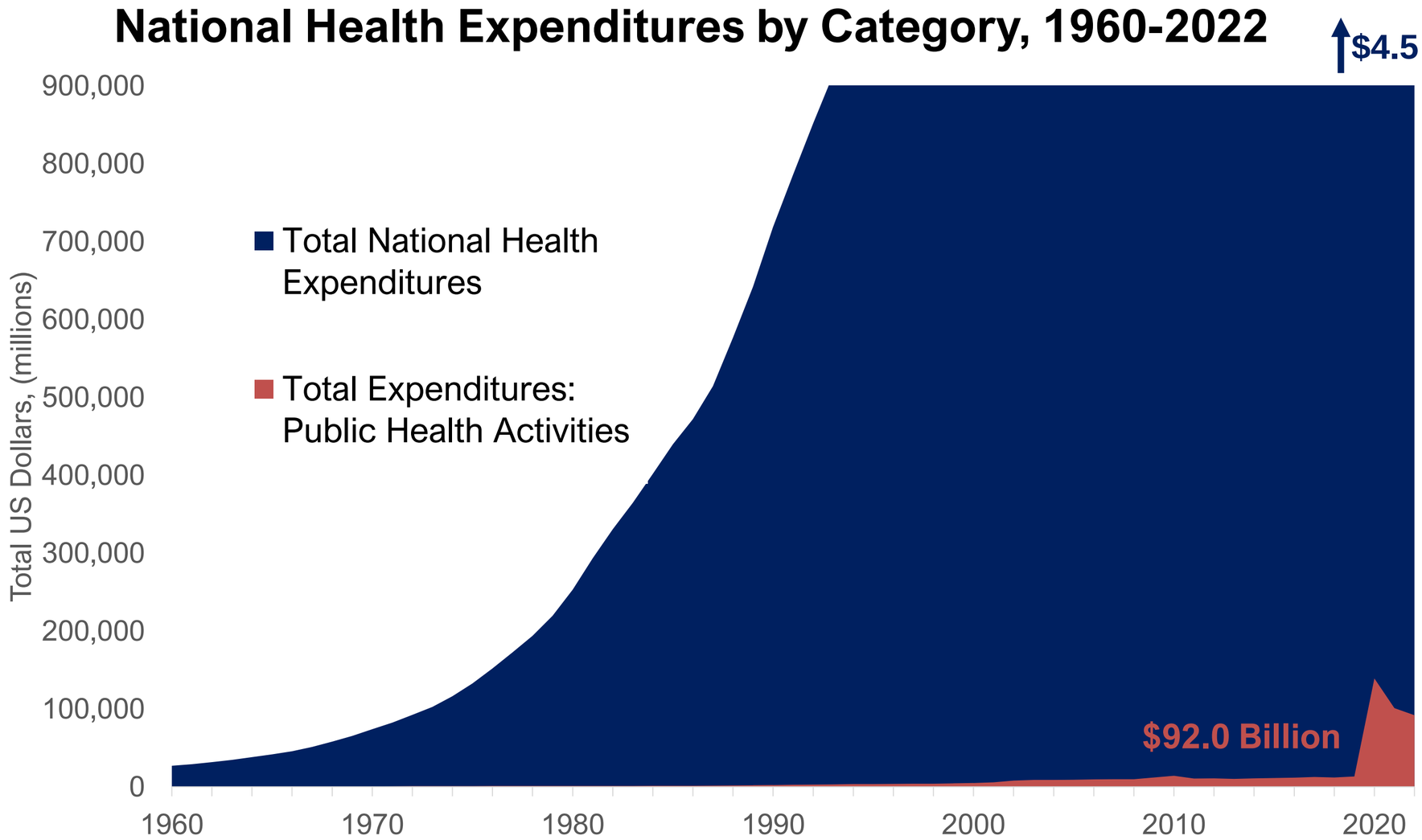
US Primary Care Providers as a Proportion of the Health Workforce:

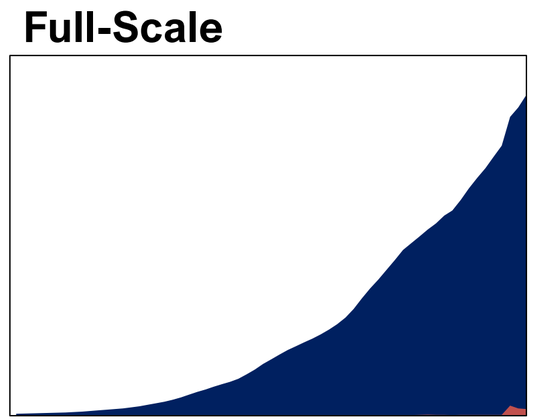
Primary Care Expenditures as a Proportion of Total Health Spending:

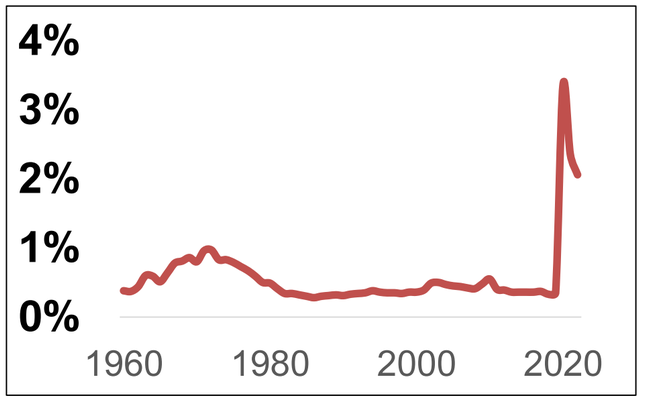
Primary Care Research Expenditures as a Proportion of Total NIH Spending:

National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.; Kringos DS, Boerma W, van der Zee J, Groenewegen P. (2013). Europe's strong primary care systems are linked to better population health but also to higher health spending. *Health Affairs*, 32(4); 686-694.; Bhatt J et al. Future of Health x Health Equity. Deloitte at the Duke University School of Nursing: 60th Annual Harriet Cook Carter Lecture. February 22, 2023.

