Community Health Advocacy by Nurses

A project to engage nurses in healthy community collaboration

Monica Hughes, RN, BSN, NE-BC, RWJF Public Health Nurse Leader
Learning Objectives

Upon completion of this session, the learner will be able to do the following:

- describe elements of leadership roles for nurses as community health policy advocates.
- explain the potential impact of training nurses in community health engagement roles on nurses’ readiness and willingness to engage in such roles.
- discuss elements critical to supporting nurses in community health engagement efforts.
The project

Nurses as agents for a Culture of Health
RWJF Public Health Nurse Leaders and a Culture of Health initiative
The players

My project team
Texas Team Action Coalition and Innovative Partners

- Camille Miller, Executive Director of Texas Health Institute
- Lisa Campbell, Former Victoria County Health Director & Associate Prof at Texas Tech School of Nursing
- Marion Karr, President of Avery Executive Search and Executive Vice President of Avery Partners
Marion Spears Karr is the President of Avery Executive Search and Executive Vice President of Avery Partners, a comprehensive talent solutions and consulting company headquartered in Atlanta, Georgia. Marion has over 25 years of experience in executive recruiting, leadership and team development working with some of the top healthcare systems across the country. He is the developer of Accomplishment Culture©, a team engagement, leadership development, and individual coaching program designed to connect the individual motivations, capabilities, and life experiences of its participants to the role they play in their organizations and within their teams for the greatest impact.

The development of Accomplishment Culture© was greatly influenced by the work of Dr. Elias Porter and his Relationship Awareness® Theory, Dr. Michael Maccoby’s “Becoming Leaders We Need With Strategic Intelligence”, and “Flow Theory” of psychology from the work of Dr. Mihaly Csikszentmihalyi.

Marion, a native of North Carolina, who now splits his time between Atlanta, Nashville, and Austin is passionate about helping healthcare organizations and individuals connect what they do to why it matters in a meaningful and purposeful way.
Lisa Campbell, DNP, RN, APHN-BC

Texas Tech University Health Science Center – School of Nursing

Former Victoria County Health Department Director

Lisa Campbell, DNP, RN, APHN-BC is an associate professor at Texas Tech University Health Sciences Center School of Nursing, and teaches in the Doctor of Nursing Practice Program. Her teaching focus for doctoral students is population health, epidemiology and health policy. Through her teaching role, Dr. Campbell engages students in real world population health projects. Her research includes: changes in public health nursing practice and the ACA and WIC peer counselor support and breastfeeding rates.

Dr. Campbell founded Population Health Consultants, LLC a company whose mission is building human capital in order to improve population health. She consults with communities to evaluate local public health systems, facilitates community health needs assessments, community health improvement plans and strategic planning for local public health departments. Recently she served as the director of the Victoria County Public Health Department and the Cuero-Dewitt County Health Department. She led a diverse staff and implemented initiatives to advance public health in these urban and rural communities.

Dr. Campbell was recently elected as chair-elect for the American Public Health Associate Public Health Nursing Section and is serving her third term as the Communication Committee Chair and is on the Alliance of Nurses for Healthy Environments’ Board of Directors.
Camille D. Miller has been the president and CEO of the Texas Health Institute (THI) since its inception in 1996. After completing bachelor's and master's degrees in sociology and social work, Miller gained extensive experience in policy research and development while she served under three governors and two lieutenant governors, a state comptroller and state senator planning, researching and developing state policy to address all areas of policy and budget. Health and human services has continued to be her chosen area of focus because they are the most challenging.

She also held executive staff positions at the Texas Department of Community Affairs and the Texas Department of Protective and Regulatory Services. As chief of staff for the Texas Senate Committee on Health and Human Services, she supervised legislative interim studies on medically fragile children, reorganization of health and human services and Medicaid.
The strategy

Pilot training - public health nurses
Logic Model Diagram: Community Health Policy Advocacy

**Problem Statement**
Public health nurses engage in cross-sector activities with stakeholders and community partners. This engagement, through education and advocacy for community populations, helps create healthy communities. There is, however, no specific training (outside of formal advanced education) that teaches nurses to lead as advocates for innovative policy development through such activities and partnerships.

**Goal**
To equip nurses with the knowledge, skills, and attitudes to successfully identify and collaborate with community health policy stakeholders and partners.

