NBNA's 50th Anniversary vision: Getting patients engaged in their own health by moving away from the illness model.

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Incoming NBNA President Martha Dawson, DNP, RN, FACHE, shares her priorities for the organization as she becomes its 13th President. As the NBNA approaches its 50th anniversary in 2021, Martha is planning to highlight its founders and past leaders, and to focus on emphasizing the importance of meeting patients where they are, before they get sick.

Dr. Harwell: You are listening to the Health Disparities Podcast from Movement is Life, a series of conversations about health disparities with people who are working to eliminate them. Today, I'm discussing health disparities with Dr. Martha Dawson. Dr. Dawson is an assistant professor of nursing at the University of Alabama and the incoming president of the National Black Nurses Association, hereafter referred to as NBNA. Congratulations and welcome, Martha.

Dr. Dawson: Thank you, it's great to be here.

Dr. Harwell: Let me start by asking you what will be some of the focal points of your upcoming presidency?

Dr. Dawson: Well, thank you. Some of the things that we're going to continue to focus on will be men's health, women's health as well as focusing on end-of-life care. And one of the things that we're really focusing on at this time is looking at safe human breast milk for NICU babies. We understand that breastfeeding is the first and the best choice of nutrition for newborns however, there are times when mothers cannot maybe contribute their own milk especially when they have a sick infant or if they're sick themselves. So, one of the things we want to do is make sure that's a healthy start. One of the things that I will focus on as president is I want to focus on the complete continuum of health. So that means from prenatal all the way to the end of life care.

Dr. Harwell: Tell us a little bit about your work as an NBNA historian and maybe some of the important milestones and historical moments that you've been documenting.

Dr. Dawson: I've been the historian for the last two years and during that time I'm really focusing on a very big event that's going to occur in 2021. NBNA will be 50 years old that year and so, we are planning to highlight from our founders all the way to our 12th president. I'm the 13th president of the organization, so our goal is to capture our history in video and voice, so that we will have that opportunity for future generations to really hear from some of our leaders. We're lucky enough that we still have two of our

founders that are still living, Dr. Betty Smith-Williams who is one of the founders as well as a past president is 90 years old and she's here at the conference looking well. She will be one of the first individuals that we will interview, but we're also celebrating her 90th birthday tomorrow, and so, I'm really excited about that. We will also go back and look at some of the milestones that we had in terms of growing the organization. We are one of the few professional nursing organizations whereby we bring in both the RNs and the LPNs and nursing students under the same umbrella of professionalism. So, that is very important for us because what we want to do is get individuals when they're in the school or nursing and then once they graduate help them to convert and become full membership. And we like to develop our LPNs and encourage other LPNs. Now, we recognize that not every LPN wants to go on to be an RN. Some of them may detour and decide "Well, I'm an LPN but I want to go into business, so I'm going to go get my degree in business administration and my master's in business administration." Others may decide "Well, yes, I want to go on and get my AD in nursing and then I want to become a BSRN, become a nurse practitioner," we have many LPNs that are now holding PhDs. So, again, our role as leaders within the NBNA is to make sure that our members are engaged, they're working in the community, we're a professional development organization for the members because we do recognize that when our members are fully engaged, when they're working to their full potential then they're going to impact our communities and

that's the hallmark of what we do. And that is getting into the community, providing service to our community whether it be education, whether it be screening or just encouraging even others to come into the profession. I'm excited about the historical piece because we're going to have a landmark rolling out starting immediately after this conference.

Dr. Harwell: That sounds fantastic, well what comes to mind when you think about NBNA history in the context of health disparities?

Dr. Dawson: When I think about health disparity in NBNA, we have had a collaborative model in terms of working in the community for years and so one of the things that we do because our local chapter is really what make up NBNA. So that 122 chapters that we have in the community, they're the ones that are out there doing the work, they're focusing on everything when you talk about health disparity. Again, they're looking at environmental issues even, rather we're talking about clean air, clean water, working with our local politicians to make sure that there's no lead in homes, making sure that there's a safe living environment, addressing violence. Again, understanding that when we talk about health disparity, it is all those underlying things such as our education matter, where we live, our zip code matter, where we get our health care matter, whether or not we have safe food source. All of those things matter whether we're working with the homeless or working with someone in a college

environment. Many times, we think that just because someone has a college education, that's going to put them in a totally different context when you're talking about health, not necessarily. The evidence shows that many times again you may have the same insurance as someone else but there's race, there's ethnicity and that zip code matter. So, again, we want our members to be engaged in all aspects of trying to eliminate health disparity.

