**Mapping The NEW AACN Essentials, The Future of Nursing 2020-2030 Report, and The Healthy People 2030 Initiative**

This is a comparative table to identify key content areas in the new[*AACN Essentials*](https://www.aacnnursing.org/AACN-Essentials), the *Future of Nursing 2020-2030* Report, and the *Healthy People 2030 Initiative***,** and provide examples of where the information in these three sources intersect and resonate with one-another.

It was created as a resource for faculty to begin the process of reviewing these three important documents that will form the basis of substantive curriculum revision to determine what content that may need updating, while also aligning existing educational practices with new and emergent issues in healthcare. All three sources are content-rich, and I encourage the reader to use this table in conjunction with the full *New AACN Essentials Report* and[*The Future of Nursing 2020-2030 Report*](https://nam.edu/publications/the-future-of-nursing-2020-2030/)close at hand in order to fully read and understand the examples provided and facilitate the discovery of additional supporting information. [*The Healthy People 2030*](https://health.gov/healthypeople) Initiative exists only as a website with many links and resources, so I have provided examples for search terms and tabs to click on in order to point to the locations of key information that may be helpful for curriculum considerations.

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| **Themes**  **New AACN Essentials themes, and general attributes (GA) appear in this row.**  (\*There are additional specialized attributes that are not listed here, please read the documents in their entirety to identify additional focal areas relevant to your curricular content areas.) | **New AACN Essentials**  This row contains specific information for where to locate content areas and key quotes in the AACN Document that relate to the theme listed at the left. | **Future of Nursing 2020-2030 Report**  This row contains specific information for where to locate content areas and key quotes in the Future of Nursing 2020-2030 (FONR) document that relate to the theme listed at the left. | **Healthy People 2030**  This row contains specific information for where to locate content areas and key quotes on the Healthy People 2030 Website that relate to the theme listed at the left. |
| **Unique professional role of Nurses in bettering healthcare** | **Domain 1: Knowledge for Nursing** **Practice**includes integration, translation, and application of established and evolving disciplinary  nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice (AACN Essentials, p. 27).  AACN Essentials,  p. 16  “…the importance of nurses using the unique knowledge and insight of the profession to inform any practice role and to impact the challenges in health care…”  p. 25  Domain 1: “Contextual Statement:Knowledge for Nursing Practice provides the context for understanding  nursing as a scientific discipline. The lens of nursing, informed by nursing history, knowledge, and science, reflects nursing’s desire to incorporate multiple perspectives into nursing practice,  leading to nursing’s unique way of knowing and caring.”  p. 42  “…Communicate nursing’s unique disciplinary knowledge to strengthen interprofessional partnerships.”  p. 42  “Describe the importance of standardized nursing data to reflect the unique contribution of nursing practice.” | FONR “Nurses…can leverage their unique understanding of patient and community needs…” (p. 211).  “Conclusion 5-2: Nurses can use their unique expertise and perspective  to help develop and advocate for policies and programs that promote  health equity” p. 142.  Conclusions 4-1 & 4-2,” pp. 119-120:  Conclusion 4-1: Nurses have substantial and often untapped expertise to help individuals and communities access high-quality health care, particularly in providing care for people in underserved rural and urban areas. Improved telehealth technology and payment systems have the potential to increase access, allowing patients to obtain their care in their homes and neighborhoods. However, the ability of nurses to practice fully in these and other settings is limited by state and federal laws that prohibit them from working to the full extent of their education  and training.  