



The procurement of the UN sustainable development goals and the American national policy agenda of nurses

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ABSTRACT

Nurses are positioned to advance the Social Development Goals (SDGs) of the United Nations, especially *Goal Three: Good Health and Well-Being*. However, to do this there must be micro- and macro-level support from the profession. When the individual will of nurses is coupled with collaborative efforts of professional nursing organizations, such as the Nursing Community Coalition, policies supporting the SDGs are able to move forward.

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The Sustainable Development Goals (SDGs) are the “blueprint to achieve a better and more sustainable future for all” (United Nations, n.d.a.). The SDGs are a powerful way to truly consider the interconnectedness of health, poverty, climate, prosperity, peace, and justice (United Nations, n.d.a.). In total, there are 17 goals, and while *Goal Three: Good Health & Well-Being*, speaks more specifically to the intersection of health and policy, each of the goals are inextricably linked (United Nations, n.d.a.). To mount such a critical initiative, and meet the metrics set forth by 2030, the United Nations has established a robust network of partnerships, supporters, and advocates. In this case, the SDGs can be described as the steady horizon we steer towards while attempting to navigate the political currents at work within the American healthcare sector. Similarly, for the nursing profession within the United States to advance policy goals and initiatives that strive towards

the SDGs, a case will be made for collaboration at the macro level that goes beyond an individual’s micro-level opportunities for impact. Ultimately, as seen in the figure below, the convergence of these macro- and micro-level actors will enable the successful implementation of the SDGs through collaborative agenda setting.



Political Understanding and Policy Agendas

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Micro Level: Individual Understanding, Individual Will

“Tell me and I forget, teach me and I may remember, involve me and I learn,” stated by Benjamin Franklin, this sentiment continues to ring true for many Americans and their political engagement. Public understanding of basic civics and how the government works is a barrier to political will and policy change.

According to Survey of Civics Literacy, conducted by the American Bar Association (ABA), Americans surveyed have a variable understanding of civics ([American Bar Association \[ABA\], 2019](#)). While 93% knew that the two chambers of Congress were the House of Representatives and the Senate, it was noted that less than half knew that only a U.S. citizen could hold a federally-elected office ([American Bar Association \[ABA\], 2019](#)). Answers also varied by respondents' age. Only two-thirds of those surveyed ages 18 to 44 knew that the president was the commander in chief, compared to 79% of individuals 45 and older ([American Bar Association \[ABA\], 2019](#)). Thus, younger individuals seem to be less knowledgeable about the political process.

A similar study, conducted in 2016 by the Edward M. Kennedy Institute for the United States Senate (Kennedy Institute), found that 46% of those surveyed correctly knew there are two Senators for each state; 21% provided an incorrect answer and 32% could not answer the question ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)). Variation was noted on core demographics such as age, gender, and education. Older adults (55 or over), males, and those with a college degree knew the correct answer at higher rates than women, younger adults, and those who obtained a high school diploma as their highest level of education ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)). When considering a more specific question, such as naming one's Senators, only 35% could name one of the two and only 16% of respondents could name both ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)). Notably, those who were registered voters were more likely to be able to name their Senators, highlighting the connection between involvement and knowledge ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)).

Noting the difference between knowledge and involvement, there has been a surge in political participation since the 2016 election. Despite a major increase in voter turnout for the 2018 midterm election (53.4% in 2018 compared to 41.9% in 2014; [Misra, 2019](#)), many Americans still do not regularly engage with their elected officials. Four out of five Americans (82%) have not contacted their federal officials in Washington, DC. Of those that do engage with their legislators, 7% are contacting their Senator, 4% are contacting their Representative, and 5% are contacting both their Senator and their Representative ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)).

Adding to the lack of public engagement in the American political process is the perception of whether being involved would make a difference. On this, Americans are divided—50% of those surveyed said contacting their federal legislators would make a difference and 46% said it would not ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)). Only 14% think contacting their federally elected officials would make a “major difference” ([Edward M. Kennedy Institute for the United States Senate \[Kennedy Institute\], 2016](#)).

