



JOHNS HOPKINS
SCHOOL *of* NURSING

THE INSTITUTE FOR POLICY SOLUTIONS



Ending Unequal Treatment Report: Implications for Nursing Science

N A C N R C o u n c i l M e e t i n g ,

S e p t e m b e r 1 2 , 2 0 2 4

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Presentation Agenda



Ending Unequal Treatment: Overview and Implications

Strategic Opportunities for Nursing Science to Lead in Eliminating Health Inequities

Past and Future: The Nursing Science Contribution to Eliminating Health Inequities



Ending Unequal Treatment: Overview and Implications

Ending Unequal Treatment

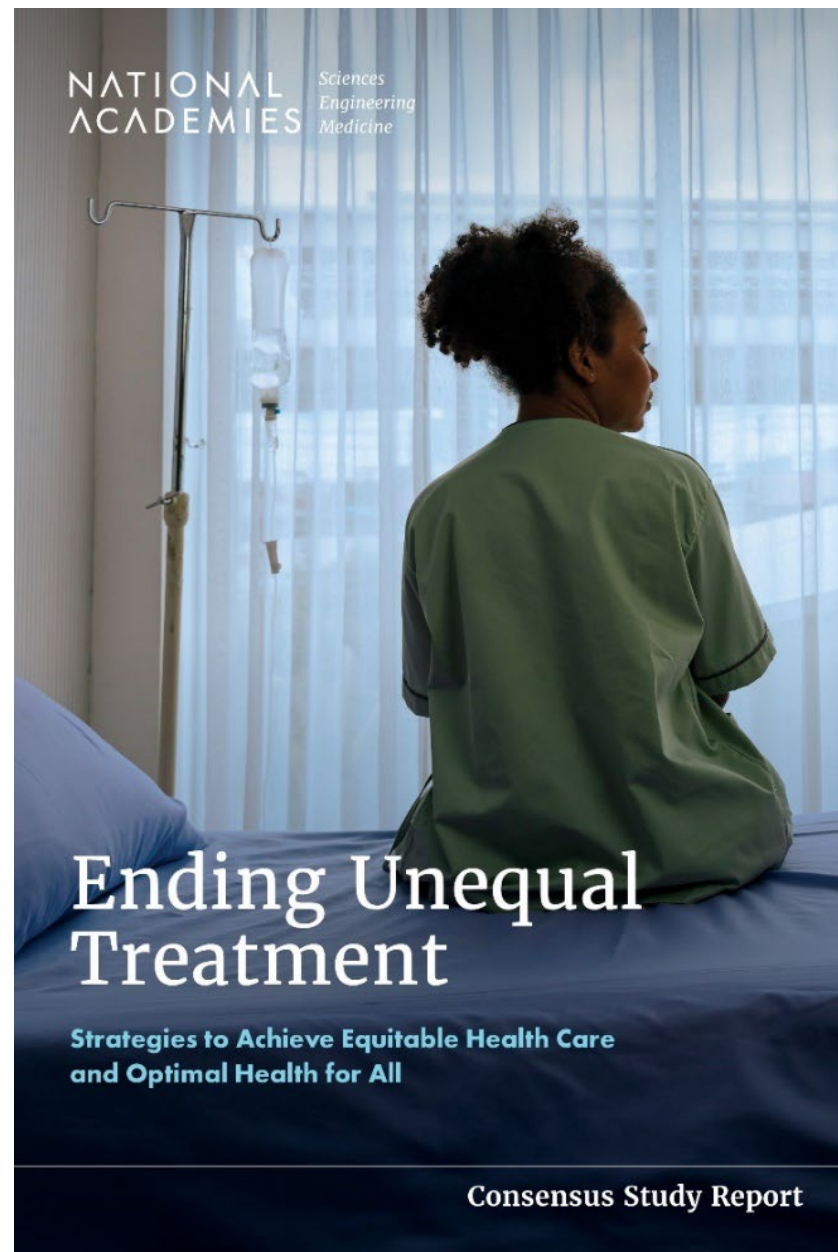
Strategies to Achieve Equitable Health Care
and Optimal Health for All

Consensus Study Report

The June 2024 Ending Unequal Treatment Report

- Developed by an **ad hoc committee** of the **National Academies of Sciences, Engineering, and Medicine**
- Examined the **current state of racial and ethnic healthcare inequities** in the U.S.
- Represents a **20-year follow-up and update** to the 2003 *Unequal Treatment* report

