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Podcast Transcript

Nursing Roles in Healthcare Policy: A Focus on Underserved Populations

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Guest: Abbie Schmitt, RN, MSN

Abbie Schmitt, RN, MSN, is an accomplished Nurse Educator and Author with a Master's Degree in Nursing from Liberty University. She has a diverse background, including roles in CPR instruction, incident management, nursing education, and clinical practice, demonstrating her versatility in the healthcare field. Abbie holds multiple certifications and licenses, reflecting her commitment to professional growth. Her published CE courses and her dedication to improving healthcare practices underline her significant contributions to the nursing profession.

Host: Candace Pierce DNP, MSN, RN, CNE

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Episode 1: Empowering Change in Nursing Policy for Underserved Populations

This is Dr. Candace Pierce with Elite Learning by Colibri healthcare, and you are listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. Thank you for joining us for this podcast series Topic Nursing Roles and Healthcare Policy. Today we're going to dive deep into the critical role nurses play in shaping healthcare policy, especially when it comes to our underserved populations. For this topic, I'm joined by Abbie Schmitt, a nurse educator with a background in emergency medicine and humanitarian support. Thank you so much for taking time to join us today, Abbie.

ABBIE SCHMITT: Absolutely. I'm happy to be here.

PIERCE: So how did you get into the nursing policy arena? What really struck up your interest in this area?

SCHMITT: To be honest, I've been a nurse for roughly 16 years, and I was interested in it from the beginning in nursing school, in my associate's degree program, The Bachelor and the Master's program. But later on, just my roles in inpatient care, emergency medicine, and even in remote roles and in the nursing academic world, I just noticed specific opportunities for nurses that they could put in sight and offer solutions for policymakers.

PIERCE: Absolutely. One of the things we're going to be talking about today with policy is vulnerable populations or underserved communities. Can you kind of help us understand who they are, and what those are?

SCHMITT: Yes. So, I want to say something first. I don't want this podcast to send any messages of "you're not doing enough" or "you need to do more." Or any guilt messages.

PIERCE: Absolutely.

SCHMITT: Because sometimes this is a heavy subject, and practicing nurses already are such amazing advocates for these populations already. So, it's just each individual nurse. And if you have the capacity, if you have the time, if you have the influence to make a difference, go ahead. But just informative.

PIERCE: It's just another avenue of a way that we can leave a long- lasting legacy is, you know, looking for different avenues. So, I think this is really great, and I love what you said about it, you're not trying to put more on a plate of a nurse who's already so overwhelmed at the bedside. They really are working and advocating for communities. So, this is just another avenue. So, thank you for sharing that. I really appreciate it.

SCHMITT: Yes, absolutely. And back to your question. So, it is important to look at these terms, and sometimes vulnerable and underserved are used interchangeably. However, they're very distinct groups, and they can overlap. And that's when the high risk comes, when someone is part of both groups. So vulnerable is actually the population that for certain reasons or for certain qualities, they are at higher risk for poor outcomes. So this would be those with serious medical conditions, either chronic or acute, older adults, disabled individuals, children, pregnant women, and those that face environmental risk factors such as homelessness or poverty-stricken or disaster-stricken areas, those at racial and ethnic risk that face different risk factors for their ethnicity, refugees, victims of abuse or neglect, and also veterans. And so that's the vulnerable. So technically, nurses are already advocating for this group. Underserved is different. These are defined as those who have a lack of adequate and appropriate healthcare access. So, I'll come back to that later. But there are barriers to receiving equitable healthcare, such as physical barriers, financial barriers, or other forms. Some examples of these groups are the low income homeless, uninsured or underinsured. So about 10% of those living in the United States continue to have no insurance at all. And so, this would be an underserved group. Other groups would be those in rural communities. So isolated remote areas have a statistic. So according to the National Center for Health Statistics, in 2019, rural areas had a 20% higher death rate than those in urban areas.

PIERCE: I didn't know that. That's high!

SCHMITT: That's why that's significant, right? So, people took notice, especially in the nursing in the medical field. They said, why and what are these deaths attributed to? So, they found that four of the five leading causes were chronic conditions. So, heart disease, cancers, respiratory disorders such as COPD, emphysema along those lines. And when you really break it down, those conditions are manageable. And we have such amazing interventions developed. So, when you connect the dots, access to healthcare, it really does prolong life. And 20% didn't receive that. I feel like that's an important statistic to note.

