

Chi Eta Phi Sorority, Incorporation



National CHI Health Advocacy and Social Policy Toolkit Updated April 4, 2019

The theme for the 21st administration of Chi Eta Phi Sorority, Incorporation (Inc.) is "Developing Healthy Communities through Advocacy, Collaboration, Education, Leadership, Research and Service." We strive to meet the purpose, goals, and missions of the sorority as we implement programs/projects in our community.

Toolkit Home

As professional nurses and nursing students, Chi Eta Phi Sorority, Incorporated members we must be committed to take the lead in policy-making and directing health care reform initiatives. To do so, we must be knowledgeable about government relations, engage in the development of policies with legislators, and develop our advocacy skills. Thus, the CHI Health Advocacy and Social Policy (HASP) Toolkit is designed to guide Chi Nurses in all Regions and Beta nursing students as they take a more active role in key health care policy issues. The CHI HASP Toolkit is a "living document" that will continue to evolve as additional information and resources become available.



1 Images from Nurses Day at the Texas State Capitol Feb 2019 -Two Theta Eta Chapter Members Representing Chi Eta Phi Sorority

Preface

The Toolkit was created to make transitioning into the role as a HASP Chairperson easier and to bring uniformity to our work reports and understanding. The bottom line is for us ***to work Smarter not Harder***. Start by making a **continuity book** and storing info on a **thumb drive**, to help future leaders build on what you have started to keep Chi Eta Phi Sorority, Incorporated moving forward. Please send comments and information to: shellreneern@gmail.com

The original design of this toolkit came from Dr. Barbara J. Hatcher's Health Policy Course, Nursing 808: Translating Nursing and Health Care Research into Evidence-Based Policy. Dr. Hatcher is an Associate Professor of Nursing(retired) at George Mason University, a member of Chi Eta Phi Sorority, Incorporated and the Chair of the Health and Social Policy Committee for the Northeast Region, Inc. Dr. Hatcher is also a former Editor and Chief for Chi Eta Phi Sorority, Incorporated and the current Tamias for the Northeast Region, Inc.

As a living document, the National HASP Committee has made many additions, added Chi Eta Phi Sorority, Incorporated examples and updated resources to ensure the web links are active.

Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States. --Future of Nursing Report



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Introduction

The tool kit was conceived and developed by the National Health Advocacy & Social Policy Committee.

The Health Advocacy and Social Policy Committee is a National Standing Committee of at least seven members shall evaluate and monitor national legislative, economic and other policies and professional issues that impact healthcare and its delivery; maintain a network to disseminate information to members in a timely manner focusing on areas that the Sorority can address; prepare a resolutions and position papers and advise the Supreme Basileus of directions the Sorority should take.

Per most **Chapter Bylaws Article X. Section 10** - Committees and Their Function

Health Advocacy & Social Policy Committee duty shall be to:

- a. Evaluate issues facing nursing and the health care with a focus on areas that the chapter should address.
- b. Make recommendations for presentation to the body for discussion at the monthly meeting.
- c. Send any nursing and health care issues to the National Advocacy & Social Policy chairman.

Leadership expectations/suggestions:

- a. Schedule at least 2 committee meetings - 1 fall and 1 spring to keep committee members informed and motivated to participate (conference call or in person).
- b. Submit reports at least a week prior to chapter meetings to Grammateus with any recommendations identified.
- c. Option - can submit information monthly on "Hot Topics" for member information that does not have to be presented at the meeting.

The current members and leaders of the 2017-2019 National Health Advocacy & Social Policy Committee and Social Policy Committee are:

Michelle R Mandy (Chair)	(Theta Eta)	Middlesouth Region cell: 623-256-2161
Bonita Ball	(Theta)	Northeast Region
Juanita Williams	(Theta Eta)	Middlesouth Region
Sandra Evans	(Theta Eta)	Middlesouth Region
Ann Thompson	(Zeta Chi)	Middlesouth Region
Dr. Barbara J Hatcher	(Alpha)	Northeast Region
Dr. Frances Ashe-Goins	(Delta Eta)	Southeast Region

What is Advocacy?

The following definitions help us fully understand the depth and breadth of advocacy.

Tomajan Definition¹

According to Karen Tomajan advocacy is *defined by the Merriam-Webster Collegiate Dictionary (2009a) as the act or process of supporting a cause or proposal. An advocate is defined as one that pleads, defends, or supports a cause or interest of another. Much of the literature on advocacy comes from non-profit and special interest groups that prepare potential advocates to influence public policy. Strategies promoted by these groups are also applicable for nurses and the nursing profession. Amidei (2010) has described advocacy as "seeing a need and finding a way to address it" (p. 4). Sharma (1997) defined advocacy as "action aimed at changing the policies, positions or programs of any type of institution" (p. 4). Family Care International (2008) promoted advocacy as "the process of building support for an issue or cause and influencing others to take action" (p. 3); while the Worldwide Palliative Care Alliance (2005) identified advocacy as "a process that can lead to change through influence" and a "way of directing decision-makers towards a solution" (p. 4). These definitions all suggest that the role of an advocate is to work on behalf of self and/or others to raise awareness of a concern and to promote solutions to the issue. Advocacy often requires working through formal, decision-making bodies to achieve a desired outcome. This process could include the 'chain of command' within a healthcare organization, a commission, a state legislature, or other groups at the healthcare system's policy level.*

European Centre for Disease Prevention and Control²

Advocacy is one strategy to raise levels of familiarity with an issue and promote health and access to quality health care and public health services at the individual and community levels. When trying to gain political commitment, policy support, social acceptance, and systems support for a particular public health goal or program, a combination of individual and social actions may be used to try to affect change. This is one way of understanding Health Advocacy.

The adoption of a health advocacy model can focus on an educational dimension when it identifies emerging public health issues that require action. It encompasses gathering information on existing practice related to public health, related legislation monitoring and providing feedback on how specific regulations impact local groups and communities. It may also help to guide health policy reforms.

Often, health advocacy is carried out using mass and multi-media, direct political lobbying and community mobilization. It may materialize within an institution or through public

¹ Tomajan, K., (January 31, 2012) "Advocating for Nurses and Nursing" OJIN: The Online Journal of Issues in Nursing Vol. 17, No. 1, Manuscript 4.

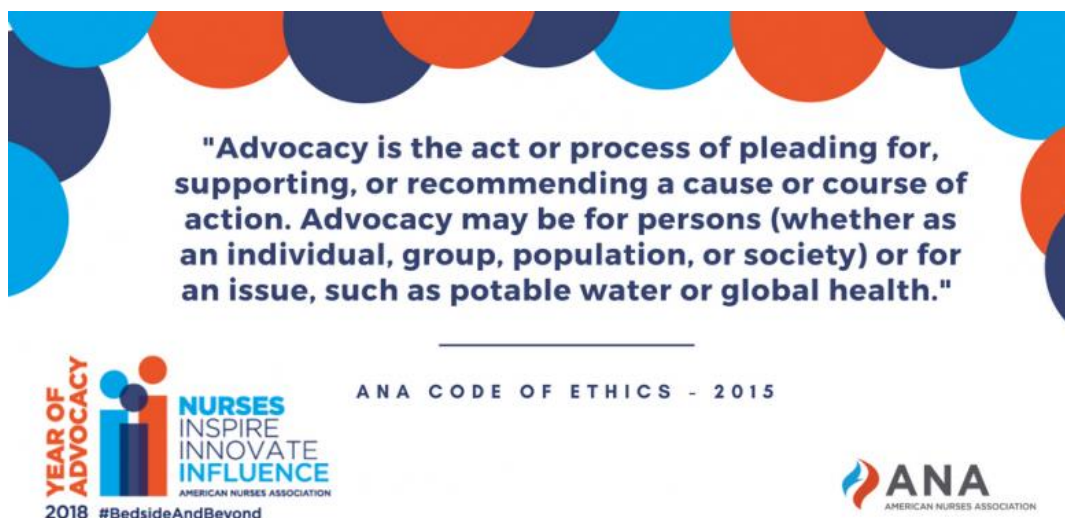
² European Centre for Disease Prevention and Control <https://ecdc.europa.eu/en/health-communication/health-advocacy>

health associations, patients' organizations, private sector, and NGOs. All health professionals have a major responsibility to act as advocates for public health at all levels in society.

