Introduction

"Science and policy-making thrive on challenge and questioning;
they are vital to the health of inquiry and democracy."

–Nicholas Stern

The source of this quote, Professor Lord Nicholas Stern, the IG Patel Chair of Economics and Government and Director of the India Observatory at the London School of Economics, may not be well known by most nurses and healthcare professionals. Nevertheless, the quote no doubt resonates with those of us in healthcare who believe strongly in evidence-based practice (EBP) as it applies to policymaking. Science and healthcare thrive on these same principles, so it should not be a leap to appreciate the importance of challenge, questioning, and science to health policymaking in a democracy.

Stern's observation is central to this book, which explores the world of evidence-informed policymaking in nursing and healthcare. Nurses have long been involved in healthcare as political activists. Indeed, our history is rich with examples, from Florence Nightingale's work at Scutari and Clara Barton's during the Civil War, to the policy agendas advanced by contemporary healthcare organizations. Nurses and other healthcare providers have spoken out for positive change in policy, either as citizens and constituents or as members of their professional associations. Nurses, often in partnership with other healthcare professionals, have influenced changes in reimbursement and scopes of practice for advanced practice nurses, the provision of affordable healthcare for underserved populations, improvements in workplace safety in healthcare environments, and many other issues dictated by state or federal policy. For years, nurses have shown up in force on The Hill in Washington, DC, and at statehouses across the nation to make their voices heard. We have been proponents for some pieces of legislation and opponents of others. Nurses and other healthcare professionals also serve diligently behind the scenes as active members of their associations and on their legislative and government relations committees.

Whether we are inclined to be activists or more quietly involved—not everyone is of activist fiber—every nurse and healthcare professional has a responsibility to understand the current health policymaking environment. What happens in health policy at the state or federal level affects the patients we care for, our practice, and ourselves. On a personal level, our livelihoods are at stake, as

well as our own health; at one time or another, we will all be patients, as will those we love. When that happens, we all hope that the best possible policy is driving the care we or our loved ones receive!

As healthcare has advanced to drive responsible change in clinical practice by a body of scientific evidence, nurses and other health professionals are continuing to gain competency in EBP. This movement has aligned with a parallel progression in the science of policymaking. This is not an oxymoron. Health services research and health policy scholars have long argued for the use of scientific evidence to drive sensible policy. Over the last decade, the language in that discipline has evolved from the term *evidence-based,* which is used for good reasons in healthcare, to the term *evidence-informed* to acknowledge the realities of policymaking. When evidence is used in the world of politics, the best one can hope for is that it will inform the dialogue and leverage the outcome.

As nurses and healthcare professionals are so passionately engaged in policymaking, it is time to bring their expertise in EBP into their work in policy. Nurses understand EBP; it works in the world of clinical practice. The models are clear and straightforward. But they are designed for clinical decision-making, not policymaking. This book was born out of the need to translate the language nurses know and use when applying EBP to clinical decision-making into a language for health policymaking.

Many descriptions and models of evidence-informed health policymaking appear in the literature, but the intended audience is largely health services research scholars. Therefore, the language is not as accessible to nurses and other healthcare professionals as is the language of EBP. One of the authors of this book, Jacqueline Loversidge, who has taught health policy to master's-level nursing students for a number of years (and who, along with co-author Joyce Zurmehly, also teaches doctor of nursing practice health policy), used the EBP model described by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt in her classes to help students understand how to incorporate evidence into policy. The EBP language and approach was not quite the right fit, however; it needed to be adapted from the clinical to the political. With Dean Melnyk's enthusiastic support, Loversidge adapted the model for health policy.

Loversidge's model, called the evidence-informed health policy (EIHP) model, was subsequently published in the *Journal of Nursing Regulation*. Its intended

audience in that publication consisted of nursing regulators and nursing educators—in no small part because of Loversidge's background in nursing regulation and her current role in academics. Since then, both Loversidge and Zurmehly have successfully used the model in their health policy classes to help students understand how to integrate evidence into the health policymaking process. A portion of this book describes the adapted model.

