

EVIDENCE-INFORMED
**HEALTH
POLICY**

USING EBP TO TRANSFORM
POLICY IN NURSING AND
HEALTHCARE



JACQUELINE M. LOVERSIDGE & JOYCE ZURMEHLY

INSTRUCTOR'S GUIDE

EVIDENCE-INFORMED HEALTH POLICY

**USING EBP TO TRANSFORM POLICY IN
NURSING AND HEALTHCARE**

**JACQUELINE M. LOVERSIDGE, PhD, RNC-AWHC
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Loversidge has authored the chapter on regulation in Milstead's (now Milstead and Short's) 6th edition of *Health Policy and Politics: A Nurse's Guide* since its 3rd edition, as well as chapters on health policy and advocacy in Pearson's two-volume concept-based textbook. She is coauthor of a chapter on using evidence to influence health and organizational policy in Melnyk & Fineout-Overholt's 4th edition of *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*. She is the author of the evidence-informed health policy model, which forms the basis of the model used in the book. Her scholarship interests focus on health policy and advances in health professions education and practice/practice models, which emphasize improvements in quality and safety.

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nursing education was developed. Many have adopted these model education rules, thus positively affecting nursing education nationally and internationally. Zurmehly was also involved in the development of the Transition to Practice program at the NCSBN, in which multiple perspectives were addressed.

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INTRODUCTION

ABOUT THE INSTRUCTOR'S GUIDE

Welcome to the *Evidence-Informed Health Policy Instructor's Guide*. This guide is designed to be a resource for educators in the academic, professional association and government affairs, regulatory, or practice environments. The guide is divided into three units:

- Unit 1: Using the Textbook for Teaching and Learning
- Unit 2: Resources for Teaching Evidence-Informed Health Policy
- Unit 3: Chapter Learning Activities and Instructor Support

In this instructor's guide, we provide suggestions for faculty, nurse leaders, nurse members or staff of professional associations and organizations, regulatory agency members or staff, or other healthcare professionals who are teaching others to become more familiar with the policymaking milieu and processes using the book *Evidence-Informed Health Policy: Using EBP to Transform Policy in Nursing and Healthcare*. For faculty in particular, the menu of chapter-by-chapter learning activities and case studies will help facilitate student learning about the public policy process and can be used as part of a health policy course at a variety of academic levels.

The student workbook contains the same learning activities and case studies found in the instructor's guide. However, the instructor's guide additionally contains instructor support; this consists of sections on learning activity implementation and student evaluation. Also, some learning activities require fill-in responses or answers; samples are provided for the instructor. Finally, the instructor's guide includes one learning activity found in the student workbook: suggestions for a penultimate learning activity/comprehensive policy brief. We have often used this in our courses instead of a final examination. For master's-level students, we suggest assigning a bill or other form of established policy. Doctoral-level students are guided through the process of identifying an individualized policy problem and, eventually, a viable solution; some have gone on to develop these as DNP projects.

ABOUT THE BOOK

The textbook offers comprehensive exposure to the idea that health policymaking can, and should, be grounded in evidence. As a tool for teaching and learning, the book positions evidence-informed health policymaking within the contexts of its roots. These foundations reside in: 1) evidence-based practice (EBP); 2) health policy science; 3) changes in the policymaking arena that facilitate the use of evidence to inform dialogue; and 4) government structures and processes.

The book may be used in health policy courses at the undergraduate or graduate levels. It may also be used as a guide for students who are pursuing health policy DNP projects and for their faculty advisors, as well as for students of health policy in other arenas. This book describes the evidence-informed health policy (EIHP) model (Loversidge, 2016), an adaptation of the Melnyk and Fineout-Overholt (2015) EBP model. It approaches evidence-informed policymaking from both theoretical and practical points of view. Explanation of theory is intended to help the reader make better, systematic predictions about policymaking situations, while the practical information is designed to help the reader learn

to use the EIHP model to inform the policymaking process. Examples and Strategy Tools are found throughout the book and are intended to encourage application in the reader's own policymaking environment.



UNIT 1: USING THE TEXTBOOK FOR TEACHING AND LEARNING



CONSISTENCY WITH NURSING EDUCATION ACCREDITATION STANDARDS

Nursing faculty may use the book, the instructor's guide, and the student workbook to facilitate meeting of accreditation standards related to health policy and advocacy within the curriculum. The major accreditation standards that relate to health policy and advocacy content follow:

The American Association of Colleges of Nursing. The AACN publishes Essentials for nursing education programs. These are public domain documents and are easily retrievable. Mention of health policy or health policy and advocacy are found explicitly in:

- The Essentials of Baccalaureate Education for Professional Nursing Practice. October 20, 2008. Essential V: Healthcare Policy, Finance, and Regulatory Environments. Retrieved from <http://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf>
- The Essentials of Master's Education in Nursing. March 21, 2011. Essential VI: Health Policy and Advocacy. Retrieved from <http://www.aacnnursing.org/portals/42/publications/masters-essentials11.pdf>
- The Essentials of Doctoral Education for Advanced Nursing Practice, October 2006. Essential V: Health Care Policy for Advocacy in Health Care. Retrieved from https://www.pncb.org/sites/default/files/2017-02/Essentials_of_DNP_Education.pdf

The National League for Nursing Affiliated Accreditation Programs. The NLN owns two subsidiary accreditation divisions: The NLN Commission for Nursing Education Accreditation (CNEA) and the Accreditation Commission for Education in Nursing (ACEN). Each has its own set of accreditation standards:

- CNEA Accreditation Standards for Nursing Education Programs. Mention of health policy is not explicit; however, integration of related concepts, such as professional and regulatory standards, and a curriculum that is “up-to-date, dynamic, evidence based, and reflects current societal and health care trends and issues . . .” is found in Standard V: Culture of Learning and Diversity—Curriculum and Evaluation Planning. Retrieved from <http://www.nln.org/docs/default-source/accreditation-services/cnea-standards-final-february-201613f2bf5c-78366c709642ff00005f0421.pdf?sfvrsn=12>
- ACEN:
 - ACEN 2017 Standards and Criteria—Baccalaureate. There is no explicit mention of student learning outcomes specific to health policy and advocacy, although several of the curriculum standards could support such learning. Retrieved from http://www.acenursing.net/manuals/sc2017_B.pdf
 - ACEN 2017 Standards and Criteria—Master's and Post-Master's Certificate. Similarly, there is no mention of student learning outcomes specific to health policy and advocacy, although several curriculum standards—such as 4.9, which indicates that student clinical/practice learning environments reflect contemporary practice and nationally established patient health and safety goals—could support such learning. Retrieved from http://www.acenursing.net/manuals/sc2017_M.pdf

- ACEN 2017 Standards and Criteria—Clinical Doctorate. There is no mention of student learning outcomes specific to health policy and advocacy, although, like the Master’s and Post-Master’s Certificate, several curriculum standards could support such learning. Retrieved from http://www.acenursing.net/manuals/sc2017_C.pdf

STRATEGIES FOR TEACHING

There are several fine textbooks and scholarly articles on teaching strategies to facilitate the education of nurses and other healthcare professionals; this section is not intended as a substitute or as a non-exhaustive resource section. Here we offer some suggestions for teaching health policy, both in the classroom and via distance/online classroom platforms.

TEACHING STRATEGIES USEFUL IN TEACHING A HEALTH POLICY COURSE

The following strategies and suggestions come from a combination of what you will recognize as best practice in the literature and our own experience teaching health policy courses. We suggest you utilize what will work best for your level of student and classroom environment:

- Engage your students in discussion, either the full class or in small groups.
- Use voting or polling when appropriate.
- Embed current health policy issues into course content and discussion; we call this “This Week” or “Current Health Policy Issues.”
- Post links to current policy issues ahead of class when available.
- Prerecord “evergreen” content, such as:
 - What is health policy?
 - Structure and function of government.
 - How a bill becomes a law.
 - Leveraging policy/strategy.
 - Using theoretical models.
 - History of healthcare reform.
- Activities and assignments should begin by building a foundation for understanding the health policy environment—beginning with the simple/foundational, such as government structure and function, and moving to more complex principles and assignments.
- Facilitate student engagement in policy activities when possible. For example, students may have the opportunity to engage in their professional association’s activities, such as a nurses’ day at the statehouse. National professional associations may host policy events in the nation’s capital; these often include opportunities to speak with congressional representatives. Students may also be encouraged to attend a board of nursing (or other board) rules hearing; attend a legislative committee hearing; view a C-SPAN congressional committee hearing, House, or Senate session; or attend a town hall or other public policy meeting.
- If you encourage students to meet with lawmakers as a constituent or to write letters to lawmakers, remind them of institutional protocol; that is, they should not hold themselves out as a person who represents their college/university or their place of work without express

permission of the leadership of that college/university or workplace. The same holds true for representing their professional association, without the express permission of that association.

- Remember to incorporate an evidence-informed approach with any policy discussion or assignment.

STRATEGY IN THE CLASSROOM

In the physical classroom, engagement is essential. If it is possible, and you can use a hybrid format (the ability to engage students both in the physical classroom and by using technology), prerecord lecture material that is evergreen. Use classroom time for engagement, discussion, and connecting evergreen/foundational material to the current health policy environment. Whenever possible, use current and relevant examples to make the content come alive.

If your college/university supports all courses with an electronic platform, the use of discussion boards to field questions and post announcements in between classes can also be useful. Discussion boards are efficient means for fielding questions, particularly when the same question is likely to be relevant to more than one student (or all the students) in a class cohort. Additionally, using discussion boards (or an announcement board) to send out news of current events in health policy will help the instructor set the tone for the upcoming discussion on current policy events. Whenever possible, include a live URL link so students can read the news item in its entirety to prepare for class discussion.

STRATEGY FOR DISTANCE (ONLINE) CLASSES

Engagement is just as essential in an online class as it is in a physical classroom space, although it may be more challenging. Different considerations should be made, depending on whether the class is synchronous or asynchronous.

- Synchronous online classes offer a multitude of opportunities for student discussion. We find that students often ask questions based on current policy that is being discussed in the classroom but may raise questions based on their own experience or reading of current events. Opportunities for engagement may include discussion of:
 - Current health policy news at the federal, state, or municipal levels.
 - Any change in organizational policy (in the student's healthcare organization) that directly affects the health of patients.
 - A policy theory as it relates to health policy-in-action (e.g., a model such as Kingdon's streams with a bill that is currently being heard in the legislature).
 - A policy that is in progress (e.g., analyzing a bill or an organizational health policy) to determine its PICOT "parts."
 - A policy that is in progress (a bill, an organizational health policy) regarding an analysis of the stakeholders who have an interest in the policy, and the strategy being used by those stakeholders to advance or defeat the policy.

The advantage of a synchronous online class is that there is ample opportunity to provide answers to questions in the moment and to link content to the discussion that is important and relevant to students. However, this can be challenging for the instructor who may be new to

health policy and might not have an answer at the ready; if this is the case, do not hesitate to say you do not have the answer. Even experienced health policy instructors do not know it all! Some questions in policy do not have clean answers!

- Asynchronous online classes can be more challenging from the standpoint that the instructor has no direct class time with the student cohort (unless online office hours are scheduled—a possibility to consider). However, there is an advantage to the asynchronous class in that it is possible for the instructor to take the time to investigate the answers to any complex questions and post complete and accurate responses. Opportunities for engagement can be constructed in the asynchronous environment; these may include:
 - Discussion boards for students to ask the following:
 - General questions about material/content
 - Questions about specific assignments
 - Questions about current health policy issues
 - Discussion boards for students to post their own news items and links about relevant current health policy news items.
 - Blogs or other types of posts.
 - Graded discussion boards as a response to an instructor-guided question.
 - Other kinds of technology that is supported by the online platform, such as a PowerPoint presentation, paper, or group project submission that requires peer feedback, either written or verbal/recorded.

ADDITIONAL NOTES TO INSTRUCTORS

On using learning activities: Several chapters include multiple learning activities. Instructors should consider these to be a menu and make choices about which learning activities to assign to students, based on the level of student and course time considerations.

On government structures: Several learning activities ask the student to refer to their state legislature website. It is acknowledged that students may hail from geographical areas that use other terms, such as *commonwealth*, *territory*, or another term; the term *state* is used here in the generic sense and in the interest of simplicity. Also, you will note that many of the learning activities refer the student to US Congress or their state legislature. These are adaptable to other governmental structures; simply substitute your governmental structure, at the federal/state-territory level, for the language contained in the instructor's guide or student workbook, if your college or university is located outside the US.

Subscription database for legislative news: For any assignment suggested in this instructor's guide/student workbook that asks students to examine a bill:

- If your college/university is in Illinois, Indiana, Kentucky, Ohio, or South Carolina, explore whether your institution's library subscribes to Hannah News Service—Capitol Connection through its research databases. If it does, this research database is an excellent source of state government information, including bills.

Strategies for faculty new to health policy: If you are new to health policy, there are many ways you

can prepare yourself for a successful teaching experience and build your own expertise. A few suggestions follow:

- Seek out a mentor with experience on a professional association/organization government affairs committee. Join your professional association if you have not done so already. Attend the “nurses’ day at the statehouse” if there is one.
- Download a variety of news apps on your electronic device, and activate notifications so you get push-through news. Variety is important to gain balance in political perspectives and make your own judgments. You will still have to filter out the health policy from the general news, but patience and practice will make you an expert in no time.
- Subscribe to your state board of nursing electronic notification system if there is one. There may be email, Facebook, or Twitter options; you will get notifications of changes, such as public notice of rules hearings, meeting notices, and so on, depending on your state.
- Explore both your state legislature and the federal government websites. See Appendix A in the book for federal government websites and URL addresses.
- If you live in your state capital city, familiarize yourself with access to the legislature’s session and committee hearing schedule, and go to sessions or hearings; these are open to the public. Download the agenda before you go, and read bill summaries, at a minimum, before you go.
- Make contact with your elected officials, or at least know who they are. Go with an agenda; have a health policy problem/solution in mind, rather than planning for a simple “meet and greet,” which lawmakers may not be able to make time for. Or attend their political fundraiser. Fundraisers are opportunities to meet legislators and speak with them briefly and to make your name and face known.
- For faculty, it is likely that your school is a member of either NLN or AACN; both publish government affairs newsletters online. Be sure the newsletters are coming to your email address.

AN OVERVIEW OF THE EVIDENCE-INFORMED HEALTH POLICY MODEL

A full overview of the evidence-informed health policymaking (EIHP) model is found in Chapter 6 of the book, and the details are fleshed out in Chapters 7 through 9. A brief overview is provided here for your convenience, beginning with its relationship to EBP and its definition.

DEFINITION

Whereas evidence-based practice (EBP) models guide the user to define and address a clinical problem or issue, the EIHP model, which has been adapted from the Melnyk and Fineout-Overholt (2015) EBP model, is used to address health policy issues and problems. It is defined as follows:

EIHP combines the use of the best available evidence and issue expertise with stakeholder values and ethics to inform and leverage dialogue toward the best possible health policy agenda and improvements (Loversidge, 2016, p. 27).

The EIHP model consists of three major components. These are similar to the components of the EBP model but are specific to the health policy environment. An overview of the three major components follows (Loversidge, 2016, pp. 28–29):

- **External evidence:** External evidence consists of data that is generated from rigorous research, including research that is intended to be generalized to clinical settings and situations as well as policy research conducted on the national or global level and therefore considered global evidence. It also includes evidence-informed relevant theories and best evidence from opinion leaders, expert panels, and relevant government and private data sources. Chapter 7, “The Foundation: Steps 0 Through 3,” provides a more complete explanation of what are known as global and local evidence sources.
- **Issue expertise:** This component focuses on expertise on the policy. Issue expertise includes data from a variety of sources, such as professional associations, healthcare organizations, and government/executive branch agencies. It may also come from the professionals in the field who may have experience with the policy issue.
- **Stakeholder values and ethics:** This last component focuses on the values of stakeholder—those persons or groups who have a “stake” in the policy issue. Stakeholders might include healthcare providers, policy-shapers and policymakers, healthcare consumers, consumer-protection or interest groups, or healthcare organizations. Government agencies responsible for policy implementation may also be considered stakeholders.

A comparison between the components of EBP (Melnyk and Fineout-Overholt, 2015) and EIHP (Loversidge, 2016) is found on p. 125 in the book in Table 6.1.

EIGHT STEPS

There are eight steps of EIHP. These are comparable to the seven steps of EBP but are modified to focus on addressing health policy problems and serve within the context of a policymaking environment (Loversidge, 2016). The steps of the model are as follows:

0. Cultivate a spirit of inquiry in the policymaking culture or environment.
1. Ask the policy question in the PICOT format.
2. Search for and collect the most relevant, best evidence.
3. Critically appraise the evidence.
4. Integrate the best evidence with issue expertise and stakeholder values and ethics.
5. Contribute to the health policy development and implementation process.
6. Frame the policy change for dissemination to the affected parties.
7. Evaluate the effectiveness of the policy change and disseminate findings.

