

CHAPTER 5

DNP Involvement in Healthcare Policy and Advocacy

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Our nation currently faces many challenges. In the first 9 months of 2016, 28.2 million (8.8%) of Americans of all ages were uninsured at the time of the National Health Interview Survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (2016). Despite the Patient Protection and Affordable Care Act being signed into law by President Obama on March 23, 2010, many Americans remain uninsured. According to the U.S. Department of Housing and Urban Development, an estimated 549,928 persons are homeless on any given night in the United States, with one in five individuals experiencing chronic patterns of homelessness (22% or 77,486 people). Inconceivably, people in families with children represented 35% of the homeless population. Sadly, close to 40,000 veterans are homeless on any given night in the United States (U.S. Department of Housing and Urban Development, 2016). It is evident that disparities in healthcare, education, food distribution, and housing demand the attention of the doctor of nursing practice (DNP) graduate.

Although the enormity of these problems may seem daunting and may cast doubts on how one can make a difference, DNP graduates possess the tools to make changes in our society. Knowledge and education are powerful instruments; DNP graduates possess both. DNP graduates also possess practical experience, leadership skills, and knowledge regarding research- and evidence-based practice, which allows them to be powerful advocates for healthcare policies. Utilizing the gifts of knowledge, education, practice experience, leadership skills, and research to their full potential for the betterment of society is a challenge that all DNPs must undertake. Due to our nation's many challenges, it is imperative that DNP graduates become involved in shaping healthcare policy and promoting advocacy. DNP graduates are prepared to meet these challenges.

Nursing's Social Policy Statement (American Nurses Association [ANA], 2003) clearly states the nursing profession's commitment to society and the people who are served. Nursing's relationship with society is "based on an ethic of trust and the principle of justice" (Ballou, 2000, p. 178). Involvement in healthcare policy and advocacy that addresses issues of social justice and equity in healthcare are vital roles that all DNP graduates must assume to fulfill our responsibility to society (American Association of Colleges of Nursing [AACN], 2006).

It is also important for DNP graduates to remember that political decisions and social policy initiatives have an impact on the practice of nursing. DNP graduates need to attain a place at the table where policy decisions are made to have a say in the policies that govern nursing. DNP graduates are prepared to assume a leadership role in influencing and shaping policies that affect nursing practice.

This chapter provides a brief overview of the history of nursing's involvement in healthcare policy and advocacy. Specific strategies for becoming informed and involved in healthcare policy and advocacy are outlined. An interview with a nursing policy expert is also included in the chapter. Nancy M. George is the director of the DNP program and an associate professor at Wayne State University College of Nursing. Her valuable insights on nurses and health policy are shared in this interview.

► Curriculum Standards

Essential V of the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) provides specific curriculum standards for the DNP graduate related to healthcare policy and advocacy under the title "Healthcare Policy for Advocacy in Health Care." Essential V states that DNP programs prepare graduates for the following activities related to healthcare policy and advocacy:

DNP graduates are prepared to design, influence, and implement healthcare policies that frame healthcare financing, practice regulation, access, safety, quality and efficacy (IOM [Institute of Medicine], 2001). Moreover, the DNP graduate is able to design, implement, and advocate for healthcare policy that addresses issues of social justice and equity in health care. The powerful practice experiences of the DNP graduate can become potent influencers in policy formation. Additionally, the DNP graduate integrates these practice experiences with two additional skill sets: the ability to analyze the policy process and the ability to engage in politically competent action. (O'Grady, 2004)

The DNP graduate has the capacity to engage proactively in the development and implementation of healthcare policy at all levels, including institutional, local, state, regional, federal, and international levels. DNP graduates, as leaders in the practice arena, provide a critical interface among practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of healthcare policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence healthcare policy making at the various levels.

The DNP program prepares the graduate to do the following:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.

2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve healthcare delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for healthcare policy that shapes healthcare financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas. (AACN, 2006, pp. 13–14)

► Historical Perspective

The modern nursing movement was started by Florence Nightingale in 1860 when she opened the first nurse training program at St. Thomas Hospital in England (Lewenson, 2007): “This landmark event signaled to the world that nurses required schooling for the work they did” (p. 23). Nightingale’s concept that nurses should be trained, supervised, and managed by nurses themselves was adopted by many nurse training programs during this period. She believed that nursing and medicine should be separate disciplines. Most important, Nightingale believed nursing should organize and control itself. Nightingale’s ambitious letter writing to influential people enabled her to obtain support for changes in healthcare and nursing education. She ultimately was able to garner worldwide support for her visionary ideas about sanitation, nursing education, and the separation of nursing from medicine.

In the United States, the modern nursing movement began with the opening of many Nightingale-influenced nurse training schools in 1873 (Lewenson, 2007). This also signaled the changing role of women in society. The nursing profession provided one of the first opportunities for women to work outside the home and financially support themselves. Because nursing’s roots were in the church and military, however, patriarchal control existed (Lewenson, 2007). To overcome this issue, political action was necessary by nurses, and women in general, to obtain control over their education, work, and lives.

Between 1873 and 1893, many more nurse training schools opened, with the number rising to more than 1,129 by 1910 (Burgess, 1928). During this time, nursing was not regulated by any professional nursing group, which resulted in significant misuse of nurses. In fact, physicians and pharmacists controlled much of nursing practice, particularly in the private sector (Lewenson, 2007). Ultimately, this mistreatment and lack of control and regulation were the impetus for early nursing leaders to form professional nursing organizations (Lewenson, 2007).

The first professional nursing organizations were formed between 1893 and 1912. Although these organizations were originally formed to address the misuse and lack of representation for nurses, members ultimately became involved in social and political reforms that affected health issues in society. The first professional nursing organizations included what are now known as the National League for Nursing (NLN) and the ANA. The NLN originated in 1893, and its goal was to bring “uniformity in

nursing curricula and standards of nursing practice” (Lewenson, 2007, p. 24). Nursing leaders of the NLN favored and encouraged collective action, which demonstrated the political and progressive nature of this group.