Chi Eta Phi Sorority, Incorporated is committed to social advocacy for equity in health. According to Farrer, Marinetti, Cavaco, & Costongs (2015)³:

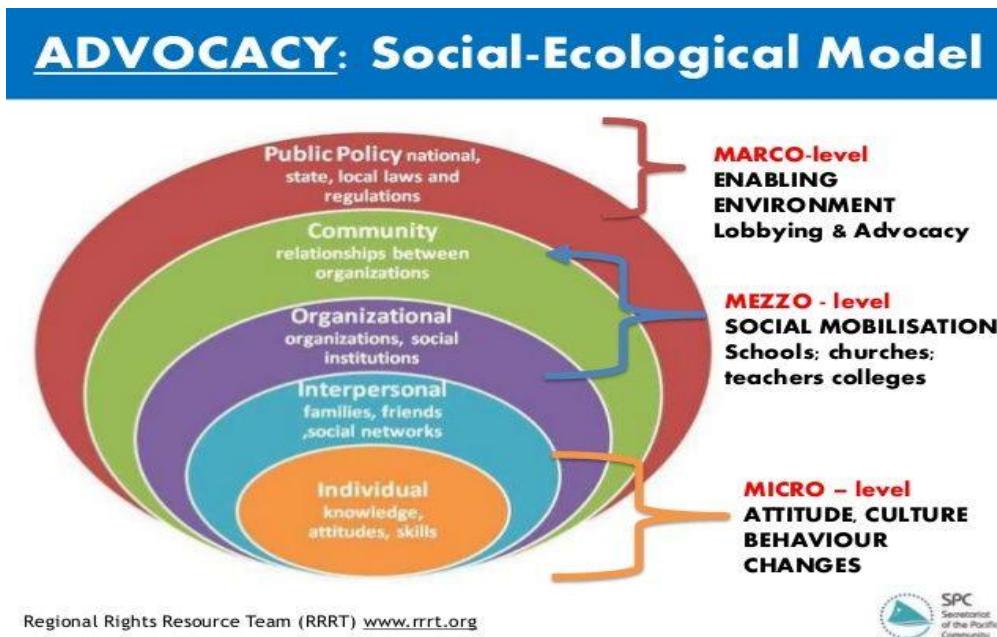
Health inequalities are systematic differences in health among social groups that are caused by unequal exposure to-and distributions of the social determinants of health (SDH). They are persistent between and within countries despite action to reduce them. Advocacy is a means of promoting policies that improve health equity. . . Effective advocacy should include persistent efforts to raise awareness and understanding of the social determinants of health.

The definition of nursing clearly establishes our role in advocacy. The American Nurses Association defines nursing as, “the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations (Cox, & Werner, 2009).” Further, the American Nurses Association (ANA) believes that advocacy is a **pillar of nursing**. Nurses instinctively advocate for their patients, in their workplaces, and in their communities; but legislative and political advocacy is no less important to advancing the profession and patient care.



³ Farrer L, Marinetti C, Cavaco YK, Costongs C (2015) Advocacy for health equity: a synthesis review. Milbank Q.;93(2):392-437. doi: 10.1111/1468-0009.12112.

Strategic Advocacy



Epidemiological evidence on the social determinants of health inequity is well-advanced, considerably less attention has been given to evaluating the impact of public policies addressing social determinants^{4,5}. It is well-documented that interventions, including policy interventions, can have the greatest impact when they target the social determinants of health.⁶ Strategic advocacy is a tool to help broaden our thinking and action. One framework that is useful in thinking about strategic advocacy is the socio-ecological framework. This model helps us think about how best to direct our actions. Socio-ecological models help us better understand the dynamic interrelations among various personal and environmental/contextual factors. The model also helps us to better monitor the health determinants with an equity focus and to better address social determinants, universal health coverage, and advancing the goals of Healthy People 2020.

⁴ Pedrana, L., Pamponet, M., Walker, R., Costa, F., & Rasella, D. (2016). Scoping review: national monitoring frameworks for social determinants of health and health equity. *Global health action*, 9, 28831. doi:10.3402/gha.v9.28831

⁵ Lee, J., Schram, A., Riley, E., Harris, P., Baum, F., Fisher, M., ... Friel, S. (2018). Addressing Health Equity Through Action on the Social Determinants of Health: A Global Review of Policy Outcome Evaluation Methods. *International journal of health policy and management*, 7(7), 581–592. doi:10.15171/ijhpm.2018.04

⁶ Hall M, Graffunder C, Metzler M. (2016). Policy Approaches to Advancing Health Equity. *Public Health Manag Pract.* ; 22 Suppl 1:S50-9. doi: 10.1097/PHH.0000000000000365



Coalition Building^{7, 8, 9,10}

In simplest terms, a coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve permanently the overall quality of life for most people in the community. By the same token, the individuals and organizations involved might be drawn from a narrow area of interest, or might include representatives of nearly every segment of the community, depending upon the breadth of the issue.

Coalitions may be loose associations in which members work for a short time to achieve a specific goal and then disband. They may also become organizations in themselves, with governing bodies, particular community responsibilities, funding, and permanence. They may draw from a community, a region, a state, or even the nation as a whole e). Regardless of their size and structure, they exist to create and/or support efforts to reach a particular set of goals.

Coalition goals are as varied as coalitions themselves, but often contain elements of one or more of the following:

- Influencing or developing public policy, usually around a specific issue.
- Changing people's behavior (reducing smoking or drug use, for instance).

Building a healthy community. This term generally refers both to the community's physical health (which may include not only medical and preventive or wellness services, but the environment, community planning, housing, hunger, substance abuse, and other factors) and its social and psychological health (encompassing diversity, education, culture and the arts, violence prevention, youth development, employment, economic development, mental, etc.)

⁷ Community ToolBox, Chapter 5. Coalition Building I: Starting a Coalition. <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>

⁸ Evidence-Based Practices for Coalition Building
http://www.eiri.usu.edu/projects/champions/factsheets/coalition_building_fact_sheet.pdf

⁹ Developing Effective Coalitions an 8-Step Guide.
<http://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide>

¹⁰ Resilience In Vulnerable Environments THRIVE: Tool health resilience vulnerable environment &
<http://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments>

Educating Communities



Community education, also known as Community-based education or Community learning & development refers to an organization's programs to promote learning and social development work with individuals and groups in their communities using a range of formal and informal methods. A common defining feature is that programs and activities are developed in dialogue with communities and participants. The purpose of community learning and development is **empowering people, individually and collectively, to make positive changes in their lives and in their communities, through learning.** Central to this is their ability to participate in democratic processes¹¹.

Community Change Process and the **CHANGE Tool** (March 2018)^{12, 13}

Every community is different, but there are similarities in the process by which communities mobilize to affect change. The five phases of this process are depicted below.

- Commitment
- Assessment
- Planning
- Implementation
- Evaluation

Why is this process important to consider when completing the CHANGE tool? The process to complete the CHANGE tool mirrors these five phases. Consider that, while there are five phases to the community change process, this web site focuses specifically on the first three – Commitment, Assessment, and Planning, as they frame the step-by-step process for completing the CHANGE tool.

1. **Commitment** involves assembling a team — or coalition — of community members to address key issues and establish partnerships with other agencies. Coalitions and partnerships give participants ownership of the process and a ready pool of fiscal and human resources to support policy, systems, and environmental change strategies.

2. **Assessment** involves gathering data and input on what the community needs. Assessments also provide a way for the community's voice to be heard. Change strategies must reflect the needs of the community to have the intended impact. As Chang has noted

(1994), “a community assessment process is not just a matter of surveying what people need, but it is a community organizing strategy. By rigorously and creatively assessing community needs, the process gives real ‘voice’ to individuals in the community...voices that can significantly influence program design.”¹⁴

3. **Planning** is the natural progression from assessing community needs. Now that the information is available, your team takes action to develop the Community Action Plan for change.

4. **Implementation** is executing the plan you have developed, in collaboration with the community team, stakeholders, and partners. Implementation requires maintenance of the commitment and ownership established in the beginning; without this support, the plan can fall apart.

5. **Evaluation** is woven throughout the community change process and provides the basis for answering key questions: Are you implementing the right strategies? Are you creating the measurable impact envisioned? Evaluation, whether formal or informal, gathers lessons from what you are doing and provides recommendations for what can be done in the future. Evaluations also help to inform key decision makers. Evaluation is listed as the final component of this cyclical process, but it should be considered from the beginning and included throughout all phases.



¹¹Scottish Government gov.scot. (2012, June 12). Strategic Guidance for Community Planning Partnerships: Community Learning and Development. Retrieved from <https://www.gov.scot/publications/strategic-guidance-community-planning-partnerships-community-learning-development/>

¹²Centers for Disease Control and Prevention (CDC). (2018, March). Healthy Communities Program/ Tools for Community Action. Retrieved from: <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/>

¹³Office of Disease Prevention and Health Promotion [ODPHP]. (2019). Healthy People 2020: Educational and Community-Based Programs. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs>

¹⁴Chang, H. N. L. (1994). Drawing Strength from Diversity. Effective Services for Children, Youth, and Families

How Do You Build Relationships with Elected Officials, Legislators, and Staff?

100 candidates look more like America than today's Congress. Seventy percent of them are women and 60% people of color, and they bring with them insights and experiences that will ensure all our communities are represented in the halls of power. They come from walks of life that will fill Congress and state offices with new ideas and perspectives. Below is one.



