



**National League
for Nursing**

NLN PUBLIC POLICY TOOLKIT



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NLN Public Policy Toolkit

Description

Executive Summary

The National League for Nursing (NLN) has played an integral role in public health policy dedicated to advancing quality nursing education and preparing a diverse nursing workforce to meet evolving health care needs. Guided by values of caring, integrity, diversity and inclusion, and excellence, the NLN focuses on shaping policies that impact nursing workforce development, equitable access to quality health care, and inclusion. Despite barriers such as lack of formal advocacy education, nurses have historically been strong advocates for patients and public health. They leverage intellectual, social, political, and financial capital to influence policy effectively. The NLN equips nurses and nurse educators with the tools, strategies, and knowledge needed to engage in public policy, emphasizing the importance of evidence-informed policymaking to minimize bias and empower policymakers.

The NLN's commitment to advocacy ensures that nursing's collective voice is heard and considered in public policy decisions. This approach supports the development of sound health care policies and the strengthening of national health systems. The NLN emphasizes the need for nurses to build relationships with policymakers, participate in grassroots efforts, and engage in activities such as voter registration and public testimony to influence policy. By providing resources and fostering political efficacy, the NLN prepares nurses to navigate the legislative and appropriations processes, advocate for necessary funding, and evaluate policy outcomes. Ultimately, the NLN's efforts promote health equity and improve health outcomes, fulfilling its mission to enhance nursing education and the overall health of communities.

The primary objective of this toolkit is to provide nurses with resources and strategies essential for practicing evidence-informed policymaking. This document outlines how nurses can advocate effectively to secure a prominent role at the policymaking table. Furthermore, it delineates the significance of evidence-informed health policymaking in shaping and enhancing dialogue. Finally, the toolkit offers pragmatic strategies to assist nurse educators in empowering students to analyze and apply evidence from a public health policymaking perspective.

Introduction

The NLN has long been a force in the public health policy arena. Its policy objective “is to shape and influence those policies that affect nursing workforce development” (NLN Public Policy, 2022b, para1). Included in that agenda is a commitment to four key related policy arenas – these are published in the NLN Public Policy Agenda and revised every two years to coincide with each new Congressional session, as needs within nursing and health care change. The four policy arenas are: nursing education, workforce development, equitable access to quality health care, and diversity and inclusion (NLN Public Policy Agenda 2023-2024). The NLN Public Policy Agenda provides focus for nursing and nursing education’s federal advocacy efforts. Health policy advocacy requires nurses to be prepared to use the power of their collective voice to advocate for their patients and communities (NLN January 4, 2023).

The need for nurses to be actively involved in promoting the health of individuals and communities while actively engaging in work to reduce the cost of health care is but one tenet of nursing practice and nursing education. *This toolkit has been developed to assist both nurse educators and nurses in practice. It provides examples of strategies, tools, and scholarly resources and references to enhance their advocacy knowledge, skills, and competencies, to facilitate their mentoring of other nurses, and to influence outcomes of today's public policy issues.* For nurse educators, this toolkit will additionally assist them in their role of teaching health policy and the art of advocacy, to prepare the next generation of nurses to respond effectively to the health care needs of our communities at the local, state, national, and global levels (NLN Public Policy Agenda 2023-2024).

Background

The word *advocacy* is derived from the Latin *advocātus*, which refers to the process of supporting or advocating for a proposal or cause (Merriam-Webster, 2023). Nursing has a long history of advocacy on behalf of patients. As experts in the delivery of health care and the promotion of health, nurses are frequently engaged in issue advocacy, addressing such problems as access to care and disease prevention. Apold (2021) identifies this as one of three types of nursing advocacy – professional advocacy.

However, nursing advocacy is not limited to clinical settings – nurses are also positioned to advocate for public policies and practices that promote and encourage health. Florence Nightingale viewed nursing as a calling that required nurses to look for, and act in, ways to be world citizens for the sake of human health – as advocates (Beck, 2005). She saw health as a global resource and, thus, a collective public good that can benefit all humanity (Beck, 2005). Apold (2021) identifies two additional types of nursing advocacy that influence policy as described by Nightingale; one that influences public health issues, and one that influences population health. These are *issue advocacy* and *community and public health advocacy*.

Apold (2021) notes that advocacy is often viewed as a basic nursing role on behalf of patients, communities, and the profession. Foley and colleagues (2002) suggest that advocacy skills are primarily a part of individual personalities but can be learned in practice from colleagues or mentors, or after gaining experience as a nurse.

Nurses have become increasingly aware of the issues of diversity, health equity, inclusion, justice, and belonging in health care. Nurses see the barriers faced by their patients, many of which result from poorly constructed and/or implemented health policies. Advocacy in today's health care environment must include efforts to raise stakeholder understanding and awareness of social determinants of health and improvement in practices that can increase the effectiveness of advocacy efforts (Davis, 2022; Farrer, et al., 2015; National Academy of Sciences, Engineering & Medicine, 2021).

Although many nurses engage in advocacy, there are still barriers that prevent nurses from practicing advocacy in the policy environment (Apold, 2021). Advocacy education and training are not typical components of formal nursing education curricula, leaving nurses to learn effective advocacy skills by observing their colleagues and mentors engage in advocacy behaviors (Foley et

al., 2002). Building a foundation of knowledge and tools such as those provided in this toolkit can begin to break barriers to successful nursing advocacy, and help nurses effectively address public policy issues.

Note to Readers: *Live links for italicized items in the content described in the following sections can be found in the accompanying Resource sections.*

Building Nursing's Power Through Advocacy

Description and Overview

This section illustrates the types of capital necessary to embolden nursing's power in the public policy process.

Nurses are the embodiment of advocacy because nurses have served as the voice of the underrepresented and marginalized for centuries. As the largest and most trusted profession in the United States, it is essential that members of the nursing profession understand their power and influence, individually and collectively, and engage in the public policy process. Engagement requires that nurses at all levels be equipped with the skills and resources to leverage their capital to impart change. Advocacy is defined as "public support for an idea, plan, or way of doing something" (Cambridge Dictionary, 2023). This section explores the types of capital required to engage in the public policy process and how nurses can employ that capital to influence and shape policy.

Types of Capital

There are four types of capital that are critical to influencing the public policy process – intellectual, social, political, and financial. It is imperative that nurses understand the different types of capital.

- **Intellectual capital** is often acquired through knowledge and experience that may be acquired from places of employment, nursing education programs, professional nursing organizations, and other health-related settings within the community (Inouye et al., 2019).
- **Social capital** is the development of relationships with stakeholders who influence policy through storytelling and networking. The ability to establish rapport with health care leaders, academic settings, and other health care allies to collaborate on efforts to support the creation or amendment of policies has the potential to impact nursing education, practice, or the workforce (Inouye et al., 2019).
- **Political capital** is the ability to establish and maintain a relationship of trust with policymakers and other stakeholders to influence policy development at the local, regional, national, or international levels. Nurses' acquisition of this type of capital ensures that the profession's voice is heard and considered at all levels of the public policy process. These relationships happen through involvement in grassroots efforts, coalitions, and the political arm of professional nursing organizations. This involvement allows for collective voices to be heard related to a policy or proposed bills through calls to actions and letter writing campaigns to policymakers, particularly on the federal level. Nurses are readily equipped with the intellectual capital and social skills to obtain such capital at the local, state, or

regional level as policymakers are more apt to receive the expertise of those serving their constituents (Inouye et al., 2019).