Public Health Spending as a Proportion of Total Health Expenditures

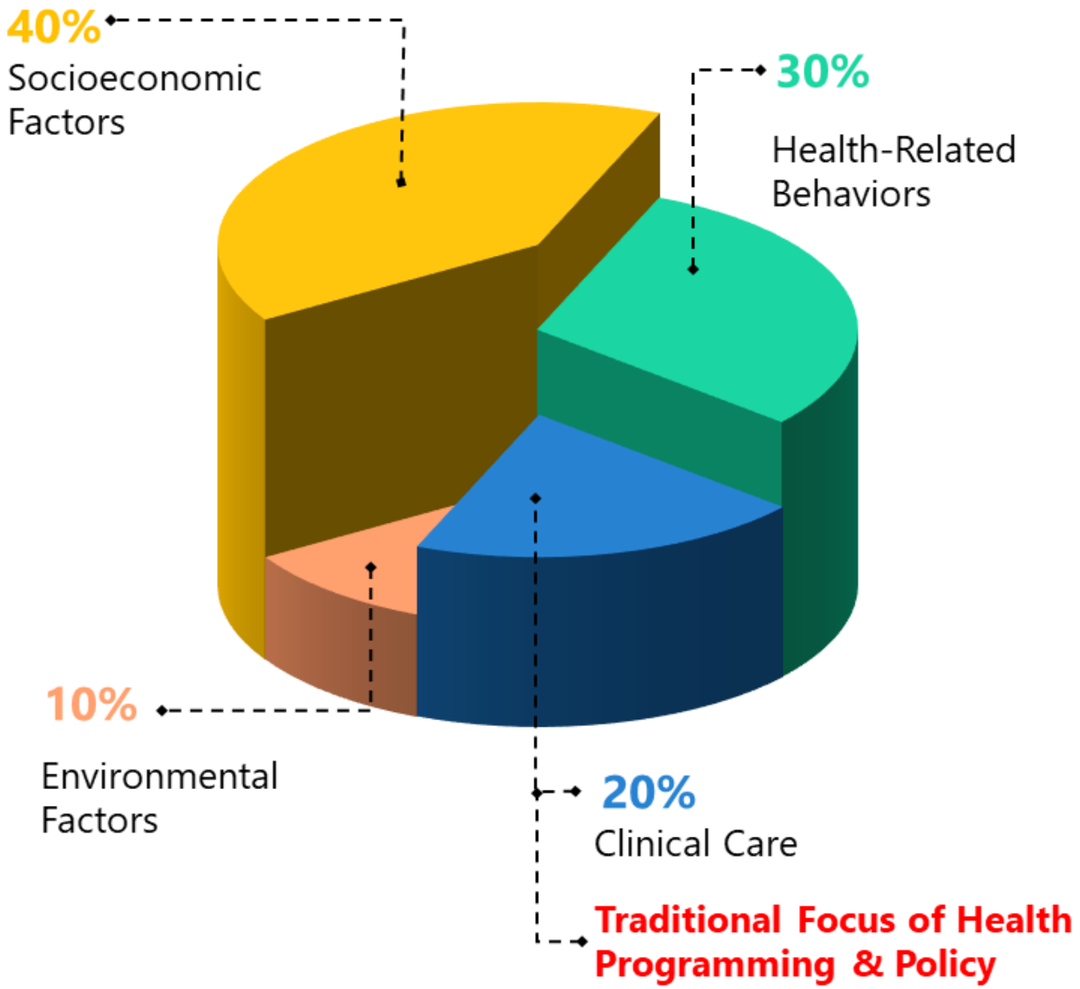






Centers for Medicare & Medicaid Services. National Health Expenditures by type of service and source of funds, CY 1960-2022. https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical

A Paradigm Shift Towards Combining Clinical Care and SDOH



NATIONAL ACADEMY OF MEDICINE

Perspectives | *Expert Voices in Health & Health Care*

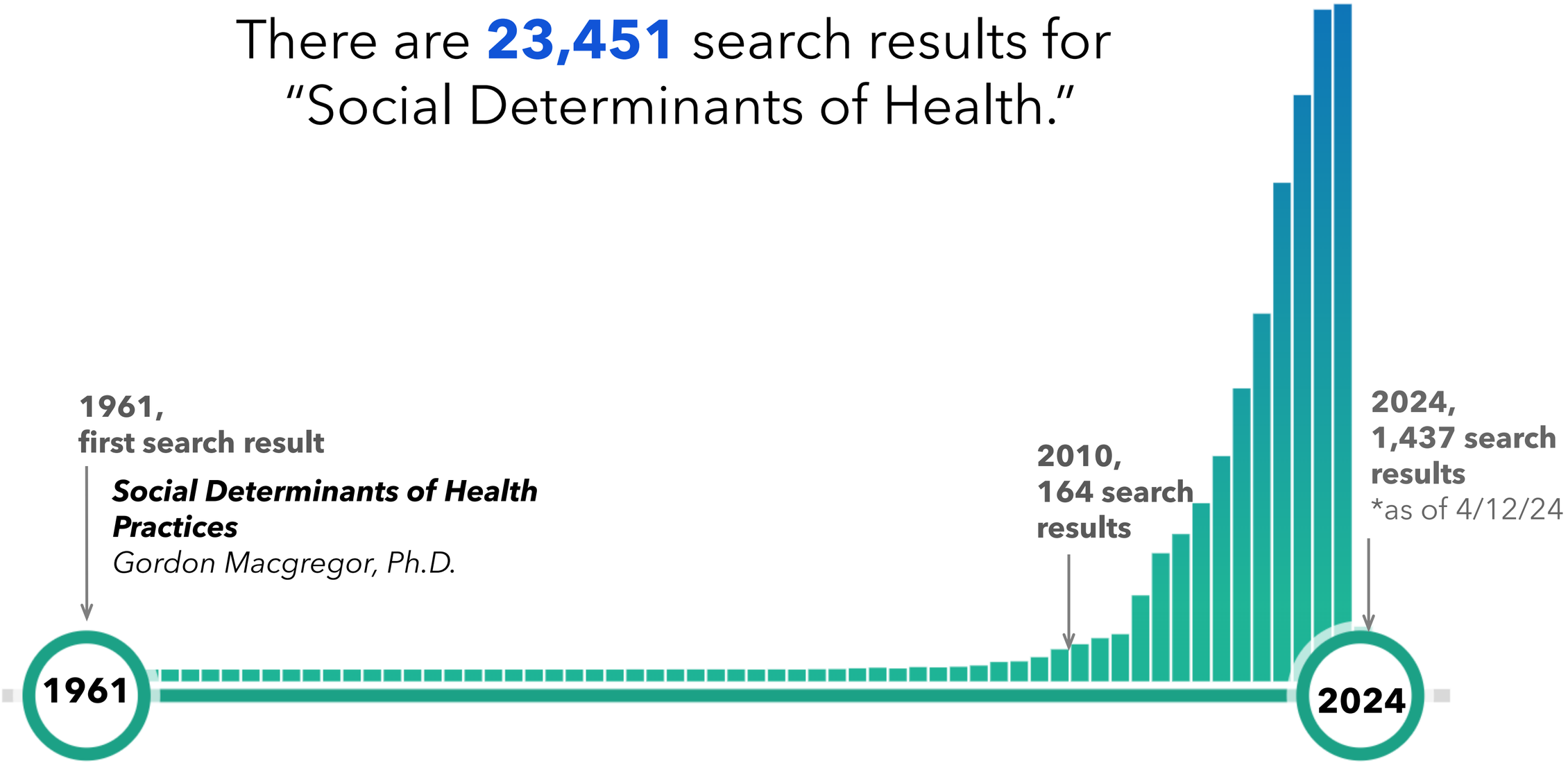
Clinical care "is estimated to account for **only 10-20 percent** of the modifiable contributors to healthy outcomes for a population."

Article URL:
https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/

Source: Hood CM, Gennuso KP, Swain GR, Catlin BB. County health rankings: Relationships between determinant factors and health outcomes. *Am J Prev Med*. 2016;50(2):129-135; Magnan S. NAM Perspectives. 2017 Oct 9.