Lauren Underwood - Illinois' 14th Congressional District: Lauren is a registered nurse, with hands-on experience in America's health care industry. She was appointed by President Obama to serve as a senior adviser at the U.S. Department of Health and Human Services, where she helped implement the Affordable Care Act, broadening access for those on Medicare, improving health care quality and reforming private insurance.¹⁵

Strategies:

- Write and/or call legislators on current issues.
- Make personal visits either in Washington, D.C., your state capitol or in the home district offices on current issues or broad problems.
- Organize group visits on issues of mutual importance.
- Invite legislators to tour your institution or department and meet with your administration, faculty, and students for a discussion of problems and issues. Also, consider inviting legislators to attend special events where they might get some publicity.
- Get personally involved in legislators' campaigns and the activities of your political party
- Learn About Your Legislator
- Write letters to the Editor and Op-Eds
- Give an Interview
- Use social media such as Linked-in, Twitter

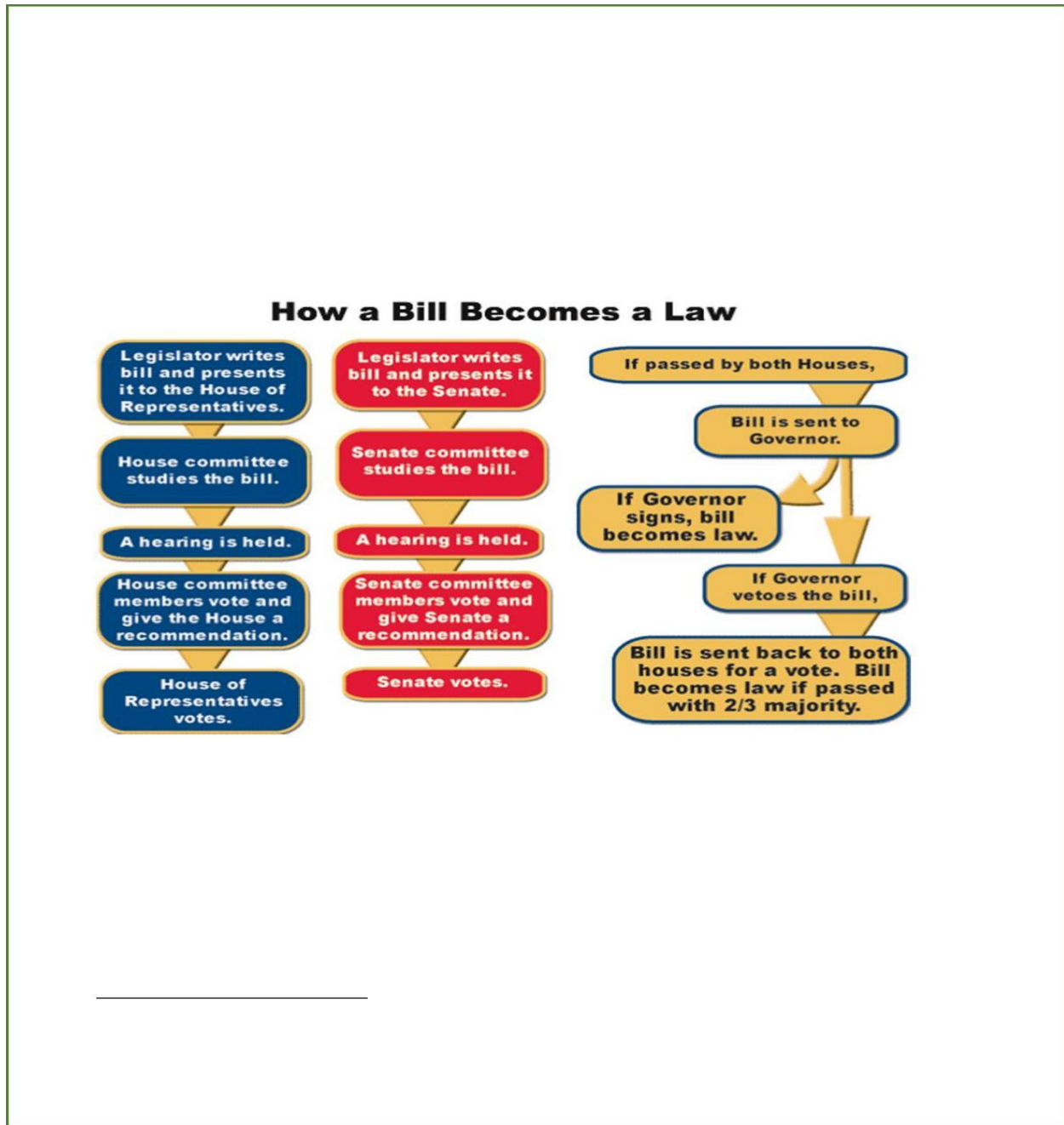
¹⁵Howard, H. (2010, June). How to Build and Maintain Relationships with State Officials. https://www.communitycatalyst.org/resources/publications/document/Relationships_with_State_Officials.pdf?1383167028

¹⁶Fitch, B. (2012, September 11). Five Strategies for Building Successful Relationships with Elected Officials. Retrieved from <http://www.congressfoundation.org/news/blog/966-five-strategies-for-building-successful-relationships-with-elected-officials>

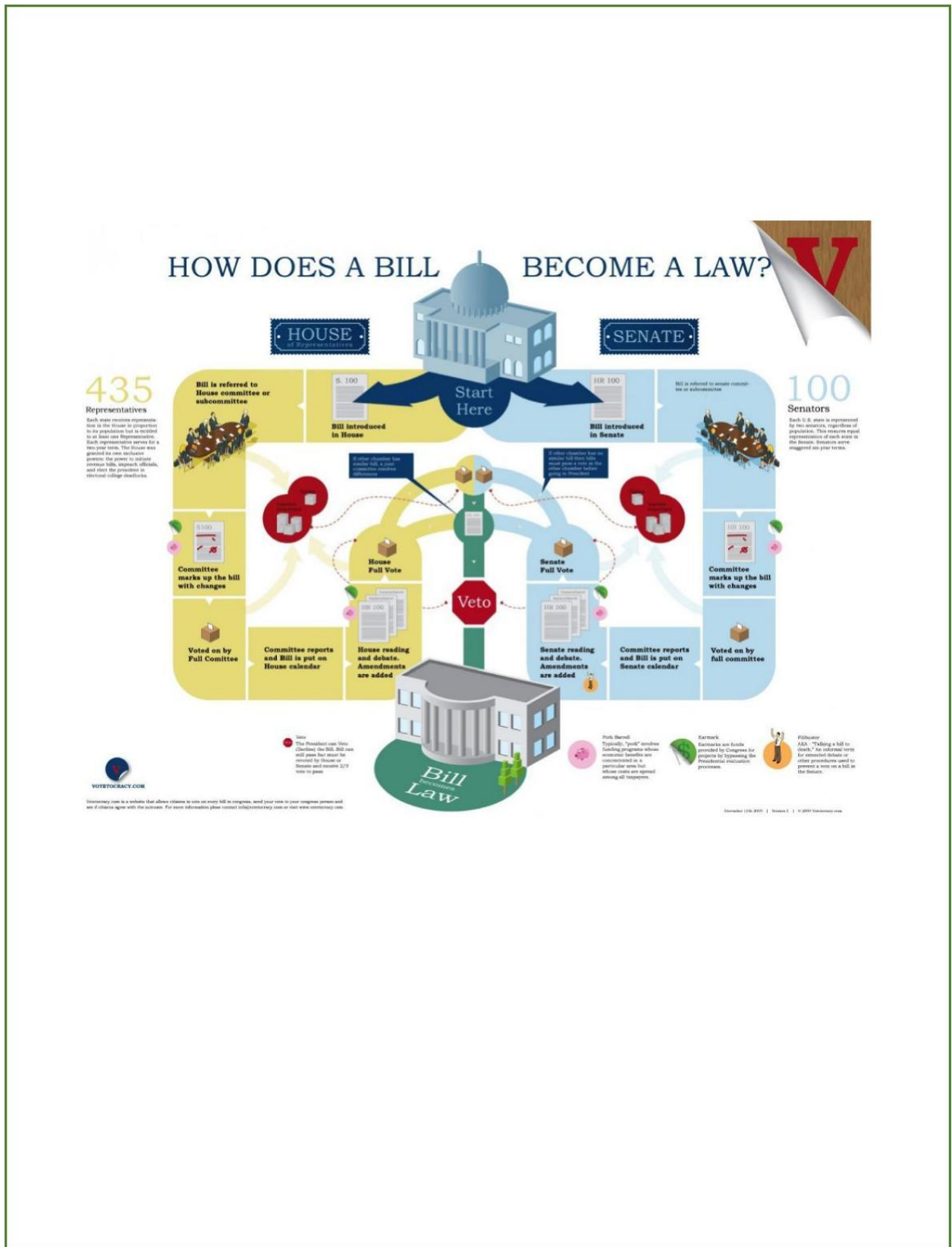
How a Bill Becomes Law¹⁶

State

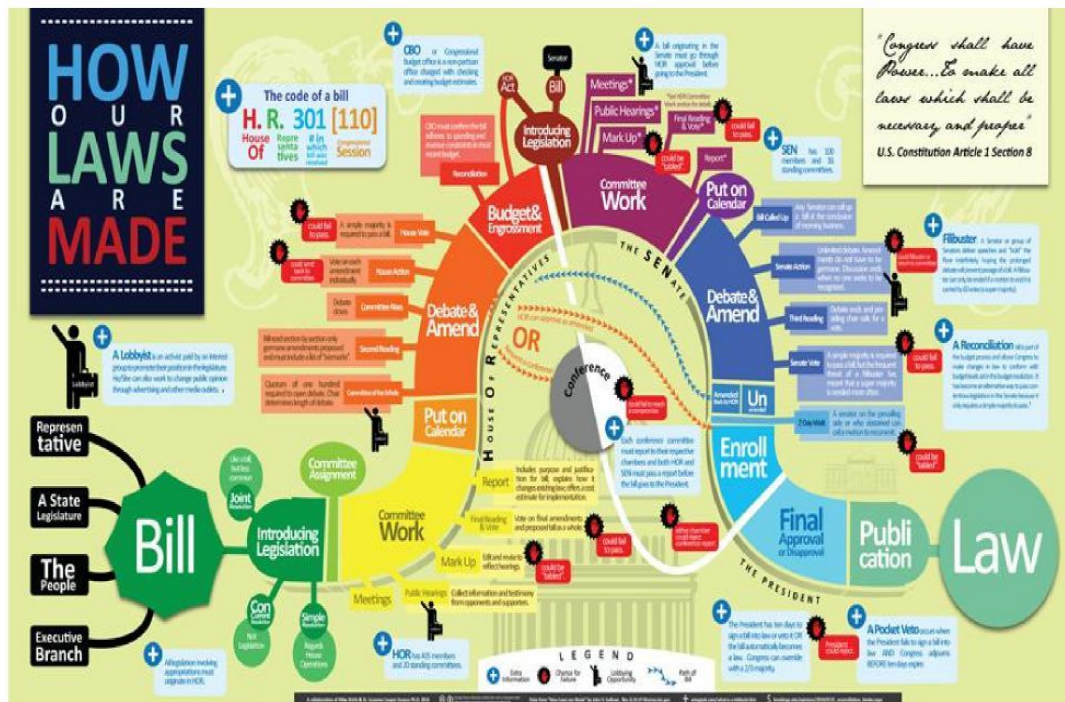
The website below will provide information on the current campaigns for per State
<https://campaignforaction.org/our-network/state-action-coalitions/>



