ARTING NURSING'S FUTURE

Robert Wood Johnson <u>Foundation</u>

School of Nursing THE GEORGE WASHINGTON UNIVERSITY



April 2015 • ISSUE NO. 25

IN THIS ISSUE

The Value of Nursing in Building a Culture of Health	2
Nursing's Roots in Health Promotion and Disease Prevention	3
Promoting Health Where People Live, Learn, and Play	4
▶ Reaching the Most Vulnerable	6
Primary Care That Transforms Communities	7
Nursing Leadership in Building a Culture of Health	8
School Nurses Build a Culture of Health	8



"If being healthy and staying healthy is to become a core American value, we must foster individual and community actions that promote good health. Nurses are present throughout our lives, in both clinical and community settings, and are well positioned to promote this endeavor."

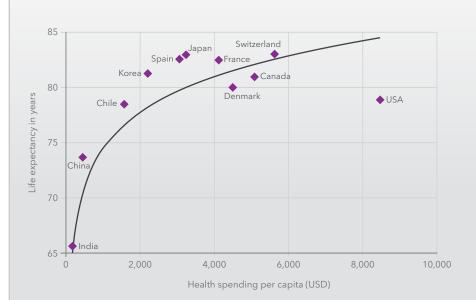
-Risa Lavizzo-Mourey, MD, MBA President and CEO, Robert Wood Johnson Foundation

The Value of Nursing in Building a Culture of Health (Part 1): Reaching Beyond Traditional Care Settings to Promote Health Where People Live, Learn, and Play

The United States spends more per person on health care than any other nation yet ranks 37th in the developed world for morbidity and mortality (see Figure 1, below). To address this contradiction, many reform efforts have focused primarily on health care delivery, looking at how to reduce costs, improve quality, and extend access to care. While this work remains vital, there is a growing recognition that health depends equally on what happens outside of health care settings—that health is intimately tied to such factors as income, education level, nutrition and exercise, and the places people live.

In the past year, the Robert Wood Johnson Foundation (RWJF) has articulated a new vision for its ongoing mission to improve health and health care and is calling on everyone to join in building a Culture of Health. This brief showcases nurses' roles in that endeavor, their historic leadership in recognizing and addressing the social determinants of health, and their presentday contributions to prevention and health-promotion efforts. These include developing effective programs and implementing bold policies to improve health across the life cycle. A subsequent brief will explore the ways in which nurses and businesses are promoting a Culture of Health in the workplace and laying the groundwork for a healthier nation.

Figure 1. U.S. Health Spending and Life Expectancy Compared With Other Nations (2011)



Although the United States spends more per capita on health care, it ranks below other developed nations in life expectancy and other health measures.

Source: OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing.

How Nurses Are Building a Culture of Health

Despite leading the world in health care expenditures, the U.S. health care system has failed to produce a healthy populace. In fact, relative to other developed countries, the United States performs worse on a number of health status measures (see Figure 2, below).

For more than a century, nurses have responded to these challenges by working to build a Culture of Health where people live, learn, work, and play. Venturing into crowded tenements, rural homesteads, schools, and factories, nurses were among those who pioneered the practice of working to ameliorate the conditions that bring about illness or injury while providing care in underserved communities. Today nurses reach out to people in need, visiting them in inner-city high-rises, public libraries, barbershops, and beauty salons. At 3 million strong, nurses form the backbone of the health care system and have an extensive community presence. They are also found in every clinical setting, and in recent decades, they have proved their value in two

relatively new arenas—transitional care and care management—that take advantage of nurses' ability to build bridges among families, health care settings, and the community resources people need to become and remain healthy.

Why are nurses capable of adapting to these diverse roles and settings? Nurses are educated to consider medical issues within a larger context, one that includes the social determinants of health. The World Health Organization defines these as "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness." This holistic view of health also serves nurses well in public and community health departments, where nurse leaders are making and implementing policies that support population health.

Nurses engage in similar efforts within corporations, insurance companies, and health systems. *Charting Nursing's Future* will explore these private sector initiatives in a subsequent brief later this year.

For More Information

Building a Culture of Health: 2014 President's Message

Time to Act: Investing in the Health of Our Children and Communities. Recommendations From the Robert Wood Johnson Foundation, Commission to Build a Healthier America. 2014.

OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing.

Figure 2.