Nationally, nurse training programs were encouraged to form alumnae associations to bring nurses together at the state level and ultimately at the national level (Lewenson, 2007). The ANA originally was developed to unite the various alumnae groups that had been formed by nurse training programs across the country. All alumnae associations were encouraged to be involved in political action and social reform. Sophia Palmer, founding editor of the *American Journal of Nursing (AJN)*, was one of the nursing leaders who spearheaded this effort. Palmer used the *AJN*, which was first published in 1900, to stimulate discussion among nurses about policy and political issues. The *AJN* also encouraged collective action on the part of nurses to influence legislation that affected the profession and the health of the public (Lewenson, 2007). The publication of the *AJN* was an important early political strategy undertaken by the ANA and the NLN to increase communication among nurses. Of interest, the *AJN* was originally funded by members of these two organizations (Lewenson, 2007).

One very important issue that was addressed by members of the ANA and discussed in the *AJN* was the registering of nurses. Significant political action and organization among nurses were taken to obtain recognition of nursing as a profession. The first state nurse registration act was passed in 1903, originally in the states of North Carolina, New York, New Jersey, and Virginia. This resulted in protecting the title *nurse* by law (Lewenson, 2007). Other states soon began to register nurses.

During this time frame, the Spanish-American War erupted. Nurse leaders attempted to control which nurses were chosen to serve in the war. They were unsuccessful in their efforts against Anita Newcomb McGee, a physician and socialite from Washington. Much to the dismay of nursing leaders, McGee ultimately served as the leader and therefore chose which nurses served in the war. It was believed by many nursing leaders that this unfortunate outcome had occurred due to a lack of formal organization of nurses. Lessons were learned from this incident, and the need for political action to control and organize nursing was recognized more than ever (Lewenson, 2007).

Subsequently, two other nursing organizations were developed: the National Association of Colored Graduate Nurses (NACGN) and the National Organization for Public Health Nursing (NOPHN). NACGN arose out of the fact that African American nurses were initially barred from membership in the ANA as a result of discrimination. The NACGN was organized in 1908. Its focus included issues of discrimination, education, standards of practice, and nursing registration (Lewenson, 2007).

The nursing leaders of the ANA and the NLN formed the NOPHN in 1912 to address substandard nursing practices in public health nursing. Public health nursing needs significantly increased in the beginning of the 20th century due to the overwhelming public health problems that occurred in the United States as a result of urbanization, industrialization, and immigration (Lewenson, 2007). NOPHN leaders recognized the importance of forming coalitions with other healthcare professionals and laypeople to form a larger political base to advocate for changes to improve the health of the public (Lewenson, 2007).

The formation and organization of formal nursing organizations led to the involvement of nurses in other political issues, such as the campaign for suffrage. It was recognized that the ability to vote would enable nurses to have a voice in the laws that regulated practice, education, and health (Lewenson, 2007). Letters from the

National American Woman Suffrage Association that requested support and articles about suffrage were published in the *AJN*. Initially nurses were hesitant to participate in the suffrage movement due to fear that it would negatively influence efforts to obtain state nursing registration. In fact, at the 11th annual ANA convention in 1908, members opposed a resolution for the organization to support suffrage (Lewenson, 2007). Four years later, nursing leaders were successful in obtaining support from the nursing profession for women's suffrage. Political action to support women's suffrage was continued by the nursing profession until the Nineteenth Amendment, which gave women the right to vote, was passed in the summer of 1920.

Finally, no history of nursing's involvement in political activities would be complete without mentioning two significant nurses who had an impact on public healthcare policy during this early period of the nursing profession. Lillian Wald and her colleague Mary Brewster opened the Henry Street Nurses' Settlement in 1893 in New York City. This was, in essence, the first nurse-run clinic in the United States (Fitzpatrick, 1975). Wald and her staff lived in this community and provided nursing care, health education, social services, and cultural experiences to clients who were seen in the clinic. The clinic gained world recognition for its success in addressing public health issues (Lewenson, 2007). Utilizing her knowledge and political savvy, Wald was able to influence and make many changes that affected the health of the residents and their community. She was influential in establishing the first park in New York City, which promoted children playing in a safe environment rather than in the streets (Lewenson, 2007). Wald is also credited with advocating for the first school nurse after noting that many children missed school due to medical problems. Although the board of health initially hired a physician to examine the children, Wald ultimately was successful in convincing them to hire a public health nurse as well. Wald considered these nurses to be the first school nurses in the world. They were hired in 1902; amazingly, their salary was \$30,000 (Lewenson, 2007).

Another nurse, Margaret Sanger, revolutionized healthcare practice as a result of her political activism. Sanger led the struggle for legalizing birth control in the early 20th century. Sanger, a visiting nurse, was passionate that women should have control over their own bodies, specifically their reproductive functions. She was very politically savvy and sought support not only from nursing but from other organized groups of women, labor organizers, and philosophers (Lewenson, 2007). She met government resistance when she attempted to publish information about health issues such as syphilis. Sanger ultimately fled the United States in 1914 after being criminally convicted of writing an article that supported women separating procreation from the sexual act (Lewenson, 2007). She returned to the United States in 1915 following the death of her daughter. Ultimately the government dropped the charges against Sanger due to public pressure. Sanger's efforts to provide birth control and health information to mothers continued when she opened a clinic in 1916 in New York City. Once again her efforts were met with resistance, and she again faced arrest, prosecution, and imprisonment. Although Sanger was not successful, her efforts ultimately resulted in changes in the interpretation of the law, which influenced the founding of Planned Parenthood (Lewenson, 2007).

Nursing's rich and fruitful political activism history in the 19th and early 20th centuries unfortunately did not continue in the mid-20th century when the feminist movement began in the United States. Initially, nursing's involvement in this movement was basically nonexistent (Chinn & Wheeler, 1985). Although nursing was a female-dominated profession, nurses failed to become actively involved in the fight for equal rights for women until the 1970s. Two notable nursing leaders, Wilma Scott Heide and JoAnn Ashley, led the profession in recognizing the value of the feminist

movement for the nursing profession. It became obvious to nurses that it was imperative to become involved in political activities that addressed the inequalities faced by women overall. It was also clear that nursing needed to assume a leadership role to promote changes in healthcare for the betterment of society. Nursing's support for the feminist movement was fully realized when the ANA supported the Equal Rights Amendment in the early 1970s (Lewenson, 2007). Two other pivotal events also occurred during this time. The National Organization for Women was organized, and the Nurses Coalition for Action in Politics was established. The Nurses Coalition for Action in Politics was the first political action committee (PAC) for the nursing profession (Lewenson, 2007).