THE EIHP PICOT QUESTION

Like EBP, the EIHP model uses a PICOT question in Step 1 to format the policy question. However, the meaning of each PICOT element, or the P, I, C, and O, are slightly different when used in

policymaking (except for the “T”). Furthermore, in addition to its use to drive the literature search, the PICOT can be used for retrospective deconstruction of an existing or pending policy to facilitate analysis in the EIHP model. The PICOT elements, as used in the EIHP model, are:

- **P:** Population of interest (citizen population, “persons-with,” or a professional/licensed population)
- **I:** Policy intervention (new or revised law, regulation, or other policy)
- **C:** Comparison of what exists now in policy or whether the policy is currently silent
- **O:** Outcome following policy implementation
- **T:** Time frame

A comparison between an EBP PICOT question and an EIHP PICOT question is found on p. 129, in Table 6.2, also shown here.

TABLE 6.2 A COMPARISON OF EBP PICOT AND EIHP PICOT

PICOT Element	EBP	EIHP
P	Patient/population of interest	Population of interest (citizen population, “persons-with,” or a professional/licensed population)
I	Clinical intervention	Policy intervention (new or revised law, regulation, or other policy)
C	Clinical comparison	Comparison of what exists now in policy or whether policy is currently silent
O	Clinical outcome	Outcome following policy implementation
T	Time frame	Time frame



UNIT 2: RESOURCES FOR TEACHING EVIDENCE-INFORMED HEALTH POLICY



A variety of resources are available to individuals interested in learning more about, or teaching, evidence-informed policymaking. Many of those are referred to directly in Appendix A, “Resources” in the book. Appendix A, which begins on p. 241 of the book, is organized into the following sections; brief descriptions are provided here, and additional sources are suggested as well. For longer descriptions and URL addresses for individual resources, please visit the book.

FEDERAL GOVERNMENT, NONGOVERNMENTAL, GLOBAL, AND GENERAL RESOURCES

- **US Federal Government Resources.** The major government websites are provided and described. These include the general USA.gov website, the White House, the US Senate, the US House of Representatives, the Office of the Federal Register, and the CDC—in particular, access to its Policy Process website.
- **US-Focused Nongovernmental Resources.** These include the access URL to a document entitled “Working with Congress: A Scientist’s Guide to Policy.” It is a 2011 publication, but it is current and relevant as a guide for strategy. The web address for GovTrack.us is also included; this is a source of reliable information about the status of federal legislation, Congress, voting records, and other related information.
- **Global Resources.** These include descriptions and links to the following:
 - The “WHO Handbook for Guideline Development, 2nd Ed.”; this document provides guidelines useful for policy development in low- and middle-income nations.
 - The Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group link is also provided; GRADE has developed an approach to assess the quality of evidence and strength of recommendations.
 - “Stakeholder Analysis Guidelines”
 - “Engaging with Academics: How to Further Strengthen Open Policymaking”
 - “A Guide to Engaging with Government for Academics”
 - “Canadian Foundation for Healthcare Improvement Organization Assessment Tool”
- **General Resources for Practice.** These resources include:
 - A 2016 brief from AcademyHealth, titled “Research Insights: Rapid Evidence Reviews for Health Policy and Practice.”
 - A series of 18 articles that were published in a 2009 supplemental issue of *Health Research Policy and Systems*. Referred to as the “SUPPORT Tools for Evidence-Informed Health Policymaking (STP),” this series is as relevant today as it was when it was written. The series is in the public domain and readily available electronically. The SUPPORT tools have become a classic source of information in health policy science literature.

STATE LEGISLATURE WEBSITES

State legislatures host their own websites. Information housed there may vary, as will web design. However, most states' websites will include, at the minimum, basic information such as:

- A list of senators and representatives, with a search function to find who represents you (usually by address with or without zip code).
- Senate and House committee directories.
- A search function for legislation.
- Information on session and committee schedules/calendars.
- A method to access the agenda and outcomes of committee hearings, including testimony heard during those hearings.
- Journals for the House and Senate, by date. These usually include a full record of the full proceedings, including the person who called the chamber to order/presided, bills introduced, motions and resolutions, and any other matters of official business.
- Your state's constitution, laws, and rules of conduct.

OTHER INSTRUCTOR RESOURCES

A solid grounding in EBP is essential before teaching evidence-informed health policy. This is because an understanding of the EBP process will aid faculty in two ways. First, it will familiarize faculty with the EBP process basics, which translate to evidence-informed health policymaking. Second, faculty will likely find it helpful to remind students that a mastery of EBP will help them understand and navigate the health policymaking environment. A number of excellent texts on EBP are available, but in addition, instructors may access a collection of articles published in the *American Journal of Nursing* (AJN), in 2010 and 2011, written by faculty from the Arizona State University College of Nursing and Health Innovation's Center for the Advancement of Evidence-Based Practice. This collection is now in the public domain. The full collection, called "Evidence-Based Practice, Step by Step," is available from <https://journals.lww.com/ajnonline/pages/collectiondetails.aspx?TopicalCollectionId=10>

An additional resource to help instructors understand the imperative of evidence-based policymaking is a report, *Evidence-Based Policymaking: A Guide for Effective Government*, that was published jointly by the Pew Charitable Trust and the MacArthur Foundation (2014). It is available from <http://www.pewtrusts.org/~media/assets/2014/11/evidencebasedpolicymakingaguideforeffectivegovernment.pdf>

TOOLKITS FROM NATIONAL NURSING ORGANIZATIONS

Many national organizations have advocacy resources, advocacy toolkits, policy agendas, or policy/advocacy homepages. Instructors and students should visit their professional association websites, using those keywords alone or in combination, to identify those resources and suggested direction. A non-exhaustive list is provided here:

- American Nurses Association (ANA) Advocacy Toolkit. Available from: <https://www.nursingworld.org/practice-policy/advocacy/ana-advocacy>

- American Association of Colleges of Nursing (AACN) Advocacy Guide: August 2019 Edition. Available from: <https://www.aacnnursing.org/Policy-Advocacy/Advocacy-Tool-Kit>
- American Association of Nurse Anesthetists (AANA) Employed CRNA Toolkit. Available from: <https://www.aana.com/insurance/malpractice-insurance/employed-crna-toolkit>
- American Association of Nurse Anesthetists (AANA) Opioid Safety and Advocacy Toolkit. Available from: <https://www.aana.com/practice/clinical-practice-resources/opioid-crisis-resources/Opioid-toolkit>
- American Association of Nurse Practitioners (AANP) Advocacy Resources. Available from: <https://www.aanp.org/advocacy/advocacy-resource>
- National Association of Certified Professional Midwives (NACPM) State Legislative and Advocacy Toolkit. Available from: <https://nacpm.org/state-legislative-and-advocacy-toolkit/>
- National Association of Clinical Nurse Specialists (NACNS) Legislative and Regulatory Toolkit. Available from: <https://nacns.org/advocacy-policy/advocacy-resources/legislativeregulatory-toolkit/>
- National League for Nursing (NLN) Public Policy Advocacy Toolkit. Available from: <http://www.nln.org/professional-development-programs/teaching-resources/toolkits/advocacy-teaching/toolkit-home>



UNIT 3: CHAPTER LEARNING ACTIVITIES AND INSTRUCTOR SUPPORT



This unit provides chapter-by-chapter learning activities and case studies that align with the book chapters and that are supplied in the student workbook. In addition, it provides instructor support. Every learning activity is followed by “Learning Activity Implementation” guidance, which includes helpful tips for instructor use. The “Learning Activity Implementation” section is followed by a “Student Evaluation” section, which provides suggestions for the instructor to evaluate the student’s performance on the learning activity/case study. Several learning activities additionally provide the instructor with suggested responses, where appropriate.

CHAPTER 1: EXTENDING THE USE OF EVIDENCE-BASED PRACTICE TO HEALTH POLICYMAKING

LEARNING ACTIVITY 1.1: COMPARE AND CONTRAST DEFINITIONS OF “EVIDENCE-INFORMED” POLICYMAKING

Learning Activity Objectives:

- Identify essential elements or keywords found in four of the five* definitions of evidence-informed policymaking in Chapter 1.
- Compare and contrast the essential elements or keywords found in those four definitions.
- Discuss rationale for use of the term *informed* versus use of the term *based* when applying evidence to the policymaking process. Discuss this in the live or electronic discussion board, or in writing, as directed by your course instructor.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 1.
- Consider the various EBP models and how EBP can be adapted for use in health policymaking.
- Consider the various evidence-informed healthy policy (EIHP) models and their definitions.

Instructions:

1. Identify essential elements or keywords from each of the definitions in the center column and write those in the column on the right.

Instructors: Suggested responses are entered into the column on the right.

Source	Definition	Elements or Keywords
(Oxman et al., 2009, p. 1)	“Evidence-informed health policymaking is an approach to policy decisions that aims to ensure that decision making is well-informed by the best available research evidence. It is characterized by the systematic and transparent access to, and appraisal of, evidence as an input into the policymaking process.”	<ul style="list-style-type: none"> • Well-informed by the best available research evidence • Systematic and transparent access to, and appraisal of, evidence • Evidence as an input into the policymaking process
World Health Organization (2018, para. 3)	“promot[ing] the systematic use of data and research evidence in health policymaking to strengthen health systems and get the right programs, services and products to those who need them.”	<ul style="list-style-type: none"> • Systematic use of research evidence • To strengthen health systems • The right programs, services, and drugs to those who need them
Ball (2018, para. 4–5), The Overseas Development Institute	“when policymakers use the best available evidence to help make policy decisions . . . [this includes] scientific research . . . [and also] statistical data, citizen voice, and evaluation evidence.”	<ul style="list-style-type: none"> • Use the best available evidence to help make policy decisions • Scientific research • Statistical data • Citizen voice • Evaluation evidence
Loversidge, (2016, p. 27)	Evidence-informed health policy “combines the use of the best available evidence and issue expertise with stakeholder values and ethics to inform and leverage dialogue toward the best possible health policy agenda and improvements.”	<ul style="list-style-type: none"> • Use of the best available evidence • Issue expertise with stakeholder values and ethics • Inform and leverage dialogue • Best possible health policy agenda and improvements

*For the purposes of this learning activity, the definition from the Commission on Evidence-Based Policymaking (2017) is omitted because of its emphasis on defining specific words rather than an emphasis on the process.

2. Compare and contrast. Refer to the elements or keywords you identified to compare the definitions. You may do this in a narrative of your own (e.g., in a Word document), or your instructor may ask you to engage in a class discussion.
3. Finally, discuss the rationale for using the term *informed* versus *based* when applying evidence to the policymaking process, using the definitions as your source documents. Again, you may do this in a narrative of your own (e.g., in a Word document), or your instructor may ask you to engage in a class discussion.

LEARNING ACTIVITY IMPLEMENTATION

Instructors should direct students on how they should proceed to meet the criteria for Step 2—that is, direct them to compare and contrast in a written narrative that is submitted for grading, or engage in classroom discussion. Instructors should also determine how students will engage in discussion to meet the criteria for Step 3. For either step, discussion could occur in the physical classroom, in an online synchronous classroom, or in an instructor-prompted course-platform-based discussion board.

STUDENT EVALUATION

Instructors should evaluate the following:

- Did the student identify the essential elements/keywords from each definition?
- Was the student able to draw comparisons between the elements/keywords and find differences between the definitions?
- Was the student able to differentiate evidence-based from evidence-informed? For example, was the student able to describe how clinical practice should be based on sound evidence to meet tests of safety and ethical practice, whereas the policy environment is complex, and evidence is used to inform the dialogue?

CHAPTER 2: USING EVIDENCE: THE CHANGING LANDSCAPE IN HEALTH POLICYMAKING

LEARNING ACTIVITY 2.1: IDENTIFYING JOURNAL ARTICLES THAT CONSTITUTE “EVIDENCE” IN THE CONTEXT OF POLICYMAKING

Learning Activity Objectives:

- Select journal articles that could serve to inform dialogue to resolve a health policy problem.
- Evaluate the journal articles to determine whether they constitute “evidence” for use in health policymaking, using the evidence pyramid.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 2, with a focus on the use of evidence.

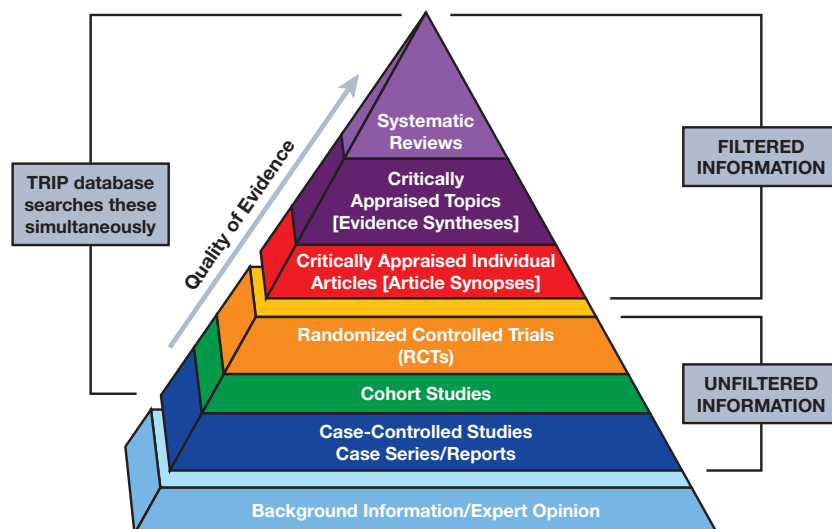


FIGURE 1 The evidence-based medicine pyramid.

(Originally produced by Dartmouth College and Yale University in 2006)

Instructions:

Begin by identifying a health policy problem amenable to a policy solution. The rationale for beginning by identifying a policy problem is to give your search (journal article selection) a focus and purpose. You may choose a problem you want to explore that has not yet been addressed by a state legislature, the US Congress, or another governmental body, or one for which a bill has already been introduced.

Conduct a brief search of the literature to identify articles that inform the policy solution you are suggesting or the bill you have identified. Your instructor may specify a minimum number of journal articles, or you may use your judgment (suggested: three or four).

Methods for searching the literature using the EIHP model will be discussed in greater depth later; the goal of this learning activity is simply to gain a beginning understanding of the use of evidence in policymaking and to select a few journal articles from reputable peer-reviewed journals that are current enough to be relevant and rigorous enough in methodology to inform the policy dialogue. Indicate the keyword combinations and Boolean term(s) you used to conduct your search. Your instructor may also ask you to include information about the research databases you accessed.

Once you locate a few articles you think are relevant to the policy problem or issue, identify where they fall on the evidence pyramid. Keep in mind that in health policymaking, evidence that is lower on the pyramid may be just as relevant to the conversation as evidence that is positioned closer to the top. What is important is to find, select, position on the evidence pyramid, and make an argument for how or why the article should be used to inform the policymaking conversation.

Use a table format (example below) or write a narrative. For each article found include the following:

- The first author and publication date
- The article title
- The name of the journal; include volume and issue numbers, page numbers, and DOI if available
- A brief description of the methods used by the author(s)
- The level of evidence (note that you may find a variety of evidence pyramids from other sources; we have used the “classic” evidence pyramid in this text)
- A brief synopsis of the findings that indicates whether they are compelling enough to inform the policy dialogue by summarizing the article’s strengths and limitations

Add a formatted reference list if required by your instructor.

EXAMPLE: BICYCLE HELMET LAW

Health policy problem: Minors who ride bicycles or other nonmotorized recreational vehicles often ride without a bicycle helmet. One of the most serious injuries they may suffer in an accident is head injury/traumatic brain injury (TBI). In the state of (name your state), there is no uniform state law that requires minors to use bicycle helmets. Therefore, law enforcement officials are unable to support

parental prevention of head injury/TBI by enforcing bicycle helmet use, and minors who ride bicycles without helmets are at greater risk.

