

DNP Involvement in Healthcare Policy and Advocacy

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“I am not discouraged because every wrong attempt discarded is another step forward.”

—*Thomas Edison (1847–1931)*

Our nation currently faces many challenges. In 2010, 48.6 million Americans of all ages (16%) were uninsured at the time of the National Health Interview Survey (NHIS) conducted by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) (2011). According to the U.S. Department of Housing and Urban Development (HUD), an estimated 649,879 persons are homeless at any given night in the United States, with 109,920 being chronically homeless (U.S. Department of Housing and Urban Development, 2010). Disparities in health care, education, food distribution, and housing demand the attention of the 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 practice 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 matters shaping healthcare policy and promoting advocacy. DNP graduates are prepared to meet these challenges.

Nursing's Social Policy Statement (ANA, 1995) 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 health care are vital roles that all DNP graduates must assume to fulfill our responsibility to society (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. Two interviews with advanced practice registered nurses (APRNs) who have been active in healthcare policy and advocacy for many years are provided. The first interview is with Jeanette Wrona Klemczak, Michigan's Chief Nurse Executive. The second interview is with Nancy M. George, who is Assistant Director of the DNP Program and Assistant Professor of Nursing at Wayne State University College of Nursing. Dr. George is also President-Elect of the Michigan Council of Nurse Practitioners (MICNP) and Chairperson of the Michigan APRN Coalition. Finally, the chapter provides a specific case scenario that illustrates a DNP graduate's involvement in healthcare policy and advocacy.

■ 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 health care financing, practice regulation, access, safety, quality and efficacy (IOM, 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 health 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 between practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of health policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence health policy making at the various levels.

The DNP program prepares the graduate to:

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, p. 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” (Lewenson, 2007, p. 23). Nightingale’s concept that nurses should be trained, supervised, and managed by nurses themselves was a model 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 health care and nursing education. She ultimately was able to garner support worldwide 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. However, due to the fact that nursing’s roots were in the church and military, patriarchal control existed (Lewenson, 2007). To overcome this issue,

political action was necessary by nurses, as well as women in general, to obtain control over their education, work, and lives.

Between 1873 and 1893, many more nurse training schools were 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 duty sector (Lewenson, 2007). Ultimately, this mistreatment and lack of control and regulation was 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 the health issues of society. The first professional nursing organizations included what are now known as the National League for Nursing (NLN) and the American Nurses Association (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.

Nurse training programs nationally 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 an organization 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 as well as the health of the public (Lewenson, 2007). The publication of the AJN was an important early political strategy undertaken by the ANA and 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 undertook registering nurses also.

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. NACGN was organized in 1908. Its focus included issues of discrimination, education, standards of practice, and nursing registration (Lewenson, 2007).

The nursing leaders of ANA and NLN formed the National Organization of Public Health Nursing (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 as well as lay people 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 19th Amendment was passed in the summer of 1920, which gave women the right to vote.

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 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, and 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 the Planned Parenthood organization (Lewenson, 2007).

Nursing's rich and fruitful political activism history in the 19th and early 20th century did not repeat itself 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 health care for the betterment of society. Nursing's support for the feminism 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 (NOW) 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, 1997 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 health care through health policy. Lewenson (2007) states that “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 Doctor of Nursing Practice (DNP) degree.

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

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, involvement in health policy and advocacy to benefit the general population by nursing 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 influence 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 only to be knowledgeable about current political issues or chooses to run for a public office, some level of involvement is vital. DNP graduates are in the unique position to influence the future of health care 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 and involved in politics. Due to our nation’s current healthcare environment, there are a multitude of causes and issues that 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 as well as advocate for patients and the nursing profession.

A good way to get started is to first determine your areas of interests; 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

There exist many outstanding sources for obtaining information 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 also are good sources for obtaining information. More in-depth information may be obtained through actual 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 **Table 5-1**.

Internet

The Internet provides endless access to information regarding public policies, health policies, government information, academic information, and government officials. In addition, many nursing associations provide specific information for nurses through the Internet. For example, the American Nurses Association website offers the *Online Journal of Issues in Nursing* (OJIN), and the National League for Nursing's website has a section titled Governmental Affairs.