How the United States Compares with Member Nations of the Organisation for Economic Co-operation and Development (OECD)

MEASURE	U.S.	OECD AVERAGE
Infant mortality per 1,000 live births, 2011	6.1	4.1
Obesity among adults (age 15+), 2011	36.5%	17.6%
Diabetes prevalence among adults (20-79), 2011	9.6%	6.9%

All 34 OECD nations are democracies with market economies that together account for 63 percent of global GDP. Infant mortality rates are higher in the United States than in most other OECD countries, and in 2010, rates among African-American women were double those for white American women. The United States also has the developed world's highest rate of adult obesity and a high rate of diabetes, which disproportionately affects people in lower socioeconomic groups. Health expenditures related to diabetes were estimated to be \$176 billion in 2011.

The United States also ranks last among OECD countries when it comes to preventing deaths that are amenable to health care. All Americans—even the affluent and educated—experience higher rates of infant mortality and chronic disease, and lower life expectancy than their peers in the developed world. People who are poor or belong to a racial or ethnic minority group fare the worst. That finding is especially troubling given that more than one-fifth of all U.S. children live in poverty, many in unhealthy neighborhoods with low-quality housing, limited access to nutritious food, and few opportunities for physical activity.

Sources: OECD (2013), Health at a Glance 2013: OECD Indicators, OECD Publishing; Nolte E, McKee M. Variations in Amenable Mortality—Trends in 16 High-Income Nations. Health Policy. 2011;103(1):47-52.



"Nurses are essential to some of the most effective health promotion and prevention programs.

To build a Culture of Health, we should invest more in these initiatives. They provide an incredible return on investment—measured in lives, money saved, and improved quality of life."

-Georges Benjamin, MD
Executive Director, American
Public Health Association

RWJF Vision for a Culture of Health

- Good health flourishes across geographic, demographic and social sectors.
- 2. Attaining the best health possible is valued by our entire society.
- 3. Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible.
- Business, government, individuals, and organizations work together to foster healthy communities and lifestyles.
- Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health.
- 6. No one is excluded.
- 7. Health care is efficient and equitable.
- 8. The economy is less burdened by excessive and unwarranted health care spending.
- The health of the population guides public and private decision-making.
- 10. Americans understand that we are all in this together.

Source: Building a Culture of Health: 2014 President's Message

Nursing's Roots in Health Promotion and Disease Prevention

The idea of cultivating the health of individuals by changing the culture of a community has been alive for more than a century. In her memoir, *The House on Henry Street*, nurse and social reformer Lillian Wald recalls the day in 1893 when a child seeking help for her ailing mother led Wald through New York's Lower East Side, "over broken railways...dirty mattresses and heaps of refuse" to find the girl's mother, "on a wretched, unclean bed, soiled with a hemorrhage two days old." Wald called the experience, "a baptism of fire," one that prompted her to take up residence in the neighborhood to care for its sick.

Visiting patients in their homes opened Wald's eyes to the conditions that were making people ill and led her to expand her efforts well beyond sick care. She established the Henry Street Settlement, which offered a pioneering mix of services intended to transform the lives of neighborhood residents. Nurses visited new mothers in their homes and taught infant care. They entered the schools and treated conditions that had previously excluded children from the

classroom. They offered classes in cooking and sewing, music and dance. And they created the city's first municipal playground.

Today Wald's legacy is alive and well in North Philadelphia where Patricia Gerrity, PhD, RN, FAAN, has spent almost 20 years leading an effort to improve the health of community residents. The associate dean for community programs at Drexel University's College of Nursing and Health Professions got to know the neighborhood in 1996, when the university entered into an agreement with the city housing authority to improve the health status of public housing residents.

Gerrity undertook that challenge on the university's behalf and soon made members of the school's public health nursing faculty available in each of the neighborhood's housing complexes to address residents' needs. Her colleagues provided health screenings and managed chronic conditions. They visited the local schools to teach children about healthy habits, and they attended Resident Council meetings to find out what residents saw as their biggest

health challenges.

"These surprised us," reports Gerrity, who says car accidents and dog bites were at the top of the list. She responded by working with the city to see that a stop sign was installed at one intersection, that stray dogs were rounded up, and in response to another urgent concern, that emergency food was made available at the end of every month. These actions built trust with the community, prompting members to participate in a structured, three-day planning session to define health goals for the neighborhood. The idea for a health center emerged from this process, and a community advisory board, composed largely of residents, was formed

to flesh out a plan—one that valued staying healthy as well as clinical care.

