# Unit VIII:
*Advocacy*

## INTRODUCTION

Nurses are uniquely educated and positioned to advocate for policies that improve the health of populations and communities. The nursing process, though commonly applied in the clinical practice setting, provides the foundation for advocacy and policy in a broader setting. According to Gallup polls, nurses are the most trusted professionals and therefore play a critical role in shaping policies aimed at protecting the public. Unit VIII demonstrates how the steps in the nursing process-- assessment, diagnosis, implementation and evaluation-- are readily transferable to the policy arena. Unit VIII also provides guidance on how nurses can, and should, engage in advocacy initiatives to shape broader public health policy. Strategies for advocacy are discussed; these include building coalitions and influencing policy through legislative meetings. Examples of advocacy at the organizational, statewide, and federal levels are covered. The latter discusses nurses' involvement in chemical policy reform.

## USING NURSING PROCESS TO GUIDE ADVOCACY FOR ENVIRONMENTAL HEALTH

Aislynn Moyer, DNP, RN, Director of Nursing
Penn State Milton S. Hershey Medical Center
Hershey, PA

The nursing process is one of the first, and arguably most important, processes a nurse will ever learn. The key elements of assessment, diagnosis, planning, implementation, and evaluation guide everything that nurses do regardless of the area in which they practice. It is the very act of assessing and diagnosing patients with nursing problems that allows a nurse to best advocate for the patients he or she cares for. It only makes sense then that the same process would guide the way in which nurses advocate for themselves, and the larger nursing profession. Additionally, nurses can advocate for individuals and families, populations, policies, legislation, and environmental justice.

Advocacy can be defined as the act of supporting a cause (Merriam-Webster, 2014). The important piece of the definition is the act of supporting the cause. It is one thing to agree with a cause or a process, but to support it through an act is where advocacy is born. Many nurses have particular passions within the profession but are unsure of how to advocate for them. The nursing process is the natural guide to successful advocacy.

### ASSESSMENT

The first step in the nursing process is assessment. A thorough assessment takes into account both objective and subjective data that then helps the nurse better understand the problem. It is important to gather as much data on a specific topic so that advocacy can be successful. Not understanding every side of an issue can be a big mistake. When an opponent of the issue raises a concern or a neutral party asks a question, the nurse advocate must be prepared to address the concern. This is not to say that the nurse advocate must know everything, but he or she should have a baseline comprehensive understanding of all sides of the issue. What is most important is that the nurse advocate understands how the issue impacts the profession of nursing.

### DIAGNOSIS

Assessment leads naturally to the second step in the advocacy process: diagnosis. Diagnosing the problem requires the nurse advocate to step away from the collected data, form themes, and determine the root problem. It is important during this step to remember that the data collected is evidence of a problem. It is the problem that must be identified to successfully advocate for a solution. For example, if one were to advocate for all residents in a particular area to recycle but no recycling programs were easy accessible (pick up, drop off centers, etc.) the true problem would not be addressed. The advocacy would need to focus on recycling programs first.

### PLANNING

The planning phase of advocacy comes naturally to most nurses in clinical practice. Once the problems are identified, there are usually specific actions that need to take place. This is not the case with advocacy, as many nurses are not sure how to take action for advocacy. As the old saying goes, knowledge is power. Education is always a good starting point. Think about who needs to understand the problem. Once education starts, others will begin to ask questions and challenge ideas. The nurse advocate must be able to discuss the given issue from all sides. In planning for advocacy there may not always be a clear direction to take. This is why is important to stay open minded and be ready for opportunities. Always be willing to talk to those around you about your concerns; you never know who you may be talking to or what connections that person may have.

### IMPLEMENTATION

The implementation phase of advocacy is continuously evolving and requires multiple skills.

Be ready. As mentioned in the planning phase, there may be new opportunities that present themselves so the nurse advocate should always be ready. It is important to get the information out to the public and key people who need to know about it such as legislators, agency leaders, and other nurses.

Do not be shy; be assertive. Using the knowledge the advocate has gained, it is important to not by shy. Write letters to newspapers, government officials, large organizations, and nursing journals. Post information to blogs and other social media outlets. Call in to radio or television shows that are discussing related topics. Offer to speak on the topic at local schools, conventions, or town hall meetings. Remember that how the advocate presents themselves verbally and in writing, will determine how much weight others put on the information being shared.

Be professional. Be sure to always be professional and objective. Do not get into arguments but rather state facts and allow others to share their opinions. If the advocate knows the problem well, they will already be expecting what those on the other side of the issue may say.

Be persistent. If important people with action power only hear about the issue once in a while, they tend to not put much weight to it.

Collaborate with others. The more decision-makers hear a message, the more they will be aware of the issue and possible solutions. Nurse advocates display their leadership by partnering with existing groups and requesting others' support for nurses engaged in advocacy. The foremost nursing organization that advocates for environmental health is the Alliance of Nurses for Healthy Environments (ANHE). The Policy/Advocacy Workgroup of ANHE can be found at http://envirn.org/pg/groups/4108/anhe-policyadvocacy-work-group/.

The following Table lists examples of environmental organizations that nurse advocates can partner with to reduce environmental health risks and promote healthy communities.

| Organization name | Website | Organizational purpose |
|---|---|---|
| Safer Chemicals, Healthy Families | http://saferchemicals.org/ | A national effort to protect families from toxic chemicals |
| Environmental Working Group (EWG) | http://ewg.org/ | Empowers people to live healthier lives in a healthier environment. EWG drives consumer choice and civic action with breakthrough research and an informed public |
| Environmental Defense Fund (EDF) | http://edf.org/ | We think differently about how to solve environmental problems, working across disciplines and with diverse groups of people |
| Health Care without Harm (HCWC) | https://noharm.org/ | An international coalition of hospitals and health care systems, medical professionals, community groups, health-affected constituencies, labor unions, environmental health organizations and religious groups leading the global movement for environmentally responsible heath care |
| Center for Health, Environment, and Justice | http://chej.org/ | Mentors a movement, empowering people to build healthy communities, and preventing harm to human health caused by exposure to environmental threats |
| Physicians for Social Responsibility (PSR) | http://www.psr.org/environment-and-health/ | PSR's Environment and Health Program addresses toxics and global warming — challenges to life and well-being that pervade the entire planet |

An interview with a nurse advocate can be found at http://www.psr.org/environment-and-health/environmental-health-policy-institute/responses/nurses-as-environmental-health-advocates.html where she discusses her experiences as an environmental health advocate with legislators. Advocacy experiences of nursing students can be found in award winning essays at http://www.theluminaryproject.org/article.php?id=56

## EVALUATION

Contrary to how it may seem, evaluation is not the end of the nursing process, but rather a check point along the way. It is also a necessary step in the advocacy process. It is important that the nurse advocate take time to reflect on the advocacy that has been done and determine how to move forward. The nurse advocate should ask themselves questions: Is there more information that needs to be collected? Are there people or groups that I have not yet reached out to? What change has taken place in regards to this issue? What change is left? What other initiatives exist that support this cause? Can we partner together? Always go back and relook at assessment, diagnosis, planning, and implementation to see if anything needs updated or changed. This step is crucial in keeping your advocacy relevant.

