



## Statewide political activism for California academic nursing leaders

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### ABSTRACT

The California Association of Colleges of Nursing (CACN) is a not-for-profit, non-partisan nursing organization whose members are the universities' Schools of Nursing that offer baccalaureate and graduate degree programs in California. The nursing deans and directors are the individuals who attend scheduled statewide meetings and actualize the mission, vision, and governance of this organization. Starting in 2011, CACN began a journey toward greater political activism that was initiated by strategic planning. During the Spring 2017 meeting, forty-four California nursing deans/directors advanced their advocacy by attending prescheduled visits with California legislators. The goals for meetings with California policy makers included: 1. Inform them about CACN as an organization and its sphere of influence and 2. Educate them about CACN's perspective on current bills in the California legislature. This manuscript details a process to assist other state organizations to move toward political activism in support of the nursing profession from the academic nursing leadership perspective.

### Background

The Institute of Medicine (IOM) landmark report titled *The Future of Nursing: Leading Change, Advancing Health* defined eight recommendations (IOM, 2010) that serve as a call to action and have policy implications. Removing scope of practice barriers and leading change to advance health are two of the IOM recommendations that necessitate collaboration with policy makers to advance the profession. A common theme reflected in the nursing literature is that, as a profession, nurses need to be more present and engaged on policy making (Nelson, 2016; Phillips, 2012). In the US, with continued changes to the healthcare system a nursing perspective is critical. Nursing offers a wealth of deep knowledge about the health and well-being of society. From health promotion to disease management and from cradle to grave, the public relies on nurses to care for individuals and their families as well as aggregate populations. Nursing is a fully independent professional discipline that is responsible for its own body of scientific knowledge. Hall-Long (2009) who was a state elected official,

underscored that directly or indirectly public policy affects nursing clinical practice, education and research. In turn, policymakers benefit from consultation with nurses who have a wide deep range of experience that can anchor the far reaches of legislation. Nurses are trusted and respected health care professionals and developing relationships with legislative representatives is a foundational component of democratic principles (Leavitt, 2009). Given that policy evolves over time during the three phases of policy formation, implementation and modification, there are many valuable opportunities for nurses and legislators to work in partnership as a policy evolves into a law (Myers, 2010). As the largest number of health care providers, not only can nurses be accessible for ongoing contact and consultation, their voting power can be a significant determinant of a legislative outcome. Nurses' commitment to health, to quality patient outcomes and their systems perspective offer invaluable insight. Grounded in their clinical perspective, nurses understand the needs of individuals and communities and are well received by policy makers. As a profession we have to commit to engaging in policy making and the political process

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(Keepnews, 2006).

### The California Association of Colleges of Nursing (CACN)

Today, California Association of Colleges of Nursing (CACN) is the recognized state-level unincorporated association representing California universities/colleges that offer baccalaureate and graduate nursing degrees; currently there are 49 member schools. During the early years of CACN's beginning in 1995, members gathered twice each year, fall and spring. The primary purpose of these meetings was networking and mutual support. Invited speakers typically were either inspirational in nature or a discipline topic of contemporary interest to educators.

Over time the organization took on a stronger role that required members to shift from being an advocate for their school to articulating a statewide perspective on issues facing the profession that were impacting California.

In 2011, the CACN president and president-elect led a strategic planning effort that guided members to become one-voice as a statewide organization. The following biannual conference in 2012 centered on achieving these next steps. A lobbyist provided lectures and consultation about political activism as an organization. The message was clear; rather than differing individual perspectives, CACN members needed to speak with one unified voice on issues that members agreed were priorities. This was an important shift in perspective essential if the organization was going to have the greatest impact in the political process. Members had to agree to speak as representatives of CACN rather than as representatives of their individual universities. This perspective requires frequent reinforcement as the organization moves forward with its agenda.

As part of CACN's evolution the elected board and membership began the non-profit application process. While this took time to prepare and sustain as a priority, in 2016 CACN received its 501(c)(3) status. However, with this recognition came additional compliance issues; 501(c)(3) organizations are highly regulated by federal and state entities (Internal Revenue Service, 2017). Legislative activities, such as lobbying or distribution of propaganda are limited. Intervention in political campaigns and endorsing or opposing candidates for public office are strictly prohibited. In addition, each state has laws governing 501(c)(3) organizations that may allow for or further restrict organizational lobbying activities; one should familiarize oneself with their own state laws or seek legal counsel for clarification (National Council of Nonprofits, 2017).

