

“ADVOCACY THROUGH EDUCATION”

WHAT IS ADVOCACY

WHY SHOULD

APRNS CARE?

WHY ADVOCATE

- *Community and systems-level change requires public policy*
- *Policy impacts nonprofits' abilities to complete their mission*
- *Volunteers want to be engaged in making a meaningful difference*

Advocacy is how we enact social change.

TYPES OF ADVOCACY

- Public Awareness
- Lobbying
- **Grassroots advocacy / Atavism**
 - **Local Value**
 - **Impact**
 - **Exposure**
 - **Engagement**



WHY DOES GRASSROOTS ADVOCACY MATTER?

- It is the duty of elected officials to listen to their constituents and address their concerns
 - Powerful motivators: reelection, recognition, and influence
- Effective grassroots advocacy can wield as much influence as the biggest corporation

GRASSROOTS ADVOCACY TACTICS

Legislative campaigns

Contact your elected officials to advance policy

- Social media counts as contact!

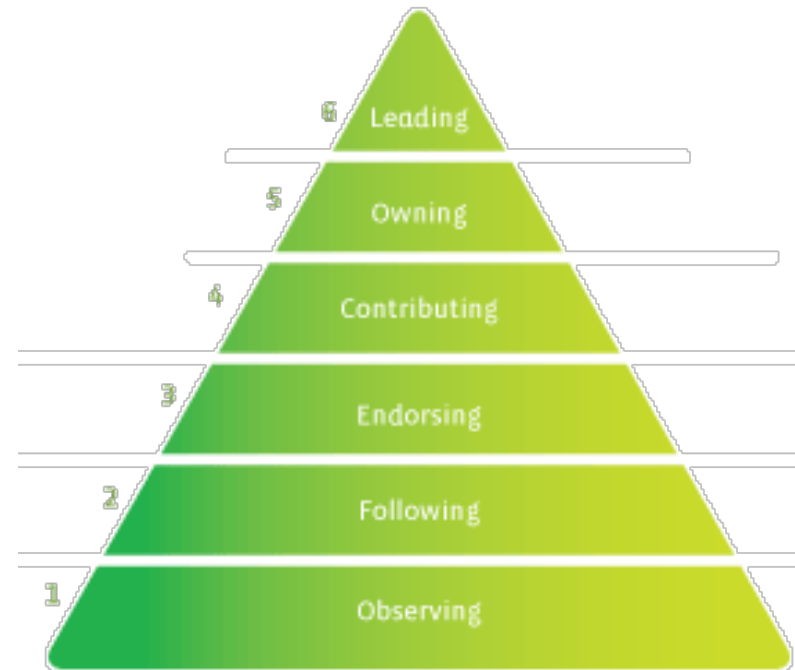
Media lobbying

TV, radio, newspapers
Social media

Mass movements

Protests, boycotts, walk-outs
Marches

INDIVIDUAL ENGAGEMENT PYRAMID



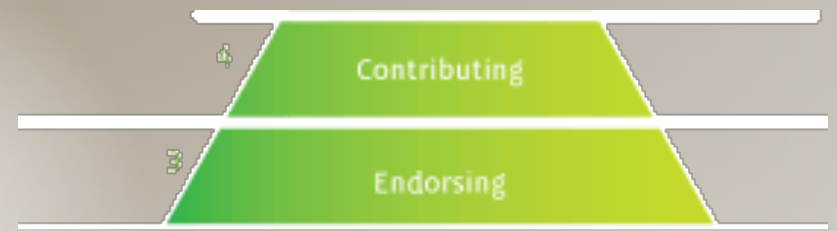
LOW ENGAGEMENT

- Consuming quality media
- Educate yourself on the issues
- Following an organization or rep
- Email lists



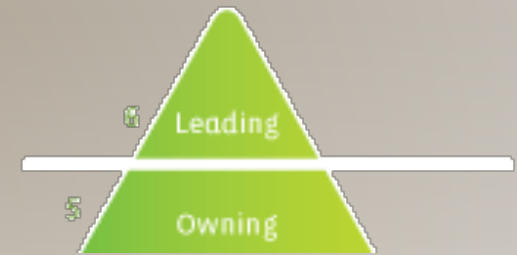
MEDIUM ENGAGEMENT

- Filling out an action alert
- Calling the offices of your elected officials
- Write a letter to the editor
- Using social media to advocate or educate
 - i.e. tagging your elected representatives with an advocacy message; sharing a fact sheet



HIGH ENGAGEMENT

- Attend a town hall and ask a question
- Meet with elected officials
- Site visits
- Testify before a legislative committee
- Joining a government task force
- Volunteer or join organized activities



SO...WHAT ARE THE PROBLEMS?

