

The Evolving Healthcare Landscape: Nurses Cultivating the Profession of Nursing, Healthcare Reform, and Health Policy Advocacy

A 2-Part Article

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ABSTRACT: The landscape of healthcare is changing, and professional nurses are key cultivators for influencing, leading, and guiding the evolution of nursing and healthcare delivery systems into the future. Healthcare policy and political advocacy provide golden opportunities for professional nurses to collaboratively create and implement healthcare systems, processes, practices, and policies that meet the needs of patients and families and also an opportunity to cultivate the clinical discipline of nursing into the future. Professional nurses are natural advocates. There are many stress-free opportunities available at local, regional, and national levels to assist individuals in overcoming personal and/or professional barriers to getting started in political advocacy. The following article will provide the reader with advocacy and political context resources, tools, and knowledge of policy and political context of the 112th Congress; current political policy issues important to the profession of nursing;

an overview of the Nurse in Washington Internship program; and basic background on federal policymaking and how nurses can have an impact on its outcome.

Key words: Advocacy, Healthcare Reform, Professional Nursing, Political Context

PART 1

The landscape of healthcare is changing, and professional nurses are key cultivators for influencing, leading, and guiding the evolution of nursing and healthcare delivery systems into the future. Nurses are skilled advocates in daily practice for patients and families, as they provide care and services in diverse practice settings across the nation. Healthcare policy and political advocacy provide golden opportunities for professional nurses to collaboratively create and implement healthcare systems, processes, practices, and policies that meet the needs of patients and families. Health policy advocacy is also an important opportunity for nurses to cultivate the clinical discipline of nursing into the future.

I recently had the opportunity and experience of attending the Nurse in Washington Internship (NIWI) Program (2011), sponsored by the Nursing Organizations Alliance. I admit that political advocacy, lobbying lawmakers, and understanding the intimidating political system have always been a personal and professional weakness. But not anymore! Inspired by the NIWI experience, I wanted to share what I learned there. The knowledge and experience gained from the NIWI program will enhance

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my health policy advocacy ability as the future Dermatology Nurses' Association (DNA) President and in my current DNA role as President-elect. The following article will describe the NIWI experience, the policy, and political context of the 112th Congress and outline current political policy issues important to nursing as our profession. Hoping that you are as excited by the thought of advocacy as I now am, this section is followed by a second part, teaming up with DNA's Washington, DC, advocacy and government relations consultants, that offers an overview on defining advocacy, its importance, basic background information, and the steps to take to engage in advocacy.

Congress, Nurses, and Health Policy Advocacy

This year's congressional focus is on the national budget and federal funding requests. Nursing programs are directly impacted by this debate. For fiscal year 2012, President Obama has requested \$313 million in funding for nursing workforce development programs at the Health Resources and Services Administration and \$162 million in funding to sustain and expand research at the National Institute of Nursing Research (NIWI, 2011). Many of the Health Resources and Services Administration programs included in the funding request, which support recruitment, education, and retention of nurses, are crucial in providing funding to counteract the national nursing shortage. The funding requests for the National Institute of Nursing Research focus on translating scientific knowledge and evidence-based best practices into cost-effective healthcare practices that promote positive patient care outcomes for population health and well-being of all citizens.

Nurses will need to work with policymakers to influence the implementation of some important issues in the practice of nursing. In 2008, a 2-year project assessing and exploring the current and future states of the profession of nursing was initiated, and summations of the project findings were published in October 2010. The report that all nurses should be familiar with is authored by the Institute of Medicine and the Robert Wood Johnson Foundation (2010) entitled *The Future of Nursing: Leading Change, Advancing Health* (<http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>). The report illustrates the importance of nursing interprofessional collaboration in the health reform process, health professionals practicing at the full extent of education and training, improving nursing education, adequately preparing nursing leaders, and improving workforce data collection and analysis processes. It identifies a plan to "address the nursing shortage and its educational system capacity to leverage the nation's largest healthcare workforce segment—nurses—to transform its workforce and delivery system" (Montalvo, 2010, p. 14). The opportunity is now ripe for nurses to bolster to engage in political influence and advocacy activities that build on the

professional nursing workforce. Active participation by professional nurses in shaping the future of healthcare and nursing will ultimately benefit the patients and families that seek care, treatment, and services in our nation's healthcare settings.

