



The Future of Nursing 2020–2030: Charting a path to achieve health equity

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ARTICLE INFO

Article history:

Received 6 May 2022

Accepted 27 May 2022

Keywords:

Health disparities

Health equity

Nursing

Leadership

Education

Social determinants of health

The National Academy of Medicine's long-anticipated report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, offers an aspirational vision: the achievement of health equity in the United States built on strengthened nursing capacity, diversity, and expertise (Wakefield et al., 2021). Released in May 2021, the report arrives at a critical moment for the profession. Many nurses are burned out, exhausted, and have experienced moral injury from caring for an unrelenting stream of patients with COVID-19. The pandemic has laid bare and further exacerbated long-existing health inequities. School closings during the pandemic similarly exacerbated educational disparities, and poor treatment of Black, Indigenous, and other people of

color by police spotlighted inequities in law enforcement. Collectively, these inequities have resulted in renewed calls to dismantle structural, cultural, and interpersonal racism, including within nursing. This new report provides a roadmap for how the nursing profession can contribute its expertise to create a fairer, more just and healthier world.

Setting the Stage

The report is the second collaboration between the Robert Wood Johnson Foundation (RWJF) and the National Academy of Medicine (NAM) on the future of nursing. The first report, released in 2010, re-conceptualized the role of nurses in transforming the health-care system (Shalala et al., 2011). RWJF and AARP formed *The Future of Nursing: Campaign for Action*, a nationwide initiative to advance the report recommendations. Over the past decade, the nursing field strengthened nursing education, advanced practice, promoted leadership, and increased workforce diversity. In doing so, the nursing field has built – and is continuing to build – its capacity to provide high-quality care to more Americans.

As nursing built its capacity and as the evidence increasingly linked inequities to poorer health status, it became clear that nurses could do more to build healthier communities and advance equity. Nurses are the most trusted profession and the first point of contact for most people seeking health care. They are

This article is published as part of a supplement sponsored by Academy Health, with support from the Robert Wood Johnson Foundation.

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<https://doi.org/10.1016/j.outlook.2022.05.013>

bridge builders and collaborators who engage and connect with people, communities, and organizations to promote health and well-being (Pittman, 2019). Their expertise could be better used to combat the many shortcomings of the U.S. health system. The United States spends \$3.5 trillion each year on health care (CMS, 2020) — more than any other country in the world — but ranks last compared with other high-income countries on equity, access to care, health care outcomes, and administrative efficiency (Schneider et al., 2021). Life expectancy, infant mortality and maternal mortality are worse in the United States compared with other high-income nations. Disparities in health care access and outcomes related to race, income, geography and other social and environmental factors are also common. RWJF has long believed that nurses have enormous potential for tackling the shortcomings of health and health care in the United States and in 2019 asked the NAM to form a committee tasked with charting a path for the nursing profession to create a culture of health, reduce health disparities, and improve the health and well-being of the nation.

As the committee was well into the process of reviewing evidence and preparing to write the report, the pandemic took hold across the country and shined a light on the nation's rampant health inequities. The committee delayed the report to incorporate the major lessons from the pandemic: its disproportionate and devastating toll on poor and marginalized populations that could largely be attributed to persistent health disparities; the need to fully support nurses; and better prepare the workforce for future disasters. Released in May 2021, the report called for a series of policy reforms to unleash the potential of nurses to play greater roles in advancing health equity.

The Priority Areas

The report recommends that the systems that educate, pay, and employ nurses: (1) permanently remove barriers to care; (2) value their contributions; (3) prepare nurses to tackle health equity; and (4) diversify the workforce. The report underscores that prioritizing nurse well-being is paramount to advancing the recommendations. In addition, the report calls on national nursing organizations to develop a shared agenda for addressing the social determinants of health and achieving health equity. Finally, the committee prioritized research needs to build the evidence base to support nurses in advancing health equity. Each of these areas is discussed below.