- **Financial capital** is the economic resource used to mobilize or support policy efforts that may directly or indirectly impact the nursing profession or patient outcomes. Individually, nurses contribute financially to efforts and organizations that align with their interests. A portion of the dues required for active membership in professional nursing organizations will be delegated to the organization's political arm. Increasing the financial capital of nursing will increase the profession's ability to lobby for and against bills that pose restrictions on scope of practice at each respective level of government (Inouye et al., 2019).

Nurses naturally acquire intellectual and social capital. As a profession with more than four million members, nursing has the capability of acquiring the necessary financial capital to successfully shape policy. Political capital is the most challenging capital to acquire. Though the political environment may be intimidating, understanding how to actively engage in the public policy process increases confidence in establishing the necessary relationships with policymakers to see movement in policy and proposed bills that impact the profession and patient outcomes.

Public Policy Engagement

Public policy involves addressing problems that impact the health of our nation at the governmental level through laws, regulations, and guidelines. Nursing is well suited to heighten the awareness of common problems that are barriers to health outcomes within various health care settings. Nurses have the skill and foresight to identify these problems. To effectively participate in the public policy process, nurses must work with stakeholders to formulate policy, engage the public and policymakers, and evaluate the result of policy implementation.

Formulate policy

To craft a policy for consideration by elected officials, the problem must be thoroughly investigated so that salient points can unite potential proponents and opponents. The presence of evidence will assist in identifying and aligning interested parties and policymakers. It is also necessary to be aware of similarly proposed resolutions and possible outcomes to help support the current proposed policy. Once there is an understanding of who should be at the table and a slate of possible solutions has been developed, the following steps can assist in formulating the policy:

- Meet with stakeholders to discuss policy solutions that will benefit the target population and acknowledge opponent and proponent positions.
- Work with policymakers to select language that specifically addresses the proposed policy and links the policy to its intended outcomes.
- Discuss evaluation methods that will produce evidence of policy success.
- Prepare a policy brief or testimony that highlights the importance of the policy and how its implementation benefits the target population.

Engage the public and policymakers

Once the policy has been crafted and agreed upon by all stakeholders, it is time to promote the policy among consumers and policymakers. Consumers can be engaged by presenting the

highlights of the policy and issuing calls to action to the public, community health systems, and other key organizations. These calls to action can take the form of op-eds and letters as well as presentations at community or organizational meetings to garner support for a proposed policy.

Policymakers can be engaged by educating them about the policy's advantages for their respective constituents. Policy briefs may be presented to the elected officials as well as their staff to initiate conversation. Testimony may also be provided at local, state, and federal hearings/meetings. Political capital is established when an elected official sponsors a bill related to the policy. This begins the legislative process in which you will serve as the expert related to the policy.

Policymakers will seek your input to clarify questions that may arise during the legislative markup period. It is important that nurses understand the legislative process (see US House of Representatives "*The Legislative Process*") so that engagement is consistent at each step of the process.

Engage with local, state, and federal elected officials

As constituents, it is important that your Representatives and Senators hear from you. State legislature websites normally provide means to identify your lawmakers by address and/or zip code. Federal Representatives and Senators can be identified by using the *United States House of Representatives and United States Senate* websites. Nurses can easily find who represents them in Congress (Senate and House members) and the populations for whom they advocate. US House Representatives can be found by going to the *United States House of Representatives: Find your Representative website*. A 9-digit zip code +4 is needed to identify the US Representative for your Congressional District. A *Zip Code Lookup* website from USPS allows you to look up the 9-digit zip code by entering your address. Your two US Senators can be found using the drop-down "choose a state" tool on the *United State Senate: Contacting US Senators website*.

During the legislative process, the *Congressional calendars* can provide insight on when elected officials are in session. Elected officials are typically more accessible when they are not in session. That is a key time to meet with them about the proposed bill. If there is a need to propose a policy on the state level, state legislators can be identified through each state's website. State legislators also have a calendar that indicates when they are in session.

A proactive strategy involves engaging with candidates seeking elected positions. This requires research into their political views and determining if your policy aligns with these views. A policy brief or fact sheet can be presented to candidates to highlight how your proposal benefits their constituents.

Evaluate policy

Once the policy becomes a law, regulation, or guideline, the evaluation methods outlined during the formulation phase must be implemented to assess success. Outcome data that speak to the impact of the policy must be presented to stakeholders and policymakers. Evaluation outcomes should be used to advance research or evidence-based projects to support the need for revision and improvement during future policymaking sessions.

*As language develops, and the meaning of words evolve over time, context or circumstances may require reconsideration of the use of some terminology. For example, the term *stakeholder* may be offensive to some individuals or groups. However, this term continues to be used extensively in the public policy literature. When engaging with select persons of communities of interest, consider the audience and use any of the “preferred terms” available from various sources and appropriate for the context. One source of preferred terms is the Centers for Disease Control and Prevention (CDC). Its *Gateway to Health Communication* hosts a *Preferred Terms for Select Population Groups and Communities* page. Scroll to the section on Working Partners and Community Collaborators for examples of preferred terms. (Loversidge & Zurmehly, 2023). See the Resources list at the end of this section for a link to the CDC preferred terms page.

Resources

Centers for Disease Control. (2022). Gateway to Health Communication. Preferred terms for select population groups & communities.

U.S. House of Representatives. (2023, June 1). *Daily Compilation of the Congressional Record*. Government Publishing Office.
<https://www.govinfo.gov/app/collection/ccal/118/hcal/2023-06/01/daily>

U.S. House of Representatives. (n.d.). *The legislative process*.
<https://www.house.gov/the-house-explained/the-legislative-process>

U.S. House of Representatives. (n.d.). *United States House of Representatives*.
<https://www.house.gov/>
United States House of Representatives: Find Your Representative

ZIP Code™ Lookup | USPS

United States Senate

United States Senate: Contacting U.S. Senators

Building Nursing's Power at the Policy Table

Description and Overview

This section discusses how nurses influence policy decision making.

The current state of health care in the US requires the unique disciplinary preparation of nurses at all levels. Policy initiatives at state, federal, and local levels directly and indirectly impact the health of communities and the practice of nursing. These policies are often not integrated, which results in unintended negative consequences for the health of communities and populations. Nurses are interprofessional collaborators and communicators. Their ability to engage stakeholders and advocate for those who do not have a voice at the policy table positions them to advance equitable and inclusive policy initiatives. This section will discuss strategies that assist nurses in developing political efficacy to prepare for and participate in the policy process.

Stakeholders in nursing recognize their responsibility to positively impact future patient outcomes through involvement at each phase of the policy process. This includes building political efficacy within the discipline.

The policy process provides for balancing the needs of various stakeholders while continuously evaluating the outcomes of policy decisions. Nurses impact the policy process at different points using relationship building, policy tools, and engagement with stakeholders.