Conclusion 4-2: Nurses are uniquely qualified to improve the quality  of health care by helping people navigate the health care system; providing close monitoring, coordination, and follow-up across the care continuum; focusing care on the whole person; and providing  care that is culturally respectful and appropriate. Through a team-based  approach, nurses can partner with professionals and community  members to lead and manage teams and connect clinical care, public  health, and social services while building trust with communities and  individuals. | Healthy People 2030 (HP) Website: (<https://health.gov/healthypeople>  See reference to the need for increases in numbers of nurses practicing in unique nursing roles to support the health of adolescents:  **“Increase the proportion of secondary schools with a full-time registered nurse who provides health services to students”**  **See reference to the need for nurses to receive additional education in population health in order to serve in (uniquely) nursing roles that support overarching population health priorities:**  “Increase the inclusion of core clinical prevention and population health content in undergraduate nursing and graduate nurse practitioner training programs” |
| **Person-Centered Care** | **Domain 2: Person-centered care** focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and  developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area. (From AACN Essentials Domain 2, p. 29).  See AACN Essentials Document for further information and specific listing of skills and competencies. | In FONR, the phrases “Person-Centered” or “Person-Centered Care” occurs 31 times in a variety of contexts. Here are a few examples:   * P. 2 Box S-1, Bullet 8 * P. 9 under “Social Determinants of Health” * P. 101, under “Nurse’s Role in expanding Access to Quality health Care” * P. 112, under “Person-Centered Care” * p. 203, Box 7-3. * P. 205, bottom paragraph * P. 206 “Delivering Person-Centered Care and Education to Diverse Populations” * P. 357, 4th bullet in box * P. 419, under “Social Needs” | See “Older Adults Workgroup” on Healthy People 2030 (HP) Website: (<https://health.gov/healthypeople>  in “**Emerging Issues in Older Adults”** |
| **Population Health** | **Domain 3: Population Health** spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes (From AACN Essentials Domain 3, p. p. 33).  See AACN Essentials Document for further information and specific listing of skills and competencies. | In FONR, See pg. 189, “Educating Nurses for the Future.” | HP 2030 Website: (<https://health.gov/healthypeople>) See Developmental Objective “Increase the inclusion of core clinical prevention and population health content in undergraduate nursing and graduate nurse practitioner training programs” |
| **Scholarship for the Nursing Profession** | **Domain 4: Scholarship for the Nursing Discipline** involves the generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.  (AACN Essentials Domain 4, p. 37).  (\*The AACN Essentials do not specify suggested research areas to focus upon, however research and scholarly activity occupies an entire domain and compliments the focused areas of research that are proposed in FONR and HP 2030.”  See AACN Essentials Document for further information and specific listing of skills and competencies. | FONR, “The Future of Nursing: Recommendations and Research Priorities” p. 355  FONR, Table 11-1, “Research Topics for the Future of Nursing,” pp. 373-375. | HP 2030 Website: (<https://health.gov/healthypeople>) See  “Objectives and Data” tab on the homepage. Research areas (each with multiple sub-categories, many of which align with AACN Essentials and FONR areas of interest) include the following:   * Health Conditions * Health Behaviors * Populations * Settings and Systems * Social Determinants of Health |
| **Quality and Safety** | **Domain 5: Quality and Safety** involves the employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance (AACN Essentials Domain 5, p. 40).  See AACN Essentials Document for further information and specific listing of skills and competencies. | FONR, Chapter 5, “The Role of Nurses in Improving Healthcare Access and Quality,” pp. 99-126.  FONR, “Supporting the Health and Well-Being of Nurses” p. 12.  “Conclusion 10-1: All environments in which nurses work affect the health and well-being of the nursing workforce. Ultimately, the health  and well-being of nurses influence the quality, safety, and cost of the  care they provide, as well as organizations and systems of care. The COVID-19 crisis has highlighted the shortcomings of historical efforts  to address nurses’ health and well-being” FONR p. 12.  FONR, “Improving the Quality of Health Care,” p. 111.  FONR, “Educating Nurses for the Future,” p. 195, last paragraph on the page. | The HP 2030 website showed 35 results for quality and safety that included (small sampling), hospital care, community-based chronic diseases like sickle cell disease, neighborhoods and built environments in the Community Health arena, women’s health, medical product safety, sleep health, and crime/violence. |
