

## CLINICAL PRACTICE

# Evaluating a nurse-led health policy summit for stakeholder engagement and policy discussion

Shea Polancich\*<sup>1</sup>, Tracey Dick<sup>1</sup>, Joy Deupree<sup>1</sup>, Nancy Borkowski<sup>2</sup>

<sup>1</sup>University of Alabama at Birmingham School of Nursing, Birmingham, AL, United States

<sup>2</sup>University of Alabama at Birmingham School of Health Professions, Birmingham, AL, United States

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## ABSTRACT

Engaging stakeholders in healthcare policy is crucial, and nurses play a vital role in the development and advancement of healthcare policy. Addressing the challenge by the Institute of Medicine to engage nurses as leaders in health policy, we describe our successful use of a nurse-led health policy summit to communicate and inform voters, while specifically engaging participants in a dialogue on telehealth. The 2024 program received favorable evaluation ratings for the live event.

**Key Words:** Healthcare policy, Nurse-led, Summit

## 1. INTRODUCTION

Advocating for change in healthcare policy is a continuous and necessary process. Legislators and voters must be well-informed and knowledgeable of the drivers critical to supporting, advancing, and improving care delivery. These drivers may be associated with changing rules that govern healthcare provider practice, such as the development of laws or regulations that expand the scope of practice for physicians, advanced practice providers, pharmacists, or other healthcare professionals. Legislation or regulation may also be necessary for creating or supporting modes of healthcare delivery, such as telehealth services and unconventional financial models for reimbursement.

Lobbying for healthcare or any policy or legislation is common at all levels of government. Advocacy and lobbying can produce either positive or negative consequences, depending on the circumstances. Balance is required to effectively and appropriately advocate for policy change with impact. Policy development or policy change requires analysis from all

angles and input from stakeholders. One critical stakeholder often absent from policy dialogue discussions is the voters. Citizens in our communities need to be more informed of legislative agendas, as many lack the knowledge or understanding of the content of proposed policy or amendments and how new or revised policies may impact them or their lives. Many individuals are unaware of how small changes or minor wording alterations in legislation can have significant impacts. For example, changes to bills affecting Medicaid funding may result in large numbers of previously covered recipients being denied coverage.

Creating informed voters, including healthcare providers from all health professions, is an essential step in ensuring that the consequences of policy reform do not negatively impact the provision of care. Nurses play a unique and vital role in advancing healthcare policy due to their knowledge of clinical care and their ability to gauge the impact of policy changes in the healthcare environment.<sup>[1]</sup> In this paper, we discuss the design and evaluation of a nurse-led health

\*Correspondence: Shea Polancich; Email: [spolancich@uabmc.edu](mailto:spolancich@uabmc.edu); Address: NB 485K, 1720 2nd Avenue South, Birmingham, AL, United States.

policy summit and how it was utilized to create an environment for policy dialogue aimed at informing a community of healthcare voters.

### 1.1 Literature review

A literature review was conducted using our academic medical center library's search engine. All holdings within our library were explored using the search term "health policy conference." Filter criteria were used to limit the search to "2019-2024" and "English" only articles. Filters were added, restricting to "healthcare policy" only. A total of 287 articles were produced. These were reviewed and limited to those most relevant to our topic, resulting in nine articles that were included.

Bloomrosen and colleagues<sup>[2]</sup> describe the use of the conference format to discuss the unintended consequences of health information technology and policy, similar to the approach taken by Fisher's<sup>[3]</sup> Israeli conference, bringing together thought leaders to examine the evolving use of technology in healthcare delivery. Miclette and colleagues<sup>[4]</sup> similarly used the conference structure for discussion of policy surrounding specific patient populations and the evidence-based practice recommendations for opioid use disorder. Rogers et al.<sup>[5]</sup> convened a disciplinary-themed conference focused on pharmacogenomics and policy/regulations specific to reimbursement. Shaikh and colleagues<sup>[6]</sup> discussed the proceedings of a conference in Pakistan to examine national healthcare development goals, similar to Xu<sup>[7]</sup> in the United States, who organized a conference to discuss US rural healthcare policy. These authors utilized the conference format for general discussions and to gain a deeper understanding of a topic, to develop a potential strategy, policy, or recommendation.