The goals of this book are threefold:

- To persuade readers that evidence-based or evidence-informed policymaking is not, after all, an oxymoron, and that perspectives on the use of evidence in policy are changing. To our knowledge, this is the first health policy text in nursing and healthcare in which evidence-based policymaking is the primary focus.
- To ground readers in policy and policymaking to a sufficient extent that it serves as a foundation for using the rest of the book.
- To present the EIHP model for nursing and healthcare, adapted from the Melnyk and Fineout-Overholt EBP model. This model can be used by nurses and other healthcare professionals serving in active policymaking roles, teaching health policy, or simply interested in the process.

The primary focus of this book is on policymaking in government, but principles and strategies presented can apply well in organizational settings. Mention of these applications is made throughout.

Audiences who can best benefit from this book include the following:

- Nurse leaders
- Nurses who are members or staff of professional associations and organizations
- Healthcare regulatory agency members or staff
- Other healthcare professionals

These audiences can use this book to familiarize themselves with strategies for making the best use of evidence to leverage dialogue and influence policymakers to advance health policy agendas or as a tool to navigate governmental or

organizational policymaking environments. It can also be used as a textbook for nurse educators and for nursing students enrolled in health policy courses. For educators and students, we anticipate this book will be particularly useful for guiding health policy-related DNP projects, which are an emerging interest and focus in DNP programs.

Chapters 1 and 2 of this book focus on the use of evidence in health policymaking and its evolution. They begin with foundations in evidence-based medicine and its extension beyond medicine to EBP. They then describe some of the most often used EBP models before segueing to an explanation of how evidence can be used in policymaking. Finally, they describe how the landscape in policymaking is changing to become more aware of and open to the use of evidence.

Chapters 3 through 5 provide a foundation in policy and government. These chapters focus on health policy basics and how policymaking works. They answer the question, what is health policy? They then describe government structures and functions that drive processes, followed by the processes themselves, using the US Congress and federal regulatory agencies as models. Theoretical models that are useful to understanding processes are also presented, including several that the authors find most useful in practice. These chapters end with a discussion of the influence of stakeholders and partisan politics on the policymaking process.

Chapters 6 through 9 describe the EIHP model. Chapter 6 provides an overview of the model as a whole. Chapter 7 describes its foundation, which consists of the first four steps: cultivating a spirit of inquiry; asking the policy question in the PICOT format; searching for and collecting the most relevant best evidence; and critically appraising that evidence. Chapter 8 addresses the next two steps: integrating the best evidence with issue expertise and stakeholder values and ethics, and contributing to the health policy development and implementation process, respectively. Finally, Chapter 9 describes the last two steps: framing the policy change for dissemination to the affected parties, and evaluating the effectiveness of the policy change and disseminating findings. Strategy tools are suggested for each of these steps.

Finally, Chapter 10 provides a discussion of challenges that may be encountered when engaging in evidence-informed policymaking and strategies for addressing those challenges.

Readers may note two tendencies in this book:

- At first, this book refers to evidence-*based* policymaking. But as you read, this term quickly evolves into evidence-*informed* policymaking. This is not intended as a bait and switch but rather reflects the evolution in thinking about how evidence is used in different environments. We must base clinical care on evidence, but in policymaking, the reality is that evidence merely informs.

- When we describe governmental policymaking, we primarily use the federal model as the basis for explanation. This is because it is the model for government in the US. However, much of what is accomplished in health policy actually happens at the state level—either in state legislatures or state regulatory agencies (state boards). So, those of you working at the state level, take note: You are at the epicenter of health policymaking!

It is our hope that all our readers will come away with a stronger understanding of how government works, what the policymaking process is, and how they may be able to influence policymakers to make the best use of evidence as health policies change or new health policies are introduced. Whether this influence happens at the federal or state level, in legislatures or during agency rule-making, is irrelevant; any positive influence can have an impact. For educators and students, we hope this book will help you bridge EBP and health policymaking. For those of you who are working on DNP health policy projects, we hope this book, and the EIHP model, provide process guidance. And if this book intrigues you enough to look more closely as a constituent at your own policymakers and their voting records on health policy issues, the more the better; you'll be using evidence of your own to become a more informed voter!

–Jacqueline M. Loversidge and Joyce Zurmehly