



Starting Early:
Influencing Change Through Nurse
Engagement in Health Policy

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Presenter Disclosures

- o The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - o No relationships to disclose

Purpose & Objectives



- o Purpose- inform nurse educators (NE) how an innovative and interactive toolkit can be used to create a culture of engagement in policy within the nursing profession during the initial educational experience.
- o By the end of the presentation, NE will be able to:
 - o Explain why nurses are not likely to engage in policy issues
 - o Discuss how nurses can translate their skills in the political and policy arena
 - o Apply what they learned about incorporating the legislative and policy process into their practice

Nurse Leaders Wanted

- Rapidly changing healthcare means new and modified policies
- Nurses are knowledgeable about what patients and communities need because they experience it first-hand (Mason, Leavitt & Chaffee, 2007, p. 35)
- Nurses should be included to provide expertise, insight, and recommendations

Nurses Leaders Wanted (continued)

- o Essential skills required to get the job done:
 - o Problem solving
 - o Communication
 - o Influence/ Persuasion
 - o Critical Thinking
 - o Collaboration
 - o Analysis
- o Nurses must be equipped with the knowledge to translate skills for advocating



What's the Problem?

- o Nurses are indifferent about policy issues
 - o Doesn't apply to them
 - o Taught to focus on individual patient advocacy
 - o Lack of knowledge
 - o Not prepared to take on advocate role on a population based level
 - o Don't understand the power of their influence



Indifference and neglect often do much more damage than outright dislike.

J. K. Rowling

Advocacy

- **Advocate**- a person who publicly supports or recommends a particular cause or policy (Merriam-Webster's online dictionary, n.d.)
 - Champion, supporter, backer, promoter, proponent, spokesperson, campaigner, fighter
- **Advocacy**- support for or recommendation a particular cause or policy (Merriam-Webster's online dictionary, n.d.)



Levels of Nurse Advocacy

- o **ALL** nurses at **ANY** level **CAN** make a difference and address **ANY** issue through advocacy as a nurse leaders
- o 3 Levels of Activity for Nurse Advocacy (Mason, Leavitt & Chaffee, 2007, p. 43):
 - o Nurse Citizen
 - o Nurse Activist
 - o Nurse politician

1- Nurse Citizen



At minimum all nurse should operate on this level

- o Registers to vote
- o Votes in every election
- o Keeps informed about health care issues
- o Speaks out when services or working conditions are inadequate
- o Participates in public forums
- o Interacts regularly with local, state and federal elected officials
- o Joins political active nursing organization

(Mason et al., 2007, p. 43)

2- Nurse Activist



- o Contact public officials through letters, email or telephone
- o Registers people to vote
- o Contributes money to political campaign
 - o 2014 ANA PAC received \$539, 570 and AMA got \$2,083,941
- o Lobbies decision-makers by providing pertinent statistical and anecdotal information and being clear on what you want
- o Forms or joins coalitions that support an issue of concern
- o Writes letters to the editors of local papers
- o Invites legislators to visit the workplace
- o Holds a media event to publicize an issue
- o Provides testimony

(Mason et al., 2007, p. 43)

3- Nurse Politician



Tennessee state senator Rosalind Kurita (D)

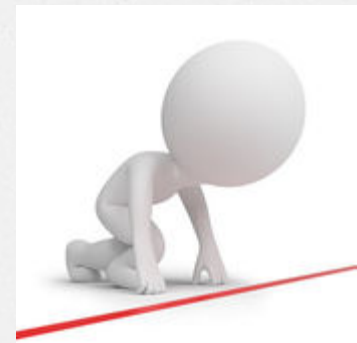
- Runs for elected office
- Seeks appointment to a regulatory agency
- Seeks appointment to governing boards in the public or private sector
- Uses nursing expertise as a policymaker in public or private sector

(Mason et al., 2007, p. 43)

When does it start?

The American Association of Colleges of Nursing's (AACN) Essentials of Baccalaureate Education for Professional Nursing Practice (2008) framework states:

“A BSN program should prepare their students to participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy as well as advocate for consumers and the nursing profession”



When does it start?