Nurses as Natural Advocates

Advocacy is a foundational core principle inherent in daily nursing practice. The concept of nursing advocacy is included in many organizational nursing role descriptions, departmental mission statements, and nursing competency assessments. The profession of nursing is impacted in several dimensions at the point of care by legislative and political actions focusing on healthcare-related issues. Medical regulatory agencies, state licensing requirements, health and occupational standards, and federal/state budgetary decisions impact nurses in daily practice. "Politics shape institutional and public policies at every point in the design and application. Understanding the policy making process permits nurses to determine when and how to intervene to shape the policy to benefit the patient" (Mason, Leavitt, & Chaffee, 2007, p. 3).

Nurses are natural vigilant guardians. Professional nurses are the frontline advocates for patients during healthcare interventions and routinely enlist a diverse repertoire of skills to ensure that all patients receive equitable, safe, and high-quality care. Nurses perform advocacy in several aspects during their daily interaction with patients and families, including advocacy roles of teacher, navigator, problem solver, spiritual supporter, transformational leader, caring healer, and pivotal communicator. Professional nurses have an inherent natural power and ability to influence others in daily nursing practice. Nurses persuade patients and families to participate in lifestyle changes, new rehabilitative regimes, and medical advice recommendations and to adhere to medication therapies in the home environment. Nurses need to expand and leverage this skillful ability in the political arena to influence the healthcare policy decisions made by elected officials. It is a critical time in history for all nurses to assess their levels of participation in health policy advocacy and identify personal barriers that prevent active participation.

Advocacy Resources for Nurses

There are a multitude of resources available to nurses for increasing their knowledge, skills, and comfort with political advocacy in the government arena. Even if policy advocacy, lobbying elected officials and their staff, and understanding the intimidating political system are currently a personal challenge, fear not; there are many stress-free opportunities available at local, regional, and national levels to assist individuals in overcoming personal and/or professional barriers to get started in political advocacy. Mason et al. (2007) expands on how nurses today need to be politically skillful in "how

to be persuasive, how to identify and use power effectively, how to analyze obstructions to goal attainment, and how to mobilize people to work” (p. 35). These are all skills that professional nurses use daily in patient assessment, care planning, delegating, intervention planning, and facilitating work groups within their local practice settings to improve care practices.

The first basic step in health policy advocacy is to identify your elected local, regional, and state government representatives. These elected officials can be very important allies and key resources in moving forward health policy changes and publicly communicating support for your advocacy effort. If you are unsure of who they are, what issues or policies they are focused on, how to contact them, or what committees they are assigned to, simply visit your state government electronic Web page to find this information. Joining and participating in a professional nursing organization is another powerful and valuable resource for nurses to use in gaining knowledge, experience, and a network for political advocacy. Nurses who join and participate in specialty-specific professional nursing organizations at a local or national level have a collective opportunity to identify specialty-specific practice and patient care issues impacting a certain patient population or specialty nursing workforce sector. Many professional nursing organizations have a healthcare policy and advocacy committee or other mechanism, such as a grassroots advocacy network, available for their members to voluntarily join. Committee volunteer activities at this level include developing professional nursing organization position statements, supporting specialty specific legislation, collaborating with alliances in national campaigns, and keeping members informed of healthcare-related legislation and regulations impacting the profession of nursing, patients, or healthcare.

Other activities that an individual can do to enhance their health policy and advocacy skills: such as attend a political science course; read journal articles, books, or local newspapers for political news; write letters, comments, and articles to local newspapers and professional nursing journals; or participate in an electronic media political blog. A more personalized approach in building political knowledge and advocacy skill is to find a local mentor. Remember that your mentor does not necessarily have to be a nurse; a willing local campaign manager would be an excellent choice for a political mentor.

The NIWI Program

Another avenue for the more politically adventurous nurse to gain hands on political advocacy knowledge and experience is to participate in the NIWI program offered annually in Washington, DC, by the Nursing Organizations Alliance. The NIWI program provides information and training on how nurses can engage in health policy advocacy, basic congressional information regarding the federal policymaking system and process, resource identi-

fication with at-home advocacy efforts, a day of real-world advocacy experience on Capitol Hill, including meeting with elected officials and their staff, and an opportunity to interact with key nursing and health policy leaders and lobbyists during panel discussions. The 3-day program is an educational pearl and resource tool kit for nurses seeking to increase their health policy and advocacy knowledge, skills, and experience in a nonintimidating manner.