In 1998, the center opened its doors, and four years later, it partnered with Family Practice and Counseling Network to gain federally qualified health center status as 11th Street Family Health Services. Right from the start, the nurse-managed clinic offered an unusual blend of primary care services and community programs. The building includes a fitness center and a teaching kitchen where cooking classes take place. The center also reaches beyond its four walls, hosting a community garden where clients grow fresh produce. Staff also work with local schools on public art projects that engage students, and nurses visit patients at home to improve their ability to manage complex chronic conditions.

Even the center's approach to clinical care is out of the ordinary. Because behavioral health needs may stand in the way of patients' ability to keep such physical conditions as diabetes under control, nurse practitioners, who provide primary care, routinely collaborate with social workers, who screen for depression and other conditions. In recent years, 11th Street has added a new dimension to its work by committing the center to provide "trauma-informed" care. This approach acknowledges the lasting health effects of traumatic events and seeks to create a safe environment in which staff consider these experiences in formulating care plans for patients. As Gerrity, an RWJF Executive Nurse Fellow alumna, puts it, "You change your outlook from what's wrong with this person, to what's happened to this person." She says this approach not only benefits patients, but also staff who are similarly vulnerable to stress.

In 2014, the renamed Stephen and Sandra Sheller 11th Street Family Health Services broke ground on an addition that will double its size and expand its ability to serve area residents. The community has asked for a commercial kitchen in the new building, one that could provide training opportunities for residents in need of jobs while also producing and selling the kind of low-carb and nutritious food that the community has come to embrace thanks to 11th Street's popular cooking classes.

The Value of Nursing, Then and Now



Photo: Courtesy of Henry Street Settlement

The spirit of New York City's Henry Street Settlement (left) is alive and well in North Philadelphia (below). This past November, young and old took part in the second Annual 11th Street Gobble Gallop—a chance for families to exercise, socialize, find health information, and connect to community resources as they move through their neighborhood.



Photo: Melvin Epps/Third Eye Productions, Inc.

Promoting Health Where People Live, Learn, and Play

When most people hear the word, "nurse," they likely picture a uniformed person in a hospital or other clinical setting. But nursing also has a long tradition of building a Culture of Health by serving people in the community. Nurses play key roles in public health at the local, state, and federal levels, protecting the population through infection control, emergency response, and health-promotion initiatives. Other nurses engage in community-based nursing, providing sick and preventive care to individuals outside of clinical settings. As the programs featured in this brief make clear, nurses are improving the health of communities and individuals across the lifespan through their presence in homes, schools, and the other places people congregate.

Nurse Home-Visiting Improves Health of Newborns and Families

An innovative nurse home-visiting program for newborns in Durham, N.C., has resulted in reduced maternal anxiety, healthier home environments, more positive parenting, and 50 percent fewer emergency room visits and overnight hospital stays for infants in participating families during the first 12 months of life.

The program, called Durham Connects, offers free visits by RNs to Durham County parents of newborn children 2 to 12 weeks old. Nurses check the overall health of both mothers and infants, offer assistance with breastfeeding and infant care, and provide guidance in finding community resources such as parenting classes, high-quality child care, and financial assistance. Because of their clinical skills and experience, nurses are also able to address additional vulnerabilities, including postpartum depression, family violence, and substance abuse.

"We're also able to inform community programs of the needs of families in Durham and demonstrate gaps in community resources," says Paula Wright, RN, IBCLC, Durham Connects' clinical director.

The program is made available to all families with newborns because every family has needs at this vulnerable time. The program's universality destigmatizes the intervention and contributes to its effectiveness, with more than 50 percent of visited families accepting referrals for further community-based services.

In addition to improving health outcomes, the program is very cost-effective. An evaluation study by Duke University researchers estimated that every dollar spent on Durham Connects saved \$3 in avoided hospital emergency care costs. The program has been so successful that the model has been replicated in four additional counties in



Photo: Copyright Tyrone Turner. Used with permission from the Robert Wood Johnson Foundation.

eastern North Carolina under the name Family Connects.

The Center for Child and Family Health currently oversees Durham Connects, which was conceived and piloted in 2008 by the Duke University Center for Child and Family Policy in cooperation with the Durham County Health Department. Primary funding comes from The Duke Endowment, with additional funds provided by Durham County, Medicaid reimbursement, and other sources.