KNOW YOUR **WHY!**

- Access to health care in Oklahoma
- Lack of providers
- Newly insured Oklahomans need for primary care
- Role confusion about APRNs
- Collaborative practice agreements
- Misinformation about FPA
- Fragmentation of advocacy efforts
- Not enough policy involvement



OKLAHOMA ACCESS

Rural State

- Rural vs urban
 - 3,949,342 - Total population (2022, HRSA)
 - 1,325,762 (2022, HRSA)
 - Approximately 33.6% live in rural areas
- Distribution of population
 - Largest cities: Oklahoma City, Tulsa
 - 72 out of 77 total counties declared healthcare shortage (HRSA) March 2021
 - Oklahoma ranks 1st heart disease, 2nd in chronic respiratory disease, 4th in diabetes, and 5th in liver disease
 - In 2020 Oklahoma had an estimated 10,341.1 years of potential life lost under the age of 75

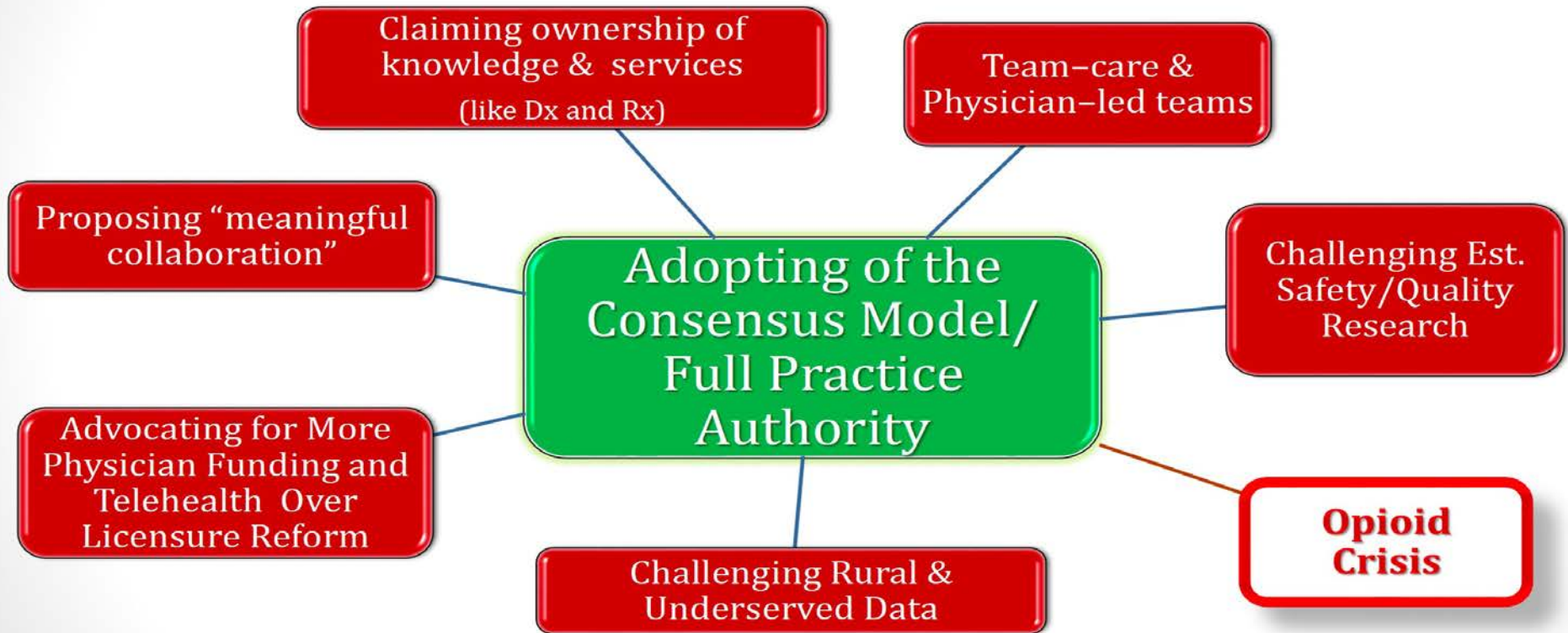
Access to Healthcare

- Out of 77 Oklahoma counties 64 are designated primary care health professional shortage areas
- **APRN 6.5:10,000 rural lives compared to 7.9:10,000 in the urban**
- **Physician 9:10,000 rural lives compared to 28:10,000 in the urban**
- Physicians, 75 years or older comprise 25.7% of rural physicians
- Oklahoma ranked 47th, 209 Providers per 100K
- Twenty states have greater than 100 more providers per 100K than Oklahoma