Educational sessions at NIWI focus on providing nurses with an understanding of fundamental components of the current national public policy debate; federal funding for nursing and healthcare; the status of healthcare reform, repeal, and implementation efforts; healthcare workforce efforts; and the essential role of nurses in health policy. The editors of the book *Policy and Politics in Nursing and Healthcare* provided a panel discussion regarding nursing advocacy and how nurses can make a positive impact to healthcare in our country through advocacy and political awareness. Other NIWI sessions include advocacy training, preparation for visits with elected officials on Capitol Hill including role-playing activities led by experienced health policy and nursing lobbyists, professional nurse advocate panel discussions, and strategic organization and communication of the bottom line for meetings with congressional offices, also known as the “ask.”

The key tactic to a well-organized and communicated politically astute “ask” is to keep it concise and simple, and support it with evidence (data), and include a powerful real-life story. Nurses have many examples of powerful and meaningful stories that can be used to leverage and influence the urgency and attention needed by Congress to take action on the request. Time is a rare commodity not only in a professional nurse’s day but also in a congressional staff member’s day. Hundreds of specialty-focused organizations and individuals request time with members of Congress or their supportive staff members. Typically, healthcare-focused lobbyists and advocates meet with a congressional aide who maintains responsibility for healthcare policy and associated issues. The meeting usually lasts for only about 15 minutes. The congressional staff and the elected officials for whom they work are very busy, and time is a rare commodity. Important tips and techniques for a successful advocacy meeting with policymakers include the following:

- preparing your remarks in advance—practicing what you are going to say to ensure that it is concise and clear;
- spending some time in advance to ensure you are knowledgeable and well versed about the topic you are presenting and, if you are attending with colleagues, to make sure you have discussed your respective roles and remarks in advance;
- collecting or preparing a few written materials in advance for your “leave-behind” packet that present your “case” in a clear, evidence-based way—but

- ensure that the information is not too detailed, technical, or dense (large packets of information will be thrown away or ignored);
- making clear in the opening of your meeting that you appreciate the staffer/policymaker's time, identifying yourself as a nurse and constituent by giving your full name, profession, and home town;
- connecting with the policymaker by showing respect—asking how much time is available for the discussion (and sticking to it); inquiring if he or she is familiar with the topic you are discussing, not using jargon, slang, or acronyms; and asking how you can be of assistance to them;
- making sure the staffer/policymaker knows how to reach you—providing your contact information (if you give your work information, be sure you have your employer's permission in advance; if not, use your home contact information);
- answering questions as best you can—if you do not know the answer during the meeting, be sure to follow up with the information;
- not pressing for an answer immediately—asking for a convenient day and time to follow up shows that you understand that they may need some time to do research and consider your request; and
- expressing thanks and appreciation for their time and consideration and any actions taken previously that have been supportive of nurses and/or the healthcare community.

NIWI Lessons Learned

I learned essential personal and professional nursing advocacy insights by attending the NIWI program. The NIWI experience subdued my personal fears of politics and rallied a hidden desire to improve my health advocacy participation at a local and national level. NIWI also provided a renewed inspiration and admiration toward individuals who are skilled in health policy advocacy. Professional growth and development is a part of life-long learning that must be embraced by nurses in today's challenging and changing work environment. Patients and families depend on and expect nurses to advocate on their behalf during medical or surgical interventions. My personal insights gained and key lessons learned from the NIWI experience that may help you in your advocacy role include the following:

- taking some action is better than no action at all;
- setting up a meeting with members of the U.S. Senate and House of Representatives is easy, if you know how. The Oncology Nursing Society (2010) has a Web site with easy-to-access advocacy resources and tips on how to communicate with legislators (<http://www.ons.org/LAC/getinvolved>);
- there are many resources and tools out there to help with advocacy and healthcare knowledge;

- staying attuned to national policy impacting professional nursing and healthcare is important; and
- members of Congress want to hear what the issues of their respective constituents are.

NIWI promotes the basic philosophy of “taking some action is better than taking no action at all” and demonstrates that setting up meetings with legislators is easy, once an individual learns how. An important takeaway of the NIWI experience is the realization that our elected officials and their staff truly want to hear about the issues of concern of their respective constituents. Very few citizens of our nation have not interacted with or been touched in some manner by a nurse at one point in their lives. Nurses are the most trusted profession in our country today, and with this high regard of population trust comes a position of power and influence within the society. In December 2010, nurses were voted for the eleventh time as the most trusted profession in Gallup's annual survey. “Eighty-one percent of Americans say nurses have ‘very high’ or ‘high’ honesty and ethical standards, a significantly greater percentage than for the next-highest-rated professions, military officers and pharmacists” (Gallup, 2010).

