



Position Paper

The Public Health Nurse's Role in Achieving Health Equity:

Eliminating Inequalities in Health

4-8-16

Introduction

The Association of Public Health Nurses adheres to the social principles of health equity and social justice. In 2014, a Health Equity and Social Justice Committee was formed for the purposes of updating the Association's position on these important principles in order to continue to provide guidance to practicing public health nurses. The Committee was also charged with advancing strategies for infusing these principles throughout the activities of the organization and its members.

Purpose

This paper is an outgrowth of APHN's commitment to the elimination of health disparities and the achievement of health equity for all. It underscores the important role public health nurses play in eliminating inequities in health. Its purpose is to inspire public health nurses to serve as leaders and major contributing forces in the elimination of health inequities in the United States and globally.

The nursing profession was one of the early innovators in the recognition of the importance of culture in health through its recognition of transcultural nursing. Our valuation of health equity and social justice evolved out of the direct experience of witnessing the sometimes deadly hardships experienced by resident and undocumented populations at the turn of the 20th Century. These visible and deadly hardships persist to this day, for example - high mortality among African American infants, escalating rates of chronic diseases (notably diabetes and hypertension) and the impact of income inequities on the social gradient and on quality of life.

Despite the enormity of the challenges they face every day, it is imperative that public health nurses continue to move forward and develop successful evidence-based strategies and approaches in their practice settings. The incremental steps taken today are the foundation for the achievement of health equity in the future. Public health nurses have always been, and must continue to be, catalysts and change agents.

This paper is a call to public health nurses across the globe that we may find our voices, renew our commitment to the elimination of health inequities, and help build durable public policy that promotes and protects health for all and assures conditions that support safe and healthy communities.

Definitions

For the purposes of this position paper, APHN based its definition of health disparity on the Healthy People 2020 definition as “a particular type of health difference that is closely linked with economic, social, or environmental disadvantage’ (Healthypeople.gov, 2012). Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion

APHN defines health equity as an ideal state marked by fairness and the achievement of optimal health and well-being for all populations, where disparities in health status are eliminated across populations by race, ethnicity, gender, gender identity, geography, disability, religion, sexual preference and mental status. Health equity may be viewed as an equal and fair distribution of health and well-being.

Public health nurses need to be aware that research on health disparities and health equity is an evolving body of work and currently lacks agreement on common definitions. This body of work is led by notable researchers, institutions, and organizations that include the United States Department of Health and Human Services Office of Minority Health, the National Institutes of Health, the Association of State and Territorial Health Officers, the National Association of City and County Health Officials, City MatCH and the Kaiser Permanente Institute of Health Policy. As the time this paper is being produced, work continues to reconcile conceptual differences in the definitions of health disparity and health inequality. The evolution of research in this area should not dissuade public health nurses in their efforts to promote health equity.

Public Health Nursing’s Roles, Responsibilities and Obligations

Awareness, Respect and Humility:

Awareness

Awareness is the first step in the development of cultural sensitivity and competence. The public health nurse must be self-aware and self-reflective of his/her own perceptions of culture. Awareness of cultural differences and the ability to effectively care for cultures different from one’s own begins with careful, respectful listening and with careful attention to cues. One must understand the culture and the environment in order to promote healthy behaviors across populations and to develop public health policy anchored in the underlying social determinants of health.

Trust

Trust is the Foundation of every human relationship. The public health nurse needs to be aware that provider behaviors and clinical decisions, coupled with health system factors (such as language barriers, lack of availability and access to services, and gaps in care imposed by payers) often carry negative history. Such systems obstacles present barriers that must be overcome as the public health nurse works in partnership with families and communities. Cultural competence represents a bridge between family, community, providers, and systems.

Humility

As public health nurses, we must be humble in acknowledging what we don't know about serving diverse populations and dedicate ourselves to lifelong learning.

Getting help from a trusted cultural liaison or guide can help the PHN become more knowledgeable in the culture of the diverse populations we serve. Seeking out diverse cultural experiences or immersion experiences can increase the nurse's competence and confidence. Public health nurses must truly listen, honor, and respect the needs, preferences, desires, and hopes of our clients for themselves, their families, and their communities.

Public health nurses should not be daunted by the challenges that they face to provide and promote culturally competent care. It must be acknowledged that it will sometimes take awareness of one's own personal biases to move forward in uncertain situations. The public health nurse should be willing to take risks and have conversations at all levels of organizations and government to make systems of care more respectful and competent to serve diverse populations.

Recognizing the multiple social determinants of health

Improving the health of families and communities requires more than responding to manifestations of illness or the identification of risks. It requires that public health nurses focus on the underlying causes of illness, maladaptation, injury, premature death, and disability – the social determinants of health. This model suggests a powerful co-mingling and interplay of risk and supportive factors. The physical environment, genetics, individual biologic and behavioral response, access to health care, level of prosperity, stress, early life experiences, social supports, social exclusion and discrimination, work environments, unemployment, addiction, availability of food and transportation have all been linked to health outcomes. (Sources: A Conceptual Framework for Action on the Social Determinants of Health: Social Determinants of Health Discussion Paper 2, World Health Organization, Europe, 2010).