Permanently Remove Barriers to Care

Far too often in the United States, people do not see a health care provider when they need one. Nearly 30 million people are uninsured in the United States,

and roughly 40 million have health plans that leave them potentially underinsured (Collins, Gunja, & Aboulafia, 2020). In addition, timely access to health care is undermined due to the inability to pay; geographic inaccessibility to services and providers, particularly in rural and underserved urban areas; lack of health literacy; and fundamental mistrust of the health care system and providers. Research demonstrates that delays in obtaining care can lead people to experience worse symptoms and disease progression (Man, Lack, Wyatt, & Murray, 2018). Nurses can help to explicitly address these gaps in access to care. For example, about 70% to 80% of advanced-practice nurses work in primary care, including in pediatrics, adult practice, gerontology, and nurse midwifery. While the primary care nurse practitioner field has grown, the number of physicians entering primary care has stagnated or declined (Barnes et al., 2018; Xue et al., 2016). Care provided by nurse practitioners has been found to be comparable to the care provided by physicians, according to numerous studies (Perloff, Clarke, DesRoches, O'Reilly-Jacob, & Buerhaus, 2019; Yang et al., 2020). They are less expensive to employ than physicians and are more likely to care for vulnerable populations, including those in rural areas (Perloff, DesRoches, & Buerhaus, 2016).

However, the ability of nurses to expand access to care is limited by state and federal laws, institutional barriers, and restrictive health systems policies that prohibit them from working to the full extent of their education and training (Wakefield, Williams, Le Menestrel, & Flaubert, 2021). The report calls for all public and private organizations to remove these regulatory and payment limitations as well as restrictive policies and practices. In fact, during the pandemic, seven states (Kansas, Louisiana, Massachusetts, New Jersey, New York, Virginia, and Wisconsin) temporarily provided full practice authority to nurse practitioners. Evidence is just becoming available about the effect of the temporary waivers to expand scope of practice during the pandemic (Kleinpell, Myers, Schorn, & Likes, 2021; Stucky, Brown, & Stucky, 2021); one study in the Midwest found that states with waivers were able to decrease death rates from COVID-19 (Chung, 2020). The report calls for these temporary restrictions on scope of practice to be made permanent.

This recommendation to remove practice barriers continues the work of the first report, but it discusses in more detail the need to lift barriers that prevent RNs and licensed-practical nurses from practicing to the top of their education and training to increase access to care and help to reduce health care inequities for populations struggling to see a provider when they need one. Barriers that limit the care that RNs and licensed practical nurses provide include restrictions on providing telehealth services and workplace policies that prevent nurses from providing care. Allowing nurses to practice to the full extent of their education and training is an

important policy solution to eliminating preventable gaps in access to care.

Value Nurses' Contributions

As the report notes, the public and private payment systems do little to reduce health inequities. This shortcoming has recently been underscored by the Biden Administration, which has indicated its intent to make health equity a priority consideration in payment policy (Brooks-LaSure, 2021). Because payment drives health care parameters, actions that prioritize health equity can make a profound impact in creating change. The current U.S. payment systems undervalue the care that nurses provide and underestimate the critical role that they can play in addressing obstacles to health equity. For example, acute care nurses can screen patients at discharge to help identify and address social needs like food insecurity. Similarly, community-based nurses can work to advance city or state policies that address the need for accessible housing and safe neighborhoods. But payment systems often only reimburse for physicians' services while including the services of nurses and other team-based care providers under generic facility charges. With financial support, nurses can markedly expand efforts to advance health equity through their roles in care management and team-based care; preventative care; community nursing, including school nurses; and providing telehealth services.

School nurses, for example, are a lifeline for 56 million students, particularly children from low-income families, but they are undervalued for the services they provide. They detect illnesses early, help manage chronic conditions, and contact trace outbreaks of infectious disease, including COVID-19. They also provide mental health care. About one-third of student health visits to school nurses before the pandemic were related to mental health (Foster et al., 2005), a need that has grown tremendously during the pandemic. Students of color face more barriers to accessing mental health treatment than others, and structural racism can exacerbate these conditions (Lipson, Kern, Eisenberg, & Breland-Noble, 2018). But 25% of schools do not employ a school nurse, and 35% employ one part-time (Willgerodt, Brock, & Maughan, 2018). School nurses are able to bill Medicaid for services that they provide, but the process is so cumbersome that few schools do so (Ollove, 2019).

