

NACNEP : National Advisory Council on Nurse Education and Practice

Meeting Minutes: 150th NACNEP Meeting, August 10-11, 2022

The 150th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on August 10-11, 2022. The meeting was hosted by the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via the Zoom teleconference platform. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

Council Members in Attendance

Chair: CAPT Sophia Russell

Dr. Mary Ellen Biggerstaff

Ms. Susan Cannon

Ms. Christine DeWitt

Ms. Patricia Dieter

Ms. Karen E. B. Evans

Ms. Kristie Hartig

Dr. Meredith Kazer

Dr. Rose Kearney-Nunnery

Dr. Kae Livsey

Dr. Nina McLain

Dr. Luzviminda Miguel

Dr. Janice Phillips

Dr. Courtney Pitts

Dr. Carolyn Porta

Ms. Constance Powers

Ms. LaDonna Selvidge

Dr. Teresa Shellenbarger

Ms. Christine Smothers

Others Present:

Dr. Camillus Ezeike, Designated Federal Official, NACNEP

Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA

Ms. Janet Robinson, Advisory Council Operations, HRSA

Ms. Zuleika Bouzeid, Advisory Council Operations, HRSA

Wednesday, August 10, 2022

Welcome and Introductions

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 150th meeting of the Council on Wednesday, August 10, 2022, at 10:00 a.m. ET. He conducted a roll call, indicating the attendance of seventeen of the nineteen appointed Council members. Dr. Ezeike confirmed the presence of a quorum, allowing the meeting to proceed.

CAPT Sophia Russell, the NACNEP chair, provided a brief overview of the meeting agenda, and asked if any Council members had comments or edits to make on the minutes from the March 2022 NACNEP meeting. No edits or comments were offered, and CAPT Russell certified the minutes as an accurate reflection of the meeting.

***Presentation: United States Public Health Service Commissioned Corps:
America's Health Responders***

RDML Aisha K Mix, DNP, MPH, RN, NHDP-BC

Rear Admiral, Assistant Surgeon General

Chief Nurse Officer, U.S. Public Health Service

CAPT Russell introduced the meeting's first speaker, RDML Aisha K. Mix, Chief Nurse Officer of the U.S. Public Health Service (PHS) and Assistant Surgeon General. RDML Mix provided an overview of the PHS and the role of the PHS Commissioned Corps nurses in response to a disaster or other public health emergency. RDML Mix noted that HHS is charged with enhancing health and well-being of all Americans, and 9 of its 12 operating divisions, including HRSA, fall within the PHS.

The Commissioned Corps of the PHS is one of the eight uniformed services of the nation and the only service dedicated to public health. It resides within the Office of the Assistant Secretary for Health. The Commissioned Corps reflects a deployable HHS asset, meaning that officers can be sent to assist with the national response to natural disasters and other public health emergencies. Officers within the Commissioned Corps come from one of eleven professional categories, including nursing, medicine, dentistry, and other health-related disciplines. The responsibilities of the PHS Commissioned Corp cover providing essential health services to vulnerable and underserved populations, leading public health programs, advancing innovation and science at the forefront of medical challenges, and providing emergency health services in times of need.

RDML Mix stated that there are over 1,200 nurse officers in the PHS, including both registered nurses (RNs), and advanced practice registered nurses (APRNs). Nurses in the PHS have various specialties, including:

- Community health,
- Public health, health policy,
- Case management,
- Psychiatric/mental health,
- Women's health, and
- Pediatrics.

RDML Mix noted the COVID-19 pandemic has brought significant disruption to health services across the nation. As a result, nurse officers within the Commissioned Corps have deployed in a number of both clinical and field leadership roles, supporting triage and treatment to increase access to health services within impacted communities. Deployments have served to provide staff to critically understaffed hospitals, design and deploy immunization programs, conduct contact tracing, provide mental and behavioral health services, and establish alternative care sites in areas that lack access to acute and primary care services.

Speaking in broader terms, RDML Mix stated that a public health nurse is not simply a nurse who works in a public health department. Rather, public health nursing is a specialty and public health nurses have the responsibility to assess and monitor the health status of a community; to inform, educate, and empower individuals and groups to help solve identified health issues; and

to develop policies and a plan of action to address systemic barriers. She offered three areas of opportunity to advance public health nursing:

- Identifying and defining public health nurse roles and functions,
- Centering of the community to create environments where people can thrive both mentally and physically, and
- Developing the public health nurse workforce, including the creation of an action plan that highlights the physical and mental well-being of all nurses.

RDML Mix referenced a 2014 NACNEP Report that focused on public health nursing as the key to the nation's health. Within that report, NACNEP provided recommendations to increase resources and opportunities aimed at the education, training, and workforce development of public health nurses; to convene a summit of key public health organizations, foundations, schools of nursing to delineate the required leadership training and professional development needed to advance the field of public health nursing; and to identify and remedy the gaps in the cost effectiveness of public health nursing. While there have been strides toward fulfilling these recommendations, much work remains.

