

Scharmaine Lawson (00:16):

Health equity, health disparities. Perhaps you've heard these terms before. If you haven't, we encourage you to listen to the last episode where we introduced them. These terms carry a lot of weight and they impact us every day. In The Future of Nursing Podcast, we're exploring how nurses can promote health equity. But before we establish those strategies, we have to understand what health equity really means and what reality looks like for millions of people who experience health disparities.

In our last episode, we heard from Dr. Felesia Bowen. Dr. Bowen was reflecting on her time as a nursing student in Macon County, Alabama, one of Alabama's poorest counties. Dr. Bowen would travel down dirt roads to visit her patients in the community, and she'd find that they weren't receiving the care they truly needed. It left her with a big question.

Felesia Bowen (01:06):

What was the barrier to keep them from getting the medication that they needed? A lot of times i ? to cp

equity, when we get to a point where everybody has that. But in the absence of it, and we're not there yet, we have health disparities.

Scharmaine Lawson ([03:51wso](#))

Gloria McNeil (07:17):

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I do remember seeing a patient at a community health center where I was a primary care provider, where a father was very distressed because he had learned that his adult daughter had been hospitalized for psychiatric care at an emergency medical facility. But when I asked him in terms of what he knew about his daughe

Scharmaine Lawson (15:04):

The people that live within communities that are affected by disparities and education or housing or food access or people who are marginalized and historically discriminated against, these groups tend to suffer in ways that could be prevented.

Gloria McNeil (15:19):

So what happens in many of these communities is that individuals at the beginning stages of a disease will not seek assistance because it's not available to them. There are no private doctors' offices in the community or nearby. And so they wait until the condition becomes so severe that they have to be taken to the emergency room. And sometimes, it's too late. So if their condition would have been addressed much earlier on, they would have had better outcomes.

Scharmaine Lawson (15:52):

So how can we address people's health conditions before they become too severe? We need to change the focus of our health systems.

Winston Wong (16:01):

We don't have the mindset of prevention and the proactive understanding of the social factors that contribute to why people have greater barriers in terms of achieving optimal healthcare. We don't have the educational system to really target individuals that are going to help fortify our healthcare system with the personnel that's going to be able to meet the future of the diversity [inaudible 00:16:33] populations we have. I think if we build a system that is really around equity, we're going to have a much more prepared system and arguably a more person-centered that are ha es) ,iont n

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We should be able to provide access and a high quality of care that sets the stage for individuals to achieve that highest level of health.

Scharmaine Lawson (18:00):

According to Dr. Beard, to achieve health equity, there's one thing that healthcare systems need.

Kenya Beard (18:06):

Healthcare system leaders ha

were able to increase the numbers of underserved patients in these areas where access to healthcare was so negligent.

Scharmaine Lawson (21:16):

Dr. McNeil was able to provide care to patients that may not have received it had the clinic not been in a setting that the patients were comfortable and familiar with. As trusted professionals that spend significant time with patients and families, it's important that nurses are at the forefront of implementing models of care that address social determinants of health.

Winston Wong (21:37):

Certainly from a public health perspective, it's not only just for the public health structure, but also elevate the prestige and visibility and acknowledgement of nurses at being at leadership roles in terms of understanding all the different dimensions and operationalizing how those aspects of social determinants get incorporated into wellness models, new models of care, and extending into partnerships with other parts of the healthcare and medical system.

report. Dr. Williams developed a way to track how systemic racism and discrimination affect people not just in their day-to-day activities, but in their overall health outcomes as well.

Dr. Williams (24:45):

The study of interpersonal discrimination affecting health is less than 30 years old, but the science is overwhelming. They are what I would want to say, it's both discrimination in big things, of being treated unfairly at work, or not being hired for a job. Those are big things. But the strongest evidence comes from what are called the day-to-day indignities.

I developed a scale called the everyday discrimination . evam evomQ

Winston Wong (28:05):

I want to emphasize too that within our nurses, they're often the target of racism, discrimination, sexism, and condescending attitudes within our healthcare delivery system. And I think these need to be acknowledged as being forces that are not contributing to enable our nurses to advance in terms of achieving health equity.

So even in the last couple of days, I heard friends of mine who are nurses who told me that some patients themselves had expressed that they want to be nurse. And I think

I think I had an experience where a woman... And it's a very long and complicated story, but immigrant woman who really just basically had a fifth grade education in her homeland, Chinese-speaking, was pregnant with a baby that had a diagnosis of a hereditary base disease, a bloodborne disease called thalassemia.

And I recall that one of the attempts that the hospitals wanted to do was to make sure that the patient understood the consequences of her pregnancy by having her sit down with a genetic counselor. And it was through our nursing staff that really was really able to sit down with my patient, our patient, and really understand the circumstances of how she understood

Kenya Beard ([36:01](#)):

It will take a strong nurse to pull off the ideals of health equity. And if we work together, we can amass the strength to create a healthier nation.

Gloria McNeil ([36:12](#)):

So I think we've come a long way. We still have a ways to go, but I'm very encouraged about the positive direction that we're making right now. And I think if we just continue on and advance some of the things that I've already addressed, that we will make a decided difference for the healthcare outcomes for the people in this country.

Scharmaine Lawson ([36:33](#)):

Now that we understand what health equity is and why nurses are critical in achieving health equity, it's time for the next step, preparing nurses to understand these issues and know how to confront them. In our next episode, we're going to dive deeper into how nursing schools can strengthen education curricula to better prepare nurses to work in and with communities. And we'll also be exploring how we can actually diversify nursing school classes and faculties. Until then, if you want to learn more about the report or read it yourself, which we always recommend, you can visit the report homepage at nap.edu/nursing2030. Thanks for listening.