Investments that expand, strengthen, and diversify the nursing workforce will help to advance health equity. Specific to the nursing profession, the report calls for public and private payers to provide reimbursement for nursing interventions that address social needs and the social determinants of health in nursing practice and education. Payment systems can enable nurses to make essential contributions to improving care and outcomes for all patients by

delivering proven interventions and strategies that can reduce health inequities. Furthermore, the widespread adoption of successful, evidence-based nursing innovations to improve care will remain limited if the organizations that employ nurses are not adequately compensated for these care improvements (Chin & Bisognano, 2021). The report recommends that public and private payment systems be intentionally designed to support and incentivize health care and public health organizations to enable nurses to perform these vital roles. Simply put, the United States spends tremendous amounts of money for health care services, with health outcomes that pale in comparison to countries that spend far less. Recognizing this incongruity, public and private sector efforts are underway to recast payment policy that produces better health outcomes. Nursing input in these payment discussions is critically important, as is payment policy that values the contributions nurses can make to advancing health equity.

Prepare Nurses to Tackle Health Equity

The next generation of nurses needs to be well prepared to promote health equity and improve the health and well-being of everyone. All nurses will need to understand and identify the complex social and environmental factors that affect health, effectively care for an aging and more diverse population, engage in new professional roles, use new technology, collaborate with other professions and sectors around health equity issues, and adapt to a changing policy environment. Meaningful, deep and broad collaboration with partners across the health care and public health systems as well as outside of health care — with organizations focused on housing, transportation, social isolation, and food insecurity — will be paramount during the next decade. Yet, the nursing field will face an extraordinary challenge in preparing the next generation as an estimated 1.2 million nurses born during the baby boom generation retire by 2030. This tectonic shift will result in an unprecedented knowledge gap (Buerhaus et al., 2017), even as nursing education strives to produce nurses well prepared to take on contemporary and futures roles and takes action to advance the NAM report recommendations. Specific recommendations to prepare nurses to tackle health equity include:

Revamping Nursing curricula

Too often, content related to the social determinants of health, health inequities, and population health are not well-integrated into undergraduate and graduate nursing education. Academic programs must ensure that nurses are prepared to address the social determinants of health and advance health and healthcare equity. Associated content and competencies should

be well-integrated throughout coursework, including through expanded community learning opportunities.

Schools need to evaluate the extent to which they provide substantive education in locations that they provide important direct engagement with individuals and families from diverse backgrounds who present with an array of social needs as well as with communities facing challenges associated with the social determinants of health (Wakefield et al., 2021). Creating learning opportunities across the curriculum, including in public policy venues, accompanied by meaningful reflection on challenging topics such as biases are essential. Much of this learning can occur through active, sustained learning opportunities provided through public health environments such as schools, workplaces, home health care, federally qualified health centers, public health clinics, homeless shelters, public housing sites, public libraries, residential addiction programs, and telework settings. These student experiences, calibrated for educational level, should incorporate opportunities to deeply observe and work collaboratively with other health and non-health professionals to address the social determinants of health. Ultimately, students need active engagement in experiences that prepare them to act on a strong foundation in health equity, care for diverse populations with competence and empathy, and allow them to build the necessary skills and competencies to advance health equity. Nurse educators can find inspiration from exceptional examples of nursing schools that emphasize content and robust engagement around the social determinants of health, population health and community experiential placements. For example, graduate students at the University of Washington spend a year immersed in grassroots work in the community followed by a year immersed in policy. Washburn University in Topeka, Kansas, integrated its DNP academic program with a community clinic that reflects interdisciplinary practice and commitment to ongoing academic improvement informed by both students and faculty.

Increasing the number of nurses with PhDs

More doctorally prepared nurses will be necessary to teach the next generation of nurses and systematically build the evidence base around concepts and issues that connect the social determinants of health, health equity, and health status as well as associated nursing interventions. PhD nursing graduates will need to be able to design and implement research that addresses issues of social justice and equity in education and healthcare, including a focus on informing institutional and public policies. Increasing the number of nurses with PhDs requires financial resources, including scholarship and loan repayment opportunities; sufficient numbers of expert available faculty, including for mentorship; and curriculum revisions that focus on equity. All PhD graduates should have competencies in the use of data on the social determinants

of health as context for planning, implementing, and evaluating care and for improving population health through large-scale data application.

Diversify the Workforce

In addition to developing and fielding new knowledge to advance health and healthcare equity, developing a more diverse nursing workforce will be critical. The new report calls on the nursing field to address systemic racism and bias within nursing education and practice, and to prioritize diversity and cultural humility – defined by flexibility, a lifelong approach to learning about diversity, and recognition of the role of individual bias and systemic power in health care interactions (Agner, 2020).

