

NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

The 138th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP) was held on Monday, April 1, 2019, from 8:30 a.m. to 4:30 p.m. The meeting was conducted virtually by webinar and teleconference. In accordance with the provisions of Public Law 92-463, the meeting was open to the public for its full duration.

Council members attending virtually:

CAPT Sophia Russell, Chair
Dr. Marsha Howell Adams
Dr. Maryann Alexander
Dr. Cynthia Bienemy
Dr. Mary Brucker
Dr. Ann Cary
Ms. Mary Ann Christopher
Dr. Tammi Damas

Ms. Mary Anne Hilliard
Dr. Ronda Hughes
Dr. Linda Kim
Dr. Maryjoan Ladden
Dr. Teri Murray
COL Bruce Schoneboom
Dr. Roy Simpson

Council members absent:

Dr. John Cech
Dr. Christopher Hulin
Rev. Dr. Lorina Marshall-Blake
Ms. Dona Meyer

Others present:

Ms. Tracy Gray, Designated Federal Official, NACNEP
Ms. Deitra Scott, Nurse Consultant and Project Officer, HRSA

Monday, April 1, 2019

Welcome, Meeting Purpose, and Approval of Minutes

Tracy Gray, MBA, MS, RN, Designated Federal Officer (DFO) and Chief, Advanced Nursing Education Branch, HRSA

Ms. Tracy Gray, Designated Federal Officer (DFO) for the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council), convened the 138th NACNEP meeting at 8:32 a.m. on Monday, April 1, 2019, and conducted roll call. The legislative requirement of a quorum was confirmed.

The Council approved the May 2018 and January 2019 minutes unanimously. Ms. Gray informed the Council that a 180-day member extension was granted for the following six individuals whose term would have ended in March: Dr. John Cech, Ms. Mary Ann Christopher, Dr. Ronda Hughes, Ms. Mary Anne Hilliard, Dr. Linda Kim, and Dr. Teri Murray. The extension will carry members through September 2019 and provide sufficient time for new members to be approved. Nominations for new NACNEP Council members have been received and are currently under review.

Ms. Gray informed the group that the purpose of today's meeting is to conduct a final review of its 15th Report and continue development of the 16th Report. She thanked participants for their planning and work in preparing for today's meeting, especially the Writing Committee.

Ms. Gray introduced CAPT Sophia Russell, director of the Division of Nursing and Public Health (DNPH) within the Bureau of Health Workforce (BHW) at the Health Resources and Services Administration (HRSA). By the Council's charter, the DNPH Director serves as the NACNEP Chair. CAPT Russell welcomed Council members and provided brief opening remarks.

Opening Remarks

CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair, and Director, Division of Nursing and Public Health, HRSA

CAPT Russell said that, during the January 2019 NACNEP meeting, speakers informed the Council on opportunities for community engagement through non-traditional models of health care delivery and the opportunity to change the health care delivery overall.

Two weeks ago, Dr. Donna Meyer and Dr. Ann Cary were invited to speak on behalf of their organization at the first public meeting regarding the future of nursing. Fellow council members and other colleagues across the nation were inspired by their testimony. CAPT Russell encouraged Council members to also be inspired and think how, through NACNEP's 16th Report to Congress, they can make actionable recommendations to change how nurses and nurse faculty are prepared to meet the health care needs of rural and underserved communities across the nation.

CAPT Russell provided a brief overview of the meeting agenda and NACNEP's charge. She reminded participants that NACNEP recommendations and reports are acted upon in a variety of ways. Congressional staff often refer to reports for information to guide decision-making. In

addition, the Council's recommendations have influenced nursing programs and policy development under Title VIII.

She thanked the 15th Report Writing Committee for their hard work under such challenging circumstances and also thanked to the incoming Writing Committee for volunteering to work on the 16th Report.

Since NACNEP's last meeting, the Writing Committee has crystalized the recommendations for the 15th Report and its Executive Summary was completed by Dr. Ronda Hughes. In addition, the 15th Report's references were finalized by the technical writer. Once the 15th Report is approved, the submission process to the Secretary of Health and Human Services (HHS) will begin.

CAPT Russell introduced Dr. Cary, lead for the 15th Report Writing Committee.

Review of Final 15th Report to Congress

Ann Cary, PhD, MPH, RN, FNAP, FAAN, Lead, NACNEP 15th Writing Committee

Dr. Cary led the group on the review of the edits recommended by the technical writer. She said the recommendations did not include any substantive changes and improved the document. The group reviewed and approved the edits, making additional changes as needed.