Part of evaluation is also celebrating where you have come. Even if big change has not occurred, celebrate that fact that people were educated who previously did not fully understand the issue. Each small win contributes to bigger change. Do not be discouraged but rather be encouraged to keep pressing forward.

## CONCLUSION

The nursing process becomes the subconscious guiding force behind all that nurses do. The same can be said for advocacy. By taking one's time to thoughtfully move through each phase, the nurse advocate can develop a successful plan of advocacy. Remember advocacy is a form of action. Find others who are passionate about the same topics and join together to take action. Advocacy is a powerful tool that can be used to transform people and guide change. Why wait? Get started today!

## REFERENCE

Merriam-Webster. (2014). Advocacy. Retrieved from http://www.merriam-webster.com/dictionary/advocacy

## COALITION BUILDING: A POWERFUL POLITICAL STRATEGY

Anne Hulick, JD, MS, RN
Director, CT Clean Water Action and Coordinator of the Coalition for a Safe and Healthy Connecticut, Hartford, CT

Hacah Boros, MSN, RN
Coordinator of Environmental Health CT Nurses' Association East Berlin, CT

Mary Jane Williams, PhD, RN
Professor Emeritus
Central Connecticut State University
Chairperson, Government Relations Committee
CT Nurses' Association
Meriden, CT

Nurses are the most trusted professionals according to Gallup polls year after year (Gallup Poll, 2016). We hear this a lot. So what does it mean and how do we utilize the public's trust to advocate for policies that improve health for all citizens? The fact is that nurses are viewed by the public as highly educated healthcare practitioners that truly have their clients' best interest at heart. Patients trust us to advocate for them at the bedside, in the clinical setting and broadly, in the public arena. Unfortunately, nursing education does not often include courses or practicums on how nurses can advocate for more health protective policies. As a result, we don't view ourselves as the powerful leaders that we really are. We advocate daily with physicians and other members of the health care team but somehow don't think we are qualified to talk to lawmakers—who usually know far less than you do about nursing and healthcare. So can nurses play a role in shaping policy? It seems like a daunting task and one that most nurses are not comfortable with. And yet, we are from the very beginning, educated to advocate for patients. The irony is that while we may not think of ourselves as proficient at advocating with policy makers for laws that protect the health of citizens, nurses are uniquely positioned—and educated—to do just that!

So, how do we transfer the skills that we've learned and applied at the bedside to our state houses to be effective advocates for improving health? How do we acknowledge the trust placed in us by the public to make a difference on a broader scale? In this chapter, the reader will

- review the theoretical underpinnings and skills gained in our nursing education that are readily transferrable to advocating for public policies to improve health for all citizens,
- learn how to apply those skills outside of the traditional healthcare setting, and
- learn to incorporate the leadership skills of team or coalition building to enhance the nurses' capacity to effect change on a broader scale.

Our professional role as advocates started with Florence Nightingale. Florence Nightingale was a strong nurse advocate who shaped the delivery of healthcare and health policy. She recognized the value of collecting and analyzing data to improve outcomes and to effectively communicate with leaders to help implement changes that improved health outcomes. She worked with supporters, colleagues and policymakers to enact broad social change (Mason et al, 2007).

Since this time, the professional role of nurses includes competence in advocacy. The ANA Revised Code of Ethics for Nurses with Interpretive Statements states the nurse is expected to collaborate with "other health professionals and the public in promoting community, national, and international efforts to meeting health needs" and to shape social policy (Mason et al, 2007).

The International Council of Nurses (2008) states "nurses have an important contribution to make in health services planning and decision-making, and in development of appropriate and effective health policy. They can and should contribute to public policy related to preparation of health workers, care delivery systems, health care refinancing, ethics in healthcare and determinants of health." It is essential that the nurse recognize the concept of "upstream thinking" of primary prevention that addresses the notion that to protect the health of an individual, it is imperative to see the person holistically (Butterfield, 2002).

Despite this, nurses often don't recognize the skills and preparation gained through their nursing curriculum that enables them to serve as professional, credible advocates outside of the traditional clinical setting. Our educational preparation usually does not include practicum opportunities that allow us to apply the very same skills used in a hospital or clinical setting advocating for what is best for our patient to the statehouse or the board room where we advocate for public policies to improve health care systems. This is unfortunate as nurses often don't recognize that they are highly skilled advocates in these settings. Nurses often shy away from taking advantage of these opportunities and lose out on utilizing our collective power for transformative change (Patton, 2015).

## NURSING PROCESS

How do we become more comfortable transferring the skills and expertise we gain from our practice to non-traditional settings where we can influence policy? It might not seem readily apparent but the nursing process that we use every day provides a strong framework for advocating for policy at the state house or other non-traditional setting. Without even thinking about it, nurses are adept at assessing the situation, developing a plan, implementing and evaluating that plan to achieve desired outcomes.

### Lesson Applied

As a critical care nurse and nursing director, the nursing process was something that became second nature in my daily practice. Without thinking, I would assess my patients, develop and implement plans and evaluate outcomes. As a director, I would do the same—assess the situation, develop a plan to implement a new program on the units, implement the plan in collaboration with other members of the health care team and evaluate how it all went. This all changed when I had the opportunity to go to meetings at our state house to discuss concerns about the health impacts of exposure to chemicals. I found that I was nervous and unsure of how or what to say and lacked confidence in my ability to talk to legislators despite being knowledgeable on the subject. What I found, after reflecting on the meeting, was the nursing process applied here as well. I realized that during the meeting, I assessed the legislators' knowledge base and level of support and this guided how we proceeded during the meeting. Intuitively, we were able to gauge our discussion and develop a plan for next steps. This awareness helped to build confidence for future meetings, our advocacy work and our evaluation of next steps.