Although the political activities of nursing have continued from the late 20th century to the present, they have not been as vigorous as those of early nursing leaders. "Too often nurses are not included in policy decisions, not involved in policy making, or just not recognized at all" (Gordon, as cited in Lewenson, 2007, p. 31). It is obvious that much work is still needed by nursing to realize its full potential of influencing healthcare through healthcare policy. Lewenson (2007) says, "Nurses will learn that their extensive knowledge base and experience lend themselves to political activism" (p. 31). Early nursing leaders, such as Florence Nightingale, used the professional education of nurses to facilitate their political activism. Nursing has this opportunity once more with the advent of the DNP degree.

Involvement in political activities has always been an integral part of the nursing role. Due to nurses' expanded scopes of practice, it has been necessary for nurses to be involved in issues such as expanding nurse practice acts and obtaining third-party reimbursement and prescriptive authority. The shortage of physicians in primary care and of medical residents in many areas has increased the demand and need for expanded roles in nursing. For this reason, nurses need to be involved in political activities more than ever.

Of concern, the majority of political activities by nurses have focused on areas that expand and promote their practice (Oden, Price, Alteneider, Boardley, & Ubokudom, 2000). Given the dominance of medicine, this is not surprising; nevertheless, nursing involvement in healthcare policy and advocacy to benefit the general population is imperative. DNP graduates are well prepared, as a result of their education and experience, for involvement in healthcare policy and advocacy. DNP graduates can serve as leaders in influencing and shaping healthcare policies and advocating for healthcare issues. In addition, DNP graduates can influence and shape policies that have an impact on the practice of nursing.

The next section of this chapter discusses avenues for becoming informed and involved in political activities. Whether the DNP graduate chooses to be knowledgeable only about current political issues or chooses to run for public office, some level of involvement is vital. DNP graduates are in the unique position to influence the future of healthcare through an array of positions and activities. It is also important to recognize that political activism may contribute to the long-term success and viability of DNP graduates in the healthcare arena.

► **Tips for Becoming Informed and Involved**

Although the ideal method for learning to be politically savvy is through mentoring, role-modeling, and practice, there are many catalysts for becoming informed about and involved in politics. Due to our nation's current healthcare environment,

a multitude of causes and issues demand the attention of DNP graduates. It is the responsibility of all DNP graduates to become informed and involved to influence and shape healthcare policies and advocate for patients and the nursing profession.

A good way to start is first to determine your areas of interest; find something you care about, or find something new to care about. Next, determine the amount of time and energy you have to devote to political activism. Finally, be passionate and get started by being informed and involved!

Sources of Information

Many outstanding sources for obtaining information are available in our technologically advanced society. In addition to written materials, the Internet provides a wealth of information regarding healthcare policy and advocacy issues. Multimedia resources such as television and radio are also good sources for obtaining information. More in-depth information may be obtained through courses and continuing education offerings.

Professional Journals

Many professional nursing journals contain policy and political updates. Other sources for this information include medical journals and other healthcare professional journals. The names of nursing journals that frequently contain policy and political information may be found in **BOX 5-1**.

Internet

The Internet provides endless access to information regarding public policies, healthcare policies, government information, academic information, and government officials. In addition, many nursing associations provide specific information for nurses through

BOX 5-1 Healthcare Policy- and Advocacy-Related Journals

- The *American Journal of Nursing*, since 1900, has provided editorials, articles, and commentaries on political issues that affect nursing (monthly).
- The *Journal of Professional Nursing*, the official journal of the American Association of Colleges of Nursing (AACN), provides information on public policy (bimonthly).
- *Nursing Economic\$* provides a “Capitol Commentary” that examines current healthcare policy issues (bimonthly).
- The *Journal of Nursing Scholarship*, the official publication of Sigma Theta Tau International Honor Society of Nursing, provides articles regarding healthcare policy and systems (bimonthly).
- *Policy, Politics & Nursing Practice* provides information regarding legislation that affects nursing practice, case studies in policy and political action, interviews with policy makers and policy experts, and articles on trends and issues (quarterly).

Other journals with articles regarding healthcare policy, health law, and ethics include *Yale Journal of Health Policy, Law, and Ethics*; *Journal of the American Medical Association*; *The New England Journal of Medicine*; *American Journal of Public Health*; *American Political Science Review*; *Health Affairs*; *Health Services Research*; *Journal of Health Politics, Policy and Law*; and *Journal of Public Health Policy*.

the Internet. For example, the ANA website offers the *Online Journal of Issues in Nursing*, and the NLN's website has a section titled "Governmental Affairs."

Several terms are helpful for locating information on the Internet, including *administration, economics, law, management, policy, and statistics* preceded by the terms *health or medical*. These terms usually result in the successful location of healthcare policy data. Tips for narrowing the search include enclosing the terms in quotation marks and utilizing conjunctions (i.e., *and* and *or*) and the word *not*. The use of a website's internal search engine is also highly recommended to refine the search. In addition, Google frequently provides an excellent beginning search and a vast array of information.

BOX 5-2 lists several excellent websites for initiating a search. Take a moment to explore these websites for learning purposes and volunteer activities. Information regarding the advocacy and legislative programs for associations is frequently available through their websites.

Textbooks

Several excellent textbooks are available for DNP graduates to increase their knowledge regarding politics and healthcare policy. The textbooks listed in **BOX 5-3** provide a start for the DNP graduate to become more informed and politically savvy, and **BOX 5-4** provides a list of some multimedia resources.