Table 5-1 Health Policy- and Advocacy-Related Journals

- *American Journal of Nursing*, since 1900, has provided editorials, articles, and commentaries on political issues that affect nursing (monthly).
 - *Journal of Professional Nursing*, the official journal of the AACN, provides information on public policy (bimonthly).
 - *Nursing Economic\$* provides a “Capitol Commentary,” which examines current healthcare policy issues (bimonthly).
 - *Journal of Nursing Scholarship*, the official publication of Sigma Theta Tau International Honor Society of Nursing, provides articles regarding health policy and systems (quarterly).
 - *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 health 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*.
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To start a search, there are several terms that are helpful for locating information on the Internet. These terms include administration, economics, law, management, policy, and statistics preceded by the terms health or medical. The utilization of these terms usually results in the successful location of health policy data. Tips for narrowing the search include enclosing the terms in quotation marks and utilizing conjunctions (i.e., and, or, and 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.

Table 5-2 lists several excellent websites for initiating a search. Take a moment to explore these websites for learning purposes as well as volunteer activities. Frequently, information regarding the advocacy and legislative programs for associations is 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 **Table 5-3**

Table 5-2 Health Policy- and Advocacy-Related Websites

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- Government-related websites:
 - U.S. Department of Health and Human Services: <http://aspe.hhs.gov/sp/nhii/faq.html>
 - World Health Organization: <http://www.who.int/en>
 - GPO Access: <http://www.access.gpo.gov>
 - Legislative websites:
 - U.S. 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, Law and Management (U.S. Health Policy Gateway): <http://ushealthpolicygateway.wordpress.com>
 - National Health Policy Forum: <http://www.nhpf.org>
 - Edmund S. Muskie School of Public Service, Cutler Institute for Health and Social Policy: <http://muskie.usm.maine.edu/cutler>
 - Professional nursing association websites:
 - American Nurses Association: <http://nursingworld.org>
 - American Association of Colleges of Nursing: <http://www.aacn.nche.edu>
 - National League for Nursing: <http://www.nln.org>
 - Specialty association websites:
 - American Association of Critical-Care Nurses: www.aacn.org
 - American Academy of Nurse Practitioners: <http://www.aanp.org>
 - Health professional association websites:
 - National Multiple Sclerosis Society: <http://www.nationalmssociety.org/government-affairs-and-advocacy/index.aspx>
 - American Heart Association: <http://www.americanheart.org>
 - American Cancer Society: <http://www.cancer.org>

Table 5-3 Health Policy- and Advocacy-Related Textbooks

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- Bodenheimer, T. S., & Grumbach, K. (2005). *Understanding health policy: A clinical approach* (4th ed.). New York: 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: John Wiley & Sons.
Good book for review of politics for both novices as well as those who are familiar with the political arena.
 - Mason, D. J., Leavitt, J. K., & Chaffee, M. W. (2007). *Policy & politics in nursing and health care* (5th 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. (2006). *Governing health: The politics of health policy* (3rd ed.). Baltimore: The Johns Hopkins University Press.
Provides an excellent review of the politics of healthcare policy making.
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provide a start for the DNP graduate to become more informed and politically savvy, and **Table 5-4** provides a list of some multimedia resources.

Courses and Continuing Education

Many nursing associations offer courses specifically regarding healthcare policy and legislative issues. For example, the American College of Nurse Practitioners offers a "Policy Institute" every 2 years. For more information, go to their website at <http://www.acnpweb.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

Table 5-4 Other Multimedia Resources

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- Newspapers are a good source of information regarding international, national, state, and local politics as well as public policy issues. Two examples of newspapers that provide a significant amount of information on health policy issues include 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. CNN has the talk show Anderson Cooper 360°, which provides political updates.
 - National Public Radio (NPR) and C-SPAN radio are both excellent sources for public and political issues. DNP graduates can also listen to these radio stations through the Internet. NPR's website is at <http://www.npr.org>, and C-SPAN's site is at <http://www.c-span.org>. Many talk shows that address political issues are also available on radio.
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brings health professionals to Washington, DC to experience an immersion in national health policy, primarily through working assignments in Congress (Michnich, 2007). For more information regarding the Robert Wood Johnson Health Policy Fellowship Program, go to their 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 health care as well as 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 also frequently provide legislative and public policy updates to members via newsletters or the Internet.