The policy process includes identification of a problem, policy formulation, implementation of the policy change, and evaluation of the policy (Patton et al., 2019). Nurses identify problems at all levels through their experience and interaction with interprofessional colleagues and patients. Successful policy formulation occurs when all stakeholders exchange ideas and present solutions in a manner policymakers can understand and integrate into existing policies. Nurses work through policy formulation by working with policymakers and bringing evidence and research to inform and integrate policy. Once the policy has been implemented, nurses can assist in using evidence and research in evaluating the impact of the policy. This evaluation includes identifying the impact on all stakeholders and the sustainability of the policy. Sustainability of the policy is indicated by many factors, including availability of resources, presence of unanticipated outcomes, and acknowledgment of positive intended outcomes.

Involvement in policy is linked to political efficacy. Political efficacy is the confidence nurses have that their actions can impact the political process (Abularub et al, 2019; Levy, 2013). Internal political efficacy is the confidence that nurses can understand and impact politics whereas external political efficacy is the confidence that the political system will be responsive to the needs of nurses. Several textbook authors discuss the importance of building confidence in the processes that impact policy to build political efficacy. The focus of this section is to prepare nurses with an understanding of the legislative process and the appropriations process, and provide tools that will assist in impacting the policy cycle and the legislative cycle. When these processes are aligned with practical experiences to organize a response to a problem, nurses are empowered to formulate and influence policy outcomes.

Political Efficacy: Empowering Nurses to Formulate and Impact Policy with a Unique Disciplinary Lens

Understanding how to align the legislative cycle with the policy cycle creates an initial anchor for timing policy initiatives and responses. Understanding the calendar is a first step in planning activities that will formulate or influence policy. *Floor Calendars* for the US House and Senate can be found on the Congress.gov website. Here, nurses can find the daily activities of the House and the Senate and plan to attend, participate, or watch any proceedings of interest.

The *legislative process* is complex. Gaining confidence with the legislative process is an essential component to building confidence. The Congress provides a video series that provides for the details of this process.

All policy initiatives must be funded. When addressing how a policy initiative will be funded, nurses must understand the congressional budget process. *A Brief Overview of the Congressional Budget Process* is updated periodically by the Congressional Research Service; it was last updated in January 2023.

Nurses must also be prepared to navigate the complexity of the appropriations process to ensure there is adequate time to plan for a policy to be implemented. In both the budget and appropriations processes, nurses must understand the level of the policy initiative as well as who to contact and work with in the legislative team to secure funds. The use of various professional organizations, like the NLN, can assist in this process through their policy committees. Some nursing professional organizations can assist in this process through the networking and lobbying initiatives accomplished through their Political Action Committees (PACs). Nurses' comfort in addressing and engaging with their elected officials to build relationships by bringing forward evidence and research to provide interventions can help in advocating for funds and shaping policy.

Engaging with Policymakers: Building the Relationships Needed to Advocate and Shape Policy

As indicated above, nurses' ability to build relationships with policymakers will help them advocate to inform policy and participate in the policy process. The NLN provides guidance in its *Do's & Don'ts in Government Relations* on how to work with legislative officials.

The activities that build relationships with policymakers include both formal and informal engagements. Attending a "Day on the Hill" can assist nurses who are just beginning to get familiar with policy and opportunity to meet policymakers and become familiar with discussing and advancing policy agendas. These activities are organized by many professional nursing organizations and provide a rich environment for building relationships not only with policymakers but with nurses who are experienced in impacting policy. Another experience that many nurses find rewarding is engaging in grassroots efforts to support a policy. These activities are routinely self-organized by those interested in a specific cause. Involvement with voter registration is an activity that builds relationships across a nurse's community and across disciplines. This activity builds skills in understanding the voter registration process while building relationships with individuals who are engaged in supporting advocacy within their communities.

As knowledge of the policymaking process and relationships with policymakers grow, nurses may find themselves looking for opportunities to impact areas where they have a level of expertise that can be used to influence policy outcomes. Here, nurses may use their skills and stories about their experiences to contribute to or write a policy brief, policy testimony, or op-ed, or provide presentations on an issue. There are many examples of policy briefs, testimony, op-eds, and presentations to look to as examples.

The NLN has written and contributed to several policy briefs to assist with advocacy efforts. Its contributions to the National Council of State Boards of Nursing's *Policy Brief: Evaluating Board of Nursing Discipline during the COVID-19 Pandemic* is an example (NLN, 2022e). Another example of policy advocacy can be found in testimony provided to elected officials. *Testimony Regarding Fiscal Year 2010 Appropriations* provided by Dr. Beverly Malone, chief executive officer for the NLN, and Dr. Anne Bavier, then president of the NLN, regarding appropriations for nursing education provides an excellent example of this level of advocacy that can be useful in providing for appropriations. Many professional organizations will provide recent policy briefs, testimonies, and other materials in a public policy tab on their websites.

Invitations to participate in these activities may come from those policymakers and policy influencers who have become familiar with a nurse's expertise and position on an issue or from professional organizations in which a nurse is a member. Additional opportunities to speak on behalf of an issue are presented when public testimony is invited regarding an open policy issue or when members of the media look for stakeholders to address issues regarding a policy. Prior to becoming involved in these activities, nurses can seek out advice from experienced policy advocates within their professional organizations, review the rules of submission from the policymaking body, and become familiar with other stakeholder positions on the matter. Establishing credible and trustworthy professional relationships with policymakers by sharing experiences, evidence, and research from practice will provide nurses the opportunity to not only participate in the policy process but to lead it.

Resources

Abualrub, R. & Abdulnabi, A. (2019). Involvement in health policy and political efficacy among hospital nurses in Jordan: A descriptive survey. *Journal of Nursing Management*, 28. doi:10.1111/jonm.12946.

The Appropriations Process: A Brief Overview (congress.gov)

Congressional Research Service. (2023). The appropriations process: A brief overview. <https://crsreports.congress.gov/R47106>

A Brief Overview of the Congressional Budget Process *Floor calendars*.

Legislative Process: Overview [video].

Levy, B. (2013). An empirical exploration of facts related to adolescents' political efficacy. *Educational Psychology*, 33(3), 357-390. <https://doi.org/10.1080/01443410.2013.772774>

Microsoft Word - Do's&Dont's DBB 08162012 (NLN.org)

National Council of State Boards of Nursing (n.d.). *Policy brief: Evaluating Board of Nursing discipline during the COVID-19 pandemic.*

https://www.ncsbn.org/public-files/Policy-Brief-US-Nursing-Discipline_COVID19.pdf

National League for Nursing (2022e). *Policy brief: Evaluating board of nursing discipline during the COVID-19 pandemic.*

<https://www.nln.org/detail-pages/news/2020/04/23/Policy-Brief-Evaluating-Board-of-Nursing-Discipline-during-the-COVID-19-Pandemic>

Patton, R.M., Zalon, M.L., & Ludwick, R. (2019). Leading the way in policy. In R.M. Patton, M.L. Zalon, & R. Ludwick (Eds.), *Nurses making policy: From bedside to boardroom* (2nd ed., pp. 3-37). Springer Publishing & American Nurses Association.

Testimony Regarding Fiscal Year 2010 Appropriations for (NLN.org)

Evidence-Informed Health Policymaking

Description and Overview

This section discusses the importance of using evidence informed during the health policymaking process.

