

The American College of Nurse-Midwives

Written Comments

HRSA Nursing Workforce Diversity Invitational Summit

"Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health" August 16-17,2012

The American College of Nurse-Midwives (ACNM), representing certified nurse-midwives and certified midwives, is the oldest women's health organization in the United States, with roots dating back to 1929. Our 5700+ members are experts in normal pregnancy and birth, as well as women's primary care. As members of the advanced practice nursing community, we are pleased to have this opportunity to comment.

The burden of disease and premature, preventable deaths in America is borne disproportionately by economically disadvantaged and politically disenfranchised communities¹. Health disparities awareness and the social determinants framework have long been in the realm of the midwifery philosophy and model of care. Midwives have historically served and continue to serve women of color, immigrants, and low-income women.² The Midwifery Philosophy of Care "affirms the power and strength of women and the importance of their health in the well-being of families, communities and nations."³

There are several health disparities that are of particular concern to midwives, specifically, maternal mortality, infant mortality, preterm birth, low birth weight, sudden infant death syndrome (SIDS), breast and cervical cancer, HIV/AIDS infection and heart disease among women⁴. Consistent with the goals of this summit, ACNM has previously committed to increasing racial and ethnic representation in the ranks of midwives in clinical, academic and administrative spheres in an effort to reduce health disparities.⁵ Providers should reflect the communities that they serve, and the increasing diversity of the U.S. population should also be reflected in the nursing and midwifery workforce.

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¹ ACNM Issue Brief: Reducing Health Disparities, 2007, http://midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000112/Health_Care_Disparities_ Issue_Brief_10_07.pdf

² Declercq, E. R., Williams, D. R., Koontz, A. M., Paine, L. L., Streit, E. L. and McCloskey, L. (2001), Serving Women in Need: Nurse-Midwifery Practice in the United States. Journal of Midwifery & Women's Health, 46: 11–16. doi: 10.1016/S1526-9523(00)00091-X

³ ACNM, Philosophy of Care, http://midwife.org/index.asp?bid=59&cat=2&button=Search&rec=49

⁴ ACNM Issue Brief: Reducing Health Disparities, 2007.

⁵ ibid.

Successful diversification of the nursing and midwifery workforce requires acknowledgement of the barriers that women of color face in multiple institutions in America: lack of access to academia in many ways mirrors the chronic lack of access to affordable, quality health care. The two circumstances are intertwined and without effective intervention will only stagnate.

Factors that influence diversification of the nursing and midwifery workforce may include: poor access to high quality primary education from pre-school through high school, a smaller pool of academically prepared students to enter post-secondary education, geographic distance to the classroom, financial barriers to higher education, inflexibility of programs to work with students with families, lack of diversity in program faculty, and the lack of a social support system and mentoring. Distance learning is one strategy being used by several midwifery education programs to increase access to midwifery education. Distance learning allows students to remain in their home community with their families while working toward a graduate degree. Students are invested in these communities from the start because they are members of the community. They are further integrated into the community during their education through clinical placements in local clinics and hospitals and the use of community-based preceptors. However, distance learning is still a relatively new frontier in education and there is not equal access to technology in disadvantaged communities; further research is needed on optimizing distance education for health care providers. It remains undetermined if this model achieves the goal of increasing access to advanced degrees as well as national licensure and certification. We have yet to determine how to most efficiently and effectively use the myriad technological tools available and how to make these tools widely available for all students.

Mentorship and social support are essential to building capacity for students to succeed. Technology, writing, study and test-taking skills, and time management have been identified at Frontier Nursing University, the largest provider of distance education for midwives, as specific areas in which students may need support⁷.

It would be remiss to not mention that the same challenges that face educating all advanced practice nurses impact education for midwives of color as well. These challenges include: the dearth of sustainable funding structures; the high cost of clinical simulation and training resources, competition with physician resident education in terms of clinical sites and experiences, and the lack of hospital incentives to accommodate nursing and midwifery students in contrast to physician residency programs. Therefore it is imperative and essential that funding priorities for nursing and midwifery workforce development are restructured. The Graduate Nurse Education Demonstration project is a preliminary step in this direction.

⁶ Ortiz, F., Gonazales, N., Jaramillo-Husted, L, Littles, T., Metz, P. "Bringing Cultural Diversity to Midwifery." University of New Mexico. Poster presentation, University of New Mexico, May 2012.

⁷Personal communication with Susan E. Stone, DNSc, CNM, FACNM, President and Dean, Frontier Nursing University, Hyden, KY.

It is significant and timely that the organizers of this summit are also seeking identification of *health system factors* that influence diversification of the nursing workforce. As we witness a national shift in awareness from a health care system that focuses on treatment, to a health care system that focuses on prevention, it is imperative that health systems include a diversity of health care professionals who may have different clinical perspectives on achieving health. Midwifery and nursing are distinct disciplines from medicine. They are uniquely positioned to bring their strong roots of patient advocacy and health prevention to the aspect of patient care experience that used to be reserved only for physicians. A health care system that incorporates and promotes inclusion of multiple health care disciplines will be a stronger system. Diverse perspectives from different disciplines are integral to innovating best practices in health care to reduce disparities as well as to develop policy. Different thinking leads to different clinical practice which leads to different outcomes.

The benefits of midwifery care have been well documented in the literature, including increased patient satisfaction which leads to increased continuity of care, and lower rates of prematurity, low birth weight, and cesarean section. A specific example of a successful intervention that embraces the midwifery philosophy of care is CenteringPregnancy®, a model for group prenatal care that has demonstrated a 30% reduction in preterm birth rates. CenteringPregnancy® was designed by a certified nurse-midwife, Sharon Rising, and integrates social support, education and self-assessment, in non-hierarchical group interaction. This innovative model of care is an excellent example of how a philosophy that embraces social context as a determinant of health can address disparities in health.

The American College of Nurse-Midwives looks forward to continuing to work with the Health Research Services Administration and the nursing community to address the persistent challenges of health disparities in the United States and lack of diversity in nursing and midwifery. Simply acknowledging the social, economic, political, and environmental determinants that impact diversity in nursing and midwifery is insufficient to address the problem, and we look forward to the insights and conclusions of this summit that will guide the next steps.

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⁸ J Ickovics, T Kershaw, C Westdahl, U Magriples, Z Massey, H Reynolds, and S Rising, Group Prenatal Care and Perinatal Outcomes A Randomized Controlled Trial Obstetrics & Gynecology 2007;110:330-339

⁹ SS Rising, HP Kennedy, CS Klima. Redesigning Prenatal Care Through CenteringPregnancy. Journal of Midwifery and Women's Health 2004. 49(5), 398-404