

Advocating Healthy Public Policy: Implications for Baccalaureate Nursing Education

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ABSTRACT

Advocating healthy public policy is increasingly recognized as an essential strategy for enhancing the health of populations. The purpose of this paper is to discuss the implications this priority area portends for the educational preparation of public health nurses (PHNs). Population health is central to public health nursing, and as such, it is imperative that PHNs employ policy advocacy strategies to influence positively the determinants that affect the health of populations. In this paper, we introduce the concept of healthy public policy and its relevance for public health nursing and baccalaureate nursing education. We outline substantive content areas that are fundamental to policy advocacy, such as determinants of health and their interrelationships, the policy process, and theoretical frameworks consistent with a socioenvironmental approach to health. In addition, we detail examples of specific learning experiences that provide students with opportunities to apply the content. Some of these activities include analysis of a population health issue, developing a position paper or resolution, writing letters to policy makers and the media, and working with lobbyists and policy makers.

Recent discourse on determinants of health suggests that those factors that have the greatest influence on the health of populations are outside the health care sector (Advisory Committee on Population Health [ACPH], 1994, 1996; Evans, Barer, & Marmor, 1994;

Amick, Levine, Tarlov, & Chapman Walsh, 1995). There is increasing evidence that in addition to physiological and behavioral factors, psychosocial factors, such as social support and control over living and working conditions, are important to health. These factors, in turn, are intricately linked to socioenvironmental conditions, such as poverty and income inequality, educational attainment, housing, and working conditions.

Increased understanding of these broad determinants of health has led to the recognition that one of the most effective strategies for enhancing population health is advocating healthy public policy (ACPH, 1994; Canadian Public Health Association [CPHA], 1996; National Forum on Health, 1997). More than a decade ago, at the First International Conference on Health Promotion, healthy public policy was identified in the Ottawa Charter as an important strategy of health promotion (World Health Organization [WHO], 1986). Healthy public policy was the theme of the Second International Conference on Health Promotion in Adelaide, Australia in 1989 because healthy public policy was viewed as foundational to other health promotion strategies. The CPHA (1989) developed the position paper entitled "Healthy Public Policy: A Framework," based on the Adelaide recommendations. More recently, the CPHA (1996) has reaffirmed "advocating healthy public policies" as an essential health promotion strategy.

The purpose of this paper is to discuss the implications that the increasing emphasis on healthy public policy portends for the educational preparation of PHNs. We begin with a discussion of the concept of healthy public policy and of its relevance for public health nursing and baccalaureate nursing education. We then present educational strategies that will assist in preparing entry level practitioners with beginning skills to advocate healthy public policy.

HEALTHY PUBLIC POLICY

Defining the term "healthy public policy" is somewhat challenging because there is much variation in its use, and it is often mired in conceptual ambiguity (Bunton, 1992; Millar, 1996). The following definition was devel-

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oped at the Adelaide conference:

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and an accountability for health impact....[Government] sectors should be accountable for the health consequences of their policy decisions (WHO, 1988, p. 2).

Millar (1996) expanded this definition to incorporate more than government action as "Any course of action adopted and pursued (by a government, business, or other organization) that can be anticipated to improve (or has improved) health and reduce inequities in health" (p. 4).

Healthy public policy is not synonymous with health care policy. Health care policy usually refers to a narrower set of policies targeted at the delivery of health care and is often (but not exclusively) aimed at hospital and illness care. On the other hand, healthy public policy incorporates a broad vision of health that focuses on a range of social and environmental health determinants. It includes, but goes beyond, policies that support healthy personal behaviors (such as no-smoking or healthy diet policies) to include policies that address socioenvironmental risk conditions, such as poverty and working conditions. Healthy public policy necessarily extends beyond traditional health agencies and government health departments to bring together sectors, such as agriculture, education, transportation, energy, and housing. Putting health on the agenda of sectors whose main mandate is not health but whose policies have consequences for health requires intersectoral collaboration. The need for intersectoral collaboration is captured by Milio's elegant description of healthy public policy as "ecological in perspective, multisectoral in scope, and participatory in strategy" (Milio, 1987).