The public health nurse assesses the structural constraints that the environment may place on individuals, families and groups within the population (i.e., food deserts, lack of transportation, no playgrounds in the community) in order to appropriately and sensitively advocate for the removal of barriers to interventions and plans of care.

Collaboration from all segments of society is required to adequately address the multiple, interacting factors which determine health. Systematic approaches are needed to reduce high personal, social and economic costs of poor health and to establish pathways to strengthen individual, family and community health.

Capitalizing on Community Strengths

A strengths-based approach ensures that the assets within a community are engaged in helping communities work toward health improvement. A strength-based approach ensures that the problem-solving capacity of the community itself - its skills and assets - are actively engaged in achieving better health and safety.

According to the Institute of Medicine, "Communities and community organizations can be vital contributors to the resources and capacity of a public health system. A community's right to self-determination, its knowledge of local needs and circumstances and its human,

social, and cultural assets, including the linkages among individuals, businesses, congregations, civic groups, schools, and innumerable others, are all important motivations for community health action. In cases in which community health promotion and protection activities are initiated by a health department or an organization, engaging the community is a primary responsibility. Realizing the vision of healthy people in healthy communities is possible only if the community, in its full cultural, social, and economic diversity, is an authentic partner in changing the conditions for health.” (Institute of Medicine, 2003).

In their work, “Building Communities from the Inside Out: A path toward finding and mobilizing a community’s assets”, John P. Kretzmann and John L. McKnight provide a framework for community-building. Each community has unique assets upon which progress can be built. Instead of focusing on deficits, the process must start with finding the assets, skills and capacities of residents, associations and institutions. This process includes assets mapping, building relationships, mobilizing for economic development and convening the community to develop a vision and plan, and leveraging outside resources to support locally-driven development (Kretzmann and McKnight, pp1-11).

Using an assets-building model, the public health nurse will not consider people to be clients or recipients of aid, but full contributors to community building. An assets-based approach is relationship-focused and community-driven, relying on the agenda and problem-solving capacity of the community itself and on the building and rebuilding of relationships among populations, their associations and institutions.

The public health nurses work in achieving health equity must follow this same path, building upon the assets within a community, building new relationships, strengthening existing relationships, rebuilding weakened relationships, strengthening the capacity of people within the community to care for their own health and the health of each other.

Leadership

The public health nurse provides leadership in both nursing and public health. (PHN Scope & Standards of Practice, 2013). Public health nurses are granted a societal privilege to practice. They have a responsibility to understand, learn, and take individual and collective action on health disparities, therefore, serving as advocates for health equality and social justice. Public health nursing leaders advocate for structures within state and local health departments that foster participation by public health nurses in systems and community interventions, not just with individuals and families. Information about communities, and the importance of ethnicity, language, and culture, needs to be translated and interpreted to policy makers in a way that encourages strategic mobilization around improving the health status of citizens and communities. Public health nursing leaders must also uphold the highest of ethical standards. Public health nurses are bound by the ethical provisions made explicit in Code of Ethics for Nurses with Interpretative Statements (ANA, 2015), Principles of Ethical Practice of Public Health (Public Health Leadership Society, 2002), and Environmental Health Principles and Recommendations for Public Health Nursing (APHA, 2006).

Achieving cultural competence

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work

in cross-cultural situations. According to the U.S Department of Health & Human Services, Office of Minority Health's publication, "What Is Cultural Competency?" (Retrieved July 15, 2008 from <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>):

- *Culture* refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of diverse groups.
- *Competence* implies having the capacity to function effectively as an individual and an organization within the context of cultural beliefs, behaviors, and needs presented by consumers and their communities.

The public health nurse systematically enhances the quality and effectiveness of nursing practice and attains knowledge and competency that reflects current nursing and public health practice. Attaining cultural competence must be an expectation for all public health practitioners. Public health nurses take steps to acquire knowledge of the populations they serve, model respect for varied cultures, and insist on accountability in cultural competence. Public health nurses assure that their organizations will assess their level of cultural competency and move toward sensitive and effective services and interactions. Public health nurses work within systems that can better support diversity and equity in health outcomes. Employment and administrative systems must be structured to welcome and embrace diversity and appropriately recruit and support minority candidates. These systems must establish structures to review agency policies in order to identify and eliminate discrimination and racism in both employment practices and the services that agencies offer to communities. The public health nursing workforce should ideally reflect the diversity of the populations that are served and reflect the demographics of the larger community. Public health nurses have numerous opportunities to encourage under-represented groups to enter the public health professions and the profession of nursing.

Each public health nurse, at every level needs to look within themselves and practice inclusiveness, listen to understand, and recognize the knowledge and power of each individual and group, making certain that work-related committees and teams have diverse representatives (i.e., ethnic, racial, geographic, gender, sexual Orientation diversity). Public health nurses must be role models and exemplify the principles of social justice, enhance the cultural competence among their staff, and dedicate themselves to closing gaps in health outcomes that impact populations disproportionately.

Partnering with others

A core competency of public health nursing is the ability to establish strategic partnerships. Public health nurses partner with groups and populations in assessing and planning interventions to address and resolve health issues, thereby learning from the community and formulating appropriate solutions. The public health nurse develops plans in partnership with communities that reflect best practices, identifies strategies, action plans

and alternatives to attain expected outcomes. She implements identified plans through partnerships within the community.