## COMMUNICATION

From the start, nurses are taught effective communication skills in order to interact with patients, family members, and other members of the health care team. We are used to speaking with physicians to advocate for what we think is best for our patients—even when the physician or other member of the health care team may not agree. We are educated to take complex issues and explain them to different audiences and we are good listeners. Nurses are also used to giving organized reports to on-coming shift personnel which turns out to be a very effective template for advocating for policy changes with legislators.

Talking to policy makers or legislators is no different. Generally, nurses are much more educated on patient care, health issues, the health care system and relevant policies than most lawmakers. As we do in the clinical setting, nurses should incorporate peer-reviewed research and evidence-based practice when advocating for policy changes. Nurses' credibility as informed health professionals goes a long way in influencing policymakers that often have little experience with the health care issues you are working to address. Policy makers are often very busy with multiple issues from multiple constituents. Here again, nurses are highly skilled to communicate effectively in these types of situations. The practice of giving report to another healthcare practitioner in advocating for a patient readily transfers to communicating with legislators. Nurses often use a consistent format to present the situation, background, assessment and resolution needed for a patient. Advocating for a change in policy fits this format nicely.

### Lesson Applied

When I first started working as a nurse lobbying for more health protective chemical policies—like banning bisphenol-A from recyclable containers including baby bottles and infant formula containers, I was unsure what to say to legislators that I would see at the state house. I found they would often not have much time and somehow, I assumed that they knew more than I—after all, they were legislators. However, I always introduced myself, stated I was a nurse and explained that BPA is synthetic chemical that disrupts hormones and is particularly harmful to infants and young children. Depending on the legislator's questions and time, I'd provide some background and hand them a research fact sheet that explains the problem and I'd end by asking for their support of the bill to ban BPA in these products. I realized that this method of communicating was no different than speaking with a physician or health care practitioner when I felt a patient needed an order for pain medication.

## WORKING IN TEAMS

Nurses are critical members of the health care team, working with both licensed and unlicensed personnel to achieve the patient's goals. By virtue of our academic preparation, we learn to work collaboratively, to delegate, to supervise and to build effective working relationships with co-workers. Working with other team members, we identify patients' needs and work to achieve patient care goals. Nurses utilize leadership skills to coordinate patient care and advocate on behalf of the patients and families that they serve. These skills are vital to the work of advocacy and crucial to building coalitions—an important vehicle for advancing policy and one that will be discussed in more detail.

Nurses, often without recognizing it, are uniquely qualified and have critically important roles as advocates outside of

their traditional work setting. Our knowledge and expertise, use of the nursing process, communication and leadership skills and our ability to work effectively in teams are the foundations for being effective leaders in health policy and advocating for changes that broadly impact public health. Providing mentoring and academic opportunities to practice these skills in non-traditional settings are needed to expand nurses' involvement in shaping policy at the local, state and federal levels.

## COALITIONS - POWERFUL VEHICLES FOR CHANGE

Coalitions are groups of individuals and groups that come together around a common interest and agree to work together to achieve agreed upon goals (Berkowitz, 2007). Coalitions are actually a lot like health care teams—individuals with different backgrounds working to achieve patient care goals. These teams can be extremely effective or sources of frustration if the dynamics of the group are not managed well or mutual respect and a sense of team is lacking. In this section, we'll discuss what makes a coalition successful and share a case study in which nurses have led a successful coalition working to advocate for more health protective chemical policies.

## COMPONENTS OF A COALITION

Mason, Leavitt and Chaffee suggest that successful coalitions have four common ingredients—leadership, membership, resources and serendipity or opportunity (2007). Leaders who can facilitate open dialogue; work with coalition members to tap into individual skills, comfort levels and expertise; and foster camaraderie and a sense of team are critical to a successful coalition. A leader who inspires others, creates a vision and organizing plan for the work, and facilitates sharing of the workload helps to build and sustain a passion for keeping coalition members engaged. The work of the coalition often arises from a problem or issue that is not easily solved within routine structures or methods. It is incumbent upon the leader to be able to help shape and articulate a winning strategy, build consensus, and communicate often so that all members feel included and empowered.

While the leader has an important role, successful coalitions utilize a shared governance framework and structure rather than the typical organizational structure that most are used to working in. While shared governance models have been typically implemented in health care and academic settings, this framework is well suited for coalitions. While there are numerous definitions of shared governance, the concepts of partnership, accountability, equity and ownership are fundamental (Anthony, 2004). A shared governance structure means that accountability for outcomes is shared, that all members are on equal footing and decisions are made by consensus rather than a majority vote. This structure may be viewed as inefficient and cumbersome by some at first. However, proper facilitation and supporting individual members as they learn and grow in this work environment yields a strong commitment to the team, a sense of empowerment, and pride in the accomplishments of individual members and the group as a whole. Coalition partners that collaborate in this manner "demonstrate their willingness to enhance each other's capacity for mutual benefit and a common purpose by sharing risks, responsibilities, resources and rewards" (Himmelman, 2001).

### Membership

When people come together to discuss collaborating on an issue, community problem or the need for policy change, the first step is to identify who else should be involved. Building diverse groups of individuals helps strengthen a coalition, build the base and power of the group, and promote a cohesive and unified vision. Reaching out to all stakeholders in the process is an important first step. Members of the coalition often represent various groups that lend strength and capacity to the overall mission. Again, similar to working in health care teams, nurses are used to working with members from different academic disciplines and yet are competent to coordinate the care plan for their patients. Similar skills apply when working with diverse coalition members. Here again, it is important to recognize and solicit the input of all coalition members, evaluate their skills and contributions to the work and achieving the goal, utilize this information to collectively develop a plan for achieving the goal and, together, implement the plan. Coalition membership may change for a variety of reasons including shifting priorities for coalition group members and individuals, funding, capacity to continue to support the coalition, and individual life choices. It is important to acknowledge this as a normal part of a Coalition's life cycle and to work to continue to build and strengthen relationships with new stakeholders, continue to develop coalition leaders, empowering them to their full capacity, and to stay focused on the overall goal.