| **Interprofessional Partnerships** | **Domain 6: Interprofessional Partnerships** are Intentional collaboration across professions and with care team members, patients,  families, communities, and other stakeholders to optimize care, enhance the healthcare  experience, and strengthen outcomes (AACN Essentials, p. 42).  “Clinical Expectations,” AACN Essentials, p. 20.  **Additional Domain-Related Mentions**  Domain 2.5, “Develop a Plan of Care,” p. 31.  Domain 4.1, description and Competency, p. 37.  Domain 5.2b, :Contribute to a Culture of Patient Safety,” p. 40.  Domain 6 description and Competencies 6.1g, 6.1h, 6.1j, 6.1l, 6.2d, 6.3a, 6.4d, 6.4f, 6.4i, (pp. 42-43).  Domain 9.3o, 9.5fp. 50.  AACN Glossary, p. 61.  See AACN Essentials Document for further information and specific listing of skills and competencies. | FONR, “Learning to Collaborate Across Disciplines and Sectors,” pp. 208-209.  In the FONR there were 125 mentions of the term “Interprofessional” throughout the document. Here is a sampling of where it is mentioned:  Conclusion 7-3, FONR, p. 9.  Box 1-1 “Types of Nursing Care Providers,” p. 19.  “Care for People of Color and People with Limited English Proficiency,” p. 75.  “The Need for BSN prepared Nurses,” p. 200.  “Domains and Competencies for Equity,” pp. 202-203.  “Conclusion 7-2,” p. 232.  “Disaster Preparedness and Public Health Emergency Response,” p. 264.  Table 9-1, “Framework for Nurse Leadership,” p. 279. | HP2030 Website, <https://health.gov/healthypeople>  “Increase Interprofessional Prevention Education in Health Professions Training Programs- ECBP-D08: Increase the inclusion of interprofessional prevention education in the curricula of health professions programs.” |
| **Systems-Based Practice** | **Domain 7: Systems Based Practice** involves responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to  diverse populations. (AACN Essentials Domain 7, p. 44).  “Nursing Education for the 21st Century,” AACN Essentials, p. 5-11.  AACN Essentials Glossary, p. 66.  See AACN Essentials Document for further information and specific listing of skills and competencies. | FONR, “Educating Nurses for the Future,” p. 195. | HP2030 Website, <https://health.gov/healthypeople>  This website has a “Settings and Systems” tab where healthcare systems/settings are listed along with resources and information promoting systems-based approaches to addressing priority health-related problems in the U.S. in multiple settings and situations. |
| **Informatics and Healthcare Technologies** | **Domain 8: Informatics and Healthcare Technologies** and informatics processes are used to  provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards. (AACN Essentials Domain 8, pp. 46-48).  See AACN Essentials Document for further information and specific listing of skills and competencies. | FONR, “Recommendations and Research Priorities,” p. 368.  FONR, “Continually Adapting to New Technologies,” pp. 209-212:  “Not all nurses will need to acquire all of the key technological competencies; curricula can be developed according to the likely needs of nurses working at different levels…(Bottom of p. 212).  FONR, Appendix B, “Data Collection and Information Sources,” p. 391.  FONR, Glossary, “Nursing Informatics,” p. 418.  FONR, “The Future of Nursing 2020-2030: Meeting America Where We Are,” #7 Bullet, p. 428.  FONR, “Charting a Path to Achieve Health Equity: Study Purpose and Approach”, p. 4.  FONR, “Charting a Path to Achieve Health Equity: Box 3-4, “Agenda for Nursing Health Services Research,” p. 92.  FONR, “Educating Nurses for the Future,” pp. 195-197.  FONR, “Educating Nurses for the Future,” pp. 195-197.  