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Review Article

Nursing faculty and RN-BSN students developing collaborative partnerships: Implementing innovative projects to create a culture of health in New York City

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Abstract

The City University of New York School of Professional Studies (CUNY SPS) nursing faculty used the IOM Future of Nursing: Leading Change, Advancing Health Report recommendations and the Culture of Health framework from the RWJF foundation as a guide in the placement of RN to BS in nursing students with organizations in the community to complete their Capstone Projects. **Aim:** To focus to engage students in relevant activities and to best prepare them for the future health care needs of the community. A major consideration was to collaborate with community organizations that meet the needs of diverse populations, recognize social determinants of health, focus on health promotion and thus help create a Culture of Health. This can be accomplished by providing students an opportunity to design and implement innovative projects. The CUNY SPS nursing program's Capstone Projects requires that students design an individual and/or team project designed to improve patient /community health outcomes. The entire project or elements of it may involve safety and quality improvement for patients and/or communities. These projects are improving access to health care services, patient safety, advanced care planning and shared decision making, chronic disease management, and addressing the health care and safety needs of senior citizens in their homes and communities. Many of these projects lead to creating a Culture of Health for the communities that patients, adults, children, and senior citizens live in. Nursing leaders in both settings have a long tradition of partnering with very little replicable evidence to support their efforts. It is critical that future initiatives evaluate the effectiveness of these partnerships, not only to ensure quality of patient outcomes but also to maximize efforts at building capacity for tomorrow's workforce.

Keyword: Nursing Faculty, RN-BSN Students, City University of New York School of Professional Studies.

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1. Introduction

The health status of individuals, families and communities in the United States varies widely based on geographic locations as well as other factors including income, ethnicity, education levels and access to health insurance. Since the implementation of the Affordable Care Act there is an increase in the numbers of persons who have insurance and thus theoretically access to health care services [1]. This however does not necessarily translate to improved health status. The ability to access health care services, although important, is not enough to improve the health of the American population [2]. According to Potera reports indicate that health disparities continue to impact many Americans and that age, income, education, sex, race and disability are major factors in these disparities. Also many vulnerable persons continue to lack access to needed healthcare services such as mentally ill and addicted persons [3].

A newer concept identified by Plough at the Robert Wood Johnson Foundation (RWJF) [7] focused on improving health and social outcomes is termed Culture of Health and you can learn more about a Culture of Health by viewing the RWJF website and reading Winkelman's article on Culture and Health [4]. What is a "Culture of Health?" Is this a concept that can easily be defined and measured or is it more a diverse collection of ideas and projects? Rather than the traditional approach of focusing on health care systems the RWJF advocate a shared vision and process of health care providers, policy makers, educators, businesses, community members, and individual persons. They have identified four action areas: making health a shared value; fostering cross-

sector collaboration to improve well-being; creating healthier, more equitable communities; and strengthening integration of health services and systems. They recognize how clearly housing, nutrition, access to playgrounds and recreation, violence, economics, and workplace issues impact individual and community health as much as availability of, and access to, health care providers. According to Lavizzo-Mourey healthy practices are equally effective as health insurance and eliminating health disparities is essential in the vision for building a culture of health [5]. The purpose of this study on collaborative partnerships in nursing is to provide a foundation for future knowledge development by describing what is currently known about these ventures, and offering an agenda of priorities for moving forward.

In November of 2016, New Jersey held a conference with a focus on building a Culture of Health. The RWJ foundation has been focused on not only defining a "Culture of Health" but also considering how to best attain this vision for all Americans. They acknowledge there is no single definition but have identified significant markers:

We believe an American Culture of Health is one in which:[8]

1. 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.
4. Business, government, individuals, and organizations work together to build healthy communities and lifestyles.
5. 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.
9. Keeping everyone as healthy as possible guides public and private decision-making.
10. Americans understand that we are all in this together.

Targets they work towards include reduction of childhood obesity; universal health care access; and community activities that promote health from birth through death. Towards these and other outcomes the RWJF has created an action network that guides their grants and strategic alliances. One of these strategic partners is the Rand Corporation. In conjunction with the RWJF and Rand researchers worked on developing measures to achieve the Culture of Health vision. Initially these partners conducted a survey of health attitudes which can inform future steps.

The goals of the RWJF and its partners are to change Americans' view of health as well as ensuring that "health is not defined by income, education, ethnicity and where persons live" [7]. The ten principles underlying RWJF's vision for a Culture of Health suggest a model for population-level health that can achieve the long-term desired outcomes for health and health systems (Table 1).

Table 1 Principles of action dimensions [7].

Action dimension	Reflects these principles
Action dimension 1	Americans understand that we are all in this together; and Opportunities to be healthy and stay healthy are valued and accessible to everyone across the entire society.
Action dimension 2	Business, government, individuals, and organizations work together to foster healthy communities and lifestyles; and The health of the population guides public and private decision making.
Action dimension 3	Individuals and families have the means and opportunities to make choices that lead to healthy lifestyles and optimal well-being and functioning.
Action dimension 4	Health care is efficient and equitable.

- No one is excluded.
- The economy is less burdened by healthcare spending.

