



Shaping Public Health Nursing Practice: A Policy Development Toolkit



LEAP
PROJECT

Linking Education and Practice for
Excellence in Public Health Nursing

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School of Nursing
UNIVERSITY OF WISCONSIN-MADISON



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Health Resources and Services Administration

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The Nurse's Role in Policy Development

Introduction

As we begin a new transition in the health care delivery system, a variety of economic, social and political issues will necessitate the nursing profession's involvement in policy development. As with the rich past of nursing leaders, such as Florence Nightingale who wrote letters for the improvement of environmental conditions to enhance health, to nursing's role in social reform in the 1900's, the involvement of nursing presence has been instrumental in change and advocacy. At a time of rapid change in the health care arena, the need for clear and concise policies is essential to promote communication between and within organizations to promote population health. The non-visible skill of nursing practice, such as policy development, serves as an intervention for improving health care outcomes.

Definitions

Policy, politics, and legislation are influences that determine the nursing care to individuals, families and communities. Policy is defined as a "course of action to be followed by a government, business, or institution to obtain a desired effect" (Nies and McEwen, 2011, p. 200). Health policy refers to "public and private policies directly related to health care services delivery and reimbursement" (Mason, Leavitt & Chafee, 2007, p. 76.). Leavitt (2009) expands on this definition by stating, "health policies are decisions about the health of individuals and communities"(p. 73). Fyffe (2009) points out the importance of understanding the relationship between health and policy. This understanding is important to meet the current and future challenges in health care.

Purpose

The purpose of evidence-based policy is to improve public health outcomes. Brownson, Seller, and Eyter (2010), draw the connection to the need for effective health policy and utilization of resources for improving public health. This tool kit was developed to guide the nurse in identifying steps in policy development. Policy development may occur at the local, state, or national level. Hewison (2008) points out that the process of policy implementation is necessary for patient-focused nursing management. Implementation of policy development into nursing practice is still evolving as part of the role of the nurse. The need for policy development "is more than that of an academic enterprise, it is vital if effective care is to be delivered and resources used efficiently" (p. 641). Few nurses are engaged in policy development and they need to be "policy-competent," but are not involved because they lack clear guidance on how to accomplish it (Hewison, 2007; Leavitt, 2009).

The Role of Nursing in Policy Development

Why nursing? Nurses are trusted by the public and known for ethics and honesty (Ulrich, Cunningham, and Wright, 2010). As identified by Wright (2010), trust and power are closely related. Other traits that are vital to policy development are noted by Leavitt (2009) and include knowledge and credible voice. Furthermore, additional qualities such as expertise, commitment, persistence, compassion, vision, and guts are described by Wright (2010). These attributes, in addition to roles in leadership, advocacy, and as change agents (McCracken, 2010); contribute to nurses involvement in policy development through the use of the nursing process.

Leader

The role in leadership described by Wright (2010) is that of being “influential.” The leadership role expands as a role model to students as community planners who mobilize groups to access resources and reform of health policy (Pauley, MacKinnon and Varcoe, 2009). Fyffe (2009) relates the development of nurse competency in the area of policy development as necessary for nursing leadership.

Advocate

Social justice, access to health care, concerns for vulnerable populations, and concerns for health equity have been the passion that has driven community/public health nursing practice. *Healthy People 2020* (Department of Health and Human Services, 2010) identified the need for building skills in policy development for the purpose of caring for vulnerable populations. Brownson, Seller and Eyer (2010) call for the elimination of health disparities as a policy priority.

Change Agent

Nurses need to take an active role in policy development so others do not speak for nursing practice. Public health nursing talents are in prevention-focused health care and it is essential for our voices to be at the policy table whether in government, workplace, or in our community (Leavitt, 2009, Hewison, 2007).