Literature search—Keyword combinations:

Possible search term combinations, using the Boolean term and:

- Bicycle helmet legislation AND head injury
- Bicycle helmet nonuse AND head injury
- Bicycle helmets AND head injuries AND public health

First Author and Date	Title and Journal	Method and Level of Evidence	Effectiveness for Informing Policy Dialogue?
Joseph (2017)	Bicycle helmets work when it matters the most. <i>The American Journal of Surgery</i> , 213(2), 413-417. doi: 10.1016/j.amjsurg.2016.05.021.	National data bank analysis, for all patients with intracranial hemorrhage after bicycle-related accidents. 6,267 patients met criteria for analysis. Regression analysis performed. Level V or VI—a data report/analysis.*	The data analysis demonstrated associations between helmeted cyclists and lower risk of TBI, facial fractures, and other facial injuries, lower mortality rates, and less likelihood of craniotomy. Not limited to minors, but comments compelling enough to inform dialogue.
Kaushik (2015)	Pediatric bicycle-related head injuries: A population-based study in a county without a helmet law. <i>Injury Epidemiology</i> , 2(1), 16. doi: 10.1186/s40621-015-0048-1	Retrospective database (EMR) records analysis. Mean and SD for incidence, helmet use, and severe outcomes, restricted to minors, living in one rural US county. Level V or VI – a data report/analysis.*	Severity of injuries related to helmet nonuse sufficient to inform a dialogue despite geographic/population limitations. Methods appropriate to the subject matter.
Macpherson (2008)	Cochrane Review: Bicycle helmet legislation for the uptake of helmet use and prevention of head injuries. <i>Cochrane Library/Wiley Online Library</i> , Apr 18(2). doi.org/10.1002/14651858.CD005401.pub2	A systematic review of the literature, including changes in head injuries, helmet use or bicycle use, post- versus pre-legislation. Level I.	Only five studies met inclusion criteria for the review. Additionally, this systematic review is older. However, the conclusions demonstrate the effectiveness of legislation in decreasing head injury. Usable to inform dialogue. Its level on the hierarchy balances its age and small number of studies. Older, but a classic Cochrane systematic review.

*There is some variation in published evidence pyramids. The evidence pyramid found here is the “classic” pyramid.

LEARNING ACTIVITY IMPLEMENTATION

Students are given the same example in the student workbook, so assigning a different topic is suggested. Suggestions for instructor implementation include these:

- Assigning a bill; a menu of bills is suggested, with some breadth so students can choose a topic of clinical interest. Students are usually new to health policy, and a menu will keep them focused, particularly at the undergraduate and master's level. Doctoral-level students will appreciate more freedom to explore the policy landscape, however. Limiting the number of bills for students also limits the number instructors must familiarize themselves with for the purposes of review and grading.
- Specifying a minimum (or maximum) number of journal articles, or allowing students to choose.
- Requiring a paragraph that describes the databases searched and the search term combinations used.
- Requiring that students submit the PDF of the journal articles searched (which will facilitate instructor evaluation).
- Requiring a formatted reference list.

STUDENT EVALUATION

Instructors should evaluate the following:

- Whether the student was able to accurately identify the study's level of evidence on the evidence hierarchy used
- Whether the student clearly articulated the article's usefulness to inform a policy dialogue
- Whether the student included correct/accurate citations/references

If the instructor has required additional information about the database search and a formatted reference list, those elements could be added to the evaluation.

ADDITIONAL INSTRUCTOR RESOURCES

Instructors should have a thorough understanding of how a body of evidence is used to inform change. Most instructors will be familiar with this process because of their familiarity with the EBP process; it is very much the same, in that a body of evidence (versus a single article) is best for informing a policy change. However, note that policymaking is different from clinical decision-making, and some flexibility may be required in determining what constitutes "best" evidence; evidence at the top of the evidence hierarchy may not be available, or in some cases, may not be the best to inform a policy.

The SUPPORT tools articles, published in 2009, are useful references and can be of assistance when guiding students in their search for evidence to inform policymaking. The series has become an industry standard and is now available as open access articles (in the public domain). Also, note that additional instruction will be provided in later chapters as the EIHP model unfolds, but if the instructor want to access information on the use of evidence at this point, additional instructor resources from

the SUPPORT tools, specific to using research evidence, are provided here. This information is also available in the book, in Appendix A.

- “SUPPORT Tools for Evidence-Informed Health Policymaking (STP) 4: Using Research Evidence to Clarify a Problem,” by John N. Lavis, Michael G. Wilson, Andrew D. Oxman, Simon Lewin, and Atle Fretheim (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3271831/>)
- “SUPPORT Tools for Evidence-Informed Health Policymaking (STP) 5: Using Research Evidence to Frame Options to Address a Problem,” by John N. Lavis, Michael G. Wilson, Andrew D. Oxman, Jeremy Grimshaw, Simon Lewin, and Atle Fretheim (<https://www.ncbi.nlm.nih.gov/pubmed/20018112>)
- “SUPPORT Tools for Evidence-Informed Health Policymaking (STP) 6: Using Research Evidence to Address How an Option Will Be Implemented,” by Atle Fretheim, Susan Munabi-Babigumira, Andrew D. Oxman, John N. Lavis, and Simon Lewin (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3271833/>)
- “How Can We Support the Use of Systematic Reviews in Policymaking?” by John Lavis (<http://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1000141&type=printable>)

CHAPTER 3: HEALTH POLICY AND POLITICS

LEARNING ACTIVITY 3.1: POLICY: IS IT AN ENTITY OR A PROCESS?

Learning Activity Objectives:

- Identify policy as either an entity or a process.
- Compare and contrast health policy as an entity or a process by identifying key elements or keywords.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 3.
- Access the Centers for Disease Control and Prevention (CDC) Policy Process at <https://www.cdc.gov/policy/analysis/process/index.html>

Brief Review:

- Policy as an *entity* is the formal standing decision of a government or organization. It reflects the beliefs of those in power and provides direction for its philosophy and mission. Policy, as an entity, is a product of the process.
- Policy as a *process* includes all the steps in the course of action that takes place between the time awareness of an issue amenable to change via health policy is identified and enactment of a policy to address the issue occurs. The policy process may occur in formal government or

organizational settings or during meetings made up of elected officials or volunteers who have the power and authority to make policy decisions and move the process along. The goal of the policy process is to produce a policy product—a policy entity.

Instructions:

1. See the following table with the list of products and settings, and determine whether it describes an entity or a process.
2. Note your response in the center column.
3. Reflect on your decision. In the last column, identify key elements/keywords that support your response. Did you identify a formal, tangible outcome of the policy process? Or did you identify a course of action that might lead to a policy action? Which keywords helped you reach that decision?

Instructors: Suggested/correct responses have been inserted into the middle and last columns. These do not appear in the student workbook.

Product/Setting	Entity or Process?	Key Elements/Words Differentiating Entity or Process
City council meeting to consider city bicycle lane/traffic pattern legislation	Process	City council <i>meeting</i>
Legislative or congressional committee hearing to consider a bill	Process	Legislative or congressional committee <i>hearing</i> The bill (which would be an entity) is only under consideration here—during the process.
Amended or substituted bill, as outcome of a legislative or congressional committee hearing	Entity	Amended or substituted <i>bill</i> The bill is the entity; it happens to be under consideration during the hearing, which is a process.
Professional association government affairs/legislative committee meeting to consider the policy agenda for the next year	Process	Professional association government affairs/legislative committee <i>meeting</i> The meeting is the process; the outcome of that process (the policy agenda) would constitute an entity, or product.
Government executive branch decrees or executive branch regulations, such as revised state board of nursing rules regarding continuing education requirements	Entities	Government executive branch <i>decrees</i> or executive branch <i>regulations</i> Combined because both are products of executive branches of government.
A public hearing to consider state board of nursing rules regarding revisions to continuing education requirements and hear testimony	Process	A public <i>hearing</i> The outcome of the hearing, revised rules, will be an entity, or product.
Healthcare organization committee meeting to address a needed update to evidence-based practice guidelines	Process	Healthcare organization <i>committee meeting</i> The evidence-based guidelines will constitute an entity, but the meeting is a process.

Product/Setting	Entity or Process?	Key Elements/Words Differentiating Entity or Process
Organization executive (C-suite) policy regarding interaction with the media	Entity	Organization executive (C-suite) <i>policy</i> A policy is an entity, regardless of whether it is big P or little p.
Opinion of the attorney general regarding an interpretation of state pharmacy board law	Entity	<i>Opinion</i> of the attorney general An attorney general opinion has the force and effect of law and is an entity.
A new federal public law, recently signed by the president of the United States	Entity	A new public <i>law</i> A law is an entity; the bill that generated the law followed public process on its journey, but the bill was an entity, and now so is the law as signed.

LEARNING ACTIVITY IMPLEMENTATION

Instructors should ensure students have read and reviewed the chapter and can have a conversation about how to differentiate health policy as an entity and as a process. A lecture and discussion that precedes this learning activity is recommended. Instructors may want to use this learning activity as a prompt for further discussion, as a graded assignment, or incorporate its components into a quiz.

STUDENT EVALUATION

Instructors should evaluate:

- Whether the student was able to accurately differentiate between policy as an entity and policy as a process

Then they should explain their decision.

LEARNING ACTIVITY 3.2: BIG P, LITTLE P, OR PP?

Learning Activity Objectives:

- Differentiate between big P health policy and little p health policy.
- Identify which types of policies may exist at the intersection between government policy (big P) and nongovernment policy (little p), or Pp.
- Describe the rationale for determining the differences between the types of policy.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 3.

Ask yourself, what is health policy as an entity? Think about recent policy actions taken by government actors. The outcomes of those actions, which may be laws, rules, or other government documents, are known as big P policy; these have the force and effect of law. But also think about the

actions of other societal actors representing the private sector, such as healthcare organizations or health professions organizations. These bodies may have also created policy to attain a specific health-related goal (e.g., a healthcare organizational policy, or a professional organization’s standard of practice or white paper). These constitute little p policy. Little p policies do not have the force and effect of law but may have tremendous impact and influence nonetheless. Although big P and little p policies are fundamentally different, the processes that move either kind of policy along are similar in that evidence can be used to influence either. Also, either type of policy may have an effect on our patients and our practice. This learning activity will test your ability to be able to distinguish between the types of “p” policy.

A BRIEF REVIEW OF BIG P AND LITTLE P POLICY, AND THE INTERSECTION, OR PP POLICY

Big P policies include laws, rules, government agency guidelines, government body resolutions, judicial decrees, budget priorities, and attorney general opinions, all of which have the force and effect of law. A problem has been directed to the government, and the government has responded.

Little p policies include private agency policies, position statements, standards, white papers, practice guidelines, and other documents that are influential but do not have the force and effect of law.

The Intersection: Pp. Occasionally, documents issued by government agencies fit into the intersection of the Venn diagram. This may occur when a regulatory body publishes a clarifying document, Frequently Asked Questions (FAQs), or some other type of publication that has not been through the usual public process. These may be thought to fall into an intersection that combines the big P and little p category. However, note that government agencies that engage in such practices are careful to: 1) indicate that the helpful information does not substitute for law or regulation; 2) note that the executive branch agency does not necessarily have authority to state an “opinion” (if that is true for that agency); and 3) refer the reader back to the official law or regulation language. Another example is when a government funded and operated agency or department publishes guidelines that, if not followed by its intended audience, will not result in legal consequences.

Figure 2 shows the big P, the little p, and the intersection between the two, or Pp.

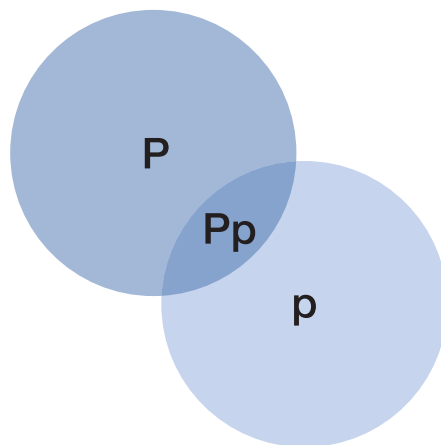


FIGURE 2 The big P, little p, and intersection Pp.

Instructions:

In this activity, you will match policies enacted by government bodies, or published by non-governmental actors, with their “p” designation. Use “P” for public policy, “p” for private policy, and “P/p” if applicable to the intersection, as defined above. Add your rationale for determining each designation. See row #1 for an example; complete the rest.

The Policy	Big P, Little p, or Pp? (and your rationale)
1. State or federal statute	Big P. “Statute” is synonymous with “law”; both state and federal statutes have the force and effect of law.
Responses for the remaining entries – for instructors only	
2. Private agency policy, e.g., hospital/healthcare institution policy	Little p. The hospital or healthcare institution is considered a “private actor” (nongovernmental).
3. American Nurses Association position statement	Little p. The professional association is considered a “private actor” (nongovernmental).
4. State board of nursing rule/regulation	Big P. A state board is an executive branch government agency. Regulations have the force and effect of law.
5. State medical board FAQs on new rules regarding opioid prescribing limitations	Pp. This is a document from a state board, which is an executive branch government agency, but it is a frequently asked questions/clarifying document. The reader/licensee should refer to the rule language, which has the force and effect of law. The medical board will undoubtedly refer the reader to the rule, with a live link.
6. A resolution from the American Cancer Society	Little p. This society is considered a “private actor” (nongovernmental).
7. A Joint Commission standard	Little p. The Joint Commission is considered a “private actor” (nongovernmental). However, noncompliance will result in serious consequences for the healthcare institution, up to and including government funding.
8. A US Supreme Court decision	Big P. The decision of the Supreme Court (either US or a state Supreme Court) has the force and effect of law.
9. An opinion of the office of a state attorney general	Big P. An official opinion of the AG’s office has the force and effect of law.
10. State board of nursing newsletter article describing updated continuing education regulations	Pp. This is a document from a state board, which is an executive branch government agency, but it is a newsletter article, therefore “explanatory.” The reader/licensee should refer to the rule language, which has the force and effect of law. The board of nursing will undoubtedly refer the reader to the rule source in the article.
11. Centers for Disease Control and Prevention guidelines for multidrug-resistant organisms management	Pp. The CDC is an agency of the federal government, but these are guidelines. As such, they do not have the direct force and effect of law, and failure to follow CDC-issued guidelines does not have direct legal consequences. However, such guidelines are influential and have an impact on practice on both a national and global scale.
12. US Department of Veterans Affairs rule authorizing advanced practice registered nurses to practice to the top of their education/preparation without physician supervision	Big P. This is a rule/regulation of a department of the federal government, and as such has the force and effect of law.

LEARNING ACTIVITY IMPLEMENTATION

Instructors should assure students have read and reviewed the chapter and can have a conversation about how to differentiate big P and little p health policy. The intersection, Pp, is an addition, and does not appear in the book. We have added this as a result of conversations with colleagues, who have asked questions about how to treat informal communications or guidelines from government agencies or departments. Instructors may wish to use this learning activity in any of the following ways:

1. As part of a discussion, in the classroom with the whole group, or in breakout groups followed by a report-back.
2. As a written assignment.
3. As a quiz.

STUDENT EVALUATION

Instructors should evaluate:

- Whether the student was able to differentiate between the three categories of policy accurately

Then they should explain their rationale.

LEARNING ACTIVITY 3.3: POLITICAL PARTIES: PROPORTIONS IN US CONGRESS AND YOUR STATE

Learning Activity Objectives:

- Identify the proportion of seats held by each major political party in the US Congress in the current congressional session.
- Identify the proportion of seats held by each major political party in your state in the current legislative session.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 3.

Instructions:

1. Report the number of members of each major political party in the US Congress in the current congressional session. Respond to the following questions:
 - a. In the current US congressional session:
 - i. What is the total number of members of the House of Representatives?
 - ii. What is the total number of members in the Senate?
 - b. Which party holds the current majority in the House of Representatives? What is that proportion/percentage?
 - c. Which party holds the current majority in the Senate? What is that proportion/percentage?

- d. How might the majority/minority proportions affect health policymaking, given what you know about current health policy issues being considered at the federal level?
2. Report the number of members of each party in your state in the current legislative session.
 - a. In the current legislative session in your state:
 - i. What is the total number of members of the House of Representatives?
 - ii. What is the total number of members in the Senate?
 - iii. Which party holds the current majority in the House of Representatives? What is that proportion/percentage?
 - iv. Which party holds the current majority in the Senate? What is that proportion/percentage?
 - b. How might the majority/minority proportions affect health policymaking, given what you know about current health policy issues being considered at the state level?
3. Report the party with which the executive branch leader (president/governor) identifies.
 - a. Does the president of the United States (POTUS) identify with the same party as the majority or the minority in the US Congress?
 - b. Does your governor identify with the same party as the majority or the minority in your state legislature?
 - c. Discuss how this might affect the work of the executive branch and the legislative branch. (Discuss at both the federal and the state levels.)
 - d. Discuss how this might affect presidential/governor appointments/confirmations by the Senate. (Discuss at both the federal and the state levels.)

LEARNING ACTIVITY IMPLEMENTATION

Instructors should ensure students have read and reviewed the chapter and can have a conversation about how partisan politics may affect health policymaking. Many students may not have thought about the makeup of their own federal and state governments. This assignment can serve as a springboard to continued discussion during the course.

Instructors may want to use this learning activity in any of the following ways:

1. As part of a discussion, in the classroom with the whole group, or in breakout groups followed by a report-back.
2. As a written assignment.