The increasing complexity of health care has similarly affected the public health policy environment, making it insufficient to rely solely on experience, opinion, and trial and error for developing sound public health policies (Loversidge, 2023). Thus, it is crucial to formulate public policies based on the best possible evidence; this helps minimize bias influenced by lobbying organizations and empowers policymakers to approach policy development realistically. Evidence-informed policymaking, characterized by systematic and transparent access to and appraisal of evidence, supports governments in leveraging actionable evidence to deliver effective health care policies, strengthening national health systems (Oxman et al., 2009; World Health Organization [WHO], 2022). The term *evidence-informed* is preferred over *evidence-based* as it acknowledges the boundaries and the politically charged environment of policymaking, emphasizing the need for policies to be informed, mediated, or influenced by evidence (Campbell et al., 2009; Lavis et al., 2009). The components of evidence-informed health policymaking include using the best external research evidence and data, issue expertise, and stakeholder values and ethics, all aimed at ensuring that policies are well-informed by the best available research evidence and are effective in improving health outcomes and health care systems.

Why It Is Important to Inform Public Policy Advocacy with Evidence

The increasing complexity that has affected health care has likewise affected the public health policy environment. Experience and opinion, and trial and error, are insufficient for developing sound public health policy (Loversidge, 2023). Therefore, it is as important to formulate public policy based on the best possible evidence as it is to base practice and education on evidence for these reasons:

- A sound evidence base helps minimize risk from bias. The political power of organizations lobbying on behalf of their clients' interests rather than those of citizens and patients can influence policy direction, regardless of the strength of the evidence (Oxman et al., 2009).
- An evidence-informed approach can empower policymakers to (Oxman et al., 2009):
 - Use the research evidence presented by stakeholders to approach policy development realistically.
 - Ask critical questions about the available evidence to support policies.
 - Demonstrate that they are using good information to ground their decisions.
 - Manage possible influence and misuse of evidence by non-expert stakeholders.
 - Ensure that their initiatives are evaluated appropriately and that the outcomes being measured are realistic and agreed upon in advance.

Description of Evidence-Informed Health Policymaking

- Evidence-informed health policymaking is:
 - An approach to making policy decisions that aims to ensure the process is well-informed by the best available research evidence. It is characterized by systematic and transparent access to, and appraisal of, evidence as an input into the policymaking process (Oxman et al., 2009).
 - Supportive of governments in the US and abroad, so they can leverage the best available and actionable evidence to deliver effective health care policies to strengthen national health systems.
 - Facilitates the work of health policy advocates and governments to create public policy that improves both health outcomes and the systems that deliver health care (WHO, 2022).
- The term *evidence-informed* is used in policymaking rather than *evidence-based* (Loversidge, 2016; Loversidge & Zurmehly, 2023) because it:
 - Acknowledges the boundaries of evidence use in policymaking. Evidence is used indirectly – to inform, mediate, or influence stakeholder dialogue (Campbell et al., 2009; Lavis et al., 2009; Morgan, 2010).
 - Recognizes the politically charged, rapidly changing policymaking environment. Factors that affect policymaking priorities and stakeholder relationships include inflexibility of congressional or legislative sessions, budget cycles and limitations, partisan politics, and more. (Bowen & Zwi, 2005; Jewell & Bero, 2008).
 - Acknowledges the term that has become the global standard for health policy. The term evidence-informed was first coined in 2005 by the WHO EVIPNet Knowledge Translation Platform, which is a “global initiative embracing cutting-edge approaches to knowledge translation for better health policymaking. EVIPNet supports countries in leveraging the best available, actionable evidence to deliver high-quality and effective healthcare policies and sustainably strengthen national health systems” (WHO, 2022, paras 1 and 2).

Components of an Evidence-Informed Health Policymaking (EIHP) Process

EIHP components described in this model (Loversidge & Zurmehly, 2023) mirror the evidence-based practice (EBP) process described by Melnyk and Fineout-Overholt (2023), but differ to accommodate language differences in the policy environment. The three components are:

1) using the best external research evidence and data; 2) including issue expertise; and 3) acknowledging stakeholder values and ethics (Loversidge, 2016, pp. 28-29; Loversidge & Zurmehly, 2023). These are described below:

- *External evidence* includes scientific research evidence and focused studies or data that are gathered in proximity to the target policy problem or population. The two categories of external evidence useful in public policy are global evidence and local evidence.
 - *Global evidence* is science that can be generalized to designated populations and is found in studies published in peer-reviewed journals. Systematic reviews are particularly useful in policymaking, although any level of evidence can be useful.
 - *Local evidence* includes government data (e.g., from state or local health departments), or data from private sources collected to serve specific local or regional purposes. This adds important detail more tailored to immediate environmental and economic impacts or government implementation considerations (Lewin et al., 2009).
 - *Scope of the body of evidence: what should be included?* The literature search scope depends on the policy problem being investigated and may include:
 - Focus – the evidence that speaks directly to the public policy problem and/or potential solution(s) being considered.
 - Where the research was conducted – location may be relevant to its policy applicability, i.e., the results should be generalizable to the population of citizens the policy intends to serve, and the systems in which it will be operationalized.
- *Issue expertise*:
 - Is comparable to clinician expertise in EBP (Melnik & Fineout-Overholt, 2023).
 - Consists of knowledge, proficiency, and skill in the public policy problem or issue, gleaned from individuals, professional associations, or special interest groups (Loversidge, 2016, pp. 28-29; Loversidge & Zurmehly, 2023).
- *Stakeholder values and ethics*:
 - Is comparable to patient values and preferences in EBP.
 - Considers the values and ethics of the stakeholders at the policymaking table.
 - Include a variety of contributors or coalition members, including lawmakers, special interest groups and their representatives (lobbyists), health care providers, consumers, other individuals, and government agency representatives who will eventually be held accountable for policy implementation (Loversidge, 2016, pp. 28-29; Loversidge & Zurmehly, 2023).

Using the Best Available Evidence to Inform and Leverage Dialogue

Knowledge translation is a common challenge for nurse clinicians and academics who are using evidence to advocate for a policy change when translating research and data findings into a form that various stakeholder audiences can understand. Depending on the population or context, *preferred terms* for “stakeholder” may include contributors, community members, coalition members, allies, colleagues, advocacy groups, or others (CDC, 2022 – see Resources). It is critical to filter and vet information to consider what is most relevant and important to stakeholders – often the policymakers. Posing key questions that can focus knowledge translation is also called *knowledge transfer*; responses to these questions are summarized below (Lavis et al., 2003; expanded upon by Grimshaw et al., 2012):

1. *What* (research and data) information should be transferred?
 - **What should be transferred?** Current systematic reviews or other syntheses of global evidence are emphasized, but also individual studies. The most important messages from the body of evidence should be identified; keep the audience in mind.
2. *Who*, i.e., what credible individual or team should communicate that information and to whom?
 - **By whom should research knowledge be transferred?** A person who is considered to be the most credible messenger.
 - **To whom should research knowledge be transferred?** This depends on the purpose of the research and its relative importance to the intended target audience.
3. *How* will the essential information be packaged for policymakers?
 - **How should research knowledge be transferred?** Summarize essential information and deliver an actionable message.
 - **With what effect should research knowledge be transferred?** The desired effect would be that the research evidence is considered in the policymaking dialogue and final decision-making (policy drafting).