PIERCE: Right. And those are some really good examples of some of those more prevalent health disparities that we're really seeing in the vulnerable population and in the underserved communities. Those are some of the top chronic illnesses right there. So access to care really, a lot of times I think one of the barriers that we see or we kind of attribute it to not, there's a word I'm looking for and I can't think of it, but where they don't take charge of their health themselves to be able to do it, you know. And so then as nurses, we get frustrated because we're like, but we've educated you and we've done this. But really, it has to do with some of the barriers that you're just talking about, of not being able to get to the pharmacy, not being able to get to the provider to get what they need. So that's a really good prevalent health disparities there that we really need to take into account. But what are some of the common misconceptions that we see surrounding the healthcare challenges of this population, some other ones?

SCHMITT: Right. Absolutely. One is there's a lot of misconceptions around homelessness and a lot of people think, they're homeless because they're addicted to drugs. This may be the case, but research actually supports that the addiction and drug and alcohol abuse had come after the situation of that they found themselves in as a way to cope. So some more truthful, more research based reasons that have been found as family violence, mental health issues, physical injuries, traumatic experiences and limited household income, loss of jobs, things like that. Another misconception is that it's just individuals out on the street, adults. But another statistic is that 28% of the homeless in our country are families with children, and so 7% are unaccompanied youth. So that reflects back to family, the family life, the family environment, violence and food.

PIERCE: And they're trying to survive. I mean, especially as being family. You're trying to survive. You have to have food to survive. Where do they get that now? And are there other myths that you want to touch on?

SCHMITT: Yes, And I don't I don't want to go down the political realm, but refugees in our country and non-English speaking, this may be isn't per se a myth, but it's just something taken for granted. So being able to communicate, I believe, is a luxury. So, we like you and I, are communicating. We speak the same language. We are getting our point across. Our needs are met.

PIERCE: Right.

SCHMITT: But it truly is a barrier when you do not speak the language of those around you. And I can attribute to that. We were stationed, my husband was in the military, and we were stationed in Japan for several years.

PIERCE: So were we.

SCHMITT: Oh, really? Okay. Yeah. We were in Okinawa.

PIERCE: We were too!

SCHMITT: What years?

PIERCE: Okay. My daughter was born in 2010, so 2011 to 2014.

SCHMITT: Okay. So, we got there in December of 2013 and left in 2017.

PIERCE: So, we overlapped, just a little bit. Yeah.

SCHMITT: I worked at the naval base at Camp Foster.

PIERCE: I did too. I started on camp.

SCHMITT: The old one?

PIERCE: Yeah, the old one. Was it Camp Lester?

SCHMITT: I think so. I never went.

PIERCE: And then moved to Camp Foster. Yeah. So, okay, we're off track, but that's so cool. So, what were you going to say?

SCHMITT: So, you can identify even simple things are just such a headache.

PIERCE: Yeah.

SCHMITT: So, we lived off base in a village called Yomitan, so even went into the grocery store. I'm a southern girl, so I needed butter. I went to my local close by Japanese market and could not figure out what it was. So, I came home with several things, none of which were butter. So long story short, this barrier of language is a huge, it is tough. So, if you are kind of.

PIERCE: And culture. Not even language, culture.

SCHMITT: Exactly. And yes, and in Japa, another example, when we tipped, we had no idea that it was

PIERCE: You don't tip there.

SCHMITT: Extremely. Yeah. It was kind of a rude reaction. So yeah, in another statistic, sorry to bring this up again, but.

PIERCE: No. I love statistics!

SCHMITT: I love numbers. I'm a numbers girl, but so the U.S. Census Bureau says that 8.2% of the individuals in the United States reported that they spoke less than very well. So, to me, that is barely scraping by with.

PIERCE: Right

SCHMITT: You know, hello, goodbye, things like that. But the meaningful is not getting through.

PIERCE: It seems like to a lot of them when they are not speaking while they depend on their children who typically are in public school. But there's, I don't know if you call it an age difference in our understanding of what it is that we're trying to say. Because, you have children that are very literal when

they hear what you say, and then they're trying to tell their parents or whoever is in their family what we're trying to tell them. But the language is different. So, understanding and between who it is, that's doing the talking between the different languages, the interpreter.

SCHMITT: Exactly. Yes. And some may think that Spanish is just the most prominent, which it may be, but there are a lot of other languages in our country.

PIERCE: And the language apps, they don't work that well. I mean, I had to use one from English to Japanese, like you're saying, and I had a lot of trouble finding and like, it shouldn't be this hard.

SCHMITT Yes, absolutely.

PIERCE: Yeah. Those are some really good points, too, and not political at all. It's just honesty between languages and cultures and how different we are. Did you have any other myths that you wanted to go over?

