RWJF Collaborative Integrating Health Policy into Doctoral Nursing Programs 2014 Conference Notes

Following are summaries of the presentations delivered at the Integrating Health Policy into Doctoral Nursing Programs Conference, sponsored by the Robert Wood Johnson Foundation (RWJF) Nursing and Health Policy Collaborative at the University of New Mexico (UNM). The conference was held February 1–2, 2014, in Naples, Florida. The purpose of the conference was to discuss critical issues and future directions regarding the integration of health policy into PhD and DNP nursing curricula.

Opening Remarks

Susan B. Hassmiller

Saturday, February 1, 2014

1:15 pm – 1:30 pm

Note takers: L. M. Turk & S. Gagnon

Susan Hassmiller, PhD, RN, FAAN, is a key member of the Robert Wood Johnson Foundation (RWJF). Her opening remarks spanned three major themes: RWJF's interest in health policy integration, RWJF's commitment to nursing, and RWJF's support of research, leadership, policy, and translation. RWJF invested in the development of a survey to examine how current nursing programs were integrating health policy into their programs and whether they emphasized evidence-based strategies. Dr. Hassmiller underscored RWJF's ongoing commitment to seeing nurses work on health policy on a large scale. She noted that although RWJF has indeed provided profound support for nursing research, research does not take it far enough. Good policies are needed to forge research forward.

Dr. Hassmiller described exemplars of RWJF programs designed to foster policy development through research**.** The **Connect Project** brings together scholars, fellows, and other grantees, and teaches them firsthand how to translate their research to important stakeholders. This program is devoted to *The Future of Nursing* report's proposition to increase the number of doctoral students. Co-Director Julie Fairman will kick off the Future of Nursing Scholars Program at the University of Pennsylvania, which will bring in as many qualified people as possible and provide scholarships. Program leaders anticipate more than 50 participants in the second cohort. The program will provide not only scholarship money (which supports students at $50,000+, with matching funds of $75,000 institutionally, for a total of $125,000 over 3 years), but also leadership wrap-around services.

Keynote Address: Why Nurses Are Fundamental to Democratic Health Policy

Colleen Grogan

Saturday, February 1, 2014

1:30 pm – 2:35 pm

Note takers: E. Dickson & R. Eddie

Colleen Grogan, PhD, emphasized that nurses must view policy as something "they can shape rather than something that happens to them," as mentioned in the Institute of Medicine (IOM) report. Instead of just responding when something happens, nurses need to fight for a seat at the table. Dr. Grogan discussed the importance of using policy theories, for example, John Kingdon's three policy streams (problem, policy, and politics) and the window that can open approximately every 30 years when the streams join and there can be a big policy change (health care reform, for example). It is important to remember that many little windows of opportunity add up over time, preparing you

for the big window. When the policy window opens, you can only be ready if you keep your finger on the pulse of the policy issue.

Research prepares one to know when that policy window is opening and answers the question, "When is it politically feasible?" Building coalitions is just as important (if not more so) than having a research agenda. Research provides the policy solutions; coalitions provide the strength to apply those policy solutions. Dr. Grogan reviewed Cohen et al.'s (2006) "Stages of Nursing's Political Development: Where We've Been and Where We Ought to Go" (*Nursing Outlook, 44,* 259-266), which evaluated the four stages of development. Stage 2, introduces terms, creates new policy discourse, and reorders how you want to talk about the issues. Stage 3 initiates coalitions for health policy beyond nursing (the profession of nursing is in Stage 3). In Stage 4, you don't have to fight to be at the table, you are at the head of the table, leading the way.

What does leading the way for democratic health policy look like? The answer is Stage 4, in which you go beyond fighting for a place at the table because you are not only leading the discussion but you also are fighting for an inclusive process for all groups to have an equal policy voice. U.S. democracy in health policy is a difficult process. Dr. Grogan discussed the book by Schattschneider (1960), *The Semi-Sovereign People* (Boston, MA: Cengage), which states that the more income and education a group has, the louder its political voice is. The system is definitely not perfect, and there is not an equal voice for all groups, but you want to fight for a more inclusive process.