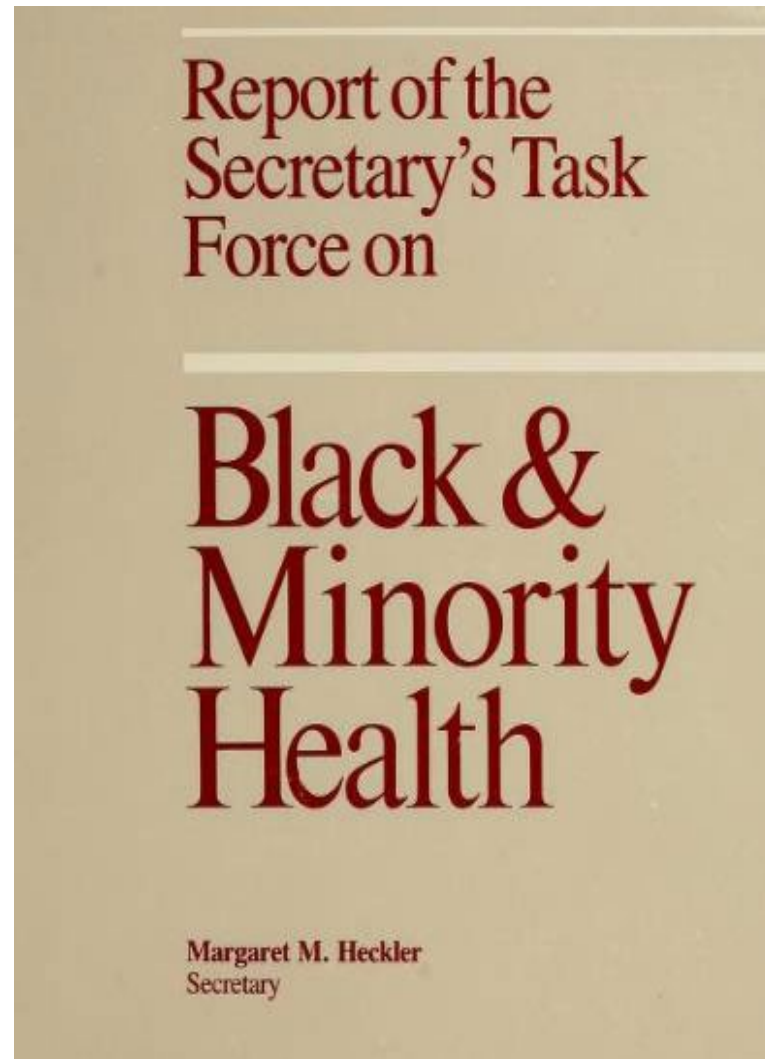
The Summarized Statement of Task



- Examine the **major drivers** of healthcare inequities in the U.S.;
- Provide insight into **successful** and **unsuccessful programmatic and policy interventions**;
- Identify **gaps** in the evidence base and propose strategies to close those gaps;
- Consider ways to **scale** and **spread effective programmatic and policy interventions** to **reduce racial and ethnic inequities** in healthcare; and
- Make recommendations to **end healthcare inequities**.

The Ending Unequal Treatment Report in Historical Context

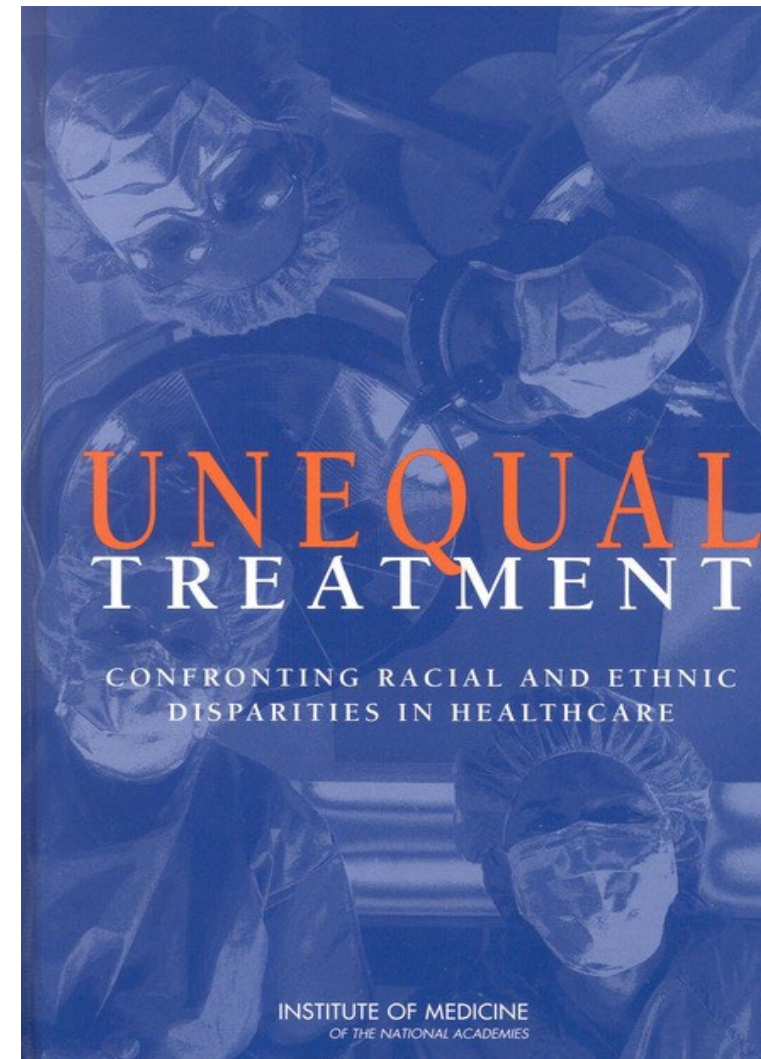
1985



1985 Heckler Report

The first **national convening to explore** racial and ethnic disparities, primarily evident in ***health status***