¹⁶ Images from [google.com](https://www.google.com)



General



Nurse Day Graphic: Texas Nurses Association



Nursing Advocacy: DOs AND DON'Ts FOR NURSE DAY

Nurse Day at the Capitol connects nurses and students with state legislators.



© Texas Nurses Association 2018

How A Bill Become Law Graphic: Texas Nurses' Association

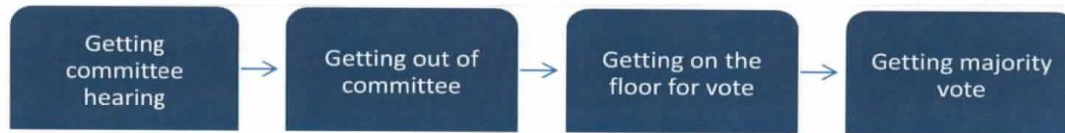


Texas Legislative Process: HOW A BILL IS PASSED INTO LAW

140 DAY SESSION: Jan. 8 - May 27, 2019

With start and end of session, the deadline is usually 100 days or less to get a bill through the process.

First Chamber



Second Chamber



► How many legislators can keep bill from moving forward?

In the House

Getting committee hearing and vote	1 (Chair)
Getting favorable committee vote	5-6
Getting set for vote by full chamber	Calendars Committee
Getting favorable vote by full chamber	75 (1/2)
Governor signs	1 (Gov)

In the Senate

Getting committee hearing and vote	1 (Chair)
Getting favorable committee vote	5-6
Getting set for vote by full chamber	13 (2/5)
Getting favorable vote by full chamber	16 (1/2)
Governor signs	1 (Gov)

© Texas Nurses Association 2018

HOW TO WRITE POSITION STATEMENTS AND RESOLUTIONS

GUIDELINES FOR POSITION STATEMENT SUBMISSION

These Guidelines were developed by the National Health and Social Policy Committee, for the use of Chi Eta Phi Sorority, Incorporated members.

WHAT IS A POSITION STATEMENT?

A position statement is written to provide direction for an organization by describing one side of the arguable viewpoint. The statement should provide a description, with support of evidence of the position that the National/Regional/Chapter/Committee is taking on the issue and should include a background of the issue. For Chi Eta Phi Sorority, Incorporated, the Position Statements written should reflect the governing objectives and goals of Chi Eta Phi Sorority, Incorporated.

A position statement Should include the following:

1. Title
2. Purpose
3. Position Statement
4. Background/Definition
5. Summary and Restatement of position
6. References (in APA 6th Edition)

Prior to the development of a position statement, explore the literature on emerging issues in nursing and healthcare. Followed by, focusing on those issues that could have an impact on improving Nursing and Healthcare. Finally, ask the question, “What are the advantage and disadvantage of developing this position statement? (e.g., Are there political, financial, social, or other implications outside the professional nursing practice?)

WHAT IS A RESOLUTION?

A Resolution is a proposal that National/Regional/Chapter/Committee take certain action, or that it expresses itself as holding certain views. It is made by a Member moving an issue (which is equivalent to saying, “I propose that”), and then stating the action he/she proposes to have taken. Thus, a member “moves” (proposes) that a Resolution be adopted, or amended, or referred to a committee, etc.

A resolution is an original main motion that is brought forward at a convention because it addresses an issue of nationwide concern related to policies and professional issues that impact healthcare and its delivery. A resolution outlines action and is submitted in writing.

What form does a resolution take?

A resolution usually consists of two main parts:

1. **Whereas statements:** The preamble portion of the resolution consisting of a statement(s) providing information on the resolution, reasons for the resolution and why it should be adopted.

2. **Resolved statements:** The main motion. The resolved statements constitute the request for action and express the opinion or will of the group.

A resolution SHOULD include the following:

1. Title
2. Introduction/background information
3. Information on Chi Eta Phi's position on the topic
4. The rational for moving the Resolution, and the formally worded Resolution that you would like to be voted on by National Boule'
5. Relation to Chi Eta Phi National Programs
6. Conclusion and restatement of the Resolution and the rational for moving it
7. References (in APA 6th Edition)

Why submit a resolution?

Resolutions call for action by Chi Eta Phi Sorority, Incorporated and/or its members (regional or chapter units). Chi Eta Phi Sorority, Incorporated resolutions seek to address problems, situations or concerns that affect healthcare and nursing nationwide and that require nationwide action for a solution.

Who submits a resolution?

Regions, Chapters or members of Chi Eta Phi Sorority, Incorporated, the Chi Eta Phi Sorority, Incorporated Executive Board or committees may submit resolutions. Criteria for resolutions to be considered at the Boule' is the same for all members.

Every Resolution should be submitted to the National/Regional/Chapter/Committee in writing.

SAMPLES: *(in new times roman, 12 points, references in APA, on letterhead)*

“This information can be copied and pasted on your chapter/region/national letterhead to help you get started in writing your position Statements and Resolutions.” **Ensure the letterhead has the emblem and founder on it.**



Founder
Aliene C. Ewell, BSN, RN

MIDDLESOUTH REGION, INC. OF CHI ETA PHI SORORITY, INCORPORATED
“Professional Nursing Organization” 3029 13th St., N. W. Washington, D.C. 20009
(202)232-3858 Fax (202)232-3460

SAMPLE POSITION STATEMENT ON ACCESS TO HEALTH SERVICES

I. PURPOSE:

The current health care system is fragmented and does not provide uniform access to a comprehensive array of health services and supports. The states within the Middlesouth Region are behind in approving laws to expand Medicaid and allow Nurse Practitioners to have full practice authority which affects negatively on access to health services. Data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care ([CDC, 2017](#)).

Middlesouth Region, Inc. (MSR) of Chi Eta Phi Sorority, Incorporated, is a professional nursing organization that advocates for patients and their families, consider health and well-being as a priority and expects that our health care system will improve and maintain the health of America’s citizens. All people should have timely access to high quality, comprehensive, accessible, affordable, appropriate health care that meets their individual needs, maximizes health, well-being, and function, and increases independence and community participation. Developing Healthy Communities through Advocacy and Collaboration is part of the Chi Eta Phi Sorority, Incorporated theme.

II. POSITION STATEMENT:

Middlesouth Region, Inc. (MSR) of Chi Eta Phi Sorority, Incorporated believes that all citizens should have access to coordinated, comprehensive and culturally sensitive family-centered care that includes physical and mental health services to promote healthy lifestyles and restore health. We believe that enhanced access to care improves health outcomes and the overall health status of our nation.

Therefore, Middlesouth Region, Inc. (MSR) of Chi Eta Phi Sorority, Incorporated supports health care reform policies that eliminate barriers to health care providing universal, affordable health coverage to all, regardless of income, age, geographic residence, health status, legal status or education. We strongly support federal and state actions that permit all providers to practice to the full extent of their education and licensure. MSR of Chi Eta Phi Sorority, Incorporated supports the promotion of Patient-Centered Medical Home as a model, where the clinician works in partnership with the individual and/or family to ensure that all medical and non-medical needs of the person are met. We support legislation policies that prohibit pre-existing condition exclusions and waiting periods. MSR of Chi Eta Phi Sorority, Incorporated supports the expansion of Medicaid, Children Health Insurance Program (CHIP) and programs for people with disabilities in all states.

III. BACKGROUND:

Implementation of the Affordable Care Act and expansion of Medicaid enable more Americans to access health insurance, but having insurance is only one step towards receiving care. Access to health care will be out of reach for many Americans due to a shortfall in the number of providers and inadequacy of provider networks ([Odeh, 2013](#)). Although rates of uninsured have declined since the implementation of the Patient Protection and Affordable Care Act (ACA) those insured between 2008 and 2017 increased from 83% to 89%, but people who live in poverty remain more likely to be uninsured than those not in poverty [26.2% vs 7.7%] ([Martinez et al., 2016](#)).

Texas has the biggest healthcare coverage gap in the country and is 1 of 14 states that has said no to Medicaid expansion along with Oklahoma. Twenty-four states have passed Full practice Authority law for Nurse Practitioners, Arkansas, Louisiana, Oklahoma, and Texas, have not

([AANP, 2018](#)). In Texas, the State legislators for 2019 will be voting on House Bill 1792 Advance Practice Registered Nurses– Full Practice Authority.