State and local health agencies need the partnership of other agencies and disciplines to effectively remove barriers to care and solve conditions not conducive to health. Public health nurses may be the first to reach out to other agencies and institutions to ensure their populations are better served. The public health nurse establishes collegial partnerships while interacting with representatives of the population, organizations, and health and human services professionals, and contributes to the professional development of peers, students, colleagues, and others. The public health nurse employs multiple strategies to promote health, prevent disease, and ensure a safe environment for populations.

The public health nurse collaborates with and provides consultation to representatives of the population, various community groups, organizations, health and human services professionals and elected officials to facilitate the implementation of programs and services and to provide for and promote the health of the populations.

Assessment, population diagnosis and priority-setting

Assessment is a core function of public health. Recognition of health disparities and tracking of progress toward their elimination requires appropriate data. Public health nurses ensure that wherever possible, data is collected to document any disparities and track progress toward their elimination. Valid, reliable data is needed to ensure the appropriate evaluation of new strategies. Public health nurses work with communities and populations to provide context and meaning to the data, and to generate and test innovative solutions to community problems.

Data collected relative to health disparities need not be confined to numeric data. The explanation of numeric data can be accomplished through focus groups and interviews with group members, which can provide far better understanding of the issues impacting health than mere numbers alone. Armed with this information, the public health nurse has more comprehensive assessment data to determine population-based diagnoses and priorities. Comprehensive assessment is necessary to identify and plan for improved health outcomes. Program priorities and plans are established with the early and ongoing input of populations - not after a program is in its final stages of development.

Creating a Safe, Trustworthy, and Empowering Environment for Care

A core value of nursing is the construct of caring. Public health nurses have unique power in the design of agency programs and services for diverse populations. It is the nurse who creates and upholds caring environments by assessing, addressing and correcting, those factors in the care environment and in clinical and community relationships that can adversely affect health. The caring environment is critical to the maintenance of relationships and to continued and sustained relations with the community. A trust-filled, empowering environment supports individuals, families and communities to engage in their care, to change and evolve and to adapt healthy behaviors and lifestyles. The strength of public health nursing lies in the capacity to uphold a caring environment regardless of the focus (i.e., caring for the group, the family or the individual).

Creating an environment for care extends beyond delivery of services to the infrastructure of the state or local health department itself. Its mission is to assure conditions in which

people can be healthy. Infrastructure, in this context, includes all core public health functions and essential public services, which must be anchored in effective public health policy. Public health nursing leaders must ensure adoption of agency policies that actively and effectively support diversity of the workforce and uphold the value of diverse partnerships. Policy-level interventions grounded in human values, social justice, and the underlying determinants of health foster an environment for care and lend an “upstream” focus on improving health status.

Advocacy

Advocacy is a standard of practice for public health nursing. According to the A.N.A. national scope and standards of public health nursing practice, advocacy is defined as “the act of pleading or arguing in favor of a cause, idea, or policy on someone else’s behalf, with the object of developing the community, system, individual, or family’s capacity to plead their own cause or act on their own behalf.” (American Nurses Association, 2013) Strategies to address inequalities in health can be found in policies from all areas of public health. Three approaches were identified in W.H.O. policy documents. The first is to incorporate strategies within the overall public health policy. Another approach is to tackle the problem through individual health topics such as smoking or nutrition. The final approach is to have a stand-alone policy addressing inequalities in health (World Health Organization, 2010).

To be effective, public policy must move toward a broad approach to health improvement, recognizing the interplay of public policies related to health, social welfare, housing, transportation, and education. The public health nurse incorporates the identified needs of the population in policy development and program or service planning, evaluates effectiveness of advocacy and strives to resolve conflicting expectations from populations, providers and other stakeholders. Taking action in this way empowers the population and preserves the professional integrity of the nurse. The public health nurse advocates to protect the health, safety, and rights of the population.

Public health nursing leaders are often uniquely placed in government agencies and are in a position to be involved in issues related to policy and legislation. These opportunities should be sought out. They provide us with a forum to “to put a human face” on public health issues and problems. The stories of those we serve can provide a powerful motivation to policymakers and legislators.

Educating the current and future public health nursing and nursing workforce

The educational process must start with awareness and sensitivity to those whose culture is different from our own. This awareness must be interwoven into professional practice education and training. We are not fully competent in our profession unless we are aware of and sensitive to the needs of others and can work effectively within communities to facilitate the changes necessary to bring about greater equity in health outcomes.

Public health institutions and nursing institutions of higher education have an obligation to help facilitate and support this process with their staff and students.

Creating public and agency policies that support and celebrate diversity

Public health nurses and the organizations that employ them must not only embrace diversity, but celebrate it. Agencies may celebrate diversity by showcasing and sharing culture and customs across various groups. This may also lead to deeper understanding across the agency of the various populations served.

The Public Health Nurse must reinforce the diversity message by being the prime example of respecting and valuing others. They need to demonstrate inclusive acts as part of routine nursing care and management practices.