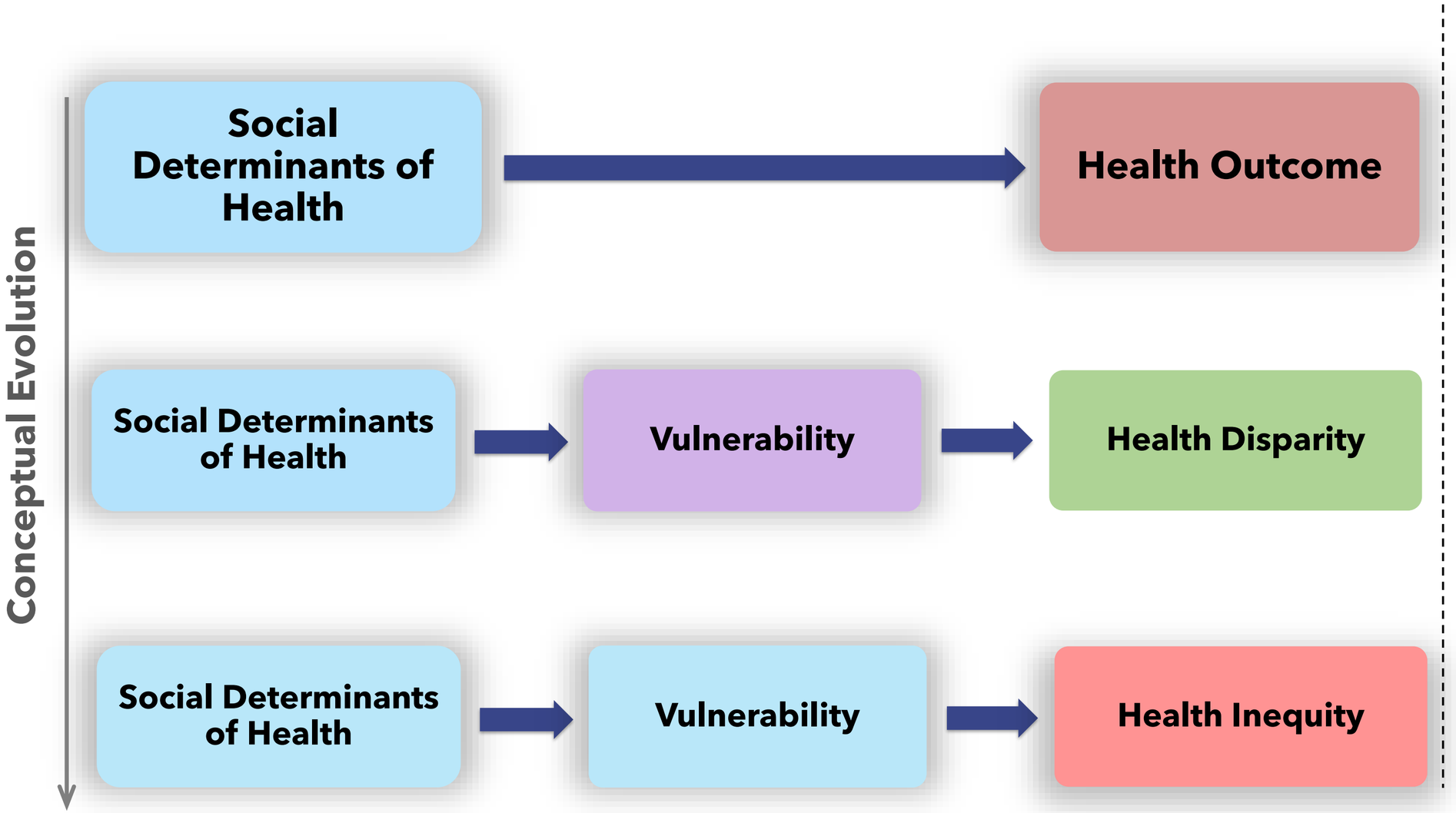
Six Decades of SDOH Research

There are **23,451** search results for "Social Determinants of Health."



National Library of Medicine: National Center for Biotechnology Information. PubMed.gov. Accessed December 5, 2023.

Important Shifts in Conceptualizing SDOH



→Recognition of SDOH shaping health outcomes
→Mechanisms largely unrecognized

→Recognition of SDOH as underlying systematic health disparities
→Deficiency-focused ("vulnerability lens")

→Inequity perspective on SDOH that highlights social processes and injustices

*The conceptual evolution of SDOH is reflected in the extant literature.

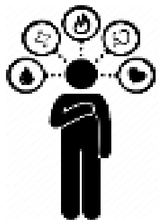
Inadequate Attention to Mechanisms of SDOH

Current Dominant Model

Social Determinants of Health → **Vulnerability** → **Health Inequity**

Important constructs and dynamic mechanisms identified in the literature are missing from this conceptualization:

Exposure



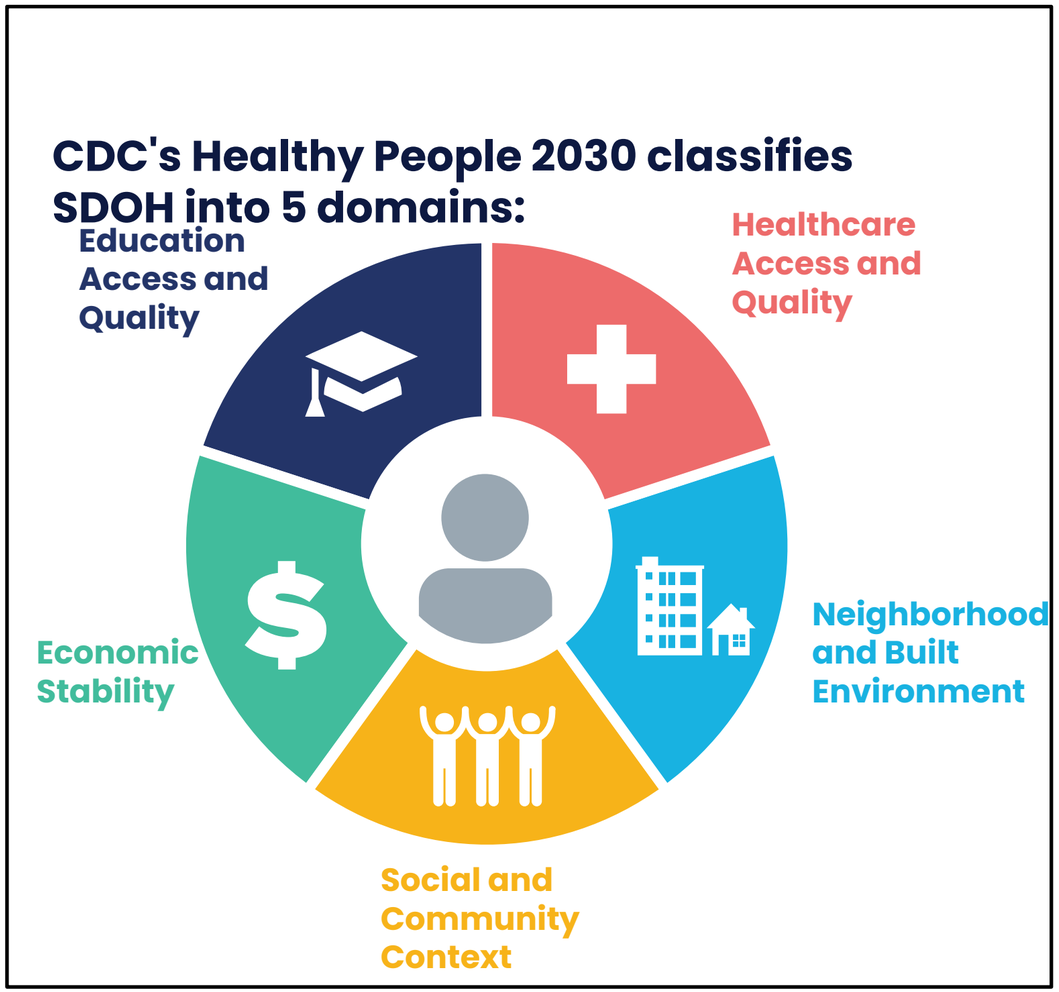
Susceptibility

Social Processes

Resilience

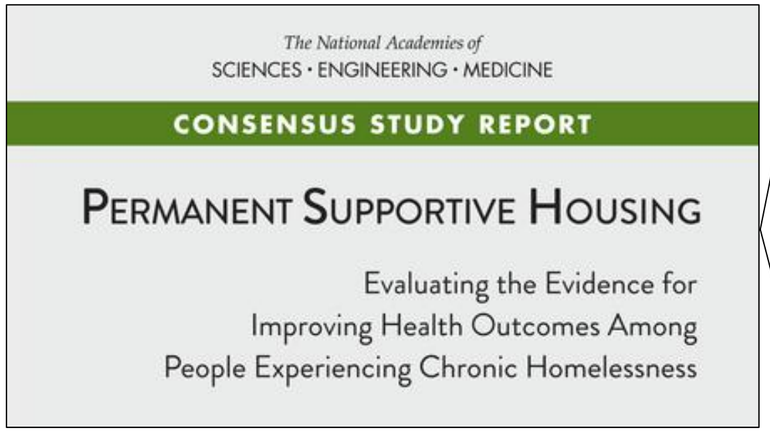
Current Dominant Conceptualizations/Strategies for SDOH Mitigation