Historically, the profession of nursing has not effectively leveraged power and influence in the policymaking and political arena. However, there have been exceptional nurses in the past who serve as role-models and have pioneered political power and influence in a proactive manner that over time has greatly impacted the healthcare of citizens in the United States. Florence Nightingale, Lillian Ward, Mary Brewster, Sophia Palmer, and Margaret Sanger are a few nurses who used their political suaveness, knowledge, and determination to improve population health and societal well-being. Professional nurses can leverage this “most trusted” position in American society to influence legislative policy for better population health in primary, secondary, and tertiary intervention levels. The ultimate goal and outcome of nursing advocacy is to benefit the health status and overall well-being of patients and families across our nation.

Elected officials understand the knowledge, power, and influence that professional nurses hold with constituents. Now is the time for nurses to step out of their intimate practice settings and use their specialty knowledge, natural influence, and advocacy skills in the political arena. Nurses have a golden opportunity to influence healthcare practice and delivery, enhance the profession of nursing, and advocate for optimal health and well-being of our nation for generations yet to come, as the landscape of healthcare is ever changing and is in need of nurturing cultivators.

The NIWI experience has provided me with new political knowledge and opportunities to actively participate in the advocacy process on Capitol Hill. The second part of this article about advocacy will give you further background and tools you need to participate successfully in the



FIGURE 1. DNA President-Elect Trudy Adamson with Minnesota Senator Al Franken.

political arena and to be knowledgeable about health policy context. Who knows, someday, you just might end up eating breakfast with one of your U.S. senators (Figure 1).

PART 2

The DNA Web site's advocacy page defines advocacy as "the act of educating or persuading in favor of something, such as a cause; active support." What exactly does that mean for nurses? Having one's voice heard is important. It is especially important that nurses' voices are heard by policymakers. Every single day, policymakers at the federal, state, and local levels are making decisions that affect the practice of medicine and the healthcare delivery system. If no one is talking to them about the real impact of their decisions, they may not get it right. How many times have you questioned why something is done a certain way in the course of your professional day—why something is coded a certain way, why the Health Insurance Portability and Accountability Act was written the way it was, or why someone is or is not qualified for healthcare assistance? Chances are the answer has something to do with a policy set by the government. Similarly, how many times have you asked yourself, "Why is there not a law about this or did anyone think to talk to the people that actually provide the care when they made this rule?" That is where advocacy comes in.

To people outside the beltway, the word "advocacy" sometimes sounds intimidating, and the word "lobbying" sometimes sounds like something only high-priced "hired guns" in Washington do. In truth, advocacy and lobbying are just a matter of voicing your concerns to policymakers. Although it can often seem intimidating, it really

does not have to be. We hope this article will show the importance and ease of advocacy.

Nurses are Naturals

National nursing organizations have embraced advocacy in recent years. Bringing the collective voice of each organization's members together has shown positive effects for the nursing profession and the patients it serves. Nursing organizations have also brought their voices together on a macroscale to have a real impact on important health policy issues. For instance, without the collective work of individual nurses and nursing organizations, there would be no federal programs to address nurse training, education, workforce, and shortage issues.

The good news is that advocacy can be relatively simple, fast, and effective. Nurses are natural advocates: they have experience, they are on the frontline of healthcare, and they are a trusted voice.

If you think about it, nurses advocate everyday for their patients, making the case to try to get them what they need. Policy advocacy is the same thing—explaining what is needed, why it is needed, and urging that it be done; the fundamental difference is that the audience is the policymakers and not health planners, insurers, or hospital administrators. Nurses are also on the frontline of our healthcare delivery system and, as such, tend to see the whole picture and are acutely aware of patients' needs. Policymakers understand and value this perspective and welcome nurses' insight. In addition, according to Gallup's "2010 Honesty and Ethics of Professions" poll, the public ranked nurses as the most trustworthy profession. Nurses regularly earn marks as being honest, ethical, and trustworthy. This means that, beyond being a constituent of a policymaker, nurses' opinions are valued and respected; nurses are a trusted professional and member of the community. Combine this with the number of nurses in the country, 3.1 million as of 2009 (according to the *2009 American Nurses Association Annual Report*), and nurses can be a powerful voice and have great influence over those that write our nation's laws and policies.