Evaluation and research

Each public health nurse must see his or her role as more than custodial of current policies and programs. Rather, public health nurses must constantly be aware of opportunities to improve programs and services to better serve communities and population groups at increased risk of illness, injury, premature death, and disability.

The public health nurse is constantly evaluating his/her own nursing practice in relation to professional practice standards and guidelines, ethics, relevant statutes, rules and regulations and against the unmet and evolving needs of the populations served. The goals for health improvement and health equity can be supported through thorough, objective evaluation of what works and what does not work, and through subsequent alterations in policy and practice. The public health nurses' role as stewards of public investment demands it, as does the public trust.

Conclusion

Promoting diversity and health equity requires "upstream" thinking and action. Upstream thinking considers the social, economic, and environmental origins of health problems that manifest at the population level. There is no one correct way to begin our movement towards health equity. It will require a willingness to pause, to listen, to consider, and to reflect. We must insist on open, honest, constructive dialogue and we must be willing to learn, to assimilate our new knowledge, and to be change-makers.

We must continue to enlighten and engage our partners - both traditional and non-traditional - to accompany us in the movement towards health equity. Our moral compass is the tenets, cornerstones, and standards of public health nursing practice. Our partners will include the profession of nursing, our communities, representatives of government and the public, and private, nonprofit, and voluntary sectors nationally and globally.

We believe that health equity is achievable and within our reach. It is our role and responsibility as public health nurses to provide leadership in achieving this goal. We must promote nursing workforce diversity to achieve health equity. We value interventions to attract more under-represented racial, ethnic, differently - gendered minority students to the profession of nursing and to inclusive membership in our professional organizations.

Elimination of health inequities and disparities rests on a solid foundation of public health nursing science and practice as documented in the following toolkits and references.

Toolkits

Awareness, Trust and Humility

A. Awareness

Community Toolbox. Understanding Culture and Diversity in Building Communities.
<http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culture-and-diversity/main>

Strong Bonds Building Family Connections. Working Cross-Culturally.
<http://www.strongbonds.jss.org.au/workers/cultures/competency.html>

Advocates for Youth. Cultural Competence and Social Justice: A partnership for change.
<http://www.advocatesforyouth.org/publications/publications-a-z/714-cultural-competence-and-social-justice-a-partnership-for-change>

Critical Multicultural Pavilion. Awareness Activities. Getting Started: Respect activity.
<http://www.edchange.org/multicultural/activities/activity1.html>
 Who I Am Poems. <http://www.edchange.org/multicultural/activities/poetry.html>
 Understanding the Depth and Breadth of “Multicultural.”
<http://www.edchange.org/multicultural/activities/multicultural.html>

B. Trust

Community Toolbox. Strategies and Activities for Reducing Racial Prejudice and Racism.
<http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/reduce-prejudice-racism/main>

Community Toolbox. Building Culturally Competent Organizations.
<http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main>

Minnesota Public Health Association’s Immigrant Health Task Force. Six Steps toward Cultural Competence: How to meet the health care needs of immigrants and refugees.
<https://www.ucare.org/providers/documents/6stepsculturalcompetence.pdf>

C. Humility

DuPraw ME, Azner M. Working on Common Cross-Cultural Challenges.
<http://www.pbs.org/ampu/crosscult.html#GDLNS>

D. Cultural Liaisons

Community Toolbox. Building Relationships with People from Different Cultures. <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/building-relationships/main>

Recognizing the Multiple Social Determinants of Health

A. The social determinants of health

Healthy People 2020. Program Planning- MAP-IT: A guide to using Healthy People 2020 in your community. <http://www.healthypeople.gov/2020/tools-and-resources/Program-Planning>

Robert Wood Johnson Foundation. A New Way to Talk about the Social Determinants of Health. <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

CDC. Promoting Health Equity: A resource to help communities address social determinants of health. <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>

Williams SD, Hansen K, Smithey M, Burnley J, Koplitz M, Koyama K, Young J, Bakos A. Using social determinants of health to link health workforce diversity, care quality and access, and health disparities to achieve health equity in nursing. Public Health Reports Jan-Feb 2014, 129 Supple 2:32-36. <http://www.publichealthreports.org/issueopen.cfm?articleID=3079>

California Department of Public Health, "Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity." <http://www.cdph.ca.gov/programs/documents/>

B. Collaboration to address factors that impact health

Community Toolbox. Multicultural Collaboration. <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/multicultural-collaboration/main>

PBS. Guidelines for Multicultural Collaboration. <http://www.pbs.org/ampu/crosscult.html#GDLNS>

Community Toolbox. Multicultural Collaboration. <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/multicultural-collaboration/main>

Community Toolbox. Transforming Conflicts in Diverse Communities. <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/transform-conflicts/main>

Community Toolbox. Understanding Culture, Social Organization, and Leadership to Enhance Engagement. <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/understand-culture-social-organization/main>

C. Capitalizing on Community Strengths

1. Strengths-Based Approach

Community Toolbox. Creating Opportunities for Members of Groups to Identify their Similarities, Differences, and Assets.

<http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/identify-similarities-differences-assets/main>

Community Toolbox. Online Courses for Community Health Improvement.