- o Reutter and Williamson (2000) proposed that health policy should be introduced at the baccalaureate level to promote an understanding of policy and advocacy, to move beyond an individual focus of health care, and to begin the process of “thinking policy” (as cited in O’Brien-Larivee, 2011, p. 333)
- o Once engaged, nurses seldom turned their backs on the world of policy-making (Gebbie, Wakefield & Kerfoot, 2000)

Why this Level?

- o Nursing students are socialized into the profession during their initial educational experience (O'Brien-Larivee, 2011, p. 333)
- o Starting early in the process of their professional socialization will ensure continued application after graduation (O'Brien-Larivee, 2011)



What Can Nurse Educators Do?

- o Show students how they can be instrumental in influencing the political & policy process.
- o Become a role model
- o Present opportunities to teach nursing students how to get involved, advocate and use their credentials to make an impact and influence change wherever they practice.



Tool Kit

- Created for NE to incorporate political education and health policy in an interactive and engaging way into the general nursing curriculum
- Translates nursing skills acquired during their education and clinical practice to be utilized in the political and policy arena.



In a Nutshell

- Presents 4 options to modify the following to engage students and obtain include a strong foundation in policy :
 - 1) Entire curriculum,
 - 2) Public health or nurse leadership course,
 - 3) Initiate a policy forum or
 - 4) Utilize one 3 credit hour course (3 hours)
- Option chosen will be dependent on time, resources, cohort size, and the program



Option 1



Integrate health policy
throughout the entire
BSN program

- o Every semester, find a policy or policies that relates to the area of nursing that is currently being taught
 - o Policy can be Government, institutional, etc.
- o Students can vote on policy they will focus on
- o Teach them how to use RIATA Asking Criteria (discussed later) in Nursing Fundamentals
 - o Use throughout program for students to engage with policymakers

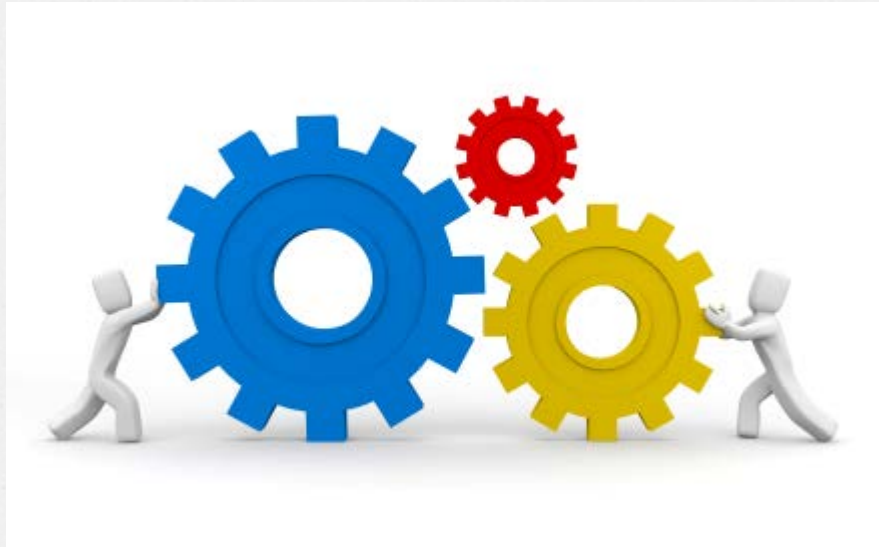
Option 2



Dedicate a semester to teach health policy and community advocacy

- o Public/Community Health Nursing and Nurse Leadership courses
 - o Optimal course since it promotes autonomy and advocacy beyond the individual
- o Students will find an issue and then research a policy or propose one relating to that issue
- o Taught how to interact with policy makers
- o A trip will be coordinated to visit the state capitol

Option 3



Dedicate one class in
the public/community
health nursing or
nurse leadership
course