With that said, historical generalizations around political will and participation are being challenged as these trends remain complex. While historically white older males have been the primary voting bloc, a Pew Research Center Study found that Generations Z, X, and Millennials outvoted those in the Baby Boomer generation during the 2018 midterm elections ([Cilluffo & Fry, 2019](#)). However, casting a ballot does not equal understanding policy. Another study found that individuals voting in the 2018 midterm elections used partisan views over policy stances as a driver in making their voting decisions. ([Dunn, Laloggia, & Doherty, 2018](#)). Thus, while younger individuals seem to be more active in the political process, there is limited data to show this participation is centered on advancing specific policy goals.

Micro Level: Nursing's Understanding, Nursing's Will

With over four million registered nurses (RN) in the United States ([National Council of State Boards of Nursing, 2019](#)), the profession represents 1.2% of the overall U.S. population ([United States Census Bureau, 2019](#)). In this case, the question becomes, is the civics/policy understanding and political will of nurses somehow distinctly unique from the rest of the American population? The short answer is no. One could argue the education of nurses or their age (average as of 2017, 51 years old; [National Council of State Boards of Nursing \[NCSBN\], 2018](#)) would increase their understanding, per the Kennedy Institute study. However, looking at the same study, one could conversely argue that nurses' understanding, as a predominately female profession (90.9% as of 2017 were female; [National Council of State Boards of Nursing \[NCSBN\], 2018](#)), would be less so than a male-dominated counterpart. Additionally, in searching the nursing literature through CINAHL, over 2,000 articles appear from the last 5 years when the key search terms include political participation and voting. While wide ranging, much of what has been published is concerning “calls to action” or how to become engaged, not on key indicators of heightened political engagement of the nursing profession overall. Without additional data, there is not a definitive answer to say that the understanding and political will of nurses is somehow uniquely stronger or lesser than that of the average individual

living in the United States. Taking all of this into consideration, the nursing profession's demographics cannot predict political engagement or policy goals on a micro level. A national agenda at the macro-level, yields more promise for policy reform.

Macro Level: Health Policy Reform

Americans are likely to rank health care as more important than any other political issue. Heading into the 2018 midterm election, Gallup reported 80% of voters noted health care as “extremely/very important” to their votes for Congress (Newport, 2018). Therefore, leading the discussion at the macro level, beyond the individual and through national organizations, will ensure a focus on health policy.

While described in different ways and varying proposals suggested, the overarching foundation of health policy remains addressing some aspect of quality, access, and cost. It was in 2008, that then-Centers for Medicare and Medicaid services (CMS) Administrator, Berwick et al. (2008) described the Triple Aim as “improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations” (Berwick, Nolan, & Whittington, 2008, p. 260). Even in this seminal work over a decade ago, the authors discussed the policy constraints related to budget and balance, as noted by the full title: *The Triple Aim: Care, Health, and Cost- The remaining barriers to integrated care are not technical; they are political.*

With the passing of the Affordable Care Act in 2010, clear emphasis was placed on implementation. Nearly a decade since it was signed into law, the discussion of health reform remains high on the minds of policy makers and voters. As the National Academy of Medicine (NAM) noted,

After the passage of the Affordable Care Act, health reform entered a critical new phase. The health system has been strained by increasing demand and unsustainable costs. Too often, care decisions do not align with patient goals or evidence of effectiveness, and Americans experience untenable disparities in health and access to care. At the same time, new technologies and big data are spurring advances in medical science and the practice of care, including precision medicine. (National Academy of Medicine [NAM], n.d., ¶ 1)

To this end, NAM pulled together a steering committee of 18 distinguished experts and sought the advice of over 150 policy makers, researchers, and scientists across the U.S. to help develop 19 priority issues for American health policy. The resulting publication, *Vital Directions for Health and Health Care: A Policy Initiative of the Nation Academy of Medicine*, included three overarching goals: Better health and well-being (a direct align with SDG Goal Three: Good Health & Well-Being); high-value healthcare; and strong

science and technology (Dzau, McClellan, McGinnis, & Finkelman, 2017). The 19 priority issues framed through discussion papers focused on such areas as social determinants of health, care for the aging population, chronic conditions, payment reform, and innovation, to name a few (Dzau et al., 2017). Access, cost, and quality are threading throughout these 19 policy issues, but a strong and direct focus is on patient engagement, health disparities, as well as community and population health. What this macro-level discussion of health policy demonstrates is the interconnectedness of the various policy proposals (i.e., Triple Aim, Quadruple Aim, Vital Directions, or SDGs), all striving toward similar goals.