**Rationales**
- Policies affect health outcomes.
- Engagement in policy development is central to transforming health care delivery for meeting the needs of communities.
- Nurses are uniquely situated to impact health policy development and to engage as leaders in policy advocacy.
- Training nurses in new competency areas results in competent, confident engagement.

**Assumptions**
- Training for nurses as partners in community health policy advocacy and civic engagement is not widely available to practicing nurses.
- Community non-governmental organizations, local business partners, county and city governments, school districts, city planning groups, etc., seek educated input on creating health in all policies.
- Nurses practice in nearly all of the 254 counties throughout Texas.
- Every county, city, and community in Texas is covered by a public health entity at the local or state level whose staff includes nurses.

**Timeframe**
- **Start Date:** June 1, 2016
- **End Date:** September 30, 2017

**Resources**
- Three to four trainers; one nurse planner; meeting and training space with audio/visual equipment and support; printed materials; regional event planning support; $5,000 action coalition grant funds.
- Utilization and support of tools for policy development from the Texas Health Institute.
- Possible additional grant funds (approximately $15,000 per additional live training event) from the Texas Team/Texas Nurses Foundation.

**Activities**
- **Planning:**
  - Plan course content and develop curriculum
  - Package content and curriculum as a toolkit
  - Identify and invite trainers/speakers
  - Obtain continuing education approval
  - Schedule venue and arrange logistics for training session
- **Outreach:**
  - Invite nurses
  - Share the toolkit with other nursing organizations
- **Training:**
  - Prepare the training session
  - Prepare session materials
  - Perform pre- and post-session evaluation
  - Hold training session
  - Manage participant’s continuing education receipt
- **External Factors:***
  - Time limitations; conflicting projects or priorities of planners; scheduling conflicts of trainers & speakers; access to additional funding for subsequent trainings

**Outputs**
- New course curriculum developed
- Toolkit completed
- Received continuing education approval
- 30 nurses identified for pilot participation
- Toolkit distributed to other state Action Coalitions
- Pilot training session held
- At least 25 participants trained (per session)
- Continuing education received by participants

**Long-Term Outcomes**
- Nurses engage in community-level health policy advocacy. Community-level policies reflect healthy practices.
- Nurses act as leaders in communities to create a culture of health in all policies.

**Intermediate-Term Outcomes**
- Participants identify one new health-related community or stakeholder partnership.
- Participants increase their community engagement and participation activities from pre-session.
- Participants report improved leadership confidence and ability from pre-session.

**Short-Term Outcomes**
- 100% of session participants receive nursing continuing education units.
- 75% of participant post-session evaluations reflect achievement of stated session learning objectives.
- Toolkit is implemented for 100% of training sessions in Texas (pilot and subsequent trainings).
- Participants increase knowledge and skills in community policy advocacy, civic engagement, and professionalism.
Pilot cohort

- 25 Nurse leaders from around the state of Texas
  - Nurse Managers and Regional Nursing Directors
  - 8 geographically disparate regions and community political structures
    - Provide health services in over 150 counties (out of 254 counties statewide)
  - 3 nights of travel
    - Austin (DSHS central office) is 576 miles from El Paso
    - Closest regional office is 62 miles
    - Others range from 100 miles to 300 miles
    - Need to make it worthwhile
  - PHNs engage with county commissioners, county judges, community leaders, school districts, sheriff’s offices, etc.
The agenda

The fun and games
Public Health Nurses
Texas Department of State Health Services

- First day of training focused on DSHS-centric nursing administration
- Second day of training consisted of Community Health Advocacy Training (CHAT)
- Pre-session survey
- CE
- Post-session survey
<table>
<thead>
<tr>
<th>Session Title</th>
<th>Accomplishment Culture – Marion Karr</th>
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</table>
| Learning Objective(s)                            | Upon completion of this event, participants should be able to:  
  - identify the value brought to nursing roles as a result of work & life experience. |
| Content                                          | - Translating experience to value added for health influence  
  - Relationship of value to leadership influence  
  - Recognizing unconscious bias                    |