Kaymaz,<sup>[8]</sup> Sola et al.,<sup>[9]</sup> and Kolade et al.<sup>[10]</sup> most specifically explore the conference setting for examining the knowledge of healthcare policy among attendees. Kaymaz's forum was used to discuss medical student engagement in healthcare policy, while Sola explores the intersection between healthcare policy and academic medicine. Kolade and colleagues discussed the conference setting as a forum for addressing health policy literacy in senior citizens and their care partners. While these authors discuss the most specific elements of healthcare policy knowledge assessment, neither of these efforts evaluated changes in knowledge or competence development for those populations using the conference approach.

Of the nine articles reviewed, all were deemed descriptive or informal discussions with no prescribed research design. The literature described single events and did not discuss the rationale or the strategy behind using the synchronous conference

approach. The use of the conference format was successful in bringing individuals together and for communicating information regarding a specific topic or topics. However, these authors do not specifically describe the use of conferences or summits as an intervention with an expected outcome for improving health policy knowledge or competence. The literature lacked detailed information regarding the structure and process used to design and implement these policy discussions. Program evaluation outcomes specific to the design and objectives of these health policy conferences are limited or absent.

A specific communication or discussion forum has yet to be proven the most effective for engaging stakeholders in healthcare policy. We found no literature directly studying or formally researching the conference platform as a structure for health policy knowledge and competency development. Direct stakeholder engagement, however, in the form of policy dialogues or live (in-person) conference discussions with individuals or groups has often been used to communicate healthcare policy needs. Healthcare professional organizations and policy leaders in the United States and abroad have employed the in-person approach, sometimes organizing separate and specific health policy conferences to create forums for discussing and addressing policy issues that may impact practice.<sup>[2-7]</sup>

The authors in this literature review address the need to engage stakeholders in healthcare policy discussions and dialogue, and to inform healthcare professionals of the importance of understanding policy and its impact on clinical care delivery. Gaps were found to exist in the lay public's understanding of health policy.<sup>[10]</sup> While the conference format was found to be successful engaging individuals in healthcare policy, we did not find an explicit assessment of competence and knowledge gained through the use of a conference format. This lack of clarity on the knowledge and competence gained through a conference format provided the rationale for our summit and evaluation.

### 1.2 Background

The Alabama Health Policy Summit, a historical event, was considered a forum for dialogue specific to policy and/or other associated emerging trends or issues in healthcare. Due to concerns over the spread of the COVID-19 virus,<sup>[11]</sup> the summit was halted but reinstated in 2023 with a program focus on healthcare quality and patient safety. The 2023 event was intentionally designed to provide informational content for a gradual re-entry into the summit space, while also determining the interests of participants for future programs. The 2023 participants clearly articulated a desire to engage

in policy dialogue in a face-to-face environment with federal and state elected officials, leaders of healthcare advocacy groups associated with health care organizations, and leaders from other healthcare offices across the state.

## 2. APPROACH

### 2.1 Planning committee structure

A nurse leader co-chaired and organized the 2024 planning committee composed of leaders from professional organizations across the state with specific health and health policy foci. Representatives were selected from professional organizations, including, but not limited to, state chapters of the American Health Information Management Association (AHIMA),<sup>[12]</sup> the American College of Healthcare Executives (ACHE),<sup>[13]</sup> and the Health Information and Management Systems Society (HIMSS).<sup>[14]</sup> Individuals from the state's largest academic medical center also served, including two nurse faculty members, one of whom is an active leader in state health policy. The state hospital association was a stakeholder in event planning and a historical sponsor of ACHE's educational events. The planning committee, seeking to represent the business community, recruited a speaker from the Coalition of Large Employers.

Committee members represented various stakeholders, although all had a healthcare affiliation. Additionally, the members were diverse in terms of professional backgrounds, experience, and political affiliations. Due to the diversity of the members, topics suggested for the summit ranged from policy related to healthcare delivery, healthcare advocacy, and policy specific to healthcare technology. The group also ranged in age to represent varying generational perspectives.