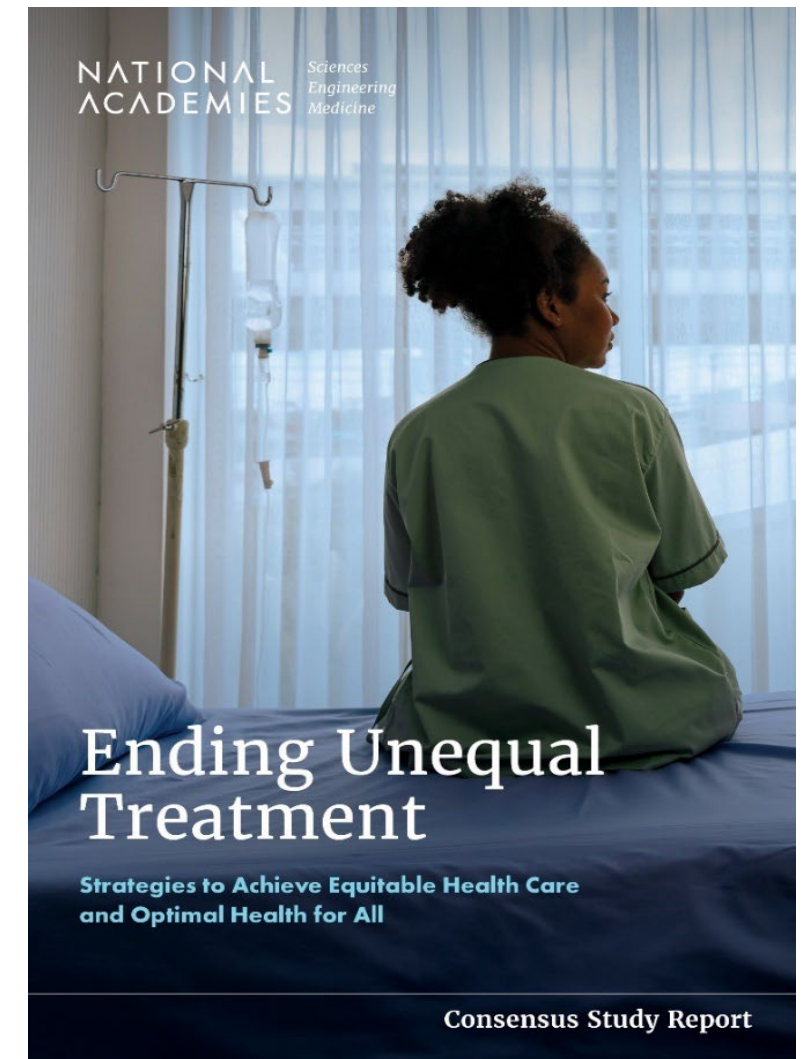
2003



Unequal Treatment

Landmark report to point to longstanding ***systemic and structural racism in healthcare*** as a major reason for the nation's deeply entrenched health disparities

2024



Ending Unequal Treatment

20 year follow-up to Unequal Treatment (2003 - 2024)

Committee Members

Georges C. Benjamin (*Co-chair*)

American Public Health Association

Jennifer (Jen) E. DeVoe (*Co-chair*)

Oregon Health & Science University

Margarita Alegría

Massachusetts General Hospital,
Mass General Research Institute, and Harvard
Medical School

John Zaven Ayanian

University of Michigan

Elaine E. Batchlor

MLK Community Hospital and
MLK Community Healthcare

Darrell J. Gaskin

Johns Hopkins Bloomberg School
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Indiana University Bloomington

Paul C. Tang

Stanford University

Reginald Tucker-Seeley

Health Equity Strategies and Solutions

Consuelo Hopkins Wilkins

Vanderbilt University Medical Center

**Francis K. Amankwah (*Responsible
Staff Officer*)**

National Academies of Sciences,
Engineering, and Medicine

Study Sponsors

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Study Methodology

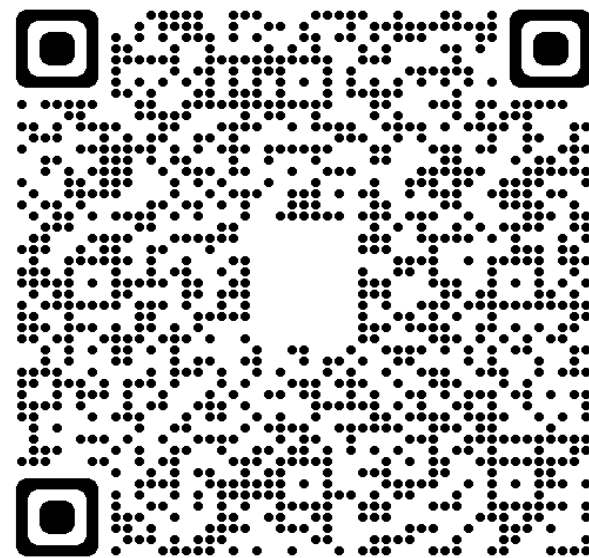
- Extensive **review of the literature** relevant to the statement of task since 2003.
- Commissioned **three papers**.
- Conducted virtual **public workshops**.
 - A publication summarizing the discussions was published by the National Academies Press in January 2024.
 - **Dr. Rumay Alexander** represented ANA during public comment
 - **Dr. Ernest Grant** was a reviewer of the report
- Provided a **link for the public** to share their comments for the committee's consideration.

Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All

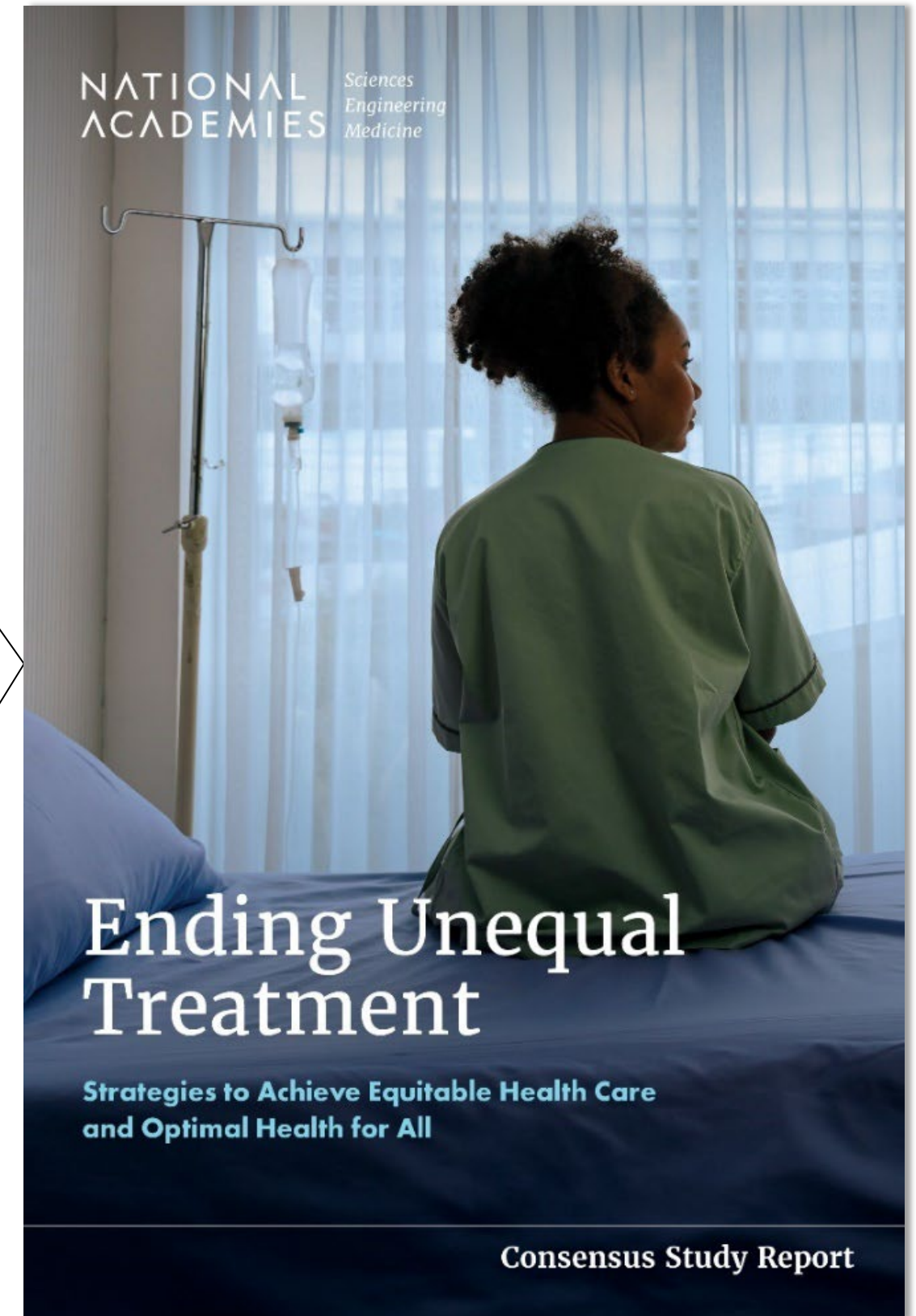
8 Overarching Conclusions

5 Goals

17 Recommended Implementation Actions



Read the 2024 Ending Unequal Treatment Report

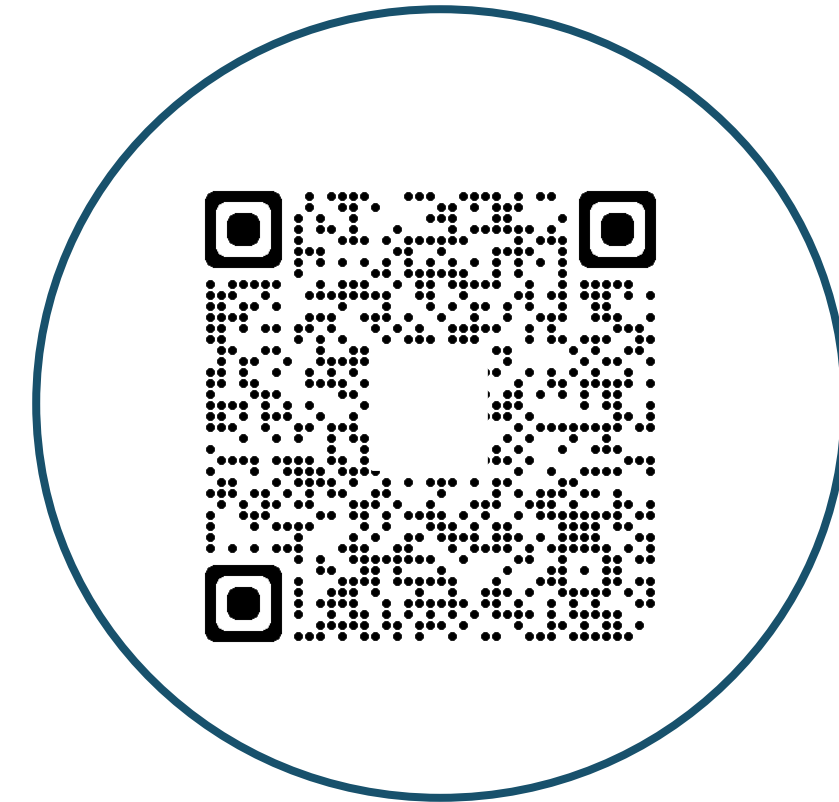


Health Affairs Forefront Article Summarizes *Ending Unequal Treatment* Takeaways

HealthAffairs

HealthAffairs
FOREFRONT

Ending Unequal Treatment In The United States Health Care System



More than twenty years have passed since the Institute of Medicine (now the National Academy of Medicine) published its 2003 landmark report, [*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*](#). The central conclusion of the report was that racial and ethnic disparities were a hallmark of the US health care system and that unequal treatment persisted even when controlling for health insurance coverage. That report also found that systemic and structural racism were major drivers and produced measurable adverse effects within the process of health care itself.

Clarifying Definitions and Key Concepts

Health outcomes: measurable changes in the health status of an individual or a population.

Health care system: the organized network of organizations, resources, and individuals that deliver health care services to meet the health needs of a population.

