

Type: Research Paper

Subject: Nursing Leadership Course

Subject area: Nursing

Education Level: Masters Program

Length: 5 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Letter to the Editor: Population Health Policy Advocacy

Instructions: write a letter to the editor of an academic or professional journal. your submission should be succinct yet substantive. advocating for new policies is an important aspect of the master's-prepared nurse. for new policies to be compelling they need to be supported by evidence. supporting data can be used to illustrate why new policies and interventions are needed to help address a specific health issue. compelling data can help sway the stakeholders and gain support for your policy. scenario: throughout this course, you have focused on a specific health issue occurring within a specific population. you researched position papers regarding this health concern, and you developed a health policy proposal to positively impact the health of the affected individuals. it is now time to reach a greater audience regarding your policy proposal. instructions: develop a letter to the editor of a peer-reviewed academic or professional nursing journal based on the policy proposal that you created for assessment 2. choose from one of the journals on the ultimate list of nursing journals (in the resources) and go to that journal's web site to find out the requirements for submitting a letter to the editor, such as format requirements, topics, and word counts. make sure you select a nursing journal that covers the topic about which you are going to write. if you want to use another journal that is not on this list, please make sure the journal does address health care, because this is the purpose of the assessment. the goal of your letter is to be informative about the policy that you developed for assessment 2, while also being persuasive about the need for and benefit of similar policies in other health care settings. the bullet points below correspond to the grading criteria in the scoring guide. be sure that your submission addresses all of them. you may also want to read the letter to the editor: population health policy advocacy scoring guide and guiding questions: letter to the editor: population health policy advocacy document to better understand how each grading criterion will be assessed. 1. evaluate the current state of the quality of care and outcomes for a specific issue in a target population. look back to the data or scenario you used in assessment 1 to address this criterion. 2. analyze how the current state of the quality of care and outcomes for a specific issue in a target population necessitates health policy development and advocacy. 3. justify why a developed policy will be vital in improving the quality of care and outcomes for a specific issue in a target population. 4. advocate for policy development in other care settings with regard to a specific issue in a target population. 5. analyze the ways in which interprofessional aspects of a developed policy will

support efficient and effective achievement of desired outcomes for the target population. 6. communicate in a professional and persuasive manner, writing content clearly and logically with correct use of grammar, punctuation, and spelling. 7. integrate relevant sources to support assertions, correctly formatting citations and references using current apa style (or the journal's preferred style). example assessment: you may use the assessment example, linked in the assessment example section of the resources, to give you an idea of what a proficient or higher rating on the scoring guide would look like. (see attached)

Letter to the Editor

Name

Institutional affiliation

Course

Date

Current State of Care for Veterans in the Vila Health System

The Veterans Health Authority supervises the VA healthcare system and manages national programmers. People apply for health care services on their own, telephone, by mail or online. VA health systems hospitals, rehab centers and ambulatory clinics are allowed to registered veterans. Registered veterans offer a comprehensive insurance package, including hospital, outpatient and drug services. Veteran healthcare offers highly trained and veteran healthcare facilities that include military effects, brain damage, injuries to the spinal cord, and psychological distress (PTSD). VA physicians are experts in their patients to fulfill their unique needs due to the prevalence of such diseases in their population.

Today, Vila health veterans also seek care for their pain in particular. Veterans face many challenges through rehabilitation and supervision. Veterans without any follow-up are given opioids as a temporary remedy. Veterans are long waiting for treatment and access to healthcare is a major problem. Failure to provide access to therapy results in pain relief for veterans from illicit sources. Across the world, almost a quarter of all veterans, especially those registered with VA programs, are estimated to live in districts with lack of health care and without VHA health centers (Doyle and Streeter, 2017).

The need for Veteran Health Policy Development and Advocacy

Veterans are currently subject to TV and pain control policies and facilities. A range of programmes, facilitating access to care and treatment of chron's pain, would support the veterans of Vila health facilities. Veterans have insufficient access to healthcare in rural environments in Vila health (Capella, 2019). Military veterans are particularly vulnerable to trauma and

perpetuation. Millions of veterans who need therapy will benefit from pain control in telehealth. Kerns and Heapy (2016) observed "50% of males and 75% of females are chronically suffering from the U.S. 23 million military veterans. Veterans cannot have access to healthcare, which means that this venerable group has immense difficulties. A veteran wellness and advocacy policy should also provide state-of-the-art pain and telemedicine can open the door to veterans lacking access to local veterans.