### 2.2 Designing a health policy summit venue, location, and date

The 2024 planning committee continued the Alabama Health Policy Summit 2.0 as a single-day event, approximately 6-7 hours in length, depending on the final topical agenda. The event, historically held in the state's center (Birmingham, AL), was held in the same location for 2024. A cost-appropriate, convenient location in Birmingham was chosen due to the services provided, which included on-site food service and a large event room with ample, fee-free parking.

Planning committee discussions began in January 2024 with monthly one-hour meetings that continued over 10 months, culminating in the event date. The first decision to be made by the committee was the date of the event. The 2024 summit differed from the 2023 summit, as it occurred during a national presidential election cycle. The planning committee viewed the timing favorably and believed that holding a

policy dialogue with legislators close to the election could inform potential voters and increase speaker name recognition as they campaigned for re-election. The committee decided that October would be a more suitable month for the 2024 summit, as opposed to August in 2023, considering the election would take place in November.

### 2.3 Program topic selection

The nurse member of the planning committee designed the program to begin with a discussion of federal and state legislative priorities for healthcare policy, setting the stage for the day. This opening topic would allow summit participants to compare the differences in federal and state legislative agendas. The session would also provide an opportunity for participants to gauge their representatives' support for policy priorities at both levels of government.

The Alabama Hospital Association (AHA)<sup>[15]</sup> leadership team was asked to participate, providing their perspective on the needs for advocacy and future legislation based on their interaction with hospitals across the state. AHA leaders and staff interact with most leaders in hospitals across the state, including the many rural facilities that require the more support.

Committee members discussed the importance of a policy dialogue based on 2023 feedback, where participants could understand the current state of specific types of healthcare policy facing legislation, with an opportunity to engage in discussions around the topic. The committee sought a relevant and debatable clinical topic to recruit speakers to the event. For the 2024 program, the committee selected telehealth as its focus. Federal telehealth legislation was still being debated during the October 2024 summit. Federal legislators had varying levels of support for telehealth appropriations post-pandemic, and states differed in their legislative activities related to coverage and payment parity. Alabama is also a state with numerous rural areas where telehealth has improved convenient access to providers, particularly in areas where services have not existed or are limited.

The committee agreed on two informational policy topics associated with upcoming trends in health care. These topics included artificial intelligence, (AI) ethics in health care and maternal health. Federal and state AI legislative discussions are underway, with several states introducing new legislation for AI use in health care, which is not currently addressed in our state. Maternal health was selected as a topic due to the state's poor performance in terms of outcomes compared to other states.<sup>[16]</sup> The planning committee had a two-fold purpose with these topics: to raise awareness and identify future policy dialogues.

## 2.4 Program speaker recruitment and selection

The recruitment of speakers for the summit was primarily based on the committee members' personal and professional contacts. The nurse co-chair initially contacted federal and state legislators. Still, these efforts were further enhanced by the engagement of other committee members with elected officials through professional organizations or personal contacts. The final decision regarding speakers, particularly those with federal and state legislative roles, was ultimately based on the individual's availability on the event date at the event location. The committee experimented using a single recorded video message from a federal representative to gather participant feedback on this type of communication during a live event to determine participant satisfaction with this format versus in person presenters.

## 2.5 Summit support, marketing, and communication

The summit was a community event and not sponsored by any single organization. The event was designed to offer a low-cost opportunity for participants and students interested in health policy. The committee solicited sponsorship from organizations with an interest in the program's objectives. Committee members' professional organizations, an academic university and medical center, and other private collaborators offered financial support for the program to cover basic costs, including the event location and audio/visual support.

A summit website was developed and hosted on the website of one of the primary supporting organizations, a recognized entity, ACHE, to provide a description of the program and offer individuals the opportunity to purchase a ticket/register for the program. Planning committee members distributed a flyer containing the information on the summit and the registration link through their professional organizations and communication channels. The event cost was \$35.00 for students and \$50.00 for other participants, primarily covering food and beverages throughout the day.