STUDENT EVALUATION

Instructors should evaluate whether the student:

- Can accurately identify the composition of the US Congress and their state legislature by political party, and majority/minority proportion
- Can accurately identify the political party with which the president of the US and their state governor identifies
- Can discuss the potential effects of partisan politics on health policymaking

CHAPTER 4: GOVERNMENT STRUCTURES AND FUNCTIONS THAT DRIVE PROCESS

LEARNING ACTIVITY 4.1: LAWMAKER WORKSHEET

Learning Activity Objectives:

- Navigate state and federal websites to locate relevant information.
- Identify the elected government officials who represent you in the state legislature, governor's office, and US Congress.
- Describe certain details relative to lawmakers' roles, including but not limited to terms of office and committee assignments.

Prior to completion of the worksheet, the student should do the following:

- Read Chapter 4.
- Locate the state government website. State government websites can be found via any major search engine and will usually be equipped with a “find my legislator,” a “courts and legislature,” or otherwise named link.
 - Students may need to input their zip code +4, their full address, or both to identify their own state representative or state senator once the correct page is found.
 - If the student's zip code + 4 is unknown, a tool for looking up zip codes is available from the USPS at: <https://tools.usps.com/go/zip-code-lookup.htm>
- To find information that is not available on the state's website, try Ballotpedia. Note: These sites may not include current committee assignments. However, Ballotpedia may be helpful for searching end-of-term date. Search the lawmaker's name and state, followed by Ballotpedia (see https://ballotpedia.org/Main_Page).
- To find a congressional representative, access the United States House of Representatives website and insert zip code + 4 to find the US representative: <https://www.house.gov/representatives>
 - Click on the Congressperson's name, below their photograph, to access their home page. What appears is a full list of the committees, subcommittees, caucuses, and task forces on which they serve, their leadership positions on those committees, and a wealth of other information.
- To find the appropriate US senator, access the United States Senate website, Senators page, for lookup by state. The suggested link is “Contact” because it offers the senator's full address and class (a Roman numeral, which designates the end of the senator's current term): <https://www.senate.gov/senators/contact>
 - Select the “Choose a Class” dropdown menu to identify the end-of-term date for the senators.
 - For US Senator Committee lookup by committee or senator name, access: https://www.senate.gov/committees/membership_assignments.htm

Instructions:

Complete this form.

LAWMAKER WORKSHEET

Your State _____ Your Zip Code Plus 4 Digits _____

Any other information needed to locate your state or US lawmakers (e.g., street address)

Name of Your State Governor

Party Affiliation	End-of-Term Date
<input type="text"/>	<input type="text"/>

Name of Your State Representative

Party Affiliation	District Number	End-of-Term Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Committee assignments. (List current standing committees and subcommittees; include any leadership positions your state representative might hold.)

Name of Your State Senator

Party Affiliation	District Number	End-of-Term Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Committee assignments. (List current standing committees and subcommittees; include any leadership positions your state senator might hold.)

United States senators representing your state (there will be two).

- Name of senator(s), followed by party, class, and year of term end.
- Follow by listing current standing committees; include any leadership positions.

Example:

Senator Robert Smith (R), Class II, 2021
Committees: Agriculture, Nutrition, & Forestry Banking, Housing, & Urban Affairs (Ranking Member) Finance Veterans' Affairs

Complete this table:

	Senator	Senator
Senator's first and last name, party affiliation, class, and end of term.		
Names of committees on which the senator currently serves. Add leadership positions (if applicable).		

United States House of Representatives

Name of Congressional Representative

Party Affiliation	District Number	End-of-Term Date

Committee assignments. (List standing committees and subcommittees; include any leadership positions your US representative currently holds.)

LEARNING ACTIVITY IMPLEMENTATION

This learning activity lends itself to a worksheet format. If students are not using the student workbook, we suggest you include this information in a simple Word document; the boxes can be included as simple one-celled tables that expand as students type their responses. Additional implementation hints:

- If you use a formatted Word document for the assignment, include live links for your state legislature website, for the US Senate website, and for the US House of Representatives, so students have an easier time locating their own representation. For finding US senators and US representatives, you may use these links:
 - http://www.senate.gov/general/contact_information/senators_cfm.cfm
 - <http://www.house.gov/representatives/find/>
- Most state legislature websites list committee assignments on individual representatives' and senators' web pages; however, if that is not the case, and if an official list of committee assignments has been posted, we suggest you post that for students for ease of completion of the form. Ballotpedia posts committee assignments, but they are often out of date and may list committee assignments for all previous terms served.
- Ballotpedia can usually be counted on to accurately reflect lawmakers' current term in office, note when they were first elected, and note when their term will expire.
- This learning activity is ideally suited to a grading rubric.
- You may want to consider allowing multiple submissions; that is, if students make an error, redirect them and allow a resubmission. The goal of this activity is for students to know their elected officials and the scope of responsibility each of those individuals holds (i.e., committee assignments and leadership responsibilities).
- *Note:* This activity is suitable for any level student, from undergraduate through the doctoral level.

STUDENT EVALUATION

Instructors should evaluate whether the student:

- Completes the form accurately and thoroughly

LEARNING ACTIVITY 4.2: COMPARISON BETWEEN U.S. GOVERNMENT STRUCTURE AND YOUR STATE'S STRUCTURE

Learning Activity Objectives:

- Describe your state government structure.
- Compare the structure of your own state government with the structure of the US government.

Prior to completion of the worksheet, the student should do the following:

- Read Chapter 4.
- Explore the website for state government information regarding the executive, legislative, and judicial branches.

Instructions:

Respond to the following questions about each of the three branches of government in your state, as compared with US government structure and function.

Legislative

- Overall structure
 - Is your state legislature bicameral like the US government? Or unicameral?
 - How does representation in the Senate compare to representation in the House (numbers/percentages)? Is that in a proportion similar to or different from the US Congress?
 - What is the title of the leader of your state Senate? Who holds that office presently?
 - What is the title of the leader of your House of Representatives? Who holds that office presently?
 - How does this structure compare to the US government structure?
- Committee structure and function
 - How many standing committees exist in each house? Name them. Briefly describe the purpose of each, in a few words.
 - Do any permanent joint committees exist? If so, name them. Briefly describe the purpose of each, in a few words.
 - Do any select or special committees currently exist? If so, name them. Briefly describe the purpose of each, in a few words.
 - How does your state overall structure and committee structure (i.e., committee names/purposes) compare to the US Congress? Do you see similarities? Any significant differences singular to your state?
 - *Optional:* Explore the rules of conduct for your state's House of Representatives and Senate—especially rules related to duties and decorum of members, voting, and so on. How do they compare with each other? How do they compare with the federal government rules in the House and Senate?

Executive

- Who is the leader (governor) of the executive branch?
- What powers/authority does the governor hold?
 - What is the extent of the governor's veto power? Can a veto be overridden by the legislature, and by what percentage vote?

- Does the governor deliver a “state of the state” address? Is it available to the public?
- Is there a lieutenant governor (or second-in-command, by another title)?
 - What are the executive branch cabinet-level departments in your state? Name them. Briefly describe the function of each, in a few words.
- What is the name of your state’s attorney general?
- Name some other executive branch departments that are not cabinet level (e.g., “state boards”). You may focus on health-related departments/boards.

Judicial/Supreme Court

- How many justices serve in your state supreme court, in addition to the chief justice?
- Are the justices appointed? If so, what is the process; *or*
- Are the justices elected?
- What are their terms, and is there a limit to how long they may serve?

OPTIONAL: COMPARE/CONTRAST GOVERNMENT STRUCTURE TO THE STRUCTURE IN HEALTHCARE ORGANIZATIONS

Chapter 4 describes government structures and functions that drive processes in public policy. However, healthcare organizations may be similarly structured. Think about the structure in your healthcare organization or the healthcare organizations in which you have had clinical experiences. Compare and contrast structures, noting their similarities and differences. For example, compare the heads of the executive branch of government with persons in the C-suite, or department directors in the healthcare organization regarding their leadership role and decision-making authority. What is similar? What is different? Do the same for each of the three branches of government/broad departments in the organization.

Government Branch	Healthcare Organization Department	Similarities and Differences (Responses for Instructor Use Only)
Executive (president/governor)	Executive: C-suite (CEO, COO, CFO, CNO, etc.) and department directors	<ul style="list-style-type: none"> Both have executive authority; for example, both can make executive decisions at the highest levels. POTUS/governors are elected officials, whereas healthcare organization C-suite executives are hired by their board of directors; director-level personnel are hired by the executive staff, and so on.
Legislative (Congress/state legislature)	Committees with voting authority	<ul style="list-style-type: none"> Congress/legislatures create laws (that must be signed by the head of the executive branch); committees may vote on institutional policy, but policy must usually be ratified in some way at the executive level, at times by the board of trustees. The legislature/Congress is composed of elected officials, whereas committees consist of staff members of the healthcare organization. Students should indicate how committee membership is determined; e.g., elected or appointed, or volunteer.
Judicial (interprets)	Office of the General Counsel (organization’s attorneys, or OGC)	<ul style="list-style-type: none"> Both are charged with interpretation of the law. Supreme Court justices are nominated by the president and confirmed by the Senate. This same procedure is used by many states; however, some states elect their justices. The Supreme Court is an independent branch of government. The OGC is a department of the organization (if internal to the organization) and is therefore hired by the organization/board of trustees. The OGC also protects the healthcare institution from lawsuit (many functions, such as reviewing policy, reside in this category) and represents the organization in the case of lawsuit.

LEARNING ACTIVITY IMPLEMENTATION

This learning activity lends itself to either a discussion or a brief paper format.

- If the discussion format is chosen, the instructor might want to assign one branch of government/ the organization to each of three breakout groups, with a report back followed by a whole group discussion. This strategy may be used in the live or synchronous online classrooms.
- In an asynchronous classroom, a discussion board format could be used. In a large class, students might be assigned to one of the three branches.
- If a brief paper format is used, the instructor may want to assign a three-section paper. (Add a fourth section if the organizational structure and function is to be considered; this last option is particularly helpful if students have already had a course that includes leadership content.)

STUDENT EVALUATION

Instructors should evaluate whether the student is able to accomplish the following:

- Articulate the structure and function of each branch of state government clearly and accurately.
- Draw accurate comparisons between state government branches and the branches of the US federal government, if the optional activity is used.

CHAPTER 5: POLICYMAKING PROCESSES AND MODELS

LEARNING ACTIVITY 5.1: HOW A BILL BECOMES A LAW: TRACKING TOOL

Learning Activity Objectives:

- Locate a health policy–related bill using your state legislature website or a website for tracking a federal/congressional bill.
- Identify the bill's current status and track its journey through the legislative process.

Prior to completion of the worksheet, the student should do the following:

- Read Chapter 5.
- As an optional supplement, view the video series *The Legislative Process*, available from Congress.gov: <https://www.congress.gov/legislative-process>

- For a great summary of how Congress turns an idea into a law, watch *I'm Just a Bill (Schoolhouse Rock)*. It's a three-minute video from 1976 that has become a classic: <https://youtu.be/tyeJ55o3El0>
- If you intend to track a state bill, have your state legislature website available—specifically, the search function that allows you to search bills.
- If you intend to track a federal/congressional bill, you may use the search functions found on either of these websites:
 - Congress.gov: <https://www.congress.gov/>
 - Govtrack.us: <https://www.govtrack.us/>

Instructions:

Your instructor may provide a menu of bills, from either the current state general assembly (state) or the congressional session (US Congress).

If your instructor has not provided suggested bills, you may choose a relevant health policy bill from either of those sources. It is best to choose a bill that has a significant history trail—one that has passed one house successfully, or one that has been enacted into law. Choosing a bill that has been through a more significant portion of the legislative process will give you more information than a bill that has been recently introduced. Once you have identified a bill:

1. Indicate whether the bill is from your state or is a congressional bill.
2. Indicate whether it is a House or a Senate bill.
3. Name the bill by its complete House/Senate name and number. Bills may be amended, substituted, or both as they make their way through the process. Examples include:
 - House Bill 1 (may be abbreviated HB1)
 - Amended Senate Bill 2 (may be abbreviated Am SB 2)
 - Amended Substitute House Bill 3 (may be abbreviated Am Sub HB 3)
 - Substitute Senate Bill 4 (may be abbreviated Sub SB 4)
 - S. 1234 (a federal Senate bill)
 - H.R. 123 (a federal House bill)
4. Add the live link you used to access the bill so the instructor may directly access the same page you used to collect the information.
5. Bills may also be given a formal name that describes their intent. If the bill has such a name, include that name. For example, the healthcare law enacted by the 111th US Congress and signed into law by President Barack Obama in 2010 is named The Patient Protection and Affordable Care Act. If the bill does not have a formal name, it will be given a short title describing its intent; you may use that instead. Another example is S. 1379: Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (Sponsor Sen. Richard Burr [R-NC]). Enacted—signed by the president, June 24, 2019.

6. Identify the bill's primary sponsor or sponsors. There may be more than one, but more than two is unlikely. The primary sponsors are the lawmakers who introduce the bill and shepherd it through the process. Do not confuse these lawmakers with the "cosponsors," who sign on following introduction to provide the bill with momentum. See the example above (S. 1379). If you search that example, you will find that there were three cosponsors; however, only Senator Burr served as the primary sponsor.
7. Identify the bill's current status by focusing only on its last "movement" through the process (not hearings or hearing dates). When did the bill "move" last? Examples (a non-exhaustive list) include:
 - As Introduced, 5/6/2019 (in Congress this will be stated "Introduced in House" or "Introduced in Senate")
 - As Referred to Committee (name the specific committee), 5/27/2018
 - As Passed by the House (date) or Passed House (date) and Senate next
 - As Passed by the Senate (date) or Passed Senate (date) and House next
 - Reported Out as Amended (date)
 - Substitute Bill Accepted (date)
 - Substitute Bill Accepted and Reported Out (date)
 - Substitute Bill Accepted and Reported Out as Amended (date)
 - Signed by Governor 3/11/2014: ED 3/11/2014
 - To President (date)
 - Became Law (date)
 - Federal laws will have a public law number assigned; indicate the P.L. number
8. To complete the bill's "current status," note any hearings since the bill last "moved" (e.g., "third hearing [date]").

Instructions:

Complete this form.

Complete Bill Number (e.g., Substitute SB 1)
<input type="text"/>
URL link to bill:
<input type="text"/>
Formal name describing the bill's intent (if applicable; otherwise, short name indicating the bill's topic or intent)
<input type="text"/>
Primary sponsor(s) with state (Congress) or district number (state) and party affiliation (if there is more than one primary sponsor, list both):
<input type="text"/>
Current bill status (most recent milestone). This may include the name of the committee to which the bill has been referred. Federal bills enacted and signed into law should include the public law number. If the bill is still in process, add the last hearing date, as appropriate (see example).
<input type="text"/>
Why did you choose this bill? What about this health policy interested you as a nurse/healthcare provider?
<input type="text"/>

LEARNING ACTIVITY IMPLEMENTATION

Instructors may want to provide a menu of bills from either the current general assembly (state) or the congressional session (US Congress). The advantages of providing a menu for students is that it limits the number of bills with which the instructor needs to be familiar to effectively evaluate the student's accuracy. However, more advanced students may appreciate the freedom to choose from all bills in the current and most recent past sessions. Instructors may want to restrict students to explore bills from either the state legislature or US Congress.

Students generally gain insight into the details of the legislative process by engaging in this learning activity. Students often need assistance understanding the difference between the primary sponsor of the bill and cosponsors. If a bill was introduced by two primary cosponsors, students often need assistance

understanding that dynamic and how the two primary cosponsors differ from the other cosponsors who “sign on” to facilitate bill momentum.

Students often need assistance to understand the term *passed*; for example, “passed House” may be interpreted to mean “the law is passed and enacted,” when in fact the bill still needs to go to the Senate, then to the president for signing.

Note: Use of the form lends itself to utilization of a grading rubric.

STUDENT EVALUATION

Instructors should evaluate whether the student is able to do the following:

- Report the complete bill number, including substitution or amendment, if appropriate, and its number.
- Report the bill’s intent (its descriptive name).
- Identify the primary sponsor(s) with district number (state) or state (federal) and party affiliations.
- Identify the bill’s current status.
- Describe their interest in the bill.

LEARNING ACTIVITY 5.2: FORCE-FIELD ANALYSIS OF A HEALTH POLICY CHANGE PROCESS

Learning Activity Objectives:

- Analyze forces that may enable or constrain a change in health policy.
- Determine the directional tension between the enabling and constraining forces.

Prior to completion of the worksheet, the student should do the following:

- Read or review Chapter 4.
- Read Chapter 5.
- Identify the health policy change he or she would like to analyze. Examples:
 - An organizational policy change
 - A potential governmental policy change
- A state or congressional bill that is in progress; that is, it has not yet passed but is being entertained in the current legislative/congressional session.

