

# Conversation with a Nurse Health Policy Advisor in Maryland

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To better understand health policy and the role of nurses in Maryland, the Editor-in-Chief, Dr. Frangieh engaged in a meaningful conversation with a nurse who is a senior health policy advisor in Maryland. This dialogue provided valuable insights into the current role of nurses in health policy, particularly within the context of managing and addressing health issues. The questions and answers explored during this conversation shed light on the evolving responsibilities of nurses in the realm of health policy and discussed future directions for their involvement in shaping healthcare policy and practice.

## Brief Bio

Natalia Barolín, BA, BSN, RN is the Senior Health Policy Advisor in the Office of the Dean at the Johns Hopkins School of Nursing (JHSON). Natalia is the conduit between the scholarly work and leadership at the JHSON and the Institute for Policy Solutions. She brings together her second career as a public health and oncology Registered Nurse with nearly 20 years of experience in strategic communications and media advocacy in health care and policy.

**Question 1:** In your opinion, why should nurses be involved in health pol-

icy? What unique strengths do nurses bring to the table when it comes to shaping health policy in Maryland?

### Answer 1:

Nurses bring novel solutions to health system reform that optimize health for all no matter who you are or

where you live. Our expertise and insight into the systems that deliver care and impact health, as well as what matters to patients, families, and communities, uniquely position nurses to transform health care delivery to prioritize health and well-being. We have a unique policy environment here in Maryland in particular due to our total cost of care model, that provides incentives for investing in primary care, improving quality, as well as innovations in population health and equity. These are all areas where nurses have expertise as well as unique insights – and MD nurses are already leading with innovative solutions. Just right here in Baltimore, the Johns Hopkins School of Nursing, Coppin State University Nursing, University of Maryland School of Nursing and Morgan State School of Nursing are collaborating to pilot a new community based model of care, called Neighborhood Nursing, that links every resident with a RN and Community Health Worker block by block, neighborhood by neighborhood to improve health and well-being. This will be piloted not just in Baltimore but across the state with a vision to scale and spread at a national scale.

**Question 2:** How can nurses effectively influence health policy in Maryland? Can you provide examples of

successful collaboration between nurses and other stakeholders (e.g., policymakers, healthcare providers, community organizations) to influence health policy in Maryland?

**Answer 2** Maryland nurses have opportunities to testify in health policy hearings, serve on policy commissions, make public comment on health policy considerations, meet with legislators and our own reps. The opportunities are numerous – the key is knowing your audience, having a clear point of view and solution/recommendation, and communicating that concisely and clearly. Nurses need to recognize their own value and perspective on a range of health issues, not just nurse workforce policy. We have a unique perspective and expertise as nurses to weigh in across a range of health policy issue areas. Getting involved with our Maryland Nurses Association is a great way to connect with Maryland health policy – they host a legislative night every year. There are also health governing bodies in Maryland who's meetings are open to the public, like the Health Resources and Cost Commission who basically decides how to reinvest the money saved through our total cost of care model in primary care, population health and equity. I attend many of these meetings and try to flag for other nurse colleagues who have an interest in or can weigh in on topics covered.

And absolutely, one great example of a successful collaboration for nurse influence in health policy is that our very own faculty member, Dr. Tamar Rodney, was appointed to the Commission on Behavioral Health Care Treatment & Access. Often these types of policy commissions or advisory council's don't include nurses – we don't even put ourselves forward. We need more nurses in these types of

roles to help impact how health policy is made and implemented. Maryland has a repository of all boards and commission appointments in the state, called Green Bag Appointments. Maryland nurses should review this list every year and plan to apply and nominate other nurses every year.

**Question 3:** How do you believe the role of nurses in influencing health policy has evolved over the years in Maryland, and what trends do you foresee in the future?

**Answer 3:** The reality is that the Covid pandemic disrupted our health system and brought greater attention to the ongoing issues we have been grappling with, particularly as nurses. We are in a closing window of opportunity to impact a true redesign and re-orientation for how we approach health – moving from providing care once people are already sick to providing preventive, whole person care that delivers health. Nurses are stepping up – we are taking the lead to speak up about the problems and also with solutions about how we can do better. We know how to do this – nurses have been innovating and advocating at the bedside and beyond since the beginning of our profession. It's our opportunity to scale and spread this knowledge and innovation for widespread policy impact.

**Question 4:** What resources and support systems are currently available for nurses interested in getting involved in health policy advocacy in Maryland?

**Answer 4:** There are many and more to come! Right here at the Johns Hopkins School of Nursing, we have launched the first of its kind Policy Honors Program for our entry to practice students to help build the foundational skills and experience to be more effective change agents. We are also sharing our experience and lessons learned to help other schools of nursing adopt similar programs. Our ultimate goal is this type of training becomes embedded as a part of the core curriculum in nursing. We have also launched the Institute for Policy Solutions at the Johns Hopkins School of Nursing (based in Washington, DC) to lead the way for the elimination of inequities through nurse-driven solutions.

And I cannot overstate the importance of involvement in our professional associations like our Maryland Nurse Association and their policy work. Many organizations that we are a part of also have policy teams and lobbyists. Nurses should find out who those folks are and meet with them, offer up our expertise to help inform the health policy work of your organization.

**Question 5:** How do you see the role

of professional nursing organizations in Maryland such as MNA in supporting nurses' efforts to influence health policy?

**Answer 5:** They are a great and important resource. They not only develop a legislative agenda that we can weigh in on but provide resources to help us be effective advocates.

**Question 6:** Looking ahead, what do you believe are the most pressing health policy issues in Maryland that nurses should focus on, and how can they make the most impact in addressing these issues?

**Answer 6:** Our state is moving into the next phase of its total cost of care model that will focus on improving population health and expanding primary care access. As the state develops its implementation plan for this, nurses across all settings can have a role. Our nursing workforce also bears a very large burden from the pressures of preventable sick and acute care. To address this, we not only need more nurses in the workforce, but we need solutions for helping people be and stay healthy, and restore their optimal health when they do get sick. We know how to do this. We understand and see the full contexts that impact our patient's health and have an opportunity to help our health systems address social determinants and other upstream drivers of health. ■

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