Static Domains of SDOH Influence



Prioritization of Health Related Social Needs (HRSN) Screening and Referral to Services

Evidence for HRSN screening and referral effects on health outcomes remains underdeveloped:



NASEM: *"there is no substantial published evidence as yet to demonstrate the [housing and other help] improves health outcomes or reduces health-care costs."*

Healthy People 2030. Social Determinants of Health. Accessed Feb 21, 2024. https://health.gov/healthypeople/priority-areas/social-determinants-health; Ruiz Escobar E, Pathak S, Blanchard CM. Screening and Referral Care Delivery Services and Unmet Health-Related Social Needs: A Systematic Review. *Prev Chronic Dis*. 2021;18:E78. Published 2021 Aug 12. doi:10.5888/pcd18.200569.; National Academies of Sciences, Engineering, and Medicine. Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. Washington (DC): National Academies Press (US); 2018 Jul 11. Available from: https://www.ncbi.nlm.nih.gov/books/NBK519594/ doi: 10.17226/25133

Landmark Conceptual and Empirical Research Identifies *Eight Principles About the Mechanisms of Social Determinants of Health:*

SDOH are Underlying Causes of Health Inequities

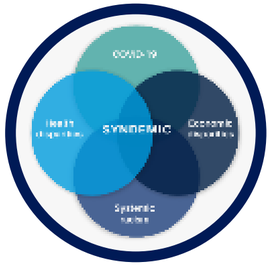
SDOH Context Shapes Health Inequities

SDOH Contextual Disadvantage is Not Deterministic

SDOH Shapes Health Over the Life Course

SDOH Operate Through Biological Embedding

SDOH Operate Intergenerationally



SDOH Shapes Clustering and Synergies of Health Inequities

SDOH and Social Injustices Interact to Produce Health Inequities

Principle #1: SDOH are Underlying Causes of Health Inequities

Underlying Causes Beyond Individual Factors Drive Health Inequities

Fundamental Causes Theory

Landmark theory that moved beyond individual "risk factor epidemiology" to propose distal factors as fundamental for shaping health inequities.

Distal factors/exposures influence **individual risk** and **protective** factors, and shape disease and health outcomes.

Distal factors (i.e., education, SES, etc.) represent **fundamental causes** of inequities in disease.

Fundamental causes **disrupt access to resources** that are important in avoiding or mitigating negative health outcomes.

Fundamental causes act through **complex mechanisms** and on **diverse health outcomes** ➔ difficult to quantify total effect.

Link BG, Phelan J. Social conditions as fundamental causes of disease. Journal of health and social behavior. 1995 Jan 1:80-94.

Principle #2: SDOH Context Shapes Health Inequities

Context Matters – The Structural Production of Risk

Risk Environment Framework:

Environmental Determinants of Exposure

Landmark framework that characterizes the **structural production of health inequities**

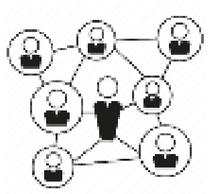
Understanding the risk environment:

Comprised of **risk-factors** that are **largely exogenous** to the **individual**

The social situations, structures, and places where factors largely exogenous to the individual interact to **produce health inequities**

Four dimensions of risk environment:

Physical



Social

Economic

Policy

Rhodes T, et al. The social structural production of HIV risk among injecting drug users. Social science & medicine. 2005 Sep 1;61(5):1026-44. Rhodes T. The 'risk environment': a framework for understanding and reducing drug-related harm. International journal of drug policy. 2002 Jun 1;13(2):85-94.

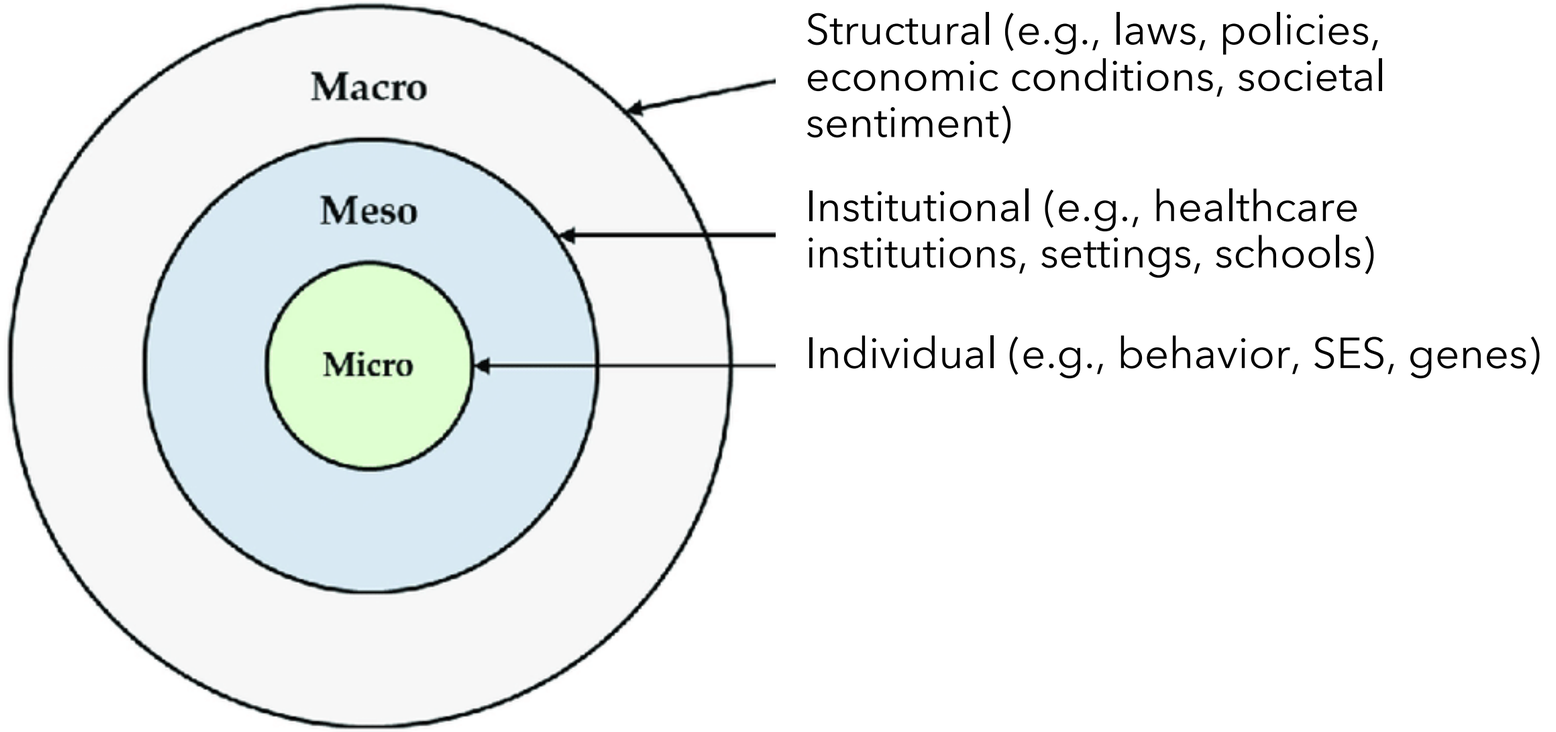
Context Matters: A Tale of Two Communities

Principle #3: SDOH Contextual Disadvantage is Not Deterministic

Contextual Disadvantage is not Deterministic

Risk Environment Framework:
Level of Influence

The Risk Environment Framework outlines influences **at three distinct levels** that interact to **reinforce or weaken** the effect of one another.



