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Advancing Health Equity through Nursing Practice: A Framework-Guided Review of Strategies and Outcomes

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Abstract
Health equity remains a critical global health priority, with nurses playing a pivotal role in addressing systemic disparities that affect health outcomes. This review examines strategies and outcomes in nursing practice aimed at advancing health equity, guided by two foundational frameworks: the World Health Organization (WHO) Health Equity Framework and the National Academies' "Culture of Health" Model. The WHO Framework emphasizes structural and intermediary determinants of health, including policies, socioeconomic factors, and access to essential services, while the Culture of Health Model promotes shared values of health, cross-sector collaboration, and systemic integration to foster equitable and healthier communities. The review identifies key nursing strategies that align with these frameworks, including community-based interventions, policy advocacy, culturally competent education, and clinical practice reforms. Specific initiatives such as nurse-led outreach programs, advocacy for social justice policies, and integration of social determinants of health screening within clinical settings are analyzed for their effectiveness. Evidence from multiple studies highlights positive outcomes, including reductions in chronic disease disparities, increased preventive care access, improved community resilience, and strengthened healthcare systems' responsiveness. Despite demonstrated successes, significant challenges persist. These include resource limitations, institutional resistance to equity-focused changes, and methodological barriers in evaluating long-term equity outcomes. To overcome these challenges, the review recommends strengthening interdisciplinary partnerships, scaling successful nursing-led models, improving data collection on equity metrics, and advancing leadership development programs for nurses engaged in equity work. This framework-guided review underscores the central role of nursing in advancing health equity through evidence-based, community-engaged, and systems-oriented approaches. It calls for sustained investment in nursing initiatives that integrate the WHO Health Equity Framework and the Culture of Health Model to build more just and equitable healthcare systems globally. Nurses, as trusted and accessible health professionals, are uniquely positioned to lead this transformation.

Keywords: Advancement, Health equity, Nursing practice, Framework-guided review, Strategies and Outcomes

1. Introduction
Health inequities persist as a major global health challenge, disproportionately affecting marginalized populations based on factors such as socioeconomic status, race, ethnicity, geography, gender, and disability (Menson *et al*., 2018; Eneogu *et al*., 2020). These inequities are not merely differences in health status but are systematic, avoidable, and unjust disparities that arise from social, economic, and political conditions (Scholten *et al*., 2018; Nsa *et al*., 2018). Despite increasing recognition of the need to address health disparities, progress has been uneven across regions and populations. Key drivers of these inequities include poverty, discrimination, inadequate access to healthcare services, environmental hazards, and inequitable distribution of power and resources. The COVID-19 pandemic further exposed and exacerbated these disparities, highlighting the urgency for health systems worldwide to prioritize equity-focused interventions (Mustapha *et al*., 2018; Ojeikere *et al*., 2020).
Nurses, as the largest group of healthcare professionals globally, are uniquely positioned to play a transformative role in addressing health inequities.

They often serve as the first and most consistent point of contact for individuals and communities, particularly in under-resourced settings (Merotiwon *et al*., 2020; ADEYEMO *et al*., 2021). Nurses possess deep knowledge of the communities they serve and are trusted advocates for patient-centered care. Their holistic, person-centered approach allows them to address not only clinical needs but also the broader social determinants of health that shape patient outcomes. Furthermore, nursing practice encompasses diverse roles, including direct care, education, community engagement, leadership, and policy advocacy, making nurses central to advancing health equity at both the individual and systemic levels (Merotiwon *et al*., 2020; KOMI *et al*., 2021).

This review seeks to analyze evidence-based nursing strategies that advance health equity, using two complementary frameworks: the World Health Organization (WHO) Health Equity Framework and the National Academies' "Culture of Health" Model. By applying these frameworks, the review systematically explores how nurses can address structural inequities, improve access to care, and contribute to more equitable health outcomes. The goal is to provide a comprehensive synthesis of nursing interventions and policy initiatives that are grounded in these global models, highlighting both successful approaches and ongoing challenges.

Specifically, the review aims to; Identify nursing-led interventions targeting health inequities; Assess their effectiveness in improving health, social, and systemic outcomes; Provide practical recommendations for nursing practice, policy, and education based on the frameworks' principles.

The review is guided by two key conceptual frameworks that offer complementary lenses for understanding and advancing health equity.

The WHO Health Equity Framework emphasizes the importance of addressing both structural and intermediary determinants of health. Structural determinants refer to the social, economic, and political contexts in which people live, such as policies, governance, cultural norms, and socioeconomic position (Merotiwon *et al*., 2020; Mustapha *et al*., 2021). These factors shape unequal access to power, resources, and opportunities. Intermediary determinants include the immediate conditions of daily life—such as living and working conditions, health behaviors, psychosocial stressors, and access to healthcare services—that directly affect health outcomes. The WHO framework also highlights the role of health systems in mitigating inequities through equitable service delivery and policies that prioritize marginalized populations (Merotiwon *et al*., 2020; KOMI *et al*., 2021).

