

**National Advisory Council
on
Nurse Education and Practice (NACNEP)**

Public Health Nursing: Key to Our Nation's Health

**12th Annual Report to the Secretary of the United States
Department of Health and Human Services
and the
Congress of the United States**

EXECUTIVE SUMMARY

The National Advisory Council on Nurse Education and Practice, (hereafter known as the Council), is mandated to provide advice and recommendations to the Secretary of the United States Department of Health and Human Services and the Congress on a range of policy issues. This advice includes nursing workforce, supply, education, and practice improvement. Building on this mandate with the issuance of its 12th Annual Report, the Council recommends that the Congress and the Secretary take action to strengthen public health nursing education and practice. When this occurs, the overall nursing profession can be leveraged to improve the quality of health in diverse and changing communities in the United States and around the world.

Today's nurses are powerful and competent leaders across diverse health care fields and settings, ranging from critical care in trauma centers to community health in local neighborhood clinics. Nurses are fully engaged in the work of improving the health of the Nation. Long before there were schools of public health, nurses were leaders in ensuring the health of the public, providing care to individuals, families, and communities. In fact, it was Lillian Wald, a nurse, who in 1895 founded the Henry Street Nurses Settlement on the lower east side of Manhattan in New York. This effort was one of the first agencies in the United States to address public health by focusing on the social determinants of health. Many will recall the names of history-making public health nurse leaders and advocates such as Florence Nightingale and Lillian Wald. Public health nurses as a collective played an important transformative role then and continue to influence the world in meeting global health demands of society today.

While many disciplines are needed to advance the multiple strategies of promoting public health, nursing represents the largest professional health workforce discipline with the knowledge and skills required to provide and advance the key components of our Nation's health, (Savage & Kub, 2009). In that nurses represent the front line in most health systems including public health, their contributions are considered crucial to the delivery of effective high quality care with positive, lasting outcomes. The role of the public health nurse working on the front lines at local levels in the community, achieving optimal health for individuals, families, and neighborhoods, must be recognized, protected, and elevated to secure the well-being of our Nation and beyond.

Despite the historical and current importance of public health nurses, the future of public health nursing is in jeopardy. This is due in part to a reduced emphasis on the training of public health nurses and faculty and the shrinking budgets for prevention in local and state health departments, (National Association of County and City Health Officials, 2013). Simultaneously, there is a tremendous growth in public health crises nationally and globally. In turn, there continue to be downward trends in the public health nursing workforce. For example, in Florida where from 2008 – 2013, the employment of public health nurses remained flat or in some cases decreased depending on the roles and educational levels of the nurses, (Florida Center for Nursing, 2014).

The national goals for improving the health of Americans while reducing health care costs will be realized only if nurses are positioned as leaders in public health in many situations and as equal partners with other health care professions. The Affordable Care Act specifically puts forth a vision for achieving a healthy population through primary prevention and population-based efforts. Achieving the goals put forth by this legislation and other reports such as Healthy People 2020 – Improving the Health of Americans, the United States Preventive Services Task Force and the National Prevention Strategy: America’s Plan for Better Health and Wellness are dependent upon having adequate numbers of appropriately prepared and trained public health nurses. Globally, agencies such as the World Health Organization underscore the importance of nursing practice to improve health outcomes with a critical need to connect public health and care delivery systems to improve population health, (American Nurses Association [ANA], 2013). Major professional organizations and foundations, such as the Robert Wood Johnson Foundation (RWJF), the National League for Nursing (NLN), the American Association of Colleges of Nursing (AACN), and the Institute of Medicine (IOM) all endorse the need for a combination of primary, secondary, and tertiary prevention; and population-focused care (AACN, 2013; IOM, 2003; National League for Nursing (NLN), 2014; and RWJF, 2013).

