

## TAKING ACTION

### The Virginia Nursing Kitchen Cabinet

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*"The activist is not the man who says the river is dirty.  
The activist is the man who cleans up the river."*

—Ross Perot

In the mid-1990s, Virginia nurse leaders began a journey toward speaking with one voice for nurses and nursing in the public policy arena. This chapter chronicles the journey focusing on the development and growth of the "Nurses' Kitchen Cabinet," a loosely organized group of nurse leaders committed to a common nursing policy agenda during the 2005 gubernatorial campaign. We also discuss the ensuring influence of nursing in gubernatorial health policy reflected over a 4-year administration. Finally, we discuss the important factors contributing toward the success of the Kitchen Cabinet and lessons learned for the future.

#### THE CONTEXT

Our journey began with nurse leaders' commitment to working together in the policy arena. We had already strengthened the Virginia Nurses Association's commitment to working with all nurses and nursing organizations; formed the Legislative Coalition of Virginia Nurses (LCVN); broadened the membership in the Nurses' PAC (N-PAC, the political action committee for nurses in the state); and established a tax-exempt public-private partnership, the Virginia Partnership for Nursing (VPN), to develop and implement nursing workforce development activities.

By 2005, the LCVN, the VPN, and the N-PAC still had not attained a "tipping point" in advancing public policies supporting the profession despite their successes in bringing nurses together around legislative

activity, launching statewide campaigns for nurse education and recruitment, and contributing to campaigns. Our goal was to make certain that the gubernatorial candidates knew nursing's platform and included nurses in health policy decisions in the executive branch. To accomplish this, Virginia nurses created the Kitchen Cabinet.

The mission of the Kitchen Cabinet was to educate the candidates about the nursing shortage, propose solutions, influence political campaigns, and change public policy. The members were volunteer nurse opinion leaders who were passionate about the mission and able to be dynamic and agile as the process unfolded. All nursing stakeholders were at the table—practice, education, associations, regulators, and policy influencers. The methods required the Kitchen Cabinet to separate policy development from electoral politics for action. Thus, though members differed on political persuasion, the Cabinet developed a common policy platform.

#### THE POLICY DEVELOPMENT

The Kitchen Cabinet agreed on a plan to work together to develop a consensus, nonpartisan policy platform (Box 89-1). The process of policy development entailed hearing from and acting on the requests from the VPN, which includes all stakeholders in nursing practice, and the state's educational programs.

The first request, from the VPN, focused on creating a center for nursing workforce development. The Commonwealth had no ongoing systematic process for collecting and analyzing data about the supply and demand for nurses. Without adequate data, workforce planning had been based on national and anecdotal workforce data. In 2000, we had successfully lobbied

for a one-time appropriation to study the nursing workforce; the report was completed in 2001. It served as a catalyst for subsequent work on nursing education, particularly at the associate degree level. But the data collection and analysis were not sustained subsequently.

The second request centered on obtaining funds to support an increase in educational capacity. We used three data sources to support this request: national supply and demand projections estimated at the state level; National League for Nursing and American Association of Colleges of Nursing data on the aging faculty with impending plans for about 50% of faculty to retire within the next decade; and increasing demands for nursing education slots throughout the Commonwealth. Using the data available about the nursing workforce in Virginia, we were able to devise the following simple sound-bite message used by all:

- “By 2020, 20,000 nurses short.”
- “1 in 3 Virginians will be without a nurse.”

**BOX 89-1 Virginia Nurses’ Kitchen Cabinet  
Policy Platform for the 2005  
Gubernatorial Campaign**

- A commitment to nursing workforce development with the creation of a statewide center for nursing
- A commitment from the Commonwealth to increase the educational capacity of the state’s schools of nursing