## 2.6 Summit evaluation process

Program evaluation was necessary to ensure alignment with the stated summit objectives and to verify that the program topics and speakers were both appropriate and engaging for the participants. The summit was reviewed for continuing medical education (CME) credits, and CME reviewers provided a required evaluation tool. The committee developed a voluntary program evaluation, including Likert scale questions for each topic and presenter. A second voluntary Likert scale tool was created for the policy dialogue to gather insights on changes in perspective regarding telehealth based on the discussion. Each survey offered the opportunity to

provide feedback through open-ended questions. Tables 1 and 2 present the questions from the voluntary surveys.

The three surveys were implemented using the web-based survey tool Qualtrics,™, using a QR code. The QR codes were copied to a single sheet of paper, labeled according to each survey, and distributed to each participant at registration. At the beginning of the program, one of the program moderators instructed the summit participants on the evaluation process and encouraged them to participate in the surveys at the program's close.

## 2.7 Survey design

The two surveys, designed by the planning committee, were organized to determine participants' perspectives and satisfaction with the event location, program content, and speaker ratings. For each section of the program, there was one topic content feedback item (Met the stated objectives) and one speaker feedback item (The speakers were knowledgeable and relevant for meeting the session objectives). For the telehealth policy dialogue evaluation, there were six items specific to the topic content, repeated both pre- and post-intervention; additional items were added to determine the importance of telehealth and the necessity of payment for the service (see Table 1). The mandatory CME survey was designed in accordance with the program's rules and requirements. This manuscript will not address it due to the inability to modify those requirements or impact the survey design.

## 3. PROGRAM EVALUATION OUTCOMES

Approximately 200 participants and presenters were registered for the event, with 180 individuals in attendance. The voluntary survey response rate was 24% (43/180). The second voluntary survey, specifically tailored to the telehealth policy dialogue, yielded a response rate of 11% (20/180).

Descriptive statistics were used to analyze the results of the two planning committee surveys. The ratings of the eight overall survey items ranged from an average of 4.37 to 4.83, with all elements scoring greater than 4 on a 5-point scale. The participants rated "The program location (Birmingham) was convenient and centrally located" at 4.83, the highest of the section, followed by "I would be interested in attending future Alabama Health Policy Summit programs" 4.79, and "Covered important health policy issues and concerns relevant for the state" as 4.73 to round out the top three ratings. Participants rated all session topics and in-person speakers above a 4.0, ranging from an average of 4.50 to 4.90 for "Meeting the stated objectives" and 4.54-4.97 for "The speakers were knowledgeable and relevant for meeting the session objectives." Table 1 provides a summary of the overall voluntary Summit evaluation.

**Table 1.** Overall summit evaluation

Item	Average Rating
Met Stated Objective	4.64
Covered important health policy issues and concerns for the state	4.73
The speakers were knowledgeable and relevant to the program objectives	4.67
The program location (Birmingham) was convenient and centrally located	4.83
The event location (The Club) was spacious and comfortable for the event	4.71
The food and refreshments were adequate	4.37
The cost of the event was appropriate for the program and continuing education	4.50
I would be interested in attending future Alabama Health Policy Summit programs	4.79
<b>Opening Session: Federal and State Legislative Priorities</b>	<b>Average Rating</b>
Met the stated objectives for the session	4.54
The speakers were knowledgeable and relevant for meeting the session objectives	4.54
Speaker 1	4.23
Speaker 2	4.50
<b>Session 2: Status of Alabama Healthcare System</b>	<b>Average Rating</b>
Met the stated objectives for the session	4.90
The speakers were knowledgeable and relevant for meeting the session objectives	4.97
Speaker 1	4.79
<b>Session 3: Split 1 Telehealth Clinical Providers</b>	<b>Average Rating</b>
Met the stated objectives for the session	4.70
The speakers were knowledgeable and relevant for meeting the session objectives	4.79
Speaker 1	4.80
Speaker 2	4.66
<b>Session 3: Split 2 Telehealth Payers and Regulators</b>	<b>Average Rating</b>
Met the stated objectives for the session	4.70
The speakers were knowledgeable and relevant for meeting the session objectives	4.79
Speaker 1	4.59
Speaker 2	4.55
Speaker 3	4.52
Speaker 4	4.26
Recorded Speaker	3.89
<b>Session 4-Emerging Trends and Issues (Artificial Intelligence)</b>	
Met the stated objectives for the session	4.81
The speakers were knowledgeable and relevant for meeting the session objectives	4.84
Speaker 1	4.78
<b>Session 4: Emerging Trends and Issues (Maternal Health)</b>	
Met the stated objectives for the session	4.81
The speakers were knowledgeable and relevant for meeting the session objectives	4.84
Speaker 1	4.68