In closing, RDML Mix shared an approach taken within HHS to address the social determinants of health and achieve health equity to maximize community impact. It starts with addressing the immediate and specific healthcare needs of the individual, then moves "upstream" to the provision of human services that examine broader social needs and integrate social and health care needs to improve access, then moves further upstream to address issues of public health promotion and disease prevention. This approach fosters use of an integrated, whole-of-government response across multiple sectors to improve community conditions, address structural racism, and promote the health of the public.

Q and A

There was a question from the Council about how to bridge national efforts to support public health nursing with local and state level public health programs, which often lack funding to hire a public health nurse. There was a related question on the expanding role of community health workers and the need to distinguish their role from nursing. RDML Mix replied that there are related issues of defining what public health nurses do and improving the distribution of public health nurses. At the local level, a community health assessment can help identify and clarify common health care needs. At the organizational level, the issue may involve public health funding and the need to appropriate sufficient funds to recruit and retain nurses who are trained in public health. Given the scope of the work, nurses may lack the capacity to perform all of the needed functions and thus may work in partnership with community health workers. Often, the public health nurse will serve as the chief health strategist to design programs to meet community needs. The nurse can then delegate tasks to community health workers, who may have stronger connections to the local community and better understand the local trends.

There was another question on efforts or campaigns to recruit the next generation of nurses to serve in the PHS. RDML Mix stated that at the current time, the PHS has a sufficient number of nurse applicants. However, she noted internal challenges in conducting background and suitability checks. The PHS Commissioned Corps supports many federal programs, but not all who apply to the PHS want to work in all of the places that the Commissioned Corps serves.

PHS nurses must demonstrate flexibility and are often called upon to perform clinical duties in their positions or while on deployment, in addition to their work within health care policy and program development.

There was a question about developing a reserve corps for the PHS, akin to the armed forces reserves, to mobilize for deployment. RDML Mix said that the 2021 CARES Act provided funding to create and establish a Ready Reserve, to include both RNs and APRNs, and that the recruitment process is currently in place. RDML Mix added that funding was provided to get the Ready Reserve started, but will likely be subject to a “proof of principle” to help determine ongoing funding and development.

Demonstration: The HRSA Data Warehouse (HDW) – BHW Revamp Project

Elizabeth Kittrie

Senior Advisor

Office of the Associate Administrator, BHW

Michael Arsenault

Director

Division of Business Operations, BHW

CAPT Russell introduced Michael Arsenault, Director of the Division of Business Operations, BHW, and Elizabeth Kittrie, Senior Advisor in the Office of the Associate Administrator, BHW, for an update and demonstration of the new HRSA Data Warehouse (HDW) website and data presentation and analysis tools.

Mr. Arsenault noted that he and Ms. Kittrie had presented an overview of the HDW web pages to the five BHW Advisory Councils over the past year, as well as to several primary care associations and other stakeholders around the country. In response, HRSA had received a significant amount of valuable feedback, spurring further changes and improvements to the site. Many users had commented on the wealth of information and data available from HRSA. However, the data was often poorly organized and hard to find or search, and users would report trouble finding grant information on specific programs or workforce data about different health professions. He described efforts to improve the searchability and accessibility of BHW’s health workforce data and make the web pages more user friendly. Mr. Arsenault provided a brief live demonstration of the HDW site and the different analysis and visualization tools available.

Ms. Kittrie discussed some new tools that would soon be available:

- A nursing workforce dashboard, providing data from the HRSA National Sample Survey of Registered Nurses, which is the most comprehensive survey of registered nurses and nurse practitioners in the United States.
- The BHW Health Workforce map, an interactive map allowing users to plug-in any location and see all of the BHW- and HRSA-supported assets in their local area.

Ms. Kittrie encouraged the Council members to explore the HDW pages and continue to provide any feedback to improve the site.

Q and A

There was a comment that the site was much easier to navigate and provided useful information about federal investments in improving health care access and studying workforce supply. However, it is harder to collect and manage data on projections for workforce demand. It was also noted that the previous iteration of the HDW only provided specific information on RNs working in long-term care. There was a question about adding other categories for nurses, specifically related to public health nursing. Ms. Kittrie replied that NACNEP's previous feedback on the nursing data was provided to the HRSA National Center for Health Workforce Analysis, and HRSA is exploring ways to improve the nursing workforce data, as well as the workforce projections.

Writing Sub-Committee Report

The writing committee co-leads, Dr. Mary Ellen Biggerstaff and Dr. Kae Livsey, briefly reviewed the working draft of the Council's 18th Report. They noted that further development of the text would come after the full Council and discussed and voted on the recommendations to include in the report.