Access to Health Services is defined as the timely use of personal health services to achieve the best possible health outcomes, which requires three steps: 1. Gaining entry into the health care system [usually through insurance coverage]; 2. Accessing a location where needed health care services are provided [geographic availability]; 3. Finding a health care provider whom the patient trusts and can communicate with [personal relationship] ([ODPHP, 2019](#)).

Consumers in 28 states have limited access to nurse practitioners due to state laws that prevent these clinicians from working to the full extent of their education and training—the same qualifications that have prepared these nurses to serve consumers in 22 states and the District of Columbia ([Quinn, 2018](#)). Despite these states, there has been a major win for American veterans, the U.S. Department of Veterans Affairs (VA) in December 2016 issued a final rule authorizing APRNs (not including CRNAs) to practice to the full extent of their education and training in VA facilities, regardless of state laws ([Quinn, 2018](#)).

In 2012 the Supreme Court ruled that states could not be penalized for opting out of Medicaid expansion ([Health Insurance, 2019](#)). In Jan 2019, 14 states continue to say “No” to the Medicaid expansion program ([Health Insurance, 2019](#)). C The uninsured rate and number of uninsured in 2017 were not statistically different from 2016 [8.8 percent or 28.1 million] ([Berchick et al., 2018](#)).

In the United States, nearly one in five people have some sort of mental health condition ([NIMH, 2017](#)). Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness, 62.9% received mental health services in the past year ([NAMI, 2019](#)). More alarming is, 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness ([NAMI, 2019](#)).

SUMMARY:

Access to health services is a central component of improving the health of the population, but it is becoming increasingly clear that the social determinants of health also play a major role in

health outcomes and public health must focus on increasing access to the conditions necessary for people to live healthier lives.

To promote access to services, Middlesouth Region, Inc. (MSR) of Chi Eta Phi Sorority, Incorporated, supports:

1. Initiatives and legislation that address financial and nonfinancial barriers to providing universal affordable health coverage to all and access to the entire care continuum regardless of income, age, geographic residence, health status, legal status or education.
2. Federal and state actions that permit all providers to practice to the full extent of their education and licensure.
3. Ongoing efforts for Medicaid/CHIP expansion and addressing inconsistencies between states eligibility criteria.
4. Initiative and legislation that address disparities that affect access to health care (e.g., race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location).
5. Changes in health care workforce needs as new models for the delivery of primary care become more prevalent, such as the patient-centered medical home and team-based care.
6. The Healthy People 2020 objectives to improve the health, well-being, and safety of citizens.
7. The collaboration of private and public funds to support advanced research and high-value innovative solutions to provide improved access to health care

Submitted February 26, 2019, by:

Middlesouth Region Health Advocacy and Social Policy Committee Chair – Michelle Mandy,
MPA, BSN, RN – Theta Eta Chapter

REFERENCES: *(for Position Statement place on a separate page)*

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Effective Date: _____

Adopted on: _____

By: _____



MIDDLESOUTH REGION, INC. OF CHI ETA PHI SORORITY, INCORPORATED
“Professional Nursing Organization” 3029 13th St., N. W. Washington, D.C. 20009
(202)232-3858 Fax (202)232-3460

Founder
Aliene C. Ewell, BSN, RN

RESOLUTION ACCESS TO HEALTH SERVICES

- Whereas: Implementation of the Affordable Care Act and expansion of Medicaid enable more Americans to access health insurance, but having insurance is only one step towards receiving care.
- Whereas: Those insured between 2008 and 2017 increased from 83% to 89%, but people who live in poverty remain more likely to be uninsured than those not in poverty [26.2% vs 7.7%] ([Martinez et al., 2016](#)).
- Whereas: Texas has the biggest coverage gap in the country, with 766,000 residents ineligible for Medicaid and ineligible for premium subsidies to offset the cost of private coverage in the exchange ([Texas Council, 2016](#)).
- Whereas: In Jan 2019, 14 states continue to say “No” to the Medicaid expansion program this includes Texas and Oklahoma ([Health Insurance, 2019](#)).
- Whereas: The data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care ([CDC, 2017](#)).
- Whereas: Access to health care will be out of reach for many Americans due to a shortfall in the number of providers and inadequacy of provider networks ([Odeh, 2013](#)).
- Whereas: In the United States, nearly one in five people have some sort of mental health condition ([NIMH, 2017](#)). Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year.
- Whereas: Consumers in 28 states, this includes Middlesouth Region States Arkansas, Louisiana, Oklahoma, and Texas, have limited access to nurse practitioners due to state laws that prevent these clinicians from working to the full extent of their education and training (MSR States Arkansas, Louisiana, Oklahoma, and Texas are among them)—the same

qualifications that have prepared these nurses to serve consumers in 22 states and the District of Columbia (Quinn, 2018).

Therefore, Be It

Resolved: That Middlesouth Region, Inc. of Chi Eta Phi Sorority, Incorporated, a professional nursing organization, its regions, chapters, and members actively, politically engage; to move forward bills/laws that favor access to health services; and be it further

Resolved: That Middlesouth Region, Inc. of Chi Eta Phi Sorority, Incorporated, its regions, chapters and members Be present with coalitions that support nursing via of attending meetings that are a “call for action”, adding our organization name with coalitions to show support for bills (e.g., Full Practice Authority for Advance Practice Registered Nurses) and meeting face to face and/or writing letters to federal and state legislators; and be it further

Resolved: That Middlesouth Region, Inc. of Chi Eta Phi Sorority, Incorporated, its regions, chapters, and members educate organizations, Federal, State, and Local legislators, and community about the positive impact that improving access to health services can have on the overall health of society.

Submitted February 26, 2019, by:

Middlesouth Region, Inc. Health Advocacy and Social Policy Committee Chair – Michelle Mandy, MPA, BSN, RN – Theta Eta Chapter

Adopted On: _____

Adopted: _____ *(by the 2019 MSR members)*



MIDDLESOUTH REGION, INC. OF CHI ETA PHI SORORITY, INCORPORATED
“Professional Nursing Organization” 3029 13th St., N. W. Washington, D.C. 20009
(202)232-3858 Fax (202)232-3460

Founder
 Aliene C. Ewell, BSN, RN

HEALTH ADVOCACY AND SOCIAL POLICY (HASP) COMMITTEE
COVER SHEET FOR SUBMITTING RESOLUTIONS/POSITION STATEMENTS

Resolution title: Access to Health Services			
Rationale: Why MSR Inc. of Chi Eta Phi Sorority, Incorporated should take the recommended action. This is an issue that has been echoed in several states of Chi Eta Phi Sorority and the MSR states are falling behind in approving laws. It's time for the MSR to take a Regional stand on this issue. Therefore, "I Propose (move) that the Access to Health Services Position Statement be approved by the MSR Board of Directors and Resolution be approved by the members at Regional.			
Name of submitting group: Middlesouth Region, Inc. Health Advocacy and Social Policy Chair- Michelle R. Mandy, MPA, BSN, RN		Phone Number: 623-256-2161 shellreneern@gmail.com	
Check appropriate box			
Member <input type="checkbox"/>		Chapter <input type="checkbox"/>	
Region <input checked="" type="checkbox"/>		National <input type="checkbox"/>	
Has this Resolution/Position Statement been adopted by a Region convention body?	Yes <input type="checkbox"/> N/A	Date:	No <input type="checkbox"/>
A Resolution/Position Statement from a member, chapter, or becomes a region resolution if it has been adopted at the regional convention. The Region should then be the group that submits it to National Health Advocacy and Social Policy (HASP) Chair of Chi Eta Phi Sorority, Incorporated.			
<i>Michelle R Mandy, MPA, BSN, RN</i>		Feb 26, 2019	
Signature of Submitting member or National Committee Chairman		Date	
If a member or chapter is submitting directly to National, this section must be completed by the Region:			
Is the Resolution being submitted by a Chi Eta Phi Sorority, Incorporated member/chapter in good standing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Signature of Regional HASP Chair		Date	

Please provide the name of a person to contact if National Health Advocacy and Social Policy Committee wishes to contact the submitting group:			
Name			
Address			
City			
Phone #		Email	



**THETA ETA CHAPTER INCORPORATED OF
CHI ETA PHI SORORITY, INCORPORATED®
COMMITTEE REPORT FORM**

DATE: Jan 12, 2019

COMMITTEE: Health Advocacy and Social Policy (HASP)

GOALS & OBJECTIVES:

1. To increase members awareness of National, Regional and local policies that may affect nursing and healthcare via quarterly or fewer communications.
2. To motivate members to carry out actions that can make a difference regarding HASP policies.
3. To remind members to vote in their elections this year (2019) and pay attention to proposals and candidates that can and will affect healthcare and social policies.
4. To review current legislation that is health/and or nursing-related and composes the appropriate resolution and/or position statements for presentation to the membership.

OUTCOMES:

1. Theta Eta members (Sandra Evans and Juanita Williams) who are also members of the National HASP Committee met in Oct 2018 and completed sections of the National CHI HASP Toolkit by Dec 2018. The toolkit should be completed and ready for distribution by March 2019.

RECOMMENDATION(s):

1. To forward position statements and/resolutions to the National Health Social Policy Committee.
2. Develop a universal checklist that the chapter HASP chairperson can utilize when transferring duties to a new chairperson.