Barriers to Health Policy Change: Lack of Political Will

While most Americans, experts, and policy officials view health care as a top issue facing our nation, the solution remains the crux of the dilemma. How we get there through policy—and by navigating politics—is less clear due to a lack of consensus and strong advocacy positions. In 2018, previous CMS Acting Administrator Andy Slavitt wrote an article for the JAMA Forum entitled, *The Triple Aim Must Overcome the Triple Threat* (Slavitt, 2018). In this piece, Slavitt discussed the Triple Aim and the Quadruple Aim (which adds clinician burnout) as they relate to moving policy forward. The threats, as he describes them, are 1. Health Disparities; 2. Revenues, Revenues, Revenues; and 3. The Politicization of Health Care. As Slavitt states, “We need to put equal energy into visibly and publicly identifying and eliminating the causes of disparities, reduce the focus on revenues as primary aim, and reduce the harmful effects of politics on our health care system” (Slavitt, 2018, ¶14). In essence, improved health and well-being of all, no matter how the problem or possible solutions are defined is tied to political will, otherwise known as agenda setting according to Longest (Longest, 2016).

Agenda Setting: Nursing Profession at the Macro Level

For agenda setting, Longest (2016) highlights three “streams,” the problem, the possible solution, and the political circumstances, that equally impact the ability to make policy change. If those align, and the window of opportunity is open (public and policy maker interest is high), the possibility of action is greater (Longest, 2016). Having described the overall health policy problems (as well as how they are all striving toward a common goal—good health and well-being) and the possible solutions, how does the nursing profession at the macro-level drive toward the procurement of the SDGs as we develop the health policy agenda for the

profession? Knowing it is unpredictable that individuals on their own have the political will, understanding, and ability to move an agenda forward, the nursing profession must look to its professional organizations, serving at the macro level, to achieve this goal. Professional organizations are primed to analyze the three streams and to determine windows of opportunity for impact.

Partnerships for Change

There is an African proverb that “if you want to go quickly, go alone. If you want to go far, go together.” With nearly 100 national nursing organizations ([Sigma Theta Tau, n.d.](#)) and at least 62 of which are working collaboratively through the Nursing Community Coalition ([NCC, n.d.](#)) to advocate at the federal level, there is no shortage of priorities and how they are framed. Multiple perspectives add richness to advancing policy when limited resources hamper achieving a heightened level of advocacy. Defining a singular policy agenda is not an easy task when facing large group dynamics. However, what links the national nursing organizations together is the unmistakable recognition that nurses provide a unique connection to patients, populations, and systems. Uniting the profession at the macro level through partnerships (i.e., resources, people, and time) is needed to achieve any policy change. This united front clearly recognized as successful, is a core component of the SDGs themselves, Goal 17 is *Partnerships for the Goals* (SDG, Goal 17).

A prime example of how the nursing profession is achieving change through partnerships to help drive a national nursing agenda and ultimately procure the SDGs, is the work of the NCC. The NCC’s tag line states its purpose as *Promoting America’s Health through Nursing Care*. For this coalition, and many nursing organizations independently, the workforce was the original bonding thread. This collective goal takes the form of advocating on behalf of the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act [42 U.S.C. 296 et seq.]). The NCC was founded on ensuring the Title VIII programs were funded and reauthorized ([Miyamoto & Inouye, 2015](#)).

Over time, the need to continue to focus on workforce development and, more importantly, the role of nurses in solving some of the most challenging health-care crises of the day, became a calling card for the NCC. The focus on the nursing workforce, the largest sector of all the health professionals in America, empowered the coalition’s work. Three specific examples of this include: The 2014 Ebola outbreak, the opioids crisis, and the Trump Administration’s border policy to separate children from their families.

In October 2014, in response to the West African Ebola epidemic that affected over 28,600 individuals ([Centers for Disease Control and Prevention, n.d.](#)), the

NCC issued a statement calling for a swift and coordinated response to protect the public and health providers against the virus ([National Institute on Drug Abuse \[NIDA\], 2018](#)). Part of the NCC’s approach to ensuring the health and safety of patients and providers during the outbreak included disseminating educational information, sharing organizational resources, and opening lines of communication among healthcare providers. In addition, the coalition submitted testimony to Congress highlighting the role nurses play in promoting and protecting patient safety. Elevating nurses, who were often delivering tailored care to patients despite lacking protective equipment, during this crisis was a way for the NCC to highlight the profession and its efforts to fulfill SDGs. Coordination, fast action, and offering a concise message can create impact when the clear line of sight is the patient.

