NURS 6050: Policy and Advocacy for Improving Population Health
"Health Policy and Politics"
Program Transcript

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NARRATOR: Crafting policy to address health care issues.

MARY WAKEFIELD: Now let's think about that public policy maker who is trying to fashion a solution to one of those challenges of cost access or quality. What is it that determines what the solution is that gets put on the table and how that solution moves through the policy-making process?

NARRATOR: The important role nurses play in health care policy.

KATHLEEN M. WHITE: Every nurse should care about being involved in the policy process because we are the experts in health care.

NARRATOR: And a perspective that is critical.

DEBORAH TRAUTMAN: I was told when I was on the Hill that all politics is local and all health care is personal. And I think that, as nurses, we understand that.

NARRATOR: Getting started in the policy process.

CARMELA COYLE: Policy begins with a good idea. The problem is to try to move from an idea and a concept and good research to a piece of legislation that can actually pass can be a long and winding road.

NARRATOR: This week, are experts share insights into the policy process, the politics of health care policy, and the invaluable role of the professional nurse.

MARY WAKEFIELD: When I first moved to Washington, D.C. and worked in the public policy arena, I was a bit of a policy purest, if you will. It was my belief that public health policies crafted to address access cost or quality were designed based on, for example, good research, on doing the right thing, if you will. And it didn't take me very long to figure out that in fact it's not just about good research or what I might view as an obvious solution to a particular problem associated with quality of health care.

In fact, there are a number of factors that influence what solution gets put on the agenda, how that solution moves through the policy-making process, and whether, in fact, it even survives through to the end of that policy-making process.

There are a number of factors that influence health policy. Health policy can be influenced by crises. Media can influence what gets put on the policy-making agenda or how it's treated once it gets there. Political ideology. Personal experiences of members of Congress can influence how they respond to a particular health care challenge.

Research findings also can be influential. Special interest groups can exert a lot of influence on what gets put on the health policy agenda. Constituents like each of you who might draw the attention of your policymakers. It might be that you'll draw the attention of your congressional delegation to a particular problem the you're saying. So constituents can be a factor that influences health policy.

Market forces can also be a driver of health policy. In addition, fiscal pressures. So you have a number of different factors then that can influence both what gets put on the policy-making table and how it's treated once it gets there.

In terms of personal experience, there was a congresswoman, now elected, from the state of Florida who had a close personal friend with a particular disease. And she was pretty public about introducing legislation that would be designed to cover pharmaceuticals that were important to addressing that disease. So here is a member of Congress who has a personal experience that's influencing what, in this case, she did to address that particular problem of access to pharmaceuticals to treat a particular health care problem.

So personal experiences matter on the part of members of Congress, believe it or not. It's not all just about research findings. In addition, constituents' voices matter. If individuals express their views about a particular health care problem to their elected officials, it behooves elected officials to pay attention.

A lot of times nurses and others think that the only influence that's exerted or factor that exerts influence in Washington or in a state capital is a special interest influence. I'd suggest to you that's not really true. There are all the factors that I've mentioned. And constituents, that is your own voice, is an extremely important one.

So don't dismiss out of hand the impact that you can have as a factor, if you will, in influencing what gets put on the policy-making table and how it's treated once it's there. Because at the end of the day, guess what? Policymakers or elected officials are either voted into office or they're voted out. They are ill-prepared to be unresponsive to what is that their constituents are telling them.

So do all the other factors matter? You bet they do. But your voice matters too.

KATHLEEN M. WHITE: In designing health care policies, nurses have traditionally wanted to be involved. It's been a great experience for me over 30 some years being a nurse. I think I got actively involved in health care policy and

politics very early in my career. And it's just always been something that has fascinated me and something I've wanted to be interested in.

And yet, we're constantly amazed in trying to get a policy either changed or on the public agenda that is new for nursing, is good for health care, or at least as nurses we think it's good for health care, and something that we think the public would benefit from. And I can tell you that over the years in trying to get legislation either, first on the public agenda, and then being considered, often it takes two, three, four, go arounds before a piece of legislation actually even makes it out of a committee.

And it's surprising that you think, wow, this is a great idea. This will improve things. And yet when it's new to a group of legislators who are teachers or bankers or real estate agents or lawyers that really have no expertise in health care whatsoever, they don't always see the importance of a policy. And so just the fact that you have to introduce what seems to be a really good piece of legislation that will improve things two, three, even sometimes four times, before it even gets to that public agenda, I think is something that continues to surprise me over the years.

A second thing that surprises me continually is that legislation often gets introduced when one person has a problem. And they go to their legislator and they say, this needs to get corrected. And the legislator meets the need of a constituent. And so when you think about elected officials, they can be in one of two camps. They can either what they call pleasing their constituents or pleasing their conscience.

And so when you have one person's interests being represented, you really have to think about whether or not that policy is a good one for all, for all of society. And so certainly that evaluation of the good of society comes in looking at that.