The National Academies of Sciences, Engineering, and Medicine developed the "Culture of Health" Model to promote health equity through systemic change in the United States, with global applicability (Chianumba *et al*., 2021; Merotiwon *et al*., 2021). This model is built around four interrelated action areas; Making health a shared value, promoting societal commitment to health equity and well-being. Fostering cross-sector collaboration, engaging stakeholders from various sectors, including education, housing, and transportation, to address root causes of health inequities. Creating healthier, more equitable communities, supporting community-based solutions that advance equity and well-being. Strengthening integration of health services and systems, enhancing coordination within and across health systems to improve access and reduce disparities (Merotiwon *et al*., 2021; Isa *et al*., 2021).

Together, these frameworks provide a comprehensive foundation for analyzing and guiding nursing strategies to advance health equity, emphasizing multi-level interventions that address both individual and systemic drivers of health disparities (Imran *et al*., 2019; Ajayi and Akanji, 2021).

2. Methodology

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology guided the conduct of this review on advancing health equity through nursing practice. The review process began with a comprehensive and systematic search of relevant peer-reviewed articles, reports, and grey literature across multiple databases, including PubMed, CINAHL, Scopus, and Web of Science, supplemented by searches of WHO databases and publications from the National Academies of Sciences, Engineering, and Medicine. The search strategy incorporated a combination of controlled vocabulary and free-text terms related to "health equity," "nursing practice," "frameworks," "strategies," "interventions," and "outcomes," ensuring the capture of a broad scope of literature relevant to the WHO Health Equity Framework and the National Academies' Culture of Health model.

Eligibility criteria were predefined according to the Population, Intervention, Comparison, and Outcome (PICO) framework. The inclusion criteria were studies that focused on nursing-led interventions, programs, or practices explicitly aimed at addressing health equity; studies guided by theoretical frameworks such as the WHO Health Equity Framework or the Culture of Health model; and research reporting empirical outcomes related to health equity improvements. Both qualitative and quantitative studies were considered, including randomized controlled trials, cohort studies, cross-sectional analyses, and qualitative evaluations. Excluded were studies not centered on nursing practice, those lacking a framework-guided approach, and studies unrelated to health equity.

All identified records were imported into a reference management tool to remove duplicates. A two-stage screening process followed, starting with the review of titles and abstracts by two independent reviewers. Full-text articles of potentially eligible studies were subsequently retrieved and assessed for inclusion based on the predefined criteria. Discrepancies in study selection were resolved through discussion or consultation with a third reviewer.

Data extraction was performed using a standardized form capturing key information such as study design, population characteristics, nursing strategies implemented, theoretical frameworks applied, outcome measures, and main findings. The extracted data were synthesized thematically, emphasizing alignment with the WHO and Culture of Health frameworks. Attention was given to recurring themes such as structural determinants of health, community engagement, cross-sector collaboration, workforce diversity, and culturally responsive care.

Quality assessment of the included studies was conducted using appropriate tools based on study design, including the Joanna Briggs Institute Critical Appraisal Tools for qualitative and quantitative studies. Studies were evaluated for methodological rigor, risk of bias, and relevance to health equity.

The synthesis process involved narrative analysis, mapping findings onto the guiding frameworks to highlight common strategies, facilitators, and barriers in advancing health equity through nursing practice. The review findings were organized according to major framework components, including addressing social determinants of health, promoting equitable healthcare access, and fostering sustainable community partnerships. The final review adheres to PRISMA guidelines to ensure transparency, reproducibility, and rigor in the reporting of methods, results, and conclusions.

2.1 Theoretical Foundations for Nursing and Health Equity

Advancing health equity through nursing practice requires a robust theoretical foundation that guides action toward reducing disparities and improving population health. Two prominent frameworks provide essential guidance in this regard: the World Health Organization (WHO) Health Equity Framework and the National Academies' Culture of Health model (Bidemi *et al*., 2021). These frameworks offer structured approaches for addressing the complex and interrelated social, economic, and health system factors that perpetuate health inequities. Their integration into nursing practice enables nurses to adopt holistic, systems-oriented strategies that address both the structural and intermediary determinants of health.