Similarly, the NCC played an active role in advancing legislation during the 115th Congress that would bolster the workforce’s capacity to eradicate the nation’s opioid crisis. The opioid crisis impacts all walks of life across the country, resulting in more than 130 deaths each day from overdose ([National Institute on Drug Abuse \[NIDA\], 2018](#)). At the beginning of the 115th Congress, nurse practitioners were halfway through a 5-year authorization to prescribe medication-assisted treatments (MATs) to those addicted. The NCC campaigned to ensure a provision would be included in opioid legislation to *permanently* authorize nurse practitioners to treat those in needs and create an authorization for certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse specialists (providing a 5-year authorization). These efforts materialized as Section 3201 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act [Public Law No: 115-271], which was signed into law on October 24, 2018. By actively engaging policy makers on Capitol Hill, other health professionals groups, and experts within the nursing workforce, real change was made to expand access to the quality care for the patients suffering from opioid abuse and misuse.

The profession’s reactions to the Trump Administration’s policy of separating children from their families at the border serves as a final example of how nurses rise above politics to ensure the well-being of all individuals. As nurses committed to protecting the health of vulnerable populations, including refugees and children, the NCC sent letters urging immediate action be taken to protect the children separated from their families at the border from experiencing any additional stress or trauma ([NCC, 2018](#); [NCC, 2019](#)). Looking beyond nationality and politics to focus on the care of individual treatments at the nation’s border showcases the profession’s capability to work together to ensure good health and well-being. Here again, swift coordination was able to occur because the need to advocate for a vulnerable population superseded the typical delays in creating a unified voice.

In all of these instances, the NCC was able to take exemplars of the profession's work and demonstrate the role of nurses to create a healthier today and tomorrow. The response from the NCC required different approaches and coordination to achieve impact. Over the course of this work, the process was not always smooth and was met with barriers and politics. However, each case above was a unique opportunity to consider local and global impact. Ultimately, success was driven by the ability of the profession to remain focused in its course to fulfill the “steady horizon—good health and well-being. With no direct statement as such, the coalition was able to adhere to the SDG Goal 17 and in particular, SDG 17.16 which calls upon stakeholders to “mobilize and share knowledge, expertise, technology, and financial resources” to achieve the SDGs (United Nations, n.d. b). It is through engagement at the macro level that nurses are able to successfully promote the SDGs.

When the Macro and Micro Levels in Nursing Converge

It is important to recognize that the examples above were synchronized responses from professional through the NCC and this is only a high-level description. Success was also driven by multiple actors, including policymakers and advocates from other professions, which are necessary for policy action or politics navigated. Ultimately, the best success is the recognition of a common goal and the collective will to form true partnerships through the leveraging of resources, as has been done within the NCC.

It is critically important to recognize the convergence of the micro and macro levels for success. Partnerships are people. If it were not for the individual nurse members of the 62 national nursing organizations (whether directly or indirectly engaged), this coalition would not have the power to impact change. These organizations called upon their members to act, provide research, and share their stories. Individual members also connected directly with their organizations to offer support. This brings the discussion full circle to political will and Benjamin Franklin's quote, “Tell me and I forget; teach me and I may remember; involve me and I learn.” Nursing's micro- and macro-levels converge so that the individual learns through involvement and the profession can move to impact. The alignment of the problems, possible solutions, and political circumstances through greater partnership will advance the American national nursing policy agenda because the window of opportunity is open.

Conclusion

Formally or informally, the SDGs as a policy framework (not unlike the Vital Directions or other health policy platforms) need micro- and macro-level support within the profession to champion their underlying tenets in policy development. The nursing profession's leadership, research, and education directly support the SDGs. The profession embodies holistic care and, in turn, nurses help to change social constructs that measurably move American healthcare policies in the right direction toward achieving the SDGs. There will be no one sweeping policy or single effort. The work to address the SDGs will be granular and grand. To that end, the policy agenda of nursing serves as a reflection of this work, as does the convergence of the individual political will and nursing organizations to see the NCC succeed. It is the strength of our differences (lens, specialization, backgrounds) and willingness to form partnerships that will move the needle forward. The profession will go far to help achieve “a better and more sustainable future for all” by going together.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.outlook.2019.09.004](https://doi.org/10.1016/j.outlook.2019.09.004).

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