The conceptual grounding of healthy public policy comes from the WHO resolution that health ought to be the main social goal of government (Bunton, 1992), which is also the major premise of primary health care. The principles that speak most directly to the strategy of advocating healthy public policy are accessibility to health and intersectoral collaboration. Advocating healthy public policy is congruent with a socioenvironmental perspective of health (Labonte, 1993) that recognizes the broad determinants (ACPH, 1994) or prerequisites (WHO, 1986) of health. The strategy of policy advocacy is also consistent with a critical social theory perspective that seeks to decrease inequities through structural change (Stevens & Hall, 1992; Reutter, 1995).

The National Forum on Health (1997) concluded from their Canada-wide consultations that "We have come a long way in the last decade in determining what makes people healthy, [but]...there is still an obsession with health care rather than health....We have not yet developed health policies, only health care policies. Change is needed" (p. 5). Moreover, most health promotion policies have supported healthy life styles, rather than creating healthy living conditions (CPHA, 1996). Although there is

a need for more research to evaluate the effectiveness of the strategy of advocating healthy public policy (CPHA, 1996), there is preliminary evidence that healthy public policy is effective in improving health (see Dookhan-Khan, 1996 for a review).

Public Health Nursing and Healthy Public Policy

The term "healthy public policy" is relatively recent, but advocating healthy public policy in itself is not new to nursing. Nursing leaders, such as Florence Nightingale and Lillian Wald, pioneered this concept in their efforts to promote healthy living conditions. More recently, an American public health nurse scholar, Nancy Milio (1981), described the effect of public policies on the choices that people make about their health and advocated promoting health through public policy. In spite of this early recognition of the significance of public policy on health, much of the discourse on policy advocacy in nursing focuses on nursing's involvement in advocating for health *care* policy. There is much less attention paid to nursing's responsibility in advocating policies outside the health care sector that have health consequences. And although health care policy has an undeniably significant influence on health, public policy outside the health care sector may have an even greater effect on the health status of populations.

One of the distinguishing features of public health nursing is its focus on population health. Public policies have the potential to impact aggregates and total populations. Thus, advocating healthy public policy is an appropriate population-focused public health nursing activity. In Canada, the guidelines for the preparation and practice of public health nursing (CPHA, 1990) clearly incorporate policy advocacy as a legitimate nursing role. Similarly, the recent definition and role statement of the American Public Health Association (APHA) Public Health Nursing section emphasizes the importance of strategies to influence policy (APHA, 1996). Increasing awareness of the broad range of psychosocial factors and socioenvironmental conditions that influence health has led individual scholars (Batra, 1992; Butterfield, 1990; Drevdahl, 1995; Kuss, Proulx-Girouard, Lovitt, Katz, & Kennelly, 1997; Owen-Mills, 1995; Stevens & Hall, 1992; Thomas & Wainwright, 1996) to articulate a public health nursing mandate that includes strategies that challenge and modify the social, economic, and political factors that determine health. Not only is the promotion of healthy public policy considered to be a legitimate nursing role, but some nursing leaders have argued that with greater knowledge of the broad social, economic, and political determinants of health comes the professional (and ethical) responsibility to act on this knowledge (Anderson, Blue, Holbrook, & Ng, 1993; Drevdahl, 1995; Hardingham, 1996; Stevens & Hall, 1992).

Public health nurses (PHNs) are well positioned to influence policy. They work with individual families in their everyday environments and therefore witness first hand the manner in which policies influence health. This

permits PHNs to identify issues that may not be highly publicized (Labelle, 1986; Stevens & Hall, 1992). Moreover, nurses comprise the largest group of health professionals (Labelle, 1986) and, for the most part, they are organized into professional and labor organizations, which is important for influencing policy (Labelle, 1986; Milio, 1984). Over and above their involvement in nursing associations, PHNs can advocate healthy public policy through their membership in interdisciplinary organizations, such as the CPHA and the APHA.