While the importance of public health nursing in ensuring the Nation’s health is difficult to quantify, it is evident that without an adequate public health nurse workforce the promises of the Affordable Care Act will not be realized and none of the four foundational health measures of (1) general health status, (2) health-related quality of life and well-being, (3) determinants of health, and (4) disparities documented within Healthy People 2020 will be achieved, (U.S. Department of Health and Human Service, 2014b). Within this current annual report, the Council seeks to emphasize the need to increase access and affordability of educational programs for those nurses with associate degrees and diplomas so that they can become highly trained nurses with baccalaureate and master’s degrees. However, this outcome cannot become reality without an increase in support for programs starting with infrastructure development, stipends, and loan repayment programs for nursing students and faculty. There must be sufficient faculty, faculty development, research, and researchers to prepare nurses to develop and lead programs and departments, to teach, and to translate evidence into practice. Highly trained faculty in appropriate numbers are needed to cultivate the current and next generation of nursing leadership, further develop the necessary nursing managers and clinicians to address current and emerging healthcare issues, as well as provide the evidence base for public health, public health nursing, and public health prevention. Programs that provide stipends, scholarships, loan repayment opportunities, and other types of financial support to nursing students and faculty are also needed.

Given the opportunity for Congress to reauthorize Title VIII of the Public Health Service Act, which was the first comprehensive federal support for programs to develop the nursing workforce, an amendment should be provided to increase the nursing education and training programs for individuals and institutions in the area of public health. In alignment with this reauthorization, Congress created the National Advisory Council on Nurse Education and Practice to evaluate the effectiveness of Title VIII projects. As such, the Council, in its role, underscores the central role public health nurses play in achieving a healthy population. Public health nursing is an important key to furthering the goals of integrating public health into primary care. There is an opportunity to adjust current programs and/or to create new programs under Title VIII of the Public Health Service Act. This work should include developing public health nursing traineeships, loan repayment programs, and stipend support, as well as career transition and leadership programs. The following recommendations directed to the Congress and the Secretary are congruent with this opportunity for reauthorization and should be implemented.

RECOMMENDATIONS

The National Advisory Council on Nurse Education and Practice recommends that the United States Department of Health and Human Services and the Congress implement the following recommendations:

- 1. Provide an increase in the resources and opportunities solely aimed at the education, training, and workforce development of public health nurses.**
- 2. Convene 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. Identify and remedy the gaps in the cost effectiveness of public health nursing.**
- 4. Provide opportunities to advance public health practice and research.**

DISCUSSION

It is 2025 and the new Director of the World Health Organization (WHO) has been named. The new director, a public health nurse with an extensive background of engaging in cutting-edge public health efforts, was on the ground in 2014 directing the ebola outbreak in West Africa. As an administrator responsible for the efforts of interprofessional teams, this professional managed the role of nurses who took the lead in ensuring that the public understood and employed the required steps to limit and ultimately stop the spread of the virus. Simultaneously, this clinician administrator served as a principal adviser for the Directors of the National Institutes of Health, the Centers for Disease Control and Prevention, and the Acting Surgeon General of the United States Public Health Service in matters of national significance. With advanced degrees in public health (MPH) and nursing (PhD), this certified advanced-practice public health nurse professional was poised to serve in a cabinet level position, appointed by the President of the United States just prior to being tapped to direct WHO.

This scenario parallels to a work of fiction, a novel or a story. However, it can and will happen quickly if these recommendations are implemented.

In alignment with Keller's Cornerstones of Public Health Nursing, the practice of public health nursing involves a number of values and beliefs, some of which are discussed in this report. Public health nursing practice should focus on the health of the entire population with an emphasis on the determinants of health. For example, children (as a population) who fail to get immunized represent a concern for public health nursing practice. Public health nursing practice reflects community priorities and needs by responding to the changing conditions within a community. Public health nurses responded and addressed the dangers of polio and tuberculosis back in the 1950s, HIV/AIDS in the 1980s, and terrorism and natural disasters today. Public health nurses are experts in establishing caring, trusting relationships with the populations that they serve, creating empathy rather than criticism.

Keller's work emphasizes that the practice of public health nursing embraces the values of social justice, compassion, diversity, and respect for all people. Public health nursing assures the provision of basic needs that include food, housing, transportation, and education. The practice of public health nursing focuses on holistic approaches to health and well-being, a connection between healthy communities, healthy families, and healthy social and environmental conditions.