There are multiple domains of democratic health policy. In a governance-driven democracy, institutions/organizations have to have a deliberate process, but many are just token. Democratic health policy must be included in all curricula, including all levels of nursing, starting at the ground level, so that all subsequent processes/theories can be brought through that lens. Some examples of this are Clinical and Translational Science Awards (translational research) and community-based participatory research. Community advocate boards/task forces are examples of the deliberative processes at the grassroots level. Nurses are in the community working with vulnerable populations, and they are positioned to represent underrepresented groups.

This conference is an example of strategy at Stage 4, but in curriculum, we need a broader research agenda and problem stream, as good academic research changes the public discourse. Students are trained to put their finger on ideas others haven't seen. Nurses need to be involved in the public health funding and have input into the changes in delivery model reforms. The discussion should not be about how nurses fit into medical homes – that is Stage 3! Stage 4 involves talking about how nurses can create the new delivery models (not how to fit into the models others have created). Financing needs to be worked out before that window of opportunity opens. Nurses are involved in the operations and can be instrumental in that discussion.

Teaching policy design is crucial; how you design the policy shapes politics. With the Affordable Care Act's Medicaid expansion, for example, some states that are not expanding their Medicaid program are creating alternatives, such as Arkansas. Political framing of an issue is important: the design can be the same but called something different and framed differently. Nurses can be creating the solutions, not being employed by organizations creating the solutions. If nurses lead the way, we can lead others.

Panel Presentation: Report of RWJF Collaborative Survey on Health Policy and Doctoral Nursing Programs

Richard Kimball, Janice Phillips, & Laura Brennaman

Moderator: Bobbie Berkowitz

Saturday, February 1, 2014

2:50 pm – 3:50 pm

Note takers: S. No, L. M. Turk, & S. Pozernick

Moderator Bobbie Berkowitz, PhD, RN, CNAA, FAAN, stated that many doctoral nursing students currently see policy only as a tool for advocacy, but not for research. Policy is also a powerful intervention, and the RWJF

Collaborative Survey on Health Policy and Doctoral Nursing Programs provides evidence for how to proceed with integration of policy into doctoral nursing programs.

Janice Phillips, PhD, RN, FAAN, stated that this symposium was designed based on results of an informal survey that was distributed at the American Association of Colleges of Nursing's (AACN) Faculty Practice Pre-Conference and Doctoral Education Conference in 2013 to assess interest in a conference or symposium relating to the integration of health policy into doctoral nursing programs. Approximately 750 surveys were distributed at plenary sessions, with an approximate response rate of 33% response. Following is a summary of the results of the survey:

Most doctoral programs offer both PhD and DNP degrees (*n* = 118, 47%), followed by the DNP degree alone (*n* = 112, 45%) and PhD alone (*n* = 19, 8%). Fifty-five percent (*n* = 136) of DNP programs offer formal coursework in health policy, followed by both PhD and DNP programs (*n* = 77, 31%), PhD only (*n* = 18, 7%), and None (*n* =15, 6%). The majority of institutions offer online health policy courses (*n* = 149, 63%), whereas 86 (37%) do not. Respondents said that the following health policy courses would be of interest: Advanced Practice Roles and Health Policy; Policy Theory and Policy Analysis, Health Disparities and Policy, Health Care Economics, Health Policy Evaluation, Politics of Health Policy, Policy Framing, Communication, Advocacy, Roles of Social Movement in Health Policy, and Policy Making in Diverse Contexts.

Most respondents (*n* = 36, 54%) said they would be interested in attending a one-day symposium post-AACN, 92 (37%) said Maybe, 11 (4%) said No, and 11 (4%) said only if continuing education credits were offered. The majority of respondents (*n* = 186, 78%) said that 1-2 additional colleagues from their institution would be interested in attending, followed by 3-4 (*n* = 39, 16%), None (*n* = 9, 4%), and 5 or more (*n* = 5, 2%). Respondents indicated that if a symposium were held, they would prefer a ½-day symposium with presentations from nonpartisan nurse policy makers. Respondents showed interest in rural and frontier health policy issues, health reform, funding, and accessing specific coalitions at the local and national levels.