BOX 5-2 Healthcare Policy- and Advocacy-Related Websites

- Government-related websites:
 - U.S. Department of Health and Human Services (<http://www.hhs.gov/>)
 - World Health Organization (<http://www.who.int/en>)
 - U.S. Government Printing Office (<http://www.access.gpo.gov>)
- Legislative websites:
 - Legislation & Votes (<http://clerk.house.gov/legislative/legvotes.aspx>)
 - U.S. House of Representatives (<http://www.house.gov>)
 - U.S. Senate (<http://www.senate.gov>)
- Academic websites:
 - Duke Center for Health Policy & Inequalities Research (U.S. Health Policy Gateway) (<http://ushealthpolicygateway.wordpress.com>)
 - Muskie School of Public Service (<http://muskie.usm.maine.edu/cutler>)
 - National Health Policy Forum (<http://www.nhpf.org>)
- Professional nursing association websites:
 - American Association of Colleges of Nursing (<http://www.aacn.nche.edu>)
 - American Nurses Association (<http://nursingworld.org>)
 - National League for Nursing (<http://www.nln.org>)
- Specialty association websites:
 - American Association of Critical-Care Nurses (www.aacn.org)
 - American Association of Nurse Practitioners (<http://www.aanp.org>)
- Healthcare professional association websites:
 - American Cancer Society (<http://www.cancer.org>)
 - American Heart Association (<http://www.americanheart.org>)
 - National Multiple Sclerosis Society (<http://www.nationalmssociety.org/government-affairs-and-advocacy/index.aspx>)

BOX 5-3 Healthcare Policy- and Advocacy-Related Textbooks

- Bodenheimer, T. S., & Grumbach, K. (2016). *Understanding health policy: A clinical approach* (7th ed.). New York, NY: McGraw-Hill.
Provides a good overview of the basic principles of healthcare policy and how the healthcare system works.
- DeLaney, A. (2002). *Politics for dummies* (2nd ed.). New York, NY: John Wiley & Sons.
Good book for a review of politics for both novices and those who are familiar with the political arena.
- Mason, D. J., Gardner, D. B., Outlaw, F. H., & O'Grady, E. T. (2016). *Policy & politics in nursing and health care* (7th ed.). St. Louis, MO: Elsevier Saunders.
Excellent textbook that provides a vast amount of information regarding nursing's history and progress in policy and politics.
- MoveOn. (2004). *MoveOn's 50 ways to love your country: How to find your political voice and become a catalyst for change*. Novato, CA: New World Library.
Excellent resource for DNP graduates who want to make changes but don't know how.
- Weissert, C., & Weissert, W. (2012). *Governing health: The politics of health policy* (4th ed.). Baltimore, MD: Johns Hopkins University Press.
Provides an excellent review of the politics of healthcare policy making.

BOX 5-4 Other Multimedia Resources

- Newspapers are a good source of information regarding international, national, state, and local politics and public policy issues. Two examples of newspapers that provide a significant amount of information on healthcare policy issues are the *Wall Street Journal* (<http://www.wsj.com>) and the *New York Times* (<http://www.nytimes.com>).
- Network and cable television programs are a good source of information regarding political activities and public policy. C-SPAN and CNN are two networks that provide a vast amount of political information. C-SPAN broadcasts live government events and also provides live streaming regarding political issues via Facebook and Twitter. C-SPAN's Video Library contains all the network's programming since 1987 and is an excellent source for research. Previous C-SPAN broadcasts may be viewed via YouTube.
- National Public Radio (NPR) (<http://www.npr.org>) and C-SPAN radio (<http://www.c-span.org>) are both excellent sources for public and political issues. DNP graduates can also listen to these radio stations through the Internet. Many talk shows that address political issues are also available on radio.

Courses and Continuing Education

Many nursing associations offer courses specifically regarding healthcare policy and legislative issues. For example, the American Association of Nurse Practitioners (AANP) offers a health policy conference yearly. AANP also offers a health policy fellowship for nurse practitioners who are interested in a more extensive program. For more information, go to the AANP website at <http://www.aanp.org>. Check

national, state, and specialty nursing organization websites for information regarding healthcare policy meetings and conferences. For DNPs who are interested in a more in-depth program, the Robert Wood Johnson Foundation (RWJF) offers a health policy fellowship program. This yearlong fellowship brings healthcare professionals to Washington, DC, to experience an immersion in national healthcare policy, primarily through working assignments in Congress (Michnich, 2007). For more information regarding the RWJF health policy fellowship program, go to the RWJF website at <http://www.healthpolicyfellows.org>.

► Avenues for DNP Involvement in Healthcare Policy and Advocacy

Many outstanding opportunities exist for the DNP to be involved in shaping healthcare policy and advocating for patients. Membership and involvement in professional nursing organizations is an excellent source for initial involvement. The DNP graduate may also choose to use the workplace environment as well as educational and research-based endeavors to become involved in healthcare policy and advocacy. Some DNP graduates may choose to become more actively involved by seeking election for a public office.

Professional Nursing Organizations

Membership and participation in national, state, local, and specialty professional nursing organizations are critical for DNP graduates. Unity is vital for nurses if they wish to be successful in addressing problems in healthcare and in the nursing profession. Membership in these organizations provides nurses with a voice when healthcare issues are being discussed and changes are being proposed at all levels in healthcare policies. These associations frequently provide legislative and public policy updates to members via newsletters or the Internet. Leavitt, Chaffee, and Vance (2007) noted that “many professional nursing associations offer opportunities for volunteer services that lead to rich educational, mentoring and networking experiences” (p. 42).

DNP graduates who are members of the AANP may choose to be involved with or contribute to the AANP Political Action Committee (AANP-PAC). The AANP-PAC “supports candidates who believe in the purposes, principles and mission of AANP” (AANP, 2014). In addition, the AANP’s legislative team “represents nurse practitioners (NPs) and their patients on critical issues related to licensure, access to care, patient safety, health care reform, reimbursement, and other concerns at all policy levels” (AANP, 2014). Involvement by nurse practitioners (NPs) in legislative activities are strongly encouraged, and the AANP provides a great avenue for participation. The AANP’s website offers excellent information regarding federal and state legislation and regulation. The website also has an outstanding Policy Toolkit covering topics such as NP Policy Essentials, Advocacy, and Current Issues & Analysis, which provides a wealth of information on how to become involved in legislative issues and activities. The AANP Advocacy Center (www.capwiz.com/aanp/home) offers the ability to affect healthcare policy by allowing members to inform federal representatives directly about issues that are important to their practice and patients. AANP also offers a health policy

fellowship for those NPs interested in a more in-depth program. State NP organizations also provide vast opportunities for legislative involvement and activities.