- o Interactive 3 hour class teaching students how to engage with policymakers in 9 steps
- o Requires minimal resources and time commitment without sacrificing essence of the message
- o Can start off as a pilot program prior to further integrate in curriculum

Steps

Step 1- Find an Issue

Challenges
Issues



- o Be passionate about it
- o Do your research
- o Know the opposing views

Problem



- Currently a 52% deficiency or complete absence of maternal care providers in rural Georgia (areas outside of metropolitan Atlanta) (Zetuche & Spelke, 2013)
- Projected increase to 75% by 2020 if successful interventions are not implemented (Zetuche & Spelke, 2013)

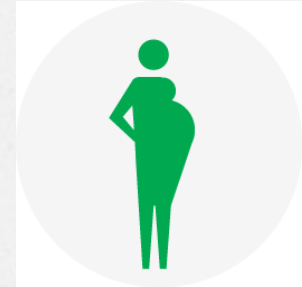


Causes

- o Inadequate recruitment and retention of rural obstetric providers (Zetuche & Spelke, 2013)
 - o Only one OB/GYN per 7,125 women in the state (Chu & Posner, 2013)
- o Increasing maternity unit closures in rural hospitals and hospital closures (Zetuche & Spelke, 2013)
- o Inadequate practicum sites and obstetric provider educators in these areas (Zetuche & Spelke, 2013)
- o Inadequate inter-professional collaboration (Zetuche & Spelke, 2013)
- o State laws (Zetuche & Spelke, 2013)



Effects



- Second highest maternal mortality rate (MMR) and eighth highest infant mortality rate in the country (Chu & Posner, 2013)
- One million women who reside in rural areas are at greater risk for experiencing MMR due to lack of maternity care available (National Women's Law Center [NWLC], 2010)
- Infants of mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care (United States Department of Health and Human Services [HHS], Office of Women's Health, 2012)

Keys to Access



- o Change policies to increase access to quality maternity providers by integrating APRNs in rural care
 - o Certified Nurse Midwives (CNMs)
 - o Nurse Practitioners (NPs)
 - o Clinical Nurse Specialist (CNS)
 - o Certified Registered Nurse Anesthetist (CRNA)
- o CNMs are an evidence based solution to address this public health issue (Miller et al., 2012)

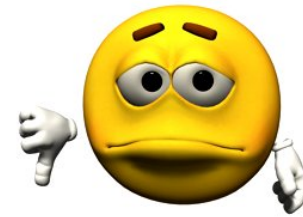
CNMs- Pros



- o CNMs are more likely than OB/GYN residents to seek employment in a shortage area (Zetuche & Spelke, 2013)
- o In every setting, midwife-led maternity care results in reduced infant and maternal mortality and morbidity, fewer medical interventions, decreased costs, increased savings, and improved client satisfaction (MANA, 2014).
- o As of August 2014, Georgia has 458 CNMs, which is the fourth highest number per state in the U.S. (American Midwifery Certification Board, [AMCB], 2014).

CNM-Cons

- CNM's are significantly concentrated in the Atlanta metro area and not dispersed into the rural areas (Bureau of Labor Statistics [BLS], 2014)
- Insufficient inter-collaboration with physicians and other healthcare professionals (Zetuche & Spelke, 2013)
- Deficiency in continuing education and practicum opportunities in rural areas due to insufficient preceptors and sites (Zetuche & Spelke, 2013)



Steps (continued)



Step 2- Find a Policy Relating to Issue

- Old
- New
- In the works
- Non-existent

Potential Policy

Georgia Preceptor Tax Incentive Program (GA-PTIP)

- Provides tax incentives for primary care community based faculty physicians precepting 3rd and 4th year Georgia medical students, NPs and PAs

Definition- Preceptor

- A licensed Georgia **Physician** (either MD or DO) providing uncompensated community based training for medical, nurse practitioner, or physician assistant students matriculating at a Georgia program

Steps (continued)



Step 3- Get Support

- o Collaborate with others who are interested in the same issue
 - o Fellow Nurses
 - o Other disciplines