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<thead>
<tr>
<th>Session Title</th>
<th>Conveying Value to Community Policy-Makers – Marion Karr</th>
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| Learning Objective(s)                            | Upon completion of this event, participants should be able to:  
  - interpret audience needs when acting in a health advocating role.  
  - communicate key messages with influence. |
| Content                                          | - Knowing your audience  
  - Addressing assumptions and preconceptions  
  - Bridging misunderstandings to convey the bigger picture  
  - Dialogue vs. Debate tool - brief introduction |
<table>
<thead>
<tr>
<th>Session Title</th>
<th>Executive Presence – Lisa Campbell, DNP</th>
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<tbody>
<tr>
<td><strong>Learning Objective(s)</strong></td>
<td>Upon completion of this event, participants should be able to:</td>
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<tr>
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<td>• apply leadership skills and traits that inspire trust and confidence.</td>
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<td><strong>Content</strong></td>
<td>• Demonstrating executive presence</td>
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<td>• Maintaining composure and confidence while communicating charisma</td>
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<td>• Dress and grooming</td>
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<tr>
<th>Session Title</th>
<th>Recognizing Areas for Advocacy and Diving In – Lisa Campbell, DNP</th>
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<td><strong>Learning Objective(s)</strong></td>
<td>Upon completion of this event, participants should be able to:</td>
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<td>• select resources for understanding community health gaps and opportunities.</td>
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<td>• recognize new and creative community relationships with the potential for health advocacy.</td>
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<tr>
<td><strong>Content</strong></td>
<td>• Recognizing areas for advocacy/ Identifying community needs and disparities</td>
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<td>• Engaging in community</td>
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<td>• Recognizing and connecting with health policy influencers</td>
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<td>• Stakeholder Analysis tool - brief introduction</td>
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Developing an Accomplishment Mindset

- Past career or personal accomplishment that helps tell “your story”?
- How does this accomplishment experience prepare you for community influence?

The “Why” Questions Revisited - Community Advocacy Focused

- Why will a community advocacy endeavor be better because you are part of it?
- Why will you be better (what will you gain) for being a part of that effort?
Know Your Audience - Community Policy Makers/Organizations

- Research the History/Track Record/Impact To-Date
- Review News Articles/ Op-Ed/Other Publications
- Google The Key Leaders/Board Members/Stakeholders
- Develop a list of needs currently not being met in the community to be served

Know How You Are Seen By Diverse Opinion Leaders - What Are The Challenges Facing Nurses' Potential For Influence?

Opinion leaders identified the top barriers to nurses' increased influence and leadership as not being perceived as:

- Important decision makers (69%)
- Revenue generators (68%) compared with doctors (62%)
- Nurses' focus on primary rather than preventive care
- Nursing not having a single voice in speaking on national issues (56%)

* Opinion Leaders Think Nurses Are Not Seen As Having Leadership Potential; Gallup 2013
Operationalizing Advocacy Skills

- Positive
- Prepared
- Passionate; Not Emotional
- Persistent
- Factual
- Relationships
- Image
- Leverage
- Focus on values
- Low hanging fruit
- Framing the issue
- Keep it simple
- Creativity & Optimism
- Focus on the goal
- Take the high road!
- Challenge erroneous assumptions

Engaging in Community: Community Engagement

“Community engagement working collaboratively with and through groups of people to address the well-being of those people” (Fawcett, Paine-Andrews et al. 1995, p. 211).

Establish relationships to tap into the collective community wisdom.

A way to address complex issues.
Facilitates leveraging resources & capacity building.
Bidirectional approach – mutually beneficial.
Maintain clear, transparent, & open channels of communication.
Admired Leadership Characteristics

- Dependable
- Supportive
- Fair-minded
- Straightforward
- Determined
- Cooperative
- Courageous
- Loyal
- Imaginative
- Self-controlled
- Independent

(Maintaining Composure in Difficult Situations)

- Don’t let your emotions get the best of you
- Don’t take things personally
- Stay positive
- Maintain confidence & composure

- Respond decisively
- Be accountable
- Act as if you have been through this before:
  - Exercise patience
  - Actively listen

(Kouzes & Posner, 2018, p. 19)
Stakeholder Analysis Tool

CHECKLIST FOR COMMUNITY STAKEHOLDER INVOLVEMENT
Please add name, title, organization, address, phone and email for each invitee. Thank you!