Nursing needs to identify and address structural racism within the profession to address systemic barriers that contribute to the nursing profession remaining overwhelmingly white and female. Despite periodic calls to increase diversity, the nursing field is still roughly 80% white, even though white individuals comprise 60% of the U.S. population. The gap widens further for nurses in leadership positions, including in academia and practice. *The American Association of Colleges of Nursing estimated in early 2021* that 10% of nursing faculty and 4% of deans were people of color, while the American Organization of Nurse Leaders said that just under 10 percent of chief nursing officers were people of color (AACN and AONL, 2021). Nurses of color repeatedly report experiencing discrimination and bias within their work settings (Cottingham, Johnson, & Erickson, 2018; Ghazal, Ma, Djukic, & Squires, 2020). Fragmented efforts, while important locally, are wholly insufficient to achieving a nationally diverse workforce. Prioritized support should be directed toward the development of substantive, evidence-based and ultimately scaled efforts to achieve nursing workforce diversity across practice settings, academic institutions and in leadership positions.

Within nursing academic and practice environments, everyone should feel included and welcomed. To achieve this relatively simple-sounding aim, however, requires meaningful and sustained efforts to make sure that nursing students and faculty reflect the diversity of the population and that barriers of structural racism are removed from nursing education, including in the curricula, institutional policies and structures, and the formal and informal distribution of resources and power (Iheduru-Anderson, 2021). Across practice environments, all nurses need to be able to effectively communicate and connect with people of different backgrounds and be capable of self-reflection regarding how their own beliefs and biases may affect their caregiving. Achieving these aims is predicated on a diversified and strengthened academic and practice environment that is inclusive, which

requires recruiting and admitting or hiring people from diverse backgrounds, races and ethnicities. Schools of nursing should offer students support and address barriers to their success throughout their academic career and into practice. Implicit and explicit bias training coupled with learning about structural discrimination will be critical for nurses in practice settings. Workplaces should recruit, retain, mentor, and promote nurses from underrepresented backgrounds.

Recommendations to create a diverse, equitable and inclusive workforce

The report includes several recommendations that prioritize actions for nursing educators and academic administrators and that will lead to increased workforce diversity, equity and inclusion. Among the recommendations are to (1) identify and eliminate policies, procedures, curricular content, and clinical experiences that perpetuate structural racism and discrimination among faculty, staff and students; (2) increase academic progression for geographically and socioeconomically disadvantaged students through academic partnerships that include community and tribal colleges located in underserved areas; and (3) recruit diverse faculty with expertise in health equity and use evidence-based and other trainings to develop the health equity skills of faculty.

Disaster preparedness

Disasters and other public health emergencies disproportionately affect people of color, those with low incomes, those experiencing housing insecurity, and those with limited access to health care and transportation (Davis, Wilson, Brock-Martin, Glover, & Svendsen, 2010). Although nurses serve on the frontlines of emergencies and help people and communities to cope and recover, nursing curricula does not consistently and thoroughly teach students about health care emergency preparedness. The report recommends that nursing schools and employers expand disaster preparedness educational and training opportunities for nurses in all sectors and at all levels with particular attention to vulnerable populations.

Fully Supporting Nurses

To unleash the potential of nurses to advance health equity, our country needs to prioritize nurse well-being. The nursing profession has been lauded for its selflessness and caring in delivering care under extremely challenging circumstances during the COVID-19 pandemic. However, this professional engagement, often accompanied by physical and emotional risk to themselves and their families, came with a cost. Even prior to the pandemic, studies showed

stress impacting the nursing community, catalyzed by an array of factors ranging from working in understaffed settings, to experiencing bullying and violence in the workplace, to the added pressures of caring for children or elderly relatives outside of work hours (Robert Wood Johnson Foundation [RWJF], 2019; Sauer & McCoy, 2017). Levels of stress and burnout increased during the pandemic, resulting in moral injury and post-traumatic stress disorder for many nurses (Le Beau Lucchesi, 2021; Rushton, Turner, Brock, & Braxton, 2021) and prompting early retirement and departures from the nursing field.

Of the more than 12,000 nurses participating in a December 2020 survey conducted by the American Nurses Foundation, Pulse of the Nation's Nurses, most shared they are currently experiencing a higher likelihood of depression, anxiety, and distress from when they were surveyed in spring 2020. During the spring administration of the survey, 50% of nurses indicated they were overwhelmed. These feelings have intensified as 72% of nurses surveyed last December indicated that they felt exhausted (American Nurses Foundation, 2020).