DNP graduates who are members of the ANA may volunteer to participate in the Nurses Strategic Action Team (N-STAT) or the American Nurses Association Political Action Committee (ANA-PAC). N-STAT members are alerted by the ANA about critical healthcare issues and can personally contact their members of Congress and write letters to them (Leavitt et al., 2007). The ANA-PAC, which is one of the top healthcare PACs in the United States, speaks for all 2.7 million registered nurses (Malone & Chaffee, 2007). The ANA-PAC is involved in direct and grassroots lobbying and “endorsing and supporting those candidates who have a record of supporting ANA policy interests or who have expressed positions that are consistent with ANA policy interests” (ANA, 2014). In addition, the ANA-PAC makes monetary contributions to candidates. “ANA-PAC is committed to increasing the number of RNs in public office at every level of government” (Malone & Chaffee, 2007, p. 772). The leadership skills and knowledge of DNP graduates make them excellent candidates for public offices. PACs also exist in specialty, state, and local nursing professional associations. Their activities are similar to those of national associations. Many opportunities exist for involvement by DNP graduates in the political arms of these associations. Visibility by involvement in all of these activities is vital for DNP graduates. Again, all it takes is interest, time, and energy!

Refer to **BOX 5-5** for ideas about how to become involved in professional nursing organizations and how to contact and communicate with legislators.

BOX 5-5 Ideas for Involvement in Professional Nursing Organizations

- Support your national, state, specialty, and local nursing professional associations by joining them as a member.
- Be visible by attending association meetings.
- Volunteer to be on a PAC or other committees, task forces, or boards that are involved in healthcare policy, advocacy, or nursing practice issues.
- Volunteer to join a coalition.
- Volunteer to campaign for PAC-endorsed candidates.
- Offer to contact and write letters or emails to political officials regarding issues that influence healthcare policies and nursing practice and promote patient advocacy. Traditional letters and emails are highly effective tools to let public officials know what you think. To find the postal or email address or phone number of your lawmaker, go to the websites for the Senate (<http://www.senate.gov>) and the House of Representatives (<http://www.house.gov/representatives>).
- Speak with legislators and policy makers. As citizens of the United States, we have access to policy makers like no place else in the world. Tips for speaking effectively with politicians may be found on the websites of many professional nursing associations. In addition, when speaking to politicians, be sure to explain and promote the role of the DNP because many of them are not familiar with this new degree in nursing. In addition, speaking with a politician from your district may carry more weight.
- Some general rules for writing, emailing, or speaking with your legislators include keeping your tone positive, being brief, staying focused on the subject, identifying the issue or specific bill being discussed, presenting your position, and giving a sound rationale.

BOX 5-6 Examples of Workplace Involvement

- Serve in leadership positions on policy and procedure committees.
- Serve in leadership positions on other committees or task forces that affect patient care and nursing practice.
- Serve in leadership positions when the workplace is undergoing reviews from accrediting agencies (e.g., The Joint Commission).
- Serve in leadership positions when the workplace is seeking Magnet status.
- Serve as a role model and mentor to staff members when changes are being implemented.

Workplace Involvement

The leadership skills of DNP graduates make them highly qualified for influencing and facilitating changes in the workplace environment. DNP graduates can serve as advocates for changing and improving the policies and procedures that affect patients and nursing practice in their places of employment. DNP graduates can also serve as catalysts to implement new policies based on their vast knowledge and understanding of research- and evidence-based practices. **BOX 5-6** lists some examples of how DNPs can become involved in the workplace.

Involvement Through Education

The role of the DNP in education goes beyond the academic setting. One of the key ways to be a patient advocate is to develop and provide evidence-based, culturally relevant, and culturally sensitive patient education material. With our culturally diversified nation, this is more important than ever. This is also one way to assist in correcting healthcare disparities. Health promotion and advocacy through patient education continues to be a major focus for nursing, as reflected in *Nursing's Social Policy Statement* (ANA, 2003). As a result of their education and clinical expertise, DNP graduates are highly qualified to serve as leaders in developing and disseminating patient education material. There is also a multitude of ways for DNPs to be patient advocates through educational endeavors that involve public speaking and writing. Use your writing and speaking engagements for health promotion and advocacy for patients and families and to educate the public about DNP graduates and nursing. **BOX 5-7** gives some examples of how to become involved through education.

Involvement Through Research

Diers and Price (2007) state that “research may be a tool to carve policy, if it is in the right hands and is carefully sharpened and skillfully applied” (p. 195). DNP graduates are knowledgeable regarding research- and evidence-based practice. This knowledge can be applied to influence and initiate public, social, and healthcare policies and to advocate for patients. DNP graduates possess the knowledge to use research- and evidence-based practices to influence the decision making of policy makers. In addition, DNP graduates may choose to be involved in research studies that influence organizational, healthcare, and social policies. *Nursing's Social Policy Statement* (ANA,

BOX 5-7 Examples of Involvement Through Education

- Design education programs for staff members and other healthcare professionals.
- Serve as a leader in developing evidence-based, culturally relevant, and culturally sensitive patient education material.
- Serve as a leader in staff and patient education committees at the workplace.
- Facilitate evidence-based journal clubs that address cultural issues and health promotion and other topics that promote quality patient care.
- Facilitate staff education programs regarding different learning methods.
- Serve as a role model and mentor to staff regarding patient education.
- Facilitate patient support groups in your area of specialization that are culturally relevant and culturally sensitive.
- Seek opportunities to provide health education to the public via interviews on television or radio shows. Share your expertise!
- Volunteer to write health articles for your local newspapers. Newspaper editors are always looking for experts to write articles regarding health topics.
- Volunteer to speak at support group meetings (e.g., cancer and multiple sclerosis support groups) regarding health topics. Support groups are always looking for speakers, particularly nurses, to provide health information to their participants.
- Volunteer to speak at community group meetings (e.g., Rotary International) regarding health topics. Community groups are always looking for speakers, particularly nurses, to provide health information to their members.