“Many professional nursing associations offer opportunities for volunteer services that lead to rich educational, mentoring and networking experiences” (Leavitt, Chaffee, & Vance, 2007, p. 42). 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 act by being alerted by the ANA about critical healthcare issues and personally contacting their members of Congress as well as writing letters to them (Leavitt, et al., 2007). The ANA-PAC, which is the 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 as well as “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, 2008). In addition, monetary contributions are made to candidates by the ANA-PAC. 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. “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. Visibility by involvement in these activities is vital for DNP graduates. Again, all it takes is interest, time, and energy!

Please see **Table 5-5** for ideas for how to become involved in professional nursing organizations and how to contact and communicate with legislators.

Table 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 e-mails to political officials regarding issues that influence healthcare policies and nursing practice and promote patient advocacy. Traditional letters and e-mails are highly effective tools to let public officials know what you think. To find the postal or e-mail address or phone number of your lawmaker, go to the websites for the Senate and the House:
 - Senate: <http://www.senate.yourstate.gov>
 - House: <http://www.house.yourstate.gov>
- 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 of the 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.
- Some general rules for writing, e-mailing, or speaking with your legislators include keeping your tone positive, be brief, stay focused on the subject, identify the issue or specific bill being discussed, and, finally, present your position and give sound rationale.

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 to change and improve the policies and procedures that affect patients as well as 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. **Table 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 methods to be a patient advocate is to develop and provide evidence-based, culturally relevant, and culturally sensitive patient education material. With our culturally

Table 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.

diversified nation, this is more important than ever. This is also one method to assist in correcting disparities in health care. Health promotion and advocacy through patient education continues to be a major focus for nursing as reflected in *Nursing's Social Policy Statement* (ANA, 1995). DNP graduates, as a result of their education and clinical expertise, 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. Please refer to **Table 5-7** for 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. This knowledge can be applied to influence and initiate public, social, and health policies as well as 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, health, and social policies. *Nursing's Social Policy Statement* (ANA, 1995) 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. Please refer to **Table 5-8** for 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

Table 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, as well as other topics that promote quality patient care.
- Facilitate staff education programs regarding different methods of learning.
- Serve as a role model and mentor to staff regarding patient education.
- Facilitate patient support groups that are culturally relevant and culturally sensitive in your area of specialization.
- Seek opportunities to provide health education to the public via interviews on television and/or radio shows. Share your expertise!
- Volunteer to write health articles for your local newspapers. Editors of newspapers are always looking for experts to write articles regarding health topics!
- Volunteer to speak at support group meetings (e.g., cancer and MS support groups) regarding health topics. Support groups are always looking for speakers, particularly nurses, to provide health information to their participants.

Table 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 levels.
 - 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 as well as disseminate the results to others.
 - Facilitate evidence-based journal clubs for staff to promote evidence-based practice.
 - Serve on institutional review boards (IRBs) to support nursing research and advocate for patients.
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political activities to advocate for patients and shape health and social policies. As stated earlier, “ANA-PAC is committed to increasing the number of RNs in public 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 familiarized with the public policy and health policy issues that are currently under consideration at all levels of the government. Pay specific attention to the issues of interest at the desired level of involvement. Remember, all it takes to become involved is interest, time, and energy! **Table 5-9** provides some ideas for becoming involved through other avenues.

Table 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 only on health-related committees. Consider other areas of interest for involvement.
 - Familiarize yourself with the elected officials that represent you at all levels of the 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 Table 5-5 (Items 6–8) for information about how to contact, write, and speak with your legislators.
 - Volunteer to campaign for those elected officials who are supportive to 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 executive, regarding involvement with task forces, boards, committees, and opportunities for appointments.
 - Seek election for an 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 health policy issues. Also, 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.
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Interviews with Nurse Policy Makers and Advocates

Interview with Jeanette Wrona Klemczak

Jeanette Wrona Klemczak, RN, BSN, MSN is the first Chief Nurse Executive for the State of Michigan in Lansing. She was appointed to this position in 2002 by Governor Jennifer Granholm. She received her BSN from Madonna University and her MSN from Wayne State University. She has been active in politics, healthcare policy, and advocacy for many years. Ms. Klemczak played a key role in establishing funding for the first DNP program in Michigan at Oakland University in Rochester, Michigan. Ms. Klemczak was interviewed for this chapter to share her experience and expertise.



