

December 13, 2021

Shannon N. Zenk, PhD, MPH, RN, FAAN  
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31 Center Drive, Room 5B03  
Bethesda, MD 20892-2178  
By email: [ninrstrategicplan@mail.nih.gov](mailto:ninrstrategicplan@mail.nih.gov)

Re: *Request for Information (RFI) on the NINR 2022-2026 Strategic Plan Framework*  
(NOT-NR-22-001)

Dear Dr. Zenk:

On behalf of the Washington State Nurses Association (WSNA), I am writing to offer comments on the National Institute for Nursing Research (NINR) draft strategic plan framework. WSNA is the leading voice and advocate for nurses in Washington state, providing representation, education, and resources that allow nurses to reach their full professional potential and focus on caring for patients.

We applaud the inclusion, in the proposed guiding principles for NINR funding, of research that advances equity, diversity, and inclusion (DEI). We are also encouraged to see that the proposed framework includes health equity as one of the five research lenses for funding priority. The draft notes that: "Nursing research, with its contextualized perspective, is ideally positioned to produce evidence needed to reduce and ultimately eliminate the systemic and structural inequities that place some population groups at a disadvantage in attaining their full health potential." Two other research lenses are in areas closely related to health equity: social determinants of health and community/population health.

WSNA strongly supports including DEI as a guiding principle and including health equity, social determinants of health, and community/population health as research lenses. Our comments are focused on these areas, although of course we recognize that the draft framework includes other important guiding principles and research lenses.

There is clearly much work to do in addressing the impact of structural racism and other inequities in health and health care. A priority for our profession must also be to address racism, other forms of bias and discrimination within our own ranks. This requires, among other things, a careful and critical view of nursing's history and current practice in treatment of racial, ethnic and other minorities; strategies for increasing diversity within our ranks; and ensuring that advanced practice, leadership, educator and research roles in nursing reflect greater diversity.

A health equity lens also requires greater understanding of social, economic and policy factors that have led to and sustained poorer health status and population health outcomes for minority and marginalized groups. Thus, the proposed research lenses of social determinants of health and population/community health are critical and directly relevant to reducing and eliminating health inequities.

Nursing has increasingly placed a priority on DEI, health justice and health equity. This priority is reflected in the many initiatives within nursing organizations and schools of nursing to advance health equity and anti-racism. The overarching focus of the National Academy of Medicine's *Future of Nursing 2020-2030*<sup>1</sup> is on nursing's role in achieving health equity.

WSNA is deeply committed to health equity and DEI. Our 2021 convention adopted a resolution codifying and detailing this commitment<sup>2</sup>. Other organizations, along with key state agencies and schools of nursing, have also committed themselves to achieving health equity. The Washington Center for Nursing, the state's nursing workforce center, has brought together nursing organizations and leaders to address efforts to increase nursing workforce diversity.

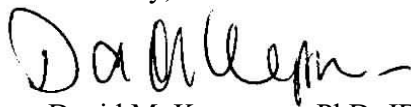
It is critically important that NINR prioritize support for nursing research on DEI and health equity. Not only will this provide funding for initiatives in these areas; it will also give a strong signal that these are important and valued areas of research for the profession.

There is one point that we believe needs clarification. Some sources, including the NAM *Future of Nursing 2020-2030* report, address both health equity ("The state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance"<sup>3</sup>) and health care equity ("Ensuring that access to health care and high-quality care are available to all individuals and communities."<sup>4</sup>) The latter is a necessary focus of nursing research in building an evidence base for successful initiatives to achieve health equity. The COVID-19 pandemic has highlighted long-existing structural inequities in the delivery of health care.

We do not believe that NINR intended to exclude research on health care equity; the health equity lens appears to be defined broadly enough to include health care equity. However, because some definitions distinguish between health equity and health care equity, this should be clarified.

Thank you for your consideration of our comments. If I may provide any additional information, please feel free to contact me at [dkeepnews@wsna.org](mailto:dkeepnews@wsna.org).

Sincerely,



David M. Keepnews, PhD, JD, RN, FAAN  
Executive Director  
Washington State Nurses Association

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<sup>1</sup> NASEM (National Academies of Sciences, Engineering, and Medicine), 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.

<sup>2</sup> WSNA, 2021. *Supporting Diversity, Equity & Inclusion*. <https://cdn.wsna.org/assets/site/2104-wsna-wa-nurse-dei-resolution.pdf>

<sup>3</sup> NASEM. 2017. *Communities in action: Pathways to health equity*. Washington, DC: The National Academies Press.

<sup>4</sup> NASEM. 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press, 417.