FONR, “Educating Nurses for the Future,” Box 7-5, “Highlights from the Seattle Townhall on Technology and Health Equity and Implications for Nursing Education,” p. 210  210. | HP2030 Website, <https://health.gov/healthypeople>  In a search of this website, 52 results from a search for the term “Informatics” reflected a focus on ways to use informatics to accomplish HP2030 research-related goals. One example (see below) indicated a desire to see enhanced use and capabilities of informatics in public health.  “Enhance the use and capabilities of Informatics in Public Health,” HP2030 Research objective.  A search for the phrase “Healthcare Technologies” returned 68 results, including confirmation of a HP2030 workgroup: “Health Communication and Health Information Workgroup.” Results also indicated a focus on helping patients/clients, and care providers to better-use technology to improve health outcomes, for example:   * **Increase proportion of adults who use information technology (IT) to track health care data or communicate with providers- HC/HIT-07** * **Reduce the proportion of persons who are unable to obtain or delayed in obtaining necessary medical care-AHC-04** * [Increase the health literacy of the population — HC/HIT‑R01](https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication/increase-health-literacy-population-hchit-r01) |
| **Professionalism** | **Domain 9: Professionalism** involves the formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing’s  characteristics and values. (AACN Essentials Domain 9, p. 49).  See AACN Essentials Document for further information and specific listing of skills and competencies. | FONR, “Educating Nurses for the Future,” p. 196, 3rd paragraph.  FONR, “Disaster Preparedness and Public Health Emergencies,” p. 264, 2nd paragraph.  FONR, “Charting a Path to Health Equity,” p. 330, last paragraph on the page.  FONR, “Charting a Path to Health Equity,” p. 331, 4th paragraph on the page. | A search of the term “Professionalism” on the HP2030 Website, <https://health.gov/healthypeople>  Resulted in 54 results that were focused on enhancing continuing education for healthcare professionals to achieve better outcomes. This aligns with AACN Essentials, Domain 9, Competency 9.3e, and 9.3o.  The AACN Essentials, Domain 10, competency 10.2c also mentions committing to personal and professional development, which aligns with the “professionalism” search results on the HP2030 website. |
| **Leadership** | **Domain 10: Personal, Professional, and Leadership Development** involves participation in activities and self-reflection that fosters personal health, resilience, and well-being; contributes to lifelong learning; and supports the acquisition of nursing expertise and the assertion of leadership, (AACN Essentials, Domain 10, p. 53-54.  See AACN Essentials Document for further information and specific listing of skills and competencies. | The FONR is strongly focused on leadership skills and opportunities for nurses at all levels of education. A search of the term “Leadership” in this document yielded 222 incidents throughout the document. Here are selected examples that are especially pertinent to the AACN Essentials competencies:  FONR, Chapter 9, “Nurses Leading Change,” pp. 275-296.  **Of Special Note in FONR Chapter 9;** Table 9-1, “A Framework for Nurse Leadership,” p. 279.  FONR, “Charting a Path to Achieve Health Equity,” p. 428, #7.  FONR, “The Power of Leadership,” p. 458.  FONR, “A Framework for Nurse Leadership”, Box 9-1, p. 279.  FONR, Figure S-1, “Key Areas for Strengthening Nursing,” p. 5.  FONR, “Fostering Nurses’ Roles as Leaders and Advocates,” pp. 10-11.  FONR, Table 7-1, “Pathways in Nursing Education,” p. 192.  FONR, Box 7-1, “National League for Nursing’s Vision for Integration of the Social Determinants of Health into Nursing Education Curricula,” p. 194.  FONR, “Educating Nurses for the Future,” p. 196, last paragraph.  FONR, “The Need for BSN-Prepared Nurses,” p. 200, first paragraph.  FONR, “Roles of Nurses During Natural Disasters and Public Health Emergencies,” p. 248. | **NA** |