Sources: USDA-ERS, 2016; HRSA, 2016; DeNavas-Walt & Proctor, 2015

Licensure & Environment Opposition



TYPES OF APRNS

FUTURE OF NURSING™
Campaign for Action

Types of Advanced Practice Registered Nurses

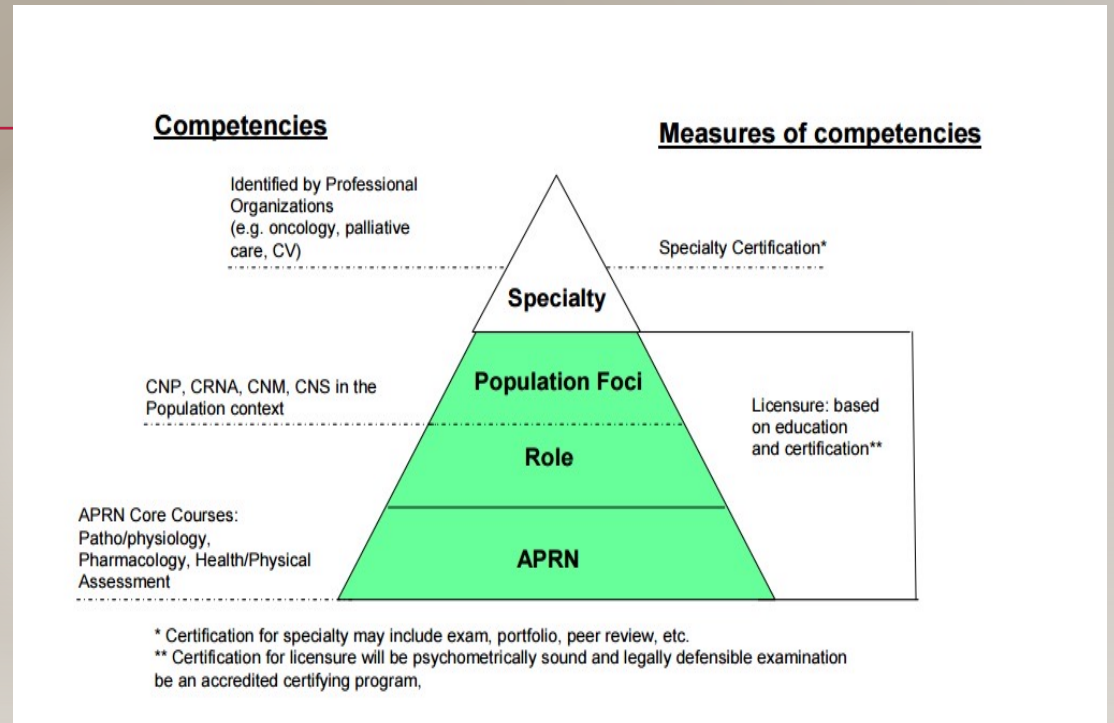
Who are they?	How many in the U.S.?	What do they do?
Nurse Practitioners (NP)	355,000+	Take health histories and provide complete physical exams; diagnose and treat acute and chronic illnesses; provide immunizations; prescribe and manage medications and other therapies; order and interpret lab tests and X-rays; provide health teaching and supportive counseling.
Clinical Nurse Specialists (CNS)	89,000+	Provide advanced nursing care in hospitals and other clinical sites; provide acute and chronic care management; develop quality improvement programs; serve as mentors, educators, researchers, and consultants.
Certified Registered Nurse Anesthetists (CRNA)	71,250+	Administer anesthesia and related care before and after surgical, therapeutic, diagnostic, and obstetrical procedures, as well as pain management. Settings include operating rooms, outpatient surgical centers, and dental offices. CRNAs deliver more than 65% of all anesthetics to patients in the United States.
Certified Nurse-Midwives (CNM)	13,515	Provide primary care to women, including gynecological exams, family planning advice, prenatal care, management of low-risk labor and delivery, and neonatal care. Practice settings include hospitals, birthing centers, community clinics, and patient homes.

Sources: American Association of Nurse Practitioners, NP Fact Sheet, August 2022; National Association of Clinical Nurse Specialist, What is a CNS webpage, 2022; American Association of Nurse Anesthesiologist, Fact Sheet, Accessed August 2022; American College of Nurse-Midwives communication with ACNM August 2022

APRN ROLE CONFUSION

Educate community members, legislators, and other stakeholders:

- Clarify the APRN roles
- Educational preparation of APRNs

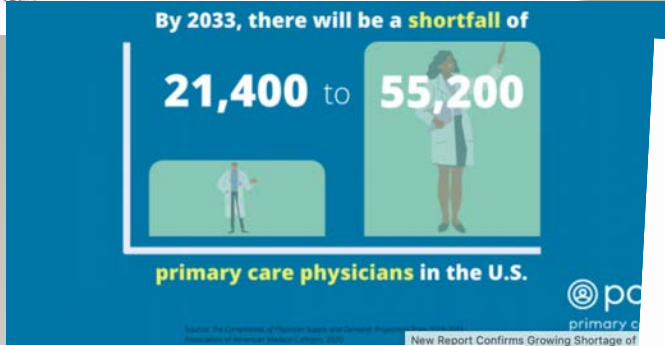


ACCESS TO HEALTHCARE

1. Shifts in physician and patient populations

There are two main generational factors that have led to America's doctor shortage:

1. **Mass exodus of physicians:** Approximately 55 percent of all registered nurses are 50 years old or older, and 52 percent of the active physician workforce is 55 or older and en route to retirement.