<http://ctb.ku.edu/en/online-courses>

Module 1. Assuring Engagement in Community Health Improvement Efforts

Module 2. Identifying Community Health Needs and Assets

2. Building Communities for the Inside Out – Assets Building in the Community

Community Toolbox. Our Model of Practice: Building Capacity for Community and System Change.

<http://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement/building-capacity/main>

Community Toolbox. Building Inclusive Communities. <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/inclusive-communities/main>

Community Toolbox. Identifying Action Steps in Bringing About Community and System Change.

<http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/identify-action-steps/main>

Community Toolbox. Online TRAIN Courses for Community Health Improvement.

<http://ctb.ku.edu/en/online-courses>

Module 1. Assuring Engagement in Community Health Improvement Efforts

Module 2. Identifying Community Health Needs and Assets

Module 3. Conducting Community Health Assessments

Module 4. Setting Community Priorities based on Identified Issues

Module 5. Developing a Logic Model for Community Health Improvement

Module 6. Developing a Strategic Plan for Community Health Improvement

Module 7. Developing an Intervention

Module 8. Assuring Collaboration during Implementation

Fawcett SB, Carson V, Collie V, Bremby R, Raymer K. KU Workgroup for Community Health and Development. Promoting Health for All: an action planning guide for improving access and eliminating disparities in community health. (Contains Inventory Lists, Planning Tools and Worksheets)

<http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/identify-action-steps/main>

Puddy RW, Fawcett SB, Fancisco VT. KU Workgroup for Community Health and Development. Promoting Child Well-Being: An action planning guide for community-based initiatives.

http://ctb.ku.edu/sites/default/files/chapter_files/promoting_child_well-being_0.pdf

Leadership and Achieving Cultural Competency

- A. American Association of Colleges of Nursing. (2008, August). Toolkit of resources for cultural competent education for baccalaureate nurses. Retrieved from <http://www.aacn.nche.edu/education-resources/toolkit.pdf>
This toolkit provides an overview of cultural competence at a basic level (i.e., for baccalaureate nurses). These areas are particularly useful and timeless: key concepts; fostering cultural competency; sections specific to teaching including basic teaching strategies, practice, and research; and descriptions of journals that are useful for content related to cultural competence in nursing.
- B. American Association of Colleges of Nursing. (2011, August). Toolkit for cultural competence in masters and doctoral nursing education. Retrieved from http://www.aacn.nche.edu/education-resources/Cultural_Competency_Toolkit_Grad.pdf
This toolkit is more recent than the one above and has updates in all areas. In addition to the updates, it is especially useful for its focus on cultural competence at an advanced level and for its inclusion of content about models of cultural competence from other disciplines.
- C. American Hospital Association. (2015, January). *Equity of care: A toolkit for eliminating health care disparities*. Retrieved from <http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/equity-of-care-toolkit.pdf>
Although this toolkit was developed for hospitals, it has a comprehensive section that focuses on building a culturally competent organization.
- D. BlueCross BlueShield of Tennessee. (n.d.). Health Literacy and Cultural Competency Provider Tool Kit retrieved from <https://www.bcbst.com/providers/10-1590-CulturalCompProvToolKit.pdf>
This short toolkit has some basic but helpful information on adult learners, measuring the effectiveness of health literacy interventions, and simple communications.
- E. Florida Center for Nursing. (2014). *Addressing barriers in leadership for nurses: A toolkit for nurses to shape the future of healthcare through nursing leadership*. Retrieved from <http://campaignforaction.org/sites/default/files/Addressing%20Barriers%20in%20Leadership%20for%20Nurses%20-%20FL.pdf>
This toolkit begins with an overview of barriers to attaining leadership along with content about and resources for understanding and addressing those barriers, and then presents tools for developing leadership. The toolkit includes a section on developing cultural competence.

- F. New Mexico Public health Association. (2013). - *Health in All Policies training toolkit*. Retrieved from <http://www.nmpaha.org/HiAP-Articles&reports>
 These sections of the toolkit may be helpful for leadership, organizational development, and cultural competence: 10 Promising Practices to Guide Local Public Health practice to reduce social inequities in health - Technical briefing; Teaching critical health literacy as a means to action on the social determinants of health. The latter section has some recommendations related to leadership and to cultural competence. Other sections of the toolkit may be helpful from an organizational leadership and community development perspective.
- G. University of Denver Center for Community Engagement and Service Learning. (2014). *Community organizing handbook* (3rd ed.). Retrieved from http://www.du.edu/ccesl/media/documents/ccesl_handbook_third_edition_print_protected.pdf
 Although focused on a framework for community organizing, this handbook has content that applies to building leadership in mobilizing the community and working across sectors to build coalitions with resources to attain social change.
- H. U.S. Department of Health & Human Services, Office of Minority Health. (n.d.) Culturally competent nursing care: A cornerstone of caring. Retrieved from competence. <https://ccnm.thinkculturalhealth.hhs.gov/default.asp>
 This online course provides, which has an introduction module and three course modules, provides CEs for nurses. The course focuses on gaining awareness, knowledge, and skills to improve the quality of care you provide to your patients. The site on which this course is located includes a toolkit, references, and resources.