Ms. Klemczak, please describe your background and current position.

My background has been in psychiatric nursing as a clinical specialist in child and adolescent mental health. I have practiced as a staff nurse, nursing supervisor and administrator, public health administrator, founding director of a faculty clinical practice, and nursing professor. I am currently serving as Michigan's first Chief Nurse Executive, appointed in 2002 by Michigan's Governor, Jennifer Granholm. My charge from her is to serve as the focus for addressing Michigan's nursing shortage and to advise the governor on ways in which nurses can further impact the health of Michigan residents. The governor's vision for this position is to address nursing and healthcare issues through policy and legislation. We believe that institutionalizing change requires action and intervention in these arenas.

The key work of the Office of the Chief Nurse Executive is [to] engage the Michigan nursing community and healthcare stakeholders in the development of a strategic plan to address the needs of our nursing workforce. This plan was completed in collaboration with the Coalition of Michigan Organizations of Nursing (COMON) and serves as the blueprint for all of the healthcare community.

Ms. Klemczak, please describe specifically how you became involved in health and social policy activities.

I believe that advocacy is the core of our profession. My current role is part of a journey that began as a staff nurse at Detroit Receiving Hospital. As a staff nurse in pediatrics, I was struck at the lack of play activities and materials. We were able to work with the chief of pediatrics and hospital administration to institute a play therapy program. This was an impetus to pursue graduate work in child and adolescent mental health. I later returned to the hospital as a psychiatric clinical specialist in pediatrics.

This early experience working with Detroit's most vulnerable populations shaped the rest of my nursing career and commitment to social justice and advocacy.

It was my contact with Carol Franck, then executive director of the Michigan Nurses Association (MNA), that created the learning and experiences in more formal advocacy and policy work. Carol encouraged me to become an active member of the association. This included serving as a board member and then serving on the Political Action Committee (PAC) as a member and then chairperson. PAC work was informed by education about lobbying and allocation of the \$100,000 for support of state legislative candidates. This education was provided by the lobbyists hired by MNA—Tom Hoisington and Becky Beckler of Public Affairs Associates. I was provided with opportunities to represent nursing and meet key state legislators at their fundraising events. We established interview surveys to determine candidates' positions on issues of importance to nurses and determined who received PAC funds and how much was offered. We were able to generously support nurses who were legislators or running for elected office. The MNA-PAC was the second largest health PAC in the state and had a seat at the table and a voice that was heard.

At Michigan State University College of Nursing, my dean, Dr. Marilyn Rothert, seized the opportunity to manage the Michigan Health Policy Forum at MSU. This forum invites key policy leaders to our state to discuss current healthcare issues and help educate and inform legislators, policy makers, and health professions educators. Dean Rothert appointed me as director of the forum. This provided collaboration with the two medical schools at MSU and partnership with Michigan healthcare organizations. In turn, I became a member of a group of states who also had policy forums under sponsorship with the Robert Wood Johnson Foundation. This was [an] opportunity to work at the national level on health policy issues with the National Health Policy Forum in Washington, DC.

Ms. Klemczak, please describe specific health and social policies you have initiated, influenced, etc.

In 2005 and 2006, I initiated work on legislation that facilitated the licensure of foreign-educated nurses wanting to practice in Michigan and legislation that created a new category of nursing licensure for nurses coming to Michigan from any state. These two pieces of legislation passed the legislative bodies and were signed by the governor in less than 1 year. This is record time for most legislation.

In 2007, at the governor's request, I created the Michigan Nursing Corps (MNC), a program to rapidly prepare nursing faculty at the master's and doctoral level. The white paper that shaped the MNC was entitled "The Bottleneck Proposal." The MNC was the centerpiece of the governor's 2007 State of the State message. She included funding for the MNC in her 2008 budget message to the legislature. I provided significant testimony for the House and Senate Appropriations Committees. In 2008, the MNC received \$1.5 million. This was the year that the State of Michigan closed for 4 hours at the end of the budget year because

there were not sufficient funds. It is a testimony to the bipartisan commitment of Michigan's legislators who still managed to find funding for this important nursing program.