For Faculty: Helping Students Approach Evidence from a Public Health Policymaking Perspective

If students understand evidence-based practice (EBP), and if faculty understand evidence-based education, then evidence-informed health policy (EIHP) can be approached as a “variation.” Understanding the language of EBP helps students apply evidence to policymaking. Significant differences are attributable to the dissimilarities between clinical and policy settings. The following questions highlight the differences between the two approaches:

Q: Is the search for external evidence different in EIHP?

A: The search process is essentially the same; however, experimenting with key words and search terms is helpful. Using words like “policy,” “law,” or “regulation” in addition to the health problem will ensure that more than clinical research will be revealed. Evidence of policy solutions already attempted and data to substantiate their routes to success may be available in the published literature.

Q: Is clinical evidence, or evidence related to educational interventions, relevant in EIHP?

A: Yes, if those bodies of evidence are relevant to the public policy issue.

Q: Can articles in the national or local news constitute “evidence” for the purposes of public health policy?

A: No. The standard definitions for evidence apply. The evidence used should “fit” on an evidence pyramid/hierarchy and be categorized as either global or local. Relevant, reputable news stories *can* be used if their sources are transparently addressed.

Q: Does using an evidence-informed health policy (EIHP) process imply that nurses’ stories from their clinical practice are unimportant?

A: Lawmakers appreciate hearing nurses’ lived experiences. Stories get lawmakers’ attention and help them understand constituents’ health care problems and nurses’ ability to provide care. In the EIHP model that is called *issue expertise*. Make sure the story is balanced with scientific evidence.

Q: Are issues of diversity, health equity, and social determinants of health important in EIHP?

A: Absolutely. As nurses search for ways to analyze the body of external evidence, these issues may naturally rise to the surface. The search for external evidence should include evidence exploring how policy affects all marginalized populations and communities. Stakeholders may also address these issues; either professional or community stakeholders may notice and call these out to be addressed in policy.

Resources

AcademyHealth.org. Advances the field of health services research; informs health policy by translating evidence into action, and more.

Centers for Disease Control and Prevention (2022). Preferred Terms for Select Population Groups and Communities.

Health Policy Institute of Ohio (2023). Topics. (This page includes direct links to Fact Sheets by topic)

Loversidge, J.M., & Zurmehly, J. (2023). *Evidence-informed health policy: Using EBP to transform policy in nursing and healthcare* (2nd ed.). Sigma Theta Tau International. ISBN: 9871646481132

National League for Nursing (2022). NLN Centers for Nursing Education.

<https://www.nln.org/education/leadership-institute/centers-for-nursing-education/overview>

SUPPORT Tools for Evidence-Informed Health Policymaking (STP).

Includes “18 SUPPORT Tools” articles. These are in the public domain and can be downloaded in their entirety. Also found in *Health Research Policy and Systems*, 2009, 7(Suppl. 1), December 16, 2009. The series addresses four broad areas (Oxman & Hanney, 2009, p. 1):

USAID, Health Finance & Governance. Resources.

Better Governance, Better Health: The Evidence (2018).

Stakeholder Analysis Guidelines (2001).

Public Policy for Nurse Educators

Description

Nurses need to be active and competent in the work of assessing and reshaping policy environments. Training in policy influence and advocacy should be a key component of every nurse’s education (Staebler et al., 2017). Building nurse educator confidence in teaching health/public policy is one goal of this toolkit.

This toolkit provides information regarding:

- a. needed health/public policy course content,
- b. competencies required to promote and advocate for health policies,
- c. teaching strategies, assignments, and experiences to assist nurses and nurse educators in their work related to the three types of advocacy: issue, community/public health, and professional required to advance the unique knowledge and skill (Apold, 2021; Staebler et al., 2017).

Overview

Arabi and colleagues (2014) note that the ability to influence policy occurs on a spectrum. Their concept analysis found that as nurses are educated and gain experience in policy influence, they move through the phases of policy literacy to policy acumen to policy competence and then to policy influence.

The American Association of Colleges of Nursing's (AACN) Faculty Policy Think Tank (Anderson et al., 2020) recognized the importance of nurse faculty policy expertise, support for scholarship and practice in policy, and the need for investing in health policy education to develop the next generation of nurses able to advance policy solutions for the profession and the health care system. There is a need now for academic nurse leaders to embrace policy as legitimate practice, research, and scholarly endeavors to improve the health of communities and individuals.

Academic nurse leaders must consider the intersectionality between these factors and public health policy by:

- Addressing social determinants of health (SDH), diversity, and equity as appropriate; these include socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to health care (NLN, 2019). This is called a "health in all policies" (p. 3) approach and is important because it prioritizes foci on health and health equity (Artiga, & Hinton, 2018). It is essential to address the call for action by the World Health Organization (WHO) (2022b) to address the SDH. WHO addresses the five domains described by Artiga and Hinton (2018), but it is more inclusive to address factors beyond conditions in which people are born and live their lives, including the entirety of the "wider set of forces and systems shaping the conditions of daily life . . . [including] economic policies, developmental agendas, cultural and social norms, social policies, and political systems to the SDH construct all of which influence the distribution of money, power, and resources locally, nationally, and globally" (Davis, 2022, p. 93).
- Addressing evidence-based education, when health policy addresses matters that embrace the education of nurses, other health providers, and the public with regard to health-related information (NLN, 2022f).
- Considering implications of climate change and health (National League for Nursing, 2022f).

Staebler and colleagues (2017) found that some faculty are assigned to teach health/public policy courses for which they have little interest. In such cases one might expect little extracurricular policy-related activity on the part of faculty. These researchers recommend that colleges/schools of nursing select faculty who voice and demonstrate passion and interest in health/public policy for such content delivery. Nursing leaders and faculties need to reexamine their support and respect for the work of their colleagues and recognize the unique knowledge and skill required to engage in and teach health/public policy courses (Anderson et al., 2020). Professional development for faculty teaching health policy courses might include a health policy educator mentoring program, offering a conference for nursing faculty whose scholarship (research, practice, and/or education) is health policy, and the creation of a network for health policy nursing faculty to share best practices (Anderson et al., 2020).

According to Staebler and research colleagues (2017), entry-level students will typically focus on regulatory concerns and have a basic understanding of how policy impacts the health care arena. MSN students are expected to evaluate the impact of policy on regulatory functions and apply research and policy implications to advanced practice, health care delivery, and health outcomes for both individuals and communities. Doctoral students expand the lens further to the analysis of community members impacted by policy. The spectrum of expectations of student experiences with health/public policy course content thus progresses from entry-level students having comprehension competencies to MSN students' application and activity competencies to doctoral students using the accumulated competencies in leadership and service roles locally, regionally, and nationally (Staebler et al., 2017).

The Future of Nursing

The Future of Nursing 2020-2030 report (NASEM, 2021) notes that now is the time to act to improve the health and well-being of the nation. The overall size of the population and other sociodemographic factors such as the aging population, the increasing incidence of mental and behavioral health conditions, and high maternal mortality rates coupled with health workforce imbalances will increase the demand for nurses. Challenges will arise not only from the changes in society but also from within the health care system and the nursing workforce. Nursing will be challenged by health-related public policies and other factors including the educational preparation of the nursing workforce.

