

## Presidents Message

# President's Message To Mold the Future, Change is Evident



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Eleanor Roosevelt once stated “The future is literally in our hands to mold as we like. But we cannot wait until tomorrow. Tomorrow is now.” As the profession, stakeholders in health, and partners across industry look to the future of health care, the American Academy of Nursing (Academy) recognizes that the opportunity is now to add its voice for positive change.

### The Future of Nursing 2020-2030

Earlier this year, the National Academy of Medicine (NAM) launched a consensus study, sponsored by the Robert Wood Johnson Foundation, on the *Future of Nursing 2020-2030*. The goal of this work is to build upon the successes that were accomplished from the 2010 study, *The Future of Nursing: Leading Change, Advancing Health*. In doing so, the ad hoc committee, convened by NAM, will investigate the role of nurses to create a “culture of health, reduce disparities, and improve well-being of the U.S. population in the 21<sup>st</sup> Century” (NAM, 2019a, para. 2). Part of this work will be to conduct a rigorous analysis of the evidence, considering the current state of science and technology. Further examination will allow for a dive deep into the rich models of care run by nurses across the country—some well known and others still gaining recognition.

The Academy stands in support of the consensus study. Not only because our fellows are prime contributors to the innovations and exemplars that should be highlighted as evidence, but also because the organization took a firm, conscious position in drafting our policy priorities for 2019-2020 to include advancing health equity and championing wellness (Academy, 2019). Under this priority, it states “the Academy advances policies that closely consider the social

determinants of health” (Academy, 2019, pg. 2). Social determinants of health (SDH), as defined by the World Health Organization (WHO) are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life” (WHO, n.d.).

### Social Determinants of Health

Social determinants of health have had an increased appearance and attention in the literature over the last decade. From *Healthy People 2020* (Office of Disease Prevention and Health Promotion, n.d.) to NAM, researchers, clinicians, and policy makers, many have been considering SDHs and their impact on care now and in the future. In 2016, the discussion paper series *Vital Directions for Health and Health Care: A Policy Initiative of the National Academy of Medicine* was released. One of the papers included was *Addressing Social Determinants of Health and Health Disparities: A Vital Direction for Health and Health Care*. In the paper, the authors frame the policy options and outline specifically:

*Addressing “upstream” social determinants of health. Accumulating evidence highlights the individual and collective contributions of education, labor, criminal justice, transportation, economics, and social welfare to health. Policies in those domains are increasingly understood to be health policies. (Adler, et al., 2016, para 10).*

In providing examples to address “upstream” SDH, the authors cite home-visiting programs in pregnancy and for parents of young children. The Academy has been championing the Nurse-Family Partnership (Academy, n.d.-a) as an Edge Runner for a number of years and this is only one of the many models within the Edge Runner distinction to address SHD in a meaningful way. Another example is the Complex Care Center, started in 2012, to improve care for high frequency and complex patients in the Clinically Integrated Network at Mercy Health Saint Mary’s in Grand Rapids, MI, part of the Trinity Health system (Academy, n.d.-b). This model focused on establishing consistency and safety to drive change by linking providers in a shared plan of care. Further, the model addressed SDH (i.e. housing, transportation, financial barriers) as part of the shared plan, which adds to the foundation. These are only two of the dynamic exemplars where nurse-led models are creating pathways for improved

continuity of care as well as quality individual and family health.

### Opportunity for Public Engagement

At the time of this writing, NAM has hosted its public session for the committee on March 20, 2019 and the first of three town halls, on June 7, 2019 in Chicago. Two additional town halls will occur in July and August of 2019, Philadelphia and Seattle respectively. The town hall in Chicago focused on education, practice, and research. Presenters and the public in attendance discussed the need for population health in the nursing curriculum, the status of the next generation N-CLEX, funding for health disparities research, diversity of students in graduate level programs, and collaborative healthcare among others (NAM, 2019b). The upcoming town halls will focus on “payment and care for complex health and social needs” and “high tech to high touch” (NAM, 2019b). These events provide the profession and stakeholders the opportunity to share their experience and knowledge to create a better system driven by the patient.

### Nurses as Change Agents for the Future

The *Future of Nursing 2030* committee is tasked with considering multiple factors, looking locally and globally, to seek out evidence. While many of the issues outlined for the committee to contemplate address SDH, diversity, educational and practice infrastructure (NAM, 2019a), two stand out for their clear interest in nursing’s voice and leadership:

*The role of the nursing profession in assuring that the voice of individuals, families and communities are incorporated into design and operations of clinical and community health systems.*

*The ability of nurses to serve as change agents in creating systems that bridge the delivery of health care and social needs care in the community.* (NAM, 2019a, para. 4).