Voting and Next Steps for 15th Report

CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair, and Director, Division of Nursing and Public Health, HRSA

The Council voted and unanimously approved the 15th Report pending the changes made by the Council. The technical writer will incorporate the changes made by the Council to the report, which will then be returned to the Council for final review.

Review of Literature for 16th Report

Ronda Hughes, PhD, MHS, RN, CLNC, FAAN, Lead, NACNEP 16th Report Writing Committee

Dr. Hughes provided a recap of the presentations that addressed Social Determinants of Health (SDOH) during the January 2019 NACNEP meeting. She also reviewed the goal for the 16th Report.

“Ensuring that graduating nurses are well equipped to care for underserved populations through community engagement and by incorporating concepts of the social determinants of health, and that faculty are prepared to teach them.”

The Council was provided with the various definitions of social determinants of health presented below.

SOURCE	DEFINITION
Centers for Disease Control and Prevention (CDC)	<i>Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes.</i>
Healthy People 2020	<i>Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of functioning, and quality-of-life outcomes and risks.</i>
Robert Wood Johnson Foundation	<i>Key aspects of community well-being include community health, economic resilience, educational capacity, household stability, and environmental adaptation.</i>
World Health Organization (WHO)	<i>The social determinants of health are the conditions in which people are born, grow, live, work and age, as well as the systems put in place to deal with illness. These circumstances are, in turn, shaped by a wider set of forces: economics, social policies, and politics.</i>

Dr. Hughes said it would be important for the Council to agree on a definition on which to base the 16th Report. She then opened the floor for discussion.

Discussion

- Dr. Murray and Ms. Christopher said they preferred the Healthy People 2020 definition because it is more inclusive than the others.
- A participant said the WHO definition is less preferred because it focuses on illness rather than health promotion and prevention, which are key nurse functions.
- Dr. Damas said the Healthy People 2020 definition would allow the Council to focus on the three areas already decided upon: education, practice, and research.
- Ms. Christopher said the Healthy People 2020 definition is the only one that mentions worship as a SDOH. This is important because faith-based organizations have traditionally played a significant role in health.
- Dr. Simpson said that most of his doctoral students use the WHO definition.
- Dr. Damas said one of the positive aspects of the WHO definition is that it addresses systems, which in turn can impact equity.

- Dr. Murray said she preferred the Health 2020 definition but one of the positives of the WHO definition is that it includes policies, which can impact health. However, one could use the Healthy 2020 definition and also address systems and policies in the report's narrative.
- Dr. Hughes said that one of the concerns regarding the WHO definition is that the report may have to address different policies.
- Dr. Damas said the WHO definition focuses on illness. When preparing the next generation of nurses it is important to keep in mind that prevention is one of the areas that faculty teach.
- CAPT Russell said the Healthy People 2020 definition highlights “boot on the ground” when it comes to nursing practice. She added that the WHO definition does not include “health and health care” as a social determinant whereas the Healthy People 2020 definition does.

Agreement

- The Council voted and agreed unanimously to use the Healthy People 2020 definition for the 16th Report.

Small Group Discussion

Council

The goal of the small groups was for Council members to engage in an open discussion to deepen their understanding regarding the need to prepare nurses to care for underserved populations by using community engagement, integrating the social determinants of health, and ensuring faculty preparedness to teach those concepts. Information resulting from the discussions would be used to develop the Council's 16th Report and its recommendations to Congress.

The Council divided into three small groups to examine how SDOH impact nursing education, research, and practice. The three small groups (education, research, and practice) discussed recommendations within each of their respective areas, which were then presented to the Council as a whole for consideration.

CAPT Russell reviewed a series of tips for making recommendations. She also reviewed the four Bureau Health Workforce (BHW) priorities below which were presented by the Bureau's associate administrator, Luis Padilla, M.D.

- Transform the health care workforce by creating training opportunities, incentives, and sustained support for clinicians working in rural and underserved areas.
- Increase access to behavioral health services, including substance use disorder treatment.
- Use health care workforce data to inform program and policy.
- Infuse BHW values and priorities across the organization to guide decision-making.

Ms. Gray also suggested focusing on Title VIII programs, which is the area where the Council's recommendations have traditionally influenced nursing programs and policy development.