January 17, 2023 05:18 PM

Data shows mental health, primary-care physician shortage

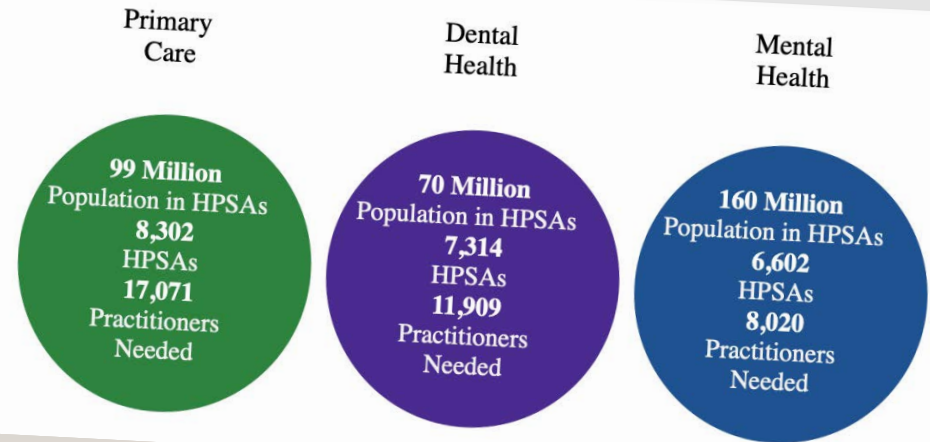
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AAMCNEWS

U.S. physician shortage growing

A new AAMC study projects a shortfall of up to 139,000 physicians by 2033. Among the factors: older patients and retiring doctors.

National Summary



A PROPOSED SOLUTION...

- Robert Wood Johnson Foundation (RWJF) Health Policy Brief spotlighted how federal and state scope of practice laws limit advanced practice nurse practitioners:
 - APRNs are not allowed “to practice to the fullest extent of their training and limits their ability to meet the growing demand for primary care services”
- One proposed solution is “to expand the role of nurse practitioners in many more areas of the country and to allow them to provide a wider range of preventative and acute health care services.”
- In other words...**Oklahoma will require legislative action** to expand current state scope of practice laws to enable Full Practice Authority for APRNs

IOM REPORT ON THE FUTURE OF NURSING

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy-making require better data collection and information infrastructure.

IOM RECOMMENDATIONS

- “Now is the time to eliminate outdated regulations and organizational and cultural barriers that limit the ability of nurses to practice to the full extent of their education, training, and competence”
- As a result of state regulations, what nurse practitioners are able to do once they graduate varies widely “for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work”
- “The current conflicts between what APRNs can do based on their education and training and what they may according to state and federal regulations must be resolved so that they are better able to provide seamless, affordable, and quality care”

NCSBN MODEL...AND FPA

- “APRNs are licensed independent practitioners within standards established or recognized by the BON. Each APRN is accountable to patients, the nursing profession, and the BON for:
 - Complying with the requirements of this Act and the quality of advanced nursing care rendered
 - Recognizing limits of knowledge and experience
 - Planning for the management of situations beyond the APRN’s expertise
 - Consulting with or referring patients to other health care providers as appropriate”

BARRIERS TO PRACTICE

- The *Future of Nursing* states although APRNs are highly trained and able to provide a variety of services, they are prevented from doing so because of barriers:
 - State laws
 - Federal policies
 - Outdated insurance reimbursement models
 - Institutional practices and culture (IOM, 2021).
- IOM report encourages policy makers to be guided in changing scope of practice laws in accord with:
 - National Council of State Boards of Nursing's Model Nursing Practice Act and Administrative Rules (NCSBN, 2012)

A BRIEF TIMELINE



The first formal NP educational program was created in 1965 in Colorado



1971, Idaho was the first state to **expand** nurse practitioners' scope of practice, which included diagnosing and treatment.



The American Academy of Nurse Practitioners was established in 1985



By the end of the last century, more than 63,000 NPs were in the U.S.



By 1994, five states had approved full practice authority for NPs.



In 2013, the American Academy of Nurse Practitioners and the American College of Nurse Practitioners (founded in 1995) joined to form the American Association of Nurse Practitioners (AANP®), the largest, full-service national professional membership organization for NPs of all specialties.



More than 360,000 NPs practice in the United States today, with **over 2 billion** patient visits each year.

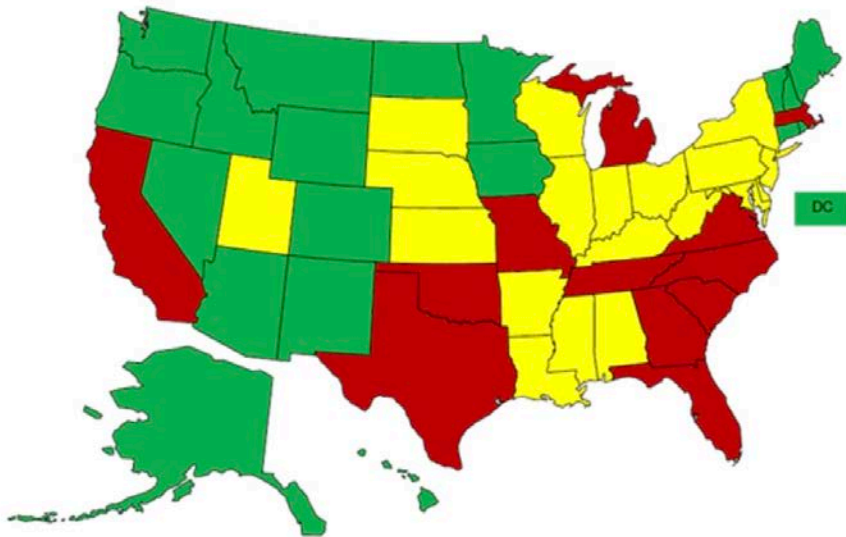
WHAT IS FPA?