A similar evaluation approach was used for the telehealth-specific policy dialogue. In the four items specific to the importance of telehealth as a convenient tool for improving access to healthcare, average ratings all improved, ranging from 0.06 to 0.12 increases following the discussion. Pre-

dialogue participant ratings for these elements ranged from 4.63 to 4.80, and post-dialogue ratings ranged from 4.74 to 4.90. Following the policy dialogue, 95% of participants supported continued use and payment for telehealth services. Table 2 provides the feedback for the policy dialogue.

**Table 2.** Survey telehealth policy dialogue

Item	Pre-Policy Dialogue	Post-Policy Dialogue
Telehealth is a necessary tool for the provision of health care in Alabama.	4.8	4.9
Telehealth services improve access for patients in rural areas.	4.63	4.75
Telehealth services are convenient for patients and families (reducing transportation needs and costs incurred)	4.74	4.8
Telehealth services improve access to providers for conditions where there are limited options for care (examples: specialty care, psychiatry, maternal-child care).	4.68	4.74
Alabama legislation related to telehealth sufficiently addresses coverage and payment of services.	2.79	2.74
I have had personal experience with telehealth for my own care delivery or someone in my immediate family and the services met my needs.	4.47	4.67
	<b>Responses</b>	
Following the policy dialogue, I support payment for telehealth services in the state of Alabama.	95% YES	
	0% No	
	5% Uncertain	

**4. DISCUSSION AND LESSONS LEARNED**

Like other authors in the US and abroad,<sup>[2-10]</sup> our planning committee successfully used a healthcare policy summit as a communication forum to engage stakeholders in discussions regarding healthcare policy within our state. Similar to the literature,<sup>[8-10]</sup> we successfully engaged summit participants, which included healthcare professionals, students, and laypersons, and improved participant perspectives in a policy dialogue related to telehealth, a topic with current federal and state policy implications. A notable strength of our summit compared to other authors was the implementation of a formal program evaluation to assess the quantitative outcomes associated with knowledge and competence development in health policy. This element was specifically identified as a gap in the literature that we reviewed.

We had several key findings from this event. Engaging elected officials as early as possible in the event planning process is critical. While early calendar planning discussions with legislative staff members are beneficial, challenges still exist with any elected official, particularly at the federal level, as last-minute priority changes often prompt calendar adjustments. State representatives may be more easily recruited during months when the legislature is not in session. We believe in-person conversations with elected officials facilitated recruitment, as multiple committee members relayed the same message to these individuals at varying times.

We invited six congressional elected officials from Alabama (two U.S. Senators and three U.S. Representatives ) with at least a five-month lead time. We were only able to secure one in-person speaker and one recorded message. The lack of response from federal legislators seemed less surprising, given the proximity to Washington, D.C. Still, at the time of

the event, many were in Alabama for the national election, and the challenge of travel to the summit location was less of a barrier to participation. To allow for optimal scheduling, we have planned additional time on the program agenda for late confirmations, should our federal representatives be available at the last minute.

When selecting elected officials, we learned the importance of choosing specific topics or policies of interest for them where they have advanced legislative efforts. We also found the importance of pre-briefing speakers to clarify the issues, program objectives, and the proposed goals of the session. During our pre-briefing calls, we encountered presenter confusion regarding the purpose and outcome of program sessions. The prior meeting with speakers clarified goals and outcomes, while also avoiding unexpected discussions that fell outside the objectives and expertise of the presenters and attendees.