SCHMITT: I had one more. So, one myth, well, it's, it's based in truth, but the understanding of this policy is kind of a blurred, so EMTALA, which is the Emergency Medical Treatment and Labor Act. A lot of people think, well, in the United States, if you need care, the federal government requires that you are sane, right? So, all of these emergency rooms are required to stabilize and treat every patient regardless of insurance, regardless of any other factors, which that's a wonderful policy. However, it's limited. So, the E.R. is not designed for long term care. It's designed to stabilize, and it should be that. So, the emergency room providers and nurses refer to the primary care or they refer to a specialist. So, what happens when they are not able to make it to that specialist? Then they're going to revolve, go back to the emergency room. It's just a continued cycle and it's going to end with it with terrible outcomes for the patient.

PIERCE: Absolutely. Very, very true. So, when we're looking at the different areas within policymaking, what are some of those vital areas where nurses can really significantly shape healthcare policy? And how does this influence or translate into enhancing healthcare access and outcomes for these communities?

SCHMITT: Before we look at the specific areas, I wanted to create a background, some helpful information on policy itself, on healthcare policy. It's such a huge umbrella, like it is a large umbrella. It's basically any law guideline, regulation, protocol, or procedure. It's just basically how healthcare is given, how it runs. So, it's important because nurses are, it's a foreign language to us. I'm intimidated at times when thinking about legislative branches and things like that.

PIERCE: The legal jargon. It's just that we have healthcare jargon, and they have the legal jargon.

SCHMITT: Yeah, exactly.

PIERCE: We don't understand each other. I think it's a lot of fluff words that I'm reading and I'm like, I don't know what this means.

SCHMITT: You feel like you need a dictionary while you're reading about it, right? Just to break it down. They're different levels. We'll use the funnel method. There's the national and federal policy, the laws, basically. And then it goes to the state and then down to your local government. And then there are specific entities that are healthcare organizations, like hospitals, clinics, things like that. They are

independent groups, and then they're academic institutions that have their own policies. So, healthcare policy in itself is a huge window. So, each nurse needs to really look inside and see what you're what your experience and your education, and your influence would point you to, the different areas prevention and education. So, nurses are involved in programs and initiatives designed for underserved populations, right? This can come in the form of preventative care and immunizations, and chronic disease management. Nurses have a huge impact on looking at these social determinants of health. So, I'll say that again, it's used a lot in the political and healthcare realm. It's called social determinants of health. It's SDOH. So that is basically what factors in someone's life are impacting their health and their wellbeing.

PIERCE: When I look at the social determinants of health, there's a lot and it's almost like an umbrella, but there's a lot of terms and a lot of determinants underneath that.

SCHMITT: Yes, I agree. And just to point out a few, safe housing, safe transportation. Some people are walking in terrible conditions, long distances, unsafe bus routes. There's so many out their education, jobs, income, adequate nutrition, language and literacy, like we mentioned. And then there's also the realms of racism, discrimination and violence. So those are some barriers as well. And I meant to touch on this earlier, and I think I forgot, if you don't mind, I'm going to go back.

PIERCE: No, absolutely.

SCHMITTT: So, another group in that underserved are those who have either feared or experienced discrimination from healthcare workers. And this is a reality, and it is a barrier. So those would be certain racial and ethnic minorities, certain religious groups, and then those within the LGBTQ-plus communities.

PIERCE: Talking about bias too. It's gender male and female. I had a video that one of our subject matter experts did, and he was telling the story about how, sometimes you're waiting on someone to come talk to you about the status of someone in the hospital. And the elevator opens, and a female walks out, but you were expecting a male physician, or a male nurse comes out and you're expecting a female. There's a lot of underneath that bias in general, especially or implicit biases, which is why a lot of states have now started enacting policies where healthcare providers have to be educated in biases.

SCHMITT: Right. That's a wonderful expansion of learning and cultural competency.

PIERCE: Really falls under that as well as understanding, because some of it. We think it's a bias, but really, it's a cultural norm for them, just like we have cultural norms, all cultures have their norms. But yes, implicit bias is really becoming a hot topic for boards to put required education for healthcare providers on it. So that's very interesting that you bring that up.

SCHMITT: Yeah, it is huge. Another issue with cultural competence, just different verbalizations or different comfort zones with things like pain. When I was in the emergency room, I noticed that certain cultures did not want to admit that they were in pain.

PIERCE: Right. Yes

SCHMITT: They felt like it was a weakness. So, you have to identify that and recognize that and see if there is some way you can get around that for the overall well-being of your patient.

PIERCE: Right. So, as you're as you're kind of going through the different areas, how can we enhance the healthcare access for these communities as nurses in our role?