Barriers to Nursing Involvement in Policy Development

Nursing continues to be a female-dominated profession. Fyffe (2009) reports nurses are reluctant to enter into politics, and the political arena of policy development. Nurses may fear disclosing the confidentiality of the nurse-patient relationship in open discussion. Cunningham cites a Gallop Poll of 2009 by the Robert Wood Johnson Foundation survey titled *Nursing leadership from bedside to boardroom; opinion leaders perceptions*, which supports the opinions by leaders that nurses lack a structure for nurses to be heard, have limited leadership opportunities, no strategic vision, and

differing levels of education. The survey results find that nursing is last out of seven possibilities which will influence health reform in the next five to ten years. McCracken (2010) supports this finding by remarking that nurses “seldom use their knowledge and skills to be advocates in policies that support health,” in particular to older adults (p. 15).

Education in the area of policy development is limited in academic programs, and the importance of nurse leaders as role models for students should be emphasized (Pauly, et al 2009). Academic preparation has been suggested as a mechanism to assist nurses in valuing and identifying political involvement (Primomo, 2007). It is a challenge for nurse educators to teach students how to translate policy (Leavitt, 2009), because limited time in clinical experiences prevents immersion experiences in policy development. Nursing role models, preceptors, and leaders are needed to advance learning in the area of policy development skills for all professional nurses.

Conclusion

Policy development is integrated into the scope of practice for nursing. It is part of our rich history and destiny. Nurses must play a role in having their voices heard through policy development. We are the 'master of our ship' –Now is the time to take the helm!

Wisconsin Laws Related to Policy Development and Procedures in Communities and Schools

Public Health

The Wisconsin Public Health System is required by Wisconsin Statute Chapter 250.03 as the lead to assess and advise the legislature on the development of adequate statutes to support health activities in the state.

Local health departments are required by Wisconsin Statute Section 251.05 to develop public health policies and procedures for the community and to involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions.

Local boards of health are required by Wisconsin Statute Section 251.04 to develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs. It is also stated in this statute that the local board of health shall assure measures are taken to provide an environment in which individuals can be healthy.

School Nursing

School districts are mandated to operate their schools based on the implementation of the twenty educational standards. One of the twenty educational standards is Standard G or Wisconsin Administrative Code 8.01(2)(g), which is titled Emergency Nursing Service. Under Standard G, school districts are required to develop policies that include protocols for dealing with accidental injury, illness and medication administration. The policies must be developed by a registered nurse in cooperation with other school personnel and community health agencies.