Possible Collaborators

- o AARP, PTAs, Teacher Associations
- o Organized Labor Unions
- o Businesses and corporation
 - o Super PACs
- o Health Care Providers
- o Insurers, Managed Care Organizations
- o Governor, legislator, local governments
- o Universities

Collaborators

- o Possible GA-PTIP Collaborators

- o Nursing students
- o Other APRNS
- o Physician Assistants
- o State APRN associations
- o Georgia American Nurse Midwives Association
- o Public Health professionals
- o Emory University



Steps (continued)

Step 4

- o Find out who your policy maker is
 - o Chain of command at your institution
 - o Legislator
 - o Local
 - o State
 - o Federal



Resources

- o State legislators
 - o www.openstates.org
- o Federal
 - o www.opencongress.org/people/zipcodelookup
- o Local
 - o www.usa.gov

Steps (continued)

Step 5- Contact Them

- o Letter
 - o Snail mail
 - o E-mail
- o In Person
 - o Make an appointment.
 - o They want your vote/support so they should see you



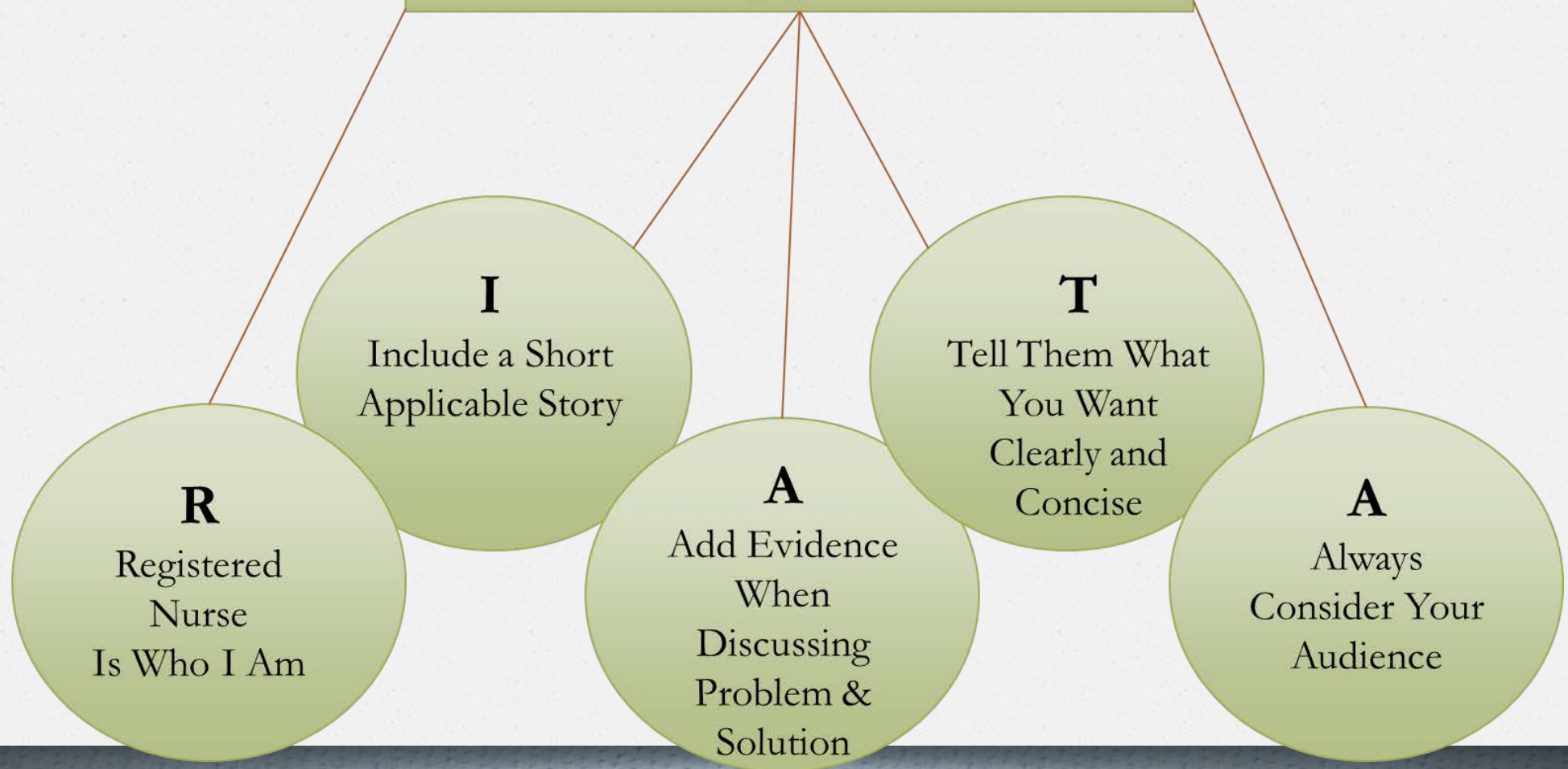
Steps (continued)