Rhodes T, et al. The social structural production of HIV risk among injecting drug users. Social science & medicine. 2005 Sep 1;61(5):1026-44. Rhodes T. The 'risk environment': a framework for understanding and reducing drug-related harm. International journal of drug policy. 2002 Jun 1;13(2):85-94.

Contextual Disadvantage is not Deterministic: Two Swimmers

Macro:
Prevalence of Sharks

Meso:
Pool has Lifeguard & Medical Care

Micro:
Staying in the Shallow End of the Pool

Swimmer A

Swimmer B

Same Prevalence

Different Outcome

Principle #4: SDOH Shape Health Over the Life Course

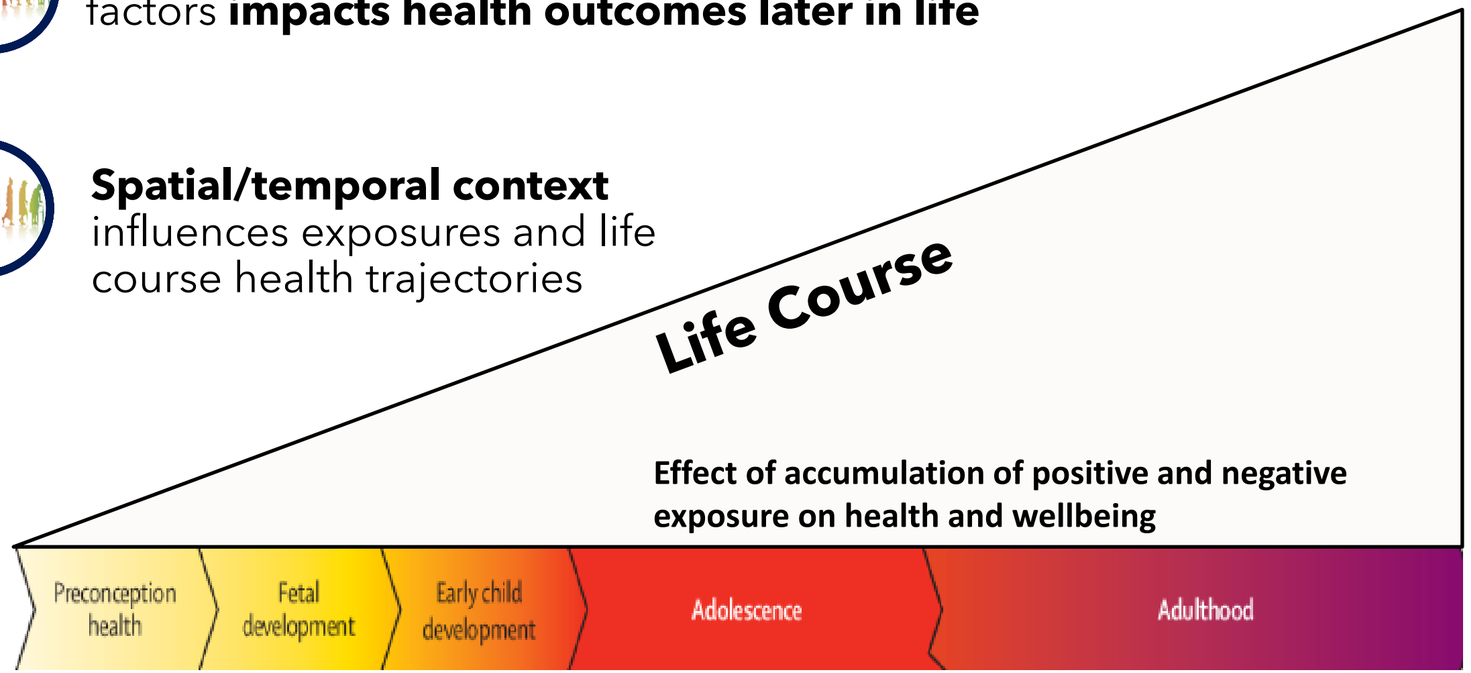
SDOH Influence Manifests Over the Life Course

Life Course Perspective:

The Life Course Framework suggests **social, economic, psychological, and environmental influences accumulate over the life course** to shape health behaviors and mental and physical health.

Early-life exposure to risk or protective SDOH factors **impacts health outcomes later in life**

Spatial/temporal context influences exposures and life course health trajectories



Marmot et al. Fair Society, Healthy Lives: The Marmot Review. 2012.

Patton et al. Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet.* 2016;387(10036):2423-78.

Principle #5: SDOH Operate Through Biological Embedding

SDOH Operate Through Biological Embedding

Biological Embedding Framework:
A Determinant of Biological Susceptibility

Biological Embedding: The process by which **social conditions initiate** and **sustain biological** changes that have short- and long-term effects on physical health and well-being.

Properties of Biological Embedding:

Social conditions **alter biological processes** (e.g., epigenetic, neurodevelopmental, immune, endocrine, microbiome)

Alterations in biological processes are **stable** and **long-term**

Altered biological processes impact health, wellbeing, learning, and/or behavior **over the life course**

Hertzman C, Wiens M. Child development and long-term outcomes: a population health perspective and summary of successful interventions. Social science & medicine. 1996 Oct 1;43(7):1083-95.

Principle #6: SDOH Operate Intergenerationally

SDOH Operate Intergenerationally

Hoke MK, McDade T. Annals of Anthropological Practice. 2014 Nov;38(2):187-213. Hahn S, Hasler P, Vokalova L, Van Breda SV, Than NG, Hoesli IM, Lapaire O, Rossi SW. Frontiers in immunology. 2019 Mar 29;10:659.

Framework of Biosocial Inheritance

Biosocial Inheritance: "The processes through which **social adversity** is **transmitted** across generations through **mechanisms both biological and social** in nature."

Three Types of Biosocial Inheritance

Cross-Generational

SDOH (Parent)

↓

Health of the next generation (fetus)

Familial Biosocial Inheritance Mechanisms

Multi-Generational

SDOH

↓ ↓ ↓

Health of multiple generations simultaneously

Biological

- Epigenetic
- Immune
- Neuro
- Endocrine
- Microbiome
- Metabolic programming

Transgenerational

SDOH

e.g., Transmission through germline

↓

Multiple generations consecutively

Social

- Social arrangements
- Historical context
- Political-economic context

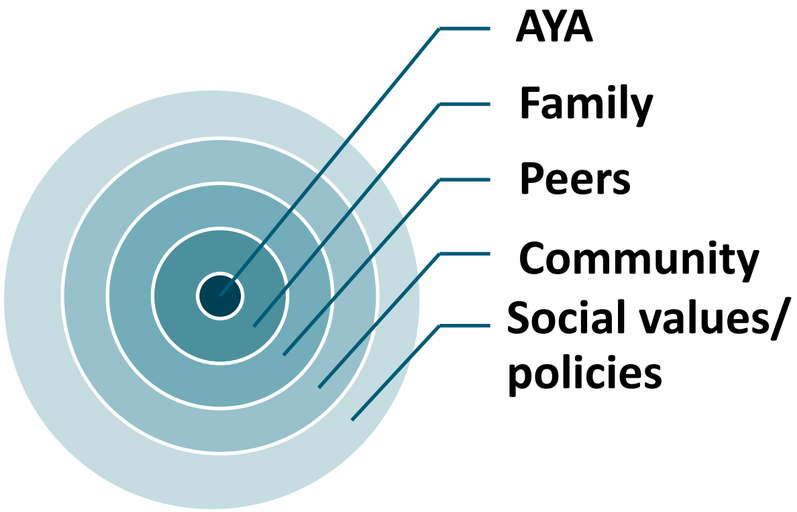
Dominant Approaches to AYA Health Focus on Individual Directly