Policy Justification Improving Quality of Care and Outcomes

Daley's assertion (2018) "A majority of hospital centers in Phoenix VAMC stated in 2013 that out of the ordinary time for the waiting of ambulatory appointments in Phoenix was reported to the Inspector General of the Department. They announced that thousands of veterans were waiting for appointments for the period they missed in their treatment." This policy provides veterans with different treatment choices. Vila's health will help close the gap in veterans' health with a pain management step-by-step model in a telemedicine pain management program.

The Veteran Stepped Therapy Model was used to manage VHA pain. The replication of this process by telehealth would support Vila's health. The models of physiotherapy include self-treatment, primary care, secondary counseling and a third-party pain system. The focus of self-care is help and relaxation. Primary care is more common treatment for pain and pain management. The secondary consultation involves more regular pain screening and other medicines. Finally there will be tertiary care in recovery facilities and family aid. VA's care management model step-by-step tends to motivate people to take good care of themselves (Cosio & Schafer, 2015).

Policy Development Advocacy

Patient safety issues can lead to death and pain medication administered without proper follow-up. This is enough to promote not only the health of Vila, but also rural areas. The statistics from Clarke, Skoufalos and Scranton, 2016, show that the lives of countless American people, regardless of sex, age, ethnicity or socio-economic status, were devastated by widespread drug violence, harassment, addictions and related deaths.

Interprofessional Aspects of Supporting the Developed Policy

For many interprofessional team members, this new approach will be successful. Technical assistance in remote areas must be provided by telemedicine in the field of information technology. In addition, clinicians need to be taught what they should expect. Telehealth would favor rural hospital systems in the suburban areas with veteran workers, thereby allowing for more acceptance and purchase. Furthermore, it is important to ensure that the interdisciplinary team is involved in projects. Healthcare professionals are also lacking. There are shortage of caregivers such as emotional health, pain management and veteran treatment in this case. A team of nurses, primary care providers, pain management specialists, families, patients and other important people will overcome a successful program and medical shortage.

Conclusion

In the next decades, the population will decline and change and require the VA healthcare system to be developed. The VA provides veterans with a unique range of programs, including treatment for spinal cord injury and exposure to chemical materials. They also provide veterans with a sense of community and can be of great benefit for new veterans who handle physical or mental health. One way to enhance the system is by meeting the needs of additional veterans in various regions and organizations to create capacity.

Reference

- Capella (2019). Vila Health: Health Challenges in Different Populations. Retrieved from <http://media.capella.edu/CourseMedia/MSN6026/VilaHealthHealthChallengesDifferentPopulations/wrapper.asp>
- Clarke, J. L., Skoufalos, A., & Scranton, R. (2016). The American opioid epidemic: Population health implications and potential solutions. Report from the National Stakeholder Panel.
- Daley, J. (2018). Ensuring timely access to quality care for US veterans. *JAMA: Journal of the American Medical Association*, 319(5), 439–440
- Doyle, J. M., & Streeter, R. A. (2017). Veterans' location in health professional shortage areas: Implications for access to care and workforce supply.
- Fathi, J. T., Modin, H. E., & Scott, J. D. (2018). Nurses advancing telehealth services in the era of healthcare reform.
- Kerns, R. D., & Heapy, A. A. (2016). Guest editorial. Advances in pain management for veterans: Current status of research and future directions.

Appendix

Journal Guidelines

Journal Name: The Journal of American Medical Association (JAMA)

Submission guidelines for letters to the editor per JAMA:

Letters dealing with this latest article should be submitted in print within 4 weeks of the publication of this article. Three letters received after 4 weeks are seldom taken into account. Letters should not be more than 400 words and five references, including one to the latest item. Just 3 writers will be in letters. The text must have full names, professional credentials and a single institutional affiliation for each author and for each email address of the respective author. No other released or submitted material shall be reproduced by letters and no unpublished data shall be included. Letters not compliant with these criteria are usually not considered. Letters that are common to be accepted for publication will be sent to the writers of the original article who can reply. Letters will be released and rewritten for content and style, at the request of editors.