The WHO Health Equity Framework is grounded in a social determinants of health approach, emphasizing both structural and intermediary determinants of health. Structural determinants refer to the broader socioeconomic and political mechanisms that shape social hierarchies and, subsequently, health inequities. These include factors such as income inequality, educational disparities, racial discrimination, and gender inequity. Nurses, through advocacy, community engagement, and leadership roles, play a critical part in addressing these determinants (Phillips *et al*., 2020; Lathrop, 2020). For instance, nurses can influence policy reforms aimed at increasing educational opportunities, advocating for fair wages, and promoting anti-discrimination policies within healthcare settings and broader society. Their involvement in policy advocacy and social justice initiatives positions nursing as a transformative force in addressing structural inequities.

Intermediary determinants, on the other hand, involve the immediate conditions of daily living, such as healthcare access, neighborhood environments, working conditions, and behavioral factors. Nurses directly impact these determinants through clinical care, patient education, case management, and community-based interventions. For example, nursing programs focused on improving maternal health outcomes in marginalized communities often tackle transportation barriers, health literacy, and affordable access to preventive care services. Furthermore, nurses in primary care settings are instrumental in coordinating care for underserved populations, thus reducing barriers to healthcare access and enhancing continuity of care. By targeting both structural and intermediary determinants, the WHO framework empowers nurses to deliver comprehensive, equity-focused interventions that span from the individual to policy level.

Complementing the WHO framework, the National Academies' Culture of Health model offers a U.S.-based perspective that similarly aligns with nursing's holistic practice. Central to this model is the notion of "making health a shared value," which underscores the importance of fostering community engagement, promoting cultural competence, and ensuring that health equity goals are embraced by all stakeholders. Nurses, as trusted health professionals embedded in communities, play a pivotal role in shaping these shared values. Through culturally sensitive care and public health outreach, nurses can elevate community voices and co-create health promotion strategies that reflect local needs and values (Simon *et al*., 2020; León *et al*., 2020).

Another core component of the Culture of Health model is fostering cross-sector collaboration. Health inequities are multifactorial and require partnerships beyond the healthcare sector, including education, housing, transportation, and social services (Woolf, 2019; Harrington *et al*., 2020). Nurses are increasingly participating in interdisciplinary coalitions and community health partnerships, serving as liaisons between healthcare systems and other sectors. By participating in collaborative initiatives such as school health programs, housing-first models for homeless individuals, and integrated care networks, nurses can advocate for policies that address social determinants while simultaneously improving individual and community health outcomes.

Creating healthier, more equitable communities is also central to this framework. Nurses contribute to this goal through their roles in community-based care delivery models, such as community health nursing and nurse-led clinics. These models prioritize prevention, early intervention, and chronic disease management, particularly in underserved populations. Community health nurses often lead initiatives that promote healthy lifestyles, improve access to nutrition, and reduce environmental health risks—efforts that are essential to building equitable communities (Doyle *et al*., 2018; Williams and Cooper, 2019).

Lastly, the model emphasizes strengthening the integration of health services and systems, a domain where nurses excel. Nurses serve as care coordinators, patient navigators, and leaders in accountable care organizations and patient-centered medical homes. By promoting seamless transitions across levels of care, integrating mental and physical health services, and adopting innovative care delivery models such as telehealth, nurses ensure that healthcare systems are more responsive, efficient, and equitable.

Both the WHO Health Equity Framework and the Culture of Health model provide invaluable theoretical guidance for advancing health equity through nursing practice. While the WHO framework stresses the importance of addressing both structural and intermediary determinants of health, the Culture of Health model emphasizes community engagement, cross-sector collaboration, and system integration. Together, these frameworks enable nurses to develop multifaceted strategies that promote health equity at clinical, community, and policy levels. By embedding these models into nursing practice, the profession can significantly advance equitable health outcomes and foster resilient, healthier communities worldwide (Porta *et al*., 2019; Plamondon *et al*., 2019).

2.2 Nursing Strategies for Advancing Health Equity

Advancing health equity requires multi-dimensional approaches that address the complex and interrelated factors driving disparities. Nurses, given their accessibility and deep community engagement, play a critical role in implementing strategies that span from direct community interventions to systemic advocacy and clinical reforms as shown in figure 1

(Crocker *et al*., 2018; Martinez *et al*., 2020). This presents key nursing strategies for advancing health equity, organized into four major domains: community-based interventions, policy and advocacy initiatives, education and workforce development, and clinical practice transformation.

Community-based outreach programs and home visits have long been central to nursing practice in promoting health equity, particularly among underserved populations (Shah *et al*., 2020; Shin *et al*., 2020). These programs aim to bridge gaps in healthcare access by delivering preventive and primary care services directly to individuals within their homes or communities. Nurses conducting home visits can assess environmental factors, provide chronic disease management, deliver health education, and facilitate connections to social and health services. Evidence shows that home visiting programs are effective in reducing maternal and infant mortality, improving chronic disease outcomes, and enhancing medication adherence, particularly among low-income and high-risk populations.