## STRUCTURE

The structure of the coalition may vary depending on the work, the membership, and the resources. Some coalitions may have a formal steering committee that almost serves as a board or advisory group along with other committees to achieve certain aspects of the work such as marketing and social media and advocacy. Other coalition structures may not be as formalized, with members assisting with all

aspects of the work. No matter the structure, it is important for the leader and the members to assure that the principles of shared governance and the overall campaign are moving forward. While these structures are often not as formalized as those in a typical health care setting, the inherent nature of nurses' ability to apply the nursing process provides a valuable framework for routinely assessing and revising the plan. Nurses work collaboratively with other members of the team to gain consensus on adapting to changes, while still working towards the overall strategic goal.

## COALITION MEETINGS

Nurses frequently interact with other members of the health care team as they are planning for and taking care of patients. These interactions help to build trust, promote collegiality and a sense of common purpose, and serve as the mechanism to achieve the goal—what is best for the patient. The same principles apply in coalitions though there are struggles. Regular meetings and communications are critically important for coalitions yet often challenging as members have regular jobs and other priorities. Face to face meetings allow coalition members to further develop personal relationships, a sense of belonging, and ownership for achieving the goal of the coalition. Using on-line meeting scheduling technologies help to schedule meetings at times that are best for all coalition members. See http://doodle.com/. In addition to in-person meetings, regular conference calls enable members to stay connected and develop short-term goals and activities that build the coalition's momentum. A combination of these formats is vital to establishing an overall identity and sense of purpose and structure for coalition members. Also these meetings help provide a framework for getting work done by busy coalition members. Coalition leaders must work hard to develop and strengthen relationships and a sense of "esprit de corps" outside of the traditional workplace setting.

## RESOURCES

Coalitions may not have a lot of resources like funding or marketing or communications departments; so the membership of the coalition is often the most valuable resource. Members are involved for a reason—a common passion or vision. There is nothing more powerful and it is critical that this energy is tapped into and utilized to its fullest capacity. Each member brings unique skills and abilities to the team, which the leader must tap into, develop and rely on. Empowering members of the coalition so that they are contributing and growing in their roles helps to achieve and sustain momentum and builds the power of the coalition far beyond what a marketing or communications department might be able to do.

Members of the coalition also serve as the best marketers of the coalition and the goal that the group is working on. Using social media, setting up on-line invitations to events, sharing the day to day work on websites, Facebook and other sites, helps to build the campaign, expand name recognition and engage others in the coalition's work.

## NEXT STEPS

Now that you have the coalition's goal in mind, the key stakeholders involved and a structure and processes for getting the work done, what are next steps? Again, our basic nursing preparation serves us well. Developing a campaign plan with a coalition is not all that different from developing a plan of care for a patient with other members of the health care team—and nurses do this with great skill.

The coalition plan or campaign plan is really no different in that it includes the team's assessment of problems and barriers, identifying stakeholders and developing a plan that lays out the key steps and accountabilities that ultimately lead to achieving the goal. The plan is often laid out so that it provides a long-term view of all the steps and processes needed to achieve the goal and is intended to be a working document that is revised, updated and modified along the way. More on campaign planning can be found here: http://knowhownonprofit.org/campaigns/campaigning/planning-and-carrying-out-campaigns/planning.

## PROMOTING THE COALITION

The importance of building name recognition and promoting the work of the coalition cannot be underestimated. Doing this well assures that current members will stay engaged and energized, new members will be attracted, decision-makers will be aware of the objectives and goals of the coalition, and a momentum for success will be developed and shored up for the long haul —even when the going gets tough. Everyone wants to be on a winning team so it is important to convey the message that you are winning or at least, achieving concrete positive steps towards a win even if you are not winning right now. It is critical that you keep the coalition in the news and in the forefront of people's minds.

How do you promote the Coalition with limited resources and capacity? Fortunately, using social media is a great first step. Setting up a campaign website and Facebook page can make a huge difference in sharing the coalition's name and goal as well as serve as a vehicle for 'action-alerts' and mobilizing people to events. Encouraging coalition members to write letters to the editor and opinion editorials are also great ways to share the coalition's priorities develop coalition leaders and show a diversity of members that support the cause. Also,

it is helpful to identify contact members of key media outlets who will receive press advisories and releases from the coalition. Reaching out to members of the media to build relationships and educate them on the issues that the coalition is working on also goes a long way to building momentum for your campaign. Here again, nurses are well suited to promote communications and marketing of the coalition's work. Typically, printed letters and opinion pieces need to be short, concise and compelling, much like the routine communication skills that nurses use to advocate for patients' needs. Similarly, when talking with reporters and other members of the media, nurses are highly credible and adept at framing the issue and the means to resolve the problem. Gaining comfort talking with members of the media is really no different than talking with other members of the health care team and is a valuable skill for nurses to utilize when working with coalition partners on policy initiatives.

While social media is a great tool, there is nothing more important in building and sustaining a coalition than building true relationships. Coalition leaders should invest time in personal connections, reaching out to new members and groups and understanding the value of supporting mutually beneficial work. A new group that may be interested in the Coalition's mission will likely appreciate and remember an offer to attend the group's meeting or event. Helping new members or groups with things that they need builds a symbiotic relationship that strengthens a coalition. Staying connected with personal phone calls, thank you notes or meeting for coffee go a long way to help new members and groups feel engaged in the coalition and build a sense of team, even when members are not physically working together on a daily basis

## RESOURCES FOR COALITION BUILDING

- Beyond Intractability: Coalition Building
- Developing Effective Coalitions: An Eight Step Guide
- Community Tool Box: Starting a Coalition

## CASE STUDY: The Coalition for a Safe and Healthy CT

In 2007, members of the Connecticut (CT) Nurses' Association, CT Nurses Foundation, the CT Public Health Association, the CT Coalition for Environmental Justice, Connecticut, CT Citizens Action Group, CT Clean Water Action and ConnPIRG, came together to discuss the growing body of evidence linking exposure to toxic chemicals in consumer products with the rise in many diseases. None of these organizations were working on this issue at the time yet, key leaders of these groups recognized a need to collaborate to raise awareness and to develop campaign strategies to press for more health protective policies at the state and federal level. During the initial meetings, a decision was made to form a coalition of like-minded organizations and member groups and to map out a plan to educate policymakers and citizens across Connecticut. It also provided an opportunity for the organizing groups to share resources, garner expertise, and set short term and long term goals to address environmental issues in a coordinated proactive manner. It provided an opportunity to bring a more powerful voice to the legislative process. The Coalition provided a more organized effort as we approached issues considered relevant to changing policy at the state level.

