

REPORT TO THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE CONGRESS FROM THE NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

I. Introduction

- A. Background
- B. Purpose

II. Need for investment in public health nursing

A. Driven by:

- i. system changes--movement toward ACO's, integrated care systems, greater emphasis on merging primary care and public health, including the ACA and Title IV, and prevention of chronic disease and improving public health.
- ii. greater recognition of the need to focus on population health and health outcomes
- iii. greater need to connect public health and care delivery
- iv. cost/economic factors
- v. recognition that public health nursing is on the front lines of health promotion, prevention, risk reduction, mitigation of social determinants of health, engaged with diverse populations, and historical leaders of community and system level health interventions
- vi. awareness that public health nursing positions have decreased over time and the need for strengthening the workforce is critical to respond to drivers of change
- vii. include any known data from PH nurse employers that speak to need and demand

B. Public Health Nursing defined using the APHA Public Health Nurse definition.

Definition

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community applications of theory, evidence, and a commitment to health equity. In addition to what is put forward in this definition, public health nursing practice is guided by the American Nurses Association Public Health Nursing: Scope & Standards of

Practice 2 and the Quad Council of Public Health Nursing Organizations' Core Competencies for Public Health Nurses.3

C. Background:

- i. History of public health nursing
- ii. Education and training
- iii. Public health nursing on the frontline-examples in the U.S and international
- iv. Description of PH nurse of the future

III. Challenges and Opportunities

A. Educational--variation exists on preparation of RNs who work in public health with some settings experiencing greater variations such as rural communities where public health nurses are more likely to be prepared with associate degrees

- i. Minimal preparation recommended is the BSN
- ii. Scholarship for public health nursing needs strengthened including creating training opportunities in advanced practice and advanced science doctoral programs--scientific analysis needs to be nursing specific (a reflection of the nursing discipline and values)
- iii. Pipeline and mentoring programs essential to strengthen the knowledge base for public health practice and for RN career transitions and/or re-entry (ADN-BSN-MSN-DNP-PhD)
 1. Make transitions easier! Online programs; credit for life/professional experiences to mitigate educational barriers such as general education requirements
 2. NRSAs and other career development awards to prepare nurse scientists with PH emphasis
 3. Nurse traineeships specific to PH nursing development
- iv. Faculty development needed also to assure qualified nurse faculty to prepare the public health nursing workforce
- v. Greater emphasis needed for APRN roles
 1. APRN with emphasis on population focused care (avoid super nurse)
 2. Dual degrees: DNP/MPH, MSN/MPH
 3. PhD preparation with emphasis on public health
 4. NCLEX and Certification exams should include PH competencies

B. Minimal Core competencies and educational methodologies include (and changes in sophistication from entry to advanced levels--and will need developed for skills from entry level to advanced practice and advanced science):

- i. Diversity, Cultural sensitivities
- ii. Social determinants of health
- iii. Population health, including outcomes measurement and ability to process outcomes as well as ability to utilize data (e.g. census, vital health statistics)
- iv. Community engagement
- v. Community based participatory research
- vi. Epidemiology & surveillance

- vii. Communicable Diseases and Emerging Diseases
- viii. Natural and man-made disaster management principles
- ix. Public safety (e.g. from community perspective and macro level systems)
 - x. Community assessment
 - xi. Prevention and risk management models
 - xii. Global Health
- xiii. Interprofessional education, collaborative practice and research
- xiv. Leadership including governance skills
- xv. Program development, implementation & evaluation

C. Certification & Licensing

- i. Standards for assessing public health nursing competencies needs revised
- ii. Assure competencies evident reflect BSN, MSN, and Doctoral Essentials coupled with other PH nursing standards
- iii. Assure public health competencies are defined and visible in curricula
- iv. CE needed for faculty and practicing RNs and make contingent with license renewal
 - v. National certifying bodies may not continue PH certification exam due to low enrollments/takers
- vi. Movement toward professional portfolio for assessing and evaluating professional PH competencies that has implications for documenting experience
- vii. Awareness of the Consensus Model and how this may impact PH nursing
- viii. Awareness of how states vary in recognition of credentials and the impact this may have on PH certification exams or portfolio development

IV. Best Practice Models

A. Challenges

- i. Public health nursing workforce varies in capacity, preparation, and skill sets
 - 1. Greater emphasis on best practices that demonstrate changes in population health outcomes
 - 2. Skill variation can be mitigated by educational and career development strategies as described above
 - 3. Need strategies to improve rural and medically underserved workforce and recognition that size and scale impacts these settings especially rural
- ii. Nursing leadership development inclusive of RN placements in prestigious leadership development programs
- iii. Increased funding needed for state and local service lines to assure sufficient nursing PH workforce
- iv. Need better understanding of what is already occurring in practice both in acute and primary care settings (e.g. where are best practices occurring?) Including any interprofessional models that are excelling
- v. Need a common and shared language

- vi. Diversity of the PH nursing workforce? Does current composition reflect the populations served?

B. Opportunities

- i. Timely to address strengthening PH nursing competencies in education and the workforce
- ii. Timely to address developing nursing leaders in PH
- iii. Timely to transform PH practice to population and outcomes focus
- iv. Timely to strengthen placements of PH nurses in leadership positions (e.g. local and community boards, state and federal advisory boards, and leadership positions in public health offices/practices)
- v. Again, population focused and ability to translate data sets (e.g. nursing workforce center and other outcomes and/or evidence)
- vi. Transformational thought leadership skills

V. Proposed Draft Recommendations

A. Investments in PH nursing career development

To support professional development and career opportunities for public health nurses, the Secretary and Congress should 1) support programs under Title VIII of the Public Health Service Act to develop public health nursing traineeships, career transition programs, and leadership programs; and 2) increase funding for state and local service lines to assure sufficient funding of the public health nursing workforce.

- i. HRSA should promote collaboration among programs within the Bureau of Clinician Recruitment and Service (BCRS), the Bureau of Health Professions (BHPr), and the Office of Rural Health Policy (ORHP).
- ii. The Secretary should convene public health nursing leaders and stakeholders, including educators, accrediting and credentialing organizations to establish consensus on current trends in the public health nursing workforce.
- iii. HRSA should collect and disseminate data on the public health nursing workforce to support efforts to establish an evidence base of best practices.
- iv. States should be incentivized to recognize and promote the value of PH Nurses.

B. Investments in partnerships

To leverage support for public health nursing workforce development, Congress should promote collaboration among federal agencies whose mission and programs include support for education, training, employment and loan forgiveness to public health nursing students and public health nurses