SCHMITT: Okay. So, a major, if you are in inpatient, outpatient home health, maybe you're a remote nurse, you've got to tap into your resources as far as social workers and caseworkers. They are librarians of information on the community outreach programs. And then they're tapping into research. They are tapping into financial incentives, into funding allocation, things like that, reduced prescriptions, free clinics, free vaccinations, things like that. If you think about it, you are a team with a lot of people, even if you don't know that team, you're serving the same purpose. So definitely nurses need to tap into their resources and listen to your patients. We have a very trusted role. There have been a lot of polls, research and studies that ask people about who they trust the most in career paths, and nurses are always at the top. So, we need to use that platform, and we need to listen to our patients, and be an advocate, be a resource, listen to their situation, look at the whole, the holistic view. We can really zone in on something, but we need to look at the whole person, and look at all of the factors that impact their health.

PIERCE: Absolutely. And you have a very front seat role when you're in home health and working out in the community and in that public health domain. So that's really important. Also, knowing how to tap into social work. How do you tap into that? If you're out working in the community where do we find those social workers, caseworkers?

SCHMITT: So, the first place you should go is your health department. They are wonderful. They are the frontlines, because technically, other than the emergency room, many people go to the health department and then the Department of Health and Human Services would be an area. So I'm not sure if there are different avenues if you want to go high and have a huge impact over a large geographical area, or you can go just directly in your small community, like I said, the health department, places like that, the hospital, the community, home health agencies, the food banks, homeless shelters, things like that. They have a lot of information, and sometimes they don't have a voice or a platform to get that information to other people.

PIERCE: Right! Absolutely. I see a lot of posts on different social media where people are like, where can I get food? Or where can I get help with someone helping me pay my rent or clothes. There's a lot of people that don't know the avenues that they can take within a community, or their community to get help. So, I think that's really important that as a nurse working in the community, if you are able to really kind of know where to send people, that's definitely helpful for that community. So, when you as nurses, say we want to collaborate with, say, policymakers, because this can happen at community level, state level, federal level, but how do we collaborate with policymakers? How do we make sure that there's an accurate representation of those unique healthcare needs that a community needs?

SCHMITT: Okay. So again, each nurse needs to figure out the specific, who has the authority. Is it at the national level, or is it at the local level or state level? To be honest, if you are going big, if it's a large overarching law, you need to join forces. So, there is strength and influence and in numbers so the American Nurses Association is an example. They have significant influence and communication lines with Congress. They're consistently back and forth. They are consistently in communication with regulatory agencies like the CDC, Centers for Medicaid and Medicare, and different branches of the government. So, if you want, there's a national, if you're really driven by a desire to change and at a national reform level, I would join one of these organizations. The National League of Nursing is another.

Join, become a part of a committee, and get information from them. Follow their example or their advice on the communication aspect. If you are very bold, and you don't even have to be bold, you just have to be passionate about a topic, you can communicate directly with the legislators and policymakers. First, figure out who your legislator is. And this is simple. I'm not sure about you, but when I first started this, I was like who is my representative? You usually just see the signs, but then after the voting is finished, your kind of like, who is that person? But so, Google, who is my legislator, put in your address or your zip code and it will give you that information. And they're not a hidden celebrity in the dark shadows. They are representatives of their constituents. So they are out in the public eye, and there are methods of communication. And so, when you go to this site after you put in your address, it will start big. It will start at the president, and then it'll work its way down from state senators down to your local community boards and committees. So based on which website it is, and again if you Google this, there a lot. So go to that person, and make sure it aligns with your goal. If they're in a different industry, not really in the healthcare realm, see if there's someone with their same level of legislative power. So, once you find out and do your own research, contact them. You can email. I highly recommend not to use your work email, because from your work email your representing your organization that you're employed for. So can't really do that. But I would use your personal email. You can call them, you can write letters or snail mail, as us in the older generations are used to. Or schedule a meeting. So those meetings make sure, like I said, have your ducks in a row. Don't go in just with your opinions and your thoughts. Go in with facts, and research and substantial evidence that supports your idea and your purpose. Be clear and concise. Be passionate, but not aggressive and angry and argumentative. Because sometimes we can get angry about a subject. It's a very emotional and heavy.

PIERCE: So passionate. You get very passionate about it.

SCHMITT: Yes. But if things are said like, why aren't you doing anything? You need to be doing more, that closes that communication. It closes it. And remember, these legislators are humans, and they have a lot on their plate already. So just go in open, very confident in your stance. And you can also do this within the organization that you're employed for. I would recommend going to your direct manager and asking them, and they will go to their direct manager sometimes, that's a good idea. There are sometimes committees that are designed for policymaking and advocacy within the nursing staff, and then academics. If you are a nurse, and maybe it's within your own nursing curriculum that you went through or you've noticed it, and students that are in their clinical rotation at your workplace, anything that you notice that should be changed or altered or could be made better. The American Association of Colleges of Nurses, which is the AACN, they develop the competencies and nursing ethics guidelines, the structure of our education programs. So that would be a good route to go as well.