## THE POLITICS IN ACTION

Having created the policy platform, we were ready to move on to the political action plan. First, we paired and embedded nurse liaisons with each of three gubernatorial candidates. We created “Nurses for Kaine” (D) (Figure 89-1), “Nurses for Kilgore” (R), and “Nurses for Potts” (I). Second, each of the nurse liaison groups met with the candidates or the campaigns early to deliver our message about nurses, nursing, and patient care. We all agreed to hold at least one fund-raiser for the candidates and be available to work for each campaign. We all enlisted other nurses to become part of the grassroots work. And finally, N-PAC contributions were hand-delivered to each of the campaigns. Our decision to contribute to each campaign was based on past experience and pragmatism. In a previous gubernatorial campaign, our N-PAC had endorsed the losing candidate. In Virginia, memories are long, and that decision may have been a factor in nursing’s lack of visibility and influence during that governor’s tenure. For pragmatic reasons (and because many PACs contribute to all campaigns), we decided to contribute equally to all three campaigns. In this case, hedging our bets paid off in the long run.

## THE IMPACT

As it turned out, we met with huge success in our inaugural launch of the Kitchen Cabinet. Timothy M. Kaine was elected governor, and he appointed two



FIGURE 89-1 Governor Timothy M. Kaine with the Nurses Kitchen Cabinet.

Kitchen Cabinet nurses to his health policy transition team. Both of these nurses then received gubernatorial appointments in the administration—one serving as the first nurse to head the Department of Health Professions (the umbrella health professions regulatory agency), and the other as Chair of the Virginia Council on the Status of Women.

The governor also appointed other nurses in his administration and fostered the implementation of one of the long-term goals of the nursing community: He appointed nurses to key positions. Marilyn Tavenner was appointed to be Secretary of Health and Human Resources, which was a cabinet-level position. Her success in this role came to the attention of the Obama administration, and she was appointed Principal Deputy Administrator of the U.S. Centers for Medicare and Medicaid in 2010. In 2006, the governor also appointed nurses to serve on his Health Reform Commission (HRC) and on Commission workgroups.

In addition to ensuring the presence of nurses in the executive branch and on gubernatorial-appointed councils and commissions, we were incredibly successful in advancing our policy agenda. The primary overarching health workforce recommendation of the governor's HRC was that the Commonwealth should invest in a health workforce data center. Though nursing's request and dream was a nursing workforce center, through the art of negotiation and compromise, we recognized the need for data on all health professions and thus supported this concept. The Health Professions Workforce Data Center (the Center) is now a reality, housed within the Department of Health Professions. Its initial focus has been on the nursing profession, followed closely by medicine. In 2009, the Center issued its first report on the supply of nurses and the status of nursing education. Its next venture for nursing will be to analyze the supply of nurse practitioners.

Our second policy platform request, to increase the educational capacity and faculty salaries in schools of nursing, was realized in 2007. The governor submitted a budget request for a 10% increase in nurse faculty salary at all public colleges and universities.

#### **BOX 89-2 Golden Nuggets of Lessons Learned by the Virginia Nurses Kitchen Cabinet**

- Start early and act strategically by assuring that action steps are consistent with achieving Cabinet goals.
- Speak in a unified voice on the planks of the policy platform for nursing.
- Educate the candidates on the policy "asks," and remind them often through a consistent nursing presence in the campaign.
- Cast a wide net for action, and include nurses from all service and education sectors.
- Involve nurses as grassroots advocates for the campaigns to contribute financially, display yard signs, make phone calls, and so forth.
- Trust one another to deliver the nursing message for the greater good.
- Keep the message focused on the nurse's role in patient care and outcomes.
- Have fun, and celebrate all successes!

This request has been sustained despite the state's difficult economic realities.

Through all of these years, Virginia nurses have grown in the ability to work collectively and collaboratively to achieve an agreed-upon set of common nursing policy goals. We also realize that our Kitchen Cabinet approach needs ongoing nurturing and rejuvenation with each election cycle. For the Kitchen Cabinet leaders, this process takes energy and commitment to advance the profession in a political environment. We have learned several critical lessons, including the importance of speaking with one voice, enhancing grassroots support, educating and supporting all candidates, and the art of negotiation and compromise. These "golden nuggets" of lessons learned in policy development and policies in action are included in Box 89-2. We encourage you to form a Kitchen Cabinet in your state to bring nurses together for policy development and political action—the potential outcomes are exciting!

For a list of related websites, please refer to your Evolve Resources at <http://evolve.elsevier.com/Mason/policy/politics/>