For more than a century, public health nursing has embodied population-based approaches to prevent and reduce the burden of disease, disabilities, and health disparities. Public health nurses have been and remain on the front lines of health promotion, prevention, risk reduction, and mitigation of the social determinants of health. They engage with others in leading efforts to improve the health of our Nation and beyond. The practice of public health nursing includes entire populations along with an emphasis on direct care providers who play critical roles in low income and rural communities. Public health nurses work one-on-one with young women as they move through their pregnancies so that infants are healthier, infant mortality rates are

reduced, and families are healthier. It is because of the direct care provided by public health nurses working with and teaching communities about proper nutrition and safe food handling, hand washing, and the hazards of second-hand smoke that reductions in chronic disease are becoming a reality. The care provided by the public health nurse in working with the elderly to make their homes less hazardous for falls and injury, providing information about the risks for HIV and other sexually transmitted diseases, and arranging transportation for and personal assistance during clinic visits leads to improved quality of life and reduced health care utilization (Stanhope & Lancaster, 2014).

Additionally, public health nurses play significant roles in leading and providing interventions that improve the public's health. One key program that specifically illustrates this effort is the Nurse-Family Partnership, which has been shown repeatedly to be effective in the promotion of maternal and child health outcomes. In this program, at-risk mothers (during their pregnancies) work with nurses to develop parenting skills.

Nurse-Family Partnership is founded on the pioneering work of David Olds, professor of pediatrics, psychiatry, and preventive medicine at the University of Colorado Denver back in the early 1970s. While working in an inner-city day care center, he felt compelled to address the endemic risks and difficulties in the lives of low-income children. Realizing children needed help earlier, as infants at home with their mothers and even before birth, Olds developed a nurse home visitation program for first-time, low-income mothers and their children. Today, Olds and his team continue to study the model's long-term effects, conducting research to improve the model. Public health nurses are used to implement the model, helping to building the evidence.

Another key example centers on the use of nurses as case managers. This practice has been shown to be effective in the community-based management of non-communicable diseases, such as heart failure and diabetes. It is the public health nurse as the key professional who is able to transition from the front line of direct care to the director of the local health department. With this transition comes the immediate understanding of the importance of primary, secondary, and tertiary prevention – the fundamental principles of public health.

Rooted in the history of public health nursing is population health. Since the inception of public health nursing, population health has been a distinguishing characteristic of practice as well as an emphasis on health promotion, disease prevention, and risk reduction (ANA, 2013). The term *public health nurse* dates back to 1895 and Lillian Wald, the founder of public health nursing and the Henry Street Settlement on the Lower East Side of New York. The not-for-profit social services agency still provides social and health care services to New Yorkers today. Wald believed public health nurses should partner with social agencies to treat social and economic problems to improve living conditions and ultimately the health of neighborhoods (Fee & Bu, 2010). She emphasized public health nursing's early recognition and interventions to mitigate social determinants and ecological causes of disease, which are the social determinants of health that are still recognized today as significant causes of poor human health (U. S. Department of Health and Human Services, 2014a).

The push to improve the Nation's health and reduce health care costs requires a pivot towards the social determinants of health, (Dean, Williams & Fenton, 2013), and away from expensive hospital-centric care. It is estimated that the social determinants of health, (the conditions in the environment in which people are born, live, learn, play, work and ultimately age), including the social and physical environments, total ecology, health services, and medical care, account for 75 percent of population health. Biological and behavioral determinants, namely genes, biology, and health behaviors, account for 25 percent (Centers for Disease Control and Prevention, 2014; Tarlov, 1999).

Moreover, on an international scale, the population in the United States is less healthy than peer nations. While poverty and other determinants of health may be at play, evidence shows that all Americans, including the affluent, are not as healthy as many global counterparts (National Research Council & IOM, 2013). Multiple causes may attribute to this disadvantage, such as unhealthy behaviors, environmental factors, and inadequate health care, which are all areas that are addressed by public health nursing practice. Improvements in health status depend on population health approaches, which nursing has historically embraced and practiced.

Given the critical and multi-faceted role that nurses play in public health care settings in achieving the health goals for the Nation, this report from the National Advisory Council on Nurse Education and Practice provides recommendations to the Secretary and the Congress. These recommendations, if implemented, will help to ensure the essential growth and critical impact of public health nursing on individuals, families, communities, and the nation in improving health outcomes for all.

IMPORTANCE OF PUBLIC HEALTH NURSING

Public health nurses comprise the largest occupational group of public health workers and play a central role in the delivery of essential public health services to communities. Despite the importance of the work of nurses in assuring population health, little is known about the size, composition, and educational/training background of the public health nurse workforce.