Nursing students and faculty have also undergone significant changes in expectations related to their roles. During the pandemic, faculty pivoted quickly to adopt new teaching strategies and turned to simulation-based education experiences in lieu of clinical placements. Many programs struggled to find sufficient hours of instruction, training and clinical practice for students. Some students encountered difficulties in submitting their assignments without computers, Internet access, childcare, or a quiet place to study. Nursing students reported feeling stressed, exhausted, and disengaged before the pandemic (Michalec, Diefenbeck, & Mahoney, 2013). Educators have a key role to play in ensuring students' well-being and providing them with tools and strategies to nurture their well-being throughout their careers. Educators should build and sustain cultures that integrate well-being throughout the curricula in meaningful and visible ways. The Compassionate Care Initiative at the University of Virginia School of Nursing, for example, supports well-being through coursework, resiliency activities, retreats, and workshops classes (Bauer-Wu S, 2015).

At the time of this article's writing, the Delta variant was surging through the South and spreading rapidly throughout the rest of the country, stressing hospital capacity and resulting in hospitalization and death rates not seen since January 2021, mostly among unvaccinated individuals. The U.S. passed the grim milestone of 700,000 deaths from COVID-19, including more than 1,200 nurses who have died from the virus, a disproportionate number of whom are nurses of color (The Guardian and Kaiser Health News, 2021). The glimmer of hope earlier in the year that widespread vaccination could curb illness and death rates had all but dissipated as this article went to press. The well-documented burnout and stress nurses felt in

2020 and early in 2021 has intensified, accompanied by frustration that too many individuals ignored established, evidence-based public health practices that could mitigate this disease — with deleterious impact on human and technical resources and the well-being of entire communities. The nursing workforce, often facing staff shortages in the facilities where they work, has been further stretched and fatigued (Jacobs, 2021; Kennedy, 2021).

Beyond adverse impact to nurses themselves, nurses who experience poor physical and mental health are more likely to make medical errors, with resultant harm to patients (Melnyk, 2018). One of the clear imperatives from an ethical, advocacy, and policy standpoint in the next decade is to tackle the systems, structures, and policies that create workplace hazards and stresses that lead to burnout, fatigue, and poor physical and mental health among the nursing workforce. While the long-term impact of this pandemic on recruitment and retention of nurses is still unknown, the circumstances around and expectations of nurses — from public health departments to critical care units — are too frequently damaging and wholly inadequate. The report includes several recommendations to create structural and cultural changes to fully support nurses. The primary recommendation squarely lands expectations on education programs, employers, nursing leaders, licensing boards, and nursing organizations to implement structures, systems, and evidence-based interventions that promote nurses' health and well-being, especially as they take on new roles to advance health equity. This recommendation requires employing organizations' leadership, governance, and management to monitor and explicitly work to improve nurse well-being. Meaningful efforts will typically require realigning budgets to support these aims and redesigning work so that nurses are supported with adequate staffing levels, appropriate workloads, job control, a healthy physical environment and peer and other support services. Health care organizations can explicitly limit staff time on site or specific shifts to prevent nurses from being overworked. They can implement “see something, say something” programs that encourage nurses and others to report any unsafe workplace conditions, including violence and bullying. Employers can engage their nursing staff directly for ideas and recommendations about the kinds of resources and work structures that they may find most useful in supporting their well-being and that of their nurse colleagues.

One promising practice is peer support groups that enable nurses to talk with other nurses who are or have experienced similar challenges. Another is to increase engagement between managers and nursing staff and thereby communicate value and support for nurses while also obtaining input on process improvement opportunities that can minimize adverse impacts on nurses. For example, the Camden Coalition, which helps to manage the health of people with multiple chronic conditions and social needs, offers

20-minute check-ins each week to create camaraderie among their teams and to support one another, with shorter just-in-time check-ins daily (Coalition, 2021). While self-care has an important role in improving nurse well-being, it is an insufficient solution to challenges that nurses often face, ranging from inadequate staffing, to extremely acute caseloads, lack of equipment, inadequate training, or hostile work environments. Leadership of health and healthcare organizations needs to listen to their frontline staff and prioritize much-needed structural and cultural changes.