PIERCE: Right. Those are some really good ideas as far as how we can get involved with policymaking within legislation. I did want to kind of point out, I just recently learned that about a year or so ago, but there are some states where you can actually subscribe to legal notification. So when things are coming about, when things are being talked about or, policies are in the making, you can actually be alerted. And maybe it's something that comes up that you have a personal interest in, or you're invested in. And you can maybe hop in that way as well to get involved in policy making.

SCHMITT: Absolutely. And then the ANA has developed a group and it's called RN Action. So, you can subscribe to that, and they'll let you know of different policy initiatives.

PIERCE: Absolutely. Well, Abbie, we've come to the end of our first episode for this topic, and we will be joined by Abbie again as we continue this discussion in episode two. And I really hope we can continue talking about these nursing initiatives in episode two, thank you for joining us for episode one, Abbie

SCHMITT: Thank you, Candice.

Episode 2: Navigating Legal Aspects in Nursing Policy for Underserved Populations

PIERCE: Welcome back to our series on nursing roles and healthcare policy. Abbie is joining me to continue this discussion. If you were not able to listen to episode one, I really encourage you to take some time to listen, because we really started with the why and how. Why it's important for nurses to share their voice in the policy development area and also how we can get involved in policy development. So, Abbie, I'm going to speak for myself as a nurse here, but I do know a lot of people that kind of feel the same way. And we went into nursing because we really wanted to leave a lasting impact on our community, a lasting impact, too, on our profession and those who kind of is coming up behind us. And I see involvement in policy to really be a place where you can leave that legacy of positive change for so many people in the community and so many people in the profession. So, do you have some examples of some successful nursing initiatives that have left a lasting impact on shaping policy?

SCHMITT: Yes. So, a few examples: the Affordable Care Act. It was heavily weighted. There were nurses, heavily involved in the development and the implementation of the Affordable Care Act. There were communities and specifically nursing organizations that gave their voices of incidences and different statistical analysis that they had come across. Health promotion and disease prevention policies within communities at the local level and the state level. Nurses are heavily involved and leading this initiative, because of our experience and our education. It has a meaningful impact. Another act is, and it is specifically designed for the underserved communities. I'm not sure if you've heard of it. The SAVE Act.

PIERCE: I don’t think so.

SCHMITT: A lot of people, so this is designed to give advanced practice registered nurses or board certified nurse practitioners a little bit more leeway in their practice, so more autonomy, more independence. Right now, they do require supervision from a medical doctor. A lot of people say, well, this is red tape. They don't actually supervise. They're just there for any questions or concerns, just as a mentor status. So the SAVE Act does remove that red tape, and it does give these nurse practitioners the independence. And that would meet a lot of critical needs out in the community, in underserved communities where they don't have any provider at all.

PIERCE: Like in the rural areas.

SCHMITT: Exactly. So just imagine these clinics, how many clinics, if they were led by these nurse practitioners that have adequate knowledge, and they're very exceptional in their experience, in their practice brilliant nurses. I've been trained by several nurse practitioners that I've I couldn't say enough about. Just very powerful advocates, very strong. So yeah, the SAVE Act. It would, I mean there would be there are things tied to it as far as education, maybe some critical elements are added to their education, and they would still have mentorship and that guidance and those resources from physicians and

medical providers, but they would have more independence to practice and to put their knowledge and expertise into use.

So, this is a little bit on another spectrum, surprise building. Have you heard of legislation against surprise billing?

PIERCE: Yes.

SCHMITT: So, here's another statistic. So, two thirds of people that have filed for bankruptcy say that medical bills and inability or trying to catch up with medical bills had a huge impact on their situation.

PIERCE: I could see that for sure.

SCHMITT: And a lot of times, I'm sure you have, I'll open up my mail just having a wonderful day, and I'm like, what is this? This wasn't covered. I didn't even know I was having this done, because if you're having blood drawn, you're not like, okay, is that one covered? Is that droplet for this test, is that covered? So, a lot of people are faced with this. I didn't even know that I was going to be charged with this.

PIERCE: Well, it's not like being charged with something you didn't know about. But also, there's inappropriate or they don't bill correctly. Because we probably have the same insurance at this point, but my husband got turned into one of the debt collectors and we didn't even know. And it was because the hospital billed incorrectly and didn't notify us. And so, we had to go fight those charges and get it filed correctly. But I mean, that really takes a hit, financially. It takes a hit on you as well.