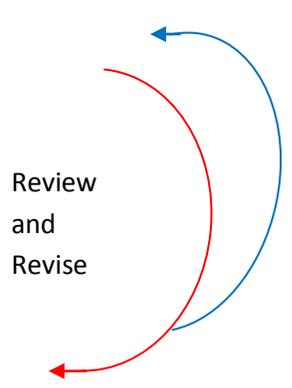
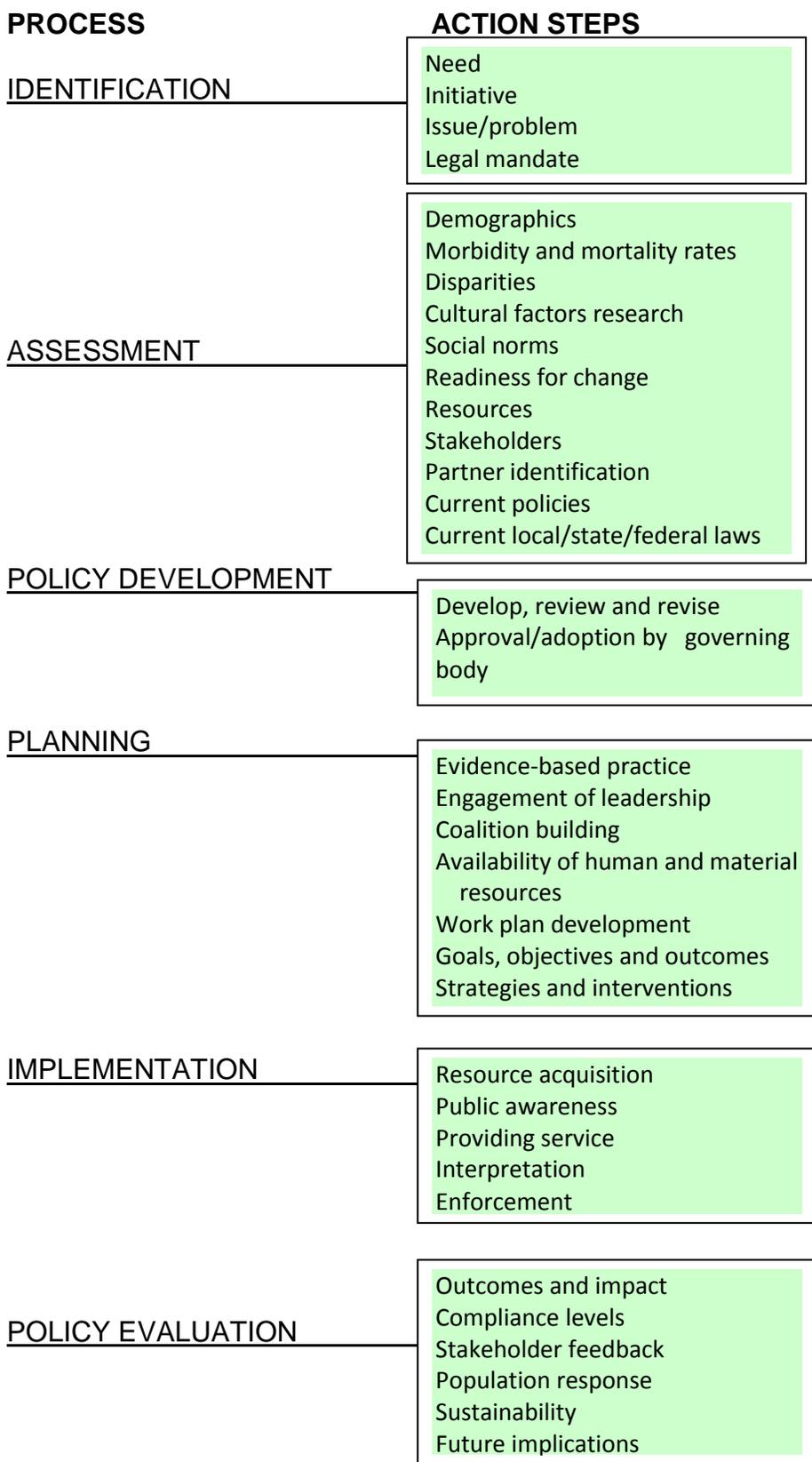
Standard G

School districts are mandated to operate schools based on the implementation of twenty educational standards located in Wisconsin Statute Section 121.02(1)(g) which requires that school districts provide emergency nursing services. Wisconsin Administrative Code 8.01(2)(g), or Standard G, outlines the legal requirements for providing emergency nursing services. Under Standard G, school districts are required to develop policies that include protocols for dealing with accidental injury, illness and medication administration. Policies must be developed by a registered nurse in cooperation with other school personnel and community health agencies.

Wisconsin Statute Section 118.29

Wisconsin Statute Section 118.29, or the Administration of Drugs to Pupils and Emergency Care, is the medication administration law for schools. Any school board, county children with disabilities education board, cooperative educational service agency, or governing body of a private school whose employees or volunteers may be authorized to administer nonprescription drug products or prescription drugs to pupils under this section, shall adopt a written policy governing administration of nonprescription drug products and prescription drugs to pupils. In developing the policy, the school board, board, agency, or governing body shall seek the assistance of one or more school nurses who are employees of the school board, agency or governing body, or are providing services or consultation under s. 121.02(1)(g), the Emergency Nursing Services standard. The policy shall include procedures for obtaining and filing in the school or another appropriate facility the written instructions and consent, for the periodic review of such written instructions by a registered nurse licensed under s. 441.06 or in a party state, as defined in s. 441.50(2)(j), for the storing of nonprescription drug products and prescription drugs, and for record keeping.

The Nurse's Role in Policy Development Model



Questions to Address Public Policy Development

Identification

What is the need, current issue, or problem?
Is there a legal mandate? If so, what is it?
What is the new initiative to address?