As a newly sanctioned 501(c)(3), CACN decided to protect the organization's tax status by educating our state representatives on key issues confronting nursing education and our profession. Since our members are the experts on nursing education and the profession, CACN determined that the best approach was to exert influence through education. Some universities may have regulations about political activities but the focus of CACN's political activism has been on educating legislators about healthcare related issues. Nursing organizations have many purposes and Phillips (2012) reinforced that when political activism is a priority, a nursing organization can offer significant influence because of membership size and the depth of knowledge and expertise.

As the leadership moved forward with the vision of developing a 501(c)(3) they recognized the need for infrastructure expertise. The Executive Board looked to the Association of California Nurse Leaders (ACNL), an established 501(c)(3) with dedicated staff to provide the needed financial and regulatory knowledge. CACN has a formal contract with ACNL to provide administrative and financial services. ACNL's CEO now serves as an ad hoc member to the CACN board providing structure and guidance as needed.

CACN has clear vision and mission statements and goals (see Table 1) that guide the organization. The organization remains grounded in being the voice for nursing baccalaureate and graduate

**Table 1**  
California Association Colleges of Nursing (CACN).  
Vision statement, mission statement and organizational goals.

CACN Vision
The voice for California Baccalaureate and Graduate Nursing Education
CACN Mission
To lead in advancing baccalaureate and graduate nursing education
CACN Goals
1. Increase the number of baccalaureate and graduate prepared nurses in California.
2. Improve nursing education through public advocacy and academic leadership.
3. Inform policy makers and health care stakeholders regarding the current state of nursing education, trends and issues.
4. Facilitate ongoing and effective communication between graduate, baccalaureate and associate degree nurse educators, nursing organizations and governmental agencies.
5. Develop and mentor the next generation of nursing academic leaders.

education in California aligned with national trends that support a high quality educational experience for undergraduate and graduate nursing students. There is clear evidence that the intent of CACN is to collaborate with all nurse educators and community partners to advance the nursing profession by promoting educational innovations. One of the further steps intended to advance and operationalize one-voice for CACN was to identify a range of issues to be addressed as priorities members wanted to formalize as CACN position papers. Currently there are six position statements that were developed and then formally approved by CACN members (see Table 2). Over time these have been critiqued and refined while others have been retired. A process is in place for CACN position papers to undergo regular review for updating and to assess relevance. This process serves as a reminder that as an organization, to have the greatest impact, CACN members need to unify under "one-voice". If CACN members are unable to come to agreement, the organization would not take a stance on the issue. Similarly, deliberate attention was given to update and revise the vision and mission statements and the organizational goals. Of importance, students are a priority for CACN. Each year, enrolled nursing students apply for CACN Scholarships; a competitive selection process is used to determine awardees. Funds for these scholarships are from membership dues and revenue generated from conference fees, permissible by 501(c)(3) regulations. At all CACN meetings, the organization creates opportunities for attendees to discuss student issues and share effective approaches to addressing the issues.

CACN is also a member of the California Quad Council of Nursing Organizations, along with the Association of California Nursing Leaders (ACNL), the American Nurses Association-California (ANA-C), and the California Organization of Associate Degree Nursing Program Directors (COADN). In California, the Associate Degree Nursing programs have a separate state-wide organization referred to as COADN.

### Political activism in partnership: CACN and AACN

The American Association of Colleges of Nursing (AACN) holds "Hill" visits at the biannual dean/director meetings in Washington DC. This process was initiated in 1971 when Dean Madeleine Leininger, who was AACN's President at the time, led the first group of five deans to the Hill in Washington, DC (Keeling, Brodie, & Kirchgessner, 2010).