Conclusion 7-1 (NASEM, 2021) states that the nursing educational curriculum needs to effectively prepare students through coursework and experiential learning to advocate for health equity, reduction of health disparities, and improvement in the health and well-being of the population. Nursing students are prepared to practice in hospitals but are not as effectively prepared to work in community settings. The ability of nurses to serve as change agents outside of acute care settings and to be advocates for a culture of health and health equity requires training and skills beyond those taught in current nursing educational curricula.

Aligning Content with Accreditation Standards

Nursing programs are nationally accredited by the Accreditation Commission for Education in Nursing (ACEN), the Commission on Collegiate Nursing Education (CCNE), and/or the Commission on Nursing Education and Accreditation (CNEA). Along with state boards of nursing, these bodies set minimum standards for nursing programs and establish criteria for licensing and certification of graduates. Curriculum content and expected competencies for graduates of baccalaureate, master's, and doctoral programs are outlined in these accrediting bodies' standards. Individual college/school of nursing curricula will want to incorporate either specific health/public policy courses and/or integrated course content that addresses advocacy and specific policy issues to align with their accrediting body standards.

Course Content for Entry and Graduate Level Student Work

***See Tables for Course Objective Examples and Course Module/Content Examples for Health Policy Courses Across all Educational Levels

Advocacy is an integral role of the nurse and the key component of policy influence (Apold, 2021; Peltzer et al., 2016; Staebler et al., 2017). Nurses at the entry level are prepared to advocate for the patient at the individual level but are often less prepared to advocate for the nursing profession to advance population health (Peltzer et al., 2016). In addition to the advocacy competencies they acquired as entry-level nurses, nurses at the graduate level are prepared to analyze the impact of multiple factors, societal and political, on health care disparities (American Nurses Association [ANA], 2021; Anderson et al., 2020). The graduate-level-prepared nurse also has the advocacy competencies to influence legislators and governmental agencies to address social determinants of health (ANA, 2021).

Nurse educators are challenged today to create health/public policy course content and learning experiences for students at all levels of education that reflect the complexities of the current health care system and broaden and advance students' knowledge and application of advocacy skills (ANA, 2021; Anderson et al., 2020; Peltzer et al., 2016). Importantly, these challenges and directives are reflected in the NLN Mission, Core Values, and Objectives. Some examples follow. First, as a leader in nursing education, the NLN seeks to cultivate a global community of nurse educators to identify and influence issues related to excellence in nursing education. As a champion for nurse educators, the NLN advocates for equity and recognition in the advanced practice role of nurse educators, works to shape and inform public policy on nursing education at all levels, and serves as a valued source of data for legislation, regulations, and/or decisions about nursing education and the nurse educator workforce. In addition, NLN cultivates, expands, and sustains alliances with interprofessional and other influential organizations. With regards to advancement of the science of nursing education, the NLN advances the health of the nation and global community through nursing education science (NLN, 2022d). Additionally, the NLN Vision Statement, *Integrating Competency-Based Education in the Nursing Curriculum*, is a tool faculty can use as they determine appropriate level competencies for students in health policy courses (NLN, 2023). A health policy course would include a focus on social, psychological, cultural, economic, political, legal, and ethical environments that shape health care delivery systems. Professional nursing and quality patient care is advanced through interprofessional relationships and leadership in health policy, health care reform, successful models of health delivery, poverty research, and interdisciplinary health management.

At all educational levels there is a need to address and evaluate biases, the impact of the media, and the requisite competencies for the development of policy foundation:

- *Biases* – for example dismissing or discounting science and facts; accepting the premise that health care is a privilege not a right; accepting existing health care disparities for those of color, older age, LGBTQ+, and living in poverty; persisting in undermining efforts to promote the health of families and communities by failing to treat preventable illnesses.
- *Impact of Media in Policy Formulation and Activation* – for example, the dismal failure to use

nurses as resources for health news stories; nursing journals and associations failing to reach out to journalists on topics they cover; concerns related to reliable sources of public information; connection between social media and nursing's collective power to influence policy; nurses' strategic use of media to influence elections, the policy issues on the public's agenda, and to promote health.

- *Competencies for Building a Public Policy Foundation* – for example, developing a social responsibility/advocating for creating a culture of health to address the upstream factors promoting health (social determinants of health); leadership in changing the communities where nurses live, work, play, worship, and learn; skills in how to use evidence-informed policy reform; enhancing knowledge of how to lead community activism to address needed policy changes. Competency development focused on recognition of upstream social and economic forces should also utilize the Healthy People 2030 initiative (Office of Disease Prevention and Health Promotion, n.d.) and make use of existing resources such as the NLN Advocacy Action Center (2022a) and Public Policy Agenda (Davis, 2022; NLN, 2023-2024).

See Examples of Modules and Content for:

- *Health Policy Courses (Appendix A).*
- *Course Objectives by Educational Level (Appendix B).*
- *Health Policy Courses Across Educational Levels (Appendix C).*
- *DNP Health Policy Project Guidelines (Appendix D).*

Recommendations

- Promote sound public health policy that is mission driven and evidence-informed in accordance with nursing's core values and commitments to patient care quality and safety.
- Use smart strategies to build nursing's power through advocacy and to utilize that power at the policy table.
- Use the best available evidence to leverage the policymaking dialogue, with a focus on synthesizing the science and evidence so that it is understandable by and usable for lawmakers and other stakeholders and interested parties.
- Educators should aspire to incorporate public policy theory and practice into the curriculum across the continuum, from prelicensure through graduate education, including clinical doctoral and PhD studies.

Conclusion

It is incumbent upon nurses in all roles to familiarize themselves with public policy theory and practice. This familiarization should include a working knowledge of how political systems work, how to influence public policymaking, and how to keep abreast of current events and science that affects public health policy. This Toolkit provides both information and resources to benefit nurses in any of those roles along that journey.

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Appendixes

Appendix A

EXAMPLES of MODULES and CONTENT for HEALTH POLICY COURSES (Anderson et al., 2020; Mason et al., 2021; Milstead & Short, 2019)		
<i>Teaching Strategies Include PPTs, Readings from Current Journal/Newspaper/National Magazine Articles, Small Group Projects, Discussion Board Questions</i>		
BSN	MSN	DOCTORAL
<p>MODULE 1 – Focus on civics, engagement, awareness, advocacy, leadership, and professionalism.</p> <p>MODULE 2 – Focus on research, evidence-informed policy, shaping policy agenda, translation of research, media, and power of data.</p>	<p>MODULES – Focus on analysis, finance, and advocacy for public policies directly impacting advanced nursing practice and the social determinants of health in our nation.</p> <p>Provide an overview of policy and politics to ensure students are familiar with the basics of the policymaking process and the policymakers who must be influenced in this process.</p>	<p>DNP Modules – Focus on policy analysis skills and evaluation, policy economics, nursing influence on public policy, and policy implementation processes.</p> <p>Provide an overview of policy and politics to ensure students are familiar with the basics of the policymaking process and the policymakers who must be influenced in this process.</p>