SCHMITT: Yes. And it's stressful. It's extremely stressful. If your credit is hit, and you're trying to buy a house or you're trying to get credit in different ways, it can really have a huge impact. But yeah, so nurses in this specific realm, they have the opportunity for advocacy and to these acts that are wanting more explained upfront costs, and we can explain it to patients in a different way. And there could be some sort of intermediary area of what they can afford and how insurance is qualified or what is covered, what is not as covered, things like that.

PIERCE: Yeah, absolutely.

SCHMITT: Another example would be Medicaid expansion. So not all states have adopted the Medicaid expansion. And so you may not be particularly vested in the issue, and it may not be a big deal but to some people, Medicaid expansion is so that's a realm, an opportunity for nurses to become involved if your state has not adopted that particular policy.

PIERCE: Right.

SCHMITT: And one last one. So probably most people have heard about the Healthy People initiative. So, there was the Healthy People 2020, Healthy People 2030. So, the 2030, it's largely focused on these social determinants of health and equitable access to healthcare across our nation. And so that's a huge opportunity for nurses to become involved as well. And that's maintained and implemented by the US Department of Health and Human Services. So, they have advocacy opportunities.

PIERCE: Right. Those are really good. Those are really great examples. But as you are looking into these initiatives, what are some ethical dilemmas that we might run into or confront in our roles with policy development?

SCHMITT: Right. So sometimes you may have a conflict of interest. You may be employed through an organization who does not align with the policy that you're trying to achieve. So, you're going to have to, I can't I don't want to go into specific examples, because there are so many, and each unique person, you've probably had a time where like, this feels icky, but I do it, you know? So, you might have conflicts of interest. Another ethical dilemma is reporting. So, we have our nurse hat, and then we have our human compassion. So sometimes we can get confused between what is okay to report, or what is okay to step in and advocate for, especially with children. So ethical confidentiality, autonomy, giving each patient their right to choose, their right to privacy, things like that. So about 25% of children in rural areas or location, they do fall under the poverty level. So, when you see that as a nurse, you're like, I've got to do something. So, you can kind of skirt the lines, but sometimes it's not meaningful to intervene. Some children are very well taken care of, even if they're within the what's termed poverty. As long as they're not facing malnourishment, as long as their healthcare needs aren't being neglected, as long as they're not facing violence, if they're protected in their home, if they have shelter, food, water, psychological comfort, intervention isn't needed. Just support that family from within. Meet that family where they are. So, yeah. An allocation of resources, that can be another ethical dilemma for nurses in crisis. During COVID-19, you saw hospitals. There were things that were happening that I'd never seen before. I'd never heard of it. A scarcity of ventilators or hand sanitizers or basic things that we use. So, in these situations, you might have to allocate things and you need to make sure that it's being allocated properly.

PIERCE: I felt like we did that a little bit when we were in Okinawa. I don't know if you felt it like I did, but it was like, how many of these items do we have and when does the ship come back? When does the ship bring us some more supplies? And how do we use our supplies effectively? So, it wasn't as large of a scale as it was with COVID. But I did feel some of that when I was overseas.

SCHMITT: I did as well, and I became very knowledgeable on expiration dates. How long after that expiration date it's truly, you know, and I was constantly like looking up, okay, even though it says this, what is our wiggle room? Things like that.

PIERCE: Right? Yes. Or, okay, this is all we have. These are my options. Which one is the best option for this patient? You know which one would work. So, that was definitely before COVID. But I can see how that is an ethical dilemma, especially during COVID, of how are we going to allocate what we have to meet the needs of the majority?

SCHMITT: Yes, absolutely.

PIERCE: So within talking, we talked a little bit about the ethical dilemmas, but what about legal? Are there some legal considerations that we should be mindful of when we're trying to get involved in healthcare policy?

SCHMITT: So, make sure that you're really up-to-date and knowledgeable on reporting. You cannot skirt those sides of HIPAA. Those are still concrete unless, violence or suicide, homicide, things like that. Any

dangers. But aside from that, you still have to abide by the privacy laws, the HIPAA rules, because you will be held responsible for that. Some more, like I mentioned, don't email from your organization, because you're not a representative of your employer, even if the majority, even if your manager, and your manager's manager, and all of your coworkers agree, it's still, you're not representative of the organization, and outside of that hospital or outside of your clinic, outside of the home health agency, those specific, your scope of practice, you have to stay within that scope of practice. And there are some legal things like when nurses see things like we're throwing out these meds that expire today, I wonder if we could go ahead and just give all this insulin to this family down the road that I know that they have diabetes and just throw some syringes in there or something like that. You have to do things the right way, the right method. And our heartstrings are pulled a lot of times, and it makes us, we're not skirting the legal boundaries because we are loose cannons; it's because we are nurses who have emotions and feelings and compassion that goes beyond our scope of practice.