Assessment

What are the demographics of the community of interest?
What is the comparison of data from federal, state, and local sources?
What are potential and actual disparities?
Is the cultural assessment of the target group available? If not, begin one.
What are the social norms of the community of interest?
Is there an interest in change? Who might support and opposed the change?
What are the resources available (internal/external)?
Who are the stakeholders? What are the local, state, and federal laws that need to be addressed?
Who are the partners of interest?
What are the existing policies?
How have other policies moved through the adaption process?
What is the membership composition of the agency or school governing board?

Policy Development

What is the policy?
Who writes the policy?
What policy reviews are necessary?
Who develops the marketing plan?

Planning

What are the specific goals and objectives? (Are they measurable–Blooms taxonomy?)
What are the resources? (In-kind; budget; external and internal?)
What is the strategic plan? What is the time line?

Implementation

Has the strategic plan been implemented?
Has the marketing plan been implemented?
What is the actual budget?
Are the resources adequate for implementation?
What is the compliance with the policy?
How will the plan be enforced?

Policy Evaluation

What feedback loop is built in for data evaluation? (Population response, health outcome trends?)

What is the plan for sustainability?
What is the fidelity to the policy?
What is the compliance with the plan?
What are the expected and unexpected outcomes?
What are the future health and budget policy implications?

Policies, Procedures and Protocols - What is the difference?

What do you think of when you hear the word 'policy'?

Policy is an action plan to meet a desired end. As it relates to health policy, this set course of action strives to obtain desired health outcomes, whether for an individual, family group, community, or the greater good of society. Policies are not only created by government entities, but also by such institutions as health departments or other health care agencies, family, or professional organizations (Stanhope and Lancaster, 2008).

The application of policy can be very broad for the good of entire populations (i.e. statewide 100% smoke-free workplaces), or narrow and specific to a smaller entity such as an agency (i.e. all agency buildings and grounds will be smoke-free). Policy is affected by many factors: ability to enforce, buy-in from administration and participants, resources to implement, and knowledge.

Ripple, Briske, Olson Keller, and Strohschein, (2001) differentiate between policy development and policy enforcement. Policy development takes into consideration rules and regulations where as policy enforcement relates to compliance.

What is the purpose of policies?

The purpose of an overarching public health policy is to protect the health of populations. Although existing statutes dictate many public health policies, comprehensive documents such as the *Healthiest Wisconsin* (2010) state health plan identifies priorities and goals for populations, and areas of need that comprehensive policies can ultimately impact.

At an agency level, policies act as a management tool for stability and risk management to provide order, and reduce legal liability for both agency and staff. Policies also act to promote the health and well-being of employees, and reduce risk-related costs.

I. Policies and procedures are basic management tools that:

- Assist in planning for accomplishing agency goals/objectives
- Provide order and stability
- Promote uniformity of decision-making/action
- Aid in delegation
- Increase efficiency of services
- Provide a basis for evaluation and improvement

II. Policies and procedures act as a risk management tool to:

- Reduce potential legal liability at the agency and individual staff level
- Defend action taken or not taken in a law suit
- Prevent a law suit from progressing

III. Policies and procedures direct professional practice to:

- Increase likelihood of consistency in decisions and actions
- Establish and ensure professional standards of practice
- Assure safe nursing practice

Why do nurses need to know policy development?

Knowledge of policy development and program planning skills are identified competency areas for c/ph nurses because of their importance to population-based nursing practice at the community and systems level. As identified by the Quad Council, Domain 2, "Policy Development and Program Planning Skills," includes the following competency areas:

- Collects, summarizes, and interprets information relevant to an issue
- States policy options and writes clear and concise policy statements
- Identifies, interprets, and implements public health laws, regulations and policies related to specific programs
- Articulates the health, fiscal, administrative, legal, social and political implications of each policy option
- States the feasibility and expected outcomes of each policy option
- Utilizes current techniques in decision analysis and health planning
- Decides on the appropriate course of action
- Develops a plan to implement policy, including goals, outcome and process objectives and implementation steps
- Translates policy into organizational plans, structures and programs
- Prepares and implements emergency response plans
- Develops mechanisms to monitor and evaluate programs for their effectiveness and quality

Source: Quad Council of Public Health Organizations (2004).