BSN	MSN	DOCTORAL
<p>MODULE 3 – Focus on US Health Care System & Financing, Patient Safety, Future of Nursing, Public Policy, Population Health.</p> <p>MODULE 4 – Focus on Government: Federal, State, & Local; Policy Process.</p> <p>MODULE 5 – Focus on Health Care Workplace & Workforce; Policy Impact on Nurses from the Bedside to the Boardroom.</p> <p>MODULE 6 – Focus on Associations & Interest Groups.</p> <p>MODULE 7 – Focus on Healthy Communities and Social Determinants of Health.</p> <p>Note: this is a consolidated model. Full-semester courses would reflect 14-15 weeks/modules and demonstrate the full depth and detail of course content.</p>	<p>Determine role of research data in health policy development.</p> <p>Illustrate nursing’s ability to mobilize and advocate for critical policy issues.</p>	<p>DNP Modules – Focus on policy analysis skills and evaluation, policy economics, nursing influence on public policy, and policy implementation processes.</p> <p>Provide an overview of policy and politics to ensure students are familiar with the basics of the policymaking process and the policymakers who must be influenced in this process.</p> <p>PhD</p> <p>Modules – Focus on policy analysis, evaluation, economics of health care, policy influence, research, and policy implementation and implication processes.</p> <p>Provide an overview of policy and politics to ensure students are familiar with the basics of the policymaking process and the policymakers who must be influenced in this process.</p> <p>Differentiate health policy analysis from health policy research and compare methods of dissemination for health policy.</p>

Appendix B

EXAMPLES of COURSE OBJECTIVES by EDUCATIONAL LEVEL

BSN	MSN	DOCTORAL
<i>Describe health policy development processes at state and federal level.</i>	<i>Demonstrate competence in analyzing health policy processes.</i>	<i>Generate analyses of health policy processes outcomes.</i>
<i>Identify trends and issues stemming from health policy decisions.</i>	<i>Debate trends and issues stemming from health policy decisions.</i>	<i>Create health policy responses to current community health and social trends and issues.</i>
<i>Define economic, social, and health outcomes associated with health care reform.</i>	<i>Illustrate economic, social, and health outcomes associated with health care reform.</i>	<i>Analyze economic, social, and health outcomes associated with health care reform.</i>
<i>Explain role of community, peers, consumers, and interdisciplinary health care providers needed to promote health and social legislation.</i>	<i>Collaborate with community, peers, consumers, and interdisciplinary health care providers to promote and activate health and social legislation.</i>	<i>Support the community, peers, consumers, and interdisciplinary health care providers in efforts to promote and activate health and social legislation.</i>
<i>Identify health policy issues related to rural and medically underserved populations.</i>	<i>Synthesize information about health policy issues related to rural and medically underserved populations.</i>	<i>Design response to identified health policy issues related to rural and medically underserved populations.</i>

Appendix C

Examples of Assignments for Educational Level Health Policy Courses (Milstead & Short, 2019)

BSN	MSN	DOCTORAL
<p>Written Assignments</p> <ul style="list-style-type: none"> Select a current health policy issue. Identify your state or federal elected official and write a letter to this legislator providing specific and focused rationale for why policy needs support. 	<p>Discussion Board Assignments</p> <ul style="list-style-type: none"> Select one [1] health policy issue that is currently impacting either nursing education [e.g., state/federal funding] or advanced nursing practice [e.g., barriers to full practice]. Provide a written analysis of the policy processes currently promoting and/or inhibiting 	<p>Discussion Board Assignments</p> <ul style="list-style-type: none"> Discuss the role of research in nursing practice as it affects health policy. To what extent do you think the current focus on evidence-informed practice has influenced nursing research?

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<p>Written Assignments</p> <ul style="list-style-type: none"> • Select a current health policy issue. Identify your state or federal elected official and write a letter to this legislator providing specific and focused rationale for why policy needs support. • Written critique of a journal article regarding a health policy issue [individual/group]: • Select one (1) refereed journal article (< 5 years) related to health policy issue of interest to critique for this assignment. Explore the selected issue at local, state, and/or federal levels. Focus critique on current trends, impact of the media, and power of data to inform policy development. • Group written paper on a health policy issue and “The Nation’s Health” <p><i>In this paper, each student group will explore and analyze the selected health policy issue at the national, state, and local levels. This research and writing experience will provide students with a national, state, and local lens for a comprehensive analysis of the assigned health policy issue.</i></p>	<p>Discussion Board Assignments</p> <ul style="list-style-type: none"> • the policy issue. Support work with current [< 5 years] research evidence. <p>Written Assignments</p> <ul style="list-style-type: none"> • Select one problem or irritation in a clinical area and brainstorm with other health care professionals or graduate students on how to approach a solution. Who else could you bring into the discussion who could become supporters? Discuss funding sources – be creative. • Select a health policy of interest/importance to your practice. Plan a visit to your state legislator/staff person to discuss this policy. Create a fact sheet for the selected policy [a ‘left behind’] to provide succinct, specific information about your message for the legislator. <p>Discussion Board Questions*</p> <ul style="list-style-type: none"> * Select one issue currently before the state legislature or the US Congress. Write a letter to your legislator to support or oppose the legislation. Discuss what nursing or health care evidence supports your position. The letter may not exceed one page. * Create a way to enhance students’ scope of how far policy reaches across various nursing roles and specialties. Faculty can create a ‘cyber cafe’ to increase engagement and assist students in learning about different policies. Students add to the ‘cyber cafe’ with legislation, news, events, and opinions, earning participation 	<p>Discussion Board Assignments</p> <ul style="list-style-type: none"> • Discuss the role of research in nursing practice as it affects health policy. To what extent do you think the current focus on evidence-informed practice has influenced nursing research? • List at least three health problems at your local level that have implications at the global level. What data did you need (and from what sources) to determine the global nature of the problem? <p>Written Assignments</p> <ul style="list-style-type: none"> • Discuss which skills and attitudes are required for the nurse in the policy arena. Who is best prepared to teach these skills, and which teaching techniques should be used? How will the skills be evaluated? Develop a worksheet to facilitate planning. Discuss at least five strategies for helping nurses integrate these skills into their practices. <p>Discussion Board Questions*</p> <ul style="list-style-type: none"> * At this level, students perform a policy analysis and create a Policy Brief and Testimony to share with the class. The manner of sharing this work is determined by faculty. * Create a way to enhance students’ scope of how far policy reaches across various nursing roles and specialties. Faculty can create a ‘cyber cafe’ to increase engagement and assist students in learning about different policies. Students add to the ‘cyber cafe’ with legislation, news, events, and opinions, earning participation points

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<p><i>Examples of Health Policy Issues: Environment Health, Clean Drinking Water, Petroleum Spills, Food Deserts, Green Spaces, Medical Waste, Occupational Exposures for Nurses, Hurricanes – Emergency Planning & Response, Gun Safety, Insect-Borne Diseases, Health Disparities in Rural Settings, Immigration.</i></p>	<p>points throughout the semester for their original work and their responses to other students' work.</p>	<p>throughout the semester for their original work and their responses to other students' work.</p>

Applied Learning Experience

- Individual applied learning activity critical reflection paper by each member of the student group.