PIERCE: And in that situation, and it almost that's more like ethical and legal. You have ethical and legal considerations to think about in that. And it's really hard because you're like, it would be so easy to just hand this to you, and it would be, and you need it and.

SCHMITT: Right. Or at discharge, if your patient, you know that they're going to a situation where resources are limited just to stick like 30 hospital socks in there, and some crackers, and all this stuff. But we still have to be held accountable for our actions.

PIERCE: And those aren't ours to give.

SCHMITT: Exactly. And the more we, that's another area, if you make sure that appropriate funding, appropriate resource allocation, and if it saves the organization money, it will trickle down to the employees and staff and ultimately a reduced cost for healthcare. So that's the ultimate goal, right? So, every little bit counts.

PIERCE: Right. So, I know you talked about nursing initiatives that have been started, but are there are some current initiatives around safety and wellbeing that nurses can look into besides the ones that you mentioned earlier?

SCHMITT: Yes. So, a huge one is telehealth.

PIERCE: Okay. Yeah, that's really big right now. I think it's going to get bigger before it's over.

SCHMITT: Yes. I would love to talk about this for a moment. So, during COVID, we saw, it went from, I didn't even know how to sign in to my, I knew that I had an online resource that I could see a doctor over a telehealth physician or nurse practitioner provider. I didn't know how to sign in. I didn't know if I had the right telephone. I had no clue. I didn't have the signing credentials or things like that. Now I can do it within a minute or two. And COVID moved us from that in-person visit to a more comfortable way of doing telehealth and those remote visits. So that's an initiative right now to make it more accessible to people in areas that are either rural locations or communities that are particularly poverty-stricken. Internet is another commodity that we can take for granted. You feel like everybody has Wi-Fi, we're not living under rocks now. Everybody has Wi-Fi, everybody does not. So, there have been several technological advances. So, communication to these areas, like the bigger corporations that can help with that. If nurses join together and let them know, hey, this is how you can help people, then that's going to grow that resource. So that's a major initiative. I'm just going to see.

PIERCE: Some of that initiative too, because I remember when with COVID, when new schools went remote, you would see stories where parents would have to drive their kids somewhere so they could log on to Wi-Fi in order to be able to do their schoolwork, which makes it seem as though, maybe we should know where those hubs are so that we can share that with our patients to say, hey, this is when your telehealth, your remote check-in is. These are some options that you could go to if your Internet is down, if you don't have Internet.

SCHMITT: Yes, exactly. And strengthening those resources like the location of that internet supply, sometimes it's parking lots or different facilities. But yeah, strengthening the communication to the local health department, the community buildings, the mental health facilities, the schools, the food shelters, those different locations within the community and posted for, because some people say, well, you can find it on the Internet. Well, that's the problem.

PIERCE: Yes. I can't get on the Internet. So.

SCHMITT: Yes, exactly.

PIERCE: Yeah, absolutely.

SCHMITT: So that's a major initiative. There are so many things, it's sometimes overwhelming. But if you look at the bills where we discussed about going to your legislators website, they have different bills. So, there may be something out there that you have no clue about. And you say, this sounds really interesting. And another topic is you may be working against a bill. You may know that a bill or a law or a policy or procedure is working against this population, and you want to do it and now you want to do something to stop it. So you may be working against it, communicating your voice, and the right people at the right positions know, hey, there's an issue, there's a problem.

PIERCE: Yes. To let your other healthcare professionals know, did you know that this this bill was in process, and then sharing how if you're for it or against it, how you can communicate that. So, looking ahead, what do you envision as the future role of nurses in shaping healthcare policy, particularly when we're looking at these populations?

SCHMITT: Okay. So, I see nurses becoming leaders between this bridge, between the, like we said at the very beginning of the podcast, it's a foreign language to us. We're not familiar, and they're not familiar with the healthcare realm. Nurses becoming a bigger symbol of unity, being resources, because they're already being utilized through these nursing associations, but just making your voice more pronounced. So, nurses also already serve in the community, and they work directly with the community. And these underserved populations. But in the future, I feel like there should be funding to make new roles, new paid professions, because now we have nurses within, we do have community health nurses, we do have nurses within the health department. Then we have social workers. And sometimes there's such a disconnect. Now, I don't know if you've seen there's a rising nurse caseworkers.

PIERCE: Yes.