Nurse-led community clinics serve as critical access points for healthcare in medically underserved areas, including rural, low-income, and minority communities. These clinics, often staffed by nurse practitioners and registered nurses, offer comprehensive, culturally competent services ranging from primary care and immunizations to mental health counseling and reproductive health. Studies have demonstrated that nurse-managed health centers can improve health outcomes, reduce emergency department utilization, and lower healthcare costs while maintaining high patient satisfaction. Furthermore, these clinics frequently incorporate community outreach and social services, addressing social determinants of health alongside clinical care.

Fig 1: Nursing Strategies for Advancing Health Equity

Nurses' participation in health policy reform is essential for addressing systemic inequities embedded in health laws, financing structures, and regulatory frameworks (Gunn *et al*., 2019; Chiu *et al*., 2020). By engaging in policy advocacy, nurses can influence legislation and funding decisions that impact access to care, insurance coverage, workforce protections, and social determinants of health. Professional nursing associations often mobilize their members to advocate for policies such as Medicaid expansion, maternal health protections, and workplace safety regulations. Nurses' lived experiences in patient care provide compelling narratives that can shape more equitable policies at local, national, and international levels.

Beyond health-specific legislation, nurses also engage in broader social justice movements that target the root causes of inequity, such as racism, poverty, and housing insecurity. Nurses have advocated for criminal justice reform, equitable education policies, and environmental justice initiatives, recognizing their interconnectedness with health outcomes. Through coalition building with community organizations and cross-sector stakeholders, nurses can amplify marginalized voices and promote structural change (Sirdenis *et al*., 2019; Guerzovich and Poli, 2020). This activism is grounded in professional nursing ethics, which emphasize advocacy, human rights, and social justice as core responsibilities of the profession.

Integrating cultural competence into nursing education is vital for preparing nurses to effectively serve diverse populations. Culturally competent education equips nurses with the knowledge, skills, and attitudes necessary to recognize and address cultural differences in health beliefs, behaviors, and care preferences. Curricula that emphasize cultural humility, health disparities, and structural competency enable future nurses to deliver more empathetic and tailored care (Kurtz *et al*., 2018; Hughes *et al*., 2020). Such training also challenges implicit biases that may contribute to inequitable treatment, ultimately fostering more inclusive and respectful healthcare environments.

Increasing the diversity of the nursing workforce itself is another essential strategy for advancing health equity. A workforce that reflects the racial, ethnic, linguistic, and cultural backgrounds of the populations it serves is more likely to provide culturally responsive care and improve patient trust and satisfaction. Initiatives to recruit and retain nurses from underrepresented backgrounds include mentorship programs, scholarships, and targeted outreach efforts. Diverse leadership within the nursing profession also ensures that equity remains a priority in organizational decision-making and policy development (Figueroa *et al*., 2019; Nardi *et al*., 2020).

Trauma-informed care and patient-centered approaches are critical for addressing the complex needs of individuals who have experienced adversity, including violence, discrimination, and poverty. Trauma-informed care frameworks emphasize safety, trustworthiness, empowerment, and collaboration, minimizing the risk of re-traumatization in clinical settings. Patient-centered care, similarly, prioritizes respect for patients' preferences, needs, and values, fostering shared decision-making. These approaches not only improve health outcomes but also promote equity by creating more compassionate and responsive healthcare environments for marginalized groups (Wilson *et al*., 2018; Williams and Cooper, 2019; Simon *et al*., 2020).

Systematic screening for social determinants of health (SDOH) within clinical encounters enables early identification of factors such as food insecurity, housing instability, financial hardship, and lack of transportation. Nurses play a central role in implementing and responding to these screenings, linking patients to appropriate community resources and advocating for institutional responses to identified needs. Integrating SDOH screening into routine care helps shift clinical practice beyond treating disease to addressing the upstream factors that drive inequities,

ultimately contributing to more holistic and equitable healthcare delivery (Hsieh, 2019; Alcaraz *et al*., 2020).

Nursing strategies for advancing health equity are multifaceted and span community outreach, policy advocacy, workforce development, and clinical innovation. By leveraging these approaches, nurses can effectively address both the immediate and structural determinants of health disparities, contributing to the development of more just and equitable healthcare systems worldwide (Menon *et al*., 2019; Benfer *et al*., 2019; Phan *et al*., 2020).