DEBORAH TRAUTMAN: When we think about, what does it mean to influence policy, I think of it quite simply as-- influencing health policy I think of three factors. And one is first in my mind is that evidence matters. That in order to effectively influence policy, it should be evidence-based. Additionally, I think that communications matter and relationships matter. And that as a profession when we think about being involved in advancing better policy that if we start with evidence-- our evidence coupled with stories-- and we share those with whomever it is that we're trying to educate about and/or work with shaping new policy, that's where we first start.

But that communication is very important in that we need to be clear and articulate in what it is that we're trying to address. In addition, when we were talking about influencing policy, the policy, the politics, and the process are what folks will frequently talk about as the three P's. I would suggest that in addition

there's the press, the public, and personalities, and that when we're trying to move policy forward, we need to think about each of those.

In our organizations we currently participate in many of the key committees and/or task force that are leading the direction for our institutions. And I think that we also should be thinking about this not just on the federal level because a lot of policy is also very state. I was told when I was on the Hill that all politics is local and all health care is personal. And I think that, as nurses, we understand that. We get what it means to advocate for better health and health care.

So there is opportunity for us to think about, then what does that mean in driving some of these next steps to getting us to be a healthier America? And that not every nurse needs to go visit their member of Congress. But every nurse should know who their member of Congress is. Not every nurse needs to, in my mind, be the extrovert who is speaking on a large platform, but we have opportunities to talk to on an individual basis to the patients and to their families.

And what we should be helping do is continue to think about what services and resources are necessary to help us move, again, to being healthier.

CARMELA COYLE: As I think of major influences affecting health care policy, I tend to think of it as a three-legged stool. You've got the legislative process that's affecting health care policies. The laws that we shape, the laws that we enact. There's a second leg of the stole which is the regulatory process. It's the thousands of pages of detail that have to be written to clarify what it is our lawmakers had in mind.

And there's a third leg of the stool. And that is the special interest groups. The special interest groups play a very, very important role by informing legislators and regulators, from the front line perspective of health care delivery, of what the implications of a new law or a new regulation might be.

I think if there are forces affecting those, there are several. One is, I think, our elected officials. Our legislators are certainly being held more accountable by the voters for making certain that we've got the kind of health care system that people want to see in the United States.

I think that we're also seeing consumer expectations on the rise. And more pressure, I think, today than we certainly saw at 10 or 20 years ago from a broader array of special interests to make certain that the policy we've got in place is really serving every one, not just what we've traditionally viewed as the key stakeholders in the health care system.

But I think we've seen greater accountability. I think we see greater engagement and involvement. From my perspective a strength of our system, but it makes the creation of health care policy that much more challenging,

And I think one of the new entrants is we really are more focused on measuring how we've done at the end of the day. There's been policy that's been put into place, and we don't really know if it works or if it doesn't. I see much more emphasis in new laws and new regulations on evaluating three years out, five years out. Is it working? And if not, come back and report it and we'll have to revisit the legislation.

So I think all of that is a set of new forces really helping to shape policy and refine it in ways we haven't seen before.

DEBORAH TRAUTMAN: Nurses sometimes say they don't like politics. I don't disagree with them. Politics is probably the least desired part of the process. But you can't divorce policy from politics. But I believe-- especially now because we have some pretty partisan times in our federal government, at least, and maybe even at the state and local levels-- that if you could have the voice of health care professionals ringing through that partisan divide that we may be able to make more progress that we can't otherwise because of ideologies.

I have never known the nursing profession to make clinical decisions and care and judgment based on someone's political ideology. But politics is a part and we have to recognize that. But what I would suggest to us as professionals is that we need to just increase our effectiveness in managing some of the politics, or at least acknowledging and addressing them.

So who are the stakeholders that we should bring along with us? Who's going to be in favor and helpful to us in advancing policies? And who are those that are opposed? And we need to educate ourselves on what their positions may be. So that's a part of it and a part of, what I would say, the evidence.

The communication, again. In thinking through our message and being able to be clear and succinct and brief. Because the effectiveness of getting our point across is based upon not just what we want to do but how well we communicate that. And then relationships are incredibly important. Not only building relationships within the profession of nursing, but outside. And with our elected members of Congress as well as with others.

And in particular I would say for state and federal policy it's important to know who are the committees of jurisdiction that are working on policy? Who are the staffs? Some folks have said that they thought if they try to set up a meeting with their elected member and are referred instead to a staff person, that that's not as good. And I would say that that's incorrect, that many times it is the staff who are the source of information and the filter of information that goes to our elected members. And so it's as important to have relationships with those individuals as it is with members themselves.

The advantage that we all have is that very few of our elected members will turn down their own constituent. It may be harder to get in to see someone from another office or state. And not all of our states have representatives on some of the key health committees. But most all of the staff that I met when I was in the Speaker's office and the committee staff that work both on the minority and majority side, were very open to listening to perspectives that were being brought forward by health care professionals. Because many times what others know about health care is from their own personal experience or what someone tells them.

Health care professionals, nurses in particular, have firsthand experience and know not only what might work best, but have stories to tell that help make it real beyond just a theory or a proposed solution or alternative.

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