



Diana M. Drake

## Cultivating your inner Wonder Woman: Policy advocacy

By Diana M. Drake, DNP, MSN, APRN, WHNP-BC

The movie *Wonder Woman* is said to be, in essence, two solid hours of female empowerment. At the start of 2018, while flying to Salvador, Brazil, to lead a practicum entitled Women's Health in the Context of Environment, Race, Culture and Policy, I was able to watch this blockbuster film. While doing so, I realized that, in the Brazil practicum, I would be asking my NP students to find their own inner Wonder Woman and become powerful advocates and ambassadors for change within an international context.

One of the scheduled events in the 2-week course was a panel discussion with Afro-Brazilian community activists for women's health. A WHNP student asked an older activist about the challenges she faced in healthcare access. The activist gave a powerful response: *It is not a question of healthcare access for us. It is a question of how much you are willing to fight to survive. What will you do for yourself and your family to get medical attention when it is needed?* She related to us how she had to stage protests in emergency departments to get the proper care for her infant granddaughter with pneumonia and to get dialysis started in her dying husband. This Wonder Woman exemplified the elder female warrior role in her community. The rest of the day was filled with cross-cultural sharing and empowering exchanges. Later that night, I heard the students dancing in their room to Beyoncé's *Run the World (Girls)*, an unapologetic song promoting female empowerment. I just had to smile, feeling gratitude for being able to mentor the next generation.

*"What one does when faced with the truth is more difficult than you'd think."*

— Diana Prince (*Wonder Woman*, 2017)



Preparing for the return flights home to the United States, I reflected on the individual stories, so poignant and stirring, and on the themes that unite all of us around the globe, especially when it comes to healthcare. Women have much greater interaction with healthcare systems than men do because of birth control, pregnancy, domestic violence, child raising, and caring for family members throughout the lifespan. Whether a woman lives in Minneapolis, Mumbai, or Salvador, there is a common thread. The World Health Organization recently issued relevant reports on **women's health<sup>A</sup>** and **violence against women<sup>B</sup>** that merit reading.

### Once you know something, there is no unknowing it

Some of the largest women's social movements since the 1960s and 1970s, featuring millions of Wonder Women young and old, are taking place right now. About 10 years ago, civil rights activist Tarana Burke created a movement to heighten awareness about the pervasiveness of sexual abuse and assault; the movement was later coined #MeToo.<sup>1</sup> More recently, Hollywood actresses inaugurated the #TimesUp movement to encourage women to fight for power and pay equity and to stop sexual harassment in the workplace.<sup>2</sup> At the start of 2018, we witnessed more than a million women taking to the streets all over this country, for the second straight year, to participate in the Women's March and demand deeper social and political change.

In the midst of these movements, women's healthcare providers have a unique opportunity to strengthen our

representation and advocacy work. Our solidarity and our distinct historic role in caring for women enable us to be our own best ambassadors for building the WHNP role in practice, policy, and empowerment. NPWH encourages all of us to cultivate our inner Wonder Woman (or Wonder Man) so that we can bring about needed changes in our educational institutions; our national, state, and local healthcare systems; and our practices.

At the start of 2018, the national spotlight focused on certain important announcements that just might arouse the Wonder Woman within you. Whether you work as a clinician, an academician, and/or a women's healthcare leader, these announcements affect our profession—and all of us. In January, the U.S. Department of Health and Human Services announced the formation of a new **Conscience and Religious Freedom Division**<sup>C</sup>. Pamela F. Cipriano, president of the American Nurses Association, responded on behalf of her organization (her comments appear at the bottom of the article [here](#)<sup>D</sup>) and leaders of the American College of Obstetricians and Gynecologists (ACOG) issued their own **statement**<sup>E</sup> as well. MiQuel Davies, Georgetown Women's Law and Public Policy Fellow, expressed the **viewpoint**<sup>F</sup> of the National Women's Law Center.

One day later, the American Academy of Nursing announced in its **position statement**<sup>G</sup> that full practice authority for advanced practice registered nurses (APRNs) is necessary to transform primary care, and that practice restrictions on APRNs should be removed so that they may practice to the full extent of their education and training. Two things stood out in this announcement: (1) APRNs are being recognized for improving healthcare and healthcare delivery and (2) APRNs should have equitable reimbursement and removal of restrictions.

NPWH is striving to advance the NP and WHNP professions as well. If you are interested in getting involved in our organization's policy advocacy work, 2018 is a good time to start!

### How does NPWH policy advocacy work?

The health policy agenda of NPWH reflects its mission statement and the voices of its members, committees, and Board of Directors (BOD) within the context of national, state, and local healthcare policy issues pertaining to women's health. One of the more visible ways policy advocacy works is through the Policy Committee, which helps define our direction and formulate our responses to policy questions regarding women's health. The committee comprises volunteer members, several BOD members, and consulting staff. Contributory effort

is needed in developing the policy agenda and participating in providing written policy updates and articles via the e-brief, the journal, and our social media platform. Members are surveyed and committee members help shape top priorities.

NPWH is involved on multiple levels with all the major women's health, NP, and nursing organizations in the U.S. Designated BOD members serve as representatives at the annual meetings of AANP, AWHONN, ACNM, ACOG, NAMS, March of Dimes, ARHP, NONPF, and NSCBN, among others. In addition, NPWH collaborates with organizations representing advanced practice nurses and other women's healthcare providers in Capitol Hill briefings in order to inform Congress about issues pertinent to women's health, healthcare delivery, reimbursement, advanced practice nursing, and the vital role of WHNPs in meeting women's healthcare needs and improving women's access to healthcare.