Applied learning is an experiential educational activity that places the student in an experience that requires the integration of learned theories, ideas, and skills in a new context. Thus, experience helps the student “apply” learned in a venue outside the classroom, extending that learning process.

The Health Policy course enables the exploration of theories of policy development, rationales surrounding policy making, and the “politics” involved with policy development and implementation. Each student group will take its work on a selected “health policy issue paper” one step further by physically going into the appropriate “community” to learn more about the policy, its implementation, its success or lack thereof, its impact for the intended group, and how work done by those who crafted the policy has been actualized by those who had to put it into action.

- Group Poster and Oral presentation [PPTs] related to assigned health policy issue.

Each student group uses this assignment as an opportunity to develop a mini-poster and oral presentation of the results of the applied learning experience related to the assigned health policy issue.

Discussion Board Questions*

* Using the Module readings and PowerPoint presentations differentiate between the branches of the United States government in federal health policy formation and identify how nurses can influence policymaking at each branch.

* Explain what the social determinants of health are and how they can assist us in identifying vulnerable populations. Give an example of a vulnerable population. Identify what social determinants of health exist in that group.

* Give one definition of advocacy. Explain the role of nurses in advocating for vulnerable populations when health policy decisions are made and how a newly licensed nurse can participate in advocating for patients

***Note:** The Discussion Board Question examples were provided by Dr. Kimberly Cleveland of Kent State University, Kent, Ohio.

EXAMPLES of DNP HEALTH POLICY PROJECT GUIDELINES

Health policy and advocacy DNP projects are one possible trajectory for clinical doctoral students (American Association of Colleges of Nursing, 2023). These projects have attributes unique to the policy environment. Therefore, although advisors are likely to recommend that students follow standard guidelines, it is important to differentiate between evidence-based practice (EBP) and quality improvement (QI) projects. The following project sections demonstrate the greatest differences (Loversidge & Zurmehly, 2019):

- **Stating the Problem:** The nature of the problem should be defined as a health policy problem rather than as a clinical problem. The problem of focus may exist in current policy, i.e., a current policy may be ineffective or may be inadequate to serve the needs of the population. Alternatively, the problem may be that there is an absence of policy, for example:
 - State nurse prescribing regulations that are inadequate in that they unreasonably limit prescribing of Schedule II drugs.
 - The absence of a federal policy that limits the price of essential drugs that are not costly to produce, such as insulin.
- **The PICO(t) Question:** The PICO(t) question drives the literature search, the same as it does to address a clinical question. In this case, the PICO(t) addresses a policy question, and follows an evidence-informed health policy model PICO(t) format (Loversidge, 2016; Loversidge & Zurmehly, 2019). In policy, this is always written as an intervention PICO(t), and the parts are as follows:
 - “P” means Population – the group of citizens who will be affected by the policy
 - “I” means Intervention – the new policy, or the change in existing policy that will be introduced, and hopefully passed.
 - “C” means Comparison – this describes policy that exists now; if there is no policy, then the law, regulation, or other type of policy is described as silent.
 - “O” means Outcome – this is the outcome that is anticipated following successful policy implementation.
 - “t” means time frame for achieving the outcome and is optional.
- **Review of the Literature, Critical Appraisal, and Evidence Synthesis:** The processes followed are similar to those used in EBP and QI. However, differences may include the following:
 - This section may need to be two-pronged. Evidence regarding the policy change must be explored. For example, the anticipated policy change may have been enacted in other states or municipalities, and published literature describing successes and challenges becomes essential to the body of evidence. However, if there is an underlying clinical problem that grounds the policy problem, an additional small body of evidence might be necessary to substantiate the policy change. Therefore, two PICO(t) questions and two subsections of the literature review may be necessary.
 - If two PICO(t) questions are needed, separating the synthesis tables will help clarify separate bodies of evidence if a two-pronged approach was necessary.
 - Flexibility is required in searching for policy literature. A policy change should be informed by more than just research alone. Sources such as government documents and local data are very useful and may be required (Lewin et al., 2009).

- Theoretical basis: Policy process models or change models/theories are appropriate for this type of project. Examples include (references found in Resources):
 - The CDC Policy Process or Framework
 - Change-related theories or models, e.g., Kurt Lewin’s Change Model
 - Evidence-Informed Health Policy (Loversidge & Zurmehly)
 - Kingdon’s Streams Model
 - Yoder-Wise Framework for Policy Change
- Recommendations, Implications for Policy and Practice, and Dissemination: The recommendations and implications for policy and practice are dependent on the type of policy project addressed, and the stakeholders/interested parties who are potentially served by the policy. In policymaking “dissemination” has a broad meaning – in addition to declaring how the student might disseminate the results/findings of the project, how the potential outcomes of the policy project itself (e.g., the hypothetical passing of a law or regulation) might be disseminated to stakeholders/interested parties should be addressed. Example: if a policy change involves a new continuing education rule for licensed nurses, how might those licensees be made aware of the change?
- These constitute five major categories of difference between health policy projects and EBP/QI projects. However, there are a number of other details that differentiate these types of projects. Specific policy project guidelines were developed for use at a large Midwestern college of nursing (Loversidge & Zurmehly, 2019), and are available in the public domain at The Ohio State University College of Nursing (2022-2023). (See Resources below.)

Resources

The CDC Policy Process or Framework

Centers for Disease Control and Prevention, Office of the Associate Director for Policy. (2022). CDC policy process.

Change-Related Theory, e.g., Kurt Lewin’s Field Theory

Burnes, B., & Cook, B. (2013). Kurt Lewin’s field theory: A review and re-evaluation.

International Journal of Management Reviews, 15(4), 408-425.

<https://doi.org/10.1111/j.1468-2370.2012.00348.x>

Swanson, D. J., & Creed, A. S. (2014). Sharpening the focus of force field analysis. *Journal of Change Management*, 14(1), 28-47. doi:10.1080/14697017.2013.788052

Evidence-Informed Health Policy

Loversidge, J. M. (2016). An evidence-informed health policy model: Adapting evidence-based practice for nursing education and regulation. *Journal of Nursing Regulation*, 7(2), 27-33. doi:10.1016/S2155-8256(16)31075-4

Loversidge, J.M., & Zurmehly, J. (2019). *Evidence-informed health policy: Using EBP to transform policy in nursing and healthcare*. Sigma Theta Tau International. ISBN: 9871948057202

Kingdon’s Streams Model

Howlett, M., McConnell, A., & Perl, A. (2015). Streams and stages: Reconciling Kingdon and policy process theory. *European Journal of Political Research*, 54(3), 419-434.

doi:10.1111/1475-6765.12064

Rawat, P., & Morris, J. C. (2016). Kingdon's "streams" model at thirty: Still relevant in the 21st century? *Politics & Policy*, 44(4), 608-638. doi:10.1111/polp.12168
Advocacy Coalition Framework

The Ohio State University College of Nursing (2022-2023). *Health Policy Final (DNP) Project Guideline*. DNP in Nursing Handbook 2022-2023

Yoder-Wise Framework for Policy Change

Yoder-Wise, P. S. (2020). *A framework for planned policy change*. *Nursing Forum*, 55(1), 45-55. doi: 10.1111/nuf.12381

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