Nurses Mobilize to Help Hispanics Obtain Coverage

"People who have never been insured don't know what a copayment is, or a premium," says Adriana Perez, PhD, ANP-BC, president of the National Association of Hispanic Nurses (NAHN) Phoenix, Ariz. chapter. "They don't know about tax credits or cost-sharing help."

This is true for millions of Hispanics, since one in four lacks health insurance. Coverage is one key to better health in the Hispanic community, which suffers from disproportionately high rates of obesity, diabetes, uncontrolled high blood pressure, and dental disease. That's why NAHN recently mobilized and trained 70 local NAHN chapter nurses in eight states to educate Hispanics about health insurance, free preventive services, and the process of obtaining coverage through the Affordable Care Act.

In some states, NAHN nurses provide easy-to-understand guidance on these topics while conducting free blood pressure screenings and body mass index assessments in churches, schools, and senior centers. Families are then referred to enrollment counselors who can guide them through the process of qualifying for Medicaid or buying insurance on the federally or state-run exchanges.

Last September, NAHN was awarded \$250,000 in federal funding for this effort. It is the latest iteration of work begun two years earlier. In 2012, the Phoenix NAHN chapter trained 14 nurses to reach out to Spanish speakers and other underserved ethnic minority groups in rural and border Arizona communities. Armed with easy-to-understand bilingual materials, the nurses worked with church groups, women's groups, Planned Parenthood, promotora de salud programs,



Photo: Gloria Gallardo

and the National Black Nurses Association to encourage people to sign up for insurance. Financial support from AARP Arizona and the Center to Champion Nursing in America allowed the chapter to hold 92 educational events that reached more than 2,000 people.

"People trust nurses," says Perez. "We present them with the facts. We don't say, 'You should do this' but rather, 'Here are things we know can help you and your family stay healthy."

Tribal Community Harnesses the Power of Public Health Nursing

The community of Taos Pueblo, a sovereign nation and National Historical Landmark, is more than 1,000 years old. Today, its 1,300 residents are finding new ways to improve their health and address challenges such as high levels of diabetes, obesity, and alcoholism while retaining ancient traditions and culture.

In 2007, Taos Pueblo decided to assume responsibility for several major community health programs formerly run by the federal government, thereby allowing the community to create, manage, and direct holistic programs specific to the tribe's needs. Two years later, the pueblo's Health and Community Services Department took over management of public health nursing to better respond to medical emergencies and improve access to health care.

Today, a single public health nurse, Shannon Lujan, RN, BSN, works with both ill and well residents and acts as a liaison between the tribal community and outside systems such as social service agencies and specialist

practitioners. She collaborates with three primary care physicians working at the Indian Health Service clinic located on tribal land and makes periodic home visits to 75 residents with chronic medical conditions. For these patients, she provides hands-on nursing services, such as insulin injections and wound care, and one-on-one health teaching, physical assessment, and case management. Two Community Health Representatives, who are certified nurse's aides, work with her.

Lujan interacts with the well population through the local school, fitness center, and Head Start program. She also manages a diabetes prevention program and provides childhood immunizations, flu vaccines, and nutritional guidance, incorporating tribal and family values into everything she does.

"I want to give back to the people who raised and supported me and be a role model for our youth," says Lujan, a Taos Pueblo native. "No outsider could relate to or understand the people the way I do."



Photo: Copyright 2014 Robert Wood Johnson Foundation/Craig Fitz

Ezra Bayles, director of the Health and Community Services Department, is aware of Taos Pueblo's health challenges but chooses to focus on the tribe's strengths—high regard for elders, commitment to family, and respect for the land. Bayles believes Taos Pueblo's health care model can serve as a prototype for other tribal, rural, and underserved populations. He's starting to analyze statistical data to document the impact of community-based services on health outcomes.

Unique Collaboration Makes Homes Safe for Frail Older Adults

In 2003, Sarah Szanton, PhD, ANP, FAAN, had an epiphany. A relatively modest investment in home improvement could have a major impact on low-income older adults whose ability to function independently was being compromised by the condition of their homes. The associate professor and director of the PhD program at the Johns Hopkins University School of Nursing (JHSON) designed a novel program—Community Aging in Place, Advancing Better Living for Elders (CAPABLE)—that is helping to build a Culture of Health in some of Baltimore, Md.'s poorest neighborhoods.