2.3 Evidence of Outcomes and Impact

Evaluating the outcomes and impact of nursing strategies aimed at advancing health equity is essential for demonstrating their effectiveness and guiding future interventions. Drawing upon the WHO Health Equity Framework and the National Academies' "Culture of Health" Model, this section examines evidence related to health, social, and systemic outcomes resulting from equity-focused nursing practices as shown in figure 2 (Dover and Belon, 2019; Curtis *et al*., 2019). The evidence highlights how nursing interventions contribute to reducing disparities, improving preventive care utilization, fostering social cohesion, empowering marginalized populations, and strengthening health systems' responsiveness and equity.

Numerous studies have demonstrated that nursing interventions effectively reduce health disparities, particularly in maternal health and chronic disease management. Nurse-led maternal health programs, such as home visiting initiatives for pregnant women and new mothers, have been shown to decrease maternal and infant mortality, especially among low-income and minority populations (Kemp *et al*., 2019; McConnell *et al*., 2020). For example, the Nurse-Family Partnership model, in which nurses provide home visits during pregnancy and early childhood, has significantly reduced rates of preterm births, low birth weight, and childhood injuries while improving maternal mental health.

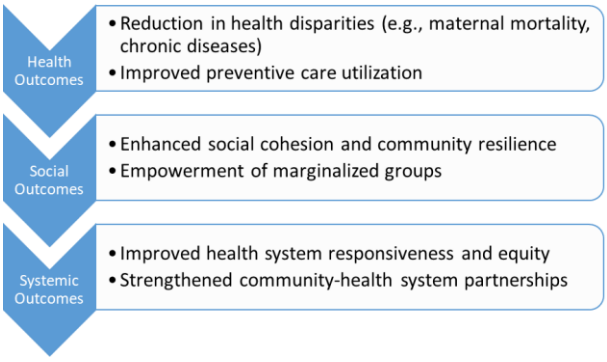

Fig 2: Evidence of Outcomes and Impact

In the context of chronic disease management, nurse-led interventions have yielded substantial improvements among underserved populations. Community-based nursing programs focused on diabetes, hypertension, and cardiovascular disease management have been associated with reduced hospitalizations, better glycemic control, improved blood pressure regulation, and enhanced medication adherence. These programs often employ culturally tailored education and self-management support, addressing both clinical and behavioral risk factors in disadvantaged groups.

Preventive care utilization is a critical measure of health equity, as it reflects access to early interventions that can mitigate disease progression. Evidence indicates that nurse-led initiatives significantly increase the uptake of preventive services such as vaccinations, cancer screenings, and reproductive health services (Borsky *et al*., 2018; Li *et al*., 2020). For example, nurse navigators and case managers have improved mammography screening rates among low-income women by addressing barriers related to transportation, health literacy, and insurance coverage.

Similarly, school-based nursing programs have demonstrated success in increasing adolescent immunization rates and promoting sexual and reproductive health education in underserved communities. By integrating preventive services into community and school settings, nurses reduce structural barriers that often limit preventive care access, ultimately contributing to more equitable health outcomes (Best *et al*., 2018; Mathieson *et al*., 2019).

Nursing interventions have also been shown to foster social cohesion and strengthen community resilience, particularly in vulnerable and marginalized populations. Through community engagement and partnership-building activities, nurses help facilitate trust, collaboration, and shared goals within communities. Nurse-led community health initiatives often promote collective problem-solving around social determinants of health, such as food insecurity, housing instability, and environmental hazards.

One notable example is the use of community health workers (often supervised by nurses) who are recruited from the communities they serve, thereby enhancing cultural relevance and local ownership of health initiatives. These programs improve community capacity to address health challenges, increase health literacy, and promote sustainable health improvements beyond the duration of the intervention. Evidence suggests that such models also contribute to reduced social isolation and enhanced mutual support within communities, particularly during public health emergencies such as the COVID-19 pandemic.

Empowering marginalized individuals and groups is a core objective of equity-focused nursing strategies. Nurse-led interventions frequently include educational components aimed at increasing health knowledge, self-efficacy, and decision-making autonomy among underserved populations. Programs targeting women's health, for instance, have empowered women to make informed reproductive choices, engage in chronic disease management, and advocate for their health needs within healthcare settings.

Moreover, participatory approaches in nursing, such as community-based participatory research (CBPR), actively involve marginalized populations in the design, implementation, and evaluation of health interventions. This not only enhances program relevance and effectiveness but also fosters leadership, self-advocacy, and political engagement among community members.