Although nurses are beginning to recognize the need to influence public policy (Alberta Association of Registered Nurses, 1996; Leipert, 1996; Registered Nurses Association of British Columbia, 1994; Reutter & Ford, 1996), few studies have explored the extent to which nurses are actually engaged in advocating healthy public policies. In a study of Ontario PHNs, Chambers et al. (1994) found that, in comparison to their other activities, PHNs have the least experience and the most difficulty putting into practice the principle of intersectoral functioning, a prerequisite for policy advocacy. The aggregate/population level role of "policy formulator" was less frequently performed by PHNs than roles related to working with individuals and groups. Similarly, a study by the first author that explored PHNs' perspectives of their practice found that PHNs were involved in public policy initiatives to a much lesser degree than in other roles, such as community development (Reutter & Ford, 1997).

There is some indication that nurses' lack of involvement in policy advocacy may be due in part to their beliefs that they are not qualified to advocate healthy public policy (Leipert, 1996; Reutter & Ford, 1997). Nurses' reservations about their ability to engage in policy advocacy points to the need for educational approaches that develop the knowledge and skills needed to promote healthy public policy.

Healthy Public Policy and Nursing Education

In 1989, the CPHA recommended that "training funds be allocated to healthy public policy at the community, undergraduate and graduate level" (CPHA, 1989). Nursing curricula traditionally have not included, to any great extent, content on policy development and analysis, but this is changing. Increasingly, the inclusion of policy content in nursing education is being recommended (Association of Community Health Nursing Educators, 1990; Solomon & Roe, 1986; Thomas & Shelton, 1994), although the focus is primarily on health care policy.

Although nursing education guidelines recommend the inclusion of policy advocacy in baccalaureate nursing education, Tenn and Niskala (1994) found that current curricula do not include sufficient content related to policy formulation, even though many Canadian nursing curricula are guided by primary health care principles. These authors make the following observation:

Determinants of health, particularly sociopolitical, economic, and cultural factors, have not been

well integrated in most nursing curricula. Nurses work with individuals experiencing poverty, unemployment, and polluted environments, usually within a perspective of helping individuals cope with their particular situations....To maximize their potential contribution to the goal of health for all, nurses must be involved in levels beyond individuals and families in terms of proposing local action for health and promoting public policy....Responses in the area of access to conditions conducive to health did not indicate that nurses are prepared to work with others on factors affecting the health of populations (p. 44, 45).

RECOMMENDATIONS

Recommendations for nursing education will be discussed in terms of general curricular issues as well as substantive content areas that form the groundwork for policy advocacy. In addition, we briefly describe specific learning experiences that offer baccalaureate nursing students opportunities to develop advocacy skills, and then we reflect on some challenges we have encountered in incorporating policy advocacy in a fourth year public health nursing course.

Curricula Content

Although there may be some question regarding the extent to which policy advocacy knowledge and skills should be incorporated in undergraduate nursing programs, we contend that undergraduate students require this knowledge to extend their practice beyond the individual focus and to ask pertinent questions of those who are in leadership roles in the policy arena. Moreover, a solid understanding of policy advocacy at the baccalaureate level is necessary if students are to obtain more indepth skills at the graduate level, particularly in light of the current trend to advanced practice in community health nursing at the master's level.