Health system: Societal systems external to the healthcare system that shape health outcomes directly, and influence how the health care system is organized, financed, delivered, and accessed.

Clarifying Definitions and Key Concepts (part 2)

Health care disparities:
racial or ethnic differences in the
quality or outcomes of health
care.

Health care inequities:
Avoidable, unnecessary, and unjust
differences in the quality or outcomes
of health care.

Ending Unequal Treatment:

Implications for Ending Healthcare Inequities

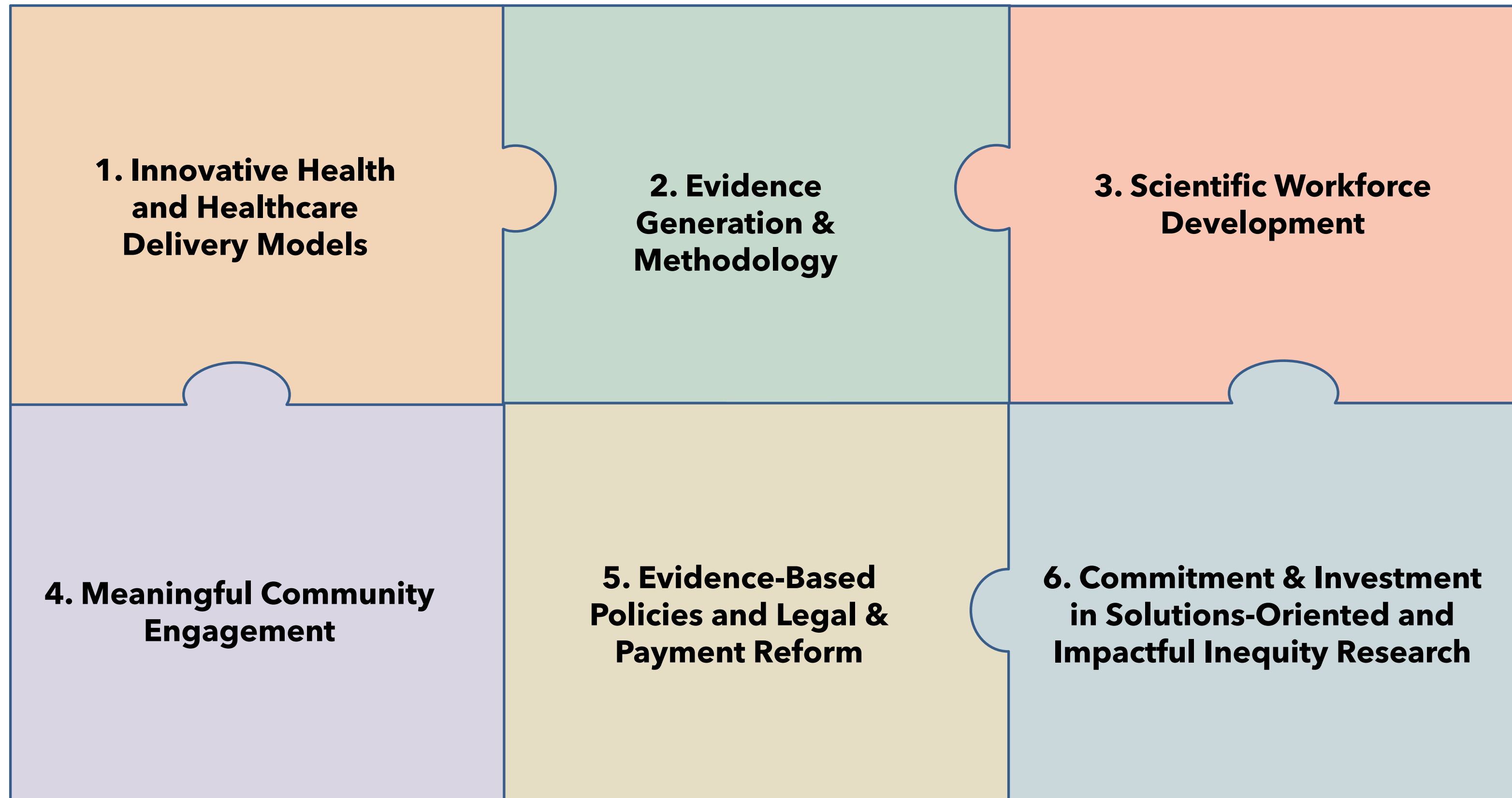
1. In the past two decades, there has been **limited overall progress** in the **elimination of healthcare inequities**
2. Healthcare inequities are **highly concentrated among racial and ethnic minoritized populations**
3. **Eliminating health and healthcare inequities** is a measurable goal (**vs. solely advancing health equity**)
4. The healthcare system is embedded **within a larger health system**
5. Our lack of progress in addressing racial-ethnic health and health care inequities has **consequences for all of us** and eliminating health and healthcare inequities has **benefits for us all** (i.e., myth of zero-sum game)
6. Healthcare delivery too often focuses on the **diagnosis, treatment, and management of disease** (i.e., sick-care model)
7. Healthcare delivery models incentivize **volume of services** and rely on the **costliest procedures** (i.e., fee-for-service model)
8. Effective healthcare delivery models **integrate social and clinical care**, is **person-centered**, and prioritizes **wellness, prevention, and health promotion**

Ending Unequal Treatment:

Implications for Ending Healthcare Inequities (part 2)