Reports from Small Groups

Council

Following small groups discussions, the Council convened as a whole to hear reports from each of the small groups. A report on each of the group's discussions is presented below.

Education Group Report

Dr. Brucker, the lead of the education group, said the group discussed funding and supporting partnerships with communities and community organizations to address SDOH for individuals, families, and groups living in the communities.

The group also realized that faculty development related to SDOH would have to take place. They suggested promoting faculty development, special initiatives, experiential learning, and immersive educational programs for faculty to gain insights into teaching SDOH.

The group discussed funding to design and support educational models for SDOH, including models that focus on standardization, models that are competencies based, and models that use innovative techniques, such as telehealth. Funding priority could be given for schools that have already incorporated SDOH.

Also discussed were efforts to attract and retain students and faculty from rural and/or underserved populations. This could be achieved, in part, through clinical placements, service learning, and promoting volunteerism.

Practice Group Report

Dr. Damas, the group's lead, said they discussed a demonstration project to develop a health assessment tool that incorporates SDOH. This tool could be used by nurses when first assessing a patient. This would expose nurses to the use of SDOH into assessments and plans of care, with the same frequency as assessing vital signs.

Nurses could also be exposed to a range of practice experiences where SDOH weigh heavily, so they can visualize SDOH burden. For instance, nurses could be exposed to SDOH in two or more geographic areas, to learn how SDOH impact patients in different locations.

Also discussed was exposing nurses to varied settings, such as community based organizations or call centers, so they can observe the differential methodologies that nurses use to intervene in SDOH on behalf of individual patients and populations.

Nurses can also be exposed to different methods to impact social determinants of health. For example, they may use chat in a call center, text messaging to reach patients living in high-risk neighborhoods, or working with faith-based coalitions that deploy community health workers.

Research Group Report

Dr. Alexander, the research group's lead, said they discussed funding research to determine whether having nursing students engaged in telehealth improves patient outcomes as well as awareness of SDOH among students.

Also discussed was funding research on how nursing students are taught to assess SDOH in a practice setting. This could include development of an assessment tool to guide students in asking questions about SDOH.

The group discussed funding to implement and evaluate various multi-component strategies in addressing SDOH. These could include, for example, interprofessional education of nursing in SDOH and its impact on patient outcomes.

In addition, the group discussed funding demonstration projects and studies related to residency programs for Advanced Practice Registered Nurses (APRNs) in rural communities and other vulnerable populations that include social determinants of health. This would include assessing and emphasizing SDOH.

Proposed 16th Report Recommendations

Council

Following reports from each of the small groups, the Council brainstormed to develop a set of *preliminary* recommendations. After discussion, the Council developed the following *preliminary* recommendations:

Education

- Recommend that Congress fund/support academic-community organization partnerships to establish clinical placements and service learning opportunities for students to address SDOH within individuals, families, and the community.
- Secure clinical placements for nurses providing a varied range of practice experiences where SDOH weigh heavily, to observe visualize the burden of SDOH.

Practice

- Congress and the Secretary should fund demonstration projects that assess the impact of providing immersive experiences focusing on assessment and plans of care for nursing students in SDOH across populations and care settings.

Research

- Congress should fund research examining whether nursing students engaged in telehealth improve patient outcomes and the awareness of social determinants of health among students.
- Congress should fund research on how the future nursing workforce is prepared to assess SDOH in a practice setting.

- Congress should fund demonstration projects and studies related to residency programs, including SDOH, for APRNs who commit to practice in rural communities with vulnerable populations.
- Congress should provide funding support for innovative strategies for integration of SDOH in curricula via faculty development, designing models, and identifying best practices.
- Congress should provide funding to validate the efficacy of SDOH tools.

The 16th Report Writing Group agreed to confer after today's meeting to discuss the draft recommendations above, consolidate them, and distill them into a smaller set of recommendations for the 16th Report.

