TIMIYA S. NOLAN, PhD, APRN-CNP, ANP-BC

Equity in Health Care

The Oncology Nursing Society (ONS) has made marked contributions to the art and science of nursing, including establishment of resources and a community for oncology nurses across the United States. ONS's core values have evolved to innovation, excellence, advocacy, and inclusivity (ONS, 2021). While we know that these core values are, in virtue, admirable, there is a stark need to address another value—equity.

Equity in health care can be defined as all having "the right to the highest attainable standard of health as indicated by the health status of the most socially advantaged group" (Braveman & Gruskin, 2003, p. 254). In the past two years, oncology nurses have witnessed significant health inequities in the scope and resultant death rate from the COVID-19 pandemic (Killerby et al., 2020; Stokes et al., 2020). However, health inequities did not arise just in 2020; documentation of healthcare inequities began as early as the 1800s in the United States with the advent of public health care (Yao et al., 2019). Rooted in social disadvantages and constraints, inequities have ravaged marginalized and minoritized communities of Black, Indigenous, and people of color; sex and gender minorities; people living with different abilities; and others with limited means and access to health care. Nurses have a responsibility to bring, among other aspects, social justice to health care (American Nurses Association, 2015).

Supporting the preparation of oncology healthcare professions, this supplement to the *Clinical Journal of Oncology Nursing* reviews the implementation of evidence- and ethics-based practices to support all patients throughout the cancer continuum, particularly those who have traditionally been marginalized and minoritized in society. These articles showcase how diversity (representation), equity (fair treatment and access), and inclusion (shared power and belonging) principles can be interwoven into the nursing profession, particularly as an avenue to address social determinants of health. In this supplement, Nolan et al. (2021) provides a discussion on cultural humility, advocating for its application for retraining and reequipping the nursing pipeline and workforce to provide patient-centered care. Beginning at the point of screening and diagnostics, Carnahan et al. (2021) expands upon how nurses can overcome the multilevel challenges of those living in rural areas by nurses' promotion of patient education, guideline-concordant screening, psychosocial support, and advocacy. Next, Vo et al. (2021) examines provider bias in treatment decisions and related adverse effects and, through a case study, exemplifies how nurses can play an active role in learning, recognizing, and mitigating health disparities in adverse treatment effects.

Considering that a major goal of patient care is to teach patients to care for themselves outside of healthcare systems, several articles focus on post-treatment cancer survivorship in marginalized and underrepresented populations. Arthur et al. (2021) highlights opportunities for nurses caring for people who identify as transgender, gender-nonconforming, or nonbinary, to create spaces that are safe, affirming, and effective in care delivery. Cousin et al. (2021) discusses promotion of guideline-concordant cardiovascular disease risk reduction in Black breast cancer survivors. Lastly, Hirschey et al. (2021) provides case studies modeling the care of marginalized and minoritized individuals toward initiation and/or maintenance of living a healthier lifestyle.

As nurses, it is imperative to be sensitive to the multilevel nature of the social determinants of health. Schroeder (2007) described that the pathway to better population health is paved through the actionable determinants of health (i.e., improving personal lifestyle behavior, attaining higher socioeconomic factors, gaining access to high-quality health care, and limiting harmful environmental exposures). The World Health Organization has also acknowledged that perhaps the most far-reaching, yet underemployed, avenue to promote health equity is through health policy (Marmot et al., 2008). The 21st century nurse is educated to practice cultural humility at the bedside, chairside, and in the community; develop new knowledge to fuel evidence-based practice; and take lessons learned, advocating for legislation that will benefit care delivery and patient outcomes.

"As nurses, it is imperative to be sensitive to the multilevel nature of the social determinants of health."

As oncology nurses, we are family members, friends, neighbors, coworkers, congregants, and more to the millions of patients who we see each year. Nurses operating at the top of their scope of practice are well positioned to be the change in health care that not only provides outreach, but also engages and partners with

communities to build better health. In redistributing power from the traditional patriarchal view of medicine toward distribution of more power to patients, thereby centering care, it is our ethical responsibility to be an active member of a healthcare team that ensures high-quality care is delivered to all patients.

Timiya S. Nolan, PhD, APRN-CNP, ANP-BC, is an assistant professor in the School of Nursing at the Ohio State University in Columbus. Nolan can be reached at nolan.261@osu.edu, with copy to editor at CJONEditor@ons.org.

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