<http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2013/06/new-report--high-job-satisfaction-among-public-health-nurses--bu.html>

Public Health Nursing Defined

Recognizing the importance of public health nursing to achieving optimal population health, the American Public Health Association (APHA) and the American Nursing Association (ANA) have defined public health nursing within their respective contexts (Appendix 1). The ANA definition of public health nursing, which serves as the backdrop for this report, defines public health nursing as:

A focus on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness; prevent disease, disability, and premature death; and improve neighborhood quality of life. These population health priorities are addressed through identification, implementation, and evaluation of universal and targeted evidence-based programs and services that provide primary, secondary, and tertiary preventive interventions. Public health nursing practice emphasizes primary prevention with the goal of achieving health equity. The ANA further defines public health nursing practice as evidence-based and focused on the promotion of the health of entire populations as well as prevention of disease, injury, and premature death, (ANA, 2013).

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 (Quad Council Public Health Nursing Organization [Quad Council], 2011 and ANA, 2013), (Appendix 2).

Current Educational Preparation of Public Health Nurses

The Quad Council of Public Health Nursing Organizations is a national organization that includes representatives from the Association of Public Health Nurses, Association of Community Health Nursing Educators, the Public Health Nursing Section of the American Public Health Association, and the American Nurses Association Council on Nursing Practice and Economics. This organization specifies three levels of public health nursing: basic or generalist level, specialist or mid-level, and executive or multi-systems level (Quad Council, 2011). It is clear that public health nurses are needed with all three levels of preparation. As such, today's public health nurse workforce requires increasingly complex skills and educational preparation to respond and to improve population health (ANA, 2013). Specifically, this data comes from a nationally representative random sample of nurses working for state and local health departments.

As with the nursing profession in general, there is a demand for a more educated public health nursing workforce. Nurses employed in public health settings holding an associate's degree or diploma in nursing are not prepared with the population health skills that are fundamental to practicing as a public health nurse (ANA, 2013). Despite this lack of preparation in public health nursing, 39 percent of respondents working in public health settings hold less than a baccalaureate degree (RWJF, 2013).

Basic competencies for public and population health nursing practice are outlined in the AACN's 2008 Essentials of Baccalaureate Education for Professional Nursing Practice and the 2013 revision of the ANA's scope of practice standards for public health nursing, (Appendix 2).. Recently AACN expanded upon these competencies by providing recommendations and resources for nurse faculty for introducing population health in baccalaureate nursing education (AACN, 2013). These competencies can provide a strong foundation for basic public health nursing practice at the generalist level, if adequately implemented in the baccalaureate curriculum. In order to meet population-focused health needs and to provide leadership in the

implementation of the Affordable Care Act, a stronger educational pipeline should be fostered so that a critical number of public health nurses are able to reach the executive level.

Seamless career transitions and/or re-entry pathways are needed to foster associate to bachelors to masters to doctoral (both practice and research) degrees. Online programs and credit for life/professional experiences to mitigate educational barriers, such as general education requirements, are needed to make transitions more feasible and easier. There is a need to assure that the public health nursing workforce has nurses at all levels, from the entry level to the advanced level. In addition, the nation is experiencing a severe shortage of public health nurses with graduate degrees, which is compounded by a severe shortage of public health nursing faculty, particularly those with doctoral degrees (Quad Council, 2012).

Support for individuals requiring additional educational preparation is needed. In parallel with minimum educational standards and career development transition pathways, a strong public health nursing workforce hinges on having a qualified cadre of public health nursing faculty. Faculty career development in public health nursing suffers from the same challenges as public health nursing in general. Without sufficient investments in public health nursing science and advanced practice, the faculty pool is at risk.

Public health nursing scholarships are negligible. In turn, the numbers of nurses working in advance practice public health nursing roles is insufficient to meet the needs of the nation. The trajectory for public health nursing research suffers from inadequate educational preparation and funding. Without such investments, public health nursing is less attractive as a career pathway for nurses in academia. Training opportunities in advanced practice, evidenced-based practice, and research are needed with an emphasis on scientific methodologies that are public health nursing specific. They must reflect the nursing discipline and values. National Research Service Awards (NRSA), career development awards, and traineeships specifically designed to prepare public health nurse scientists are needed.