These statements link directly to the work of the Academy. Not only through our mission (*Serve the public and the nursing profession by advancing health policy, practice and science through organizational excellence and effective nursing leadership*) and vision (*Transforming health policy and practice through nursing knowledge and leadership*), but also our programmatic work, in particular, the Institute for Nursing Leadership (INL). While INL has been focused on promoting and securing nurses to prominent board positions, the intent is more than a “seat at the table.” It is about “influence at the table.” Leadership is a journey and it does not start or end with a title or appointment. As the Board of Directors and the INL Advisory Council continue to evaluate its offerings to support Academy fellows and

the entire profession, the above considerations outlined by NAM will be at the forefront.

### The Academy’s Future: Diversity

Returning to the discussion of the future and what it will look like in 2030, the Academy must also face and prepare for its own reality so that we can continue to be change agents. As of June 2019, there are 2,629 fellows (this does not include the new class that will be inducted in October of 2019). Of the fellows that disclosed their employment setting (n=1,648), 65% work in a college or school of nursing. Within our membership of those that disclosed their age (n=2054), 79% are over the age of 60, with 36% over the age of 70, leaving approximately 20% between the ages of 30 and 59 (15% of all fellows are between the ages 50-59; 5% of fellows are under the age of 50). The age of our fellows is not the concern, but we need to think now about generational leadership, mentorship, and supporting new nurses to pursue fellowship in the Academy. To this end, only 15% of the Academy’s membership (of those that disclosed, n= 2,353) is diverse. These are facts that speak for themselves, and therefore the future of the Academy is clear. The Academy must be diverse in every sense of the word. It is important that the Academy be reminded of our commitment to diversity. It states:

*“...As leaders in advancing health policy to promote health for all populations, the Academy is committed to modeling diversity, inclusivity and equity in all aspects of our organization’s performance. To accomplish this effectively, the Academy must foster diversity among the fellowship, and promote inclusivity in our efforts. Inclusivity refers to the active engagement of all voices within an organization’s membership, leadership, policy-setting and decision-making units, and overall profile. The Academy defines diversity as “all the ways in which people differ, including innate characteristics (such as age, race, gender, national origin, mental or physical abilities, gender identity and sexual orientation) and acquired characteristics (such as education, socioeconomic status, religion, work experience, area of practice, language skills, cultural values, geographic location, family status, organizational level, work style, philosophical and intellectual perspectives, etc).”*

*Achieving both diversity and inclusivity requires that the Academy:*

- (1) have a fellowship and leaders who reflect the increasingly diverse society we serve and the broad scope of contributions of leaders across nursing;*
- (2) offer sufficient opportunities for engaging all fellows in the work of the Academy; and*
- (3) develop and align policies and practices to achieve these goals.* (Academy, 2016).

This year, to remind the organization of its commitment, and stemming from a recommendation by the

Diversity and Inclusivity Committee, at the start of every board and committee meeting, the members review this statement to help frame their Academy work.

The statistics and statement above, was a driving factor in convening a Fellow Selection Review Steering Committee. While it is organizationally good practice, it reaffirms the need to think about the diverse profession of nursing. The Academy is gestalt—the whole is greater than the sum of its parts. The organization is a whole because of the individual contributions that lead collectively to greater impact. Fellows are not members for resume building or publications. Fellows understand that the public benefits from our collective wisdom. To share the collective wisdom, the organization will need to function differently than it has in the past, while holding strong to what has made the Academy great.

### ***The Expectation is Change***

As the decade comes to a close, and the profession prepares for the next, the Academy is readying for more strategic influence. Supporting the *Future of Nursing 2020-2030* consensus study and looking at the organization's commitment to diversity, inclusivity, leadership, and voice, will be essential. Drawing again on Eleanor Roosevelt, "the future is literally in our hands to mold as we like," the Academy is not waiting for tomorrow. The organization's evolution, modernization, and drive toward impact will be, as they say, a marathon. However, in a recent Board conversation, reflecting on the current and upcoming need to review all programs and initiatives at the Academy, Eileen Sullivan Marx (President-Elect), noted, "the expectation is change." As Academy President, and in serving in leadership roles for nearly a decade, I could not agree more. It is my expectation that in ten years, the Academy, the profession, and healthcare will be strikingly

different, because it must. My expectation to get there is through collaboration and the continual pursuit for excellence, because we must.

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