Dr. Harwell: So, you hit on a lot of the social determinants of health that play a role in how an individual's overall status of health care and being healthy, those things factor in.

Dr. Dawson: Exactly, yes.

Dr. Harwell: And nurses have always been I think on the front line when it comes to understanding that these social determinants of health, these affect the patients.

Dr. Dawson: I will agree with you because within our nursing curriculum, we always have had that community health component and with community health, we don't just mean going to your health department or going to that ambulatory care setting, by community health we mean really having that nurse go into a patient home, understand. So, what is there, what do you

see when you go into that home? I can remember as a young nurse when I went to make a home visit to a psychiatric patient. So, I wasn't just there to talk about the medication, but I was also surveying the environment. So, does the home look safe? Do we have loose rugs on the floor? Do we think there is a way for that patient to get to their medication? You know, what's good to have a prescription if you don't have transportation to go get the prescription and then if you have the transportation but you don't have the finances to purchase the medication? So nursing had kind of been holistic all along so we do try to look at everything inclusively about that patient.

Dr. Harwell: Which leads me to ask you the next question. How do you think we can get patients more involved in this process of trying to eliminate disparities?

Dr. Dawson: I really think we're going to have to begin to meet the patients where they are and I think if we want patients to be engaged in a healthy lifestyle, you know we talked about those social determinants. One of the social determinants that no one talks that much about in the US really is finances.

Dr. Harwell: Okay.

Dr. Dawson: So, we put so much of our money not into health prevention or health promotion, we really have an illness health model here, all of our money going to the illness side of healthcare. So, if I want the patient to become more engaged, I got to move some of that money to the other end of that continuum. I have to begin to reimburse providers for helping to keep patients healthy versus treating them when they're sick. And so, if we're going to do that and I can talk to Mr. Jones and say “Mr. Jones, you go see your health care provider and he's going to provide something for you to be healthy versus treating your illness.”

Give you two good examples that I’ve been reading about recently. In the state of California, they've been actually using healthy food as medicine and reimbursing for that. Now imagine if I as a doctor can write down that patient John Doe should have fresh vegetables, apples and oranges and plenty of good water and I’m going to get paid for doing that the same as I would for writing for him to have an opioid, something that is not healthy for them. Another good example is what’s been taking place in certain parts of New York, where they are using safe housing as healthcare. So, you take a homeless person off the street that is a frequent user of your ER, put them into a safe environment, maybe deal with their mental health issues and all of a sudden the expenses that we're spending on the ER now has been spent on a healthy living style because while I have that person in that living environment, it's easy for me to bring in a dietitian to

begin to teach them about how to eat healthy, it's very easy for me to bring in a social worker to help them get access to other things that they may need. It's very easy for me to bring in someone to do an educational, make sure that they can read okay. So, what good is giving a prescription if I can't read? So, I think all of those things are very important.

Dr. Harwell: Yeah, so you hit on some areas where health disparities and inequity has to be fixed at the state and federal level.

Dr. Dawson: Yes.

Dr. Harwell: And those were some great examples of that. I know that you support or underwrite a nurse leadership scholarship right?

Dr. Dawson: Yes.

Dr. Harwell: And so, why is leadership and these developing leaders, why is that so important?

Dr. Dawson: I believe that we have to have a voice and so we have to help people learn how to find that voice and become an advocate for patients. Again, I'm just gonna have to be honest, in the United States policy is what changed our environment. So, if I can help leaders to develop and to

grow and help those nurse leaders to find their voices and understand about health policy, understand how our government works. How do I really come up with a policy briefing but I have got this dynamic book of story that I can tell that will buy other people to join me, get them to join and buy into my vision okay. So, as a very young nurse, I learned very early that I can complain, but I'm not going to get that far if I just do nothing but complain, but if I can come up and write a clear proposal and also tell you what I want the outcome to be but not how only I'm going to benefit but you're going to benefit, then I can get the ear of the people in the c-suite. And so, once I got to the c-suite, it wasn't enough for me to be there alone and realize I need to bring others along as well.

Dr. Harwell: Absolutely, absolutely. Well, thank you so much Martha. I wish you much success.

Dr. Dawson: Thank you.

Dr. Harwell: As the incoming president of a wonderful organization that's doing wonderful work for not only the community but this nation.

Dr. Dawson: Okay, thank you very much.

Dr. Harwell: And thank you all for listening to the Health Disparities Podcast from Movement is Life. Please join us for new installments every two weeks by subscribing at Apple Podcast, Stitcher, Spotify and Google. You can also find us at www.movementislifecaucus.com, thank you and we'll see you next time.

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