If nurses are going to play a meaningful role in policy advocacy, they need to "think policy" throughout their program. This requires an indepth understanding of the broad health determinants and their interrelationships (ACPH, 1994; CPHA, 1996). Focusing on these determinants throughout their program can encourage students to think more critically about the context of individual health and health behaviors, and to examine critically the effect of a broad range of policies on health situations. Nursing models and frameworks tend to focus predominately on individuals and families rather than aggregates and communities, and they tend to perceive environments in proximal terms. Theoretical perspectives such as critical social theory could provide students with frameworks for critically analyzing social, economic, and political conditions that influence health, and for

TABLE
**Recommended Core Content of Policy Course for
 Baccalaureate Nursing Students**

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| <p>A. Types of policy: healthy public policy, health care policy, public policy, social policy</p> <p>B. Theories and models of policy making: pluralist, public choice, rational, incrementalism, class analysis, mixed scanning</p> <p>C. Policy making process: development, implementation, and evaluation</p> <p>D. Policy making environment: societal values; social, economic, and political influences</p> <p>E. Legislative process: municipal, provincial/state, federal</p> <p>F. Influencing policy: roles and responsibilities of nurses, strategies to influence policy</p> <p>G. Examples of policy advocacy engaged in by nurses and other health professionals</p> |
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developing action strategies that influence living and working conditions (Drevdahl, 1995; Oermann, 1994; Stevens & Hall, 1992).

Support courses that are congruent with a socioenvironmental approach to health would provide students with the broad-based background required for advocacy work. Current support courses tend to be from disciplines that support an individual focus (Chalmers & Kristjanson, 1989), such as psychology. We recommend electives and support courses that increase students' understanding of the broad determinants of health, the context in which the determinants are embedded, and strategies for influencing policy. For example, sociology provides important insights about social factors contributing to health inequities (race, class, gender, etc.) and explores concepts of power relations and conflict, which are integral to understanding the environment of policy analysis and development. Political science, economics, and anthropology offer further significant perspectives and strategies related to the social context of health and illness.

Given the importance of intersectoral and interdisciplinary collaboration in advocating healthy public policy, nursing students require formal opportunities to work with students from a broad range of disciplines to understand how policies in other sectors influence health, to begin to dialogue about these issues, and to be introduced to the benefits and challenges associated with developing collaborative partnerships. Although nursing education gives lip service to interdisciplinary education, it is not often formally structured into curricula (Oermann, 1994).

Over and above the integration of pertinent foundational knowledge and skills throughout the baccalaureate program, nursing students would benefit from a specific course on policy analysis and development. Course content could include models of policy making, the policy making process, policy environments, and strategies to influence policies (Table).

LEARNING EXPERIENCES

There are a variety of learning experiences that can provide baccalaureate students with the opportunity to apply theoretical concepts and empirical data about population health and the determinants of health to current events and issues in their local communities, nationally and internationally. These issues can provide the backdrop for learning experiences related to policy advocacy. In this section, we suggest a variety of assignments and learning experiences that could be incorporated into baccalaureate nursing programs. Some of these learning experiences have been adapted from policy courses in disciplines other than nursing. We have used some of these assignments in our fourth-year undergraduate course in public health nursing, while others are presented as further possibilities.

Assignments

Analysis of a Population Health Issue. For this assignment, students write a paper on a population health issue raised by a newspaper article. In addition to discussing the population health issue, students describe and critically analyze existing policies that influence the population health issue and suggest alternative and/or additional policies and programs that would be appropriate for dealing with the population health issue (Bogenschneider, 1993; Thomas & Shelton, 1994).

Position Paper or Debate. A debate or a position paper allows students to explore the manner in which an existing policy or program influences the health of an aggregate, community, or the population as a whole (Fast, 1994; Williams, 1993). There are a wide range of policies and programs that can be the focus of the debate or position paper. Some suggestions include: layoffs of public sector employees, government funding of education, gun control, social assistance policies, and smoking bans in restaurants and bars.

Environmental Scan. An environmental scan requires students to talk with friends and family and to listen to and read news reports in the media to identify what issues are being discussed by both the public and government policy makers. Using the information they collect from the scan, as well as their personal opinions and ideas, students identify the top five issues for a healthy public policy agenda (Solheim, 1993).