Coalition leaders identified that focusing on the presence of toxic chemicals such as lead and phthalates in toys would serve as a great way to elevate the profile of the issue, garner media attention and generate public support. Giving presentations at events, schools, and meetings all over the state helped to get the word out and to establish the Coalition's identity. These forums were also effective at engaging new members and building momentum for a winning campaign to pass a law in Connecticut restricting lead and phthalates in toys!

The Coalition continued to build on this success by working with national experts and partners to identify other chemicals like bisphenol-A (BPA), a commonly used chemical found in polycarbonate plastic (like baby bottles), thermal receipt paper and the lining of aluminum cans. BPA is also a hormone disruptor and strongly linked to breast cancer, reproductive disorders, insulin resistance and diabetes. In 2009, the Coalition expanded its grassroots campaign, added new members, organized several high profile events to garner media attention and successfully passed a landmark bill banning BPA from recyclable containers and infant formula containers! This was a huge win against extraordinary odds and tremendous opposition from the industry lobbyists. No other state had successfully banned BPA this broadly and Connecticut was now leading the way!

The Coalition has stayed together and grown stronger through in-person meetings, weekly conference calls, and using consensus-based decision making in all of its work. A strong focus on developing individual members' interests and leadership skills helps to keep people feeling good about their contributions even as they fluctuate over time and as other commitments come up. Coalition partners continue to work hard on outreach, engaging new members, providing education, and engaging with media outlets and policy makers to press for on-going reform. Frequent updates to the website and social media

help to keep citizens engaged and active in Coalition activities.

## REFERENCES


Anthony, M., (January 31, 2004). Shared Governance Models: The Theory, Practice, and Evidence. Online Journal of Issues in Nursing. Vol. 9 No. 1, Manuscript 4. Available: www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No1Jan04/SharedGovernanceModels.aspx

Berkowitz, B, Wolf, T (2000). *The Spirit of the Coalition.* Washington D.C. American Public Health Association. Cited from Mason, D; Leavitt, J and Chaffee M; (2007) *Policy and Politics in Nursing and Health Care,* 5th edition p. 135.

Butterfield, P. G. (2002). Upstream Reflections on Environmental Health: An Abbreviated History and Framework for Action. *Adv Nurs Sci,* 25(1), 32–49. Retrieved from http://nursing.wsu.edu/Research/PDFs/Upstream_Reflections_on_Environmental_Health__An.6%20(1).pdf.

Gallup. (2016). Honesty/Ethics in Professions. Retrieved from http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx.

Himmelman, AT (2001). On Coalitions and the Transformation of Power Relations: Collaborative Betterment and Collaborative Empowerment. *American Journal of Community Psychology,* (29)2:278.

International Council of Nurses. (2008). Participation of nurses in health services decision making and policy development. Retrieved from http://www.icn.ch/images/stories/documents/publications/position_statements/D04_Participation_Decision_Making_Policy_Development.pdf.

Mason, D; Leavitt, J and Chaffee M; (2007) Policy and Politics in Nursing and Health Care, 5th edition p. 14.

Mason, D; Leavitt, J and Chaffee M; (2007) Policy and Politics in Nursing and Health Care, 5th edition p. 36.

Mason, D; Leavitt, J and Chaffee M; (2007) Policy and Politics in Nursing and Health Care, 5th edition p. 137.

Patton, R.M., Zalon, M. L., & Ludwick, R. (Eds.). (2015). *Nurses Making Policy: From Bedside to Boardroom*. New York, NY: Springer Publishing Company.

## CASE STUDY IN ENVIRONMENTAL HEALTH ADVOCACY

Sarah B. Bucic, MSN, APRN-BC
Member, Nurses Healing Our Planet (NHOP)
Delaware Nurses' Association
Wilmington, DE

It started with Styrofoam. The hospital cafeteria was under renovation and suddenly all plates and trays went from paper to Styrofoam. As a staff nurse and founder of Nurses Healing Our Planet (NHOP), Michelle Lauer took notice of the change and was concerned by the seemingly endless heaps of non-recyclable garbage being generated. Spurred by participation in the hospital's shared governance council as well as returning to school for her Master's in Nursing Science degree, Michelle felt empowered and compelled to get involved in changing hospital policy on recycling. She joined the 'green team' that was forming in the hospital and started learning about environmental nursing.

After a positive discussion with the Director of Nursing Education, Michelle was encouraged to reach out to the nursing staff for help in hospital waste reduction. Several volunteers, with a similar vision, agreed to participate in her efforts. To better understand the scope of the problem, the group followed the hospital trash trucks to the landfill. It was an eye opening experience as they noticed the landfill was filled to capacity. Turns out, hospitals in the United States produce more than 5.9 million tons of waste annually and often have not developed recycling strategies or green teams. This spurred the nurses to develop and implement a hospital-wide recycling program that started with placing recycling receptacles at the hospital. Eventually five baby units began to recycle baby bottles and, in the emergency room, one-time use items such as urinals, bedpans and emesis basins were changed from plastic to a durable cardboard.

The group agreed that environmental health issues should not be limited only to the waste the hospital generated but should be a state-wide effort. This led to the formation of Nurses Healing Our Planet (NHOP), an ad-hoc committee of the Delaware Nurses Association in 2007. "We were really on a roll," said Michelle.

Flushing or pouring down the drain was the standard practice for medication disposal which resulted in contaminated drinking water. One of the first projects for NHOP was to provide another means for the public to dispose of unused/unwanted medications. NHOP members worked with the Drug Enforcement Agency (DEA) to hold the first pharmaceutical drug take back events in the state of Delaware. These events became successful due to the support and effort of State and Federal agencies, pharmacists and many volunteers. The take back events created public awareness of contamination of the drinking water caused by pharmaceuticals, how best to dispose of medications, and discussions about management of controlled substances. Many other states were moving in the direction of safe drug disposal at the time of these events. This led to national drug take back events coordinated by the Drug Enforcement Agency. Each year, spring and fall, drug take back events across the country eliminate thousands of pounds of drug waste from entering the nation's water supply and reduce risk of drug abuse.