Step 6- Meet with them

- o BE ON TIME!!!!!!
- o Look professional
- o Know what you are going to say
 - o Clear and concise facts
 - o Clear and concise Asks
- o Leave a clear and concise document reiterating asks, facts and contact information

RIATA Asking Criteria



Successful Asks

- ✓ Include a story
- ✓ Add some facts
- ✓ Tell them what you want
- ✓ Always consider your audience

I am a Registered Nurse and I am a faculty member at Georgia Regents University. We get so many patients who come to receive maternity care at my hospital from rural areas as far away as 2 hours due to a lack of access to providers. Many do not make it or come at all due to the complex nature of trying to get here. Studies show that there is a 52% deficiency or complete absence of maternal care providers in rural Georgia and it is projected to increase to 75% by 2020 if something doesn't change. Studies have shown CNMs to have great outcomes as OB/GYNs with less problems and are willing to work in rural areas which can alleviate this problem. I would like to request that Congressman Whatever to consider modifying the GA-PTIP law to include APRNS as preceptors in the 2016 legislative session. Although they both birth babies, CNMs and OB/GYNs operate under different models and scope, therefore, it would be best for them to be precepted by another CNM. This concept extends to other APRNS and P.A. This solution will assist in decreasing the possibility of a rate of insufficient maternity care providers in these areas.

Steps (continued)

Step 7- Follow Up

- o Great meeting you.....
- o Just to reiterate.....
- o I am open to being your resource.....



Step 8- On to the next

- o With time we only get better
- o Build relationships with policy makers which leads to trust and most importantly results as well as favor
- o Continue to advocate in various ways

Option 4



Initiate a policy forum
to health policy
process and
engagement in policy

- o Daylong event
- o Panel of nurse politicians and activist of various backgrounds discussing experiences, encouraging engagement and how to use practice to influence change
- o Use what was taught in option 3 to train and engage
- o Invite local legislators, union officials, administrators, community leaders, local nurse association to network and discuss how nurses can influence change
- o If the states capitol is close arrange a tour
- o Provide incentives for students and staff to participate
- o Opportunity for interprofessional collaboration with the other health professions.

Alternative Leadership & Advocacy Opportunities for NE & Students



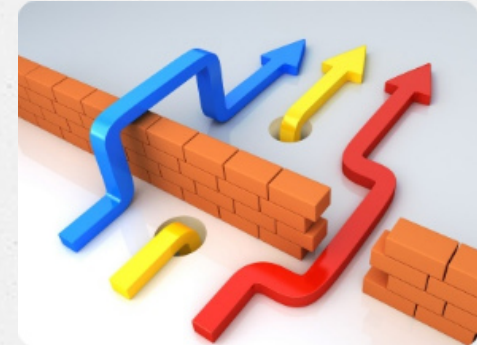
Short on Time?