Creating a Shared Agenda

To substantially advance health equity across the nation, the report calls on a broad range of stakeholders to support the nursing profession's efforts. Additionally, within nursing itself, there is formidable capacity that, if leveraged, could more quickly and comprehensively advance health equity — an aim that has the potential to improve health and well-being for millions of Americans. Leveraging the profession's capacity is captured in the report's first recommendation that calls on nursing organizations to work collaboratively, streamlining rather than duplicating efforts to address social needs and the social determinants of health and sharing and capitalizing on key expertise held by particular nursing organizations. This shared response is also relevant because this work encompasses all nurses, regardless of their educational level or work environment. Nursing organizations should join forces to identify priorities for education, practice and policy that address the social determinants of health and advance health equity. The established agenda should include explicit priorities across nursing practice, education, leadership, and health policy engagement, along with associated timelines and metrics for measuring impact. One by one, many nursing organizations have developed educational materials, supported public policy, engaged with media and worked in many other ways to advance health equity. While these individual association efforts are important, the report calls on nursing organizations to collectively share resources, leverage expertise and move together and more expeditiously, prioritizing these focus areas on behalf of the populations we serve.

Building the Evidence

While there is a strong evidence base to build on, more research is needed to advance health equity, including a focus on implementation science that supports broadly scaling evidence-based practice models, education strategies, and public policies. For example, a robust evidence base is essential to efficiently and

effectively strengthen and diversify the nursing workforce, foster nurse well-being, and evaluate multisector team approaches to fully address health disparities and advance health equity. The report calls on the major health government agencies, private associations, and foundations to convene representatives from nursing, public health, and health care to develop and support a research agenda and evidence base that describes the impact of nursing interventions, including multi-sector collaboration, on the social determinants of health, environmental health, health equity, and nurses' health and well-being. Research should focus on using evidence-based educational strategies that clearly result in increases in the number and diversity of students and faculty from disadvantaged and traditionally underrepresented groups; as well as developing evidence-based education strategies that are effective in preparing nurses to eliminate structural racism and implicit bias; and improve the use of advanced information technology to enhance care coordination without creating more inequity.

Call to Action

In setting its sights on positioning the nursing profession to direct its expertise, attention and resources toward achieving health equity, the field is prioritizing a topic that has been anemically addressed for far too long — with disastrous results. The COVID-19 pandemic shows us that infectious disease on top of compromised social determinants of health can wreak havoc on large swaths of our communities. The past two years have been devastating for low-income individuals, people who live in rural areas, and people of color, who have disproportionately faced adverse economic repercussions and suffered and died from COVID-19. Nurses — by the tens of thousands — have stepped into circumstances that put their health and that of their families at risk and are experiencing moral injury, burnout, and stress from being asked to decrease their care level because of a shortage of beds and ventilators. Neither the American population nor the nursing profession should be faced with these circumstances again. By working to advance these recommendations, the nursing field commits to laying the groundwork for creating a healthier and more just America for everyone — the most salient and significant issue of our time.

This work is not and cannot be owned by the nursing profession alone, of course. As the report frequently notes, nursing will need the support and collaboration of everyone whose decisions impact health. New priorities will need to be set and pursued with long-standing partners. New partnerships will need to be forged with social and other sectors that have long worked to advance health equity, including social justice organizations, social services agencies, consumer organizations, and advocacy groups that work on

behalf of populations bearing the brunt of health inequities. Health systems, foundations, and broader community partners need to be involved as well (Hassmiller, 2021).

Comprehensive in its contribution, the report contains nine major recommendations and 54 sub-recommendations. Nurses and other stakeholders can download the report at www.nap.edu/nursing2030 and work collaboratively with others in determining particular actions to prioritize. The site also includes recorded webinars, short policy briefs, and a podcast series about the report. In addition, the Future of Nursing: Campaign for Action has an [Action Hub](#) available on its website with 54 draft action plans for each sub-recommendation that any organization can use as a starting point to advance health equity.

Nursing has a well-recognized place in mitigating health problems across a wide array of settings. Over the next decade, the report calls on nurses to much more substantively and comprehensively commit to preventing these health problems in the first place by working tenaciously and collaboratively to eliminate the upstream factors that drive health disparities, poor health outcomes and stand in the way of achieving health equity. The report charts a path for all nurses to meaningfully pivot to advancing health equity. With the health status of individuals, families and communities at stake, the clock is running.

Authors' Contributions

Mary Wakefield: Conceptualization, Writing – Reviewing and Editing; Susan B. Hassmiller: Conceptualization, Writing – original draft preparation, Writing – Reviewing and Editing.

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