NHOP received grant funding from the Campaign for Safer Cosmetics to increase awareness of toxics in personal care products among nurses and the public. The Campaign for Safer Cosmetics is a broad based coalition whose mission is, through public advocacy, to eliminate drugs known to cause cancer, reproductive harm and other adverse health impacts in cosmetics and personal care products. Through public education, NHOP crisscrossed the state advocating for safer products and elimination of cancer-causing chemicals. Nurses Healing Our Planet was very busy in 2009. The group developed a partnership with the University of Maryland Nursing Environmental Health Education Center. Through this relationship, NHOP members learned about an array of other environmental health issues that required attention at the State and National levels. NHOP nurses attended the Clean Med conference that year and collaborated with other nurses at the conference to send postcards requesting that cows, providing milk for a common brand of yogurt, not to be treated with growth hormone. One year later, the yogurt maker announced it would no longer make yogurt with milk from cows treated with recombinant bovine growth hormone (RBGH).

Concurrently, in Delaware, a coal burning power plant was being proposed for development. NHOP nurses testified against the power plant and in favor of a wind farm as an alternative energy source. Citizens for Clean Power and NHOP partnered for a grassroots campaign against the coal plant proposal, citing health effects of the coal and gas power plants. The efforts included letters to the newspaper and testifying before the regulatory body. Fortunately the outcome was the proposal did not move forward and Delmarva Power, the local utility, now factors in the health effects on how they generate electricity.

At this time, NHOP learned about babies being born "pre-polluted." A study showed an average of 200 industrial compounds, pollutants and other chemicals in umbilical cord blood of 10 newborn babies, with a total of 287 chemicals found in a study group. Of the 287 chemicals

found in umbilical cord blood, 180 cause cancer in humans or animals, 217 are toxic to the brain and nervous system, and 208 cause developmental problems. The dangers of exposure to these chemicals in combination have never been studied (EWG, 2005). An NHOP nurse worked at changing hospital policy by replacing plastic products with phthalates-free products in the NICU. At this time, nationally these products were being removed from IV bags and tubing in the hospital setting.

NHOP also met with Delaware congressional legislators regarding the Safer Chemicals Act of 2011. NHOP recognized that Federal law does not adequately protect Americans from toxic chemicals. These chemicals are being found in makeup, personal care products and items used every day. The primary law responsible for ensuring the safety of chemicals, called the Toxic Substance Control Act (TSCA), was passed in 1976 and has not been updated since. The law is so weak that the U.S. Environmental Protection Agency (EPA) has only been able to require testing on less than 2% of the more than 80,000 chemicals that have been on the market since TSCA was adopted (Denison, 2009). NHOP continues to meet with our U.S. Senators regarding the Chemical Safety Improvement Act (CSIA) S.1009. As drafted, the CSIA would not deliver the critical elements of meaningful public health and environmental protection. NHOP believes the bill should not move forward unless fundamental issues are fully addressed as outlined by Safer Chemicals Healthy Families.

In 2010, NHOP became aware of Bisphenol-A (BPA), which is a hormone-disrupting chemical. BPA can mimic or block hormones and disrupt the body's normal functions and is found in baby bottles, sippy cups, the linings of food cans, and in paper register receipts. BPA is also found in medical devices and equipment such as plastic flasks, beakers and containers. BPA can leach, especially when heated, from products into food and drinks (Calafat, 2009). Monitoring studies find the chemical in more than 90% of the adult population (Calafat, 2008). With this information, members of NHOP worked with local legislators, some who were Registered Nurses, to pass a Resolution (SCR 32), which enumerated and recognized the health concerns related to BPA.

One year later, members of NHOP worked on helping Delaware become the 10th state to implement a ban on BPA in children's products by getting support letters, going to meetings and educating legislators about the harms of BPA. Working with State Senators and Representatives who were Registered Nurses greatly accelerated the bill's movement and NHOP learned a lot about the legislative process in the interim.

The BPA ban passed unanimously in both House and Senate but members of NHOP had to prepare testimony about BPA and its effects should the legislature ask for more information. The bill's sponsors requested NHOP members to be present each time the bill was presented in a committee meeting or voting sessions should testimony be required or questions asked. This required a number of NHOP trips to Legislative Hall. NHOP quickly formed collaborations with Natural Resource Defense Council, the Mid-Atlantic Center for Children's Health and the Environment, Delaware Chapter of the American Academy of Pediatrics, Physicians for Social Responsibility, the Breast Cancer Fund, and the Consumers Union. Many provided support letters and some came in person from Washington D.C. in case testimony was necessary. In June 2011, the Governor of Delaware signed into law a ban on BPA (SB 70) in children's products. The ban prohibits manufacturers from selling or offering to sell any children's product containing BPA. Knowingly selling products with BPA intended for children under age 4 designed to be filled with food or liquid, is now a Class A Misdemeanor in Delaware. It was especially exciting to see that in 2012, when the FDA banned BPA from baby bottles and sippy cups nationally due to a request from the American Chemistry Council, the American Chemistry Council directly cited the number of state bans that had passed as a reason for requesting the FDA ruling (FDA Regulations, 2013; Safer States, 2013).

There are limited ways for the general public to safely dispose of mercury thermometers and thermostats. In 2011, NHOP organized a dual county mercury return in collaboration with the Delaware Division of Public Health and two local hospitals where mercury thermometers were collected, in exchange for a digital thermometer, and safely disposed of by the Division of Public Health. Overall, 10 pounds of liquid mercury was collected. Delaware Division of Public Health provided the electronic thermometers and disposed of the mercury waste free of charge. Collaborations are key in environmental health!

NHOP hosted an environmental health nursing conference in 2011 featuring our Secretary of Natural Resources in Delaware. NHOP invited nursing students, as we know that the next generation of nurses will need to understand the context in which they and their patients will be living and working.

In 2011, along with other environmental groups, NHOP requested the Governor of Delaware to create a Comprehensive Energy and Climate Change Plan.

NHOP members have testified in Washington D.C. for the American Nurses Association on the Clean Air Act to keep it strong for the health of their patients and the

public. NHOP has participated in stroller brigades in Delaware and Washington D.C. and two nurses have been Delaware Clean Air Ambassadors on behalf of the American Nurses Association. There are also a number of nurse luminaries in the NHOP group.

NHOP continues to follow and support progress being made on uncovering the health effects of hydraulic fracturing (fracking) and flame-retardants. Flame retardants, used for over 30 years, can be found in consumer electronics, furniture, and mattresses and find their way into blood, breast milk, and umbilical cord blood impairing memory, learning, and behavior in laboratory animals at very low levels. They may also affect thyroid hormones and reproduction. Most at risk are developing fetuses, infants, and young children (Washington Toxics Coalition, 2005).