| **GA1:**  **Health Equity, Diversity, & Inclusion** | ***Diversity, Equity, and Inclusion***  Shifting U.S. population demographics, health workforce shortages, and persistent health inequities necessitate the preparation of nurses able to address systemic racism and pervasive inequities in health care. The existing inequitable distribution of the nursing workforce  across the United States, particularly in underserved urban and rural areas, impacts access to healthcare services across the continuum from health promotion and disease prevention, to chronic disease management, to restorative and supportive care. Diversity, equity, and inclusion—as a value— supports nursing workforce development to prepare graduates who  contribute to the improvement of access and care quality for underrepresented and medically underserved populations (AACN Essentials, p. 5).  Diversity, equity, and inclusion require intentionality, an institutional structure of social justice, and individually concerted efforts. The integration of diversity, equity, and inclusion in this *Essentials* document moves away from an isolated focus on these critical concepts. Instead, these concepts, defined in competencies, are fully represented, and deeply integrated throughout the domains and expected in learning experiences across curricula (AACN Essentials, p. 5). | FONR, Chapter 2, “Social Determinants of Health and Health Equity,” pp. 31-58.  FONR, Chapter 5, “The Role of Nurses in Improving Health Equity,” pp. 127-146.  FONR p. 202-208, “Domains and Competencies for Equity [for Nursing Education].  FONR, p. 2, Box S-1: “Achieving Health Equity Through Nursing: Desired Outcomes.”  FONR, p. 13, Box S-2: “The Committee’s Recommendations.”  FONR, pg. 189, “Educating Nurses for the Future.”  FONR, pp. 3-9: “…the COVID-19 pandemic has starkly revealed Americans’ unequal access to opportunities to live a healthy life, often resulting from entrenched structural and systemic barriers that include poverty, racism, and discrimination… If the nation is to achieve better population health, it will have to meet the challenge of mitigating these inequities…  FONR, P. 8:  Conclusions *7-1, 7-3, 7-4*  FONR, Box 2-1 “Social Determinants of Health” p. 33.  FONR, Box 7-1, “ National League for Nursing’s Vision for Integration of the Social Determinants of Health into Nursing Education Curricula” p. 197,  FONR, “The Need for Integration of Social Determinants of Health and Health Equity into Nursing Education,” pp. 198-199.  FONR, “The need for Integration of Social Determinants of Health and Health Equity into Nursing Education” p. 201. | Healthy People 2030 (HP) Website (<https://health.gov/healthypeople>), “Foundational Principles” and “Overarching Goals.” |
| **GA2:**  **Holistic care** | Holistic care throughout 4 Spheres of Care and Across the lifespan (AACN Essentials, p.1, Paragraph 2.  Four Spheres of Care: Wellness/disease prevention; Chronic disease management; Regenerative/restorative care; Hospice/palliative care (AACN Essentials, p. 19-20). | Future of Nursing Report(FONR), p. 2, Box S-1: Achieving Health Equity Through Nursing: Desired Outcomes | Healthy People 2030 (HP) Website (<https://health.gov/healthypeople>), “Overarching Goals.” |
| **GA3:**  **Self-care**  (For Nursing Students and Practicing Nurses) | Self-care for nursing students and practicing nurses, AACN Essentials (p. 53):  **Competency 10.1**  Demonstrate a commitment to personal health and well-being.  10.1a Demonstrate healthy, self-care behaviors that promote wellness and resiliency.  10.1c Contribute to an environment that promotes self-care, personal health, and well-being.  10.1b Manage conflict between personal and professional responsibilities.  10.1d Evaluate the workplace environment to determine level of health and well-being. | FONR, Chapter 10, “Health and Professional Well-Being of Nurses,” p.301-338.  **Please Note:** FONR, Chapter 10, “Health and Professional Well-being of Nurses,” p. 329, 2nd paragraph; “As part of the effort to make well-being an institutional priority, conscious attention is needed to create a culture in which well-being and integrity are not an afterthought but are integrated throughout the curriculum in visible and meaningful ways…”  FONR, “Recommendation 3” pp. 362-363.  FONR, P. 13:  Recommendation 3: By 2021, nursing education programs, employers, nursing leaders, licensing boards, and nursing organizations should initiate the implementation. of structures, systems, and evidence-based interventions to promote nurses’ health and well-being, especially as they take on new roles to advance health equity.  FONR, Figure 10-1, “Systems Model of Burn-out and Well-Being,” p. 304.  FONR, “Recommendations and Research Priorities,” Table 11, “Nurse Well-being: Relevant Areas in Which More Research is Needed,” p. 375. | **NA** |
