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CENTER *for* HEALTH EQUITY

# Nursing's Role in Achieving Health Equity

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# From Health Disparities to Health Equity

## Health Disparities:

“...**preventable** differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations”<sup>1</sup>

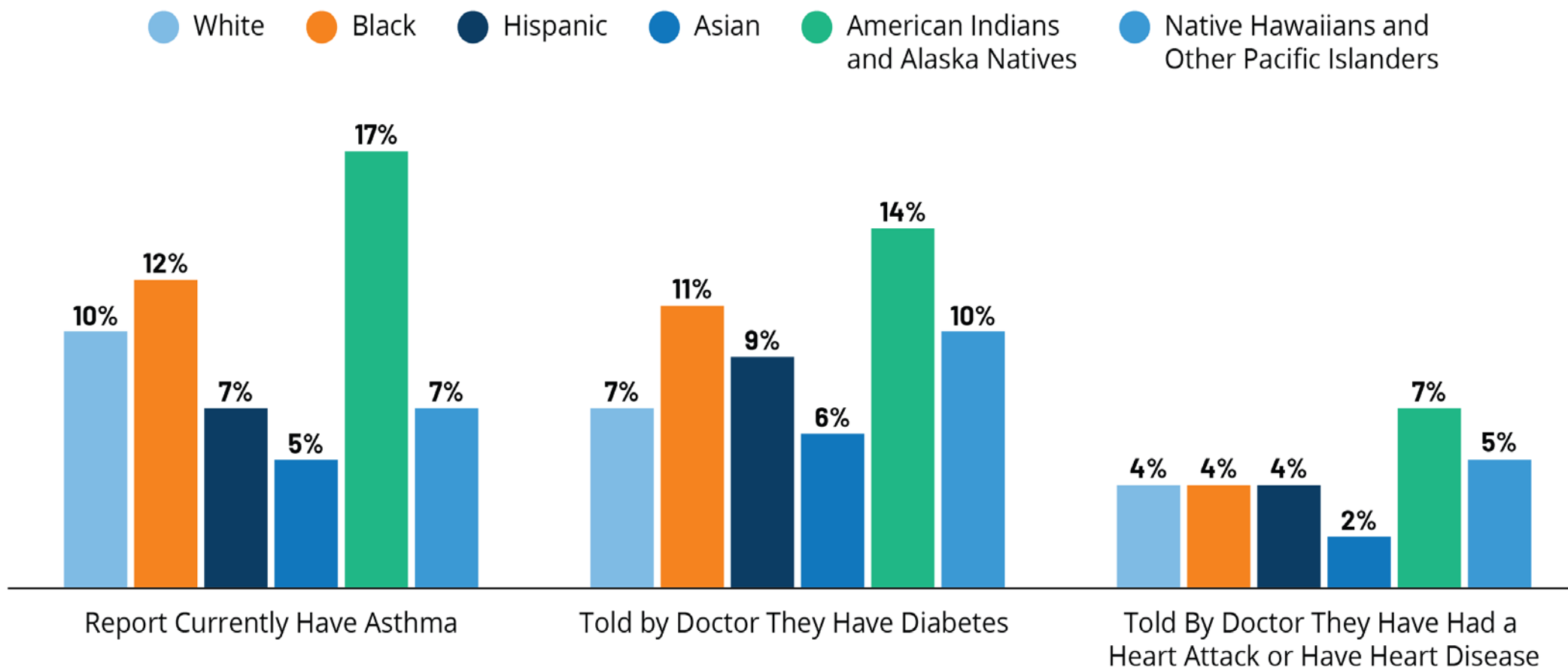


## Health Equity:

“When **every person** has the **opportunity to ‘attain his or her full health potential’** and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances’<sup>2</sup>

1. Community Health and Program Services (CHAPS): Health Disparities Among Racial/Ethnic Populations. U.S. Department of Health and Human Services; 2008.
2. Whitehead M, Dahlgren G. Levelling Up (Part 1): A Discussion Paper on Concepts and Principles for Tackling Social Inequities in Health. World Health Organization. Available at <http://www.euro.who.int/document/e89383.pdf>.