9. The healthcare workforce is **too narrowly defined** and there is a **need for new roles**
10. There are **restrictions** to non-physician health care workers' ability to practice at the highest levels of their **education, licenses, and competencies**
11. The healthcare workforce is **not adequately representative of the populations** it serves
12. The healthcare workforce has **limited training** on principles of **meaningful community engagement** and in the **elimination of health and health care inequities - including, effective integrated SDOH models of healthcare**
13. The healthcare workforce, clinical tools, and algorithms **share the same implicit biases** against minoritized populations as is present in the general US population
14. As a nation, we **do not routinely collect or report** on patient race, ethnicity, tribal affiliation, or language data nor do we uniformly present data on **health and health care inequities**
15. Federal and non-federal funders **do not adequately invest in solutions-oriented research** designed to **eliminate health and health care inequities**
16. Laws and policies that reduce health care inequities have faced **significant challenges** in their scale-up

Six Key Strategic Opportunities for Nursing Science





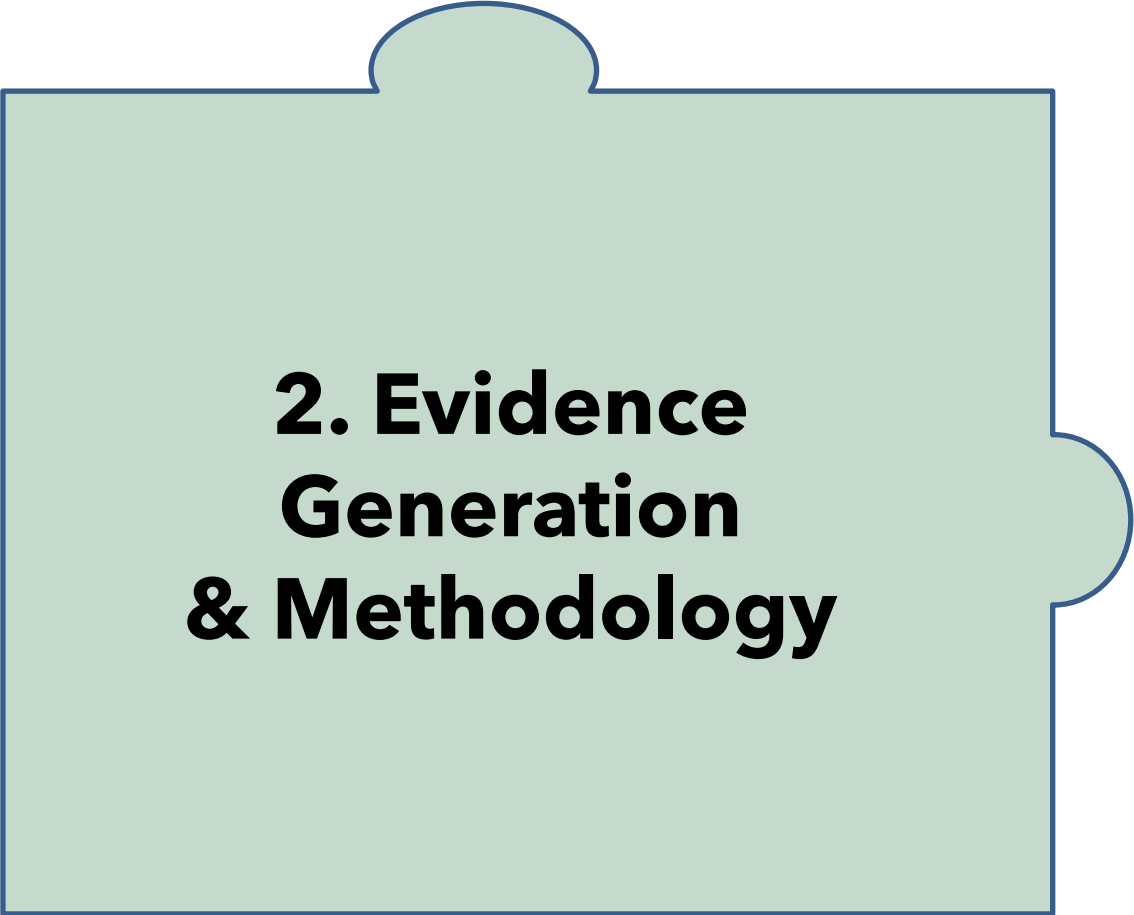
Strategic Opportunities for Nursing Science to Lead in Eliminating Health Inequities

An orange callout box with a blue border and a tab-like shape on the right side. It contains the text '1. Innovative Health and Healthcare Delivery Models' in bold black font.

1. Innovative Health and Healthcare Delivery Models

Strategic Areas for Nursing Research: Priority #1

- ☐ Reducing the prioritization on sick-care by developing care models that emphasize prevention and health promotion
- ☐ Primary care as the backbone of healthcare
- ☐ Enhancing the person-centeredness and whole person orientation of healthcare delivery
- ☐ Effective integration of clinical and social care
- ☐ Multilevel interventions to address harmful social determinants of health



2. Evidence Generation & Methodology

Strategic Areas for Nursing Research: Priority #2

- ☐ Resolving conceptual tensions and closing key empirical evidence gaps
- ☐ Novel study designs and methods
- ☐ Measurement in health inequity research
- ☐ Large-scale multi-site demonstrations of novel models
- ☐ Implementation science research to support adoption and equitable scale-up



3. Scientific Workforce Development

Strategic Areas for Nursing Research: Priority #3

- ☐ Enhancing scientific training opportunities for solutions-oriented health inequity research
- ☐ Improving the competitive acquisition of funding and grantsmanship of the nursing workforce
- ☐ Addressing future scientific workforce challenges, including shrinkage and lack of representativeness

4. Meaningful Community Engagement

Strategic Areas for Nursing Research: Priority #4

- ☐ Strengthening evidence-based frameworks for meaningful community engagement (MCE)
- ☐ Elevating MCE knowledge, skills, and methods in scientific training
- ☐ Leadership in addressing societal challenges to science (e.g., societal mistrust of science/research/healthcare)