### Role of the NPWH Chair of the BOD in policy advocacy

The current NPWH Chair, Aimee Holland, is a member of the Policy Committee. Aimee describes Policy Committee work as advocating for the protection and promotion of a woman's right to make informed choices about her health. In her position as NPWH Chair, Aimee aims to work collaboratively for policy advocacy as follows: (1) to bring clarity to the role of the WHNP as an expert in women's health, (2) to build and support alliances with other organizations that promote policies to eliminate health disparities among women across the lifespan, and (3) to mentor WHNP leaders who will sustain and move NPWH forward in its mission and goals.

### Role of the NPWH Director of Policy

Since 2013, Sue Kendig has served as NPWH Director of Policy. In this role, Sue provides a voice for NPWH and our members with regard to a broad range of public policy initiatives, ranging from planning and presenting our Hill briefings, representing NPWH in activities with our sister NP organizations such as the NP Roundtable, and participating in activities such as the Women's Preventive Services Initiative. Sue states: *APRNs bring the realities of women's lives and their experiences within the healthcare system to the policy arena. There is no greater influence in assuring that policy is crafted to improve the health of our population and assuring that all healthcare providers are accessible to provide care with full practice authority than through bringing our patients' stories and needs to the forefront as policy is crafted.*

## Role of the Policy Committee Chair

As Policy Committee Chair for a second year and as the NPWH Chair Elect, I cannot imagine a more pivotal time to be an active NPWH member and vocal advocate for the WHNP profession, our patients, and our students. I will be working collaboratively with the Membership Committee while serving on the BOD and Executive Committee to set goals for the most effective and proactive ways that the Policy Committee can succeed in the coming year. The contributions of active members is highly sought and valued. As Policy Committee Chair, I collaborate closely with Sue Kendig and write for the Policy & Practice Points column in this journal.

## Comments from Policy Committee members

NPWH Policy Committee member Carola Bruflat, a longtime NPWH member, commented on the topic of policy, women's health, and power:

*It occurred to me early on in my practice that my patients often needed an advocate, and that, even though I was an adult, my practice—what I could or could not do or talk about with my patients—was controlled by others. Sometimes, these people were misinformed or simply gave the wrong information. Increasing awareness by telling my patient's story or my story has been one of my goals in advocacy. As members of a women's health organization, we need to be strong advocates for patients as well as ourselves. NPWH fills this role for me as no other professional organization does. We are all about women's health in everything we do! We are the experts in our field as we educate through our conferences, our journal, and in our many policy coalitions in Washington.*

Another veteran Policy Committee member, Cookie Bible, stated: *I feel that we must be on top of all the changing climate affecting our membership and patients. No one else will look after us and the special women we see. And new Policy Committee member Diane Schadewald added: Expressing the policy position of the organization is integral in order to have and maintain a seat at the policy table in which decisions about healthcare for women are made. If you don't speak, you have no voice.*

## Policy call to action

- Let the Policy Committee know your policy concerns by contacting us at [info@npwh.org](mailto:info@npwh.org).

- Share information about your own women's health advocacy at the local, state, and national levels.
- Let us know of any resources that you would find valuable in helping you develop your own advocacy skills.
- Respond to the Call for Public Comment on NPWH Position Statements. Advise us of your areas of expertise and special interests in women's health so that we can contact you to participate in writing and/or reviewing NPWH Position Statements in these areas.
- Share your ideas and experiences in promoting social justice as women's healthcare providers. ●

*"You are stronger than you believe. You have greater powers than you know."*

— Antiope (*Wonder Woman*, 2017)

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## References

1. Garcia SE. The woman who created #MeToo long before hashtags. *New York Times*. October 20, 2017. [nytimes.com/2017/10/20/us/me-too-movement-tarana-burke.html](https://www.nytimes.com/2017/10/20/us/me-too-movement-tarana-burke.html)
2. Pirani F. What is #TimesUp? New movement tackles sexual harassment with legal support. *Atlantic Journal-Constitution*. January 8, 2018. [ajc.com/news/national/what-timesup-new-movement-tackles-sexual-harassment-with-legal-support/5t4Ued4EepUij8kVtGjRnL/](https://ajc.com/news/national/what-timesup-new-movement-tackles-sexual-harassment-with-legal-support/5t4Ued4EepUij8kVtGjRnL/)

## Web resources

- A. [who.int/topics/womens\\_health/en/](http://who.int/topics/womens_health/en/)
- B. [who.int/mediacentre/factsheets/fs239/en/](http://who.int/mediacentre/factsheets/fs239/en/)
- C. [hhs.gov/about/news/2018/01/18/hhs-ocr-announces-new-conscience-and-religious-freedom-division.html](https://www.hhs.gov/about/news/2018/01/18/hhs-ocr-announces-new-conscience-and-religious-freedom-division.html)
- D. [healthcarefinancenews.com/news/hhs-announces-conscience-and-religious-freedom-division](https://www.healthcarefinancenews.com/news/hhs-announces-conscience-and-religious-freedom-division)
- E. [acog.org/About-ACOG/News-Room/Statements/2018/Health-Care-Should-be-Based-on-Medical-Standards-and-Science](https://www.acog.org/About-ACOG/News-Room/Statements/2018/Health-Care-Should-be-Based-on-Medical-Standards-and-Science)
- F. [nwlc.org/blog/the-top-7-reasons-we-were-outraged-by-the-department-of-health-and-human-services-this-morning/](https://www.nwlc.org/blog/the-top-7-reasons-we-were-outraged-by-the-department-of-health-and-human-services-this-morning/)
- G. [nursingoutlook.org/article/S0029-6554\(17\)30558-4/fulltext](https://www.nursingoutlook.org/article/S0029-6554(17)30558-4/fulltext)