Knowledge and competency in policy development also correlates with public health nurse activities via the framework of the PH Intervention Model in the collective wedges from 'collaboration' through 'disease investigation':

- Collaboration
- Coalition building
- Community organizing

- Advocacy
- Social Marketing
- Policy development and enforcement

Source: Public health interventions: Applications for public health nursing practice (2001).

Knowledge of policy development and implementation also has a direct relationship with the steps of the nursing process when the client, or unit of care is the actual population, i.e. 'community as client' (Stanhope and Lancaster, 2008), needing assessment, population diagnosis and priorities, outcomes identification, planning, implementation and evaluation (American Nurses Association, 2007).

Finally, the role of nurses in policy development activities is well delineated as a professional standard in the *Scope and Standards of Practice for Public Health Nurses* (American Nurses Association, 2007). "Nurses in health departments and community settings such as schools, can focus on entire populations with legislative activities to address health concerns, population health strategies, recommendations to policy makers and advocacy for health issues for the greater good. Individual approaches can include facilitating networks of individuals with similar needs to support their efforts in programming, or to act as an advocate for a specific individual's needs through policy development" (p. 87).

How do policies differ from procedures and protocol?

<p>POLICY: <i>Broad statement based on normal operations to serve as a guide for decision-making</i></p>	<p>PROCEDURE: <i>Specific action to be taken or the activity itself</i></p>	<p>PROTOCOL: <i>Written plan specifying procedures to follow for care and/or management of particular clients</i></p>
<ul style="list-style-type: none"> • Broad guides to thinking • Provide structure for decision-making • Set non-negotiable parameters • Leave some discretion and initiative to meet daily problems • Standing plans that express organizational response to situation • Address the delivery of care/services, practice and governance • Derive from agency /school philosophy, goals and objectives • Can exist without procedures or may have related procedures or protocols 	<ul style="list-style-type: none"> • Guides to action • 'Repeat use' plan to achieve agency objectives • Specific to a set of actions; 'step-by-step' methods for common situation • Outline a chronological order for acts to be performed; recipe • Describe details of recurring activity; quick reference • Address psychomotor activities • Can exist without corresponding policy; a program plan may define decision that would eliminate need for policy 	<ul style="list-style-type: none"> • Practice guidelines • Delineates type of activities permitted for various conditions • Can be limited framework for nursing action, or broader framework for interdisciplinary settings • Frequently interchanged with procedures

Source: Wisconsin Public Health Nurses Consultants Manual (1998).

Finally, how do 'Standards' fit within policy development?

Based on the *Wisconsin Public Health Nurses Consultants Manual* (1998), a standard is a quality assurance or quality control function that ensures a quality product, while meeting the intended purpose. Standards provide baseline conditions and measure the quality of the service provided. They can either direct an agency's policies or procedures (i.e. program standards), or can be incorporated into an agency's policies and procedures (i.e. standards of care).

Policy Template

HEALTH DEPARTMENT

POLICY TITLE:

PURPOSE STATEMENT:

POLICY:

PERSONS AFFECTED / RESPONSIBLE:

PUBLIC HEALTH ESSENTIAL SERVICE:

DEFINITIONS:

PROCEDURE:

REFERENCES:

LEGAL AUTHORITY:

Effective date:

Date reviewed/revised:

Authorized by:

Prepared by:

RELATED POLICY:

POLICY TITLE:

PURPOSE STATEMENT:

POLICY:

PERSONS AFFECTED / RESPONSIBLE:

SCHOOL NURSING AND HEALTH ESSENTIAL SERVICE:

DEFINITIONS:

PROCEDURE:

REFERENCES:

LEGAL AUTHORITY:

Effective date:

Date reviewed/revised:

Authorized by:

Prepared by:

RELATED POLICY:

Policy Example One

SCHOOL DISTRICT POLICY

POLICY TITLE: Pediculosis Captitis (Head Lice)

PURPOSE STATEMENT: Consistent and effective pediculosis prevention and management.