CAPABLE employs a unique team—a nurse, an occupational therapist (OT), and a handyman or handywoman. The RN identifies health issues such as depression, communicates with clients' primary care practitioners, and helps clients to manage their medications, build strength and balance,

and cope with pain. The OT evaluates clients, assists them in setting functional goals such as walking to church or preparing a meal from scratch, devises self-care plans, and recommends home improvements. The third team member installs railings and grab bars and makes needed home repairs.

"We have people who go from sitting in chairs all day to moving around their houses and communities," says Szanton. The RWJF Nurse Faculty Scholar alumna conducted a study of 100 CAPABLE participants. It showed that the intervention cut their self-care difficulties in half and produced a decrease in their depressive symptoms equivalent to taking an antidepressant medication. The cost per participant for 10 home visits, care coordination, and home repairs averaged \$3,300, about half the monthly cost of a private room in a nursing home. In 2012, JHSON received a



Photo: Liz Lynch

Health Care Innovation Award from the Center for Medicare and Medicaid Innovation to extend CAPABLE to several hundred more Baltimore adults.

The project described was supported by Grant Number 1C1CMS330970-1 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.

For More Information

Taos Pueblo and the Partnership for a Healthy Durham received the RWJF Culture of Health Prize in 2014. To learn more, visit http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/culture-of-health-prize.html.

Reaching the Most Vulnerable

Building a Culture of Health among those who have unmet social and psychological needs or who lack a permanent home is especially challenging. Expensive emergency department visits may be the only health care these populations receive. In Arizona and New Jersey, two novel programs are offering an alternative: using nurses to help vulnerable individuals manage their chronic conditions, receive appropriate care for non-emergency health events, and connect with preventive and social services.

Camden, New Jersey

Could empathy and acceptance be the "pill" that stabilizes America's most costly, high-utilizing patients?

In Camden, N.J., one of the nation's poorest cities, 1 percent of patients account for 30 percent of medical costs. Many times, such "super utilizers" visit the emergency department for primary care issues such as uncontrolled asthma and diabetes. Underneath the lack of self-care lurk psychosocial challenges—addiction, homelessness, or joblessness. Through a model called "hotspotting," the Camden Coalition of Healthcare Providers identifies super utilizers and deploys intensive, nurseled care-management teams to link them to a primary care practitioner, social and emotional supports, and public insurance programs, free of charge.

"Our staff is not necessarily doing anything clinical to folks," says Associate Clinical Director Jason Turi, RN, MPH. "They are sticking by someone, accompanying and guiding folks."

Care teams comprising an RN, a licensed practical nurse (LPN), a health coach, a housing specialist, and a social worker are essential to the model. Nurses understand patients' medical complexity and can intervene as needed. They also appreciate the social determinants of health. At the same time, nurses' training in interprofessional communication, patient advocacy, and the safe delegation of tasks perfectly fits the Camden Coalition's model.

At 8 a.m. each day a coalition program assistant sifts through current health information exchange data, scanning hospital patient records to find potential clients who might benefit from the coalition's care. If an admitted patient has a recent previous hospitalization, multiple chronic conditions, and social instability, a coalition intake worker visits the patient to explain the program.

Enrollment is voluntary. Through a two-hour interview, a nurse and social worker build trust and unravel underlying needs. Together, the patient and team create a patient-directed care plan that can include addiction counseling,



Photo: Copyright Lynsey Addario. Used with permission from the Robert Wood Johnson Foundation.

legal help, mental health services, transitional housing, medication support, food aid, and finding a health care home. Three days post-discharge, an LPN and RN visit the patient at home, and within a week, an LPN joins him or her on a primary care visit. Patients graduate from the program in 90 days.

This revolutionary approach has captured the attention of the Center for Medicare and Medicaid Innovation, which awarded the coalition a multimillion-dollar Health Care Innovation Award. A second, \$14 million award to Rutgers, The State University of New Jersey, will expand and test the coalition's team-based care management strategy with high-cost, high-need, low-income populations at four more sites across the nation.

Pima County, Arizona

Building a Culture of Health requires meeting people where they are. In Pima County, Ariz., that includes the public library, where a unique partnership strives to promote wellness and improve patrons' physical and mental health. In 2012, the public health department and public library jointly established the Library Nurse Program, which today deploys a team of public health nurses in the county's 17 libraries.

"Because they are perceived as safe and welcoming, public libraries have become shelters for people in need, the mentally ill, battered women, latchkey kids, and new immigrants," says Kathleen Malkin, RN, MSN, division manager for Public Health Nursing Services at the Pima County Health

Department. "It makes sense to offer health services in this nontraditional setting."