Nursing interventions contribute to systemic changes by improving the responsiveness of health systems to the needs of marginalized populations (Wilson *et al*., 2018; Metzl *et al*., 2020). Integrating nurses in care coordination roles—such as case management and patient navigation—has been associated with reductions in emergency department visits, avoidable hospitalizations, and healthcare costs. These roles enable nurses to identify gaps in care, streamline patient transitions across services, and ensure timely follow-up care. Additionally, nurse-led quality improvement initiatives

targeting disparities in care delivery have shown positive effects in increasing adherence to clinical guidelines, reducing racial and ethnic treatment gaps, and enhancing cultural competence in healthcare settings. By embedding equity-focused practices within organizational policies and care protocols, nurses help shift the institutional culture towards greater inclusivity and fairness.

Finally, nursing interventions play a key role in strengthening partnerships between communities and health systems, which is essential for sustainable progress toward health equity. Collaborative models that involve nurses, community organizations, public health agencies, and other stakeholders have led to the co-creation of interventions that are culturally appropriate, locally driven, and aligned with community priorities.

For example, partnerships between nurse-managed health centers and local housing or food assistance programs have facilitated integrated services that address both health and social needs. These collaborations not only improve health outcomes but also enhance the legitimacy and trustworthiness of health systems within underserved communities.

Robust evidence supports the positive impact of nursing interventions on advancing health equity across health, social, and systemic domains. Nurses' efforts in community outreach, clinical care, education, and policy advocacy result in measurable improvements in health outcomes, social empowerment, and health system performance. These outcomes reaffirm the central role of nursing in achieving equitable healthcare systems and advancing population health.

2.4 Challenges and Barriers

Advancing health equity through nursing practice presents numerous challenges and barriers that complicate the translation of frameworks into effective, sustained action. These challenges can be categorized into resource constraints, institutional resistance, and complexities in measurement and evaluation as shown in figure 3. Each of these factors can impede the implementation of equity-focused nursing interventions, limiting their scalability, sustainability, and overall impact on reducing health disparities.

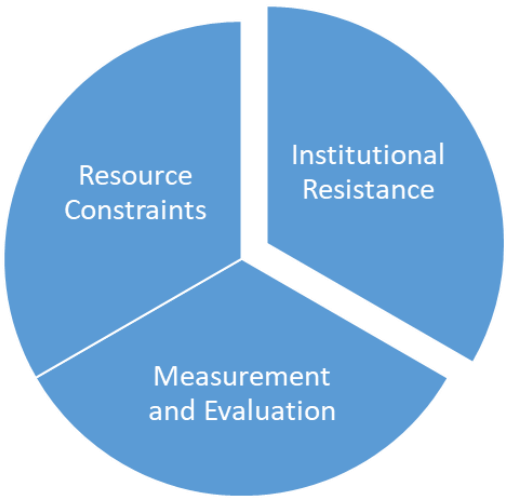

Fig 3: Challenges and Barriers

One of the most pervasive challenges in advancing health equity through nursing practice is resource constraint, particularly in terms of financial limitations and workforce shortages. Financial limitations often restrict the ability of healthcare institutions, particularly those serving low-income or rural populations, to fund health equity initiatives. Programs aimed at addressing the social determinants of health—such as housing support, food security, and health education—often require sustained financial investment, yet they may not receive consistent funding due to competing institutional priorities or restrictive reimbursement policies (Nichols and Taylor, 2018; Hill-Briggs *et al*., 2020). Many equity-focused interventions do not yield immediate financial returns, making it difficult to secure long-term funding in systems driven by short-term cost-containment strategies.

Workforce shortages further compound the resource challenges faced by nursing teams. Globally, there is a persistent shortage of nurses, particularly in underserved regions where health disparities are most severe. Limited staffing reduces the capacity of nurses to engage in community outreach, advocacy, and complex care coordination efforts that are central to advancing health equity. Additionally, high workloads and burnout rates can diminish nurses' ability to engage meaningfully in equity-driven initiatives, as clinical demands often take precedence over broader community and policy-level activities. Without adequate staffing and financial support, health equity efforts risk becoming fragmented and unsustainable.

Institutional resistance to change is another significant barrier to embedding health equity within nursing practice. Shifting organizational culture to prioritize equity involves challenging long-standing norms, power dynamics, and deeply embedded practices. Many healthcare institutions have historically operated under hierarchical, biomedical models that prioritize efficiency and profitability over social justice and community engagement. Introducing equity-focused approaches often requires organizations to expand their definitions of health outcomes to include social and structural factors, which may be perceived as beyond the traditional scope of healthcare.

Resistance can also manifest in the reluctance of leadership to adapt policies or allocate resources toward equity initiatives. Organizational inertia, competing priorities, and risk aversion can delay or block the adoption of innovative nursing-led programs (Heidenreich and Talke, 2020; Holti and Storey, 2020). Furthermore, there may be insufficient understanding among institutional leaders regarding the value of equity frameworks such as the WHO Health Equity Framework or the Culture of Health model. Without strong leadership commitment, nurses advocating for equity may face marginalization or limited support in advancing their initiatives.