Through 2014 and beyond, NHOP will continue to participate in work groups, such as the Delaware plastic bag workgroup, which discussed options of plastic bags, educates nurses and the public on environmental concerns that affect health, partners with environmental groups such as the Delaware Sierra Club and give talks on energy, air quality and their health effects.

NHOP writes an environmental article for each publication of the Delaware Nurses Association quarterly newspaper, The Reporter. Our group continues to write op eds and letters to the editor and most importantly be the voice for the health of our patients when environmental issues arise.

## REFERENCES

American Nurses Association. (2007). ANA's principles of environmental health for nursing practice with implementation strategies. ANA: Silver Spring, MD. http://www.nursingworld.org/mainmenucategories/workplacesafety/healthy-nurse/anasprinciplesofenvironmentalhealthfornursingpractice.pdf

Calafat, A.M., Weuve, J., Ye, X., Jia, L.T., Hu, H. Ringer, S., Huttner, K. & Hauser, R. (2009). Exposure to bisphenol A and other phenols in neonatal intensive care unit premature infants. Environmental Health Perspectives, 117(4), 639–644. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2679610/

Calafat, A.M., Ye, X., Wong, L.Y., Reidy, J.A., Needham, L.L. (2008). Exposure of the U.S. population to bisphenol A and 4-tertiary-octylphenol: 2003-2004. Environmental Health Perspectives, 116(1), 39–44. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2199288/

Denison R. (2009). Ten essential elements in TSCA reform. Environmental Law Review, 39, 10020-10028. Retrieved from http://www.edf.org/sites/default/files/9279_Denison_10_Elements_TSCA_Reform_0.pdf

Environmental Working Group (2005, July 15). Body burden: The pollution in newborns: A benchmark investigation of industrial chemicals, pollutants and pesticides in umbilical cord blood. Retrieved from http://www.ewg.org/research/body-burden-pollution-newborns

FDA. (2013). FDA Regulations No Longer Authorize the Use of BPA in Infant Formula Packaging Based on Abandonment; Decision Not Based on Safety. Retrieved from http://www.fda.gov/Food/NewsEvents/ConstituentUpdates/ucm360147.htm

Practice Greenhealth. (2014). Waste: Background. Retrieved from https://practicegreenhealth.org/topics/waste

Safer Chemicals Healthy Families. The Toxic Substances Control Act. Retrieved from http://saferchemicals.org/legislative-update/

Safer States. Updates on the fight against BPA. (2013, January 17). Retrieved from http://www.saferstates.com/assets/BPA-policy-history.pdf

Washington Toxics Coalition. (2005) Toxic flame retardants (PBDEs): A priority for a healthy Washington, A toxic free legacy coalition fact sheet. Retrieved from http://watoxics.org/files/pbde-factsheet/at_download/file

## CHEMICAL POLICY REFORM
## TOXIC CHEMICALS IN THE ENVIRONMENT: EFFORTS TO CONTROL AND REGULATE

Jeanne Leffers, PhD, RN, FAAN
Professor Emeritus
University of Massachusetts Dartmouth
Dartmouth, MA

Katie Huffling, MS, RN, CNM
Director of Programs
Alliance of Nurses for Healthy Environments
Mount Rainier, MD

The issue of hazardous chemical exposure is a serious concern for nursing practice, education, research and advocacy. In the United States, efforts to regulate chemical safety have not been effective. The vast majority of the more than 80,000 chemicals developed during the past sixty years have not been evaluated for safety to humans. However, during that time, a large number of chemicals have been implicated as possible causes of a variety of health conditions such as cancer, reproductive health issues including birth defects, neurological conditions such as autism, and learning disabilities, and chronic diseases such as cardiovascular disease, pulmonary diseases and diabetes.

The first legislation to control chemicals was the Toxic Substances Control Act of 1976 (TSCA). TSCA was enacted with the purpose of controlling harmful chemicals but has not been an effective law to protect humans. Further, it was the only major piece of environmental legislation never updated.

During the past few years, US legislators have proposed changes to the law. The late Senator Frank Lautenberg first introduced a bill in 2005 to improve the federal government's surveillance, testing and control of chemicals for safety. In April 2011 Senators Senator Frank Lautenberg (D-NJ) Senator Inouye (D-HI) and Senator Kirsten Gillibrand (D-NY) introduced the Safe Chemicals Act but this bill died in Congress and was not enacted. Later efforts such as the Chemical Safety Improvement Act were not enacted. This bill would have limited individual state's power to enact stronger laws, creating weaker chemical standards and putting human health at greater risk.

On March 10, 2015, Senators Udall (D-NM) and Vittner (R-LA) introduced S.697. The Senate passed this on December 17, 2015. Congressman John Shimkus (R-IL) introduced the TSCA Modernization Act in the House and it passed 398 to 1 on June 22, 2015. As these bills were different approaches to the same issue, the bills were sent into Conference Committee where members of the Senate and House negotiated a final bill that would be voted on in both Houses. On May 24, 2016, the House of Representatives voted to pass a bipartisan House-Senate agreement of the Frank R. Lautenberg Chemical Safety for the 21st Century Act, HR 2576 by a margin of 403-12. The US Senate then passed this on June 7, 2016 and the act was signed into law by President Barack Obama on June 22, 2016.

According to Safer Chemicals Healthy Families, the new Lautenberg Act gives the EPA new authority to strengthen chemical safety and protection of the health of the people living in the United States. However, as EPA is only mandated to address 30 chemicals within the first 3.5 years after enactment, the pace with which unsafe chemicals will be addressed will be very slow. The law:

- Requires EPA to regulate a chemical based solely on its health and environmental impacts. This replaces TSCA's burdensome cost-benefit safety standard—which prevented EPA from banning asbestos.
- Establishes a minimum enforceable schedule and requires EPA to "begin safety reviews on 10 chemicals within 180 days of enactment and then another 20 chemicals from the high priority list within 3.5 years."
- Expedites action on persistent, bioaccumulative, and toxic (PBT) chemicals;
- Explicitly requires protection of vulnerable populations like children and pregnant women.
- Gives EPA enhanced authority to require testing of both new and existing chemicals.
- Sets judicially enforceable deadlines for EPA decisions.
- "[R]equires that manufacturers substantiate the basis for claiming chemical identity as confidential and creates a deadline for EPA review of confidential business information (CBI) claims." Under the new law, EPA can now share information with states and health and environmental professionals as long as confidentiality is maintained.
- Still has no minimum health and safety data requirements for new chemicals; however EPA must make an affirmative finding that the chemical is not likely "to present an unreasonable risk before a company can begin to manufacture."
- States can regulate a chemical until the EPA designates it a "High-Priority" chemical. The state's regulation will then be pre-empted until EPA decides on its restrictions (a process that can take 2-3 years). (Safer Chemicals, Healthy Families, 2016)

While the health and advocacy community did not achieve many of the health protective policies that they had worked to include in TSCA reform, this bill is an improvement over TSCA and the June 22, 2016 signing was an historic event.