Although nurses are natural advocates, they have many of the same doubts and hesitations about advocacy as everyone else. People think that, as an advocate, a person has to be an expert in political science. People are busy and think that they might not have enough time. People think that it does not make a difference. In reality, nurses are an expert at what matters most—healthcare. Advocacy can take as little or as much time as you would like. With advances in technology, taking action is just a matter of clicking a mouse. Your voice does matter and means even more if it is supported by other similar voices.

Making People Comfortable: A Review of U.S. Civics

You do not need to be a political science major or watch Cable Satellite Public Affairs Network (better known as

CSPAN) everyday to engage in advocacy. A quick refresher of U.S. civics usually suffices to prepare people and put them at ease. After all, how many of us remember back to that grade school government class? Here are a few quick reminders on some civics topics.

Who Represents You?

Everyone has two U.S. senators and one U.S. representative. Each state is allotted two senators, who represent everyone in the state. Each representative represents a district within the state, which is made up of approximately 500,000 people. You can find your senators and representative by visiting www.senate.gov and www.house.gov. Each of your members of Congress also serves on committees that consider certain issues before Congress. These committees can be very influential; as you will see below; almost every bill must go through a committee before it is considered by the entire House or Senate. You can learn more about your senators and representative, including their committee assignments, by checking out their Web sites.

Types of Policymaking

There are different ways the government makes a policy and different vehicles that can be used. Here are few key ones (Thomas on the Internet):

Bills. Bills are pieces of legislation that are binding (or law) if passed and signed by the President. Bills generally fall into two categories: authorizing bills and appropriations bills. Authorizing bills generally create or change federal programs and initiatives. They recommend a level of funding for the program, but this is only a suggestion. The appropriation bills fund government programs that generally have been authorized.

Resolutions. Both the House and the Senate introduce and consider resolutions that are usually nonbinding but express the sense of the House, the Senate, or both on an issue. For instance, a resolution may recognize the importance of nurses and express the sense of Congress that the government should invest more in the nursing workforce.

Rules, regulations, payment, and coverage decisions. Rules and regulations are issued by the Executive Branch through its agencies and impact how a program is run; how an issue is handled; what is covered by government health programs, such as Medicare; and other payment decisions about the services under government health programs.

How a bill becomes a law. Congress is responsible for passing legislation, or bills, and the President signs the bill into law. There are thousands of bills introduced in the U.S. Senate and in the U.S. House of Representatives each year, but only a few hundred or less become laws. Here is a quick overview of the process:

- Legislation is introduced: Someone has an idea for a bill to create a new program or regulation, remove an existing program or law, or change a law or a program in some way, shape, or form. Oftentimes, these

ideas come from constituents who voice their opinions about an issue—perhaps a dermatology nurse has a concern about indoor tanning and wants to ban its use by minors. Whatever the source, a congressional office drafts the legislation, and a Member of Congress introduces the bill.

- Legislation is referred to a subcommittee within a committee: Congress does most of its work in committees, which are designed to have certain and precise issues in their jurisdiction. The content of the bill determines to which committee and then to which of its subcommittees the bill will be assigned. For instance, in the House of Representatives, a public health issue, such as indoor tanning, generally would be assigned to the Health Subcommittee of the Energy and Commerce Committee.
- Subcommittee and committee hearings and mark-ups are held: To allow more attention to legislation and the issues contained within, the subcommittees and committees hold hearings on legislation to hear expert testimony and a variety of opinions on the bill. After the hearing, the subcommittees and committees hold mark-ups, where they literally mark up a bill by amending or changing it.
- Floor consideration and votes: If a bill makes it through a subcommittee and a committee, it is placed on a calendar, which indicates that it can be heard, debated, and voted on by the full House or the Senate; this is called floor consideration. Not all bills that make it out of a committee are considered on the floor of the House or the Senate. It often takes additional advocacy to have a bill scheduled for floor consideration. Generally, a majority vote prevails, but there are instances wherein a two-thirds or three-quarters majority is needed to prevail.
- Legislation must be considered by both chambers: Once a bill makes it through one chamber, it is then sent to the other for consideration, wherein it often must go through the same process of committee and floor considerations. Sometimes similar bills are separately considered in the House and in the Senate, but on a concurrent timeline. Regardless, the bill must ultimately pass both chambers. After committee consideration and amendments, bills are rarely identical after passing both chambers.
- Legislation is sent to a conference committee: To reconcile the differences in the House-passed and Senate-passed versions of the bill, a conference committee, made up of members of the committees from both chambers, is convened. Their final, consensus product is called a *conference report*.
- The conference report is considered by both House and Senate: To ensure that the House and the Senate agree to identical versions of the bill, the conference report is sent back to the House and to the Senate for consideration and a vote. It is not amendable.