COMMITTEE CHAIR:

Soror Michelle R. Mandy

CHAPTER:

Theta Eta

COMMITTEE MEMBERS/CHAPTER:

Soror Sandra Evans
Soror Juanita Williams
Soror Latricia Campbell

Theta Eta
Theta Eta
Theta Eta



THETA ETA CHAPTER INCORPORATED OF CHI ETA PHI SORORITY, INCORPORATED® COMMITTEE REPORT FORM

DATE: March 9, 2019

COMMITTEE: Health Advocacy and Social Policy (HASP)

REPORT: (include supporting materials, references, etc.)

1. Theta Eta Chapter HASP Chair and Soror Sarah Williams joined the Nursing Legislative Coalition during the Nurses Day Feb 18-19, 2019 at the Capital in Texas Representing the Theta Eta Chapter of Chi Eta Phi Sorority, Incorporated. Information gathered led to the development of the MSR Position Statement and Resolution for 2019.
2. Texas Nurse's legislative priorities for the 86th legislative session Jan 8- May 27, 2019:
 - a. House Bill (HB) 1792 -APRN- Full Practice Authority – Removing barriers to practice.
 - b. HB 1146 – Workplace Protection – this requires WPP for Healthcare facilities
 - c. Senate Bill (SB) – 358 – Nursing Education – Nursing faculty loan repayment program
3. San Antonio, next election is May 4, 2019 (Mayor and 10 seats on City Council). Run-off election June 8, 2019. The filing date for this election is Feb 15, 2019.
<https://www.sanantonio.gov/ElectionsCampaignFinance/City-Elections#13227904-upcoming-elections>

ACTION Recommended:

3. To forward position statements and/resolutions to the MSR and/or National Health Advocacy and Social Policy Committee.
4. To improve healthcare for all by supporting the above current HB/SB Bills, write and/or visit legislators, engage in states to identify Bills that need support from nurses.

Signature of Committee Chair: _____*Michelle R Mandy*_____

COMMITTEE CHAIR:

Soror Michelle R. Mandy

CHAPTER:

Theta Eta

COMMITTEE MEMBERS/CHAPTER:

Soror Sandra Evans
Soror Juanita Williams
Soror Mary Horton
Soror Sarah Williams

Chi Eta Phi Sorority, Inc. - Partners



A FIGHTING CHANCE FOR EVERY BABY™

March of Dime at www.marchofdimes.org



National Institute of
Diabetes and Digestive
and Kidney Diseases

National Institute of Diabetes and Digestive and
Kidney Disease (NIDDKD) <https://www.niddk.nih.gov/>



National Kidney Disease Education Project (NKDEP)

<https://www.niddk.nih.gov/health-information/communication-programs/nkdep>



National Heart Lung, and Blood Institute (NHLBI)

Heart Truth for Women

<https://catalog.nhlbi.nih.gov/catalog/product/The-Heart-Truth-for-Women-Learn-About-Heart-Disease/14-5225>



American Heart Association/American Stroke

Association (AHA) <http://www.heart.org/HEARTORG/>



NATIONAL INSTITUTES OF HEALTH National Eye Health Education Program Write the
vision www.nei.nih.gov/about



Nurses on Board Coalition

<https://www.nursesonboardscoalition.org/>



VITAS Healthcare www.vitas.com



St. Jude Children's Research Hospital

<https://www.stjude.org>

Chi Eta Phi Sorority, Inc. – Affiliates



Black Women's Agenda (BWA)

<http://www.bwa-inc.org/index.html>



National Council of Negro Women (NCNW)

<http://www.ncnw.org/>



Nursing Community Coalition

<https://www.thenursingcommunity.org/>

The Campaign for Action's Top 2018 Accomplishments <https://campaignforaction.org/our-network/state-action-coalitions/>

1. Transforming Nursing Education

<https://campaignforaction.org/issue/transforming-nursing-education/>

The number of RN-to-BSN graduates increased 180 percent from 2010 to 2017. The Robert Wood Johnson Foundation's Future of Nursing Scholars program, created to develop a new generation of nurse leaders, has contributed to the ranks of PhD-prepared nurses. Since 2010, the number of employed nurses with a doctoral degree has more than doubled. And the Campaign is promoting five promising education models to help nurses face fewer hurdles in obtaining advanced academic degrees; 30 states are enrolling nursing students in one of these models. As of February 20, 2019, the percentage of employed nurses with a bachelor's degree or higher in nursing in the US is at an all-time high of 56 percent in 2017, up from 49 percent in 2010.

2. Getting Nurses on Boards

<https://campaignforaction.org/issue/promoting-nursing-leadership/>

In an effort to include nurses' frontline perspectives in boardrooms, 21 national organizations teamed up to get 10,000 nurses on boards by 2020. As of February 20, 2019, more than 5,600 nurses now officially report serving on boards, meaning the Nurses on Boards Coalition is more than halfway to its goal of getting 10,000 nurses on boards by 2020. The Nurses on Boards Coalition (NOBC), which includes conveners AARP and the Robert Wood Johnson Foundation, and 19 nursing organizations, is a direct response to the Institute of Medicine's recommendation that nurses play more pivotal decision-making roles on boards and commissions in improving the health of all Americans. All organizations are welcome to join the coalition.

3. Increasing Access to Care

<https://campaignforaction.org/resource/current-activity-removing-barriers-to-practice-and-care/>

Since the Campaign began, nine states (South Dakota – 2017, Maryland-2015, Nebraska-2015, Minnesota-2014, Connecticut-2014, Nevada-2013, Rhode Island-2013, North Dakota-2011, and Vermont-2011) have removed statutory barriers that prevented nurse practitioners from providing care to the full extent of their education and training, helping to increase consumers' access to care. Consumers have more access to care now that 22 states and the District of Columbia allow nurse practitioners to practice to the full extent of their education and training. 28 states still have limited access to Nurse Practitioners.

State legislatures are increasingly turning to APRNs to improve access to high-quality care and reduce health care costs in their states. Below are States that are currently considering favorable legislation in 2019: • Arizona • California • Indiana • Florida • Kansas • Massachusetts • North Carolina • Ohio • Pennsylvania • Nebraska • Texas

Federal Activity In a major win for American veterans, the U.S. Department of Veterans Affairs (VA) in December 2016 issued a final rule authorizing APRNs (not including CRNAs) to practice to the full extent of their education and training in VA facilities, regardless of state laws. As a part of the fiscal year 2019 funding for the VA, Congress has called on the Secretary of Veterans Affairs to help speed implementation of this reform.

4. Promoting Diversity

<https://campaignforaction.org/issue/increasing-diversity-in-nursing/>

The number of minority students enrolled in advanced nursing education is increasing. Some 30 percent of students at the baccalaureate, master's, doctoral, and doctor of nursing practice program levels represent minority populations. The number of men in nursing is also increasing. As of February 20, 2019, the number of male RN graduates increased 29 percent (from 16,386 to 21,134) from 2010 to 2017.

5. Recognizing Breakthrough Nurse Leaders

<https://campaignforaction.org/our-network/grantee-and-award-programs/breakthrough-leaders-in-nursing/>

The Campaign for Action recognized 10 nurses in 2014 and 2015 who made extraordinary efforts to improve the health and lives of people in their communities as recipients of the “Breakthrough Leaders in Nursing” award.

6. Highlighting the Economic Benefits of Nursing

Through forums with businesses, insurers, policymakers, and others, the Campaign for Action continued to build a national conversation about the value of nurses as providers of safe, effective health care. These sectors are increasingly aware that nurse-provided clinical care keeps employees healthy, employers' costs down and is good for their bottom lines and communities.

7. Increasing Campaign Visibility

Campaign for Action national leaders spoke at more than 100 events across the country, informing more than 15,000 people about our efforts to transform health and health care through nursing.

8. Reaching New Audiences

The Campaign continued to reach new audiences and build a strong network of online supporters, growing to more than 65,000 friends and followers across multiple platforms.

9. Helping to Build a Culture of Health

Calling nurses to action in their role to help all members of our diverse society to lead healthy lives now and for generations to come. As the Campaign for Action comes to better understand how its successes and contributions are helping build a Culture of Health, progress is being measured in the four areas that together support people's well-being and a community's health: creating more equitable communities; fostering cross-sector collaboration; making health a shared value; and strengthening the integration of health services and systems.

RESOURCES

Health Reform Resources

Health Reform FAQs: <https://www.kff.org/health-reform/faq/health-reform-frequently-asked-questions/>

Healthcare Policy Glossary: <https://www.healthcare.gov/glossary/>

Health Reform Glossary: <https://www.kff.org/glossary/health-reform-glossary/>
Or <https://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf>

Obama Care facts – Supreme court ruling
<https://obamacarefacts.com/supreme-court-obamacare/>

Web-Based Resources

Federal Legislative Branch Resources

U.S. House of Representatives <http://www.house.gov/>
Find Member of Congress by name or state, telephone directory, committee directory and hearings, roll call votes.

U.S. House of Representatives Office of the Clerk <http://clerk.house.gov>
Links to House calendar, congressional mailing labels, congressional history, understanding the legislative process, and “Kids in the House” teaching tools and lesson plan library for public policy outreach activities.