Nurses were chosen to implement the library health initiative because they focus on health promotion and disease prevention. In urban locations, the nurses are easy to spot. They tour the libraries with stethoscopes around their necks and talk with patrons in an informal, compassionate, and culturally sensitive manner. Their services include health education and are available to everyone, but the program targets people with mental health and social service needs.

"The full scope of my knowledge, skills, talent, and time is available to all who ask," says Daniel Lopez, RN, who works largely with the homeless and working poor. He spends



Photo: Courtesy of Pima County Health Department

much of his time addressing malnutrition and poorly managed acute and chronic diseases, and connecting patrons to social services in order to prevent crises. Malkin reports that in the program's first year, behavioral incidents were managed better, and the library saw a decrease in non-medical 911 calls.

Primary Care That Transforms Communities

The nation's best primary care providers offer care that is preventive, patient-centered, coordinated, and interprofessional. A few community-based health centers also go a step further: transforming neighborhoods in order to build a Culture of Health (also see p. 3). By reaching into community settings to engage residents in healthy activities, these innovators offer new models for integrating prevention and health care.

Community Health Center, Inc. (Connecticut)

"We have always described the wall of primary care as a semi-permeable membrane. We flow through the walls into the community, and the patients flow back into our clinic," explains Margaret Flinter, APRN, PhD, FAAN, senior vice president and clinical director of Community Health Center, Inc. (CHC), based in Middletown, Conn.

This not-for-profit, federally qualified health center offers primary care to 130,000 low-income state residents. Its integrated teams of physicians, nurse practitioners, physician assistants, RNs, behavioralists, dieticians, diabetes educators, and others treat patients at dozens of clinical sites. To build a Culture of Health, CHC also engages community members through farmers' markets that encourage good nutrition, wellness centers where young families can drop in for classes or group

play, and a dance hall that promotes physical activity while reducing social isolation.

Over the years, CHC has refashioned its services to better meet clients' needs. Flinter, an RWJF Executive Nurse Fellow alumna, recalls running into one of her homeless patients on the street several years back. When asked why she wasn't coming in for her appointments, the woman replied, "The first thing you people say when I walk up to that desk is, 'May I have your address?' I'm not going to say, 'I'm sleeping in my car.'"

Flinter took her patient's concern to heart, and a CHC team consisting of an NP, a bilingual and bicultural RN, and a health care navigator began providing care at five homeless shelters and a local food pantry each week.

Today, CHC continues to innovate.
The center enrolled 16 staff members in team-coaching training at the Dartmouth Institute Microsystem
Academy, based at the college's Geisel School of Medicine. These individuals now support quality improvement efforts throughout the organization.

"We realize that if we want to improve health and care, we need to ask the people at the front lines who do the work, and provide them with the tools and support to create lasting change," Flinter says.



Photo: Courtesy of Community Health Center, Inc.

During the growing season, CHC hosts farmers' markets at each of its clinical sites. Staff nutritionists and diabetes educators are available to shop with patients. The markets accept \$5 vouchers distributed through CHC's Prescriptions for Produce program.



Photo: Megan McGory, courtesy of Community Health Center, Inc.

Inspired by cutbacks to school recess and a desire to address childhood obesity, CHC developed Recess Rocks!®, a teacher training program that aims to bring movement back into the school day. Free videos and lesson plans are available online.

Recess Rocks! is especially popular with the 60 Connecticut schools where CHC operates clinics. These school-based health centers are typically staffed by an NP and a licensed clinical social worker. Increasingly, the clinics remain open year-round and provide primary care to students, siblings, and parents.

The Value of Nursing, Then and Now

Like the Henry Street Settlement before it (see p. 3), CHC has embraced dance in its effort to build a Culture of Health. In 2000, CHC became the first community health center in the nation to open a dance hall. Through affordable classes in salsa, ballroom, tap, and break dancing, it offers opportunities for physical exercise and a remedy for social isolation.



Photo: Courtesy of Henry Street Settlement



Photo: Courtesy of Community Health Center, Inc.

Nursing Leadership in Building a Culture of Health

Whether on the front lines or at the executive level, nurse leadership is vital to promoting a Culture of Health. Local and county public health departments are especially reliant on nurses for both their clinical skills and their public health acumen. Nurses sit at the helm of roughly one-third of these departments, and some of them have risen to become leaders at the state and national levels.