- Legislation is sent to the President: Once the House and the Senate have approved the conference report, the bill is sent to the President who has four options: (1) sign the bill, making it a law; (2) take no action for 10 days, while Congress is in session, which also makes the bill a law; (3) take no action when Congress is adjourned, called a pocket veto, which kills the bill; or (4) outright veto the bill. Congress then may override the veto, if it can muster a two-thirds vote by both chambers. If that occurs, the bill becomes a law.

Key Congressional Committees for Nursing Issues

As mentioned above, congressional committees play an important and often powerful role in lawmaking. Knowing what committees your senators and representative serve on is important. Both the House of Representatives and the Senate have three committees with jurisdiction over the issues most important to nurses:

- **House Committees**
 - The Appropriations Committee and the Labor, Health and Human Services, and Education Appropriations Subcommittee
 - The Energy and Commerce Committee and Health Subcommittee
 - The Ways and Means Committee and Health Subcommittee
- **Senate Committees**
 - The Appropriations Committee and the Labor, Health and Human Services, and Education Appropriations Subcommittee
 - The Health, Educations, Labor, and Pensions (HELP) Committee
 - The Finance Committee and Health Subcommittee

The Appropriations Committee decides how much funding federal programs receive. The Appropriations Committee is often called the most powerful committee in Congress because, although they do not create programs, they are the ones who recommend the funding levels for authorized programs. The committee divides itself into subcommittees on the basis of the federal agencies it funds. Therefore, the Labor, Health and Human Services, and Education Subcommittees have jurisdiction over many health programs, such as the Nursing Workforce Development programs and the National Institutes of Health.

The House Energy and Commerce Committee has jurisdiction over public health programs and the Medicaid program. The committee shares jurisdiction with the Ways and Means Committee on Medicare Parts B (outpatient), C (Medicare advantage), and D (prescription drugs). It is an authorizing committee, meaning it authorizes or creates programs and sets a level of funding at which the program can be funded. Whereas the authorizing committee can specify a funding level, the Appropriations Committee has the ultimate decision as to at what level to fund programs. The Ways and Means Committee has lone House jurisdiction over Medicare Part A (inpatient hospital).

The Senate HELP Committee has jurisdiction over non-Medicare and Medicaid health issues, whereas the Senate Finance Committee handles all Medicare and Medicaid issues (see Table 1).

Guidance for Being an Effective Advocate

Being an effective advocate depends mostly on common sense, polite persistence, and follow-up. Policymakers expect to hear from their constituents—both those that agree and disagree with them. Most have systems set up and staff assigned to ensure that constituent communications

TABLE 1. Key Congressional Committees With Jurisdiction Over Nursing and Dermatology Issues

Committee	Example of Jurisdictional Authority
House Appropriations and Health, Educations, Labor, and Pensions Subcommittee	Funding of Nursing Workforce Development programs, the National Institutes of Health, and the National Institute of Arthritis, Musculoskeletal and Skin Diseases
House Energy and Commerce Committee	Banning indoor tanning; reauthorization of the National Institutes of Health
House Ways and Means Committee	Imposing a tax on indoor tanning
Senate Appropriations and Health, Educations, Labor, and Pensions Subcommittee	Funding of Nursing Workforce Development programs, the National Institutes of Health, and the National Institute of Arthritis, Musculoskeletal and Skin Diseases
Senate Health, Educations, Labor, and Pensions Committee	Banning indoor tanning; reauthorization of National Institutes of Health
Senate Finance Committee	Imposing a tax on indoor tanning

Sources: U.S. House of Representatives; U.S. Senate.

are logged and responses are returned. A survey of Capitol Hill staff (Fitch & Goldschmidt, 2005) showed that, despite the significant increase in constituent communications allowed by technology, these communications are still important. The survey further showed that communications that include a personal touch matter even more. For instance, talking about how the issue affects your practice with examples (that do not violate the Health Insurance Portability and Accountability Act, of course) helps put the issue in perspective to a lawmaker and makes your issue and request more memorable. It is vitally important that constituents weigh in on the process so that Congress hears from the people whom the laws will affect the most during the process of considering and passing legislation.

