

Short Communication

Charting a pathway to health equity in correctional settings

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As the nation's nurses raise their unified voices in response to the National Academies of Medicine's (NAM) report on the Future of Nursing 2020-2030 (NAM, 2021), there is a need for leadership in the translation of these national recommendations to the world of correctional health care. The vision proposed through this report by the discipline of Nursing is that the challenges of the US healthcare system are linked to the fact that equity and health equity do not exist. Supported by research evidence linking Social Determinants of Health (SDoH) and health outcomes, the failure to address SDoH as a link to the underlying causes of disease risks perpetuates a cycle of health disparities and inequality (Lipman, 2019). The proposed national strategy is to invest in and strengthen the nursing workforce, enhancing the diversity of the nursing workforce and optimizing use of nursing expertise. As the largest and most trusted segment of the healthcare workforce, nurses have a history of tackling many social and economic drivers that affect health. There are many questions yet to be answered as the blueprint for the Future of Nursing Campaign for Action unfolds. Implications for care provided to incarcerated patients in need of nursing services in prisons, jails, and detention centers must be examined for ways to leverage the capacity of the nursing workforce already diminished by the effects of the COVID-19 pandemic to advance health equity and access to care.

Key words: Blue print, nursing, prison, environment

INTRODUCTION

Equity recognizes that there is not always a level playing field. The care provided by nurses and other health professionals account for less than 20% of the modifiable factors that contribute to health outcomes (Hood et al., 2016). The remaining modifiable factors are the result of a combination of health behaviors, social/economic conditions, and the physical environment, which together are called the Social Determinants of Health (SDoH). Differences in health outcomes between different populations can therefore be attributed to the different impacts of the SDoH (Magnan, 2017).

By acknowledging the role of power, privilege, and racism within healthcare, nurses enter respectful partnerships with patients to advance health equity and access to services. One link between health equity, access to care and nursing can be found in Scope of Practice (SoP) legislation. SoP, which varies by state, is not about nurse self-interest, but about access to care. Evidence shows, for example, that APRNs expand access to services and are more likely to practice in rural and underserved communities and with non-white and non-English speaking persons (Yang et al., 2021). All nurses (LPNs, RNs, and APRNs) however, need to practice to the top of their

SoP to expand access to care (NAM 2021). State COMPACT agreements are available in 25 states and are needed to include the entire nation. COMPACT agreements increase flexibility and ability of states to respond to crises such as the pandemic. Delays in care lead to poor health outcomes that generate costs when patients finally do receive care. Health equity will not be achieved if nurses are not in prisons, jails, and detention centers where they are most needed and the issue of continuity across the health care system is not addressed.

Culturally competent care has evolved to cultural humility within nursing. Cultural humility is defined by flexibility, awareness of bias, recognition of the role and power of health care interactions, and a lifelong learning orientation (Foronda, 2020). Nurses can help to overcome barriers to quality care and structural inequalities through an examination of implicit and explicit biases, through care management and a shift toward human-centered design thinking (Altman et al., 2018). Human-centered design thinking is an educational strategy to be integrated into nursing curricula to assist and support nurses to have an innovation mindset and to bring to scale those innovations found to be evidence-based linking research to practice. How Correctional Nurses are empowered to handle innovations in our prisons, jails and detention centers calls for a discussion with our strategic partners to optimize the clinical value and outcomes associated with the nursing workforce.

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NURSING LEADERSHIP

Such bold strategies call for strong nursing leadership. Nursing leadership is about building a collective voice for impact and moving the conversation to action. Correctional Nurse Leaders must do this collaboratively and with understanding of our history, but with a clear vision of where the discipline of nursing is going by 2030. While each organization will need to decide what to focus on in nursing and across their organization, nationally, all nursing organizations have created multisector benchmarking to assure we are headed in the same direction. The significance of these benchmarks is tied to the impact this will have upon the nursing workforce of the future and the ability to recruit and retain nurses for correctional healthcare systems. The research evidence in correctional healthcare settings demonstrates a direct link between nursing and quality of care outcomes (Shelton et al., 2020).

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