Shortages in nurses with advanced training as mid and executive-level public health nurses compromise a high functioning national public health workforce. For example, only a small proportion of nurses working in state (6 percent) and local health departments (10 percent) have graduate or doctoral degrees in nursing (RWJF, 2013). This is also reflected in academic institutions where shortages in faculty with advanced public health training may result in unqualified or under qualified faculty teaching public health nursing courses. Greater emphasis is needed for advanced practice registered nurse (APRN) roles in public health nursing. The care of populations hinges on collaboration and partnering and no one discipline or entity can be solely responsible for population health outcomes. While nursing should be capable of taking the leadership role, this collaborative emphasis mitigates the notion of role overburden and opens new opportunities for APRN roles including dual degrees such as the Doctor of Nursing Practice and Master of Public Health (DNP/MPH) and Doctor of Philosophy in Nursing with an emphasis on public health. These advanced practice roles are especially needed to lead interprofessional public health teams and efforts that address population health.

The Practice of Public Health Nurses Now and In the Future

Public health nurses practice in diverse settings, across all socioeconomic situations, through public, private, and non-governmental entities that serve populations of interest, particularly those who may be at risk for or experience a disproportionate share of poor health outcomes. Partnerships are historical cornerstones of public health nursing practice and the core of relationships within communities to promote, maintain, and restore health, as well as reduce health risk factors. Public health nurses advocate and implement system level changes to improve health. Public health nursing programs may be directed toward individuals, families, groups, communities or systems. Public health nursing practice focuses on the health of entire or whole populations even when addressing the health of individuals and families.

Recent and substantial cuts in funding for the public health nursing workforce jeopardize our nation's transition from acute, individual health care to health promotion, primary/secondary/tertiary prevention, and population health interventions, which are areas central to public health nursing and the Affordable Care Act. Additionally, budget reductions endanger public health nursing leadership and experience. Reductions have led to traditional roles and functions of public health nursing being transferred to other providers. These non-clinical community health workers lack nursing's broad base of population health knowledge and skills (Quad Council, 2007). Given the imperative for population focused care, it is vital to reinvest in the public health nursing workforce with an emphasis on public health preparation at the baccalaureate, masters, and doctoral levels.

Several converging factors drive the need to re-invest in public health. Improving access, quality, and costs underpin public health policy and the Affordable Care Act goes even further with an emphasis on health promotion and disease prevention. System changes are underway including the movement toward Accountable Care Organizations and integrated care systems that include merging primary care and public health. These converging factors are timely as the nation's health is put at risk by the emergence and re-emergence of communicable diseases and increasing incidences of drug-resistant organisms, environmental hazards, and physical and social barriers to healthy lifestyles. Additionally, a variety of modern public health epidemics such as pandemic influenza and obesity along with the global pressures of terrorism (ANA, 2013) contribute to this looming crisis. Moreover, Americans today are burdened by significant chronic diseases, which are responsible for 7 out of 10 deaths among Americans annually and account for 75 percent of the nation's health care spending (U. S. Department of Health and Human Services, 2014b).

Best Practice Models

Innovative best practice models for public health nursing education are needed to demonstrate effective career development and transition methods in public health nursing. These models should include nursing leadership development inclusive of placing nurses in public health leadership development programs. Models exist, but at insufficient numbers. Some examples of emerging best practices include:

- Academic-Community/Public Health Partnerships: Recently, the AACN partnered with the Centers for Disease Control and Prevention to enhance the public health nursing workforce through a cooperative agreement entitled, Academic Partnership to Improve Health (AACN, 2014). This cooperative agreement supports the development of academic-community partnerships aimed at enhancing nurse faculty development in population health, integration of public health principles in nursing education, and providing nursing students with real time community health experiences.
- Public Health Nursing Ready (PHN Ready): This online certificate program is offered by the New York based Empire State Public Health Training Center for nurses new to public health from any educational background. The curriculum is based on the core competencies of public health and nursing as outlined by the Quad Council of Public Health Nursing Organizations, (Appendix 2).

RN Ready was a HRSA one-year funded initiative (mini-grant). It was further developed by the New York Empire State Public Health Training Center.
- Dual Degree Programs in Nursing and Public Health: A number of dual degree programs in nursing and public health exist across the country. Examples include the MSN (community/public health nursing)/MPH offered by Johns Hopkins University and the MSN (nursing administration)/MPH offered by University of Texas, Arlington. A number of schools offering dual degrees provide pathways for nurses interested in becoming nurse practitioners to obtain a dual degree in nursing and public health.
- Preparation of Public Health Nursing Researchers: Doctoral education to prepare nurses in developing the evidence base for public health nursing is needed. Several nursing PhD programs have a focus on public health nursing. For example, Johns Hopkins University School of Nursing has an NIH funded pre and postdoctoral fellowship to train nurses, along with other health professionals, in violence research. The University of Miami School of Nursing and Health Studies offers opportunities for doctoral students to gain competencies in health disparities research through the National Institute of Minority Health and Health Disparities, NIH-funded Center of Excellence for Health Disparities Research: El Centro.