| **GA4:**  **Disaster Preparedness** | AACN Essentials, Domain 3.6 (P. 35-36).  “Advance preparedness to protect population health during disasters and public health emergencies.”  See Sub-Competencies for Entry-Level (3.6a- 3.6e)  See Sub-competencies for Advanced-Level (3.6f- 3.6j) | FONR, Chapter 8, “Nurses in Disaster Preparedness and Public Health Emergency Response,” pp. 247-274.  FONR, pp. 12**:** Conclusion 8-2: A bold and expansive effort, executed across multiple  platforms, will be needed to fully support nurses in becoming prepared  for disaster and public health emergency response. It is essential to  convene experts who can develop a national strategic plan articulating  the existing deficiencies in this regard and action steps to address them, and, most important, establishing where responsibility will lie for ensuring that those action steps are taken. | Healthy People 2030 (HP) Website (<https://health.gov/healthypeople>), “Developmental Objective: Increase the proportion of adults who have an emergency plan for disasters- PREP D04 ”:  **Increase the proportion of adults whose household has an emergency plan that includes instructions for household members, including at-risk persons, about where to go and what to do in the event of a disaster.** |
| **GA5:**  **Competency-based learning and assessment** | AACN Essentials, “Foundational Elements,” p. 2.  “Competency-Based Education,”(AACN Essentials, pp. 4-5)  “Domains and Concepts,” P. 10-11.  “A New Model for Nursing Education,” p. 16-17.  See AACN Essentials Document for further information and specific listing of skills and competencies. | **Statement of Task, Box 1-2, FONR, pp. 24-25:**  “The committee will consider the following…the training and competency development skills needed to prepare nurses, including advanced practice nurses, to work outside of acute care settings and to lead efforts to build a culture of health and health equity, and the extent to which curricula meets those needs…” | **NA** |
| **GA6:**  **Cultural Humility and**  **Cultural Competency** | See AACN Essentials, P. 57:  Cultural humility: A lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but also examines her/his own beliefs and cultural identities.  Cultural competence: The ability to effectively work within the client’s cultural context. Structural competence is recognition of the economic and political conditions that produce  health inequalities in the first place. It is the ability to understand how institutions, markets, or healthcare delivery systems shape symptom presentations and to mobilize for correction of health and wealth inequalities in society… | See FONR, “Cultural Humility,” pp. 116-117.  See FONR, “The Need for Integration of Social Determinants of Health and Health Equity into Nursing Education,” pp. 198-199 for discussion of Cultural Competency and Cultural Humility.  See FONR, Box 7.3, Bullet 5, p. 205.  **See FONR, “Cultural Humility,” p. 206.** | See “Understanding Access to Health Services” on Healthy People 2030 (HP) Website: (<https://health.gov/healthypeople>  in “**About the Workgroup-Approaches and Rationale:”**  “Barriers to access typically include the high cost of care, inadequate or no insurance coverage, and a lack of available services (geographically or remotely), especially culturally competent care. These barriers can lead to unmet health needs, delays in receiving appropriate care, an inability to get preventive services, preventable hospitalizations, and financial burdens. Access to care often varies by race/ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.” |
| **GA7:**  **Expected Skill sets for entry-level and advanced level education are outlined in all Domains/Competencies** | **Domains and Competencies** remain the same for entry-level and advanced level nursing. There are distinct **Sub-Competencies** for entry versus advanced level education and practice which can be found on pages 27-54 of the AACN Essentials document.  \*In regard to Advanced-Level Education, it is important to ensure that all nurses pursuing advanced education attain Level 2 sub-competencies plus additional competencies needed for specific specialties or roles. | **Statement of Task, Box 1-2, FONR, pp. 24-25:**  “…training and competency development skills needed to prepare nurses, including advanced practice nurses, to work outside of acute care settings and to lead efforts to build a culture of health and health equity, and the extent to which curricula meets those needs…” | **NA** |

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