BOX 5-8 Examples of Involvement Through Research

- Present research to support policy and procedure changes in the workplace.
- Present research to initiate or support health or social policy initiatives at the local, state, or national level.
- Conduct research on topics that will advocate for patients and influence health and social policies. Publishing the research in a refereed journal is vital to increase the credibility of the study and disseminate the results to others.
- Facilitate evidence-based journal clubs for staff to promote evidence-based practice.
- Serve on institutional review boards to support nursing research and advocate for patients.

2003) serves as a guide for nursing research efforts related to healthcare policy and advocacy. There is a wealth of opportunities for DNP graduates to use research to shape health and social policy and promote advocacy. **BOX 5-8** lists examples of involvement through research.

Other Avenues for Involvement

Nursing is one of the most trusted professions in our nation (Feldman & Lewenson, 2000). DNP graduates can capitalize on this trust by becoming involved in many other political activities to advocate for patients and shape healthcare and social policies. As stated earlier, “ANA-PAC is committed to increasing the number of RNs in public

BOX 5-9 Examples of Other Avenues for Involvement

- Vote! Exercise your right to vote on issues that promote advocacy and affect healthcare policies. Be aware of issues and vote in elections at all levels—local, state, and national.
- Volunteer to be on a local, state, or national committee, board, or task force. It is not necessary to be on only health-related committees. Consider other areas of interest for involvement.
- Familiarize yourself with the elected officials who represent you at all levels of government. Communicate with them. Educate them about DNP graduates. Share your expertise and perspectives regarding healthcare and nursing issues. Write letters that indicate your viewpoint and desired outcomes. See Box 5-5 for information about how to contact, write to, and speak with your legislators.
- Volunteer to campaign for elected officials who are supportive of health and nursing issues.
- Choose a political party affiliation. This is essential to obtain support for a political appointment.
- Seek opportunities for appointments. Most nurse and specialty associations offer appointment information. Another source for information is the League of Women Voters.
- Contact elected and appointed leaders, such as the governor and chief nurse executives, regarding involvement with task forces, boards, committees, and opportunities for appointments.
- Seek election for office. To start, consider running for a local office, such as becoming a member of the school board or city council.
- Volunteer to be interviewed for newspapers, journals, and television and radio broadcasts regarding advocacy and healthcare policy issues. Use these opportunities to promote and educate the public about DNP graduates and nursing.
- Respond to editorials and articles published in newspapers and journals regarding advocacy, healthcare policy, and nursing practice issues.

offices at every level of government” (Malone & Chaffee, 2007, p. 772). The leadership skills and knowledge of DNP graduates make them excellent candidates for public offices, where they can gain visibility to educate politicians and the public regarding this new role and degree in nursing. To get started, first become familiar with the public policy and healthcare policy issues that are currently under consideration at all levels of the government. Pay specific attention to issues of interest at the desired level of involvement. Remember, all it takes to become involved is interest, time, and energy! **BOX 5-9** provides some ideas for becoming involved through other avenues.

► Case Scenario: DNP Involvement in Healthcare Policy and Advocacy

Dr. K. is a DNP graduate who is employed as an adult nurse practitioner specializing in the care of cardiac surgery patients at a large teaching hospital. In addition, Dr. K. has a special interest in homelessness. For the past several years Dr. K. has volunteered at a local shelter

Interview with Dr. Mullin, Healthcare Policy Expert



Dr. Marlene Mullin, the author of this chapter, is an excellent exemplar of DNP graduates becoming involved and influencing healthcare policy. Therefore, it seemed appropriate that an interview (conducted by the author of the text) with Dr. Mullin be included in this chapter.

Dr. Mullin, can you please tell us about your nursing background including your educational background?

I obtained my BSN from Madonna University, MSN from Wayne State University, and doctor of nursing practice from Oakland University. As a nurse practitioner, I specialized in the care of patients undergoing cardiac surgery. I was the primary author of all the preoperative and postoperative patient education materials utilized to prepare patients and families for the surgery. I was also the coordinator for the cardiac support group. In addition, I was actively involved in all quality improvement projects related to the program as well as many hospital committees. My interest in caring for cardiac surgery patients and their families began in 1980 when my father underwent a triple bypass when I was a staff nurse. This personal event had a profound effect on me and my family and was the impetus for me specializing in the care of cardiac surgery patients and their families. Caring for these brave patients and families was my passion.

My second passion, which is working with the homeless, began in 2010 when I was invited to join the board of directors for Hope Warming Center in Pontiac, Michigan. Hope Warming Center is the only barrier-free shelter in the area. As a board member I am able to influence and support the care of the homeless in metro Detroit. Whether it is attending board meetings, serving dinners, or providing healthcare to the homeless, it is an honor and very rewarding to help this underserved population.

Dr. Mullin, what made you return to graduate school for a DNP degree?

I originally explored returning to school for a PhD; however, due the fact that I was so passionate about my clinical practice, a PhD did not seem like the right degree for me. I was contacted by a colleague who told me about the new DNP program at Oakland University. I immediately looked into the program, which was the first in the State of Michigan, and knew that it was the perfect degree for me to pursue. All the DNP coursework prepared me for leadership positions in the clinical world as well as the community. As the terminal degree for clinical practice, the DNP fulfilled my educational needs while supporting my goal to remain in practice as a nurse practitioner.

Dr. Mullin, do you feel your DNP degree impacted your decision to become involved in healthcare policy? If so, how?

Definitely! The coursework and experiences provided by the DNP program increased my knowledge and confidence to become more involved in healthcare policy and advocacy. This increase in knowledge helped me to recognize the power DNP graduates have to impact healthcare policies as a result of their practice experiences. I was already very familiar with healthcare policies as a result of being actively involved in many hospital committees. Obtaining my DNP degree definitely prepared me for leadership roles in the healthcare policy arena. I increased my involvement with the Michigan Council of Nurse Practitioners by taking on board positions, which enabled me to be a leader in the organization. I also joined the board of directors for Hope Warming Center, which was addressing issues of equity and social justice regarding homelessness in our community.