- o Respond to an [advocacy alert](#).
- o Post field-related information or opportunities on your online community
- o Write an article for professional journals, magazines, blogs, newspapers to raise awareness and designate knowledge
- o Encourage colleague to join professional organizations
- o Donate to a PAC
- o Stay abreast on what is going on
- o Engage in opportunities to network and collaborate with peers



Alternative Opportunities

- o Attend county Board of Health Meetings
- o Participate in nursing association functions
- o Meet with legislators for extra credit
- o Attend [Nurses In Washington Internship](#) (NIWI) to fulfill practicum hours
- o Schedule trip to state capitol on Legislative Day
- o Facilitate a lobby day at the one of the hospitals where students regularly do clinical



Putting It All Together



Conclusion

- o We have influence, knowledge & power to make a difference at any level
- o Students should be trained on how to do this so it becomes second nature
- o Translate nursing skills for advocacy through the roles of a nurse citizen, nurse activist and nurse politician to make a change



Conclusion (continued)

- o Encourage systemic change by incorporating nurse leadership through advocacy in the general nursing curriculum
- o Create a culture where nurses can become stronger leaders and make a difference in their practice, communities and our profession



References

- o Advocacy [Def. 1]. (n.d.). *Merriam-Webster Online*. In Merriam-Webster. Retrieved January 2, 2015,, from <http://bit.ly/1LVTKYF>
- o Advocate [Def. 1]. (n.d.). *Merriam-Webster Online*. In Merriam-Webster. Retrieved January 2, 2015,, from <http://bit.ly/1nwUr98>
- o American Association of Colleges of Nursing [AACN], (2008). *Essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://bit.ly/1PoiQ4e>
- o American College of Nurse- Midwives [ACNM], (2012). *Midwifery: Evidence based practice*. Retrieved from <http://bit.ly/1xydByP>
- o Bureau of Labor Statistics [BLS], (2014). *Occupational employment and wages May 2013: 29:1161 Nurse Midwives*. Retrieved on 11/13/2014 from <http://1.usa.gov/1vb1o1g>
- o Chu, A. & Posner, C. (2013). *Fact sheet. State of women in America*. Retrieved from <http://ampr.gs/1khDgTZ>
- o Gebbie, K.M., Wakefield, M., Kerfoot, K. (2000). Nursing and health policy. *Journal of Nursing Scholarship*, 32(3):307-315.
- o Mason, D.J., Leavitt, J.K., Chaffee, M.W. (2007). *Policy & politics in nursing and healthcare* (5th edition). St Louis, MO: Saunders Elsevier
- o Miller, K.J., Couchie, C., Ehman, W., Graves, L., Grzybowski, S., Medves, J. (2012). Rural maternity care. *Journal Obstetric Gynecology Canada*, 34(10):984-1000.
- o Minnesota Department of Health [MDH], (2001). *Public health nursing section: Public health interventions- Applications for public health nursing practice*. St Paul, Minnesota: Minnesota Department of Health
- o O'Brien-Larivee, C. (2011). A service-learning experience to teach baccalaureate nursing students about health policy. *Journal of Nursing Education*, 50(6): 332-336. doi:10.3928/01484834-20110317-02
- o National Women's Law Center [NWLC], (2014). *Health care. Making the grade on women's health: A national and state by state report card*. Retrieved from <http://bit.ly/1vbitFo>
- o Online Analytical Statistical Information System [OASIS], (2014). Maternal/Child Web Query. Retrieved from <http://oasis.state.ga.us/oasis/oasis/qryMCH.aspx>
- o Tomajan, K. (2012). Advocating for nurses and nursing. *Online Journal of Issues in Nursing*, (17) 1. doi: 10.3912/OJIN.Vol17No01Mano4
- o Zauderer, C.R., Ballestas, H.C., Cardoza, M.P., Hood, P. & Neville, S.M. (2009). United we stand: Preparing nursing students for political activism. *Journal of the New York Nurse Association*, Fall/Winter 2008-2009, 4-7.
- o Zertuche, A. & Spelke, B. (2013). *Georgia's obstetric care shortage*. Retrieved from <http://1.usa.gov/1FZ4164>

Nurses Can Make a Difference