Laura Brennaman, MSN, RN, described six themes gathered from another survey, the Study on Health Policy Content in Research-Focused (PhD) and Practice-Focused (DNP) Doctoral Nursing Education Programs: historical context, key points from the literature, national guidance, constructs of health policy/skills necessary for nurses to engage effectively with health policy decision-makers, teaching strategies, and experiential learning. Nursing and health policy is not a new idea. Every decade has ushered in a new era of health reform, and health reform has reissued a call for nurses. The following operational definition was used in the survey analysis: Health policies are actions or inactions that any level of government chooses to influence health or health services within society. Three key points were derived from the literature: (a) basic nursing education lacks a foundation for political competence, (b) nurses often seek graduate degrees in other disciplines for health policy roles, and (c) doctoral nursing education *should* prepare nurses for policy roles.

The AACN's DNP Essentials state that nurses' roles in health policy are to: (1) critically analyze; (2) demonstrate leadership; (3) influence policy makers; (4) educate others; (5) advocate for nursing; (6) develop, evaluate, and provide leadership; and (7) advocate for social justice. The AACN's Position Statement on the Research-Focused Doctoral Program states that PhD nurses must be prepared for roles in health policy, including incorporating strategies to influence health policy and providing leadership related to health policy. There were *no specific competencies for health policy content.* Despite national guidance, there is a gap in guidance for what doctoral nurses need to know about: (a) informing policy, (b) adapting verbal & written communication styles, (c) increasing visibility, (d) political subsystems, (e) health policy issues, and (f) policy theory. Numerous theoretical frameworks were used for health policy courses in doctoral nursing programs, including critical social theory, political economic theory, theories of public policy making, and economic interest group theory. Experiential learning is a process of grasping understanding from direct experience and is the level of most active/engaged student experiences.

Richard Kimball, PhD, RN, MSN/MPH, PHCNS-BC, was Co-Investigator for the study and presented information regarding survey development and response rates for various topics of the survey. There were two versions, PhD and DNP, and two modes for responding, paper and online.

Overall, 153/365 surveys were completed (42% response rate); PhD: 48/130 (37% response rate); DNP: 105/235

(45% response rate). DNP foci from highest to lowest response: (1) Clinical practice, (2) Administration, (3) Education, and (4) Other (e.g., Leadership, Informatics, Health promotion). Six of 48 PhD programs offered a concentration or specialization**.** In PhD programs, the following content was offered: Health policy**,** Health services research**,** Ethics**,** Leadership**,** Vulnerable populations**.** One additional program offered a joint/dual degree with health policy content; 5/105 DNP programs offered a concentration or specialization, including the following: Health policy**,** Health systems**,** Law**,** Nursing leadership**.** An additional two DNP programs offered joint/dual degrees with health policy content. Seventeen percent of DNP curriculum included health policy content; 12% of PhD curriculum included health policy content.

Results showed that few programs offer a health policy concentration or specialization, and health policy content in overall nursing curricula is less than 20% of the entire curricular content. Health policy content currently comprises 12%-17% of doctoral curricula. DNP programs have more health policy content than do PhD nursing programs. PhD nursing programs demonstrate more diverse interprofessional collaboration. DNP programs have more stand-alone health policy courses. There is a need for more health policy venues/research methods/competencies-strategies for health policy experiential learning. The research team found that there is a lack of formal experiential learning, that is, few formal mentorship and internships/field placements. There is more formal experiential learning in DNP programs than in PhD programs.

Open Forum: Critical Issues Regarding Integration of Health Policy into Doctoral Nursing Curricula

Michael R. Bleich

Saturday, February 1, 2014

3:50 pm – 4:45 pm

Note takers: N. Adams, B. Ravenscroft, & S. Pozernick

The forum began with comments by Michael Bleich, PhD, RN, NEA-BC, FAAN, who stated that we need to look at integration through the lens of the curriculum. The nursing talk is stuck on "analytics" (measurement), but politics is important (relational science). Doctoral programs are good at giving students specifics skills but are not good at providing breadth in the skills of leading. Communication in nursing hasn't moved beyond the sensitive, interpersonal approach. We need to identify who is in the room and how to reframe to the message. Our programs are building the complexity of language in our students. See the book, *The Laws of Simplicity* (Maeda, 2006; Cambridge, MA: MIT Press). To convey our message to those outside nursing, we need to reduce complexity to simplicity. Your audience may not care about your evidence, but may instead want to know what you think. We still have to go back to self in the curricula. In policy work, *we* are the instrument. It is not true that nurses need to infuse experts into our field. Interprofessional education is not about homogeneity; it is to bring the perspective of nursing (and social work) because of our different lens. Medicine, in general, is about disease. We deserve to be at the table because we have different framing capacity. Democracy is framing the needs of others who cannot speak for themselves.