Concern for issues such as chemical policy reform does not end with the passage of this Act into law. Nurses, citizens and advocacy groups continue to advocate for better polices to protect human health. For example, the advocacy group Safer Chemicals, Safer Families is a coalition that represents millions of individuals from citizens to health care professionals. More than 450 organizations are represented in the coalition. Of these 16 are nursing organizations including the Alliance of Nurses for Healthy Environments (ANHE), the American Nurses Association, the National Association of Hispanic Nurses, the American College of Nurse Midwives, and state nurses associations from Connecticut, Delaware, Idaho, Maryland, Massachusetts, Ohio and Washington state.

The coalition seeks to achieve:

8. A well-educated public that can use its power as both citizens and consumers effectively. (Strong federal and state polices to protect the public from toxic chemicals.)
9. Strong corporate policies to substitute safer chemicals for those that are already known to be toxic.
10. A well-educated public that can use its power as both citizens and consumers effectively (http://saferchemicals.org/what-we-want/)

The Safer Chemicals, Safer Families coalition offers information for the public such as their section on chemicals and health as well as action plans such as the Stroller Brigade and the Mind the Store campaign.

Many nurses have been active in chemical policy reform for a number of reasons: to protect themselves, their patients and their families from chemicals that cause adverse health effects personally and for their offspring. Physicians for Social Responsibility (PSR) conducted a biomonitoring study of 12 doctors and 8 nurses to determine their exposures to hazardous chemicals. The report, Hazardous Chemicals in Health Care: A Snapshot of chemicals in Doctors and Nurses notes an average of 24 chemicals in their bodies, including those known or suspected to be carcinogens, endocrine disruptors, or neurotoxicants.

The nurses of the Alliance of Nurses for Healthy Environments (ANHE) have been working to support safer chemical policies with their advocacy efforts. Look at the statement Achieving Real Chemical Policy Reform to learn more about the need to protect vulnerable populations, preserve state's rights, establish deadlines and timetables, ensure adequate data, act on the worst chemicals and support the right to know. In addition to chemical policy reform, ANHE nurses work across all areas of environmental health as advocates for safer energy sources, climate action, healthier communities, and use of safer products among others.

## REFERENCES

Safer Chemicals, Healthy Families. (2016). An Abbreviated Guide to the Frank R. Lautenberg Chemical Safety for the 21st Century Act. Retrieved from: http://saferchemicals.org/get-the-facts/an-abbreviated-guide-to-the-frank-r-lautenberg-act-chemical-safety-in-the-21st-century-act/

Resources:

1. Nurses Chemical Policy Toolkit
2. Environmental Working Group
3. Safer Chemicals, Healthy Families
4. Article by Kristen Welker Hood, Marian Condon and Susan Wilburn. (2007). Regulatory, Institutional, and Market-Based Approaches Towards Achieving Comprehensive Chemical Policy Reform, *OJIN, 12*(2).

## ANATOMY OF A LEGISLATIVE MEETING

Aislynn Moyer, DNP, RN
Director of Nursing
Penn State Milton S. Hershey Medical Center
Hershey, PA

Legislative meetings are a great opportunity to talk directly with decision makers of local, regional, and national governments. These meetings help educate and guide government leaders on important topics. Legislative leaders base their decisions on what they currently know and understand. This makes it important that nurses, and others, educate leaders on specific topics so that they can make truly informed decisions. Knowing the importance of meeting with legislative leaders is only the beginning. Before one can ever attend a meeting, it is imperative to understand the anatomy of such a meeting.

### BEFORE THE MEETING

First and foremost before a legislative meeting, you must schedule the meeting. It is next to impossible to show up unnoticed and spend time with a legislative leader. Take time to schedule the meeting. Secondly, be sure to do all necessary homework. If the topic of the meeting is something that has already been discussed in legislative circles, be sure to understand all sides of the issue. It is also important to fully understand the message that you want to bring. Having evidence and personal stories to back your message is also helpful. Thirdly, the message should be condensed. Legislative meetings tend to be brief and you must be prepared to make all your important points in a timely fashion. This takes preparation ahead of time to be sure you do not miss anything. Although you can never guarantee that the legislative leader will read it, you can send information ahead of time or bring written materials with you. The fourth step to prepare for the meeting is to be on time. With such brief meeting times schedule, being even a few minutes late can result in not meeting with the leader at all.

### DURING THE MEETING

Once inside a legislative meeting, begin to develop a relationship. Introduce yourself, what you do, and what brings you to the meeting. Be sure to stick to the message you want to send. Do not start talking on a tangent or switching issues. Take notes! If important information related to another issue is mentioned, write that down to follow up on later. Stay objective and truthful. If you are asked a question you do not know, say you do not know, but you will find out! Word your message in a way that is not threatening or critical of specific people or government parties. Allow time for questions so you can be sure the legislative leader understands your message. Before leaving the meeting, be gracious for the time and thank the leader for meeting with you. This helps build the relationship.

### AFTER THE MEETING

Legislative relationships should never end with the meeting. Always follow-up. If there was information you did not know during the meeting, research it and follow up with the leader. Send a letter or email or make a phone call thanking the leader for their time and reinforcing the key point of the message. Offer yourself for questions if the leader has any. Make sure to keep in contact with the leader. Legislative leaders keep track of how many points of contact people make with them. Having just one or two is not enough to make a strong statement. This is why developing a relationship is so important.

### CONCLUSION

Legislative meetings are an effective way to advocate and educate legislative leaders on important issues. In order to ensure successful meetings, care must be taken to prepare for the meeting. With specific action before, during, and after the meeting, a relationship can be built that will be key in having your voice heard.