Lillian Shirley, BSN, MPH, MPA, served as director of the Multnomah County Health Department before being named director of the Oregon Public Health Division. To build a Culture of Health, Shirley believes that government needs to stop thinking programmatically and recognize that there is

no one-size-fits-all solution. "We have to work in concert with the individual communities that have disease burden," she says, "and find out what they think their problems are."

Julie Willems Van Dijk, RN, PhD, is another former local health officer. She co-directs County Health Rankings & Roadmaps, a collaboration between RWJF and the University of Wisconsin Population Health Institute. The Rankings & Roadmaps program collects data on social determinants as well as clinical measures of health to create annual snapshots of almost all U.S. counties. Officials use the Rankings, along with web-based resources and coaching and consultation services, to guide improvement efforts.

Roadmaps promotes a multi-sector approach to change, encouraging representatives of business, education, government, nonprofits, philanthropies, health care, and public health to work in tandem with community residents to build a Culture of Health. While cross-sector collaboration may be critical to achieving this goal, it also poses challenges.

"I've worked a lot with mayors and county commissioners," says the RWJF Executive Nurse Fellow alumna, "and they tell me, 'Julie, they don't teach you about the social determinants of health in law school.' They're starting to see the value of having nurses on boards and at community forums to bring this perspective into the discussion."

School Nurses Build a Culture of Health

Schools provide an efficient venue for preventive health initiatives, and an infrastructure for conducting these is already in place: school nursing. Nationwide, school nurses play a pivotal role in creating healthy school environments and bridging the gaps between education, health care, and public health (see *Charting Nursing's Future #14*).

In Chicago, Saria Lofton, RN, MSN, CSN, has been an effective advocate on behalf of children and their families at the schools she serves. Despite recession-era cutbacks, she succeeded in securing a full-time nurse for a school with several diabetic children by consistently documenting and informing school administrators of their needs. Lofton also obtained grant



Photo: Courtesy of Healthy Schools Campaign

funding to introduce a salad bar at another school and start a neighborhood garden—two projects that are helping to build a Culture of Health within and beyond the school walls. Lofton says that building connections between students, their families, and community resources has become "the new normal" for most school nurses.

Policymakers increasingly recognize that children's readiness to learn is intimately connected to their health. Policies to ensure that every child has access to a school nurse and that every community has the funds to pay for school nursing services can make a major contribution to building a Culture of Health.



"How do we achieve the goals that we want for our communities? We're seeing that one size doesn't fit all, but one goal does—to have the healthiest population possible."

-Lillian Shirley, BSN, MPH, MPADirector, Oregon Public Health Division



"If we want to create a healthy nation and there's an economic imperative to do that—we need to think about every policy we make through a health lens."

-Julie Willems Van Dijk, RN, PhDCo-Director, County Health Rankings & Roadmaps

Robert Wood Johnson Foundation

School of Nursing
THE GEORGE WASHINGTON UNIVERSITY

Credits

EXECUTIVE EDITOR: Manyjoan D. Ladden, PhD, RN, FAAN, senior program officer, Robert Wood Johnson Foundation

The George Washington University Project Team

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR: Ellen T. Kurtzman, MPH, RN, FAAN, assistant research professor, School of Nursing

INTERIM DEAN: Mary Jean Schumann, DNP, MBA, FAAN, School of Nursing

ACKNOWLEDGMENTS: Thanks to Margaret Flinter, Patricia Gerrity, Paul Kuehnert, Joy Reed, and Julie Willems Van Dijk.

CONTRIBUTING EDITOR: Susan B. Hassmiller, RN, PhD, FAAN, senior adviser for nursing, Robert Wood Johnson Foundation, and director, The Future of Nursing: *Campaign for Action*

SENIOR WRITER AND EDITOR: Nicole Fauteux, Propensity LLC
CONTRIBUTING WRITERS: Rachel Brand, Lois Gerber, and
lanet Hulstrand

GRAPHIC DESIGN: Marketing & Creative Services,
Division of External Relations

Subscription Information

Charting Nursing's Future is distributed electronically and free of charge. To subscribe to the series or to download PDF files from the archives, visit www.rwjf.org/goto/cnf.

SUBSCRIBE ONLINE AT Www.rwjf.org/goto/cnf

Charting Nursing's Future is a publication of RWJF created in collaboration with the George Washington University School of Nursing.