Instructions:

First, write the health policy change you will be analyzing in this learning activity in the space provided. As part of this learning activity, you will be identifying *key stakeholders*. An in-depth description of stakeholder analysis comes later in the textbook; at this point, do your best to identify the persons or

groups who have a key interest in the policy change. Think about what their interest in the policy might be:

- Are they interested in seeing the policy change happen? If so, why? These persons or groups represent “enabling forces.”
- Are they interested in seeing the policy change halted or seeing it fail? If so, why? These persons or groups represent “constraining forces.”

Also ask yourself if there are *other forces* that might enable or constrain the process that do not involve people or groups. For example, if your professional organization is hoping to see a bill passed, but it is the end of the legislative cycle and a lame duck session, or the timing is otherwise poor, such as during the budget cycle, those external forces may constitute constraining forces. However, if the primary sponsor of the bill your professional organization is interested in seeing passed is able to negotiate to have the bill’s language added to another legislator’s bill as a rider, and the other legislator’s bill has the momentum to pass, those factors constitute enabling forces. Consider and account for such factors. Write those factors into the table provided, into the appropriate columns, based on your knowledge and judgment. Be able to defend your decision and rationale.

Next, think about the *relative power* or *influence* each of the key stakeholders (persons or groups) has over the policymaking change process you have chosen to analyze. This will determine the directionality of the arrows, which represents the tension between enabling and constraining forces. Again, be able to defend your decision and rationale regarding the relative power or influence of the enabling force vs. the constraining force in each row.

Complete the following table, or create one like this in a Word document, filling in the columns to include the Enabling Forces and the Constraining Forces. In the center column, insert directional arrows to demonstrate whether the forces are greater in one direction than the other, or are equalized. If you have created your own Word document, add rows as needed. See Table 5.1 in Chapter 5 for an example.

Health Policy Change: _____

Enabling Forces	Tension Between Enabling and Constraining Forces	Constraining Forces

LEARNING ACTIVITY IMPLEMENTATION

Students may benefit most from this learning activity, as a stand-alone exercise, if they are permitted to analyze a health policy change that is of relevance to them. Alternatively, this may be used in the following ways:

- *As a part of a bill analysis/regulation or policy brief.* Students may be able to determine enabling and constraining forces from an analysis of bill testimony. If students were able to attend the hearing where testimony was provided, that will make for an even richer analysis. A public rules hearing often offers the same opportunity to hear live testimony. Otherwise, students should be able to access testimony online. These documents should be accessible to the public.
- *As a component of a deeper discussion surrounding a highlighted policy change.* For example, if the nurse practice act has been recently revised in your state, or if the state board of nursing has recently revised rules/regulations, and this has been part of the ongoing discussion in the classroom, this learning activity is an ideal tool for analyzing why a particular provision or regulation passed and another might have failed.
- *Note:* If this learning activity is used as a stand-alone learning activity, either the instructor must have some familiarity with the health policy the student is analyzing, or the student should be asked to write a short introductory description.

STUDENT EVALUATION

If students complete this table as a written exercise, instructors should evaluate whether the student is able to do the following:

- Describe both enabling forces and constraining forces at a level of detail and depth appropriate to their level in their type of program.
- Assign an arrow direction that is a match for the tension between the enabling and constraining forces.

LEARNING ACTIVITY 5.3: PUBLIC POLICY MEETING REFLECTION

Public Policy Meeting Reflection Objectives:

- Stimulate participation in the public policy process using observation and reflection.
- Identify key stakeholders engaged in the meeting and observing the meeting.
- Reflect on the meeting's structure, stakeholders, objectives, process, and outcomes.

Instructions:

Attend a public policy meeting, such as a committee hearing or legislative session at the local/municipal, state, or national level, or meet directly with an elected official or their representative (i.e., legislative aide) to discuss a specific health policy–related professional issue or concern.

If you choose to attend a meeting, it may be a meeting concerned with health policy, but that is not required to meet the objectives for this learning activity unless required by your instructor. The goal is to be exposed to, and appreciate, the public policy process. Processes are often similar, regardless of the government entity's mission and goals.

If you choose to meet with an elected public official/representative to discuss a policy issue or problem, be sure you have an agenda and are clear about the outcome you hope for from the meeting. Also be sure you contact the official's office well ahead to set up a meeting.

Prior to writing the reflection, the student should do the following:

- Read or review Chapter 4.
- Read Chapter 5.

Following the meeting, reflect on your experience. Describe:

- *The public policy meeting.* Indicate the policy body, or lawmaker name, and the place of the meeting. Describe how the meeting fits into the government structure; that is, if you attended a state legislative committee hearing, which committee? House or Senate? Who presided as chair? Does the minority party have a leader/representative on the committee (often called a “ranking member”)? Describe the structure and provide a summary of the agenda.
- *Who were the key stakeholders?* For example, if you attended a legislative committee meeting, provide an overview of the makeup of the committee members. Were there any “visiting” lawmakers, such as a bill sponsor, giving first/sponsor testimony on a bill being heard for the first time in committee? Also describe, to the best of your ability, the makeup of the gallery/audience, as applicable. Note persons representing organizations, or private citizens, who attended to listen at the meeting or to provide testimony.
- *Describe key elements of the meeting and any outcomes,* considering what you've learned about the policy process. Were controversial issues discussed? If so, what were they? Were they resolved? If so, in what way? Was testimony provided by witnesses? If there was testimony or discussion, would you consider those providing testimony/discussion proponents of the agenda item? Opponents? Experts providing information? A combination? Did key stakeholders in decision-making positions ask clarifying questions? If you met individually with a lawmaker, how was your agenda and “ask” received? Was there an outcome to your meeting, and if so, how would you describe that outcome?

You do not need to respond to all questions in all elements; use the questions to stimulate your thinking about your reflection, and add any other elements required by your instructor.

LEARNING ACTIVITY IMPLEMENTATION

Instructors should determine whether students should only attend public policy meetings that are health related and provide direction accordingly. Because the intended goal is to provide exposure to the public policy process, it is not necessary; public policy processes have several similarities (e.g., process formalities, and a mission and purpose that is public health safety or welfare oriented). However,

instructors may make that determination individually and advise students accordingly. Students may also need to verify the public meeting they want to attend with the instructor; some students mistakenly identify workshops with a health policy focus and similar types of meetings as public meetings.

Instructors should be clear with students who choose to meet with an elected public official/representative to discuss a policy issue/problem about the need to have an agenda and a reasonable intention for the outcome of the meeting. They should also be reminded to present themselves as a constituent, rather than a representative of the college/university or their workplace. Generally, indicating they are a student in a nursing program is allowable, but even that step should be verified with the instructor's direct report because the student will be engaging with the office of an elected official.

The suggested implementation for this learning activity is to assign the student's reflection as a short paper, with headings for each of the major sections. Clinical doctoral students might also be asked to discuss the role of the DNP in helping nurses become better prepared to be more effectively involved in policymaking, using the meeting attended as the springboard for that discussion. Asking the student to add and speak to the appropriate standard (e.g., the AACN DNP Essential V. Healthcare Policy for Advocacy in Healthcare) will enhance the depth of the student's reflection.

STUDENT EVALUATION

Students should do the following:

- Respond to all relevant components in the first section with an appropriate level of detail.
- Reflect on the two subsequent questions with a level of detail and depth appropriate to the meeting and their level in the program of study.
- Optionally discuss the role of the DNP or master's-prepared nurse in helping nurses become better prepared to be effectively involved in policymaking (instructor discretion, and dependent on program of study).
- Meet any writing criteria required by the instructor, including APA formatting, sentence structure, and syntax.

CASE STUDY 5.1: KINGDON'S STREAMS MODEL AT WORK

Case Study Objective:

- Apply Kingdon's streams model to a policy solution for mandatory overtime for hospital nurses.

RNs working in several healthcare systems in one state have approached their state nursing association to help them oppose mandatory overtime policies. In some hospitals, these policies, also known as "mandated overtime," require that nurse managers ask nurses to work half of a subsequent 12-hour shift or to call an RN back to work after they have been off duty from a 12-hour shift by only a few hours. This results in nurses returning to work during the second half of the next 12-hour shift (after

only 6 hours off duty). Consequently, nurses may experience cognitive fatigue and be at risk for an increase in making medical errors. Furthermore, employers may threaten disciplinary action if the nurse refuses the overtime shift; in some cases, employers have threatened to report the nurse to the board of nursing, claiming refusal to work overtime is a form of patient abandonment. (Most state nurse practice acts do not consider overtime refusal to constitute patient abandonment.) *Note:* Students should check their state's nurse practice act.

As a result of this conversation, representatives of the state nurses association agree to advocate for staff nurses. The state nurses association engages with a state legislator who is willing to sponsor a bill to prohibit hospitals from requiring nurses to work mandatory overtime under threat of disciplinary action. Use Kingdon's streams model to analyze this case.

Discussion points:

1. The first stream to consider is the problem stream. There are at least two problems that require societal attention in this case presentation.
 - a. First, consider the problem from the point of view of the citizens who are recipients of nursing care. What problems do patients face when their care is delivered by nurses who are working a mandatory overtime shift?
 - b. Then think about this from the point of view of hospital nurses. What problems are present for hospital nurses when such a mandatory overtime policy exists?
2. The second stream to consider is the policy stream. If you were a member of the state nurses association legislative/government affairs committee and were invited to discuss possible solutions with the primary sponsor of the legislation and other stakeholders, consider what provisions you would hope to see in a new policy/state law.
 - a. What reasonable provisions might be included in a hospital overtime policy? What might be included in the "may do" language for hospitals? Are there exceptional circumstances under which a hospital could reasonably require a nurse to work overtime?
 - b. What should be excluded from mandatory overtime policy? What makes for an unsafe environment for hospitalized patients and puts nurses at risk for cognitive fatigue and medical error? In other words, what might be included in the "shall not" language for hospitals?
 - c. Include a body of evidence to support the provisions you would like the sponsor to include in the bill.
3. The third stream is the politics stream. Consider which stakeholders will be in favor (proponents) of a bill that includes your most hoped-for provisions and which stakeholders will be against (opponents) and why? Are there talking points/bill language you anticipate will stimulate controversy and will require you to reach a negotiated middle ground? What are these points? And what terms are you willing to negotiate? Are there other political hurdles you may need to navigate? For example, is it the end of a legislative cycle? Has a similar bill been introduced in a previous legislative cycle and failed? If so, what were the politics involved, and can you identify a strategy to overcome those barriers in this attempt?

LEARNING ACTIVITY IMPLEMENTATION

This case study lends itself to either class discussion or a graded paper. The instructor may also consider group work, whether the case is used for discussion or a paper. For example, one student could focus on the problem stream, one student on the policy stream, and one student on the politics stream and then report out or write the paper as a team.

STUDENT EVALUATION

Following are the key points students should include:

- *Problem stream.* Students should note that the most compelling problem from a lawmaker point of view is patient safety, as the likelihood of medical error increases as nurses experience greater cognitive fatigue. Students should also consider the nurses' point of view and include, at a minimum, the following elements: cognitive fatigue, fear for patient safety/making errors, risk for disciplinary action if they refuse mandatory overtime, and risk to their own physical and mental health, including driving to and from work in a fatigued state.
- *Policy stream.* Students should include, at a minimum, bulleted points they hope to see included in a bill, such as prohibition against mandatory overtime as a principle policy, and the threat of disciplinary action on refusal. They might also consider reasonable exceptions, such as a variety of emergency situations beyond the hospital's control. In addition, students should consider what a penalty for violation might be to the violating hospital; consideration of that penalty will feed into the politics stream (see below).
 - There is a considerable body of evidence from the nursing and healthcare/patient safety literature that the student can access to inform this stream. Additional literature can be gleaned that is based on research involving the aviation industry and other high reliability organizations.
- *Politics stream.* Students should include, at a minimum, a list of each of the major stakeholders who have an interest in the bill, from both the proponent and the opponent sides. Their stake in such a bill should be noted, including the strength of each stakeholder's political power to move, amend, or stop the bill's progress.

CHAPTER 6: AN OVERVIEW OF AN EIHP MODEL FOR NURSING

LEARNING ACTIVITY 6.1: EVIDENCE-INFORMED HEALTH POLICY MODEL COMPONENTS

Learning Activity Objectives:

- Identify a health policy problem of interest that is amenable to an evidence-informed approach.
- Categorize relevant elements of the health policy problem into each of the three EIHP model components.

Prior to completion of the worksheet, the student should do the following:

- Read Chapter 6.
- Identify the health policy problem to analyze. Examples:
 - A state or congressional bill introduced to solve a health policy problem that is being entertained in the current legislative/congressional session but has not yet passed.
 - A state or congressional bill that has passed into law; you may analyze this retrospectively.
 - An organizational policy in need of revision.

Instructions:

Review the EIHP model described in Chapter 6—in particular, the comparison between evidence-based practice (EBP) and EIHP, found in Table 6.1 on p. 125. The focus of this learning activity is on the evidence, resource materials, data, information, and considerations that fit the three components of the EIHP model.

1. Identify the policy you will be analyzing, and describe it briefly in a few sentences.
2. Complete the column on the right, responding to the following questions:
 - a. External evidence: What sources of external evidence should be explored that could inform the policy dialogue?
 - b. Issue expertise: What data, people, organizations, or other sources might provide issue expertise?
 - c. Which stakeholder groups have an interest in this policy? What is their interest, and how might their values express?

POLICY AND DESCRIPTION:

Component of the Evidence-Informed Health Policy Model	Component Sources, Data, People, Organizations, Stakeholders, Interests, and Values
External Evidence <ul style="list-style-type: none"> • Best research evidence • Evidence-informed relevant theories • Best evidence from opinion leaders, expert panels, and relevant government and private data sources 	
Issue Expertise <ul style="list-style-type: none"> • Data from professional associations, healthcare organizations, or government agencies with policy implementation experience • Professions' understanding or experience with health policy issue—for example, data from professional associations or testimony • Other available resources or data related to potential quality and safety or practice or consumer issues 	
Stakeholder Values and Ethics <ul style="list-style-type: none"> • Healthcare providers • Policy shapers • Healthcare consumers and consumer-protection and interest groups • Healthcare organizations • Government agencies responsible for implementation • Other stakeholders 	

LEARNING ACTIVITY IMPLEMENTATION

Students may choose a health policy, or you may assign one. If you assign a policy, a menu of choices is suggested. If students choose a policy, it is suggested that instructors require that students include a live URL link so that instructors unfamiliar with the policy may have direct access.

STUDENT EVALUATION

Students should complete the worksheet. Evaluate how well the student identifies elements matching each of the components in the appropriate column:

- External evidence: What sources of external evidence should be explored that could inform the policy dialogue?

- Issue expertise: What data, people, organizations, or other sources might provide issue expertise?
- Which stakeholder groups have an interest in this policy? What is their interest, and how might their values express?

CHAPTER 7: THE FOUNDATION: STEPS 0 THROUGH 3

LEARNING ACTIVITY 7.1: RAISING INQUIRY: IDENTIFYING AND DESCRIBING A HEALTH POLICY PROBLEM

Learning Activity Objectives:

- Identify a problem in the public health policy environment (federal, state, or municipal government) or at the organizational level that is amenable to a policy solution.
- Describe the health policy problem.

Prior to completion of the worksheet, the student should do the following:

- Read Chapter 7.
- Explore a variety of web or news sources of your choosing to identify a problem in health policy.
- Consider existing policies in a healthcare organization of your choosing that may benefit from improvement.

Instructions:

In this exercise you will demonstrate your ability to raise inquiry by asking the question: What health problem is rising to a level of importance such that it needs a policy solution? Once you have identified a problem, either in the public domain (government policy) or in the organizational domain (organizational policy), describe the problem by providing a brief overview. Include:

- A description of the policy problem/issue, including how it is either a governmental or an organizational policy problem. Then follow with:
- A description of the underlying clinical, health, or health professions problem that is the source of the policy problem/issue. This is necessary to give your reader the full picture. Examples:
 - Clinical: An organizational policy problem may be one that addresses the need to change committee procedure to require that future revisions of clinical policies be informed by a body of evidence or current evidence-based clinical practice guidelines.
 - Health: Many legislative efforts, at the federal and state level, address health problems in policy. For example, the problems associated with step therapy, which is the third-party payer practice that requires patients to “fail” on less expensive therapy before proceeding to more expensive but effective therapy, or prohibition against expedited partner therapy to prevent sexual partners from re-infecting the treated partner, are both examples of public health problems that have been ameliorated, or could be ameliorated, through policy solutions.

- Health professions: Needed changes in professions' practice acts, to better serve or protect citizens of the state, fall into this category.
- Evidence that supports the significance of and rationale for addressing the problem, which should be sufficient to be compelling. (Ask your instructor for guidance/requirements.)
- The relevance of addressing the policy problem/issue for nursing or healthcare:
 - If this is a governmental policy problem, how will addressing the problem be relevant to nursing/healthcare at the target level—that is, federal, state, or municipal? How is it important for the target population?
 - If this is an organizational policy problem, how will addressing the problem be relevant to the organization?