# Percent of Nonelderly Adults with Selected Health Conditions by Race/Ethnicity, 2018



# Vulnerable Populations and Groups with Health Disparities in U.S.

- People of Color
- Persons with Low Income
- Immigrants
- Women
- Children
- Older Adults
- Homeless or housing insecure
- Persons with chronic conditions
- LGBTQ
- Individuals with Special Needs
- Rural and Urban Residents
- Persons with Low Literacy and Numeracy
- Persons in correctional institutions
- Residents of nursing homes and assisted living facilities

## Sources

1. National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; September 2019. AHRQ Publication No.
2. Mechanic D, Tanner J. Health Affairs (Millwood). 2007 Sep-Oct;26(5):1220-30.



# Challenges Magnified for Vulnerable Populations During COVID-19 Outbreak



Lack of access to basic resources such as food, water, shelter, and transportation



Suboptimal housing conditions



Employment in essential jobs with limited protections



Lack of access to healthcare services



Mistrust of institutions due to discriminatory experiences



# COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

| Rate ratios compared to White, Non-Hispanic Persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|---|--|-----------------------------|---|----------------------------|
| CASES <sup>1</sup>                                  | 2.8x higher  | 1.1x higher                 | 2.6x higher                                     | 2.8x higher                |
| HOSPITALIZATION <sup>2</sup>                        | 5.3x higher  | 1.3x higher                 | 4.7x higher                                     | 4.6x higher                |
| DEATH <sup>3</sup>                                  | 1.4x higher  | No Increase                 | 2.1x higher                                     | 1.1x higher                |

<sup>1</sup> Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

<sup>2</sup> Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

<sup>3</sup> Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS319360-A 08/08/2020



# COVID-19 Deaths Per 100,000 People by Race and Ethnicity

**Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans**

*Reflects mortality rates calculated through Aug. 4.*



*Indirect age-adjustment has been used.*

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

Source: <https://www.apmresearchlab.org/covid/deaths-by-race>





# A Game Plan to Help the Most Vulnerable

POLITICO THE AGENDA

OPINION | CORONAVIRUS

## A Game Plan to Help the Most Vulnerable

It won't be enough to wear face masks and use Zoom. Here's what we really need to do.