Dr. Mullin, can you please describe your experiences being involved in healthcare policy and advocacy?

The Michigan Council of Nurse Practitioners (MICNP) has been actively lobbying for passage of a bill (HB 5400) to grant APRNs in the state of Michigan prescriptive authority. I have been actively involved in this process. I am the past president and currently the treasurer of the Metro Detroit MICNP chapter, which is the largest chapter in the state of Michigan with over 800 members. I have also been chairperson of the legislative committee for the Metro Detroit MICNP chapter since 2012. As chairperson of the legislative committee, I organized many Meet and Greet sessions for legislators to meet with area nurse practitioners regarding HB 5400. I also had many meetings with our state senators and representatives and attended hearings regarding this bill. HB 5400 passed late in 2016 in both the Michigan House of Representatives and the Michigan Senate. HB 5400 was signed by Michigan Governor Snyder on January 9, 2017. HB 5400 allows NPs, CNMs, and CNSs to prescribe physical therapy, prescribe speech therapy, and order restraints as well as prescribe Schedule II–V drugs under delegation and non-scheduled drugs autonomously. The Michigan Council of Nurse Practitioners plans on continuing to lobby to expand the practice of APRNs to allow them to practice to the full extent of their education, training, and certification in the state of Michigan.

As a member of the board of directors of Hope Warming Center I have been actively involved in healthcare policies affecting the homeless in our county. As a DNP graduate, I have had much success meeting with politicians regarding improving the services provided to the homeless. My experience when providing healthcare to a recently hospitalized homeless individual was the impetus for Hope Warming Center creating a recuperative center. The recuperative center serves as a bridge for recently hospitalized homeless individuals to recover without the pressures that hospitals face regarding length-of-stay issues. I have also been able to advocate for the homeless by influencing local organizations to purchase healthcare equipment for the shelter and the recuperative center. One item which was greatly needed at the shelter was an automatic external defibrillator (AED). As a result of my leadership in the metro Detroit MICNP chapter, our organization purchased the AED. I also advocate for local organizations to provide dinners for the homeless at Hope Warming Center.

Dr. Mullin, do you have any advice for other DNP graduates who wish to get more involved in healthcare policy?

Opportunities for DNP graduates to be involved in healthcare policy and advocacy are abundant! These are just a few examples. Get started by voting in all local, state, and national elections. My father, a World War II veteran, and my mother always stressed the importance of voting to have a voice in what occurs at the local, state, and national level. Next, find something you are passionate about and become involved! There are a wealth of social problems and issues in our country which need the attention of DNP graduates. Get involved in professional nursing organizations; volunteer to be on a committee and consider running for an office. Also consider running for a board of director position for a local organization such as your state heart association, etc. DNP graduates, with their education and practice experience, are frequently sought for board positions. Volunteer to be on committees that influence healthcare policies at your place of employment. Get to know your legislators and offer your opinion about local, state, and national healthcare policies or issues which you as a DNP graduate can influence. Advocate for ethical, equitable, and social justice policies where you are employed as well as in the local, state, and national level. Share your expertise by speaking and writing about healthcare topics. Remember nurses are one of the most trusted and respected professions! You, as a DNP graduate, are well prepared to be a powerful voice for healthcare policies and advocacy!

once a month. The shelter where she volunteers is a nonprofit program that focuses on providing shelter, education, and counseling to rehabilitate homeless individuals. Participation in the program is on a voluntary basis. Candidates for the program undergo intense intake interviews before being accepted. Individuals who are accepted into the program must be drug-free and willing to undergo random drug testing. The program is very structured and rigorous; therefore, only those individuals who truly want to change are accepted. A major focus of the program is to provide participants with assistance in acquiring employment and permanent housing. Thirty individuals are accepted into the program every 60 days. Participants receive meals, shelter, education, and counseling for a maximum of 60 days. Funding for the program is provided by government agencies (60%) and private contributions (40%).

Dr. K. provides health education to participants; therefore, she generally becomes well acquainted with each of them. During the years that Dr. K. has been volunteering at the shelter, she has noticed that many individuals repeat the program. Several of the returnees have told Dr. K. that they believe they would have been successful the first time they were enrolled if they had been given more time. Dr. K. shares these discussions and her concerns with Ms. T., the program director. Ms. T. indicates that the program has a recidivism rate of approximately 20% yearly. Dr. K. suggests that perhaps the length of the program should be individualized because some participants need more time, and others need less. Ms. T. indicates that to her knowledge, no clear guidelines exist regarding the optimal length of programs to rehabilitate homeless individuals. She states that the 60-day stay is based on networking with programs that have similar goals and objectives.

Dr. K. is concerned that there are no clear guidelines regarding the length of a program. Dr. K. offers to perform a search to find out if there is any new information regarding rehabilitating homeless individuals. Ms. T. is skeptical but agrees to have Dr. K. investigate the matter.

Dr. K. starts the search to determine if there is any evidence-based information regarding the rehabilitation of homeless people. First, Dr. K. does an extensive review of the literature at the hospital library where she is employed. Next, she does an Internet search using the terms *homelessness* and *rehabilitation*. Dr. K. then decides to go to the websites of various government agencies, such as the U.S. Department of Health and Human Services, to investigate rehabilitation of homeless people. Although there is not a great deal of information regarding the subject, she is successful in locating several research articles regarding homelessness rehabilitation. One of the articles is a research study performed by one of the professors at the local university. Dr. K. contacts the professor, Dr. S., who provides her with additional research articles regarding rehabilitating homeless individuals. Ultimately, Dr. K.'s search uncovers several articles that provide evidence-based practice information about rehabilitating homeless people. Three specific articles discuss individualizing the length of the program to decrease recidivism rates.