5. Evidence-Based Policies and Legal & Payment Reform

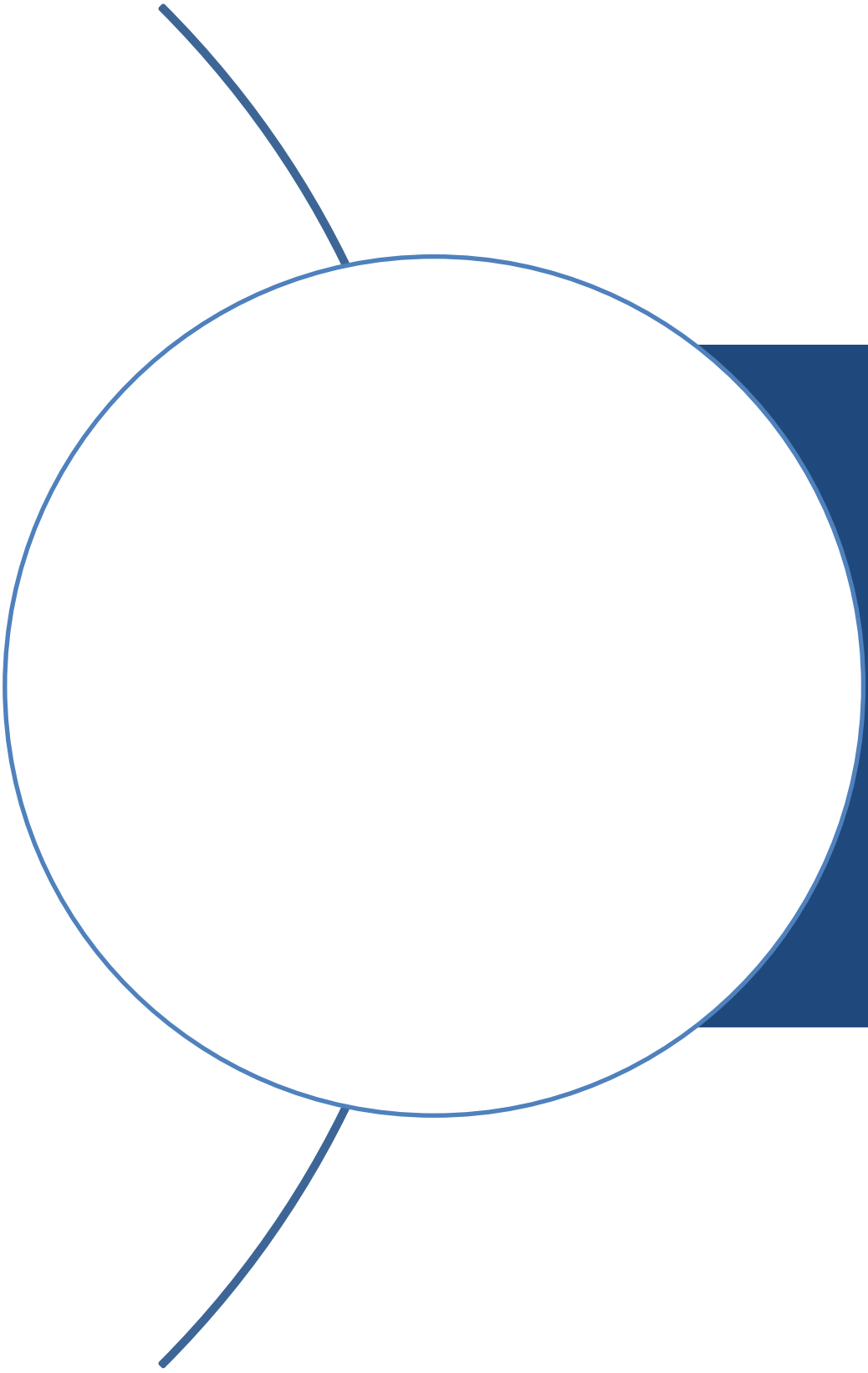
Strategic Areas for Nursing Research: Priority #5

- ☐ Policy evaluation studies of new and existing laws and regulations
- ☐ Evaluating novel reimbursement models to identify policy alternatives to traditional fee-for-service

6. Commitment & Investment in Solutions-Oriented and Impactful Inequity Research

Strategic Areas for Nursing Research: Priority #6

- ☐ Increasing funding for solutions-oriented research focused on eliminating health and healthcare inequities
- ☐ Committing to the elimination of health inequities vs. incremental advancement of health equity
- ☐ Nursing school and professional organization commitment to the elimination of health inequities








Past and Future: The Nursing Science Contribution to Eliminating Health Inequities

The NINR Strategic Plan: A Commitment to Continued Nurse-Leadership



MISSION: Lead nursing research to solve pressing health challenges and inform practice and policy—optimizing health and advancing health equity into the future.

RESEARCH LENSES

Health Equity	Social Determinants of Health	Population and Community Health	Prevention and Health Promotion	Systems and Models of Care
				
Reduce and ultimately eliminate the systemic and structural inequities that place some at an unfair, unjust, and avoidable disadvantage in attaining their full health potential.	Identify effective approaches to improve health and quality of life by addressing the conditions in which people are born, grow, learn, play, live, and age, and their structural drivers.	Address critical challenges that shape health within and across populations and communities.	Intervene at multiple levels to prevent disease and promote health for all.	Address the holistic needs of individuals, families, and communities through effective clinical, organizational and policy solutions that optimize care delivery.