- American Association of Nurse Practitioners:
 - “Full practice authority is the collection of state practice and licensure laws that allow for all nurse practitioners to evaluate patients, diagnose, order, and interpret diagnostic tests, initiate and manage treatments – including prescribing medications – under the exclusive licensure authority of the state board of nursing” (AANP, 2015).
- Full Practice Authority (FPA) may be referred to as “autonomous” or “independent” practice
 - May be misunderstood/misinterpreted as removing all parameters...“a lone ranger” clinician
- Under a FPA model, the APRN:
 - Must meet educational and practice requirements for licensure
 - Must maintain national certification
 - Must consult and refer to other health care providers according to patient needs
 - Must remain accountable to the public and the state BON for meeting standards of care in practice and professional conduct

WHERE ARE WE NOW?

For NPs, 28 States and DC, Guam, and N. M. I. have passed legislation allowing Full Practice Authority

2014 Nurse Practitioner State Practice Environment



2023 NURSE PRACTITIONER STATE PRACTICE ENVIRONMENT



Full Practice

Reduced Practice

Restricted Practice

Source: AANP, 2022

AUTONOMY VERSES INDEPENDENT

- Noun: Autonomy,
 - The right or condition of self-government.
 - Freedom from external control or influence; independence.
 - Similar:
 - Independence, self-rule, self-determination, self-sufficiency
- Noun: Independent
 - An independent person or body such as an independent political candidate.
 - Free from outside control, not depending on another's authority.
 - Similar:
 - self sustaining, self-reliant, self-contained, self-made

Mandated vs. Collaboration for a Purpose

Mandated Collaboration

- A requirement for a written collaborative agreement
- Outdated regulation – restriction of access to care
- Fragmented care, replication of services, increased health care costs
- Unbalanced power structure
- Collaborative practice agreements add costs
- Physician's are responsible for patient's being "jointly managed". Is this practical?
- **Prevents all providers from working at the top of their scope of practice, including physicians.**

Collaboration with a Purpose

- Working with other providers and or specialties to provide patient centered, comprehensive care
- Relationships between collaborators is based upon respect, trust, and expertise
- Opens the door to cost savings and avoiding replication of services
- Encourages ventures into private practice with reduced overhead and increased sustainability

AUTONOMY IMPACT ON HEALTHCARE...

Improves access

- Provides greater access in all areas of the state to necessary services, especially for patients in rural and underserved areas.
- Assists the state to address the need for primary care workforce healthcare providers by eliminating unwarranted bureaucratic restriction of requiring physician involvement in order to provide patient care

Streamlines care and makes care delivery more efficient

- Provides patients direct access to the full scope of the services that an APRN can offer at the point of care.
- Removes delays in care that are created when dated regulations require a physician's signature or protocol to initiate treatments or obtain diagnostic tests ordered by an APRN

Decreases costs


- Avoids duplication of services and billing costs associated with unnecessary physician oversight.
- Reduces repetition of orders, office visits, and care services.

Protects patient choice

- Patients may feel free to seek the health care provider of their choice.

FPA Builds the Health Care Workforce

States that have adopted FPA are reaping the benefits of a growing workforce.



ARIZONA
FPA Adopted: 2001

NP workforce doubles across the state and grows 70% in rural areas within 5 years of adopting FPA.³⁸

*The College of Public Health
Arizona Area Health
Education Center*



NORTH DAKOTA
FPA Adopted: 2011

NP workforce grows 83% within 6 years of adopting FPA.³⁹

University of North Dakota



NEVADA
FPA Adopted: 2013

APRN workforce grows 34% within 3 years of adopting FPA.⁴⁰

Many moved from more restrictive states

Nevada State Board of Nursing



NEBRASKA
FPA Adopted: 2014

NP workforce grows in 20 state-designated primary care medically underserved areas within 5 years of adopting FPA.⁴¹

*College of Nursing, University of
Nebraska Medical Center*

34. Sekscenski, Edward & Sansom, Stephanie & Bazell, Carol & Salmon, Matthew & Muller, Fitzhugh. (1994). State Practice Environments and the Supply of Physician Assistants, Nurse Practitioners, and Certified Nurse-Midwives. *The New England Journal of Medicine*, 331, 1266-71. 10.1056/NEJM199411103311905. https://www.researchgate.net/publication/15262922_State_Practice_Environments_and_the_Supply_of_Physician_Assistants_Nurse_Practitioners_and_Certified_Nurse_Midwives