POLICY: 120.111

PERSONS AFFECTED/RESPONSIBLE: School nurse, secretaries, custodians and classroom teachers

SCHOOL NURSING AND HEALTH ESSENTIAL SERVICE:

DEFINITIONS:

Pediculosis Captitis: Infestation of the hair follicles by *Pediculus humanus*, commonly referred to as head lice. Head lice is transferred from one head to another by head to head contact with a person infected with lice or hair contact with contaminated articles such as combs, barrettes, and brushes.

Pesticide: Shampoo or rinse product used to kill the *Pediculus humanus*.

Head louse: Nymphs or adult *Pediculus humanus capitis*.

POLICY STATEMENTS:

1. Student and school personnel will be excluded with the presence of live lice and until adequate treatment has been completed.
2. School nurse and classroom teachers are responsible for head lice surveillance.
3. Secretaries shall notify the school nurse of all absences due to head lice.
4. Under the direction of the school nurse, classroom education regarding the strategies to prevent head lice transmission should be done as needed.

REFERENCES:

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<http://www.nasn.org/Default.aspx?tabid=237> (retrieved August 13, 2010).

LEGAL AUTHORITY: Wis. Stat. Ch. 252.05(9)

Effective date: 08-10-10

Date reviewed/revised:

Adopted by: Clearwater School District School Board on 8-06-10

Prepared by: Rachel Gallagher, School Nurse

RELATED POLICY: None

Policy Example Two

SCHOOL DISTRICT POLICY

Head Lice Management Procedures

INITIAL MANAGEMENT:

1. Identified students, school personnel, and volunteers with live lice, should be excluded from school until proper treatment has occurred.
2. Each parent of a student, student over 14 years of age, or adult individual shall receive the Head Lice Management Fact Sheet.
3. School nurse will access resources the family may need to adequately treat the infestation.
4. Close contact of the student and school personnel will be assessed for live lice.

SECONDARY MANAGEMENT:

1. Upon re-entry to school, identified individual will be assessed by the school nurse or secretary, for presence of nits and live lice.
2. For one week, the custodian will be instructed to daily vacuum rugs and couches in the classroom identified as having head lice.
3. The school nurse will continue surveillance for relapse of treatment and secondary spread of the infestation.
4. Education of school personnel and students will occur on an annual basis regarding prevention measures.

Effective date: **08-10-10**

Date reviewed/revised: **08-10-10**

Procedure developed by: Rachel Gallagher, RN, CPNP, NCSN

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Public Health Policy Resources/Tool Kits

American Public Health Association

APHA Legislative Advocacy Handbook; American Public Health Association

[http://www.apha.org/NR/rdonlyres/6AF958C0-17EF-4E26-A37D-](http://www.apha.org/NR/rdonlyres/6AF958C0-17EF-4E26-A37D-C9D4B6ACCD98/0/Advocacyhandbook4web.pdf)

[C9D4B6ACCD98/0/Advocacyhandbook4web.pdf](http://www.apha.org/NR/rdonlyres/6AF958C0-17EF-4E26-A37D-C9D4B6ACCD98/0/Advocacyhandbook4web.pdf) Resources/Tool Kits

This handbook developed by APHA staff has been prepared to assist individuals and coalitions in their efforts to work with public health policy.

<http://www.apha>

[http://www.apha.org/NR/rdonlyres/6AF958C0-17EF-4E26-A37D-](http://www.apha.org/NR/rdonlyres/6AF958C0-17EF-4E26-A37D-C9D4B6ACCD98/0/Advocacyhandbook4web.pdf)

[C9D4B6ACCD98/0/Advocacyhandbook4web.pdf](http://www.apha.org/NR/rdonlyres/6AF958C0-17EF-4E26-A37D-C9D4B6ACCD98/0/Advocacyhandbook4web.pdf) Resources/Tool Kits

Association of State and Territorial Directors of Nursing

The Public Policy Guidebook for ASTDN Members: Tools and Guidelines for Providing Advice to Policy Makers.