1

Track data on COVID-19 cases by race, ethnicity, and geography

2

Communicate and build trust with communities of color

3

Enhance access to testing and health care

4

Protect essential and low wage workers

5

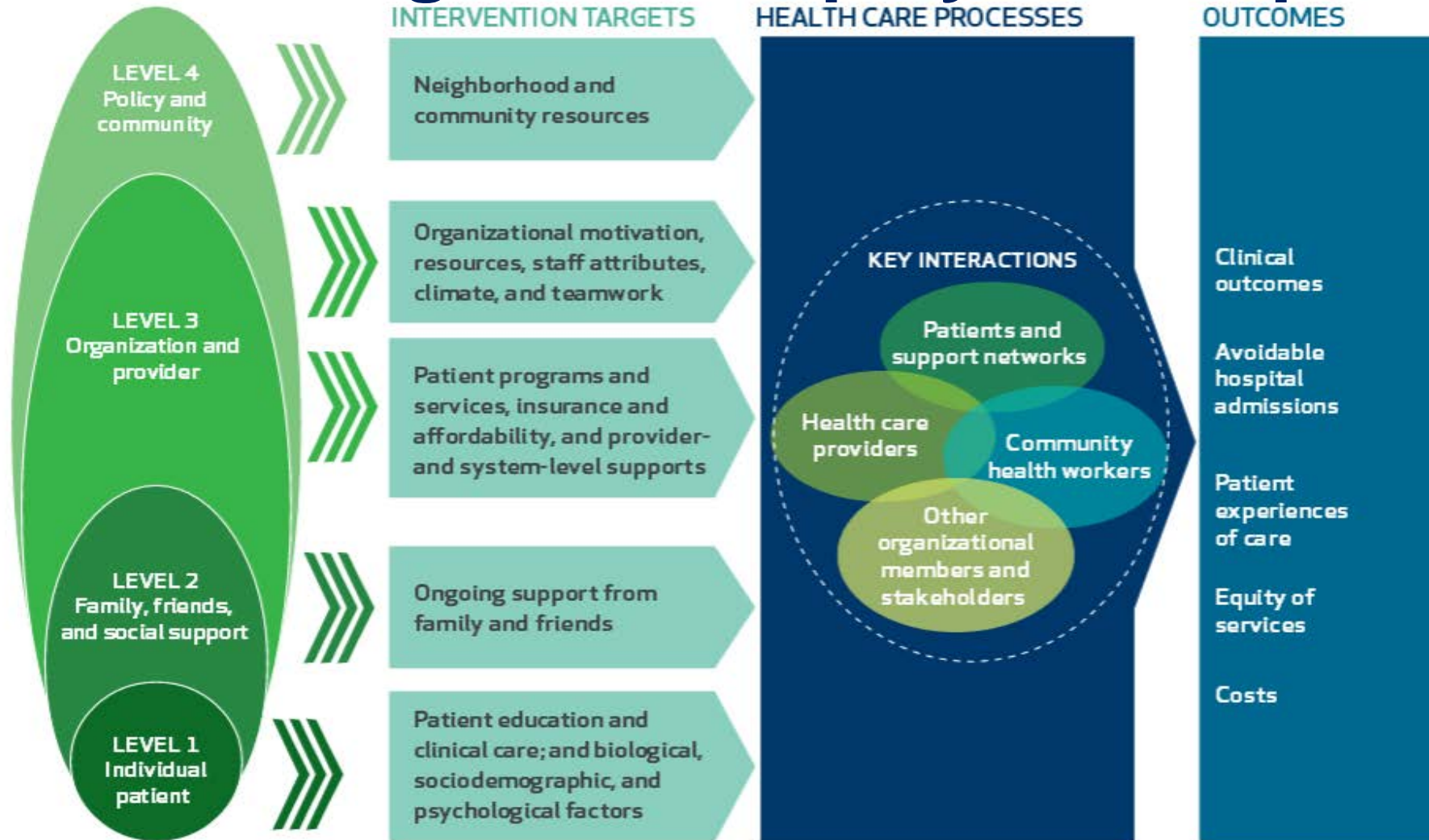
Provide social services to keep vulnerable groups safe

Source: Cooper LA, Sharfstein JM.  
<https://www.politico.com/news/agenda/2020/04/07/game-plan-to-help-those-most-vulnerable-to-covid-19-171863>





# Achieving Health Equity is Complex!



# COVID-19 and Health Equity: A New Kind of “Herd Immunity”



- Healthcare access and quality matter, as do adverse living and working conditions
- Flattening the curve on disparities in health will require long-term, systematic, comprehensive, and coordinated investments in addressing social determinants of health
- Failure to protect the most vulnerable groups of society not only harms them but also increases the spread of infection
- Resistance to the spread of poor health will occur when a sufficiently high proportion of individuals across all groups are protected from and thus “immune” to negative social factors

# Reducing Racial Inequities in Health: Using What We Already Know to Take Action

1. Create “communities of opportunity”
2. Build more health into the delivery of health care
  - Ensure access to high quality care for all
  - Diversify the healthcare workforce
  - Strengthen preventive and primary care
  - Address patient’s social needs as part of healthcare delivery
3. Raise awareness of inequities and build political will to address them