35. Kaplan, L., Skillman, S. M., Fordyce, M., McMenamin, P. D., & Doesehen, M. G. (2012). Understanding APRN Distribution in the United States using NPI data. *The Journal for Nurse Practitioners*, 8(9), 628-635. http://depts.washington.edu/lowinc/wp-content/uploads/FR1371_Skillman.pdf

36. Xue, Y., & Zeng, J. (2015). Impact of state nurse practitioner scope-of-practice regulation on health care delivery: Systematic review. *Nursing outlook*, 64(1), 71-85. <https://www.sciencedirect.com/science/article/abs/pii/S0029655415002587>

37. Xue, Y., Smith, J. A., & Spetz, J. (2019). Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *Jama*, 321(1), 102-105. <https://jamanetwork.com/journals/jama/fullarticle/2720014>

38. Arizona Rural Health Workforce Trend Analysis. Arizona Area Health Education Centers. April 2011. <https://aahc.uhs.arizona.edu/sites/default/files/09azworkforcetrendanalysis02-06.pdf>

BREAKING DOWN THE BARRIERS

“STATE-LEVEL NP SCOPE OF PRACTICE RESTRICTIONS DO NOT HELP PROTECT THE PUBLIC FROM SUBPAR HEALTHCARE.” THESE STATISTICS WEIGH HEAVILY ON STATES WITHOUT FULL PRACTICE AUTHORITY AS INDEFINABLE BARRIERS, OR APRN’S CANNOT PRACTICE.

In essence, for practice authority is the language for policy attainment that should be used to clearly explain NP practice to the community and policy makers, as opposed to the personal and professional experience that is the goal in becoming an NP. Professionally, practicing as an autonomous, NP is a daily experience for 40% of NPs on the national level. As a profession, working autonomously and advocating for full practice authority with comprehensive terms and expectations is what will ultimately improve the health of our communities. **“Autonomy was the clear expectation from the NP role during its inception, and should be the goal for all NPs”.**

DECADES OF EVIDENCE TO SUPPORT FPA

- “There is **no data** to suggest NPs in states imposing greater restrictions on their practice provide safer and better care than those in less restrictive states or the role of the physician in less restrictive states has changed or deteriorated.”
 - IOM reports decades of research reveal that APRNs deliver care that is “safe, effective, and efficient”
- According to the National Governors Association (2012):
 - “Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures”
 - “Studies suggest that NPs may provide improved access to care”

• Source: Fairman, Rowe, Hassmiller, & Shalala, 2011, pp. 194-195;
IOM, 2010b; National Governors Association, 2012, p.8

NP HEALTH POLICY ENSURING YOUR VOICE COUNTS



HEALTH POLICY

- Refers to decisions, plans, and actions to achieve specific **health** care goals within a society.
- An explicit **health policy** can achieve several things it defines a vision for the future
- The vision helps establish targets and points of reference for the short and medium term.

FPA SUPPORTERS

- AARP
- American's For Prosperity
- Farm Bureau
- American Hospital Association
- Federal Trade Commission
- Institute of Medicine
- Kaiser Foundation
- NCSBN
- National Governor's Report
- National Institute for Healthcare Reform
- Robert Wood Johnson Foundation



POLICY 101



OKLAHOMA LEGISLATURE

- Legislative Basics
- Oklahoma is structured like the US government
- Three branches: Legislative, Executive, and Judicial
- Legislative has two branches which work independently of one another.
 - A legislator may serve a maximum of 12 combined years.
 - All bills are introduced by a member of the chambers
 - Each bill must have a chamber author

LEGISLATION IS A PART-TIME JOB

- Session begins the first Monday of February
- Session ends the last Friday of May
- Work is done during the interim (between the sessions).
- Bills must be requested in November
- State Budget = \$20 billion annually
 - Revenue to 70 agencies
 - 10 % of agencies receive 90% of the budget
 - Education, higher education, Oklahoma Health Care Authority.

POLITICS

- In order for a bill to pass it needs support from: ALL!
- Speaker/Pro Temp
- Committee chair
- Committee
- Floor leader
- Members
- Both chambers
- Conference committee
- Governor
- Special interest groups





FROM BILL TO LAW...ACT III

- Once passed, the bill goes to other chamber and the process repeats
 - Readings
 - Committee assignment
 - Committee recommendation
 - Vote



BILL SUCCESS

- 4,000 bills are presented each year
- Less than 50% make it to committee
- Less than 50% make it to the second chamber
- Less than 20% of bills will become law.

ADVOCACY



WHY USE GRASSROOTS ADVOCACY IN HEALTH POLICY?