The success and sustainability of these best practice models and other models are contingent upon sharing professional knowledge and expertise across disciplines and gathering data and evidence through research to better understand what is working and what could be improved.

RECOMMENDATIONS WITH RATIONALE

Recommendation 1

The Department of Health and Human Services and Congress should provide an increase in the resources and opportunities solely aimed at the education, training, and workforce development of public health nurses.

Background and Rationale

Recent data provide evidence of a reduction in the numbers of public health nurses and nurse faculty with expertise in public health. Additionally, there is a need to increase both the access and affordability of advanced education programs for nurses to facilitate their movement from the diploma and associate degree to the level of the baccalaureate or master's degree. Often those nurses practicing public health are not adequately trained and there is a reduction in graduate nursing education programs in public health. There is an imminent need to educate and expand the current public health nursing workforce to provide care to communities through health education and research. To address these gaps in education, training, and workforce development, the Secretary and Congress should:

- Create a public health nursing training grant program to educate and train the next generation of the public health nurse workforce;
- Support the incorporation of public health nursing into existing graduate nursing training programs;
- Support public health focused doctoral education of nurses, with specific expertise in health systems, policy, economics, and population health;
- Incentivize states to recognize and promote the value of public health nurses and advanced public health nursing training;
- Promote collaboration among federal agencies whose mission and programs include support for education, training, employment, and loan forgiveness for public health nursing students and public health nurses to leverage support for public health nursing workforce development;
- Convene public health nursing leaders and stakeholders, including educators and accrediting and credentialing organizations to establish consensus on current trends in the public health nursing workforce and to create a consensus model for Advanced Public Health Nursing Practice;
- Ensure the adequate provision for public health nurses prepared at the preferred baccalaureate level for entry into public health nursing practice; and
- Provide additional pathways and opportunities for nurses working in public health that will result in more comprehensive training and education.

Recommendation 2

The Department of Health and Human Services should convene 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.

Background and Rationale

Nurses are leaders with the experience and knowledge necessary to drive positive changes in public health. Inherently, nurses are team players who can lead and follow. However, the policies that influence public health nursing practice are often conducted by individuals with backgrounds in public policy and public health, not in nursing. Further, public health nursing leaders are not included in decision making bodies. The future vision for public health should recognize nurses as leaders in improving the health of the nation by leading global efforts in public health, community-based, and government settings; thus advancing public health and collaborating as equals with their colleagues in the field. The Robert Wood Johnson Foundation noted that there is a lack of nurses from diverse backgrounds serving in leadership roles in public health nursing. To address these gaps in leadership training, professional development, and career transition opportunities the Secretary should:

- Fund the creation of leadership training and preparation programs for nurses that integrate public health nursing practice and education;
- Fund the creation of leadership development programs that prepare nurses to lead large, complex public health organizations;
- Mandate the inclusion of public health nurses on all federally supported and appointed decision making bodies influencing public health; and
- Adjust current and/or create programs as feasible under Title VIII of the Public Health Service Act to develop public health nursing traineeships, loan repayment and scholarship programs, career transition programs, and leadership programs.

Recommendation 3:

The Department of Health and Human Services and the Congress should identify and remedy the gaps in the cost effectiveness of public health nursing.

Background and Rationale

Despite the observed and often anecdotal impact of the work of public health nurses, there is little documentation of the return on investment of public health nursing and the cost effectiveness to society and the health care system linked to public health nursing programs. More attention needs to be placed on the replication of the evidence that is already known in public health and public health nursing. There should be systems in place to collect and measure data to monitor the number, diversity, distribution, and education level of public health nurses in the workforce. There needs to be a focus on the shortage of public health nurses and what

measures can be taken to address this shortage. The previous Robert Wood Johnson Foundation/University of Michigan enumeration study of public health nursing examined the official agency workforce at the state and local levels, but not those on contract in community agencies. To address these gaps in understanding the cost effectiveness of public health nursing, the Secretary and the Congress should:

- Support a data collection system that focuses on the public health nursing workforce that is hired through contract by community organizations, beyond the official agencies at the state and local levels;
- Fund research and demonstration projects that collect data to evaluate the impact that public health nurses, as part of interdisciplinary teams, have on population health metrics and outcomes;
- Fund research to inform workforce planning and policy around public health nursing supply and demand; and
- Fund an IOM study examining the cost effectiveness and return on investment of the work of nurses in public health settings.