In 2008, the legislature again stepped up, following my testimony, and appropriated \$5 million for the MNC. I believe that educating our legislators is one of my most important priorities.

The House Health Policy Committee requested a briefing on the MI Strategic Plan for the Nursing Shortage. I provided that briefing and answered dozens of questions. They subsequently convened [a] special subcommittee to identify legislative actions to address the nursing shortage.

As chief nurse for Michigan's Children's Special Health Care Needs program, I was able to institute programs and policies to support home care of medically fragile children and respite services for parents and families.

At the Michigan Department of Public Health, I had the opportunity to work with legislative staff to develop the Michigan State Loan Repayment Program for health professions. My role was to assure that advanced practice registered nurses were included in the eligible professional groups for educational loan repayment. The first loan repayments were for nurse practitioners.

Ms. Klemczak, what do you view as the role of the nursing profession in advocacy and influencing and shaping health and social policies?

As I mentioned earlier, advocacy is the core of our profession. We are advocates beginning with the first patient we care for as a nursing student. One advocates for generic medications as a patient confides that she will not be able to afford to fill the fistful of prescriptions the physician has just left with the discharge orders. A nurse advocates for all the patients and the nurses on a unit that is dangerously understaffed. We are advocates when we work in a community to pass laws to prohibit smoking in restaurants. We are advocates when we work for child safety seats in our states. We are advocates when we vote for candidates that are committed to access to health care for all.

I believe one of the most effective vehicles for advocacy is the professional nursing organization. In Michigan, we have over 40 such organizations. I encourage every nurse and every nursing student to select one and become active in any way possible.

Ms. Klemczak, what do you view as the role of the DNP in advocacy and influencing and shaping health and social policy?

I believe the role of the DNP stems from unique knowledge and skills. The DNP is a new degree and is not yet known and understood by legislators and policy makers, as well as the nursing community at large. So, one of the first roles is to be able to articulate the DNP and what it brings to the dialogue. DNPs will need to develop an elevator message for their many advocacy audiences—that is, they must be able to describe what they can offer in the time it takes to ride

an elevator five or six floors! DNPs can offer a framework for addressing healthcare issues using their knowledge of healthcare financing and economics along with their real-time experience with patients, families, and communities. A very effective strategy is to frame an issue using return on investment methods. For example, with the Michigan Nursing Corps, we were able to tell legislators that for every \$1 they invested, the nurses educated and out in practice in their communities would return \$1000 in economic benefit at the state and local levels.

Ms. Klemczak, what activities do you recommend for DNPs to become involved in to influence and shape health and social policies?

Again, one is most effective in the collective. DNPs can advocate for access to health care through several state professional organizations. There are also statewide coalitions for insurance initiatives, such as Michigan Health Insurance Access Advisory Council (MHIAC). DNPs can provide testimony at hearings for specific legislation by offering data, evidence/research, and anecdotal experiences.

DNPs can approach legislators and policy makers (such as the director of the Michigan Department of Community Health) to introduce needed policies and programs. Michigan is very involved in redesigning primary care. There are advisory groups and committees where DNPs can provide expertise. It is critical to stay informed and in the know so that when task forces and other advisory groups (such as the Patient Safety Commission) are formed, DNPs will have a place at the table.

Ms. Klemczak, how do you foresee DNPs having an impact on the future of health care through their role in advocacy and health and social policy activities?

DNPs will be uniquely positioned at a unique time and circumstance in our nation's healthcare environment. We have a new administration in Washington led by President Barack Obama. Both political parties know that there must be change in our healthcare policies and delivery systems. However, most change will take place at the state and local level. Michigan will rapidly approach the federal government for a Medicaid waiver to enable over 500,000 currently uninsured individuals to have healthcare coverage. At the same time, we are facing severe shortages of primary care physicians. DNPs, along with other nursing colleagues, are prepared to offer solutions that are initiated at the health policy tables.

It is important to have nurses, especially DNPs, in elected office. Nurses and physicians are almost automatically assigned to health policy committees in the Michigan House and Senate. These are incredible opportunities for shaping health and social policy. The road to such an elected office may begin as a local school board member, county commissioner, or even the library board. The state political party leadership is very interested in recruiting and grooming potential candidates. DNPs should consider the political party of their choice and become involved in the county party group as a beginning step.