Additionally, institutional resistance is often linked to broader societal and political challenges. Policies related to immigration, reproductive health, or racial justice may be contentious within communities or healthcare systems, creating environments where addressing such issues becomes politically sensitive or operationally risky. Nurses working within such contexts may encounter pushback or censorship when advocating for vulnerable populations, further limiting their ability to implement equity-focused interventions.

Measurement and evaluation represent critical but often under-addressed challenges in advancing health equity through nursing practice. Health equity interventions are inherently complex and multifaceted, making it difficult to establish clear metrics for success. Unlike traditional clinical

interventions, equity-focused strategies often target long-term outcomes such as reductions in health disparities, improvements in social determinants of health, or shifts in community-level health behaviors. These outcomes may take years or even decades to materialize, making them difficult to measure within typical funding cycles or program evaluation timelines.

Additionally, there is a lack of standardized, validated tools for measuring progress toward health equity within nursing practice. Many existing metrics focus on individual health indicators or process measures, which may not adequately capture systemic changes or improvements in structural determinants of health. For example, tracking hospital readmission rates may not reflect whether a community-based nursing intervention has improved housing stability or food access for vulnerable populations.

Data collection itself can also be challenging due to privacy concerns, inconsistent data sources, and disparities in electronic health record systems. Capturing comprehensive demographic and social determinant data requires significant infrastructure, inter-agency collaboration, and patient trust, which are often lacking in resource-constrained settings (Abbas, 2020; Sherriff *et al*., 2020). Furthermore, meaningful equity evaluations require disaggregated data by race, ethnicity, income, gender, and geography—data that are frequently incomplete or unavailable.

There is often insufficient investment in evaluation capacity within nursing-led initiatives. Many programs lack the technical expertise, time, or funding to conduct rigorous evaluations, leading to underreporting of successful interventions and missed opportunities for scale-up and policy advocacy.

Advancing health equity through nursing practice demands attention to significant and interrelated barriers. Resource constraints limit both the financial and human capital necessary for sustained action, while institutional resistance impedes the organizational changes required for embedding equity into core healthcare operations. Meanwhile, the challenges of measuring and evaluating complex, long-term outcomes make it difficult to assess the effectiveness of interventions, undermining their legitimacy and limiting their expansion. Addressing these barriers requires coordinated action involving policy reforms, institutional leadership, expanded funding mechanisms, and investments in workforce development and data infrastructure. Without such systemic efforts, the transformative potential of nursing in advancing health equity will remain largely unrealized (Prescott and Logan, 2019; Nardi *et al*., 2020).

2.5 Recommendations for Practice, Policy, and Research

To effectively advance health equity through nursing practice, a multifaceted approach is required, involving reforms in clinical practice, policy, education, and research. Drawing on the WHO Health Equity Framework and the National Academies' "Culture of Health" Model, this section presents four key recommendations to strengthen the capacity of nursing to reduce health disparities and promote equitable health systems globally. These recommendations emphasize the importance of cross-sector collaboration, scaling effective interventions, improving data systems, and fostering leadership among nurses engaged in health equity efforts.

Health equity is inherently linked to social determinants of health, which extend beyond the scope of the healthcare sector alone. Addressing these complex determinants requires robust partnerships between healthcare providers, public health agencies, education systems, housing authorities, social services, and community-based organizations. Nurses, given their unique role at the intersection of healthcare delivery and community engagement, are well-positioned to lead and participate in these cross-sector collaborations.

In practice, strengthening cross-sector partnerships involves creating formalized structures for inter-organizational collaboration, such as joint task forces, community health coalitions, and integrated service delivery models. Nurses can act as liaisons between health systems and community organizations to ensure that health interventions are culturally relevant, accessible, and aligned with community needs. These partnerships can improve the coordination of services addressing food security, housing stability, employment assistance, and education, which are critical drivers of health inequities.

Policy initiatives should also incentivize cross-sector collaboration by funding multi-agency interventions, establishing shared accountability frameworks, and reducing regulatory barriers that impede collaboration. Furthermore, nursing education programs should incorporate training in partnership-building, systems thinking, and community engagement to prepare nurses for leadership roles in these initiatives.

While many successful nursing interventions targeting health equity have been developed and piloted, there is an urgent need to scale these models to achieve broader population-level impact. Evidence-based nursing interventions—such as nurse-led community health centers, home visiting programs, and chronic disease management initiatives—have demonstrated effectiveness in improving health outcomes and reducing disparities, particularly in low-income and minority populations.