Dominant approaches to reduce or prevent adolescent risk behavior **primarily focus on adolescents directly**

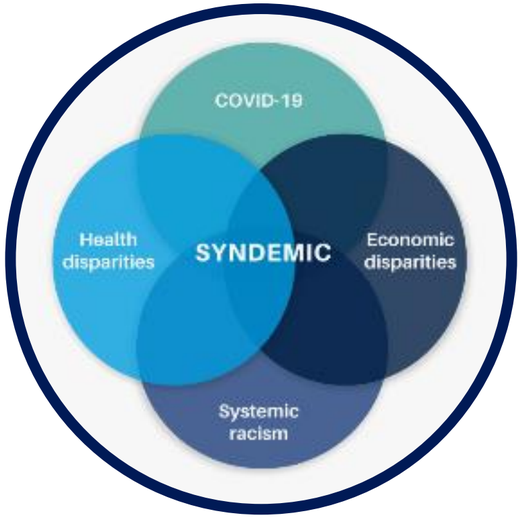
- Clinic-Based Prevention
- Community-Based Programs
- Media/Digital Campaigns/PSAs
- Environmental/ Structural Policies
- School-Based Curricula

However, AYA health inequities exist in a **broader context**.

Among the most important contexts is **the family**.



Principle #7: SDOH Shape Clustering and Synergies of Health Inequities



The Impacts of SDOH Cluster and Interact Synergistically

Syndemic Theory:

A ***syndemic*** is defined as two or more **clustered** epidemics interacting **synergistically** within a community or population, resulting in excess disease burden.

There are **two underlying mechanisms** that produce syndemics:

Biological synergism, e.g.: inflammation due to STIs facilitating transmission or acquisition of HIV.

AND / OR

Socio-contextual synergism, e.g.: increased risk of sexual HIV acquisition among substance users due to sexual and substance use networks.

SDOH may operate through both biological (e.g., inflammatory response) and socio-contextual synergisms.

Singer M, Clair S, Medical anthropology quarterly. 2003;17(4):423-41. Mayer, K. H., and K. K. Venkatesh. American Journal of Reproductive Immunology. 2011. 65(3):308-316.; Strathdee, S. A., & Sherman, S. G. *Journal of urban health: bulletin of the New York Academy of Medicine*, 2003. *80*(4 Suppl 3).

Principle #8: SDOH and Social Injustices Interact to Produce Health Inequities

Social Injustices and Structural Racism Shape the Impact of SDOH

Ecosocial Framework:

Ecosocial Theory conceptualizes **health inequities** as **biological expressions of social processes**–the result of social injustices.

Social positioning (based on intersectional identity)

⇩

Unjust social processes

⇩

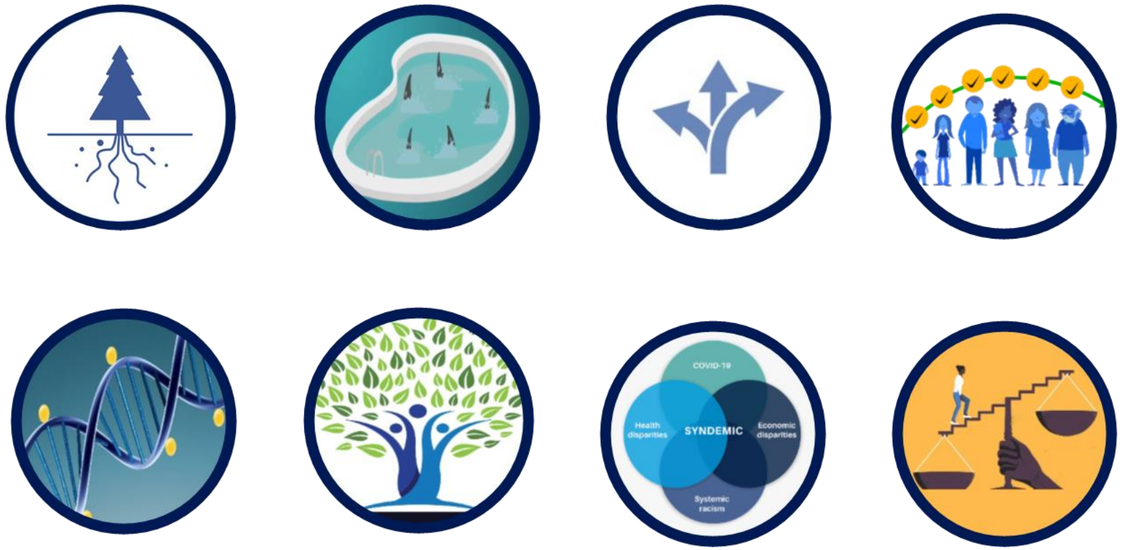
Health inequities

Krieger N. Theories for social epidemiology in the 21st century: an ecosocial perspective*, Int J Epid*. 2001;3(4):668–677.; Krieger N. Methods for the scientific study of discrimination and health: an ecosocial approach. *Am J Public Health*. 2012;102(5):936-944.

What Does This All Mean for Health Equity?

8 Principles About Mechanisms of the Social Determinants of Health:

Where do we go from here?