Interview with Dr. Nancy M. George

Nancy M. George, PhD, FNP-BC is Assistant Director of the DNP Program and Assistant Professor of Nursing at Wayne State University College of Nursing. Nancy is also President-Elect of the Michigan Council of Nurse Practitioners and Chairperson of the Michigan APRN Coalition. She received her BS from Michigan Technological University in Biological Sciences, Diploma in Nursing from Bronson School of Nursing, and MSN and PhD from the University of Michigan. Her interest in policy was nurtured in her nurse practitioner and doctoral studies.

Photo TK

Dr. George, please describe specifically how you became involved in health and social policy activities.

My interest in policy and politics began in a bipartisan household with political discussions over the dinner table. My mother ran for township clerk as a Democrat in a Republican-dominated township. My mother demonstrated that it is always important to be involved in the policy process and stay true to your beliefs. She instilled in me the importance of voting and staying informed about the decisions that are being made for me at the local, state, and national level. When I was in the Peace Corps in Kenya, I learned firsthand the importance of a free and elected government and the impact it can have on the people. I believe that these activities influenced my thinking when it comes to nursing and nurse practitioner practice environments. I had several influential nurse practitioner mentors when I was new in my career who got me involved with our state nursing organization. That was the start of being involved and staying involved in the health and social policy issues that impact nursing.

Dr. George, please describe specific health and social policies you have initiated, influenced, etc.

I have been involved in the past two attempts to get nurse practitioners (NPs) prescriptive authority in Michigan. I helped draft language, attended hearings, and met with legislators. In our last attempt, I testified regarding the educational preparation of NPs regarding pharmacological education. In our current attempt to gain autonomous plenary authority, I have been on the APRN Coalition as we started to draft not only prescriptive authority language but also to bring the statutes in Michigan in line with APRN Consensus Model language supported by the National Council of State Boards of Nursing (NCSBN) and many other professional organizations. I currently am the Chairperson of the APRN Coalition as we continue to move forward the agenda of the two bills (HB 4774 and SB 481) that were introduced to the Michigan House of Representatives and Senate this summer. I work tirelessly to bring the APRN groups (NPs, CNSs, CNMs) together as we move forward. Our main charges have been to have a consistent message,

show a united front, and work hard to bring Michigan regulatory environment into the 21st century. These duties include producing brochures and pamphlets with my APRN colleagues, meeting with legislators, regulators, and other influential health groups in Michigan. While these activities have, I believe, had the most direct impact on policy, my role as a nurse educator has had a significant impact on future and current NPs. I believe if I can influence five students who were not previously active in the policies that impact their profession then I have succeeded in assisting my chosen profession.

Dr. George, what do you view is the role of the nursing profession in advocacy and influencing and shaping health and social policies?

I think that nursing gets a reputation of not being politically active but I think our history tells a different story. Nurses have always been politically active . . . we only have to look at the work of Florence Nightingale, Lavinia Dock, Margaret Sanger, Dorthea Dix and many others to see the influence that nursing has had on health and health policy. I believe that there are many of us that continue to work on the health issues that impact our patients/clients on a daily basis. Some of us are more visible in our activities. If you believe that part of nursing's role is to advocate for patients/clients then how can we not view being active in health policy as a piece of the advocacy. Good health policy allows for good patient care. So nurses need to be involved, even if that means that only activity is voting in every election. We need a strong nursing voice in health policy for the patients and we can't have that if we don't have nurses interested and involved in health policy.

Dr. George, what activities do you recommend for DNPs to become involved in to influence and shape health and social policies?

The first activity is to be informed. Use your talents of understanding and disseminating complex information to inform and shape health policy. Use your passion for nursing and the people that we care for to direct you to the health and social policies that you could influence. Policy is the penultimate way to roll all the skills you have learned or are learning as a DNP into an action plan. Taking the advocacy for patients to the next level and making a difference on a broader scale is vital. So the real question is where do I start . . . join your professional organizations. Find out what needs these organization have; there is usually more work than can be completed by a few individuals. Work on policy or political campaigns. Many NPs/CNSs/CNMs are working on the passage of HB 4774/SB 481 including meeting with legislators, some of them for the first time, so don't be afraid to step into an area in which you are unfamiliar. Think about running for office. There are too few nurses in the legislature and individuals with little health and nursing knowledge are making decisions that impact your lives. Think about becoming influential providers in the systems you work in . . . ever thought of being Chief Nursing Officer or Chief Executive Officer? As the health arena changes, DNPs can be at the forefront of new systems. . . . nurse owned and run hospitals? Be involved because if you aren't driving the bus someone else will and you will just be along for the ride.

