

EVIDENCE-INFORMED HEALTH POLICY

USING EBP TO TRANSFORM
POLICY IN NURSING AND
HEALTHCARE



JACQUELINE M. LOVERSIDGE & JOYCE ZURMEHLY

STUDENT WORKBOOK

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NURSING AND HEALTHCARE**

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PDF ISBN: 9781948057028

First Printing, 2019

Publisher: Dustin Sullivan
Acquisitions Editor: Emily Hatch
Interior Design/Page Layout: Rebecca Batchelor

Managing Editor: Carla Hall
Copy Editor: Gill Editorial Services
Proofreader: Todd Lothery

ACKNOWLEDGMENTS

The authors wish to thank Bernadette Mazurek Melnyk, Vice President for Health Promotion, University Chief Wellness Officer, and Dean and Professor of the Colleges of Nursing at The Ohio State University College of Nursing. Without Bern's enthusiastic support, Jackie would not have adapted the Melnyk and Fineout-Overholt EBP model for use in health policymaking, and the opportunity to write the textbook and these companion books would never have presented itself.

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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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Zurmehly's primary area of contribution in nursing education has been in collaborating with state and national experts to set enduring nursing education policy by promulgating administrative rules. Because of her expertise in the regulation of nursing programs, she has been appointed to national committees, where she actively participates in developing policy in the regulation of nursing programs. She collaborated with the National Council of State Boards of Nursing (NCSBN) and broke new ground in nursing regulation by developing recommendations that promote collaboration with educators to foster innovations in nursing education. As part of this work, a model of the regulatory influences on 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

As a student of nursing or another healthcare profession, you have likely been introduced to evidence-based practice (EBP) as a means for addressing clinical problems. The accompanying book will introduce you to EBP's parallel in health policy—evidence-informed health policymaking as a process for addressing health policy problems. It is exciting to think that we, as healthcare providers, can have an impact on the making of good health policy and have the means to influence our policymakers. To do that, we also need to be grounded in the structure and function of government, familiarize ourselves with who represents us in government, and have a beginning understanding of how political systems work. This student workbook is designed as a companion to the primary book, *Evidence-Informed Health Policy: Using EBP to Transform Policy in Nursing and Healthcare*, which will provide you with the necessary grounding in policy and policymaking, persuade you that evidence can be used to influence policymaking, and which describes an evidence-informed health policymaking model.

PURPOSE AND STRUCTURE

The purpose of the *Evidence-Informed Health Policy Student Workbook* is to provide learning activities and case studies that relate to each book chapter that will help deepen the student's understanding of government structure, function, and evidence-informed health policymaking. Three chapters provide one accompanying learning activity; each of the remaining chapters provides multiple learning activities. In addition, three case studies are included; each of these focuses on the application of chapter material in the policymaking environment. Every exercise reflects the content of its accompanying chapter; therefore, students should read the chapter, and if specified, focus on certain sections within the chapter prior to completing an exercise or case study. Students may complete all these learning activities, but some instructors may choose only one or two from each chapter that meet the objectives of a particular course. Each learning activity begins with objectives, and many suggest accompanying resource material or additional external resources, and specific instructions.

Nurses and other healthcare professionals are increasingly called upon to engage in the process of policy development and advocate for health policy that will serve the public good. Our hope is that the student workbook will help prepare you for this role by facilitating both your own development of a beginning policy skill set and a deeper understanding of the health policy environment.



CHAPTER LEARNING ACTIVITIES



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 health 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.

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.”	
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.”	
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.”	
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.”	

*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.

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.