Dr. K. shares her findings with Ms. T. She also provides Ms. T. with the names and phone numbers of the programs that are discussed in the research articles. Ms. T. agrees to review the information and contact the other programs. Several weeks later, Ms. T. approaches Dr. K. and asks for her assistance in developing a plan to individualize the length of the program for participants. A formal plan is developed, including specific intake criteria and methods for evaluating the ongoing progress of participants. Ms. T. seeks Dr. K.'s assistance in presenting this information

to the shelter's board of directors. The board of directors is very impressed with Dr. K.'s and Ms. T.'s presentation, which includes information regarding research- and evidence-based practice. As stakeholders in the program, they are very interested in decreasing the recidivism rate to rehabilitate new homeless individuals rather than work with repeat participants. From the stakeholders' perspective, this will make the program more efficacious and cost effective. In addition, if participants do not require the entire 60-day stay, cost savings may be realized. The board of directors overwhelmingly approves the plan to individualize the length of stay for shelter participants starting with a 1-year trial. The policy and procedures for the program are temporarily revised.

The new program is implemented with careful monitoring over the next year. Dr. K. continues volunteering at the shelter and hears many positive remarks from participants regarding the individualization of the program. Some remarks include "I feel like I have more control" and "I think I am ready to go out on my own." Dr. K. notices that there are fewer repeat participants, and this is verified when Ms. T. tells her the recidivism rate is down to 10%. The board of directors is very pleased with the results and approves continuation of the individualized program. The policy and procedures for the program are permanently revised.

Dr. K. decides to conduct a research study with Dr. S. (PhD) regarding homeless individuals who participate in the program. The focus of the study is on factors that contribute to the participants' success or failure with the program. Funding for the study is obtained from the U.S. Department of Health and Human Services. This information will be used by the shelter to assist and support future participants.

This case study demonstrates the role of the DNP as an advocate and influencer of policy. It demonstrates the DNP's utilization of research- and evidence-based practice to affect access to care and quality of care, shape policy, implement change, and influence healthcare financing. Finally, it demonstrates collaboration between a DNP and a PhD in conducting clinical research.

SUMMARY

- *Nursing's Social Policy Statement* clearly states the nursing profession's commitment to society and the people who are served (ANA, 2003).
- Involvement in advocacy and healthcare policy is a natural extension of nursing's responsibilities and activities.
- Essential V of the *Essentials of Doctoral Education for Advanced Nursing Practice* provides specific curriculum standards for DNP programs related to healthcare policy and advocacy.
- DNP graduates possess the knowledge and education, as well as leadership skills and practice experience, to be powerful advocates for patients and to shape healthcare policy.
- Nursing has a rich and fruitful history of political activism, beginning with Florence Nightingale in 1860 and continuing through the present. However, it is evident that nursing still has much work to do to realize its full potential of influencing healthcare through policy.
- Tips for DNP graduates who are getting started in advocacy and healthcare policy include determining areas of interest, determining the amount of time and energy available to devote to political activism, and becoming informed and involved.

- There are multiple sources for DNP graduates to become informed regarding advocacy and healthcare policy, including professional journals, Internet searches, textbooks, policy courses, newspapers, and television and radio programs.
- Avenues for involvement by DNP graduates in advocacy and shaping healthcare policy include membership in professional nursing organizations, workplace involvement, education, and research.
- Nursing is one of the most trusted professions in our nation (Feldman & Lewenson, 2000). DNP graduates can capitalize on this trust by becoming involved in political activities that advocate for patients and shape healthcare policies. DNP graduates are excellent candidates for public offices because of their knowledge and leadership skills.

REFLECTION QUESTIONS

1. Do you believe it is important for DNP graduates to be involved in advocacy and shaping healthcare policy? Why or why not?
2. What do you see as the role of DNP graduates in advocacy and shaping healthcare policy?
3. Do you see yourself assuming a leadership role in advocacy and healthcare policy? If yes, how? If not, why?
4. What are your areas of interest regarding advocacy and healthcare policy?
5. What are some specific ways you have advocated for patients? Recall specific instances where you made a difference for a patient or family through advocacy.
6. What are some specific policies you have designed, influenced, or implemented? Be sure to include institutional policies, community policies, and so forth.
7. Do you think it is important to be a member of professional nursing organizations? If yes, what organizations do you belong to? If not, what organizations could enhance your interests and allow you to become more politically involved?
8. What do you believe is the role of education and research in advocacy and healthcare policy?
9. Are you active in workplace committees, such as education and research committees? If not, in what ways do you think you can become involved in education and research in your workplace?
10. Would you be comfortable seeking election for a public office? Why or why not?

► Suggested Group Activity

Legislator Meeting

Getting to know your legislators is vital! Contacting them via email or letters is good, but meeting with them is the best method to discuss DNP or healthcare issues. Personal meetings help your legislator connect a name and/or a group with a face, which is important to establish a relationship and facilitate future dialogues. Be confident about meeting with legislators. Remember that, as a constituent, you are considered a vote, which is vital to legislators for support, election to office, and possible donations.

1. Contact the senator or state representative that group members share. To determine who the legislator(s) are, go to either <http://senate.state.gov> or <http://house.state.gov>.

2. Call the legislator's office to schedule a meeting. The group member who calls should clearly introduce the group and be specific regarding why the group wishes to meet with the legislator. You will most likely speak to a legislative aide, who will schedule the meeting and will also brief the legislator regarding the meeting.
3. Prior to the meeting, develop discussion points to review with the legislator. Remember that legislators are very busy, so it is imperative to be organized. Assign a couple of points for each member of the group to discuss knowledgeably at the meeting.
4. Prior to the meeting, investigate the community or state issues that the legislator is concerned about or supporting. This will enable the group to have an educated discussion with the legislator regarding his or her issues in addition to discussing the group's issues.
5. At the beginning of the meeting, each group member should introduce him- or herself and briefly share information about his or her practice, among other important points. This is a great venue to share information about DNP-prepared nurses with the legislator.
6. Following the meeting, email the legislator a thank-you note and summarize key points discussed at the meeting. Include the date, time, and subject(s) of the meeting to refresh the legislator's memory.
7. Encourage the group or individual group members to schedule a follow-up meeting with the legislator in approximately 2 to 3 months.

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