Why it works... Legislators are accountable to the constituents who elect them



Lawmakers need your first-hand knowledge and expertise



Individual efforts strengthen the national effort

THE NURSE PRACTITIONER ROUNDTABLE

(COLLABORATION OF THE AANP, ACNP, GAPNA, NAPNAP, NPWH, AND
NONPF)

Key Issues:

- Full recognition and utilization of nurse practitioners as primary care providers in all health care systems/ models
- Full recognition of nurse practitioner practices in coordinated care models such as Medical/Health Homes.
- Full participation of nurse practitioners and nurse practitioner practices in Accountable Care Organizations

(NP Roundtable, 2020)

Grassroots Advocacy

- Political activity with the goal of creating change.
- *Based on the power of people to take collective action on their own behalf*
- Federal, state, and local level
- Professional nursing organizations facilitate grassroots advocacy through
 - Awareness building
 - Mobilization of the membership
 - Project implementation at the chapter, state, or national level

GRASSROOTS ACTIVITIES

- Levels of grassroots advocacy: federal, state, organized NP groups, clinics
- Hosting house meetings or parties
- Educating the public on health policy issues at events
- Mobilizing letter-writing, phone-calling, and emailing campaigns
- Raising/donating money to political action committees (PAC)
- Letters to the editor or letters to elected leaders
- Using online social networks to organize virtual communities

PREPARE FOR ACTION

- Contact appropriate liaisons for help in arranging meetings (AANP health policy office, state NP organization)
- **Educate NPs on key issues and talking points**
- Prepare written materials for the legislator
- Arrange logistics of the event

ACTION ITEMS (DO THIS RIGHT NOW!)

- Send an action alert (e-mail and tweet)
- Find a colleague to help mentor you
- Read your membership news letters and alerts and participate

TIPS FOR GIVING PUBLIC TESTIMONY



Who is the best deliverer of the message?



Make the policy personal



Check ahead of time to understand the public body's rules



Keep your message concise (3-5 minutes as a rule of thumb)

TIPS FOR WORKING WITH ELECTED OFFICIALS

What is your ask?

They're people too!

Do your research

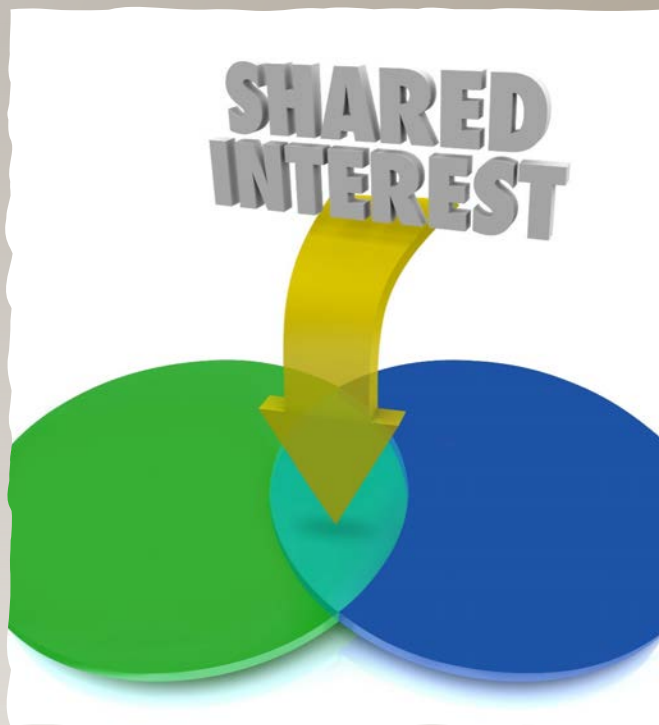
Include constituent voice

Make it easy for them

You don't have to know all the answers

Follow up

IMPORTANT TO REMEMBER



Medicine and Nursing are two distinct disciplines with overlapping scopes of practice

- “Physicians are experts in physiology, disease pathways, & treatment”
- “Nurses are taught to treat the patient not only from a disease management perspective but also from psychosocial, spiritual, family, & community perspectives”
- Both disciplines are elevated by allowing them to work at their highest level in the care of their patients.

Training is like comparing apples to oranges

- Physician training is “Time served”
- APRN training is “Competency based”

POLITICAL ACTION COMMITTEE(PAC)

- A political committee is organized for the purpose of raising and spending money to elect and defeat candidates.
- Represent business, labor or ideological interests.
- PACs can give \$5,000 to a candidate committee per election (primary, general or special).
- PACs also give up to \$15,000 annually to any national party committee, and \$5,000 annually to any other PAC.
- PACs may receive up to \$5,000 from any one individual, PAC or party committee per calendar year.



ADVOCACY EDUCATION

- Student NP education in advocacy/health policy is crucial to building leaders for our profession in the future
- Most effective education is hands-on



TAKE ACTION

- Review talking points on the day of the event
- Attend all meetings on time, professional appearance
- Have fun
- **Invite the legislator to spend the day at your clinic**

ADVOCACY ACTIONS - INDIVIDUAL

- Time Commitment
 - 5 minutes: write or make a call to your legislator.
 - 15 minutes: write a letter to the editor of your local paper.
 - An hour or more:
 - Schedule a personal visit with your legislators.
 - Develop a relationship – Become their “go to” person for nursing.
 - Develop your “key messages” | Brief simple key messages | An “Elevator Speech”
 - Ex. Oklahoma has a problem with ensuring access to healthcare. There are not enough providers to meet the needs of the thousands of newly insured individuals in our state. Decades of research has revealed that Nurse Practitioners deliver safe, quality, cost-effective care. By utilizing Nurse Practitioners to the full extent of their education, training, and competency, we can help solve our primary care problem.”
- Share your personal story. These give the issue extra meaning!