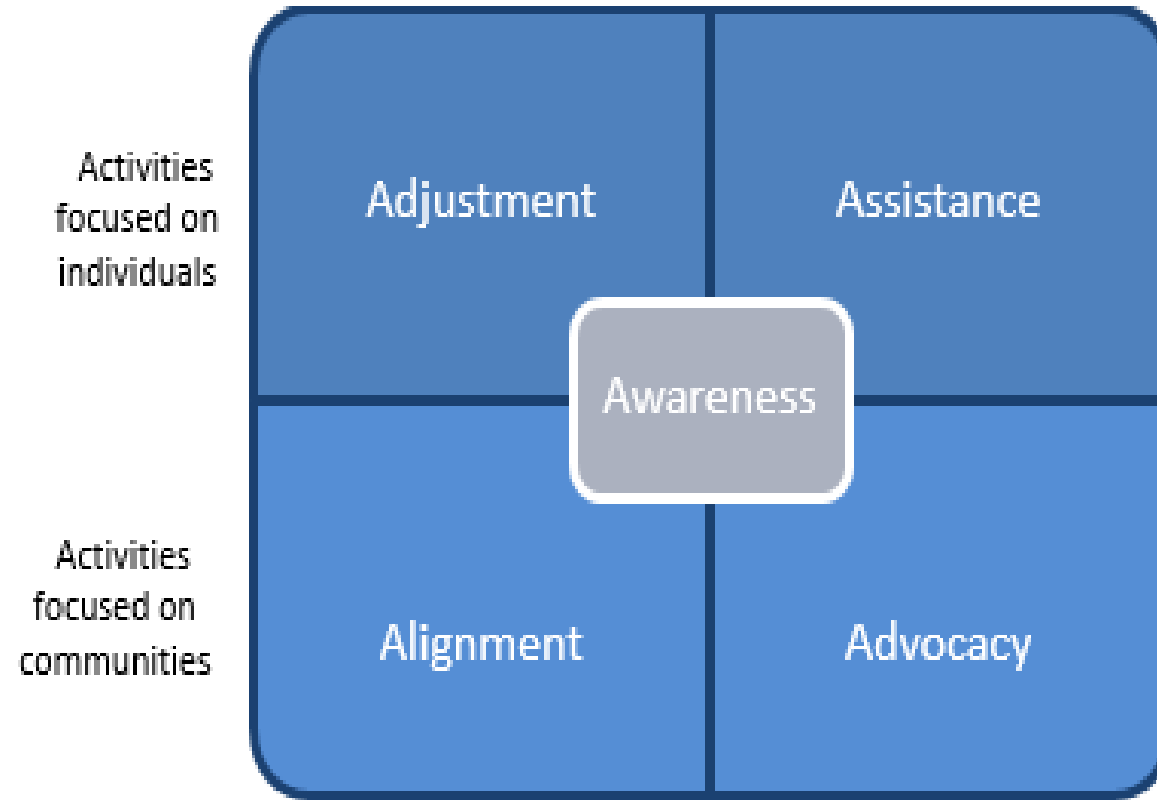


# Race and Ethnic Diversity of Nurses and Primary Care Physicians vs. U.S. Population

| Group                          | White | Asian | Black | Hispanic | American Indian |
|--------------------------------|-------|-------|-------|----------|-----------------|
| U.S. Population <sup>1</sup>   | 61.1  | 5.4   | 12.3  | 17.8     | 0.7             |
| Registered Nurses <sup>2</sup> | 80.8  | 7.5   | 6.2   | 5.3      | 0.4             |
| NPs or Midwives <sup>3</sup>   | 77.8  | 7.9   | 6.9   | 1.0      | 0.2             |
| Primary Care Physicians        | 61.4  | 21.1  | 7.3   | 7.6      | 0.4             |

1. American Community Survey, [datacensus.gov](https://datacensus.gov)
2. The 2017 National Nursing Workforce Survey
3. <https://datausa.io/profile/soc/2911XX/#ethnicity>
4. AAMC, 2018