LEARNING ACTIVITY IMPLEMENTATION

Students may need some guidance as they think about public health issues amenable to policy solutions; it is suggested that instructors look to problems at the individual state level that may have appeared recently in the news, or alternatively, at the federal level. Graduate-level students who are also experienced RNs may only need minimal prompts when discussing organizational issues amenable to policy solutions. This activity is amenable to a short paper assignment.

The instructor should guide students regarding the level of depth to be achieved in the search for evidence. It is suggested that instructors provide a minimum/maximum number of evidence sources; it is not intended that an exhaustive search be conducted for this learning activity.

STUDENT EVALUATION

Evaluate the student's responses to each of the four major categories/headings. Depth should be aligned with the student's program level. Evaluate the student's:

- *Description of the health policy problem/issue.* The student should state the problem clearly and identify whether it is governmental or organizational.
- *Description of the underlying clinical, health, or health professions problem that is the source of the policy problem/issue.* The description should be sufficient for the reader to understand that a problem exists and that there is a need for a policy change.
- *Evidence that supports the significance of and rationale for addressing the problem.* The body of evidence need not be exhaustive, but enough to be compelling.
- *Description of the relevance of addressing the policy problem/issue for nursing or healthcare.* The importance of addressing the issue should be described.

LEARNING ACTIVITY 7.2: WRITING A POLICY PICOT

Learning Activity Objectives:

- Identify a health policy problem.

- Construct a policy PICOT question to drive the literature search that will inform the problem and potential solutions.
- Construct a policy PICOT question to drive the literature search that will inform an analysis, if retrospectively analyzing an existing or pending policy.

Prior to completion of the worksheet, the student should do the following:

- Read Chapter 7.
- Pay attention to Step 1: Ask the Policy Question in the PICOT Format, in particular:
 - The PICOT acronym, p. 144
 - Table 7.1: Constructing a Policy PICOT Question
 - The sample provided in Strategy Tool 7.1
 - The examples in Strategy Tool 7.2
 - The example in Strategy Tool 7.3

Instructions:

1. Identify a health policy problem. Write a paragraph providing a brief overview of the problem, using Strategy Tools 7.2 and 7.3 as examples.
2. Use the policy intervention template to construct a policy PICOT question.
 - a. Write it in a sentence.
 - b. Follow each section with its acronym initial in parentheses. For example, follow the population statement with a (P), and so on.

The intervention template, modified for use with the EIHP model found on p. 148, is provided here for your convenience:

For _____(P),
 How does _____(I),
 Compared with _____(C),
 Affect _____(O),
 In _____(T)*?

*Note: *(T) Time is optional.*

- Make sure your PICOT question meets the “tests.” (See Strategy Tools 7.2 and 7.3.)

LEARNING ACTIVITY IMPLEMENTATION

Instructors may use the PICOT question activity in one of two ways: 1) to drive a literature search; or 2) to retrospectively deconstruct an existing policy, or policy in the making (a bill), for analysis. Make your assignment according to your specifications. If your students will be analyzing a bill, it is helpful to assign a bill (or direct students to use a bill) for which an official government analysis/summary has been written. Students should read the whole bill they will be using for analysis; however, summary analyses make the language much more accessible for students.

Instructors may implement this activity as a written assignment, or alternatively, as a group discussion. As a group discussion, students may be asked to choose ahead of class time from a menu of bills; each group then contributes its P, I, C, O, and T during the discussion. The group, and class as a whole, may then offer critique and feedback. This is an activity that takes practice; students tend to appreciate live discussion and colleague/instructor feedback.

STUDENT EVALUATION

Put the student's PICOT to the test; it is suggested that instructors refer to Table 7.1 on p. 146 to construct a grading rubric. Include the following elements/criteria. Did the student:

- P:** Accurately describe the population of interest? Is the description precise?
- I:** Clearly and accurately identify the intervention, or what is new in this policy? This should be a summary statement of the key provisions, in overview.
- C:** Describe the alternative against which the new policy (the intervention) compares? What was in the law that is in effect, or is law currently silent on the matter?
- O:** Describe the intended outcome in such a way that it relates directly back to the population, results from the intervention, and is realistic, not dramatized.
- T:** Identify a time frame, if appropriate. If included, the "T" should be realistic.

LEARNING ACTIVITY 7.3: USING POLICY PICOT KEYWORDS TO CONDUCT A POLICY EVIDENCE SEARCH

Learning Activity Objective:

- Use keywords from your policy PICOT combined with Boolean terms to conduct a review of the literature and other key sources (e.g., government data sources) to inform the health policy problem and potential solutions.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 7.
- Pay particular attention to Step 2: Search for and Collect the Most Relevant Best Evidence, beginning on p. 155.

Instructions:

Identify keywords and phrases from your policy PICOT question, and use them in combination with Boolean terms to conduct a search of the literature. The use of Boolean terms combined with keywords and phrases will likely narrow the results of your search to articles pertinent to the policy question. Also, be sure to set limits on the search—that is, checking “human subjects” or “English”—to eliminate articles in languages you are unable to read, and animal studies. Your instructor may provide guidance about which research databases you should use and whether there is a minimum or maximum suggested number of articles required to meet the objectives for this learning activity.

The research databases you use will depend on the health policy problem you are exploring. To begin a generalized search, you may want to use Google Scholar. However, you will likely need to move on to other research databases. For example:

- To explore specific health policy problems, including those that encompass nursing, health sciences, medicine, science, and epidemiology, you may want to use:
 - PubMed, CINAHL Plus with Full Text, EMBASE: Excerpta Medica Database, Cochrane Library, TOXNET, and Trip Pro
- Databases for policy and public affairs include:
 - Public Affairs Information Service International (PAIS Index), Nexis Unit, and Roper Center for Public Opinion Research
- Databases for the social sciences and interdisciplinary matters include:
 - Web of Science, Scopus, Google Scholar, ERIC on EBSCOhost, PsychINFO, Sociological Abstracts, and SAGE Research Methods
- For a list of databases from which systematic reviews can be retrieved, refer to Chapter 7, p. 157.

When you are searching for evidence:

- Select the relevant databases you intend to search.
- Use keywords and phrases from your policy PICOT question to search the databases.
- Use the following search strategies:
 - Use “MeSH terms” when appropriate—database-controlled vocabulary. MeSH stands for Medical Subject Headings and is the National Library of Medicine’s controlled vocabulary thesaurus for indexing articles in the Medline/PubMed database. See <https://research.library.gsu.edu/c.php?g=115556&p=753156> or <https://www.ncbi.nlm.nih.gov/mesh> for additional information.*
 - Combine your searches by using the Boolean connector “AND.”
 - Limit the final search parameters, such as “English” and “humans.”
 - Read the abstracts. Usually the important information is found there. If the article seems to be one that will inform the policy question, keep it.

- Not all policy problem searches are amenable to the use of MeSH terms because the literature from the health policy and social sciences fields may better inform your policy direction than medically focused databases and literature. Therefore, if you have constructed a PICOT question to retrospectively analyze a health policy, you may need to be flexible with the keywords and terms if you are using the PICOT for a forward-looking evidence search.

Adapted from Stillwell, Fineout-Overholt, Melnyk, & Williamson (2010).

If you are searching for evidence to inform a government-focused policy problem, be sure to explore sources of both global evidence and local evidence. Refer to the information about local evidence on p. 159. You may need to broaden your search beyond the literature (articles from peer-reviewed journals) to satisfy the need for local evidence to inform the policy dialogue.

Construct a table like the one that follows. It is almost the same as the table you constructed for Learning Activity 2.1. The differences between the tables are that:

- The focus on the learning activity in Chapter 2 was identification of an article's placement on the evidence pyramid/hierarchy, whereas
- The emphases on this learning activity include:
 - Using the PICOT question to drive a literature search
 - Conducting a more thorough search, looking for both global and local evidence, as appropriate
 - Having literature available for the next step, which is critical appraisal and determining which evidence sources will be most effective for informing the policy dialogue

First Author and Date	Title and Journal or Local Evidence Source	Method and Level of Evidence	Effectiveness for Informing Policy Dialogue?

LEARNING ACTIVITY IMPLEMENTATION

Instructors may want to guide students to certain research databases or certain government websites depending on the scope and breadth of the assignment (which may be customized to your course). Instructors may also want to assign a minimum or maximum number of articles. An additional variation that can be made is to separate the assignment into two tables: one for global evidence and one for local evidence. See Chapter 7, pp. 156–161, for more information.

STUDENT EVALUATION

The instructor should evaluate the body of evidence identified by the student relative to the student's PICOT question, utilization of keywords and Boolean terms, and the student's ability to briefly describe the following:

- Method & Level of Evidence
- Effectiveness for informing policy dialogue

LEARNING ACTIVITY 7.4: CRITICALLY APPRAISING THE EVIDENCE AND PREPARING A SUMMARY REPORT

Learning Activity Objectives:

- Critically appraise the evidence
- Prepare a brief summary report

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 7.
- Pay attention to Step 3: Critically Appraise the Evidence, beginning on p. 161.

Instructions:

The synthesis of evidence to inform a policy problem can be complex. The goal of this learning activity is to introduce you to the evidence synthesis process, in the context of health policymaking. This is an essential step in evidence-informed policymaking that moves the analysis beyond a mere review of the literature/evidence; you are appraising the quality and the strength of the evidence to answer your policy question and inform your policy option/solution/intervention.

- If the policy problem you selected is an organizational policy problem, you are likely to have drawn a larger proportion of the evidence from peer-reviewed journals. If so, you may choose to use any of several critical appraisal tools available; these may be specific to the type of study, such as randomized controlled trial, qualitative study, systematic review/meta-analysis, and so on.
- If the policy problem you selected is a government policy problem, you will have drawn evidence from both global and local sources.

Synthesize the body of evidence assembled to answer the policy question. More advanced students may be instructed to use what is known as a Synthesis, or Evaluation Table. For the purpose of this learning activity, write the following in narrative form. For each article or other type of evidence:

- Evaluate the strength of the evidence. Regardless of its standing on the evidence pyramid/hierarchy, is it a quality piece of evidence? Look at the criteria on pp. 162–163.
 - For systematic reviews, use the evaluation criteria on pp. 164–165.

- For local evidence, evaluate its source. Ask whether it came from a reliable source, whether the data or study is considered accurate, and how relevant that evidence is to the policy problem and potential solution.
- Finish with a one-page summary:
 - Include key messages from your synthesis (an overview of the major messages).
 - “Package” and describe the major messages.
 - Make certain your summary is honest, accurate, and jargon-free.
 - End with clear, specific, actionable recommendations tailored to the needs of the target audience. For example:
 - If you are working on an organizational policy, your audience might be executive staff at the organization.
 - If you are working on a government policy, your audience might be the primary sponsor of a bill (i.e., lawmaker).
 - Include a formatted reference list.

LEARNING ACTIVITY IMPLEMENTATION

The sophistication and rigor of this exercise, as assigned by the instructor, is dependent on student level. Instructors teaching at the clinical doctorate level may ask students to produce an evidence synthesis table, followed by a thematic narrative analysis, whereas master’s students may be asked to write a thematic narrative brief only.

STUDENT EVALUATION

Student evaluation of the body of evidence is dependent on student level and instructor expectations with regards to inclusion of a synthesis table. For all students, evaluate their ability to complete the evidence evaluation with a one-page policy brief. Did the student do the following:

- Include key messages from the evidence synthesis (an overview of the major messages)?
- “Package” and describe the major messages?
- Make the summary honest, accurate, and jargon-free?
- End with clear, specific, actionable recommendations tailored to the needs of the target audience?

CHAPTER 8: POLICY PRODUCTION: STEPS 4 AND 5

LEARNING ACTIVITY 8.1: STAKEHOLDER ANALYSIS

Learning Activity Objectives:

- Identify a health policy problem and solution.
- Perform a detailed stakeholder analysis.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 8.
- Pay particular attention to Stakeholder Analysis, beginning on p. 178.
- Identify a health policy problem and solution. It may be one of your own choosing, but it is suggested that you perform a stakeholder analysis on a bill that is currently being entertained in the state legislature or US Congress, and one for which you are able to access testimony from proponent and opponent stakeholders.

In Learning Activity 5.2, you identified stakeholders, but for a limited purpose; the goal in that learning activity was simply to *identify* the persons or groups who have a key interest in the policy change. In this learning activity, you will think more deeply about stakeholder values and ethics and the implications for the success or failure of a health policy problem solution.

Instructions:

1. Briefly describe the bill or other health policy you will be analyzing to give your reader context.
2. Identify a list of stakeholders—individuals or organizations/associations who have an interest, or “stake,” in the outcome of the bill. These may include proponents, opponents, or interested parties or citizens/populations affected by the bill/policy. The primary legislative sponsor will have a particular interest in seeing the bill passed as well, but this is assumed; you may omit that person from the stakeholder list unless your instructor tells you otherwise. You will be able to determine the stakeholders, and their stake, by reading their testimony (if you are using a bill). Additional sources of information may include news articles or news blasts from stakeholder associations.
3. Create a table. See Table 8.2 on p. 180 for an example; a blank sample is found below. (Add as many rows as necessary.) Include a column for the Stakeholder and Priority Level, for the Stake and Means of Influence, and a final column where you can place a directional arrow. An up arrow means positive influence; a down arrow means negative influence.
4. Prioritize the stakeholders. Those with the greatest stake in the outcome of the bill should be listed in the first row, and so on.
5. Complete the table.

STAKEHOLDER ANALYSIS TABLE

Description of the Bill/Health Policy: _____

Stakeholder and Priority Level	Stake and Means of Influence	Influence

LEARNING ACTIVITY IMPLEMENTATION

Suggestions for using the stakeholder analysis include these:

- As a stand-alone assignment. Students may be asked to choose a bill, read testimony, and analyze stakeholders based on testimony. Or, if students attended a legislative hearing, the same principles could apply.
- As part of a larger assignment or paper. Students complete the activity as part of a larger policy brief, such as a governmental policy brief or organizational policy analysis.
- As part of a class discussion, guided by the instructor.

STUDENT EVALUATION

Evaluate the student's ability to accomplish the following:

- Identify a complete list of stakeholders.
- Provide detail; for example, "hospitalized patients who require opioid therapy for acute pain" vs. "patients" or "hospitalized patients."
- Flesh out each stakeholder's stake, providing enough detail to demonstrate that the student has given each stakeholder sufficient thought and analysis.

- Identify the means of influence. For example, is the stakeholder a constituent with the power to vote? Is the stakeholder a representative of an organization that is known for its powerful political action committee? Or does the stakeholder represent great numbers of persons with the same interest/stake in the policy?

LEARNING ACTIVITY 8.2: WRITING EVIDENCE-INFORMED TESTIMONY

Learning Activity Objectives:

- Identify a bill that is currently being entertained in the state legislature or US Congress.
- Identify evidence to support the writing of testimony for or against the bill.
- Write evidence-informed testimony.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 8.
- Pay particular attention to “Preparing and Giving Testimony,” beginning on p. 186.
- Choose a bill for which you will prepare testimony; decide whether you are in support of or opposed to the bill.
- Locate evidence to support your position.

Instructions:

Read and study the bill for which you will prepare evidence-informed testimony. It is often helpful to begin with a summary analysis. (These are prepared by state/US government offices and are usually posted on the same websites where the full text of the bill is found.) Make sure you understand the intent of the bill; writing a PICOT question may help you determine the focus of the bill’s population of interest, intervention, comparison (for example, is the law silent on the matter currently, or will this bill revise existing law?), outcome, and time frame if appropriate. Once you understand the bill’s intent, determine your stance (support or opposition), and then search for a minimum of one piece of evidence to support your position.

Draft testimony to the committee in which the bill will be heard. You may use the following sample template:

Note: If you were testifying on behalf of a professional association, the testimony would appear on letterhead.

Testimony in support of (or in opposition of):

(Bill number and title)

Submitted by:

Your name

Your address

Dear: (senator or representative, depending on the committee [the name that follows will be the name of the chair of that committee]). Follow with “and members of the (name of the committee)”.

Example: Dear Representative Smith and members of the House Health Committee,

First Paragraph: Introduction

- Who you are: “My name is . . . and I live in . . . ” or “My name is . . . and I represent . . . ”
- Why you are here to testify and why you care/your personal or professional connection with the issue.
- State your position on the bill or issue: “I urge you to support House Bill 123 to prohibit insurance providers from requiring ‘step therapy’ so that (state) citizens who have worked with their primary care providers to find the right drug to treat their condition are not forced to go through the process of taking drugs that are ineffective for their condition and failing, until they can progress, again, to the drug that is successful for treating their condition because there has been a change in the carrier of their health insurance.”