Discussion

- Dr. Bienemy suggested broadening the scope of the 16th Report to include both graduating nurses as well as nurses in practice.
- Ms. Christopher said there is a national movement to amend Medicaid/Medicare regulations to make inclusion of SDOH mandatory, so including nurses in practice would be beneficial.
- Ms. Christopher added that in order for SDOH to mitigate some of the barriers patients encounter they need to be incorporated into both practice and payment reform. Educating students without this type of reform would not be as effective.
- Dr. Bienemy suggested incorporating SDOH throughout the curriculum.
- Dr. Cary suggested using the term “educators” rather than “faculty” to more broadly represent the dimension of those educating the current nursing workforce.
- Dr. Adams suggested considering training for undergraduate nurses.
- Dr. Damas suggested funding a school to identify a SDOH tool and develop a curriculum that incorporates the tool.
- Ms. Christopher said that tools could be developed to both assess an individual's burden of SDOH as well as the competency that a nursing student should have in understanding SDOH.
- Dr. Hughes suggested that the Council consider how the above recommendations build on the Council's previous work on value-based care. She also added the importance of considering technology, such as telehealth.
- Dr. Murray suggested considering the training efforts currently undertaken by HRSA's Nurse Education, Practice, Quality, and Retention (NEPQR).
- CAPT Russell suggested that the group go beyond HRSA's current program portfolio and also consider the development of new programs.
- Dr. Adams said the aim is to assess SDOH in clinical practice. In other words, looking beyond the assessment of the physical health and mental health and assess what the patient is returning to that could impact their health.
- Dr. Ladden said the SDOH tool should be incorporated into the electronic health record. This would help to begin mitigating some of the patient's SDOH.
- Dr. Alexander suggested funding an outreach program for educators and employers to raise their awareness of SDOH and incorporate assessment tools into clinical practice.

- Dr. Murray said that in the current medical model of care, various factors can cause a person to end up in a hospital bed, even though the illness or challenges began long before they arrived at the hospital. There is a need to shift the model to a “culture of health” where patients can be connected with other services, so there is continuity of care. Nurses can become aware of existing issues and engage a caseworkers or social workers to address them.
- Dr. Hughes agreed and said that nurses play a powerful role and can be involved in case management and follow-up. For instance, a nurse can make the referral to social services, which can then connect the patient with Meals on Wheels or a local church that serves meals for those who need it.

Public Comment

Tracy Gray, MBA, MS, RN, DFO, and Chief, Advanced Nursing Education Branch, HRSA

Ms. Gray opened the floor for public comment. No comments were offered.

Next Steps

CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair, and Director, Division of Nursing and Public Health, HRSA

Tracy Gray, MBA, MS, RN, DFO, and Chief, Advanced Nursing Education Branch, HRSA

CAPT Russell and Ms. Gray thanked all participants for their attendance and contributions. The following individuals volunteered for committee work:

Writing Committee

- Dr. Hughes (Chair), Dr. Alexander, Dr. Bienemy, Ms. Hilliard, Dr. Kim, Dr. Murray, Dr. Simpson.

Planning Committee

- Dr. Damas (Chair), Dr. Adams, Dr. Brucker, Ms. Christopher, Dr. Ladden.

Ms. Gray provided a brief recap of the meeting and reviewed the timeline below for developing the 16th Report.

DATE	ACTIVITY
Apr 1, 2019	Hold a NACNEP virtual meeting Vote to accept the 15 th Report Establish preliminary recommendations for the 16 th Report
Apr 8, 2019	Provide the technical writer with recommendations warranting further exploration and any supporting documents
May 15, 2019	Receive the first draft of 16 th Report from the technical writer (TW)
May 21, 2019	Hold a NACNEP virtual meeting Provide presentation(s) on selected topics, as needed
Jun 24, 2019	The Writing Committee submits report revisions to the TW
Jul 25, 2019	TW submits 2 nd Report draft
Aug 6, 2019	Submit revisions to the TW
Aug 23, 2019	Receive final report from the TW
Aug 27, 2019	HRSA posts final report for the Council's review
Sep 30, 2019	Submission deadline for the 16 th Report

Ms. Gray also discussed the following next steps agreed to by the Council:

- The Writing Committee will submit all approved edits for the 15th Report to the technical writer by April 3, 2019.
- The technical writer will incorporate changes made by the Council to the 15th Report.
- The Writing Group will meet after today's meeting and finalize the preliminary recommendations for the 16th Report.
- Recommendations for speakers for the next NACNEP meeting will be sent to the Lead of the Planning Committee, Dr. Tammi Damas with a copy to CAPT Russell and Ms. Gray.

The meeting was adjourned at 4:28 p.m.

List of Abbreviations

APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
DFO	Designated Federal Official
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
NACNEP	National Advisory Council on Nurse Education and Practice
NEPQR	Nurse Education, Practice, Quality, and Retention
SDOH	Social Determinants of Health
WHO	World Health Organization