Creating a Culture of Caring

- A. The Teen Mentoring Toolkit
 A resource designed for schools and community organizations choosing to engage students in creating a welcoming, caring, respectful and safe community through positive mentoring relationships. This toolkit identifies key areas for consideration as well as evidence-based practices, strategies and tools for planning, implementing and evaluating a quality teen mentoring program. The information can be adapted by youth-serving organizations partnering with a school or running a teen mentoring program within a community-based setting; <http://albertamentors.ca/peer-mentoring/introduction/>.
- B. Creating a Culture of Care Toolkit
 This toolkit is an acknowledgement that the underlying principles of trauma-informed care that are so useful in reducing and eliminating restraint and seclusion are not specific to mental health settings. These principles should have the broadest application possible, especially in view of the fact that individuals seen in one type of care setting are often seen in other types of care settings throughout their lifetimes;

C. Creating Caring Cultures Program-

The **Creating Caring Cultures Program** has a simple purpose; helping nurse-led teams to create healthcare workplaces that are conducive to the delivery of high quality care and that provide a supportive place for staff to work. In caring cultures, staff feel valued and are more able to take responsibility for what happens in practice. Patients and families experience effective, compassionate and safe care that is centered on their needs. <http://www.fons.org/programmes/creating-caring-cultures.aspx>

Advocacy

- A. The APHN Advocacy Toolkit provides you with the tools to become a public health advocate. The tool kit is designed to support your advocacy efforts and is designed for people at various skills levels. The tool kit is a resource which aims to:
1. Help organizations and individuals to develop public health advocacy skills and policy knowledge.
 2. To communicate consistent and effective messages regarding issues to community leaders and policy makers.
 3. To help advocates support community prevention needs and to present new solutions in population health
- <http://phnurse.org/Advocacy-Toolkit>

PHN Workforce Education

- A. PHN Toolbox
- The PHN Toolbox provides a self-directed, structured education, answering, for the learner, the following questions: What is Public Health? What are the federal, state and local structures within which public health operates? What is Public Health Nursing? While the project has been aimed at nurses, a significant portion of the Toolbox is applicable to other disciplines in public health. While the Toolbox can be completed by an individual, it is recommended that learning take place in a group as the effect is multiplied when ideas, questions and knowledge are exchanged.
- http://www.ihci.nursing.uic.edu/image/Documents/PHN_Toolbox.pdf
- B. Public Health Nursing Education Toolkits
- This toolkit has been created to facilitate the development of local or regional Practice and Education Workgroups (PEWs). The purpose of local or regional PEWs is to enhance the preparation of public health nurses and strengthen the practice of public health nursing.

<https://dph.georgia.gov/sites/dph.georgia.gov/files/PracticeEducationWorkgroupToolKit.pdf>

C. The Competency-to-Curriculum Toolkit

The Competency-to-Curriculum Toolkit is presented to the public health workforce training and education community as an aid in assuring that the workforce, key to the public health infrastructure, is truly competent to perform essential public health services in all areas of public health practice. In the world of public health practice, many of those charged with developing on-the-job training and education for workers are not professional educators, nor do they have specific expertise in selecting the appropriate material to teach. The information contained in the Competency-to-Curriculum Toolkit may prove to be of help to those involved in public health workforce education as well as individual workers interested in life-long learning.

http://www.phf.org/resourcestools/Documents/Competency_to_Curriculum_Toolkit08.pdf

D. AACN *Baccalaureate Essentials* Tool Kit

The purpose of the *Baccalaureate Essentials* Tool Kit is to provide resources and exemplars to assist faculty with the implementation of the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). The tool kit provides integrative learning strategies, opportunities for program enhancement, and resources that will assist faculty with the integration of the *Baccalaureate Essentials* throughout the nursing curriculum. This tool kit includes a review of the nine Baccalaureate Essentials followed by Integrative Learning Strategies, Opportunities for Program Enhancement, Web Links, AACN Presentations, and References.

<http://www.aacn.nche.edu/education-resources/BacEssToolkit.pdf>

Celebrating Diversity

A. **New York State Diversity and Inclusion in Nursing Tool Kit**

This Tool Kit provides the following information:

1. Background on research that links diversity, inclusivity, and health equity
2. Demographics of New York State's nursing workforce
3. Challenges that hinder efforts to strengthen diversity
4. Best practices for creating inclusive environments and ending health care disparities
5. Recommendations for strengthening diversity in nursing
6. Grants and scholarships for nursing education

http://campaignforaction.org/sites/default/files/NY-Diversity-Toolkit_0.pdf

B. **Equity of Care: A Toolkit for Eliminating Health Care Disparities**

This toolkit is a user-friendly "how-to" guide to help accelerate the elimination of health care disparities and ensure our leadership teams and board members reflect the communities we serve. Whether your organization is beginning this journey or is already deeply engrained in this work, the compendium was created in response to your many requests to gather best practices in one convenient resource.

<http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/equity-of-care-toolkit.pdf>

C. Achieving Health Equity through Nursing Workforce Diversity

In this report, the National Advisory Committee on Nurse Education and Practice (NACNEP) summarizes progress in nursing workforce diversity over the past 10 years within the broader national mission of eliminating health disparities, and provides recommendations for continued efforts to promote diversity in nursing. In discussions that took place during scheduled council meetings, the NACNEP identified two overarching recommendations:

1. To promote nursing workforce diversity to achieve health equity
2. To support effective decision-making and evaluation of diversity program outcomes.