Scaling such models requires a systematic approach that includes identifying core components of successful interventions, ensuring fidelity to these components during implementation, and adapting interventions to local contexts without compromising their effectiveness. Nurses, as frontline implementers and program developers, must be actively engaged in this process to ensure that interventions remain patient-centered and responsive to community needs.

Policy support is essential to facilitate the scaling of effective nursing models. This includes providing sustained funding, integrating successful models into national health policies and payment systems, and supporting regulatory changes that expand nurses' scopes of practice. Furthermore, partnerships with academic institutions and health systems can support rigorous evaluation and continuous improvement of scaled interventions.

Robust data systems are critical for monitoring health disparities, evaluating interventions, and informing policy decisions. However, many health systems lack standardized, comprehensive mechanisms for collecting and analyzing data on health equity. To address this gap, efforts must be made to strengthen data infrastructure, particularly regarding social determinants of health, race, ethnicity, gender identity, disability status, and geographic disparities.

Nurses play a key role in enhancing data collection by integrating equity-related assessments into clinical practice. Routine screening for social needs, such as housing insecurity or food access, and documentation of these factors in electronic health records can generate actionable data for

both clinical care and population health management. Additionally, nurses can advocate for standardized reporting of equity metrics at institutional, regional, and national levels. Policy measures should prioritize the development of health equity dashboards, public reporting of disparities, and funding for research focused on equity outcomes. Equity-focused quality improvement initiatives should also include nurses as central contributors to data analysis and program design. Furthermore, training programs for nurses should include competencies in data literacy, health informatics, and the use of equity metrics to strengthen their role in data-driven decision-making.

Leadership development is essential to empower nurses to effectively advocate for and implement health equity initiatives. Despite their critical role in advancing equity, nurses remain underrepresented in leadership positions within health systems, government bodies, and academic institutions. Expanding leadership opportunities for nurses—particularly those from underrepresented backgrounds—will enhance the profession's influence on equity-focused policies and programs.

Leadership development efforts should include formal mentorship programs, targeted leadership training in equity and advocacy, and opportunities for nurses to participate in policy fellowships and governance boards. Academic nursing programs should also integrate health policy, social justice, and systems leadership into their curricula to prepare future leaders for equity roles.

In practice, healthcare organizations can foster nurse leadership by creating designated positions focused on health equity, such as Chief Health Equity Officers or Directors of Social Determinants of Health, with nurses serving in these roles. Policymakers and professional associations should advocate for the inclusion of nurses in decision-making bodies related to health equity at local, national, and global levels.

Research is also needed to evaluate the effectiveness of leadership development programs in advancing health equity. Studies should assess the impact of nurse-led leadership initiatives on health outcomes, policy changes, and organizational culture shifts toward equity.

Advancing health equity through nursing practice requires coordinated action across practice, policy, and research. Strengthening cross-sector partnerships, scaling evidence-based interventions, improving data systems, and investing in nurse leadership are critical strategies for addressing systemic health disparities. Nurses, with their trusted status, clinical expertise, and community connections, are uniquely positioned to lead these efforts. By operationalizing these recommendations, health systems can make meaningful progress toward achieving equitable health outcomes for all populations.

3. Conclusion

Nursing plays a central and irreplaceable role in advancing health equity, serving as both a frontline profession and a key driver of systemic change. Nurses are uniquely positioned to address health inequities through their direct patient care, community engagement, advocacy, and leadership roles. By leveraging their holistic approach to care, cultural competence, and close relationships with diverse populations, nurses can effectively bridge gaps in access, promote social justice, and address the social determinants of health. Reaffirming this central role is essential to ensuring that nursing remains a driving force in reducing disparities and promoting equitable health outcomes worldwide.

The integration of global and national frameworks, such as the World Health Organization's Health Equity Framework and the National Academies' Culture of Health model, provides a vital foundation for equity-driven nursing practice. These frameworks offer complementary, evidence-based approaches that guide nurses in addressing both structural and intermediary determinants of health. Their combined application enhances nursing's capacity to foster community partnerships, improve care coordination, and influence policy reforms. Embedding these frameworks into nursing education, practice, and leadership development is essential for equipping nurses with the tools and strategies needed to implement sustainable, equity-focused interventions.

A clear call to action emerges from this review, urging healthcare systems, academic institutions, and policymakers to prioritize sustained investment in equity-focused nursing practice. This includes expanding resources for community-based care, supporting workforce diversity, and creating robust policy environments that empower nurses to address health inequities at local, national, and global levels. Furthermore, greater emphasis must be placed on rigorous evaluation and dissemination of successful nursing interventions to accelerate learning and scale effective strategies. Ultimately, advancing health equity through nursing requires a long-term, coordinated effort grounded in a shared commitment to justice, inclusion, and human dignity.

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