Plough further notes that individuals need to value health and communities, businesses and schools should collaborate in a shared vision. Potera stresses that nurses must understand variances in communications across cultures in order to effectively assess and care for diverse patients [2]. Basics including nutritious food, safe water and sanitation, and community resources are key components.

Quelch and Boudreau., reports that, "Every company, large and small, has an impact on health. *It does so in four ways. First, through the healthfulness and safety of the products and services it sells. Second, through its attention to employee health and well-being in its work practices and benefits. Third, through contributions to the broader communities in which it operates. Fourth, through the environmental impact of its operations"* [8].

Companies that build a Culture of Health by focusing on the well-being and safety of their workforce may

yield greater value for their investors, according to a study published in the Journal of Occupational and Environmental Health, [9], the link between workforce health and safety results in a significant return on investment for their investors. They report that the stock market performance of companies awarded recognition for distinct efforts to diminish safety hazards and improve worker health out perform competitors. Although they studied a small number of companies this is a clear attempt to create a culture of health in the workplace.

National Academy of Medicine

The National Academy of Medicine (NAM) is partnering with the RWJF to identify policies and practices needed to support a Culture of Health. Individual health is shaped by many economic and social factors such as income, education, access to quality health care, geography, and race and ethnicity . The uneven access to the conditions that are needed for good health across the United States has been well-documented, as have the effects of poor health not only for individuals but also their families and society. The NAM will appoint an advisory committee to oversee a range of activities that will focus on assessing the evidence base; identifying types of successful and sustainable practices, policies, and partnerships; and examining how to promote health equity and scale effective efforts. The first five years of this collaborative Academies-wide program will focus on identifying the conditions and solutions needed for all to achieve equitable good health and well-being.

Miller and Blackstock emphasize the importance of nurses' involvement in government focusing on quality improvement, information technology, health and safety [10]. They suggest that nurses become involved in local and federal nursing organizations so that their voices can be heard. They echo the IOM report which states: "Nurses must see policy as something they can shape rather than something that happens to them." Nurses' perceptions gleaned from interactions with patients provide a reality-based perspective for health care reform.

There are many barriers to achieving a Culture of Health including inadequate resources, health literacy, and individual choices. Bradley and Taylor note that although the United States spends more on health care than other nations there is a significant lower amount spent on social services [11]. Social services that target affordable and safe housing, access to quality nutrition and education, and decreasing income inequalities is associated with improved health outcomes. This clearly will be a long, tedious process but hopefully resulting in success.

What role can nursing education and more specifically nursing students play in this process to create a culture of health?

It is imperative that nurses are prepared and capable of meeting the health needs of individuals, families, and communities. To that end nurse educators must re-examine courses, curricula, and programs to ensure that indeed graduates can meet the challenges of healthcare reform and the changing demographics as they enter the health workforce. The IOM report discusses the opportunities and imperatives for nurses to be able to improve patient healthcare experiences, improve overall health, and decrease costs. Fortier et al. identify skills and competencies nurses need to coordinate and guide patient care with a focus on health promotion and addressing social determinants of health [12]. Bouchard et al. describe their processes in creating a nursing education curriculum that is both focused on, and fosters, a Culture of Health [13].

CUNY SPS

City University of New York School of Professional Studies (CUNY SPS) nursing faculty used the IOM *Future of Nursing:* Leading Change, Advancing Health Report recommendations and the Culture of Health framework from the RWJF foundation as a guide in the placement of RN to BS in nursing students with organizations in the community to complete their Capstone Projects. A major consideration was to engage community organizations that meet the needs of diverse populations, recognize social determinants of health, focus on health promotion and thus help create a Culture of Health. Shake encourages nurses to attain baccalaureate degrees and thus prepare them to take a leading role in the evolution of the health care system. This can be accomplished by providing students an opportunity to design and implement innovative projects. The CUNY SPS nursing program's Capstone Projects requires that students design an individual and/or team project designed to improve patient /community health outcomes. The entire project or elements of it may involve safety and quality improvement for patients and/or communities.

CUNY SPS Faculty purposefully sought out community settings focused on improvement in participant overall quality of life and health. These sites include ambulatory surgery centers affiliated with public hospitals, skilled nursing facilities, community colleges, and Naturally Occurring Retirement Communities (NORCs). The NORC agencies serve, local, impoverished individuals and provide recreational, social, activities, meals, transportation and assistance with other daily living chores. These settings offer the CUNY SPS nursing student opportunities to engage these elders and assess health

promotion needs. Targeted presentations, one-on-one counselling, home visits, and group activities are provided by the students. The ultimate goal is an improvement in overall health perception, engagement in health promotion, as well as socialization. Another important setting used is the Rogosin Institute. Here students had opportunities to work with the Director of Quality Assurance and Performance Improvement focused on identifying community resources available to dialysis patients, shared decision making and developing creative i-books for ESRD patient health literacy.