<http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/eleventhreport.pdf>

Evaluation and Research

- A. Public Health Nursing is challenged by the lack of research evidence documenting the effects of Public Health Nursing interventions on population-focused health outcomes.

Key Facts...

- Public Health Systems and Services Research has emerged as a new discipline within the past 10 years
- Overlapping research agendas exist for nursing, PHN, and public health as set out by various organizations and groups.
- Decreasing funds for research in general is compounded by the challenges in making PHN topics fit within existing research priorities
- Few nursing doctoral programs (PhD or DNP) emphasize the preparation of PHN researchers
- PHN researchers have limited opportunities to gain updates and advanced training in rigorous methodology
- PHN, as a nursing specialty, has a history of theory development, but few theories at the practice level.
- Multiple data systems across public health systems (within and across states) result in inconsistent data elements, complicating comparative research efforts.

http://www.achne.org/files/Quad%20Council/QCStrategicBriefResearchinPHN_Practice.pdf

- B. Developing an orientation toolkit for new public health nurse hires.

The Orientation: Transition to Public Health Nursing Toolkit was developed to enhance the integration of new hires into public health nursing practice in Ontario and to increase retention of these hires. The changing landscape of public health in Canada, such as the introduction of new standards and competencies, presents challenges to leaders orienting staff to public health nursing. The toolkit was designed to provide a standardized general orientation, involving a broad range of public health knowledge and issues. Through the use of technology, a virtual

network of public health nurses, educators, managers, senior nurse leaders and nursing professors from various areas of Ontario designed, implemented and evaluated the toolkit. Three modules were developed: foundations of practice (e.g., core competencies, national and provincial standards, public health legislation), the role of the public health nurse, and developing partnerships and relationships. Evaluations demonstrated that the toolkit was useful to new hires adjusting to public health nursing. It has had significant uptake within Canada and is well accepted by public health nursing leaders for use in Ontario's health units.

<http://www.ncbi.nlm.nih.gov/pubmed/20463450>

References

1. American Association of Colleges of Nursing (AACN), (2013). Enhancing Diversity in the Workforce: Fact sheet updated April 17, 2013. Available from: <http://www.aacn.nche.edu/media-relations/diversityFS.pdf>. Accessed October 23, 2013.
2. American Nurses Association, Public Health Nursing: Scope and Standards of Practice., 2nd ed. 2013.
3. American Public Health Association, Public Health Nursing Section (2013). The definition and practice of public health nursing: A statement of the public health nursing section. Washington, DC: American Public Health Association.
4. Braveman, P.A., Monitoring equity in health and healthcare: a conceptual framework. Journal of health, population, and nutrition, 2003. **21**(3): p. 181.
5. Commission on Social Determinants of Health (CSDH), (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva. World Health Organization. Available from: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf. Accessed September 13, 2013.
6. *Cornerstones of Public Health Nursing*. Center for Public Health Nursing, Minnesota Department of Health, .2007. Available at: http://www.health.state.mn.us/divs/opi/cd/phn/docs/0710phn_cornerstones.pdf
7. *Code for Nurses with Interpretive Statements*. American Nurses Association, 2015. Available for viewing at: <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>
8. HealthyPeople.gov. Disparities [cited 2012 Nov 20]. Available from: URL: <http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>
9. HHS Action Plan to Reduce Racial and Ethnic Health Disparities; http://minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf
10. Institute of Medicine. 2012. *How far have we come in reducing health disparities?: Progress since 2000: Workshop summary*. Washington, DC: The National Academies Press.
11. Institute of Medicine (IOM) (2009) Race, ethnicity, and language data: Standardization for health care quality improvement. National Academy Press: Washington, D.C.

12. Kawachi, I., A glossary for health inequalities. *Journal of Epidemiology and Community Health*, 2002. **56**(9): p. 647
13. Keppel, K., Pearcy, J., Klein, R., Measuring progress in Healthy People 2010. 2004, National Center for Health Statistics: Hyattsville, Maryland.
14. Kretzmann, John P. and McKnight, John L. , *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*, Evanston, IL: Institute for Policy Research (1993).
15. Krieger, N., D.R. Williams, and N.E. Moss, Measuring Social Class in US Public Health Research: Concepts, Methodologies, and Guidelines. *Annual Review of Public Health*, 1997. **18**(1): p. 341-378.
16. NACCHO Roots of Health Inequity Collaborative Learning Course.
<http://www.rootsofhealthinequity.org/> (2002).Eliminating Racial & Ethnic Disparities.
<http://www.cdc.gov/omhd/About/disparities.htm>
17. Ocos-Sanchez, M., Ocos-Flores, L., & Burge, S. (2008). The teen medical academy: Using academic enhancement and instructional enrichment to address ethnic disparities in the American healthcare workforce. *Journal of Adolescent Health*, *42*, 284-293.22
18. *Principles of the Ethical Practice of Public Health*. Public Health Leadership Society, 2002. Available for viewing at: <http://www.phls.org/home/section/3-26/>.
19. *Public Health Interventions, Applications for Public Health Nursing Practice*, Minnesota Dept. of Health, Division of Community Health Services, Public Health Nursing Section, 2001
20. *Public Health Nursing: Scope and Standards of Practice*. American Nurses Association, 2nd Ed. 2013.
21. *Quad Council Public Health Nursing Competencies; Summer 2011; Avialable for viewing at :*
<http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf>.
22. U.S. Department of Health and Human Services, *Healthy People 2010: Understanding and Improving Health*. 2000, Government Printing Office: Washington, DC: U.S.
23. U.S. Department of Health and Human Services (DHHS) (2013). The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV. Advisory Committee findings and recommendations. Available at:
<http://www.healthypeople.gov/2020/about/DisparitiesAbout.aspx>. Accessed July 9, 2013.
24. U.S. Department of Health and Human Services, *What is Cultural Competency?*, Office of Minority Health (HHS), 2015. Available at
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