Ways to Communicate With Your Elected Officials

- E-mails, letters, or faxes: This is the most popular way that constituents communicate. Each communication is recorded and counted by the office, and the policymaker is informed of the number of messages and the types of communications used.
- Calling the office of elected officials: Sometimes calling is easier and quicker. Again, communications are tallied, and information is shared with the elected official.
- Meeting with an elected official or his or her staff: Members of Congress have district and state offices, and most state and local officials make themselves available for meetings, so you do not have to travel to Washington, DC, or your state capital. Face-to-face meetings allow for more time to discuss the issues, a dialogue, and follow-up questions.
- Attending a town hall meeting or community meeting: Often, elected officials hold community meetings where they invite their constituents to come and voice their concerns. This is a great way to bring an issue you care about to the forefront of your elected official's consideration.

Tips for Effective Communication

For any type of constituent communication, whether it be a letter or a meeting, there are a few tips to keep in mind:

- Be clear about who you are. Make sure to use your personal e-mail and include your full name, home mailing address, e-mail address, and home phone number. This allows you to connect with your policymaker as a constituent—someone who lives and votes in the state/district.
- Be polite—even if you are frustrated, use a professional tone. Communicate to them as you would like someone to communicate with you and how you likely communicate with your patients: clearly, concisely, and with respect. Even if you are angry, frustrated, or disappointed, be sure to use a polite tone and appropriate language.

- Explain your tie to the issue and personalize your message. For example, “as a registered nurse, I see the effect of reimbursement rates for cancer treatment every day.” Tell your own story and explain its relevance to the issue at hand. If you are using a template letter, please take a few moments to personalize it with your own experience.
- Make your request up front, so that what you want and/or what issue you are addressing is clear. Be concise. Stay on the topic at hand.
- Be honest, accurate, and clear. If you are including statistics or other information, be sure to verify your sources. It is best to avoid acronyms and abbreviations. Be modest in your request. Focus only on one or two issues that are of top priority to you.
- Be of assistance and serve as a resource. Policymakers and their staffers are overworked and overwhelmed, so offer them your assistance; they will appreciate your input and help.
- Express appreciation. At the close of your correspondence, be sure to acknowledge and thank the member for his or her attention to your concerns.
- Ask for a response. Politely make clear at the close of your call, correspondence, or meeting that you are requesting a response regarding the policymaker's views on the issue or legislation you addressed. Be sure to give your full contact information to facilitate the follow-up or response.
- Follow up. If you do not receive a response in a timely fashion (in excess of a month for most offices), be sure to follow up.

Getting Started in Health Policy Advocacy

Even with some background on the legislative process, basic information about policy, and some tips in reaching out to elected officials, many people are not quite sure where to start. Here are some suggestions about getting started in health policy advocacy:

- Check out the DNA Web site and the advocacy page (<http://www.dnanurse.org/>). The advocacy page contains the quarterly advocacy newsletter, helpful tips, and updates on the latest issues affecting DNA members.
- Find out who represents you at the federal, state, and local level by going online or checking out the government pages of your phone book. To find out who your senators are, go to www.senate.gov, and to find out your representative, go to www.house.gov.
- Visit your elected officials' Web sites and locate information on the best way to contact them.
- While you are on their Web site, sign up for their newsletters or alerts about town hall or community meetings and other local events.
- Research your elected officials' positions on issues important to you. Again, Web sites can be very useful for this.

TABLE 2. Recommended Policy and Advocacy Web Sites

Agency for Healthcare Research and Quality – <http://www.ahrq.gov/>

American Academy of Nurse Practitioners Legislation and Practices – <http://www.aanp.org/AANPCMS2/LegislationPractice>

American College of Nurse Practitioners Policy/Advocacy Information – <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3297>

American Nurses Association – <http://www.nursingworld.org/>

American Nurses Association Government Affairs – <http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower.aspx>

American Nurses Association Healthcare Policy – <http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues.aspx>