Recent capstone projects are:

Improving the Knowledge of Obesity Management and Co-morbidities in the Pediatric Practice by developing patient and community educational programs on choosing healthy foods and exercise programs
Empowering Dialysis Patients who are at Risk of Depression, Loss of Control, or Identity Change by working with dialysis centers and Apple to develop an interactive educational iBook for dialysis patients that includes information on community resources and shared decision-making
Integrating Medical Services within the Assertive Community Treatment Program to Improve Overall Health of psychiatric patients
Preventing Falls Project Plan for Seniors Living at Home by creating safe living environments through community educational programs and in-home assessments
Early identification of, and intervention, to prevent suicide by developing a gatekeeper suicide prevention program in a local community college
Health and Socioeconomic status in Naturally Occurring Retirement Community (NORC): the role of education and income on heart health outcomes for senior adults 60+ years old
Meeting the needs of newly immigrant populations by creating a Simulation to Enhance Nursing Care for Survivors of Torture
Addressing the needs of underserved populations by a targeted program improving diabetes management in the homeless community
Recognizing the economic realities of health care by developing a business plan to reduce elderly burn/scald injuries
Focusing on the needs of underserved populations through a program to manage chronic disease with a targeted hepatitis C treatment program
Acknowledging caregiver and consumer stress as well as improving end-of-life care through a compassion fatigue program for hospice staff
Facilitating student success through a mentoring initiative in a community college nursing program

These projects are improving access to health care services, patient safety, advanced care planning and shared decision making, chronic disease management, and addressing the health care and safety needs of senior citizens in their homes and communities. Many of these projects lead to creating a Culture of Health for the communities that patients, adults, children, and senior citizens live in. According to the Robert Wood Johnson Foundation (RWJF) it is important that we create a Culture of Health and this can lead to improving the health of Americans [14]. The collaborative relationships between nurse educators, and clinical and community organizational leaders provide nursing students the opportunity to develop and implement innovative projects that improve the health status of individuals and communities.

Discussion

Innovation is defined as the development and implementation of new ideas by people who over time engage in transactions with others within an institutional order. This definition focuses on four basic factors (new ideas, people, transactions, and institutional context). According to Van de Ven, understanding of how these factors are related leads to four basic problems confronting most healthcare managers: [1] a human problem of managing attention, [2] a process problem in managing new ideas into good currency, [3] a structural problem of managing part-whole relationships, and [4] a strategic problem of institutional leadership. This article discusses these four basic problems and concludes by suggesting how they fit together into an overall framework to guide longitudinal study of the management of innovation [15].

A newer approach focuses on the process of communication and trains providers to be aware of certain cross-cutting cultural and social issues and health beliefs that are present in all cultures [16-18]. The focus is on the individual patient as the teacher and the providers are the student who learns important cross cultural attitudes and communication skills. For example, curricula of this type have focused on identifying and negotiating different styles of communication, decision-making preferences, roles of family, sexual and gender issues, and issues of mistrust, prejudice, and racism, among others. Ultimately, some balance of cross-cultural knowledge and communication skills seems to be the best approach to cultural competence education and training.

Interest in clinical cultural competence has gained momentum because of several studies that have raised awareness of provider bias and discrimination in medical decision-making [19,20]. Despite this growing attention, a look at undergraduate medical

and nursing education, for example, shows that this type of training has only been marginally integrated into mainstream curricula [21,22]. Although minimal evaluation has been done to date on these interventions, with a focus primarily on process issues and self-report, cultural competence education and training is moving forward in the policy arena, including as a requirement for medical school accreditation. Given the literature, highlighting the importance of socio-cultural factors in the clinical encounter and their impact on medical decision making and outcomes, targeting providers and their attitudes and practices will be a crucial aspect of an overall framework for cultural competence [6].

Conclusion

The demographic changes that are anticipated over the next decade magnify the importance of addressing racial/ethnic disparities in health and health care, as groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population. In fact, quality improvement of our health care system in these critical areas will improve care not only for minority patients but for all Americans. It remains true today, however, those minority patients with access to the health care system face organizational, structural, and clinical barriers that preclude them from fully capitalizing on the advances in health promotion and disease prevention that have benefited the majority of Americans. While it is unclear what proportion of the disparities seen is due to these barriers, this is where the health care system has the most power to intervene.

This article describes the approach of an urban RN-BSN program to engage students in needed healthcare system innovation. The faculty used the Robert Wood Johnson Foundation Culture of Health initiative as the foundation to create meaningful clinical experiences for students. The faculty deliberately sought community settings focused our improving the quality of health for participants and guided students to develop projects aimed at creating a Culture of Health. These projects promote improved access to health care services, patient safety, advanced care planning and shared decision making, chronic disease management, and addressing the health care and safety needs of senior citizens in their homes and communities. The faculty are evaluating these experiences in terms of the Program learning outcomes and plan to continue as well as expand outreach efforts.

Greater attention is now being placed by government and the private health care industry on cultural competence in light of the overwhelming literature on racial/ethnic disparities in health and health care. A basic framework and conceptual model that is simple, practical, and based on a review of the literature in the field, such as the one presented here, can facilitate targeted interventions. Given the strong evidence for sociocultural barriers to care at multiple levels of the health care system, culturally competent care is a key cornerstone in efforts to eliminate racial/ethnic disparities in health and health care.

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