**Table 2**  
California Associate of Colleges of Nursing (CACN) – position statements.

1. In support of innovation in nursing academy
2. Support for full academic privileges for doctorally prepared nurse academics
3. Support of BSN as entry into practice for professional nursing
4. In support of succession planning for academic leaders
5. Support of maximized utilization of healthcare simulation to provide high quality clinical hours in undergraduate and graduate nursing education
6. Authentic academic-practice partnership as essential for preparing the well-qualified nurse

Designated state grassroots liaison (SGLs) members in each state are responsible for scheduling afternoon meetings with congressmen or their health staff prior to each fall and spring AACN meeting. In California, two state grassroots liaisons orchestrate over 40 visits specifically targeting House members. On Hill Day, the morning is spent preparing AACN members on strategies to use during legislative meetings and the AACN legislative agenda is reviewed. AACN members sit at tables by state to plan logistics. Time is dedicated to orienting everyone about current legislative issues to be discussed with their elected official as well as basic information about meetings times and room location. Since AACN is non-partisan, the focus is on federal funding and programs that benefit nursing students, nursing education, and practice. In the spring of 2017, over 130 congressional offices were visited, and over 355 people attended a congressional reception that followed those visits (AACN, 2017).

#### *Outcome measures of success*

Given the success of this national-level initiative, CACN sought consultation with AACN. Through telephone calls with a member of the CACN Board of Directors and Government Relations Staff at AACN, consultation was provided to assist with planning. Given the fluid nature of policy formation, the impact of visits with legislators or members of their staff are difficult to evaluate. At the same time, it is well understood that contact with legislators is highly valuable. Policymakers are skilled at moving a bill to law but they need health-care insider information from those close to the issues. Statements such as “If you are not at the table you are on the menu” underscore the critical need for nurses to help inform legislators about issues related to health care reform, education, and more broadly care for the public we serve. Therefore, AACN has defined success of these visits with legislators to be: 1) The number of AACN members who participated in visits and 2) The number of meetings with legislators/staff. These have become the metrics adopted by CACN.

#### **Organizing the event**

The suggestion for the spring meeting with state legislators in 2017 was presented to CACN members during the spring 2016 meeting. Consultation with AACN provided valuable guidance about the need to track the number of actual visits with legislators.

Three months prior to the spring CACN meeting, staff from two different CACN Schools emailed and called California legislators to schedule afternoon meetings between 1 PM and 5 PM; 30 min was allocated for each meeting. If the legislator was not available, time with the health or education staffers was requested.

The agenda for the 2017 spring meeting was developed so that the morning could be used for logistics and step by step discussions about strategic communication practices (see Table 3) used to facilitate dialogue with legislators. Time was also dedicated to providing an overview of current bills of interest to CACN members. CACN members were charged with using this time to 1. Inform the legislator about CACN and 2. Educate these policy makers about the impact of current bills on healthcare. Discussing a bill helped reinforce who CACN is as an organization. Discussing legislation would help the legislators understand the knowledge and impact that nurse educators possess. It also helped to illustrate the interest a dean/director has in the outcome of a bill as well as the depth of knowledge academic nursing leaders have on these issues.

A local senior policy analyst and a senior nursing leader in CACN presented a review of current bills of interest to nursing and nursing education. They also suggested strategies for presenting information as well as dealing with questions for which the dean/director did not have an immediate response. Responses such as, “Let me research this, I will get back to you with the information you need” could provide time to investigate the issue and thereby, also become a resource to legislators.

When scheduling appointments, the first priority was for the dean of a school to meet with the legislator for that university's district. Deans/directors were also asked to join other appointments, especially if the district matched the district where they lived. Appointments with legislators in districts without a CACN member school were filled by a CACN dean/director so that no scheduled meetings went without a CACN representative. Most CACN deans/directors preferred to visit in small groups, which helped bolster those who were less comfortable with the process. This mentoring opportunity helped CACN members learn from each other.

#### **Outcomes**

During the morning meeting after visits with legislators, time was spent debriefing about these Sacramento state capitol visits with CACN members. A number of key themes surfaced that helped define success of this initiative and how the process could be improved. Overall CACN members described the experience as impactful and a valuable learning experience. At the conclusion, 100% of CACN members voted to continue with this effort at the 2018 Spring Meeting. A total of 31 Schools of Nursing met with 48 state legislators or members of their staff. This first time CACN initiative was deemed a success. Member comments were equally telling.

Members contrasted their AACN experience with this experience, noting there was greater interest from legislators in local issues that affected the school of nursing within the district the legislator was representing. Legislators and their staff were notably welcoming and very accessible. Personal stories were effective and highly valued. Beyond legislative matters, other local needs surfaced to include access to clinical agencies for student placements as well as workforce needs for entry level and advance practice providers. In many instances CACN members had previous relationships with legislators that had exponential value during these meetings; underscoring the importance of relationships, existing and new, and the legislative process. For several CACN member dean/directors, this was the first time they visited their state legislators. For others, they had never met with any legislators. Several members commented on the need to provide such experiences for their faculty and students. To the CACN leadership, these comments were also indicators of success.