Source: AANP 2020

MOBILIZATION OF GRASSROOTS EFFORT

- Pick a leader (OK associations)
- Garner support of members
- Research the issues/planning phase
- Set goals (educational, legislative)
- Identifying the people who can make a difference
- Plan an event

ADVOCACY TIPS

- Know your audience
- Begin with the end in mind
 - How does this issue/initiative fit into the bigger picture?
 - What is the opposition saying?
 - Who are the individuals you want to reach?
- Develop a key message (frame your message)
 - Clear, concise, and easy to remember (add an anecdote or personal story)
 - Be prepared to support with facts, statistics, expert opinions, etc.
- Prepare – Practice – Repeat!

ADVOCACY TIPS (CONT.)

- Tips About Message Delivery
 - Be sure to communicate your “ask” – Be clear and concise
 - Bring a constituent focus to your message. “Why they should care?”
 - Be politically aware...be prepared to show how your ask fits into the “big picture”
 - Build your relationship
 - Be prepared to “walk and talk” if need be – be flexible
 - Follow up promptly with additional information as needed
 - Be sure to communicate your “ask” (This is listed twice on purpose!) 😊

Source: ANA, n.d

ADVOCACY ETIQUETTE

Plan your visit carefully: Know your key message

Make an appointment – reach out to your association and lobbyist

Be prompt and patient...be flexible

Be prepared (e.g., materials to leave with legislator, etc.)

Whenever possible, demonstrate the connection between what you are requesting and the interests of the legislator's constituents

Describe how you or your group can be of assistance

When appropriate, ask for a commitment

Be responsive to questions and offer to provide additional information

Always follow-up with a thank you note that outlines the points covered in the meeting and include any additional information requested

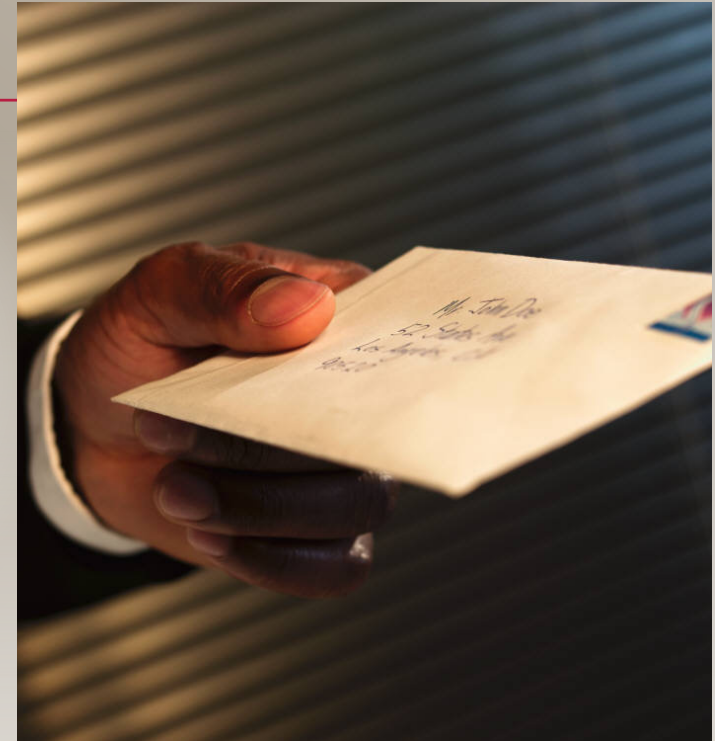
LETTERS

- **Letter to the editor**
 - Small community papers: easier to publish
 - Use a letter to the editor with legislator's name to influence the LEGISLATOR, not the people
 - Send it to the legislative office as well
 - Reference the story in the newspaper (within 2 days)
 - Short 50-100 words
 - Use your own words

LETTERS TO YOUR LEGISLATOR



Individualized,
SNAIL or email
Send on a Sunday
or Monday night



THE PERFECT LETTER...



- Paragraph 1: Establish your standing “I serve # of patients.” (why you are important)
- Paragraph 2: Personal story (use numbers)
- Paragraph 3: Include local data (research the issue)
- Paragraph 4: Communicate passion for the issue.

SENATE BILL 458

- FIRST THINGS FIRST: Educate...Educate...Educate...
 - We must be active in advocating for the issues within this bill
 - Transition to Practice - Autonomously 6,240 hours (three years)
 - Avoid using the term FULL PRACTICE AUTHORITY
- No change in prescribing Schedule III-V
- Supervision by APRN or physician



A “WINDOW OF OPPORTUNITY” IS OPEN!

ADVOCACY IS AN ACTION!

- Can you volunteer??

Give your Time!

- Do you have talent??

Teach, mentor, and become a leader!

- No Time, No talent??

Tithe!



WHAT ELSE CAN APRNS DO?

Get Involved

Health Policy Conferences

Join AONP, AANP, ONA