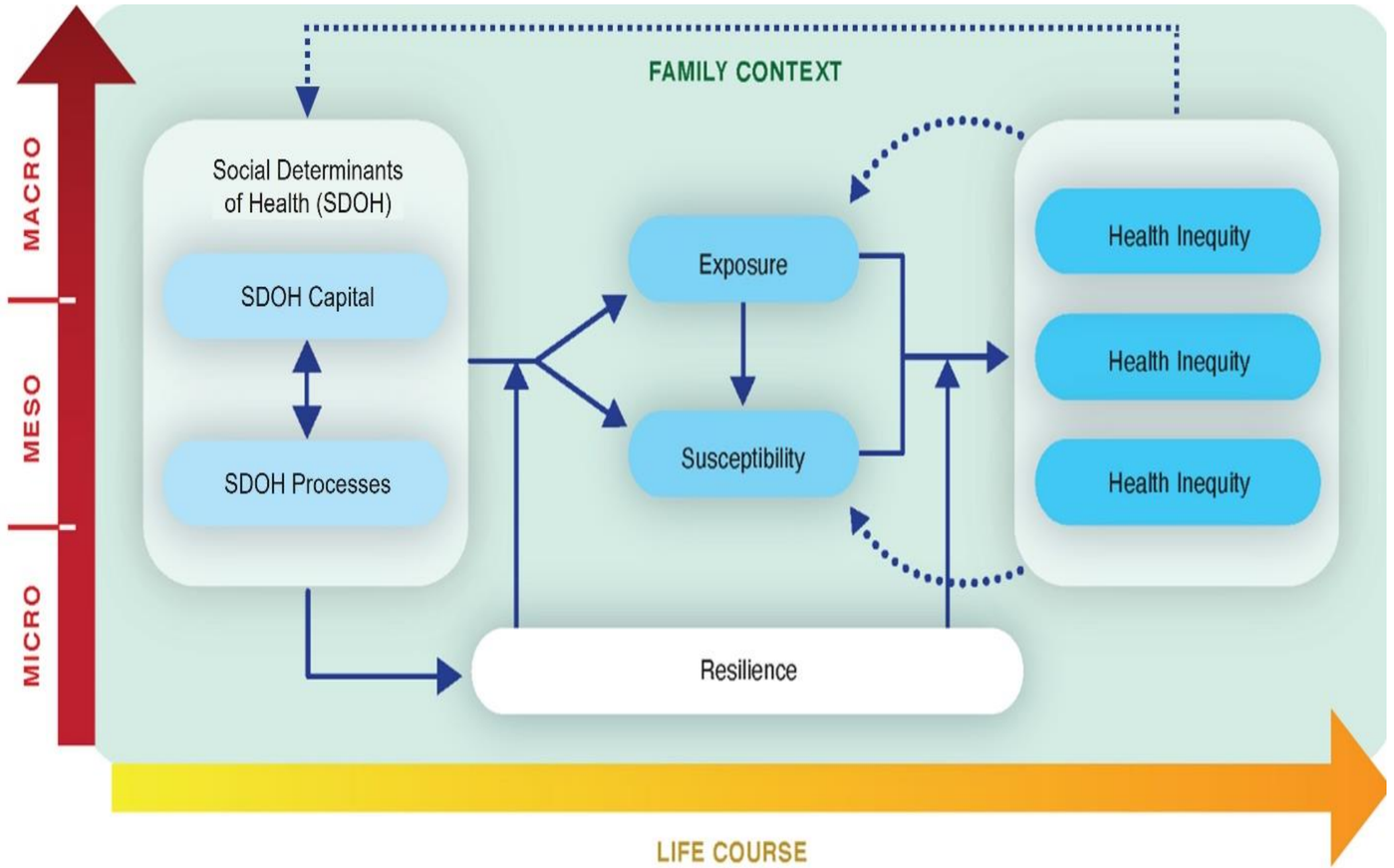


Next Steps:

1. Integration of SDOH principles and mechanisms into a framework with applicability and utility

2. Conceptualization of applied mitigation approaches aligned with SDOH principles and mechanisms

The CLAFH Framework of SDOH Mechanisms

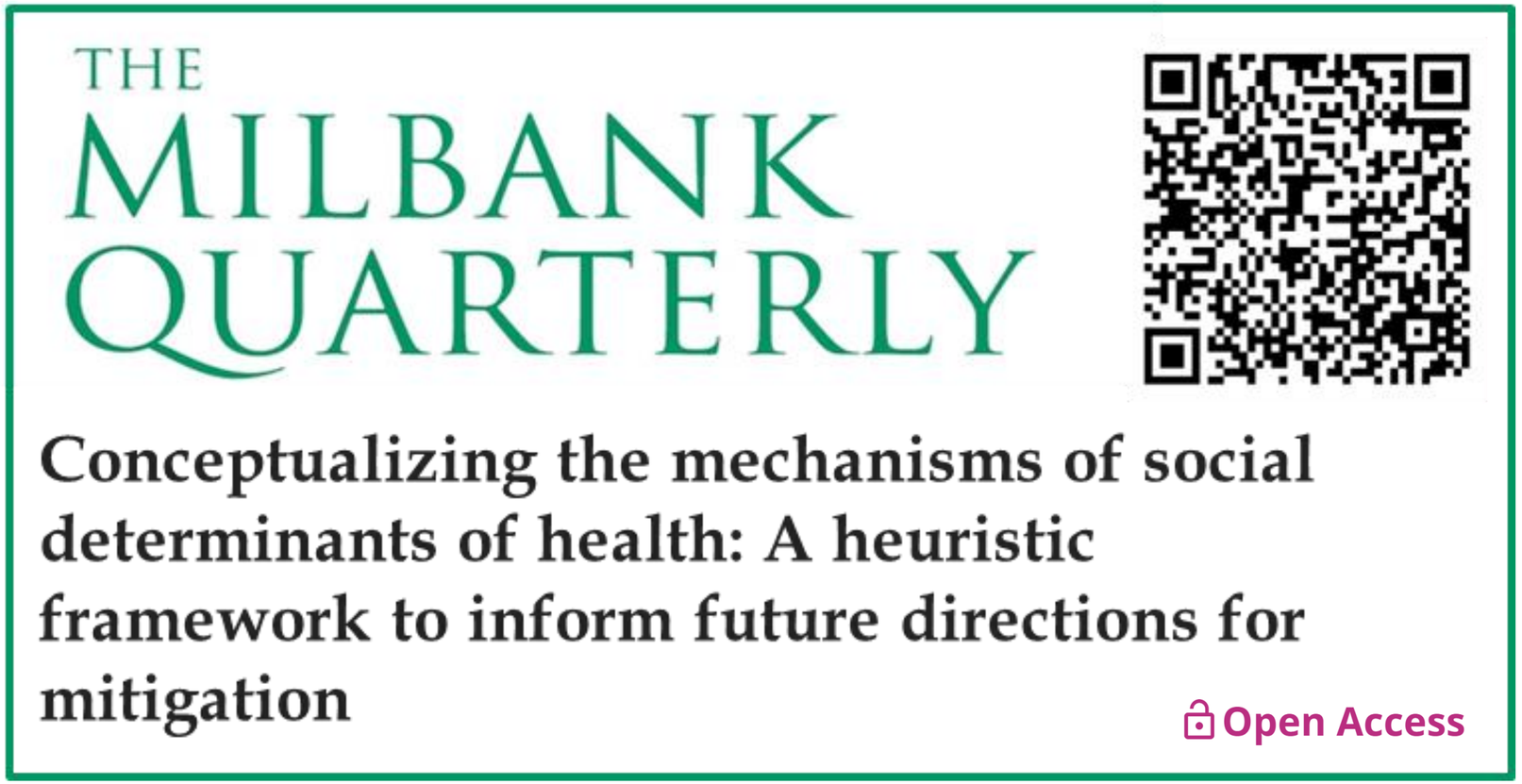


Innovations of the CLAFH SDOH Framework:

- **Dynamic** vs. static conceptualization of SDOH influence
- Specifies **relational forms/mechanisms**
- Accommodates both **SDOH capital** & **SDOH processes**
- **Multilevel and broad application**
- Goes beyond individual focus and centers on the **family context**
- Incorporates **co-occurring synergistic inequities**
- Takes a **life course perspective**
- Focuses on **exposure** and **susceptibility** (vs. "vulnerability)
- Integrates **social/behavioral and biological** factors
- Leverages assets and **resilience**

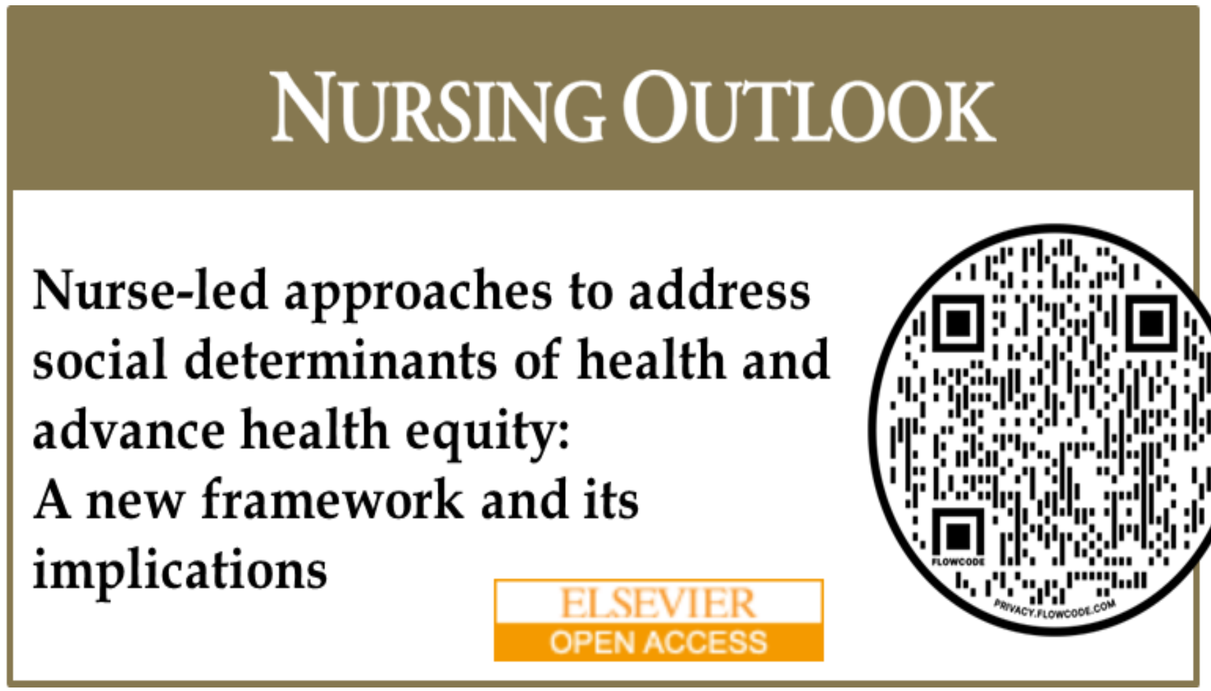
Thimm-Kaiser M, Benzekri A., Guilamo-Ramos V. Conceptualizing the mechanisms of social determinants of health: A heuristic framework to inform future directions for mitigation. *Milbank Q*. 2023;101(2):486-526.