# Five Activities to Facilitate Integration of Social Care into the Delivery of Health Care



**INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE**

**MOVING UPSTREAM TO IMPROVE THE NATION'S HEALTH**

*The National Academies of*  
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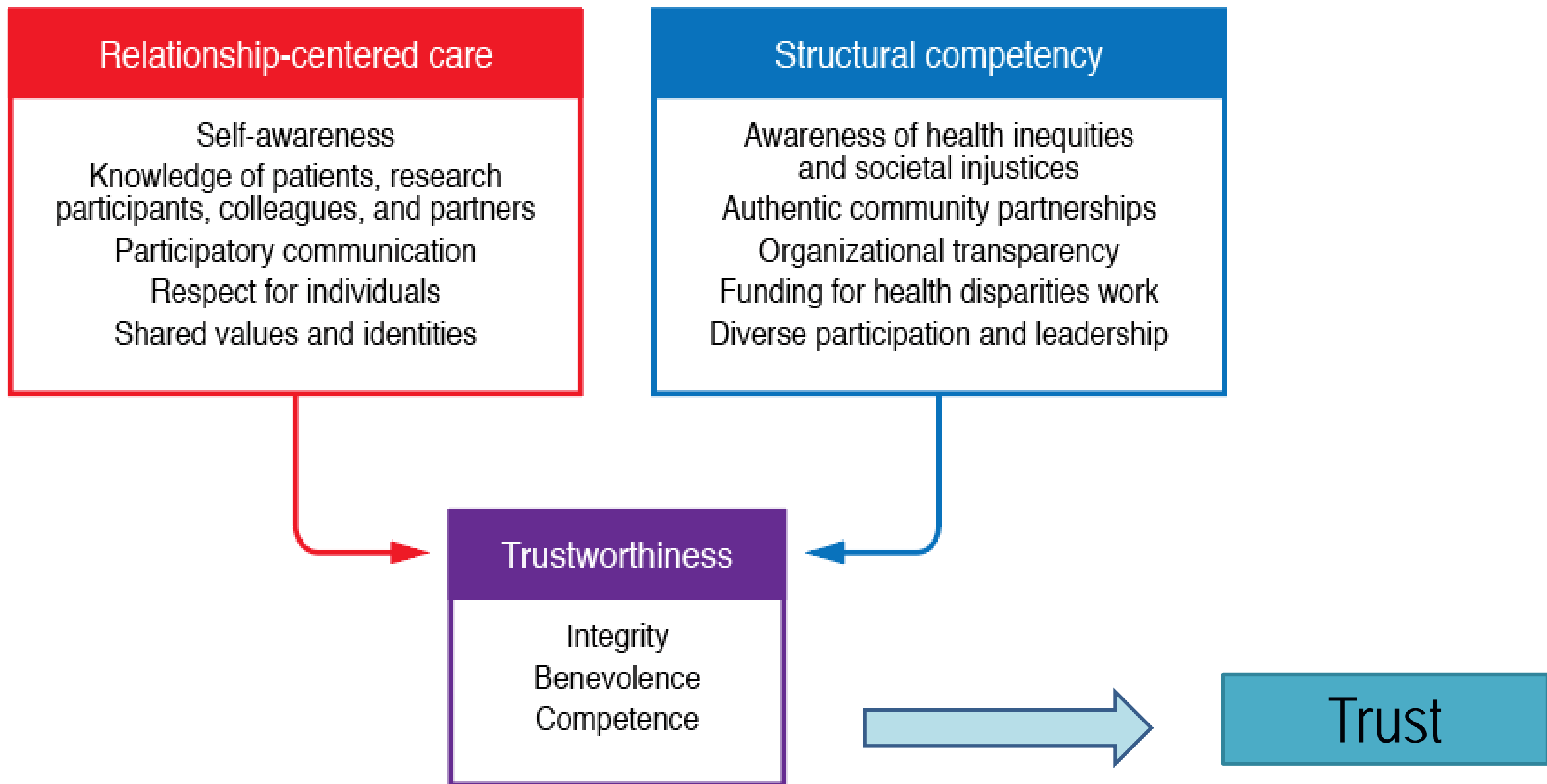
# Building Trust in Health Systems to Eliminate Health Disparities



1. Nurture trust-based relationships
2. Establish institutional commitment
3. Adopt co-production models
4. Measure progress toward agreed upon areas of focus
5. Establish supporting systems for accountability

Wesson DE, Lucey CR, Cooper LA. JAMA. 2019;322(2):111-112.





# Nursing's Role in Advancing Health Equity

- **Clinical practice**
  - Nurses can assess SDOH in the clinical context and advocate for community-based resources/case management for vulnerable populations.
- **Research and Quality Improvement**
  - Nurses are well-positioned to design and implement community-engaged studies to achieve health equity
  - Nurses can design quality improvement projects across different contexts to reduce disparities in health outcomes
- **Workforce and training issues**
  - Achieving health equity requires increasing racial/ethnic diversity in nursing.
  - Health equity should be threaded across nursing curricular from pre-licensure to advanced practice /doctoral education
- **Leadership and Advocacy**
  - Nurses represent the largest segment healthcare workforce and should be socially and politically engaged in advocacy efforts to address SDOH

HEALING, HEALTH, PEACE + JUSTICE IN 2020  
Making big leaps towards #HealthEquity for All



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