U.S. Senate <http://www.senate.gov/>
Links to Senators’ websites, Senate calendar, committees, legislation and procedure, and the Virtual Reference Desk, a clearinghouse of online information, with guides to legislative processes and a glossary of terms.

Congressional Budget Office (CBO) <http://www.cbo.gov/>
CBO reports providing nonpartisan analyses to aid Congress in economic and budgetary decisions on programs covered by the federal budget, with link to CBO health reports.

Congressional Research Service (CRS) <http://www.loc.gov/crsinfo/about/>
CRS works exclusively for the United States Congress, providing policy and legal analysis to committees and Members of both the House and Senate, regardless of party affiliation. Well known for analysis that is authoritative, confidential, objective, and nonpartisan, CRS has been a valued and respected resource on Capitol Hill for nearly a century.

Government Accountability Office (GAO) <http://www.gao.gov/>

GAO reports from this “investigative arm of Congress” support Congress in meeting its constitutional responsibilities and help improve the performance and accountability of the federal government, including federal health policies and programs.

Guide to Law Online <http://www.loc.gov/law/help/guide.html>

Prepared by the Law Library of Congress, this tool is an annotated guide to sources of information on government and law available online.

THOMAS: Legislative Information <http://thomas.loc.gov/>

Library of Congress developed the THOMAS website to make federal legislative information (e.g., bills, activity in Congress, *Congressional Record*, and committee information) freely available to the public.

THOMAS for Teachers <http://thomas.loc.gov/teachers/>

Includes classroom activities, lesson plans, and guides to congressional information at all learner levels.

Federal Executive Branch Resources

FirstGov <http://www.usa.gov/index.shtml>

The official U.S. gateway to all government information, including links to health portals, federal health agencies, the 50 states, and U.S. territories governments, local governments, and tribal governments.

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

Links to White House press briefings, presidential proclamations and executive orders, interactive tool, policy issues, and federal agencies.

Office of Management and Budget (OMB) <http://www.whitehouse.gov/omb/> Includes federal budget information for the executive branch agencies, the federal agency scorecards, U.S. government financial reports, and regulatory management.

Department of Health and Human Services (HHS) <http://www.hhs.gov/>

Policy and regulations, health resource locator and reference collections, grants, HHS reports, and strategic plan, and family of agencies.

Agency for Healthcare Research and Quality (AHRQ) <http://www.ahrq.gov/>

HHS’s lead agency for research – on health care quality, costs, outcomes, and patient safety, with a nursing research section – that generates evidence for policy-making.

Centers for Disease Control and Prevention (CDC) www.cdc.gov

HHS agency offering information and tools for science-based policy-making addressing health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

CDC National Center for Health Statistics (NCHS) <http://www.cdc.gov/nchs>

NCHS is the nation's principal health statistics agency, compiling statistical information to guide actions and policies to improve the health of people.

Centers for Medicare and Medicaid Services (CMS) www.cms.gov

HHS agency administering Medicare, Medicaid, and SCHIP, with links to policy and regulations, research and statistics, resources and tools.

HealthCare.gov www.healthcare.gov

This interactive, consumer-centric site is an official U.S. government resource managed by the HHS and highlighting the executive branch health reform reports and initiatives.

Health Resources and Services Administration (HRSA) www.hrsa.gov

HHS agency providing leadership, program resources, and services needed to improve access to culturally competent quality health care.

HRSA Bureau of Health Professions (BHP) <http://bhpr.hrsa.gov>

The BHP houses the Health Professions and the Division of Nursing in its mission to increase the population's access to health care by providing national leadership to develop, distribute, and retain diverse, culturally competent health workforce providing the highest quality of care for all.

HRSA BHP Division of Nursing <http://bhpr.hrsa.gov/nursing/>

Addresses nurse shortage by supporting nurse education, practice, retention via national workforce studies, and student, faculty, and institution grants and loans.

HRSA Geospatial Data Warehouse <http://datawarehouse.hrsa.gov>

Provides a single point of access to current HRSA information, e.g., HRSA grants by key program area or state, health professional shortage areas by address, medically underserved areas and populations.

Create reports and maps with HRSA-related programs and facilities in an area of interest.

HRSA Health Workforce Information Center (HWIC) <http://www.healthworkforceinfo.org>

Provides information about the most recent resources on the nation's health workforce, including workforce programs and funding sources, workforce data, research, and policy, and educational opportunities and models.

HRSA National Center for Health Workforce Analysis <http://bhpr.hrsa.gov/healthworkforce>

The center mandated to develop information describing the health professions workforce and the analysis of workforce-related issues for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs.

HHS Office of Global Health Affairs <http://www.globalhealth.gov>

The office develops U.S. policy and strategy positions related to health issues and provides policy guidance and coordination on refugee health policy issues.

HHS Office of Minority Health (OMH) <http://www.omhrc.gov>

OMH protects the health of racial and ethnic minority populations (e.g., American Indians and Alaska Natives, Asian Americans, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians, and other Pacific Islanders) through the development of health policies and programs that will eliminate health disparities.

Indian Health Service (IHS) www.ihs.gov

HHS agency with links supporting policy such as program statistics of American Indian and Alaska Native demographic and patient care information, and clinical practice guidelines from a wide variety of best practices sources.

National Institutes of Health (NIH) www.nih.gov

HHS agency conducting and supporting medical research from its 27 Institutes and centers, and includes links to research-based information on diseases and disparities, online education resources for elementary, secondary, and college students, and teachers, and the public.

NIH National Institute of Nursing Research (NINR) <http://ninr.nih.gov>

NINR improves the health of individuals, families, communities, and populations by supporting and conducting clinical and basic research, research training on health and illness, encompassing health promotion and disease prevention, quality of life, health disparities, and end-of-life.

NIH MedlinePlus® <http://www.nlm.nih.gov/medlineplus/>

Resource for patients and families, researchers, educators, and learners, providing access to medical journal articles, extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and the latest health news.

Department of Education (DoEd) Office of Postsecondary Education (OPE)

<http://www.ed.gov/about/offices/list/oep/index.html>

OPE formulates federal postsecondary education policy and administers programs that address critical national needs, including Higher Education Programs (HEP) and the Fund for the Improvement of Postsecondary Education (FIPSE) providing grants to colleges and universities to promote reform, innovation, and improvement in postsecondary education.

Federal Resources for Educational Excellence (FREE)

<http://explore.data.gov/Education/Federal-Resources-for-Educational-Excellence-FREE-/9hu8-jz8n> FREE supports teaching and learning resources from the DoEd and other federal agencies.

Health science learning activities and resources are apt for nurse educators serving all learner levels, including those involved in public outreach and/or education of K-12 teachers and learners.

Department of Labor (DOL) Bureau of Labor Statistics (BLS) <http://www.bls.gov/>

BLS is the principal fact-finding federal agency on labor economics and statistics, collecting, analyzing, and disseminating data including career guides and labor reports on nursing.

DOL Employment and Training Administration's (ETA) www.doleta.gov

ETA's High Growth Job Training Initiative and Community-Based Job Training Grants programs integrate and leverage resources from the nurse workforce system, education providers, and the health care industry to prepare a workforce to be competitive in the 21st century.

Department of Veterans Affairs (VA) Veterans Health Administration

<http://www1.va.gov/HEALTH/index.asp>

The VA provides data and information about the federal veterans' health system and services, including its Office of Nursing Services (ONS) with programs such as professional resources, nursing research, and the VA Nursing Academy.

Statistical Abstract of the United States

http://www.census.gov/compendia/statab/cats/health_nutrition.html

Data from the Census Bureau, Bureau of Labor Statistics, and Bureau of Economic Analysis provide a comprehensive summary of statistics on health care resources, utilization, diseases and conditions, expenditures, insurance, and risk factors.

U.S. Government Printing Office (GPO) Access <http://www.gpoaccess.gov>

GPO Access is a service providing free electronic access to approximately a quarter of a million titles – legislative, executive, and judicial resources – available to the public and produced by the federal government. The information provided on this site can be used without restriction.

State Public Policy Resources

Council of State Governments, Healthy States Web

<http://www.healthystates.csg.org/>

Information, reports, and publications on effective state health policies and issues.

National Black Caucus of State Legislators <http://www.nbcsl.org/>

National network and clearinghouse for discussion, dissemination, and exchange of ideas including health care, education, and workforce policies.

National Conference of State Legislatures <http://www.ncsl.org/index.htm>

Tracks education policy (e.g., post-secondary, career preparation); health care policy (e.g., access to health care, disparities, cost containment); and labor and workforce development policy)

National Governors Association Center for Best Practices' Health Division

<http://www.nga.org/cms/render/live/center>

Covers a broad range of policy issues (e.g., aging and long-term care, disease management, health care information technology, healthcare quality, mental health, and substance abuse, and health workforce).

National Hispanic Caucus of State Legislators <http://www.nhcsl.org>

Serves as a catalyst for joint action on issues of common concern (e.g., health care, education) to all segments of the Hispanic community.

U.S. State Health Agencies <http://www.ehdp.com/vitalnet/shas.htm> Links to each state's department of health and related agencies.

Other Related Health Policy Web Sites

American Public Health Association <https://www.apha.org/>

APHA is a professional **association** dedicated to improving the **public's health** through education and advocacy. APHA has broad coalitions related to health.