Download and Share: Synthesis of an Integrated Framework for Conceptualizing SDOH Mechanisms



Thimm-Kaiser M, Benzekri A., Guilamo-Ramos V. Conceptualizing the mechanisms of social determinants of health: A heuristic framework to inform future directions for mitigation. *Milbank Q*. 2023;101(2):486-526.

Download and Share: A Roadmap for Nurse-Driven Intervention Development



Four-Step Approach to Application of the SDOH Framework for Intervention Development:

Step 1. Identify the Specific Health Inequity within a Spatiotemporal Context

Step 2. Operationalize CLAFH SDOH Framework Constructs, Relationships, and Leverage Points

Step 3. Design SDOH Intervention Components Using Identified Leverage Points

Step 4. Evaluate the Nurse-driven Intervention Using Multi-Level Methods

Guilamo-Ramos V, Johnson C, Thimm-Kaiser M, Benzekri A. Nurse-led approaches to address social determinants of health and advance health equity: A new framework and its implications. Published online June 1, 2023:101996-101996. doi: https://doi.org/10.1016/j.outlook.2023.101996

NINR Leadership: Elimination of Health Inequities

MISSION: Lead nursing research to solve pressing health challenges and inform practice and policy—optimizing health and advancing health equity into the future.

RESEARCH LENSES

Health Equity

Reduce and ultimately eliminate the systemic and structural inequities that place some at an unfair, unjust, and avoidable disadvantage in attaining their full health potential.

Social Determinants of Health

Identify effective approaches to improve health and quality of life by addressing the conditions in which people are born, live, learn, work, play, and age.

Population and Community Health

Address critical health challenges at a macro level that persistently affect groups of people with shared characteristics.

Prevention and Health Promotion

Prevent disease and promote health through the continuum of prevention—from primordial to tertiary.

Systems and Models of Care

Address clinical, organizational, and policy challenges through new systems and models of care.

NINR Funding Opportunities

Short Courses in Social Determinants of Health for Research Education in Nursing Research

RFA-NR-24-002

Application Due Date: July 01, 2024.

Transformative Research to Address Health Disparities and Advance Health Equity (U01 Clinical Trial Optional)

RFA-NR-24-004

Application Due Date: March 22, 2024.

The Bridge-to-Care Initiative: Addressing Social Needs through Healthcare-Community Partnerships (R01 Clinical Trial Optional)

RFA-NR-24-003

Application Due Date: March 22, 2024.

Source: NINR. Strategic Plan. https://www.ninr.nih.gov/sites/default/files/docs/NINR_StratPlan-FactSheet_508c.pdf

The Path Forward: **Nurse-Driven Practice, Policy,** and **Advocacy**

The Status Quo

Improving Health through Innovation and Leadership

Improving Health Through Nurse-Driven Policy Solutions

JOHNS HOPKINS
SCHOOL of NURSING

THE INSTITUTE FOR POLICY SOLUTIONS

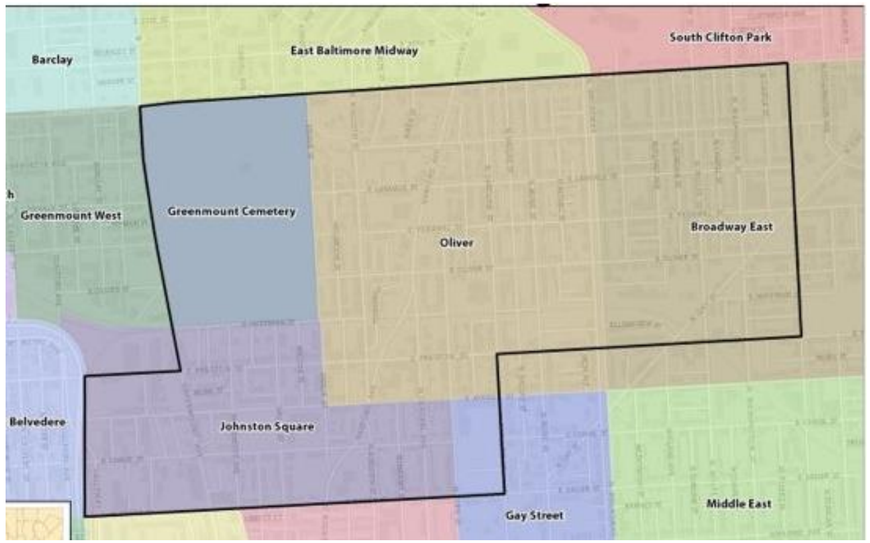
1. Redesigning health and health care through the elimination of inequities and greater investments in preventive care, whole-person health and well-being.
2. Identifying, designing, and evaluating new approaches for delivering health care that considers both physical health and the social determinants of health.
3. Developing pathways for national scale and uptake of nurse-driven policies and programs.
4. Creating more opportunities for nurses as change agents and policy leaders.
5. Elevating the expertise, knowledge, and insights of nurses in the media to shift the public discourse about health and health care.

instituteforpolicysolutions.org

The Institute for Policy Solutions' Neighborhood Nursing Brings Health to Communities, Block by Block

A Community-Based Approach to Eliminating Health Inequities:

A major demonstration project of the **Institute for Policy Solutions**: **Neighborhood Nursing** bypasses structural barriers to bring care directly to Baltimore residents in geographic areas—**furthest from the opportunity of equitable care**



ALL IN APPROACH - RN/CHW/Family Triadic Team

Collective Action: SON Partners and Community Partners:

Johns Hopkins School of Nursing
The Institute for Policy Solutions

Coppin State University

Morgan State University

University of Maryland School of Nursing

Johns Hopkins School of Nursing. Neighborhood Nursing. N.d. Accessed Feb 21, 2024. https://nursing.jhu.edu/faculty-research/research/areas-of-expertise/community-global-health/center-community-innovation-scholarship/neighborhood-nursing/

The 2024 Unequal Treatment Report: Revisited

A forthcoming **NASEM report**, to be released in 2024, will revisit the 2003 Unequal Treatment report **two decades later to consider**:

- What **progress** did we make in the past two decades?
- How have **inequities persisted**?
- What are the **solutions to eliminating health inequities and structural and systemic racism**?

Dr. Vincent Guilamo-Ramos currently serves as a member of the NASEM Consensus Study Committee.

Special Request: Use the QR code to **weigh in on the importance of nursing** in eliminating inequities and structural and systemic racism in this country.

Blanden, M. Revisiting the "Unequal Treatment" report, 20 years later. Harvard Public Health Magazine. Published October 3, 2022.

Thank You!

Dr. Vincent Guilamo-Ramos
Executive Director,
Institute for Policy Solutions

Please send any questions or comments to:
VincentRamos@jhu.edu

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