Suggestions for improvement included having a written list of current bills with a clearly defined CACN position. CACN members wanted information on all health or education related bills, not just the bills CACN had designated as priorities. CACN does not currently have the staff support the creation of such a list and analysis, so one approach may be to partner with other nursing organizations that have this type of support in preparation for the 2018 visits.

#### **Lessons learned – logistics**

Since meetings were scheduled so far in advance, it would have been helpful to verify office locations. Some of the legislative offices changed room location within the California state capitol so that listed locations were no longer valid. While the legislative calendar was consulted to be sure policy makers were in session, planners scheduled these visits for a Thursday afternoon. We were unaware that many policy makers take off the Thursday afternoon given the following week was a scheduled recess. These cultural norms need to be considered for the 2018 Spring Meeting.

#### **Next steps for the California Association of Colleges of Nursing (CACN)**

##### *Recommendations*

This experience can be seen as an extension of leadership training. Knowing legislative issues, developing a sound educational elevator

**Table 3**  
Communication strategies with state legislators

Communication strategy	Explanation/rationale
Develop an elevator speech	Legislators are busy and need assistance to be current on an expansive range of issues and then, vote on hundreds of bills a year. Clearly identify who you are, what you want and why you want it. The message to a legislator must be concise, to the point and well-rehearsed. Focus on the topic, key issues and the goal and aim. (Gaffey, 2014)
The importance of relevant storytelling Block and bridge	Stories bring to life the critical role nurses can offer about our depth of knowledge and experience with the public. If questions arise that are off topic or are an outlandish overstatement that could move the conversation in an unhelpful direction, bring it back to the key topic by using this communication strategy. For example: if during an interaction with a legislator about advancing nursing education, should the legislator remark – “Nursing education costs too much! We cannot afford to educate any more nurses. Their salaries are too high.” A block and bridge response could be: “Yes, nurses are paid well in the acute care hospital and it is expensive to educate a nurse let me tell you why ...” In this way the strategy effectively blocks the topic of salary while briefly acknowledging the statement, but also allows the nurse to educate the legislator about some key element regarding nursing education. Essence of this strategy: block by acknowledging and briefly answering the question – then bridge to the key message you want to deliver. Be certain to not ignore or evade the question. (Stewart, 2013)
Developing a “clear ask”	Discussion about a bill is important but a focused request for support and what support looks like is a part of being prepared for communicating with a legislator. Have two to three key talking points that include the “ask” for support. Preparing documents ahead of time that outlines the ask and what support would look like from the legislator.
Educate do not lobby	The focus must be to educate the representatives on the facts, evidence and impact a piece of legislation has on healthcare, the nursing profession and nursing education. As a 501(c)(3) CACN decided the mantra is educating legislators.

speech, furthering relationships and one's sphere of influence, and being flexible but staying on message are critical behaviors for any nursing leader. Since these meetings occurred in small groups, it became a valuable way for CACN members to learn from each other. Nursing benefits from these types of professional development and bonding opportunities. The experience itself serves as a great story for the dean/director to take back and share with faculty and students. In this way, influencing policy formation becomes less of an abstraction and something that has tangible action steps. These stories also serve as a platform to sustain engagement about policy and political activism, a genuine priority for nursing students, faculty and administration. Political activism at the nursing organizational level has clear benefits for the members, the profession and the public nursing serves. The successes of these efforts need to be disseminated in the professional literature to spur other creative ideas and further encourage greater political activism. California is one of the largest states in the US and has the most licensed RNs in the nation. With sufficient infrastructure and colleagues willing to engage, state-wide political education can be a possibility for any state.

Commonly there are days at the capitol for nursing students. How many nursing deans/directors make it a priority for students to attend and how well are they prepared in advance for the experience? The examples deans/directors provide to students and faculty certainly send clear messages that policy work is as important as delivering quality patient care for individuals and the communities we serve. The professional literature calls for a greater integration and prioritization of policy making in nursing curricula (Adams, 2015; Phillips, 2012). When these CACN experiences and other examples are showcased in classroom lectures or brownbag lunchtime discussions, they provide lived examples to students and faculty to support advocacy on policy fronts. Having a legislator visit the school becomes more meaningful if students, faculty, and the dean have had an up close encounter on the turf of a legislator. This is a call to action for greater partnership with policy makers who often are seeking input from those of us with deep knowledge on issues facing legislators.