Recommendation 4:

The Department of Health and Human Services and the Congress should provide opportunities to advance public health practice and research.

Background and Rationale

Federally funded research that addresses the efficacy of public health-focused interventions and leads to improved health in vulnerable populations remains limited. Further, there remains a lack of evidence-based practice guidelines in public health nursing (Association of Community Health Nursing Educators [ACHNE], 2010). To address these gaps in public health nursing practice and research, the Secretary and the Congress should:

- Expand federal support for public health nursing research;
- Support efforts to establish an evidence base of best practices in public health nursing education and practice models with attention to their roles on interdisciplinary teams;
- Encourage all agencies with the Department of Health and Human Services to collect and disseminate data and support research and demonstration projects on the public health nursing workforce; and
- Promote collaboration among programs within the HRSA Bureau of Health Workforce with the Office of Rural Health Policy, and any other relevant Bureaus or Offices to help actualize the recommendations put forth in this report.

Summary of Recommendations

In summary and as a final reiterative point, public health nurses have always practiced population focused health care. Without investments in public health nursing, especially at the advanced practice level, the current composition of public health nursing will not meet the Nation's health needs. Given the passage of the Affordable Care Act with its emphasis on prevention at the primary, secondary, and tertiary levels, risk reduction, and population health interventions, it is timely to address the strengthening of public health nursing by providing for an increase in resources solely aimed at the education, training, and workforce development of public health nurses. It is critical to address the development of nursing leaders in public health by convening 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. The transformation of public health nursing practice to population health and outcomes can be accomplished with identifying and remedying the gaps in the cost effectiveness of public health nursing. Nurses, as leaders and clinicians, are multi-faceted and capable of practicing at a high quality level, often satisfying many of the roles on an interprofessional team.

As the Secretary and Congress provide opportunities to advance public health practice and research, these strategies will strengthen the future vision for public health nursing. In turn, public health nurses will be increasingly reach leadership positions on local community boards, state and federal advisory councils, local health department offices and practices, schools of nursing and public health, major not-for-profit organizations, and the like.

While public health practices are changing, the ultimate goal of public health nursing remains unchanged over time. The goal of ensuring a healthy environment for all through collective action remains steadfast. An investment in public health nursing leadership today assures that public health nursing is positioned to generate and translate the evidence required to improve the Nation's health tomorrow.

Appendix 1: Definitions

Definition of key terms:

Public Health Nursing: The American Public Health Association (American Public Health Association [APHA], 2013) defines public health nursing as 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.

Public Health Nursing: The American Nurses Association (ANA, 2013) defines public health nursing practice as a focus on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness; prevent disease, disability, and premature death; and improve neighborhood quality of life. These population health priorities are addressed through identification, implementation, and evaluation of universal and targeted evidence-based programs and services that provide primary, secondary, and tertiary preventive interventions. Public health nursing practice emphasizes primary prevention with the goal of achieving health equity.

Appendix 2: Core Competencies

The ANA (2013) recently published revised scope of practice standards for public health nursing. These ANA standards include an emphasis on population health and core competencies essential for practice. Public health nursing standards include the following broad competencies:

- The ability to collect comprehensive data pertinent to the health status of populations;
- The ability to analyze the assessment data to determine the diagnoses or issues;
- The ability to identify expected outcomes for a plan specific to the population or situation;
- The ability to develop a plan that prescribes strategies and alternatives to attain expected outcomes;
- The ability to coordinate care outcomes;
- The ability to employ multiple strategies to promote health and a safe environment;
- The ability to conduct consultation to influence the identified plan, enhance the abilities of others, and effect change;
- The ability to evaluate progress toward the attainment of outcomes;
- The ability to practice ethically; and
- The ability to attain knowledge and competence that reflects current nursing practice.

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