Developing a Resolution. Resolutions are one of the mechanisms used by professional organizations to influence policies and actions. In this assignment, students develop a resolution that is appropriate for submission to a nursing association or a multidisciplinary organization, such as the CPHA and the APHA. The focus of the resolution is a current issue influencing the health of an aggregate or community. Students frame the resolution in the appropriate format, including "whereas" and "be it

resolved" clauses, and submit a background paper that forms the basis of the resolution arguments. To assist in the development of the resolutions, students are provided with examples of resolutions from various organizations and with documents that focus on local issues with policy implications. Examples of topics that students have addressed include safety regulations for children's clothing, development of a data base to determine the safety effects of cellular phones, increased funding for school lunch programs, and snowmobile safety. Students present their resolutions to the class, at which time they have further opportunity to defend their positions (Reutter, 1998).

Development of a Letter to the Editor or a Politician. A letter to the editor of a newspaper is a way to raise public awareness of issues that affect population health, whereas a letter to a politician (city councilor, federal or provincial/state elected officials) targets decision makers in government more directly. Students write a one- to two-page letter expressing their views regarding a current issue that has policy implications for population health. The letter can be in support of a policy or it can express concerns about a policy. Students also present a background paper on the selected issue (Bogenschneider, 1993).

Classroom/Practicum Activities

In addition to specific written assignments, other learning experiences important for developing an understanding of policy advocacy are face-to-face meetings with politicians, members of the media, and social activists. For example, we have invited speakers from agencies that advocate for disadvantaged populations to discuss the challenges encountered in policy advocacy. Other speakers have described how the political environment influences the effectiveness of different types of policy advocacy.

Students could also observe the policy-making process used by local policy bodies (city council, school boards) and provincial/state legislative assemblies. Practicum placements with policy makers and organizations outside the health care sector, such as environmental groups and anti-poverty groups, expose nursing students to the environmental context of policy development and analysis and the challenges in working to bring about healthy public policy.

CONCLUSIONS

Our experiences with introducing students to the strategy of advocating healthy public policy has raised some issues and challenges. First, we have found that students require much encouragement to venture into this territory and indeed to perceive healthy public policy advocacy as an important nursing role. Students tend to be more familiar, and hence more comfortable, with health care policy rather than policy in nonhealth care sectors. Perhaps because of the current cutbacks in health

care (and the media attention directed to this issue), there is a tendency for students to focus on adequacy of and access to health care services as the determinants of health that require the most attention. Successfully persuading nursing students to focus on other determinants is challenging.

Also, we have found that students have difficulty identifying salient relevant issues. Often students are not apprised of current social issues in the community to the degree that is necessary for them to analyze critically relationships among health, its determinants, and policy. Assisting students to "think" how policies influence health requires considerable guidance and time. Finally, the above assignments require critical thinking and analytical skills, the ability to develop a logical argument, and competencies in articulating ideas clearly, both in writing and verbally. Students who do not have well developed writing skills experience difficulty in meeting assignment criteria.

In this paper, we have discussed the rationale for incorporating content on advocating healthy public policy in baccalaureate nursing education curricula. Our rationale is based on current understanding of health determinants and health promotion. We have shared some of our experiences and assignments to encourage further dialogue on relevant ways to prepare beginning practitioners to incorporate healthy public policy advocacy into their public health nursing practice. The resources identified in the references are a beginning bibliography that may be useful in designing further learning experiences related to healthy public policy. In addition to the print resources, many organizations that address issues associated with healthy public policy have websites that are readily accessed (e.g., American Public Health Association, Canadian Policy Research Networks, Canadian Council on Social Development, Caledon Institute of Social Policy). To facilitate searching the internet for appropriate resources in this area, the Ontario Public Health Association (1996) has suggested the following relevant search terms: "community organizing," "media advocacy," "public health advocacy," "social action," and "social justice."

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