Dr. George, what do you view as the role of the DNP in advocacy and influencing and shaping health and social policies?

DNPs have the ultimate skills in being the movers and shakers of health and social policy. DNPs have the educational background that prepares them for making a difference. Skills in communication, research, clinical practice, and leadership are geared to prepare the leaders for the future of nursing and advanced practice nursing. As DNPs you will have the skills necessary to make some of the changes that need to be made. The advent of the IOM report on the *Future of Nursing* and many other reports have put APRNs in the forefront of health care. DNPs should have read these documents and could use them to support the need for change in our healthcare system that will improve the outcomes for all.

Dr. George, how do you foresee DNPs impacting the future of health care through their role in advocacy and health and social policy activities?

I believe that as more DNPs are in the clinical arena using research to make the needed evidence-based clinical changes, they will become leaders of the emerging new healthcare system. As the DNP numbers increase, there will be more individuals with the credentials, communication skills, and knowledge to be leaders in advocating for changes to the health and social systems that impact so many Americans. Further, legislators, policy makers, and regulators will have nursing professionals who can provide accurate evidence-based information regarding the quality outcomes of health care that are so needed to improve our health system. Perhaps most important is that with increased policy activity many of these DNPs will actually decide to run for office. The horizons are bright for the DNP who becomes active in the policy arena.

■ Case Scenario: DNP Involvement in Healthcare Policy and Advocacy

Dr. K. is a 2007 DNP graduate who is employed as an adult nurse practitioner specializing in the care of cardiac surgery patients at a large teaching hospital. Additionally, Dr. K. has a special interest in homelessness. For the past several years, Dr. K. has volunteered at a local shelter once per week each 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 rates of recidivism.

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 rate of recidivism to rehabilitate new homeless individuals rather than work with repeat participants. From the stakeholder's perspective, this will make the program more efficacious and cost effective. Additionally, 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 trial of 1 year. 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 rate of recidivism 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 participant's 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 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, 1995).
- 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 health care through health 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, educational endeavors, and research endeavors.
- 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 based on their knowledge and leadership skills.

REFLECTIONS 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 incidents where you made a difference for a patient and/or family through advocacy.
6. What are some specific policies you have designed, influenced, or implemented? Be sure to include institutional policies, community policies, etc.
7. Do you think it is important to be a member of professional nursing organizations? If yes, to what organizations do you belong? If no, 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?

EDITOR'S NOTE

The author of this chapter is an excellent example of a DNP graduate in a health policy role. Dr. Marlene Mullin has been on the Board of Directors for Hope Warming Center in Michigan since March 2010 and also serves as the Treasurer for the Board of Directors. Dr. Mullin also volunteers to provide health care, meals, clothes, etc. to the homeless since 2005. Dr. Mullin is also currently President-Elect of the Metro Detroit Chapter of MICNP (Michigan Council for Nurse Practitioners), the largest chapter in the State of Michigan with over 460 proud members. She assumes the presidency in January 2012. As President of the Metro Chapter, she will oversee all activities of the chapter in collaboration with the other board members, which includes a President-Elect, Secretary, Treasurer, and Education Coordinator. The Detroit Metro chapter also provides monthly educational sessions and participates in fundraisers for various health care organizations. Dr. Mullin is also a member of the APRN Coalition since 2009, which has been actively lobbying to make legislative changes for APRNs in the State of Michigan. The proposed legislative changes include adding a definition of APRNs to the public health code, granting the Board of Nursing the authority to issue an APRN license, creating an APRN task force as a subcommittee of the Board of Nursing, adding APRNs to the list of licensed healthcare providers who are able to prescribe medications independently including Schedule 2–5 controlled drugs, and the ability to prescribe physical and speech therapy. Dr. Mullin has also personally met with her area senator and representative to garner support for the bill. Dr. Mullin is indeed a DNP graduate affecting practice through active involvement in health policy and advocacy, and I am proud to call her my colleague.

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