Following are some of the comments from the open discussion that followed Dr. Bleich's talk, grouped according to theme. *Nursing and Health Policy.* We named our program "Nursing and Health Policy" to distinguish from programs that offer only *nursing* health policy. There are stages of nursing political development. Stage 1 is the buy-in by nurses that policy and politics are important. Stage 2 is the self-interest part (when you first start health policy, scope of practice, then to sophistication). One stage is not exclusive of the other. One school offers MSN degrees totally focused on health policy. The program started with some HRSA seed money with a focus on health policy. *Interprofessional collaboration.* Our program develops interprofessional collaboration, nursing health policy, leadership, economics, theory, and delivery models integrated for change agency. Paul Starr's (1984) *The Social Transformation of American Medicine* (New York, NY: Basic Books) was recommended; it discusses incrementalism, unequal power, coalitions, collaboration, and agenda setting. *Systems.* Most nurses have a very narrow bandwidth beyond caring and intellect. The focus is on individual courses, but not on synthesis. The challenge of faculty is to elevate students to broader thinking – teasing out strengths (systems thinkers). Students can get through courses and still not get to the systems piece. This is a critical resource. Systems are important. Nurses are good systemic thinkers, but not necessarily systems thinkers. Those in politics in Washington are not systems

thinkers. For those nurses who have systems skills, we must elevate those skills. With 3 million nurses, we would be in a different place if we all had that. One participant challenged the statement that nurses in health policy don't look at the macro level and are not system thinkers. While at Health and Human Services, one participant heard, "I want a PhD-level nurse working on this project." One of our biggest faults is that we don't acknowledge that we're good at systems and big-picture thinking. *Framing and Marketing.* Evidence-based is already assumed at the state and federal level with all policy makers. We've gone past that. We need to be good at marketing. It's about relationships and true networking. This is what we do at UNM in field placement. Who knows what the number one issue is at your state or federal level? Answer: getting elected. Translate your knowledge into a good story. Translate your knowledge to legislators' constituents – to explain their vote in 30 seconds. It is important to frame lectures and bring in the politics of the situation along with the policy. Understand the politics around this and frame the message accordingly. Ultimately, it is about getting reelected. Frame politics and policies both concurrently. Opportunities in the field are required to develop this skill. Politics is hard for students to wrap their head around.

Summary: Synthesis of Major Themes

Barbara Damron

Saturday, February 1, 2014

4:45 pm – 5:00 pm

Note takers: M. Wood & A. Reese

Barbara Damron, PhD, RN, FAAN, summarized the major themes identified in the previous presentations. Policy impacts every aspect of what we do as nurses. Being a nurse is a calling. Be clear: What is our framing? Nursing is important because we have a different paradigm. Let's be clear about our area of expertise and embrace our nursing framework. We should be role models through our research; there is a need for a consistent theoretical foundation. Work is getting done at the federal level mostly by staffers who write every word and craft every story. What are we going to do next? Get excited. Run for office. Know your entire Congressional delegation.

Panel Presentation: Building a Program of Research That Shapes Health Policy

Jacquelyn Campbell & Matthew McHugh

Moderator: Margaret Wilmoth

Sunday, February 2, 2014

8:30 am – 9:30 am

Note takers: S. No, S. Gagnon, & M. Wood

Margaret Wilmoth, PhD, MSS, RN, FAAN, stated that our goal is to take a body of research and use it to transform policy. We should utilize those who served in the military as a resource for policy development.

Matthew McHugh, PhD, JD, MPH, RN, CRNP, FAAN, stated that it is important to anticipate and evaluate the impact of policy, making sure to use research from academic institutions rather than depending on government intervention. Skill is involved in taking a body of research and turning it into policy; it is important to not only use the best policy but also to evaluate the policy. Does it do what it is intended to do? Policy is a tool, and good research provides policy alternatives to policy makers. How policy is implemented is also part of the process; it is important that we understand how to shape the process, including anticipating risks. Although policy does not have a direct impact on health, look at the pathways and mechanisms through which the policy can affect health.