One of our key considerations regarding speaker selection was achieving a balance in political party representation. Although our state is considered to favor one political party predominantly, the committee members brought diverse political beliefs to our planning. Participants also have diverse views and do not necessarily reflect a single political party preference. The committee believed it was appropriate to inspire thoughtful discussion, considering the potential opposing opinions of the speakers.<sup>[17]</sup> Nurses are often exposed to these types of discussions during their educational programs to support development of the professional skills necessary for communication, collaboration, and critical thinking. Although encouraging opposing views and political perspectives created a risk for negative participant feedback, we were pleasantly surprised to find balanced outcomes from

the diverse audience. Attendees may have disagreed with the speaker's political affiliation or policy perspectives. Still, the participants appreciated the willingness of an individual to stand in front of them and respond to questions.

One of the most significant challenges we encountered in recruiting speakers was the low response rate to our requests. We had assumed it would be easier to recruit elected officials at the state level during a time they were out-of-session. However, we were surprised by their limited responsiveness after we extended invitations to the majority of our state health committee members (both the Senate and House) with a notice period of at least 5 months. Ultimately, we secured only one speaker for the event. Of the numerous invitations sent, we received formal responses from just five individuals, and a preliminary acceptance was later withdrawn due to a scheduling conflict. The elected officials' lack of engagement may be attributed to the challenging state legislative session they faced earlier in the year.

Although we were able to secure a recorded message from one of our U.S. senators, this asynchronous modality was deemed the least favorable by participants and will guide our future program development. We may consider using live conferencing instead of recorded messaging if faced with a similar issue of on-site availability for relevant speakers.

Our opportunities for improvement were related to the event menu and the event environment. The food menu is the most significant cost and the most challenging aspect of logistics. The 2024 lunch ratings were higher than those in 2023, primarily due to a more favorable selection of hot menu items (meat/vegetarian options) versus cold salad plates. The event location was only available from 10:00 a.m. forward, limiting the time for the program, but it was financially positive in that only one meal was needed. While the participants rated the program site positively for its central location, size, and appearance of the space, in-house food service, and ample fee-free parking, the one consistent and critical comment was the environmental temperature, which was considered too cold. A 2023 learning, the addition of a stage, was implemented in 2024 to increase the speaker visibility.

One of our key goals for the summit was to create a communication forum that involved participants in a policy dialogue. The telehealth topic appeared to resonate with the attendees, and we observed slight increases in their knowledge and support for the state's baseline-favorable stance on telehealth use. We believe that our attendees left the summit with positive support for the state's current telehealth coverage, and 95% of attendees supported the appropriate payment for the service.

## 5. CONCLUSION

Policy discussions and advocacy efforts are essential processes for healthcare professionals as well as for other stakeholders. Creating informed voters may positively impact the fate of potential legislation. The most successful platform for engaging stakeholders, communicating information, and fostering policy dialogue has not been formally studied. Our successful Alabama Health Policy Summit informed participants about federal and state legislative healthcare priorities, discussed the provision of health care within the state, allowed participants to engage in dialogue on telehealth legislation, and raised awareness of two trending topics. We believe this in-person event strategy may be one of the most successful methods for health policy discussion, informing current and future voters, and improving knowledge of policy issues, as evidenced by our positive baseline and post-summit program evaluation data.

Ultimately, nurse leaders can play a crucial role in shaping and advancing health policy. Nurses possess the knowledge and skills that position them to engage in dialogue regarding the impact of legislation on clinical practice. Nurses can also lead teams and facilitate discussions that incorporate both practice and policy.

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## AUTHORS CONTRIBUTIONS

Drs. Polancich, Borkowski, and Dick were responsible for study design and revising. Dr. Polancich was responsible for data collection. Drs. Polancich, Borkowski, Dick, Deupree drafted the manuscript. Drs. Polancich, Borkowski, Deupree and Dick revised it. The authors approved the final manuscript.

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Obtained.

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### DATA SHARING STATEMENT

No additional data are available.

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