Second Paragraph: Body

- Up to three major points. Support each with evidence from the literature or government/nationally reputable websites (e.g., CDC, American Heart Association).
- Brief examples of the potential impact of the bill.

Third Paragraph: Conclusion

- Thank the chair and committee for the opportunity to testify/their consideration.
- Restate your position on the bill (i.e., “I urge you to support HB 123 . . . ”)

Insert a page break and include a formatted reference page.

Template adapted from the Women League of Voters of Oregon. Retrieved from <http://usclimateandhealthalliance.org/wp-content/uploads/2017/07/LWVOR-Excerpt-Testimony-Tips-1.pdf>

LEARNING ACTIVITY IMPLEMENTATION

Instructors may direct students to identify an issue for which they would hypothetically be interested in providing testimony. This may be a bill that is currently being heard in the state legislature, US Congress, or a proposed state or federal rule/regulation that is about to be scheduled for a public hearing. Alternatively, the instructor may assign a bill or rule or provide a menu.

Instructors may also want to direct students on directionality of the testimony—that is, only proponent testimony. You may permit students to write either proponent or opponent testimony. However,

if students write opponent testimony, be certain to mentor them appropriately. Opposition is often necessary, but extraordinary care should be taken with expression of the evidence and with courtesy to lawmakers.

STUDENT EVALUATION

Evaluate the student's ability to do the following:

- Adhere to the formal format/protocol and tone/courtesy.
- Write three cogent paragraphs that address all the bullet points in the activity.
- Make statements in the second paragraph that are supported by appropriate evidence.
- Include a reference list.

LEARNING ACTIVITY 8.3: ANALYZING TESTIMONY

Learning Activity Objectives:

- Critically analyze proponent and opponent testimony.
- Understand how testimony may influence policymakers.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 8.
- Choose a bill for which you will analyze proponent or opponent testimony.
- Understand the bill and what it will do.
- Identify selected testimony for analysis. This may be from persons/representatives of associations/organizations who have provided testimony in support of the bill and who have provided testimony in opposition of the bill (one or two in each category, at the most).
- Read and consider the testimony.

Instructions:

Write a critique, rather than an opinion piece; be as objective as possible; and use third-person language. Summarize, rather than using direct quotes from the testimony, unless otherwise instructed to do so.

1. Write a preliminary paragraph describing the policy/bill by name and number and where the testimony was delivered. Was it in a committee? If so, name the committee and provide the date.
2. Include the name, credentials, title if relevant, and affiliation of the person giving testimony, as appropriate.

3. Indicate the directionality of the testimony: proponent or opponent.
4. Summarize the major points made in the testimony.
5. With the audience (e.g., policymakers), in mind, analyze statements most likely to have the desired effect (desired by the witness providing testimony), which was to influence members of the committee. Consider/answer these questions in your analysis:
 - a. Did they use strategy in the delivery of their testimony? How did they do that, and how likely was it effective from what you know of the bill, the situation, or the outcome (if action was subsequently taken in the committee to recommend, or fail, the bill)?
 - b. Did they provide evidence? If so, what was the evidence, and was it relevant, accurate (to the best of your knowledge), informative, and reputable? Did they include references?
 - c. Did they tell stories from their personal experience? Were they compelling? Why or why not?

LEARNING ACTIVITY IMPLEMENTATION

Instructors may suggest that students choose a bill, or instructors may assign a bill or menu of bills. A bill that is currently being heard in the state legislature and that is of interest to students is suggested. One option is for the instructor to choose a single bill, and, as an example, four pieces of testimony: two proponents, and two opponents. The advantage of this strategy is that the instructor will be able to gain mastery of the testimony content and will be better able to evaluate students' critiques.

Note: Instructors may choose to require the student to include the name, credentials, title, affiliation, and directionality of the persons giving testimony on the cover page. This information requires little, if no, narrative, and its inclusion on the cover page leaves more room for the student's content in the body of the paper.

STUDENT EVALUATION

Evaluate the student's ability to do the following:

- Capture all criteria elements.
- Write in third person, using an objective critique style versus an emotional opinion style.
- Analyze the testimony for its strategy, balance of personal opinion and story versus use of evidence, and likelihood to influence the legislative committee members.

LEARNING ACTIVITY 8.4: WRITING AN EVIDENCE-INFORMED LETTER TO A LAWMAKER

Learning Activity Objectives:

- Identify evidence to support the writing of a letter for or against a state or federal bill.
- Write an evidence-informed letter to your state legislator or member of Congress.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 8.
- Choose a bill about which to write a letter to a state legislator or a member of Congress.
- Decide on a position of support or opposition to the bill.
- Locate evidence to support the position.
- Identify the lawmaker to whom to address the letter; this must be a match to the committee, or full house, where the bill will appear next for a hearing or vote in the Congress/state legislature.

Instructions:

Read and study the bill for which you will write an evidence-informed letter to your state or federal lawmaker. It is often helpful to begin with the summary analysis; these are prepared by state/US government offices and are usually posted on the same websites where the full text of the bill is found. Make sure you understand the intent of the bill; writing a PICOT question may help you determine the focus of the bill's population of interest, intervention, its comparison (e.g., is law silent on the matter currently? Or will this bill revise existing law?), the outcome, and a time frame if relevant. Once you understand the bill's intent, determine your stance (support or opposition), and then search for a minimum of one piece of evidence to support your position.

Draft a letter to the appropriate lawmaker. You may use the sample template, which follows.

Note: If you are corresponding on behalf of a professional association, as would normally occur if you were an officer or the executive director of the association, or designated member of the legislative/government relations committee, you would use the organization's letterhead. Otherwise, use personal stationery with your return address and contact information.

ADDRESSING CORRESPONDENCE

To a US senator:

The Honorable (full name)
United States Senate
Washington, DC 20501

For correspondence to a Senate committee or Senate committee chair:

(Name of committee) or (Name of committee chairperson)
United States Senate
Washington, DC 20510

To a representative:

The Honorable (full name)
Rm. # (name of*) House Office Building
United States House of Representatives
Washington, DC 20515

*For a directory of representatives' office buildings, access: <https://www.house.gov/representatives>

For correspondence to a House committee or House Committee chair:

(Name of committee) or (Name of committee chairperson)
United States House of Representatives
Washington, DC 20515

Note: When writing to a committee chair or Speaker of the House, address them as such:

- Dear Mr. Chairman or Madam Chairwoman; or
- Dear Mr. Speaker or Madam Speaker

State legislatures:

- “Honorable” titles apply.
- Locate addresses from your state website.

Example: Dear Senator/Representative (last name):

First paragraph: State the purpose of your letter. If your letter pertains to a specific piece of legislation, identify the bill by number and name.

Second paragraph: Include essential information explaining your position about the bill. Explain how the legislation would affect your patients, profession, colleagues, institution, and community, as appropriate. Support your position by providing a minimum of one piece of evidence. Provide the reference at the end, or on a second page, preferably with an accessible URL. Include a compelling personal experience or story relevant to your position, if you have one to tell; constituent stories can provide powerful images for lawmakers.

Keep these points in mind:

- Thank your elected official if they vote your way and for considering your letter.
- Be polite and accurate, spell names correctly, and verify all your information. You have a right, as a constituent, to state displeasure with the voting record or actions of your elected officials, but that will be remembered as well as your support. If you want to be remembered as someone a lawmaker might seek in the future for advice regarding health legislation, keep this in mind.
- Limit your letter to one page.
- Email addresses are generally available for elected officials, although some may limit that access to their constituents only. If you are able (i.e., if their email access allows you) to email a copy of your letter, it will reach them more quickly. If you can do this, create a PDF of your letter before you send it; either use an electronic signature or hand-sign the letter and scan it.

LEARNING ACTIVITY IMPLEMENTATION

Instructors may suggest that students choose a bill, or they may assign a bill or menu of bills. A bill that is currently being heard in the state legislature or US Congress and that is of interest to students can be particularly compelling. The advantage of this strategy is that the instructor will be able to gain mastery of the bill(s)' content and will be better able to evaluate students' letters. *Note:* This is an academic exercise; students should be encouraged to write a letter they are interested in sending to their lawmaker, but they should not be required to send the letter.

STUDENT EVALUATION

Evaluate the student's ability to do the following:

- Address the letter to the appropriate lawmaker (i.e., a match for the bill, and where it is in process in the state legislature or US Congress).
- Use the correct street address.
- Address the lawmaker accurately, using the correct title/honorific.
- Address criteria for the first paragraph.
- Address criteria for the second paragraph, and include one relevant piece of evidence to support their position.
- Say thank you, use polite language, spell names correctly, add a signature, and ensure all information is accurate.
- Limit the letter to one page.

LEARNING ACTIVITY 8.5: PREPARING A ONE-PAGE EVIDENCE-INFORMED FACT SHEET

Learning Activity Objectives:

- Identify a bill that is currently being entertained in the state legislature or US Congress.
- Identify evidence that informs the bill.
- Write a one-page policy fact sheet or elevator speech.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 8.
- Pay particular attention to Strategy Tool 8.2 on p. 189.
- Choose a bill for which you will prepare a policy brief; decide whether you are in support of or opposed to the bill. *Or:*
- Choose a policy problem for which there is a viable policy solution.
- Locate evidence to support your position.

Instructions:

Remember that the purpose of a one-page summary is to serve as a guide for your communication with policymakers. A colloquial term for a one-page summary is *elevator speech*. It is so named because the message can be delivered in a manner brief enough to be understood in the time it takes to ride the elevator.

If you are using a bill: Read and study the bill and its summary analysis, if available. The summary analysis is prepared by state/US government offices and is usually posted on the same websites where the full text of the bill is found. Make sure you understand the intent of the bill; writing a PICOT question may help you determine the focus of the bill's population of interest, its intervention, its comparison (e.g., is the law silent on the matter currently, or will this bill revise existing law?), the outcome, and a time frame if appropriate. Once you understand the bill, determine your stance (support or opposition), and then search for a minimum of one piece of evidence to support your position.

If you will be working on a policy problem for which there is currently no pending legislation: Do your homework. You will need to meet all the criteria, based on your study of the problem, your exploration of the evidence, and your own recommendation for a policy solution.

Write a policy fact sheet that fits on one page. You may use bullet points. In addition to following the guidelines in Strategy Tool 8.2, the following sections are recommended:

- **Title:** Be descriptive and specific. If the policy brief/fact sheet addresses a bill, name the bill.
- **Policy statement, with your “ask”:** This is a single sentence describing the policy action that will be required to address the problem. For example, your policy action statement might be to ask for a vote on HB 345, which would authorize licensed psychiatric mental health APRNs to compel involuntary hospitalization and examination for individuals in a psychiatric emergency.
- **Background:** It may be appropriate to separate this into two sections:
 - Background on the policy issue, or why this bill was introduced. Why is the bill important for citizens/healthcare/the profession?
 - Key provisions, or what the bill or policy solution will do. In this subsection, outline the bill's major provisions or policy solution highlights. Keep in mind that not all lawmakers will be familiar with the details of the bill; this is your opportunity to provide that information.
- **Evidence to support your “ask”:** Summarize the evidence you have found. Bullet points are helpful, as are small tables, charts, or graphs, if they can be incorporated into a one-page summary. Do not add white space; content is important.
 - Remember that local evidence can be as important as global evidence to lawmakers. If you have evidence on the economic impact of this measure, or evidence that implementation of this bill will make a significant difference in, for example, the incidence of a specific disease in your state, according to health department data, include that information; these are both examples of important local evidence.

- **Recommendations:** This is a summary of your “ask.” Be clear and direct, and relate back to the opening policy statement. Make sure the recommendations fit the policy problem, the statement, the background, the findings, and your audience.
- **Contact information.** Finish by providing your personal or organizational contact information as appropriate. Include credentials as appropriate, and an email address and telephone number.
- **References.** Add references that match the evidence findings on the back of your handout. (As an academic learning activity, make this a second page. If you are to give this to a policymaker, print the reference list on the back so they have only one piece of paper.) Format to your instructor’s specifications.

LEARNING ACTIVITY IMPLEMENTATION

As with other similar assignments, instructors may suggest that students choose a bill, or they may assign a bill or menu of bills. A bill that is currently being heard in the state legislature or US Congress and that is of interest to students can be particularly compelling. The advantage of this strategy is that the instructor will be able to gain mastery of the bill(s)’ content and will be better able to evaluate students’ Fact Sheets. (Instructors may alternatively name this assignment an “Elevator Speech.”)

STUDENT EVALUATION

Evaluate the student’s ability to accurately write the following sections in a manner that is likely to influence a lawmaker:

- A title that is clear, to the point, and will grab the lawmaker’s attention.
- A policy statement with an “Ask” that clearly and succinctly asks the lawmaker for their vote on a bill. If the fact sheet is based on a student’s original initiative—a policy problem for which there is not yet a bill—the “Ask” may be for the lawmaker to consider sponsoring or supporting a bill to . . . (state the policy solution).
- Background that addresses two subsections:
 - An overview of the policy issue, or the problem the bill/policy solution addresses
 - The key/major provisions in the bill, or provisions that should be included in a policy solution
- An evidence section that provides, at a minimum, one piece of compelling evidence to support the student’s position.
- A summary recommendation that circles back to the “Ask.”
- The student’s contact information, including name, credentials, and organization as appropriate, email, and phone.
- A reference.

CHAPTER 9: FOLLOW-THROUGH: STEPS 6 AND 7

LEARNING ACTIVITY 9.1: FRAMING A POLICY CHANGE FOR DISSEMINATION TO YOUR PROFESSIONAL ORGANIZATION

Learning Activity Objectives:

- Identify a recent change in governmental health policy.
- Compose a talking-points document for your professional organization that accurately summarizes the major changes in the health policy.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 9.
- Pay particular attention to Step 6, beginning on p. 196, including the dissemination examples.
- Identify a recent change in governmental health policy that is relevant to the professional organization. (If you are not currently a member of a nursing/professional organization, choose an organization in which you anticipate seeking membership in the future.) The members of the selected organization will be your intended “audience” for the purposes of this learning activity.

Instructions:

Read, and have a thorough understanding of, the selected government health policy. This could be a new or a revised law, or new or revised regulation. Note that it is written in the formal law/rule language. Check summaries written by governmental bodies. (Both the federal government and state governments have branch agencies that summarize the language of law; executive branch agencies may sometimes do the same for rule language.)

When you have a thorough understanding of the effects of the health policy, create a one- or two-page plain-language summary with the following information:

- A title that includes the accurate and complete name or title of the law or rule and its chapter or section number
- Its major provisions, in bulleted form and in plain language that will be understood by your peers in the professional organization
- A note to remind members to refer to the full law/rule for complete information
- Its URL address, as a live hyperlink

Make sure you are both thorough and accurate. Be careful not to misinterpret information. Additionally, this summary should contain only the facts of the law or rule; do not add your opinions about potential effectiveness. The purpose of the learning activity is to disseminate what is often considered to be esoteric information to the members of your professional association or your colleagues. Always refer the reader directly back to the law or rule language.

LEARNING ACTIVITY IMPLEMENTATION

Instructors may have a new law or rule/regulation in mind, or they may allow students to choose. If instructors subscribe to their state board of nursing news source, it is reasonable to keep watch for notice of public rules hearings. Many boards of nursing send information electronically to subscribers via email, Facebook, and Twitter. Draft rules are ideal for this exercise. However, because rules revisions occur just once or twice a year, any state or federal bill can be used as well.

An alternative to addressing the plain-language summary to professional association members is to suggest to students that they complete essentially the same activity, but with their work colleagues in mind.

STUDENT EVALUATION

Evaluate the student's ability to accurately write the following sections in a manner that is likely to make the new/revised law or rule language clear:

- The title
- A list of the major provisions
- A note to remind members/colleagues to refer to the full law/rule for complete information
- The URL address with a live hyperlink

CASE STUDY 9.1: EVALUATING A POLICY CHANGE: PROHIBITING SALE OF FLAVORED E-CIGARETTES

Case Study Objective:

- Apply the evaluation process to a policy solution for decreasing the use of flavored e-cigarettes by state citizens.

Prior to completion of the case study, the student should do the following:

- Read Chapter 9.
- Pay particular attention to Step 7, Evaluate the Effectiveness of the Policy Change and Disseminate Findings, beginning on p. 204, specifically the evaluation questions proposed by the CDC model (2013) and Cameron et al. (2011) found on p. 207.

Instructions:

Read the following case and respond to the case study questions.

Several states have led the nation in the growing movement to curb the use of flavored e-cigarettes, particularly their use by teenagers, for which they have great appeal. News outlets confirm that e-cigarette use among teenagers has increased, and companies making e-cigarette products are targeting the youth market. The Centers for Disease Control and Prevention (CDC) has indicated more than 350

confirmed or probable cases of lung disease associated with e-cigarettes in the US, and six confirmed deaths, as of the writing of this publication.