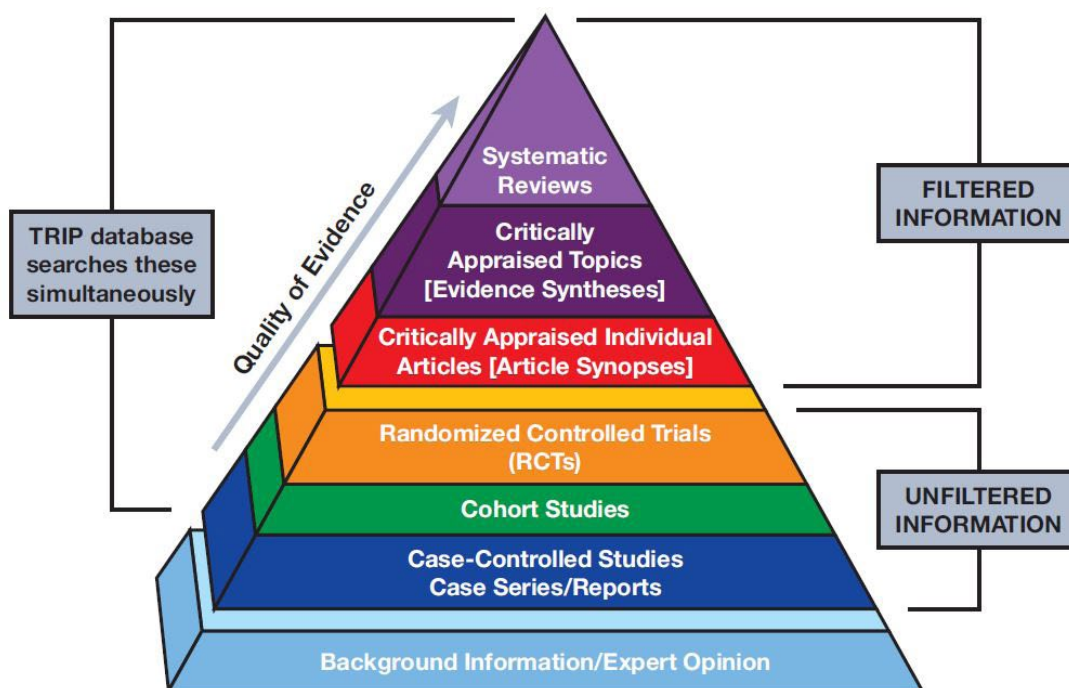


FIGURE 1 The evidence-based medicine pyramid.

(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 prelegislation. 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.

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?

Product/Setting	Entity or Process?	Key Elements/Words Differentiating Entity or Process
City council meeting to consider city bicycle lane/traffic pattern legislation		
Legislative or congressional committee hearing to consider a bill		
Amended or substituted bill, as outcome of a legislative or congressional committee hearing		
Professional association government affairs/legislative committee meeting to consider the policy agenda for the next year		
Government executive branch decrees or executive branch regulations, such as revised state board of nursing rules regarding continuing education requirements		
A public hearing to consider state board of nursing rules regarding revisions to continuing education requirements and hear testimony		
Healthcare organization committee meeting to address a needed update to evidence-based practice guidelines		
Organization executive (C-suite) policy regarding interaction with the media		
Opinion of the attorney general regarding an interpretation of state pharmacy board law		
A new federal public law, recently signed by the president of the United States		

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.

Instructions:

In this activity, you will match policies enacted by government bodies, or published by nongovernmental 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.

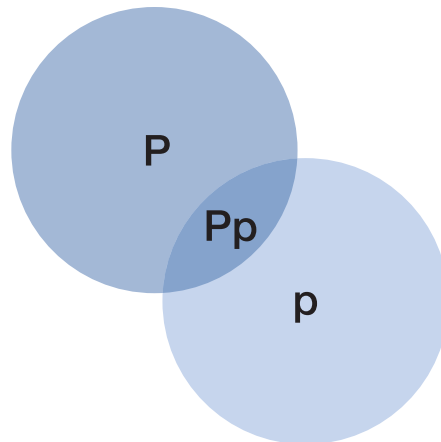


FIGURE 2 The big P, little p, and intersection Pp.

The Policy	Big P, Little p, or Pp? (and your rationale)
1. State or federal statute	Example: Big P. “Statute” is synonymous with “law”; both state and federal statutes have the force and effect of law.
2. Private agency policy, e.g., hospital/healthcare institution policy	
3. American Nurses Association position statement	
4. State board of nursing rule/regulation	
5. State medical board FAQs on new rules regarding opioid prescribing limitations	
6. A resolution from the American Cancer Society	
7. A Joint Commission standard	
8. A US Supreme Court decision	
9. An opinion of the office of a state attorney general	
10. State board of nursing newsletter article describing updated continuing education regulations	
11. Centers for Disease Control and Prevention guidelines for multidrug-resistant organisms management	
12. US Department of Veterans Affairs rule authorizing advanced practice registered nurses to practice to the top of their education/preparation without physician supervision	

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.)

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 your own 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 your 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 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
Executive (president/governor)	Executive: C-suite (CEO, COO, CFO, CNO, etc.) and department directors	
Legislative (Congress/state legislature)	Committees with voting authority	
Judicial (interprets)	Office of the General Counsel (organization's attorneys, or OGC)	

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 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 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 you 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 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.

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?

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, resources 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 	

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 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 found in Strategy Tool 7.2
 - The example found 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 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 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.

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 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 the 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 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 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 your state legislator or 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 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 beginning 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.

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.

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.

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/140307aprnpolicypaper.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 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 a 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?

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://wwwn.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 or 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.

REFERENCES

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