Examples from NINR's Leadership

In line with the new Strategic Plan, NINR has leveraged several mechanisms to support solutions-oriented health inequity research, e.g.:

- **R01:** NINR Areas of Emphasis for Research to Optimize Health and Advance Health Equity
- **R21:** NINR Areas of Emphasis for Research to Optimize Health and Advance Health Equity
- **U01:** Transformative Research to Address Health Disparities and Advance Health Equity
- **R25:** Short Courses in Social Determinants of Health for Research Education in Nursing Research
- **F31:** Ruth L. Kirschstein National Research Service Award (NRSA) Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research
- **T32:** Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants

These initiatives have the potential to advance the contributions of nursing science in the elimination of health and health care inequities

Examples from NINR's Leadership (part 2)



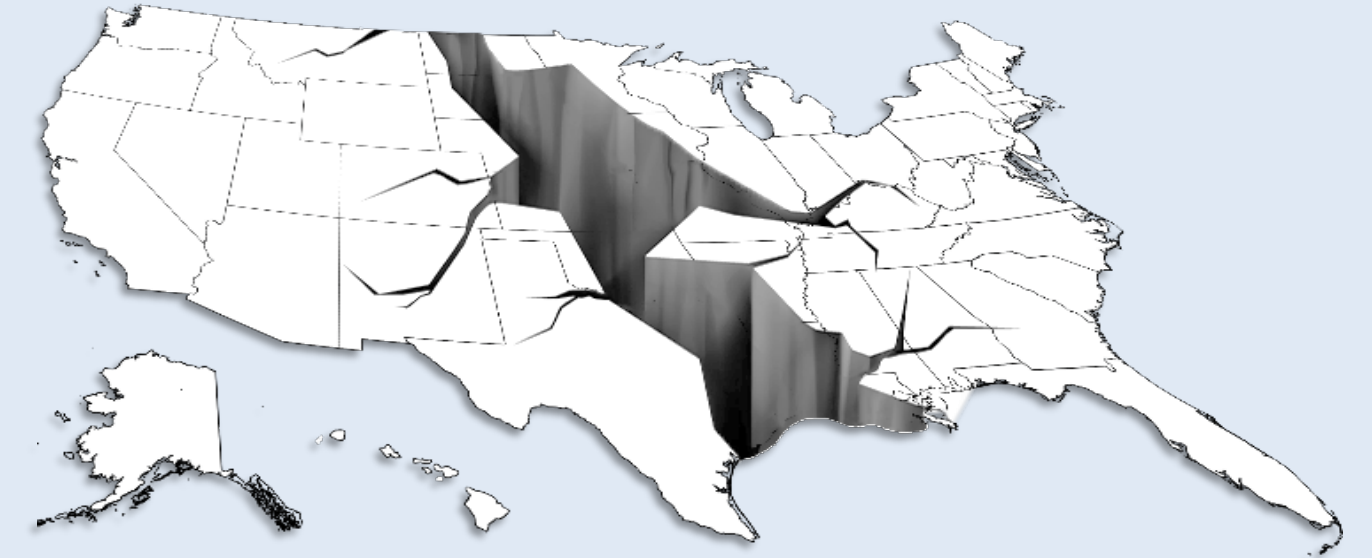
The program will focus exclusively on **SDOH research**. Topics will include application of **conceptual models**, **design** considerations, **methods**, and **measurement**. The optional third day will include a **mock grant review** by NIH staff and opportunities to meet with NINR program staff. Participants will also meet NIH/NINR staff and other researchers engaged in **SDOH work**.

Eligibility

- Be a nurse who holds a **terminal research degree**
- Be an **early-stage investigator** (ESI) who has completed their terminal degree or post-graduate clinical training within the past 10 years or a new investigator who has **not previously competed successfully** for a substantial research grant from NIH.
- Currently hold one of the following positions:
 - 2nd or 3rd year postdoctoral fellowship, preparing to transition to independent career stage; Assistant professor; Associate professor; or Comparable research position
- Be **planning to submit a K, R21, or R01 grant** to NIH within the next 12 months.

Why It Is Important to Amplify Efforts Now

Societal and **political divides** resulting in **polarization** pose the risk of another 20 years of not eliminating health and healthcare inequities



A **persistent myth** – addressing health inequities is a **zero-sum game**:

- **Social and political tensions** regarding **who benefits** and **how to respond** to health inequities

The **evidence reviewed by *Ending Unequal Treatment*** shows:

- Policies and programs for marginalized and minoritized populations **improve outcomes for everyone**
- Not addressing health inequities **hurts everyone**

**A conceptual framework
for solutions-oriented
health inequity and
SDOH research**



THE
MILBANK QUARTERLY

Conceptualizing the mechanisms of social determinants of health:
A heuristic framework to inform future directions for mitigation



**A four- step approach to
applying the framework
for SDOH intervention
development**



NURSING OUTLOOK

Nurse-led approaches to address social determinants of health
and advance health equity: A new framework and its implications

**Applying the framework
for the evaluation of
multilevel SDOH
interventions**



Prevention Science

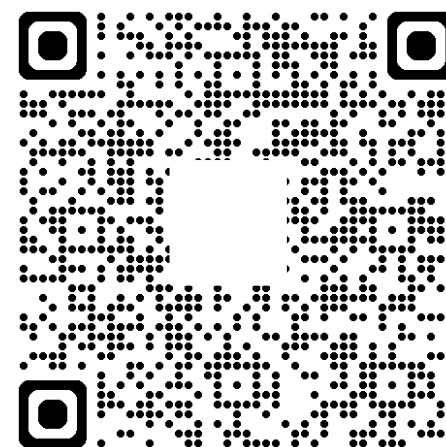
Application of a heuristic framework for multilevel interventions
to address and mitigate the impact of unjust social processes and
other social determinants of health



Thank You!

**Dr. Vincent Guilamo-Ramos
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Institute for Policy Solutions**

Please send any questions or comments to:
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