This publication has several goals. It describes ASTDN's structure and methods for formulating the organization's positions; describes the variety of effective advocacy strategies; such as visiting policymakers, delivering messages through the media, or strengthening the ability of organizations and individuals to advocate; establishes a framework for identifying policy goals, creating a plan of action, and effectively building the case for change; and provides a step-by-step guide for reaching organizational consensus on public policy issues, planning advocacy initiatives, and providing advice to legislators and policy makers for successful implementation. The document also provides a description for the legal framework for our effort.

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

Best Practices User Guide; Coalitions, State and Community Interventions

The State and Community Interventions Category includes policies, practices, and types of programs that promote public health by supporting systems change and discouraging tobacco exposure and use. This is organized to provide the skills, resources, and information needed for the coordinated strategic implementation of effective programs.

http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/pdfs/user_guide.pdf

Best Practices User Guide: Youth Engagement

This user guide focuses on the role youth play in advancing policy as part of a comprehensive tobacco control program. The youth perspective and voice is important, because the initiation of tobacco use most often occurs before age 18. In addition, the tobacco industry spends millions of dollars every day targeting youth to develop its next generation of smokers. Youth have the passion and creativity to fight back and to protect themselves from this formidable opponent. This guide will provide tobacco control program managers with information on the best practices for engaging youth as a part of a comprehensive program. Youth involvement can lead to important policy and social norm changes, and advance the fight against pro-tobacco influences.

http://www.cdc.gov/tobacco/stateandcommunity/bp_userguide_youth/pdfs/youth_engagement.pdf

Centers for Disease Control (CDC)

Taking Action for Heart–healthy and Stroke–free States: A Communication Guide for Policy and Environmental Change.

This guide was developed to help reduce the disabling, costly, and growing national tragedy of heart disease and stroke.

http://www.cdc.gov/DHDSP/library/heart_stroke_guide/index.htm

The CDC Local Wellness Policy Tools and Resources Webpage

This webpage highlights resources and tools to assist building and promoting health policy related to nutrition, physical activity, and childhood obesity for local community agencies and schools.

<http://www.cdc.gov/HealthyYouth/healthtopics/wellness.htm>

Community Tool Box- Bringing Solutions to Light

This resource provides information on developing essential skills for building healthy communities. It contains practical guidance in creating change and improvement using a community approach.

<http://ctb.ku.edu/en/tablecontents/index.aspx>

This part of the **Community Tool Box Work Station** provides a framework and supports for influencing policy development. Sometimes the best way to address a problem or issue is to develop and implement a new (or better) policy. To affect a government or organizational policy, the issue must be brought to key decision makers' attention, a policy to address it must be adopted and put into practice, and the results must be evaluated to see if the policy made a difference.

<http://ctb.ku.edu/en/tablecontents/index.aspx>

Developing a Logic Model: Teaching and Training Guide

Logic models help us plan, implement, evaluate, and communicate more effectively. Many funders and organizations require logic models. This guide provides activities with handouts, slides, and other resources for facilitators to use in helping individuals and groups create and use logic models. The materials in this guide, based on the University of Wisconsin-Extension logic model format, are appropriate for beginning-level logic model users.

<http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidcomplete.pdf>

The UW-Extension Logic Model Website contains logic model templates, examples, and training materials. This model can assist with program planning and developing outcomes related to public health program and policy development.

<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

From “Guide to Power Mapping” from Democracy for American Campaign Academy Grassroots Campaign Training Manual, 2009.

This tool provides step-by-step guidelines to mapping your plan for influence with a person or an institution. Power maps are often used to assist with solving a problem. <http://www.movotesconservation.org/DocumentLibrary/GuideToPowerMapping.pdf>

Wisconsin Department of Health Services/Division of Public Health

This webpage provides templates and samples of policies and procedures for local health departments to assist with updating and developing agency documents. http://www.dhs.wisconsin.gov/R_counties/HealthOfficerMaterials/PolicyProcedures/index.htm

Wisconsin Public Health Association

Legislative Toolkit for the Public Health Professional, May 10, 2010

The materials in the kit provide tools to assist with successful communication with policy makers, whether working with local boards and coalitions or at a state and local level. This kit will provide practical ideas and tips for advocacy and policy development activities. www.wpha.org

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