25. Whitehead, M. and Whitehead, The concepts and principles of equity and health. Health Promotion International, 1991. 6(3): p. 217.
26. World Health Organization , A Conceptual Framework for Action on the Social Determinants of Health: Social Determinants of Health Discussion Paper 2, Europe, 2010.
27. World Health Organization, Commission on Social Determinants of Health. Closing the Gap in a Generation: Health equity through action on the social determinants of health, 2008.
28. World Health Organization , Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, N.Y., 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April, 1948.

Definitions/ Glossary

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention uses the words below to describe health equity and social determinants of health. These words are also used by the World Health Organization and the Department of Health and Human Service's *Healthy People 2020*.

Absolute Difference of Measure

A mathematical formula that measures "disparity between a group rate and a specified reference point." "The size and direction of the disparity depend on the selected reference point".

Formula: Simple difference = rate of interest – rate of reference point = $R_i - R_r$

Cultural Competence

Culture is the blended patterns of human behavior that include "language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups." *Cultural competence* is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations." "Competence" in the term *cultural competence* implies that an individual or organization has the capacity to function effectively "within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."

Determinants of Health

Factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Biology and genetics. Examples: sex and age
- Individual behavior. Examples: alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment. Examples: discrimination, income, and gender
- Physical environment. Examples: where a person lives and crowding conditions
- Health services. Examples: Access to quality health care and having or not having health insurance.

Health

A state of complete physical, mental, and social well-being and not just the absence of sickness or frailty.

Health Disparity

A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.

Health Equity

When all people have the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'.

Health Inequality

Differences, variations, and disparities in the health achievements of individuals and groups of people .

Health Inequity

A difference or disparity in health outcomes that is systematic, avoidable, and unjust.

Health Literacy

Whether a person can obtain, process, and understand basic health information and services that are needed to make suitable health decisions. Health literacy includes the ability to understand instructions

on prescription drug bottles, appointment cards, medical education brochures, doctor's directions, and consent forms. It also includes the ability to navigate complex health care systems. Health literacy is not simply the ability to read. It requires a complex group of reading, listening, analytical, and decision-making skills and the ability to apply these skills to health situations.

Index of Disparity

A regression-based measure that is used by scientists and retains the inherent order of categories like education or income but incorporates the population weights of the categories. The size of each category is taken into account by placing the groups on an axis that reflects the cumulative proportion of the population represented by the ordered groups. The index of disparity can be absolute (slope referred to as Slope Index of Inequality) or relative (slope referred to as Relative Index of Inequality).

Individual Risk Factors

Characteristics of a person that may explain health or behavior. Some examples include a person's age or whether a person smokes.

Poverty

When a person or group of people lack human needs because they cannot afford them. Human needs include clean water, nutrition, health care, education, clothing, and shelter. The U.S. Social Security Administration originally developed the definitions that are used to help calculate and determine poverty. Families or people with income below a certain limit are considered to be below the poverty level.

Social Determinants of Health

The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Socioeconomic Gradient in Health

This term refers to the stepwise fashion health outcomes improve as socioeconomic position improves. This gradient can be measured by a person's income, occupation, or the highest level of education he or she has [6].

Socioeconomic Position

An aggregate concept that includes both resource-based and prestige-based measures, which are linked to both childhood and adult social class position. Resource-based measures refer to material and social resources and assets, including income, wealth, and educational credentials. Terms used to describe inadequate resources include "poverty" and "deprivation." Prestige-based measures refer to a person's rank or status in a social hierarchy. Prestige-based measures are typically evaluated with reference to people's access to and consumption of goods, services, and knowledge, that are linked to their occupational prestige, income, and education level.

Socioeconomic Status

A composite measure that typically incorporates economic, social, and work status. Economic status is measured by income. Social status is measured by education, and work status is measured by occupation

Special thanks to the APHN Diversity and Social Equity Committee of 2015-2016 for their work on this paper:

Zenobia Harris, Chairperson

Michelle Cravetz

Susan Coleman

Rosemary Chaudry

Hermia Parks

Deanna Hackthorne

Ivonne Newberry

Alexandria Jones

Mary Orticke

Janine Resilard