Jacquelyn Campbell, PhD, RN, FAAN, reminded the audience to teach our students that it is nursing's responsibility to address policy issues. She advocates for all nurses to do policy work that involves research and recommended signing up for email alerts from Research America. In her policy work on domestic violence issues with Research America, she found that 47% of women killed in domestic violence are seen in the health care system during the year before they were killed. We failed to identify them and get them the help they needed, and this is an area ripe for policy intervention. Political context and coalitions are part of the policy process. If you have an area of interest, look for an existing coalition and a potential nursing organization. Dr. Campbell's original focus was on the criminal

sexual assault laws that did not apply if you were married to your abuser. She mentioned the importance of obtaining state-level data to affect state policy and presented state-level data regarding spousal rape when she was attempting to change the state marital rape laws. Policy makers are more empathetic to children's issues, so she was able to provide data about abuse during pregnancy and the effects on the fetus; by doing so, she was able to change marital rape law.

Strategic messaging includes making sure you understand your audience's perspectives and learn their language; shape your message with those items in mind. Most people are interested in collaborating; don't be afraid to reach out. We need to build and support a coalition of experts.

Panel Presentation: Doctoral Nursing and Interdisciplinary Health Policy Education
Glenn Flores: Journey from Jungle Lizards to Eliminating Health and Health Care Disparities: Implications for Interdisciplinary Health Policy Education
Susan Chapman: The Health Policy Specialty: An Interdisciplinary Approach w/Respondents
Moderator: Suzanne Miyamoto

Sunday, February 2, 2014
9:45 am – 11:15 am
Note takers: A. Reese, B. Ravenscroft, & N. Adams

Suzanne Miyamoto, PhD, RN, moderated the panel presentation on interdisciplinary health policy education, with contributions by other participants.

Glenn Flores, MD, shared 10 steps to successfully educate students on conducting policy-driven research:

1. Write down goals, plan how to reach them, and review the goals/plan often.
2. Take action; many small projects add up to one large accomplishment.
3. How you think is everything: think success, not failure.
4. Be persistent and work hard; success is a marathon, not a sprint.
5. Never stop learning; read widely in and out of your field.
6. Focus time and effort; don't get distracted.
7. Deal with people effectively, and build interdisciplinary collaborations.
8. Be well mentored and mentor well.
9. Don't be afraid to innovate; be different.
10. Strive to make a difference.

Susan Chapman, PhD, RN, FAAN, pointed out that nurses already have policy skills: prioritizing, rapidly establishing relationships, teamwork, dependability, advocacy, practicality, analysis, and working around systems. We need to move those skills into the policy arena. Nurses need experience framing policy problems versus clinical problems. Nurses also have to be prepared for a 1/2 to 1/3 reduction in pay when moving from the bedside to policy work. Sometimes, you have to create our own policy job or role. Dr. Chapman introduced the University of California–San Francisco's health policy programs for nurses. Highlights include learning policy communication for policy makers, media, and creating one-page policy briefs. A health policy residency experience is also offered locally, nationally, or internationally. It may be self-funded or funded by a self-acquired grant.

Shana Judge, JD, PhD, commented on the difficulty of switching gears for different work. She had experience drafting legislation, but wanted to know more, such as how to *analyze* policy. Be prepared for the long-term planning required. Dr. Judge's health policy PhD focused primarily on economics, sociology, and political science. This interdisciplinary training presented the challenge of frequently having to switch gears, but it is worth the extra work involved.

Dr. Flores said to be a role model to students for interdisciplinary policy work. In particular, media work/public relations messaging is a lot of work, and faculty may not be recognized for it. Although important, understand that

there are consequences to your career if you spend your time on media rather than publishing research. Proximity is not the magic bullet. It's about relationship building. This is one of the areas where role modeling really matters. However, attending to other disciplines costs time that could be devoted to one's own discipline (resulting in fewer publications). Research is critical. The reality is that publications create the opportunity to do *applied* policy work; it brings those invitations.