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>ATTENDEE #1</th>
<th>ATTENDEE #2</th>
<th>ATTENDEE #3</th>
<th>ATTENDEE #4</th>
<th>ATTENDEE #5</th>
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<tbody>
<tr>
<td>STAKEHOLDER GROUP 1:</td>
<td>Business</td>
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<td>Chambers of Commerce</td>
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<td>Local Major Employers</td>
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<td>Retired Business Leaders</td>
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## The Difference Between Dialogue and Debate

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<tr>
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<th>Dialogue</th>
<th>Debate</th>
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<tr>
<td><strong>Dialogue</strong></td>
<td>Dialogue is collaborative: two or more sides work together toward common understanding</td>
<td>Debate is oppositional: two sides oppose each other and attempt to prove each other wrong</td>
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<td>In dialogue finding common ground is the goal</td>
<td>In debate winning is the goal</td>
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<td>In dialogue one listens to the other side(s) in order to understand, find meaning, and find agreement</td>
<td>In debate one listens to the other side in order to find flaws and to counter its arguments</td>
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<td>Dialogue enlarges and possibly changes a participant's point of view</td>
<td>Debate affirms a participant's own point of view</td>
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<td>Dialogue complicates positions and issues</td>
<td>Debate simplifies positions and issues</td>
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<td>Dialogue reveals assumptions for reevaluation</td>
<td>Debate defends assumptions as truth</td>
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<td>Dialogue causes introspection on one's own position</td>
<td>Debate causes critique of the other position</td>
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<td>It is acceptable to change one's position</td>
<td>It is a sign of weakness and defeat to change one's position</td>
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<td>Dialogue is flexible in nature</td>
<td>Debate is rigid in nature</td>
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<td>Dialogue stresses the skill of synthesis</td>
<td>Debate stresses the skill of analysis</td>
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<td>Dialogue opens the possibility of reaching a better solution than either of the original solutions</td>
<td>Debate defends one's own position as the best solution and excludes other solutions</td>
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<td>Dialogue strives for multiplicity in perspective</td>
<td>Debate strives for singularity in perspective</td>
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<td>Dialogue affirms the relationship between the participants through collaboration</td>
<td>Debate affirms one's own strength in opposition to other points of view</td>
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<td>Dialogue creates an open-minded attitude: an openness to being wrong and to change</td>
<td>Debate creates a closed-minded attitude, a determination to be right</td>
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<td></td>
<td>In dialogue one submits one's best thinking, knowing that other peoples' reflections will help improve it rather than destroy it</td>
<td>In debate one submits one's best thinking and defending it against challenges to show that it is right</td>
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The outcomes & observations

What we learned
Pre-training/Post-training Surveys

Do you collaborate with community partners in work that impacts health on a regular basis?

- **Pre:**
  - Yes = 80%
- **Post:**
  - Yes = 95.24%
- 15.24% increase in nurses’ recognition of current community collaborations with health impact

How do you identify opportunities for partnerships with potential population health impact?

- Through coalitions & current partnerships (38%)
- Networking (33%)
- Searching for resources in the community (29%)
- Sitting on committees & advisory boards (29%)
- Learn about from patients (24%)
- Referral from provider (14%)
- Attending conferences (14%)
- Contact investigations (14%)
- Requests or work plans (10%)
- Following local news & literature (5%)
- Volunteer work (5%)
Pre-training/Post-training Surveys

Do you actively seek new community collaborative relationships?

- Pre:
  - Yes = 72%
- Post:
  - Yes = 81%
- 9% increase in nurses’ reports of actively seeking new community collaborative relationships

How do you seek new community relationships?

- Networking with other professionals (including conferences, coalitions, meetings, community events) (52%)
- Contacting community partners (38%)
- Patient navigation (19%)
- Volunteering (10%)
- Pursuing leads from local news (5%)
Do you feel confident engaging as a leader with collaborative community partners?

- Pre:
  - Yes = 24%
- Post:
  - Yes = 24%
- No change in nurses’ reports of feeling confident engaging as leaders in community collaborations

Do you feel you could use more training to develop skills to enhance your community leadership and engagement?

- Pre:
  - Yes = 100%
- Post:
  - Yes = 100%
- All nurses wanted more training in leadership and engagement
Observations

- There was a slight percentage increase in both identifying current collaborations and in active seeking of current collaborations identified after the training.

- Completion of the training did not improve PHNs self-reported confidence engaging as leaders in community partnerships.
Observations

- Networking, through attending community events, coalition meetings, conferences, and community summits are an important way PHNs identify new community relationships.

- PHNs are skilled at identifying and pursuing collaborative partnerships for health impact, but lack confidence in leadership ability.

- All participants wanted more community engagement leadership training.
Thoughts

• Some thought and study needs to go into how to improve nurses’ self-perception of readiness and competence to engage as leaders in community health policy.

• PHNs already act as conveners and engagers as part of their daily work, but how do we help other types of nurses incorporate a community health engagement mindset?
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Stakeholder Analysis and Dialogue VS. Debate
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