Asian & Pacific Islander American Health Forum (APIAHF) <http://www.apiahf.org>

Promotes policy, program, and research efforts to improve the health and well-being of Asian American, Native Hawaiian, and Pacific Islander (AA, NHPI) communities by advocating health issues, conducting community-based technical assistance and training, and providing data analysis and information dissemination on AA, NHPI health.

Center for Strategic and International Studies (CSIS)

For 50 years, the Center for Strategic and International Studies (CSIS) has developed practical solutions to the world's greatest challenges. Today's global landscape presents strategic opportunities that will define our future. As we celebrate this milestone, CSIS scholars are developing strategic insights and bipartisan policy solutions to help decision-makers chart a course toward a better world. CSIS is a bipartisan, nonprofit organization headquartered in Washington, D.C. The Center's work focuses on defense and security; regional stability; and transnational challenges ranging from energy and climate to global development, global health, and economic integration.

Center to Champion Nursing in America <http://www.championnursing.org/>

A joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, the center's Web site links to a variety of reports and activities supporting solutions to the growing nurse and nursing faculty shortages. NLN is a member of this center's nursing council.

C-SPAN <http://www.cspan.org/>

Cable Satellite Public Affairs Network covering Capitol Hill, the White House, and national politics; use "Search" tool to identify, from video archive, hearings, and speeches on topics such as Nursing, Health, and Education.

C-SPAN Congressional Chronicle <http://www.c-spanarchives.org/congress>

The web tool has indexed what each Member of Congress said on the floor, with searchable links to both the text of the remarks from the *Congressional Record*, and to the video of the remarks.

Institute of Medicine (IOM) <http://www.iom.edu>

IOM is a non-governmental organization chartered as a part of the U.S. National Academy of Sciences to provide independent guidance and analysis on health and science policy to policy-makers, professionals, and the public at large.

National Quality Forum (NQF) <http://www.qualityforum.org>

NQF is a public-private partnership, not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting on patient outcomes, workforce productivity including nursing quality, and health care costs.

Social Law Library <http://www.sociallaw.com>

Practice areas in the hospital and health care, dedicated to equal justice through equal access. Use the search feature noted at the top of the homepage.

The Joint Commission (TJC) <http://www.jointcommission.org>

This not-for-profit organization accredits and certifies health care organizations and programs in the U.S., and provides information on safety and quality of care, and research to develop evidence-based and meaningful performance measures that underpin its public policy initiatives.

The Universal Declaration of Human Rights <http://www.un.org/en/documents/udhr/> On December 10, 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Article 25 establishes that health care is a human right.

The World Bank <http://www.worldbank.org>

The World Bank supports global health and economic development projects by providing financial and technical assistance.

World Health Organization (WHO) <http://www.who.int/en>

WHO, the directing and coordinating authority for health within the United Nations system, offers updates, feature articles, reports, and other information related to the state of global health.

Health Care Reform Research and News

THOMAS: Legislative Information <http://thomas.loc.gov/>

The Library of Congress developed the THOMAS Website to make federal legislative information (e.g., bills, activity in Congress, *Congressional Record*, and committee information) freely available to the public. It is at THOMAS where you may search for the *Patient Protection and Affordable Care Act* (H.R. 3590, which became the health reform Public Law 111-148) as a primary source. “About THOMAS” offers a little “how to”, if you are seeking a teaching tool guide to THOMAS, at: http://thomas.loc.gov/home/abt_thom.html

HealthCare.gov <http://www.healthcare.gov>

This interactive, consumer-centric site is the official U.S. government resource managed by the Department of Health and Human Services (HHS) and highlighting the executive branch health reform reports and initiatives undertaken nationally and in states to implement the health reform law, the *Patient Protection and Affordable Care Act* (P.L. 111-148).

GOP.gov <http://www.gop.gov>

Another political perspective on health care reform is that of the Republicans in the House, which currently is the majority party in that chamber. This Web site offers position papers and links to blogs and videos.

C-SPAN <http://www.cspan.org/>

Cable Satellite Public Affairs Network covering Capitol Hill, the White House, and national politics. Use the “Search” tool to identify, from video archive, hearings, and speeches on topics such as nursing and health reform. Also use the C-SPAN Health Care Hub at <http://www.c-span.org/HealthCare/to> explore links to resources and articles, to C-SPAN video on health reform hearings, and C-SPAN Washington Journal interviews on health policy.

Alliance for Health Reform <http://www.allhealth.org/>

The Alliance is a nonpartisan, non-profit group that believes that all in the U.S. should have health coverage at a reasonable cost. The Alliance does not lobby for any particular blueprint, nor take positions on legislation. The site has archives arranged by topic and multiple resources from videos of briefings to research studies to succinct issue briefs.

BackStory with the American History Guys <http://backstoryradio.org/2009/10/body-politics-a-history-ofhealth-care/>

This is the radio program of “Body Politics: A History of Health Care,” broadcast in October of 2009. In 1912, Teddy Roosevelt became the first presidential candidate to stump for national health insurance. He lost that election, but a century later, the issue continues to divide Americans. On this episode, the History Guys explore the origins of the health care debate and try to explain how we wound up with a system so different from the European model. They hear from Jacob Hacker, author of the “public option” plan and about why lobbyists hold so much sway over health policy. At the website, links are included as ancillary sources for the broadcast discussion, and for teachers' use in crafting lesson plans.

Kaiser Family Foundation <http://healthreform.kff.org/>

Kaiser is a non-profit, private operating foundation focusing on the major health care issues facing the U.S. Kaiser develops and runs its own research and communications programs, sometimes in partnership with other non-profit research organizations or major media companies. Kaiser serves as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public.

The Commonwealth Fund <http://www.commonwealthfund.org/Health-Reform.aspx> The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults. The Fund carries out this mandate by supporting independent research.

The New York Times Economix Posts

<http://economix.blogs.nytimes.com/author/uwe-e-reinhardt/>

This occasional blog by Princeton professor Uwe Reinhardt, one of the world's preeminent health care economists, offers very easy-to-read explanations of health care economics and policy. Reinhardt maintains that the fundamental truth about health care in every country "is that national values, national character, determine how each system works." A little economics reading for health care providers is highly recommended since most of health policy legislation revolves around economics, and economics is largely where we find the political ideology of health reform being debated.

The Robert Wood Johnson Foundation (RWJF) <http://www.rwjf.org/healthreform> The RWJF, a philanthropy devoted exclusively to improving the health and health care of all, creates leverage by building evidence and producing, synthesizing, and distributing knowledge, new ideas, and expertise in various health areas, including reform.

Trust for America's Health (TFAH) <http://healthyamericans.org/health-reform/>

TFAH is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

Urban Institute <http://www.urban.org/health/index.cfm>

The Urban Institute is a nonpartisan think tank covering economic and social policy including health and health care.

Other Useful Resources

Articles/ Publications

Tomajan, K., (January 31, 2012) "Advocating for Nurses and Nursing" *OJIN: The Online Journal of Issues in Nursing* Vol. 17, No. 1, Manuscript 4. **DOI:** 10.3912/OJIN.Vol17No01Man04

<http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Tabl eofContents/Vol-17-2012/No1-Jan-2012/Advocating-for-Nurses.html>

Who Will Keep the Public Healthy? <http://www.nap.edu/openbook.php?isbn=030908542X>

Community Tool Box <http://ctb.ku.edu/en>

The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools for taking action in communities.

Want to learn about community assessment, planning, intervention, evaluation, advocacy, and other aspects of community practice? Then help yourself to over 300 educational modules and other free tools.

Under continuous development since 1994, the Community Tool Box is widely used in teaching, training, and technical support. Currently available in English, Spanish, and Arabic and with millions of user sessions annually, it has reached those working in over 230 countries around the world.

Health Affairs <https://www.healthaffairs.org/>

Health Affairs is the leading journal of health policy thought and research. The peer-reviewed journal was founded in 1981 under the aegis of Project HOPE, a nonprofit international health education organization. *Health Affairs* explores health policy issues of current concern in domestic and international spheres. Its mission is to serve as a high-level, nonpartisan forum to promote analysis and discussion on improving health, health care, and to address such issues as cost, quality, and access.

The journal reaches a broad audience that includes: government and health industry leaders; health care advocates; scholars of health, health care and health policy; and others concerned with health and health care issues in the United States and worldwide.

Health Affairs articles are cited by U.S. administration officials, U.S. lawmakers, and ministry of health leaders around the globe. Members of Congress from both sides of the aisle reference *Health Affairs* in drafting legislation. US Supreme Court Chief Justice John Roberts cited the journal in his decision regarding the Affordable Care Act. In addition, *Health Affairs* is frequently cited by national media, including the *Washington Post*, *New York Times*, *Wall Street Journal*, network television and radio, and NPR.



<https://trumpcare.healthaffairs.org/>

Prevention Institute <http://www.preventioninstitute.org/>

Founded in 1997 to serve as a focal point for primary prevention practice—promoting policies, organizational practices, and collaborative efforts that improve health and quality of life. As a national non-profit organization, the Institute is committed to preventing illness and injury, to fostering health and social equity, and to building momentum for community prevention as an integral component of a quality health system. Prevention Institute synthesizes research and practice; develops prevention tools and frameworks; helps design and guide interdisciplinary partnerships; and conducts training and strategic consultation with government, foundations, and community-based organizations nationwide and internationally

What is Advocacy? Definitions and Examples https://mffh.org/wordpress/wp-content/uploads/2016/04/AFJ_what-is-advocacy.pdf

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