One state has been the first to write and pass a bill that prohibits the sale of flavored e-cigarettes. Another state has already raised the minimum age for purchase of tobacco and e-cigarettes from 18 to 21 and is prepared to pass a similar bill banning all flavors other than tobacco and menthol. Manufacturers of e-cigarettes are resisting legislation, but the movement by states and health advocates is strong.

Although this legislation is new, it is not premature to consider a plan for evaluating the effectiveness of these laws. Respond to the following questions:

- Should these laws, once implemented, be monitored or evaluated? What is the rationale for your answer?
- What should be measured? Use the bullet points on p. 206 as your guide, and flesh out your answers to each of the appropriate measurements.
- Are there other evaluation questions, up to and including an impact evaluation, that should be conducted? Refer to pp. 207–208.

LEARNING ACTIVITY IMPLEMENTATION

Although the states are not named here, instructors may encourage students to do a simple Google search; more specific information will be available on these policy solutions. It is anticipated that more states will follow. In addition, manufacturers of e-cigarettes will likely publish additional arguments for their products, and the CDC will likely post additional information on the health impacts. As a result, this case will unfold and have the potential to become an even richer source for student discussion over time.

STUDENT EVALUATION

Instructor hints for student evaluation:

1. Students might suggest plans for both monitoring and evaluation, depending on financial resources and allocations available. If a viable monitoring plan can be established, data collected over time could assist lawmakers in determining whether this course of action in policy was the wise direction. Alternatively, an evaluation plan, which focuses on results, could be conducted at a predesignated time, post implementation of the law(s).
2. See item 2, p. 206. Students could make arguments for measuring any or all of these categories. The outcomes, impacts, and indicators will be particularly important.
3. An impact evaluation would be of great interest to lawmakers, consumers, and the CDC. It is likely that a government body, such as the state's health department, could be charged with such an evaluation.

CHAPTER 10: EVIDENCE-INFORMED HEALTH POLICYMAKING: CHALLENGES AND STRATEGIES

LEARNING ACTIVITY 10.1: WRITING AN EXECUTIVE SUMMARY OF A POLICY BRIEF

Learning Activity Objectives:

- Analyze the complexities of the current policymaking climate as they relate to advocating for a policy change.
- Package research evidence using best practices to facilitate policymakers' advancement of a policy change.
- Produce a policy brief executive summary.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 10. In particular, review the section on challenges and strategies associated with advancing the use of evidence by policymakers, beginning on p. 222.
- Revisit Chapter 8 to review how stakeholders' interest in policymaking can shape delivering a message to the audience and to review the principles of writing a policy brief.
- Read the instructions for writing an executive summary of a policy brief adapted from: Lavis, J. N., Permanand, G., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT tools for evidence-informed health policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(Suppl. 1), S13. doi: 10.1186/1478-4505-7-S1-S13. Retrieved from <https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-7-S1-S13>
- Visit the following links for examples of evidence report executive summaries that advance an evidence-informed policy agenda or change:
 - “Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses.” This is a report of the Federal Trade Commission, March 2014. Retrieved from <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprn Policypaper.pdf>. Review the executive summary.
 - “The Future of Nursing: Leading Change, Advancing Health.” This is the landmark IOM report, published in 2010. Click the link and visit the sub-link to “Summary” for the executive summary, which provides direction for policy change. Retrieved from <https://www.nap.edu/read/12956/chapter/1>
 - For an example of an executive summary of a government research report that can influence hospital/healthcare organization policy (in this case, emergency department flow and crowding), view the AHRQ report “Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals.” Retrieved from <https://www.ahrq.gov/research/findings/final-reports/ptflow/executive-summary.html>

Instructions:

Identify a health problem amenable to a policy solution, or use one you addressed in a previous learning activity and for which you have already searched for, identified, and analyzed a body of evidence. The purpose of this learning activity is to write an executive summary, which is, in essence, an “abstract” of a longer policy brief. An executive summary is never a stand-alone document, as it is for this learning activity; it is always an overview of a full-length policy brief. A complete policy brief may be up to 25 pages; however, an executive summary is a short—usually between three and five pages—but complete overview of the entire report.

The challenge for individuals advocating for evidence-informed policymaking is to present a research report—a body of evidence—in such a way that it will have an impact on its audience. In this learning activity, you are likely being asked to think of government lawmakers as your audience. You are also being asked to analyze the complexities of the current policymaking climate as they relate to advocating for a policy change; these complexities, discussed in the earliest chapters of the book, will affect how policymakers receive your policy brief/executive summary.

A policy brief executive summary should contain the same elements as a policy brief but in an overview format. These include the following:

- A title, possibly in the form of a compelling question.
- Identification of the problem. This should be clearly stated. For example: Is there a high prevalence of a particular disease in that state/region? Are third-party payer policies in that state putting the health and safety of patients at risk? State the specific problem and describe its relevant context. Is it a high-priority issue?
- A description of the body of evidence that informs the problem, with viable options to address the problem.
 - Systematic reviews often provide the best source of evidence for policy problems because they offer reviews/summaries/discussion/conclusions regarding a number of research studies.
 - Other individual studies should be included, as relevant.
 - The body of evidence should be described thematically. It should not appear as an annotated bibliography.
- One or more policy solutions or options. Generally, policy briefs provide more than one viable option to address the problem, each linked to the scientific literature or body of evidence.
 - Clarity about any uncertainties relative to each of the option's benefits and potential harms if benefits, harms, or consequences were flagged in the literature. That way, attention can be given to those as part of any monitoring or evaluation plan during policy implementation.
- Key implementation considerations. Are there barriers to implementing the policy options? If so, what are they, and how might they be overcome? What are the potential or known costs of implementation?
- Recommendations for action, which are presented at the end.

- Strategies for engaging with external stakeholders in dialogue about the body of evidence underpinning a policy option through different approaches to knowledge translation.

Instructions for writing an executive summary of a policy brief are adapted from: Lavis, J. N., Permaand, G., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT tools for evidence-informed health policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(Suppl. 1), S13. doi: 10.1186/1478-4505-7-S1-S13. Retrieved from <https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-7-S1-S13>

LEARNING ACTIVITY IMPLEMENTATION

This assignment is most useful if it follows previous learning activities. Those suggested include:

- 7.2: Writing a Policy PICOT
- 7.3: Using Policy PICOT Keywords to Conduct a Policy Evidence Search
- 7.4: Critically Appraising the Evidence and Preparing a Summary Report

The unfolding nature of these learning activities allows students to master EIHP analysis, particularly if the student or the instructor has focused the policy topic and the topic has remained constant throughout these learning activities. If this is done, the student will be prepared with the material that forms the foundation for the executive summary.

STUDENT EVALUATION

Instructors should evaluate whether each element of the executive summary has been addressed, and to the level of detail and rigor required of a student of that level. A grading rubric is an ideal means for evaluating this learning activity.

LEARNING ACTIVITY 10.2: CONSIDERING COMPLEXITY IN EVIDENCE-INFORMED HEALTH POLICYMAKING

Learning Activity Objective:

- Consider questions that address the complexity in evidence-informed health policymaking.

Prior to completion of the learning activity, the student should do the following:

- Read Chapter 10.

The purpose of this learning activity is to provide questions to help you think about what constitutes success in policymaking, in the face of challenges. Understanding the complexity of policy milieu, including its challenges, barriers, pitfalls, and partisan politics, increases the likelihood of not only leading but achieving success. It is important as policy leaders to understand political and social dynamics,

know how to negotiate and compromise to reach a solution that will serve the public good, and appreciate that even a partial success constitutes a success. This is done by anticipating, understanding, and planning for a wide range of responses from stakeholders, who are all working to achieve a measure of success in a complicated environment.

Instructions:

Take a few minutes to reconsider one of your previous learning activities, such as the executive summary you completed in this chapter, or the fact sheet, testimony activities, or letter you wrote to a lawmaker as part of the Chapter 8 learning activities.

Use the information you gleaned by preparing for that previous learning activity to respond to the questions that follow. They apply to a policy problem you have already identified, the body of evidence you have already gathered, and the policy solutions or options for responding to an issue or problem you have already identified as viable.

- If nothing is done about this health policy problem or issue, what will happen?
 - Will it get worse?
 - Might it improve without policy intervention?
 - Might it not change at all?
- Which groups are most affected by the problem? Who are the populations of interest (the “P”), and who are the other stakeholders?
- Is there a strong body of evidence to provide viable policy solutions or options to address the problem?
- Is the proposed policy change sweeping or incremental?
- Is there a precedent for the proposed policy change? Has a similar policy problem and change been tried before? If so, have those policy changes been successful? How were they evaluated? What is your evidence to measure success or failure?
- Based on your answer to the last question, what is the likelihood this policy proposal will be successful? Why or why not?
- If the policy solutions or options suggested by the evidence are enacted, what will change, specifically, as a result?
- Who (which governmental or organizational body) will be responsible for implementing the change or policy?
- Who is responsible for funding or paying for the change, and where will the funds come from? Will an appropriation be needed? Is a request for funding realistic?
- What mechanisms will be used to institutionalize the change? For example:
 - Will this require a change in legislation?
 - Does legislative authority already exist? Is this a case of a need for a new rule or regulation by an executive branch board? Which one?
 - Will this require some other sort of action, such as executive order, judicial decree, attorney general opinion, and so on?

- How will the implementation of the policy be monitored or evaluated? By which governmental or organizational body?
- Optional question: If we were to address this issue in an innovative and creative way—something that has never been tried before—what would solutions look like based on the evidence you have found and analyzed?

LEARNING ACTIVITY IMPLEMENTATION

The instructor may direct the students to consider any one of the learning activities that has been completed. Alternatively, the instructor may direct the students to consider a particularly timely health policy problem that is currently being addressed by the media.

This activity could be implemented in written form. If so, the instructor may direct the students to limit their responses to a certain number of questions, or ask students to address all the questions. Alternatively, this activity could be implemented as a discussion, either during a live class or electronically in a discussion board. If it is implemented in a discussion board, it is suggested that the instructor assign blocks of questions to small groups and then share the consensus/full discussion if the platform permits.

STUDENT EVALUATION

The type of student evaluation will depend on delivery, either written or discussion, and the instructor's directions regarding the number of questions to which the students should respond. For example, instructors may instruct students to answer fewer questions in greater depth, or address the full breadth of the questions to achieve a broader overview.

CASE STUDY 10.1: PERSUASION AND INFLUENCE: ORGANIZATIONAL POLICY CHANGE

Case Study Objective:

- Apply lessons learned in Chapter 10 to the process of organizational health policy change.

Prior to completion of the case study, the student should do the following:

- Read Chapter 10.

Instructions:

Students may use the case provided, or they may follow the optional instructions and complete the case study based on a student-driven organization-based case.

THE CASE OF TAKING ACTION TO PREVENT WORKPLACE VIOLENCE

In a mid-size community hospital, numerous nurses have become distressed by what they have noticed to be an increasing rate of violence against nurses as well as other healthcare workers. Nurses on several units have spoken with their managers; subsequently, workplace violence has emerged as a topic of discussion at the regular managers' meeting. Managers have opened the conversation with staff nurses to try to determine the breadth and depth of the problem, and they are finding that incidents of violence, incivility, and bullying are becoming more common. Nurses have told managers that they have been victims of worker-on-worker violence and customer/client violence. This is consistent with classifications of violence categorized by the National Institute for Occupational Safety and Health (see https://www.n.cdc.gov/wpvhc/Course.aspx/Slide/Unit1_5). Nurses also tell their managers that they are often reluctant to report acts of violence because they do not know what steps to take and to whom they should report, and they fear retribution. Several managers are members of the state nurses association, although the hospital nurses are not organized. (There is no state nurses association "union" at the hospital.) These managers are aware that the American Nurses Association recently issued a brief on Reporting Incidents of Workplace Violence, which may help guide their next steps as an organization (see <https://www.nursingworld.org/~495349/globalassets/docs/ana/ethics/endabuse-issue-brief-final.pdf>).

Respond to the following questions/statements:

1. What is the policy problem? State the policy problem clearly. What is missing in policy in this organization? From your point of view, is this a problem the nurses should bring forward to the nurse manager group? Is this a priority policy problem? Are the symptoms of the problem severe enough that the problem will rise to the top for those in the organization who hold decision-making power? Should the nurses and managers, then, continue to pursue this problem?
2. Will a sound policy solution involve incrementalism or a sweeping policy change? As an advocate for nursing and other healthcare providers in the organization, should the policy problem be addressed by instituting an incremental change? Or should the problem be solved by instituting a clear and sweeping change? Is there a compromise position? Explain your rationale.
3. Propose a policy solution. Base your proposed solution on the response you made to Question 2. Identify the evidence you will use to underpin the policy solution you will suggest. Regardless of your solution, is there a compromise position that would satisfy the stakeholders? If so, what might it be? How might you reach agreement in your group so that you are all speaking with one voice?
4. Identify the context complexities in the organization. How would your proposed policy solution move through the organization? From the manager level, where would it go next? Describe the course of action and the steps it would have to take to reach enactment. What sources of evidence might you look to that will influence the stakeholders in your organization to enable or constrain this policy? How might you and other nurses or healthcare providers in your position (your peers) advocate for passage of the policy as it moves through the process?
5. Outcomes/desired change: If the policy solution is implemented, what changes are anticipated? Are they likely to be the changes the health policy advocates (nurses and now managers) are hoping for? Is there a follow-up course of action you would recommend following implementation?
6. Planned policy evaluation: How will a policy solution, once implemented, be monitored or evaluated? Who would be in the best, most objective position to conduct the evaluation?

STUDENT-DRIVEN ORGANIZATION-BASED CASE OPTION

Students may alternatively identify a policy problem based on their experience in the healthcare organization and respond to the same questions provided.

LEARNING ACTIVITY IMPLEMENTATION

This learning activity lends itself to either a written format or class discussion.

STUDENT EVALUATION

If the instructor assigns the activity in written form, the instructor should determine if students have fully considered their response to each element. If a graded discussion format is used, the breadth and depth of student discussion, and contribution by each student, should be evaluated. However, an open instructor-facilitated discussion without a student evaluation component is also appropriate for this learning activity.

PENULTIMATE LEARNING ACTIVITY: A COMPREHENSIVE POLICY BRIEF

Note: This learning activity appears only in the instructor's guide.

Instructors may ask advanced students to produce a comprehensive policy brief, perhaps in place of a final exam. A number of different learning activities, which may be used as stand-alone exercises, may also be “held back” and used in combination as part of a final policy brief. Formal policy briefs, in the policymaking world, are used to inform lawmakers, to help them make the best policy decisions. However, instructors have the freedom to add to standard policy brief formats, to test the student's academic performance. With that principle in mind, a comprehensive policy brief could include the following suggested sections:

- An introduction to the health policy problem or issue. This is an introduction to the health problem that will be addressed by a policy solution. Students should clearly differentiate the policy problem from a clinical problem, although a clinical problem may underlie the issue. The issue should be one of high priority.
- The policy problem stated as a PICOT question (see Learning Activity 7.2).
- A review of the literature or evidence search (see Learning Activity 7.3).
- A critical appraisal of the evidence (see Learning Activity 7.4) followed by a thematic analysis and summary of the evidence.
- A Stakeholder Analysis (see Learning Activity 8.1).
- A proposal for policy solutions (see Learning Activities 8.2, 8.4, or 8.5), including pros and cons of the proposed solution, based on the body of evidence.
- Cost considerations.
- A recommendation for action.

Adapted from Lavis, J. N., Permanand, G., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT tools for evidence-informed health policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(Suppl. 1), S13. Retrieved from <https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-7-S1-S13>

LEARNING ACTIVITY IMPLEMENTATION

This assignment is most useful if it follows previous learning activities. Those suggested include the following:

- 7.2: Writing a Policy PICOT
- 7.3: Using Policy PICOT Keywords to Conduct a Policy Evidence Search
- 7.4: Critically Appraising the Evidence and Preparing a Summary Report

Additionally, for more advanced students, the instructor may direct students to complete this assignment by including, at its beginning, an executive summary as described in Learning Activity 10.1.

The unfolding nature of these learning activities allows students to master EIHP analysis, particularly if the student or the instructor has focused the policy topic and the topic has remained constant throughout these learning activities. If this is done, the student will be prepared with the material that forms the foundation for the Comprehensive Policy Brief.

STUDENT EVALUATION

Instructors should evaluate whether each element of the policy brief has been addressed, and to the level of detail and rigor required of a student of that level. A grading rubric is an ideal means for evaluating this learning activity.

REFERENCES

UNIT 1

- Loversidge, J. M. (2016). An evidence-informed health policy model: Adapting evidence-based practice for nursing education and regulation. *Journal of Nursing Regulation, 7*(2), 27–33.
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UNIT 3 CHAPTER 1

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