

Leading With the Community

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The advent of the Affordable Care Act has directed the national focus on the “triple aim,” reducing health care costs, and improving access and quality outcomes for populations.¹ The goal is to create a culture of health that will enable all to live healthier lives regardless of socioeconomic status.² This

is at a time where there is an ever-increasing aging population, a need for chronic care management, and greater need for providing services in communities to meet their needs. So, where do nurses fit in as we embark on the journey of working together with communities to build a culture of health?

In 2017, the New Jersey Collaborating Center for Nursing (NJCCN) reviewed the supply and demand data for the 2016 nursing workforce. The supply survey showed 47% of the nurses were hospital-based; 6% home care and hospice, and 1% were in public health, with the remainder in other settings such as long-term care, school nursing, dialysis, academe, and ambulatory settings. However, the demand data for nurses in New Jersey based on job postings continued to show hospitals as the major employer for nursing jobs.³ These data continue to demonstrate that most of these nurses work in structured settings. Working in a structured setting is different than working with the community as a volunteer. Nurses may not have had the opportunity or experiences afforded them to work with their community organizations in their daily work.

McCollum et al.⁴ conducted a study to identify how nurses perceive how they contribute to promoting a culture of health. An open-ended question was asked in wave 6 of their study: What had they done to improve the health of their community in the last year? Three hundred fifteen nurses responded to the open-ended question in the survey. The majority of the responses (n = 232) were non-job-related engagement to include health-related community volunteering, specific population or disease, family-related volunteering, church, health fairs, donations, or travel abroad. Only 54 responses were job related, such as patient education, education colleagues and other nurses, and other job-related activities such as health fairs offered by the hospital.⁴ Therefore, to engage in their community, nurses need to give of their time and expertise, and understand their role in community volunteerism. Although many nurses want to do this, there has to be an easy way to support them in these endeavors. What gaps exist where nurses may best fit into the community? What value can nurses bring? What skills do nurses need?

In 2016, the New Jersey Action Coalition (NJAC) began to explore these questions while working with our community partners in building an infrastructure for health. The NJAC is 1 of 51 action coalitions across the country that is working on implementing the Institute of Medicine's (2011) landmark report, *The Future of Nursing: Leading Change, Advancing Health*.⁵ A partnership between the Robert Wood Johnson Foundation and AARP led to the formation of the Campaign for Action, whose vision is to "transform health and health care through nursing, and building a healthier America by working in every state to mobilize nurses, health providers, consumers, educators, and businesses to strengthen nursing on multiple fronts."⁶

HOW DO OUR COMMUNITY MEMBERS SEE NURSING?

The first step was to understand how the community organizations viewed nurses and how they could contribute to their initiatives. On May 24, 2016, the NJAC hosted a 1-day forum with community organizations to see how they viewed nurses engaging in their communities. Organizations that participated included, for example, Autism Speaks, Mayor's Wellness Campaign, AARP, and the Department of Health. Through a facilitated discussion, they identified that nurses are a trusted

and respected profession, and saw the opportunity of leveraging both the number of nurses and their expertise. However, they believed that because most nurses work in structured environments, moving nurses into the community would require a change in mindset. The organizations also required knowledge of how and where to embed nurses into the community along with the networking connections and other tangible resources. It was identified that nurses would be exposed to social and economic conditions that negatively impacted health, including poverty, food insecurity, housing and job availability, educational attainment, and cultural and language differences. The community members identified that the skills and competencies needed by nurses include organizational skills, understanding data and how to use it, strong ability to communicate with the public, networking skills, leadership, good listening skills, and confidence.

Therefore, nurses need to understand these socioeconomic barriers as they engage in various projects in the communities. It also became evident that the natural progression for the NJAC was to build on these existing relationships and projects, and not reinvent the wheel. Therefore, a framework for matching nurse volunteers to community projects needed to be designed to ensure an effective transition for nurses from a traditional organizational structure to a more open community setting. This would be a very different approach for NJAC given that its previous work was focused on building nursing capacity.

INFORMAL AND FORMAL STRUCTURE

The realignment of the NJAC work and structure occurred in 2016, following a community forum to address how nurses could engage in the community. The structure now consists of nurse coaches across the 21 counties of New Jersey, nurse volunteers, and an advisory board serving as partners across the state (*Figure 1*). The NJAC serves as the "backbone organization"⁷ that is composed of 3 coleads, a community liaison, multiple nurses in various roles, and a few graduate students. This team provides the manpower to coordinate the effort of the NJAC. The advisory board includes government agencies, nonprofit organizations, professional organizations, and libraries that work together to improve health and health care. The advisory board provides the guidance, credibility, and relationships to connect the NJAC to existing community-based initiatives.

The NJAC backbone organization members, advisory board, and coaches are all instrumental in helping identify existing community projects. The NJAC team realized early on it was essential to appoint a community liaison to facilitate the connections with organizations and manage the workflow between the advisory board, the backbone organization, and coaches. Therefore, a part-time position was funded by the NJAC. We also enlisted nursing leadership graduate students to expand our reach in interviewing various organizations to identify projects. Part of the students' work, alongside the community liaison and coleads, was to create criteria for interviewing organizations to help identify their needs. Many of these organizations needed additional technical support and follow-up to clarify their needs. For this aspect, the NJAC sought out a nurse volunteer with

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