Dorinda Welle, PhD, reflected on the field of anthropology. Dr. Welle outlined the context of a role for anthropology in policy work and introduced the history of this role as emerging during WW II. Anthropology was mobilized for the public good, with the appropriation of research for military policy. Anthropology provided insight into the German and the Japanese mind. Questions that resonated included: What power does our profession have? How intentional is our use of power? Which populations does anthropology feel qualified to represent? We should have an appreciation for how anthropology contributed to the development of the science of "race" and how that work is used in policy and health care. A timely and relevant question for anthropology now: How are we socialized into policy making? Consider parenting. Family is the first policy environment we experience. How is policy made, implemented, and enforced within the family? How do children advocate for better policies? Interdisciplinary work allows us to do great policy research and reflect on types of power, how to use that power, how core concepts justify our agenda, and how we reflect on that.

Some highlights from the discussion: Public health nursing is built from policy. Partner with your public health department because it is already interdisciplinary. Public advocacy can be considered "service" for tenure consideration. Visibility is important to the school. However, one must be careful and seek guidance on boundaries to not cross into lobbying. Find an anthropologist to be on your team. Although we all know what the issues are, finding the right question to ask is important. In academia, you have to find an institution that allows you protected time for research. Look for an opportunity that gives you 3 years of protected funding. Don't give up your clinical work.

Open Forum: Major Issues, Lingering Questions, and Future Directions

Barbara Damron

Sunday, February 2, 2014

11:30 am – 12:30 pm

Note takers: R. Eddie, S. No, & E. Dickson

Barbara Damron, UNM College of Nursing Professor, provided a summary of the two panel discussions: "Building a Program of Research That Shapes Health Policy" and "Interdisciplinary Health Policy Education." She emphasized two issues: (1) nurses must be careful to represent both sides of political parties, and (2) how are minorities racially and geographically incorporated into policies for faculties and students? It is important to build a repository of health policy resources for conference participants and doctoral programs (DNP and PhD). Legislative aides and staff members who can help find a "story" from their repository are also important, as well as PR/training sessions.

Creating a repository and continuing the conversation were brought up as topics to address in the future. Suzanne Miyamoto of the AACN offered her organizational support for the development of a repository, including funding available through the Nightingale Policy Institute left over from group that did not use entire funding (about $1,000). It was recommended that the repository include curricula examples from different universities. There is more than one venue to disseminate the information from this conference (journal, conference, repository, etc.). The RWJF Collaborative will compile a list of references used on the slides and resources from the presenters at this conference. A special issue of a journal could be devoted to the topics discussed during this conference.

The opportunity to do an Interprofessional agreement (IPA) for faculty members who are interested in policy work at the federal level was discussed. Most federal agencies are potential IPA sites, including the Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services, not just the Bureau. It is an opportunity for faculties to share their expertise with an agency, while the IPA agency pays the faculty's school during this

temporary assignment. The AACN was offered as a potential site for faculties across the nation teaching nursing and health policy.

Interdisciplinary work among nurses, doctors, and lawyers in health policy is extremely beneficial. Policy can be defined as a competitive decision-making process of a third party, which both reflects and impacts the interests of numerous stakeholders. Nurses can be key stakeholders with a more powerful voice as part of the informed sources. If the debate can be framed using this definition, it would be a better choice, rather than groups competing for resources. Nursing does not need to re-create the wheel. We can utilize interdisciplinary resources and publications that groups have spent years forming and capitalize on their efforts. Kaiser has kept a repository of syllabi in health policy courses that were interprofessional. This could be one way to build on what has already been developed. The G2C2 (Genetics/Genomics Competency Center) is one example of an online interprofessional platform that has already been created.

A participant reported that the AACN conference discussed much of the division between DNP and PhD programs, adding that health policy can be the bridge that links these two groups. It's important not to repeat the dynamics of different nursing programs from the past and take advantage of the relatively recent beginning of the DNP programs to bring DNP and PhD faculty and students together over the health policy issues that pertain to them both.

It was pointed out that evidence is necessary, but equally important is involving coalitions and advocacy groups. It was recommended that a list of advocacy groups (and their contact information) be maintained among coalitions as a way to build support around policy issues in the repository.

Nurses need to make sure that the words *nurse*, *nursing*, or *nursing school* are used in an interview when working with media. If there's an election coming up, and you want someone to take a position, think about how you want to help inform the candidate. You have to do it as a citizen and not an employee of an organization. This can be extremely influential.