#### Tracking impact

As this work matures it will be crucial to develop a process to monitor the progress of key bills of interest to CACN. Additionally, a mechanism to have routine ongoing contact with legislators between the yearly visits will potentially improve the impact of the face-to-face meetings. Ultimately, it is the goal that CACN legislators who have questions regarding certain issues and bills related to healthcare will see CACN as a valuable resource. Ideally they will reach out to CACN members for their expertise and as a voice of their constituents.

The experience and lessons learned by CACN can serve as a template for other statewide nursing school organizations. As nurses continue to take their place at the table, they will increasingly need to engage other nurses to move to action as well.

#### Conclusion

California Association of Colleges of Nursing (CACN) began as a place to networks and listen to inspirational speakers about current academic topics. Today that continues to be an important element of CACN meetings but members wanted more from this organization. Academic leadership roles are challenging and can be isolating, CACN meetings are a place to socialize with professional peers but also learn from each other. As leaders the members wanted to accomplish outcomes that would advance nursing. This political activism opportunity has reinforced the importance of all academic nursing leaders' sphere of influence. It has also offered members a professional challenge by creating an opportunity to work with policy makers and their staff. It has pushed CACN members to hone our skills to articulate the importance of the profession as we work to lead change to advance health.

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#### References

- Adams, J. M. (2015). The influence of emerging nursing strategy and policy leaders: An interview with Dr Suzanne Miyamoto. *Journal of Nursing Administration*, 45(9), 420–422. <http://dx.doi.org/10.1097/NNA.0000000000000226>.
- American Association of Colleges of Nursing [AACN] (2017). Spring advocacy day summary. Retrieved from: <http://www.aacn.nche.edu/government-affairs/take-action>.
- Gaffey, A. (2014). *The elevator pitch: How to craft a successful five-minute elevator pitch and why having one is important*. Psychological science agenda. American Psychological Association. Retrieved from <http://www.apa.org/science/about/psa/2014/06/elevator-pitch.aspx>.
- Hall-Long, B. (2009). Nursing and public policy: A tool for excellence in education, practice and research. *Nursing Outlook*, 57(2), 78–83. <http://dx.doi.org/10.1016/j.outlook.2009.01.002>.
- Institute of Medicine (2010). The future of nursing: Leading change, advancing health. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.
- Internal Revenue Service (2017). Exemption requirements - 501(c)(3) organizations. Retrieved from <https://www.irs.gov/charities-non-profits/charitable-organizations/exemption-requirements-section-501c3-organizations>.

- Keeling, A. W., Brodie, B., & Kirchgessner, J. (2010). *The voice of professional nursing education: A 40-year history of the American Association of Colleges of Nursing*. American Association of Colleges of Nursing: Washington, D.C.
- Keepnews, D. M. (2006). Bringing nursing leadership to shaping state policy: An interview with Virginia Trotter Betts. *Policy, Politics & Nursing Practice*, 7(3), 208–215. <http://dx.doi.org/10.1177/1527154406295035>.
- Leavitt, J. K. (2009). Leaders in health policy: A critical role for nursing. *Nursing Outlook*, 57(2), 73–77. <http://dx.doi.org/10.1016/j.outlook.2009.01.007>.
- Myers, C. R. (2010). Being there: Policymaking and nurses. *Tennessee Nurse*, 73(3), 9.
- National Council of Nonprofits (2017). National voice, state focus, local impact. Retrieved from <https://www.councilofnonprofits.org>.
- Nelson, R. (2016). Are nurses being nudged out of policymaking? *American Journal of Nursing*, 116(9), 14. <http://dx.doi.org/10.1097/01.NAJ.0000494675.15842.55>.
- Phillips, C. D. (2012). Nurses becoming political advocates. *Journal of Emergency Nursing*, 38(5), 470–471. <http://dx.doi.org/10.1016/j.jen.2012.05.022>.
- Stewart, J. (2013). 12 bridging statements to use in tough media interviews. Retrieved from <https://publicityhound.com/blog/12-bridging-statements-to-use-in-tough-media-interviews>.