Council Discussion: 18th Report Recommendations

Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC
NACNEP Chair

CAPT Sophia Russell, the Director of the Division of Nursing and Public Health (DNPH) and the Chair of NACNEP, moderated several Council discussions to review, finalize, and vote on the Council's recommendations for its 18th report. The report has the overarching theme of *Preparing the Workforce for Future Public Health Challenges/Crises*. All Council members in attendance participated in the discussions, which sought to clarify the intent of the recommendations and align them with the priorities and scope of HHS. Council members suggested several edits and revisions to the draft recommendations. These edits were incorporated into a revised document and shared with the Council members at the conclusion of the meeting, to serve as a starting point for final discussions on the second day of the meeting.

Meeting Adjourn

Dr. Ezeike adjourned the first day of the meeting at 4:00 p.m. (ET)

Thursday, August 11, 2022

Welcome and Roll Call

Dr. Ezeike opened the second day of the meeting at 10 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed and the meeting proceeded. CAPT Russell briefly reviewed the presentations and discussions of Day 1.

Council Discussion: Finalizing the 18th Report Recommendations

Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC
NACNEP Chair

CAPT Sophia Russell moderated further Council discussions on the recommendations for its 18th report. The Council finalized and approved, by voice vote, seven recommendations (pending further minor editing for clarity) under two topics: Nursing Education to Advance Public Health Nursing, and Supporting Public Health and Public Health Nursing.

Nursing Education to Advance Public Health Nursing

1. The U.S. Congress, through the Department of Health and Human Services and the Department of Education, should allocate funding to create educational pathways within academic nursing programs that will enhance and expand the public health nursing workforce, and address the broader needs of the nursing workforce in public health competencies.
2. The U.S. Congress should fund public health nursing workforce development, specifically continuing education, to support enhancement of nurses with public health competencies including but not limited to emergency preparedness and response. Funding should support all nurses, including faculty, preceptors, and frontline nursing professionals, and should encompass training events and the time away from practice to participate in training.
3. The U.S. Congress should allocate specific funding for the Health Resources and Services Administration to develop and enhance faculty education in public health nursing, in order to increase the number and enhance the expertise of nurses prepared to teach public health competencies and lead public health initiatives.
4. The U.S. Congress should allocate sustainable funding for the establishment and continuation of post-graduate public health education programs (e.g. entry-level nursing residencies and advanced-level nursing fellowships) that address public health competencies and leadership strategies.

Supporting Public Health and Public Health Nursing

1. The U.S. Congress should allocate funding for scholarships, loan forgiveness, and public health role support for entry-level or advanced-level nurses interested in or currently employed in public health as a mechanism to support recruitment and retention efforts within the public health nursing workforce, particularly in medically underserved and critical need areas.
2. The Department of Health and Human Services should support and convene within the next year a summit of key public health organizations, foundations, and schools of nursing to delineate the required leadership, training, and professional development required to advance the field of public health nursing.
3. The U.S. Congress and the Department of Health and Human Services should prioritize funding to establish and expand data collection initiatives that characterize the public health nursing workforce.

Council Discussions: Initial Planning for the NACNEP 19th Report

Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Chair, NACNEP

CAPT Sophia Russell moderated a discussion on potential topics for the Council's 19th Report. The discussion included developing the concept of nurses as providers of health care services rather than labor costs, as a necessary element to advance the profession. Report topic suggestions included:

- Healthcare system reform to recognize nursing practice and interventions.
- Nursing care delivery models, especially those with a community focus.
- Responding to elements of the National Academies of Sciences, Engineering, and Medicine report (2021), *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.
- Health care payment models/reimbursement for nursing care.

There was also some discussion on potential speakers for future meetings to inform the Council's deliberations. No specific decisions were reached.

Public Comment

There were no public comments offered during the comment periods on either day.

Business Meeting

Dr. Ezeike reminded Council members of the dates for the next NACNEP meeting, December 7-8, 2022. He noted that current plans call for this meeting to occur virtually through the Zoom meeting platform. However, the setting and details of future meetings are subject to change. He also reviewed the proposed dates for NACNEP meetings in 2023:

- February 2-3, 2023.
- May 10, 2023.
- August 9-10, 2023.
- December 6-7, 2023.

Dr. Ezeike reviewed the timeline for the report, with the expectation to have a draft report ready for review by September 30, 2022. Once the draft is near completion, the DFO will submit it for an internal review process within HRSA. The purpose of the review is not to edit or change the report, but to advise the Council on any information or recommendations that may be contrary to the Council's statutory language or to HRSA or HHS programs. The Council will conduct a final review of the full 18th Report during the December 2022 meeting, with the expectation to release the report by the end of the year.

Dr. Ezeike adjourned the meeting at 3:00 p.m. (ET).

Acronym and Abbreviation List

APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
HDW	HRSA Data Warehouse
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
NACNEP	National Advisory Council on Nurse Education and Practice
PHS	Public Health Service
RN	Registered Nurse