Cable News Network Politics – <http://www.cnn.com/POLITICS/>

Cable Satellite Public Affairs Network – <http://www.c-span.org/>

Centers for Disease Control and Prevention – <http://www.cdc.gov/>

Centers for Medicare and Medicaid Services – <http://www.cms.hhs.gov/>

Congress (official Web site) – <http://thomas.loc.gov/>

Council of State Governments – <http://www.csg.org/>

Democratic Attorneys General Association – <http://democraticags.org/>

Democratic Governors Association – <http://dga.net/>

Democratic Legislative Campaign Committee – <http://dlcc.org/>

Democratic National Committee – <http://www.democrats.org/>

Department of Health and Human Services – <http://www.dhhs.gov/>

Federal Register – <http://www.gpoaccess.gov/fr/>

Governing Magazine – <http://www.governing.com/>

Government Accountability Office – <http://www.gao.gov/>

Government Printing Office – <http://www.gpo.gov/>

Health Resources and Services Administration – <http://www.hrsa.gov/>

House of Representatives (U.S.) – <http://www.house.gov/>

Kaiser Family Foundation – <http://www.kff.org/>

League of Women Voters – <http://www.lwv.org//AM/Template.cfm?Section=Home>

Library of Congress – <http://www.loc.gov/index.html>

National Association of Attorneys General – <http://www.naag.org/>

TABLE 2. Recommended Policy and Advocacy Web Sites, continued

National Association of Counties – <http://www.naco.org>

National Association of Insurance Commissioners – <http://www.naic.org/>

National Cancer Institute – www.nci.nih.gov

National Conference of State Legislators – <http://www.ncsl.org/>

National Governors Association – <http://www.nga.org/>

National Institutes of Health – www.nih.gov

National Institute of Arthritis and Musculoskeletal and Skin Diseases – <http://www.niams.nih.gov/>

Politico – <http://www.politico.com/>

Republican Attorneys General Association – <http://rslc.com/raga>

Republican Governors Association – <http://www.rga.org/>

Republican National Committee – <http://www.gop.com/>

Republican State Leadership Committee – <http://www.rslc.com/>

Senate (U.S.) – <http://www.senate.gov/>

State Net – <http://www.statenet.com/>

U.S. Conference of Mayors – <http://usmayors.org/>

White House – <http://www.whitehouse.gov/>

- Seek a local meeting with one of your elected officials—they have offices in your community or close by.
- Is there a particular program you care about? Sign up for an agency newsletter, such as for the National Institute of Arthritis, Musculoskeletal and Skin Diseases, the National Cancer Institute, or the Centers for Medicare and Medicaid Services.

TABLE 3. Recommended Reading

Buresh, B. & Gordon, S. (2006). *From silence to voice: What nurses know and must communicate to the public* (2nd ed.). Ithaca, NY: ILR Press.

Aboud, S. (2007). Influencing healthcare in the legislative arena. *Online Journal of Issues in Nursing*, 12(1): 3. Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No1Jan07/tpc32_216091.aspx

Gulatte, M. M. (Ed.). (2011). Chapter 35: Advocacy and health policy: Influencing the public policy process. In *Nursing management principles and practice* (2nd ed.). Pittsburgh, PA: Oncology Nursing Society.

Mason, D. J., Leavitt, J. K., & Chaffee, M. W. (2011). *Policy and politics in nursing and health care* (6th ed.). St. Louis, MO: Saunders.

- Keep abreast of the latest in health policy by signing up to receive alerts from health policy organizations, such as Kaiser Family Foundation (<http://profile.kff.org>).
- Keep abreast of the latest in nursing by signing up to receive alerts from nursing organizations you are affiliated with, such as DNA or the American Nurses Association.
- Use the Web sites recommended in Table 2.
- Take time to learn more about health policy and advocacy. See suggested reading in Table 3.

Remember: You do not have to do each of these. Start with one and build up to others. Find a friend or a colleague and take action together; that makes it easier and more fun. Every day, each nurse makes a difference in the lives of patients and families, and with a little effort outside of the workplace, each nurse can make a difference in the outcomes of the laws, regulations, and programs that impact the practice of nursing and the healthcare system. We hope that these articles, together, have demystified the public policy process and provided you with information and inspiration to get involved and take action. As it says on the DNA Web site, “like it or not, government plays a big role in healthcare. To make a difference and provide the very best care for our patients, we must be the very

best nurses.” Part of being the very best nurses is to advocate within your practice setting and beyond. ■

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- Thomas on the Internet. Retrieved September 22, 2011 from <http://thomas.loc.gov/home/thomas.php>
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