SCHMITT: So that is a wonderful. I think it's a wonderful growth of the scope of practice to say, okay, so you've got the education and the knowledge to meet these needs. Now, let's put you out there so you can make a difference. I think that's a huge future. I think we're going to see these nurse caseworkers and new roles being established. I think we're going to see new expansion of that education that nurses

receive on these populations. So, I was in my first nursing program in 2005, and they did a wonderful job. But healthcare policy and vulnerable populations, it was kind of touched on. It wasn't a main focus. So, I think we're going to see more and more of education focused on this and more equipping these nurses, more clinical roles within the community at an educational level.

PIERCE: Absolutely. I agree with that. More population health.

SCHMITT: Yes, absolutely.

PIERCE: More, even if it's a certificate or a degree that is more in line with nursing and population health, there's definitely see that as a space.

SCHMITT: Yeah, I agree.

PIERCE: When for listeners, if they want to actively get engaged today, I want to actively engage in supporting nursing advocacy efforts right now for these communities. What resources or organizations would you recommend where I can go get more information or also even get to work in trying to make a positive impact?

SCHMITT: All right. So absolutely. So first, research and become knowledgeable on your sources. Find relevant and current policies and groups. And like I said, each nurse is going to be different. Each nurse's journey is different. So I would say to find a peer-reviewed, accredited, unbiased source of information that may come in the form of a journal, a nursing journal, or a medical journal or an e-journal or a blog or a podcast, anything that kind of touches base with the issues that you really need to be kept current on. And I would stay away from argumentative opinionated rather than factual sources, because there are a lot out there that want to fuel up the fire, want to throw fuel on the fire, but we don't need that. We need a logical solution to these issues. So then also join a professional organization. So, as we said, their State and National Nurses Association, and they have tremendous impact on healthcare policy. So, once you find this organization, join. Once you go to their website or if they have a magazine, there's a lot of information. Become a member, then once you become a member, get more familiar with what they stand for and, on their goals, contact the administrators and say, is there a committee that I could plug into and how do I become involved? And let me tell you, they will have done this. They are more than happy to help because they're looking for nurses who want to help. Serve on committees. Advocacy and lobbying. And we all hear the lobbies and we've seen movies where the lobbyists are out there yelling on the White House steps. That's not technically all-encompassing of the advocacy and lobbying in a political arena. It's a lot of communication. It's more of like just pushing a certain bill. Educate others, energize others. If you are a very gregarious and social person and you enjoy that camaraderie between people, use it for your advantage, use all of your skills and your natural talents. So, create and manage a social media page, and write for a local and regional newspaper or just do a community-wide activity to raise awareness. You could volunteer at shelters, you could speak at colleges, you could have a class at a community center. Everybody has something important to contribute to. And lastly is just engage in research. There are significant research bodies that are consistently just studies, research studies that you can plug into you.

PIERCE: Absolutely. Those are some really good ways to get involved. When we talk about policy development, it's part of nursing within population health and really taking care of your community as your patient. You effect so many patients when you're developing pilot policies at so many levels, local,

city, state, even federal. And I mean, as we come to the end of this episode, what do you want to share or emphasize about this role, this important role that is so easily overlooked, where we as nurses can become more involved in policy development?

SCHMITT: So, first of all, it doesn't require. So, advocacy for these populations doesn't require a significant amount of time. You don't have to dedicate your career to it. You don't have to use this as your career. You don't have to have an advanced degree. But if you have the capacity, you can dedicate as much time and effort as you're able to. But small, measurable, meaningful actions make the difference. So, go. So, start small and see where it takes you.

PIERCE: Absolutely. That's a really good If I start small and see where your journey takes you. I really want to recap some of those practical ways that you talked about and how we can get involved in healthcare policy. It can be as simple as participating in your State or National Nurses Association's attending legislative sessions or even reaching out and trying to work with your state lawmakers, your city lawmakers. And even when you're researching and disseminating your research, your contributing evidence based data, and that's going to be used to help in developing a lot of your healthcare policies. So, as you said, Abbie, if you're good at educating others, even teaching the community about the process and how policies are made or the policies that are coming down the line. But you could even go big run for office, or you could go small, support your local candidate of choice. So, these are all really great ways that you can be or get involved in healthcare policy. Do I miss any Abbie?

SCHMITT: No. That sounds terrific.

PIERCE: Awesome. Abbie, thank you so much for sitting down with me and sharing your insight into what our profession has to offer because we have so much to offer in policy development, but even in just trying to serve our underserved populations and our vulnerable populations. So, one of my hopes from this conversation is we have removed some barriers for others in our profession to really feel comfortable jumping in, sharing their knowledge and expertise. Thank you so much, Abbie, for being here with me today. I really enjoyed this conversation.

SCHMITT: I did, too. I did, too. Thank you.

PIERCE: Absolutely. To our listeners, I encourage you to explore many of the courses that we have available on elitelearning.com to help you grow in your careers and earn CEs.