

# Quad Council of Public Health Nursing Organizations



July 20, 2014

American Public Health Association  
Public Health Nursing Section

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Chair, Standard Occupational Classification Policy Committee  
U.S. Bureau of Labor Statistics, Suite 2135  
2 Massachusetts Ave. N.E.  
Washington, DC 20212

RE: Creation of a new SOC Code Recognizing Public Health Nurse

Dear Sir/Madam:

I am the current chair of the Quad Council of Public Health Nursing Organizations, an umbrella organization representing the four major public health nursing organizations: Association of Public Health Nurses (formerly Association of State and Territorial Directors of Nursing), Public Health Nursing Section of the American Public Health Association, the Association of Community Health Nurse Educators (ACHNE), and the American Nurses Association. We are attaching documentation to support the creation of a new detailed occupation code for public health nurse under 29 -1141 Registered Nurse in the forthcoming revision of the Standard Occupational Classification System (SOC). We are also pleased to include two letters of support from organizations supporting this request, the American Public Health Association and the University of Michigan Center of Excellence in Public Health Workforce Studies.

Recommendations to create a public health nurse code were forwarded to the policy committee prior to each previous SOC revision. In 1996 the SOC policy committee requested assistance from the U.S. Department of Health and Human Services in updating the health occupation categories, resulting in the Public Health Functions report, "The Public Health Workforce: An Agenda for the 21st Century." Among its recommendations were to create 14 new public health occupation categories (which were accepted) as well as revising occupations already included to specify public health as an occupational modifier. "Public Health Nurse," included in this list, was not acted upon. In July 2006 a joint letter from 25 public health organizations, including the American Public Health Association and the Association of State and Territorial Directors of Nursing (the predecessor to the Association of Public Health



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Nurses), submitted a letter to the SOC policy committee again requesting the next revision (2010) to add "public health" as a modifier to several occupations, including registered nurse. That effort also failed. We believe the additional information being forwarded now provides sufficient evidence to support the creation of code for public health nurse in this next revision.

Registered nurses working in the field of public health have long constituted the largest single component of the public health professional workforce, currently estimated at 19%, but the smallest among registered nurses. Of the registered nurses surveyed in the most recent national effort (2013) by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers only 2% claimed their primary work setting as public health. Continuing to classify public health nurses with the registered nurse broad and detailed codes leads to confusion and even misrepresentation. As an example, HRSA's Health Workforce Statistics state-by-state health occupations website [<http://hws.hrsa.gov>] offers the following occupations under the public health category: environmental engineer, environmental scientist, health educator, health care social worker, and occupational health and safety specialists. When an inquiry was made regarding the absence of public health nurses in this list, a management analyst from the National Center for Health Workforce Analysis replied the reason was because there was no SOC code for public health nurse.

Much in the public health professional literature in recent years focused on the need for better data regarding the public health workforce. As concluded in a 2012 report, *Strategies for Enumerating the U.S. Governmental Public Health Workforce*, "...[W]e need to know who, trained in what, is practicing where and in which types of settings, and how workforce differences affect health."<sup>1</sup> We urge you to add the requested code as a much needed step to achieving this end.

I look forward to your response.

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Enclosures

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<sup>1</sup> University of Michigan/Center of Excellence in Public Health Workforce Studies, University of Kentucky/Center of Excellence in Public Health Workforce Research and Policy. *Strategies for Enumerating the U.S. Governmental Public Health Workforce*. Rev. ed. Washington, DC: Public Health Foundation; 2012; p. 67 . Available at: <http://www.phf.org>.

## **Requested Information from the SOC Policy Committee Regarding the 2018 SOC Revision Provided by the Quad Council of Public Health Nursing Organizations**

*1. Nature of the work performed. What duties do the workers in the occupation perform? Which duties are common to all jobs in the occupation and would therefore appear in the "required duties" statement in the occupation definition? What duties are frequent but not performed by all workers and might be identified in "may" statements in the occupation definition. Are there supervisory or management duties? If so, what types of workers are supervised and what types of management activities are performed?*

### Required "Duties"

The concept of "duty" or "task" is not well-suited to describing public health nursing practice. A practice-derived taxonomy of interventions--that is, "actions public health nurses use to improve the health of populations"-- used by public health nurses regardless of their practice site is widely used instead. The taxonomy was developed by the Minnesota Department of Health/Section of Public Health Nursing in the mid-1990. i ii While it is not universally adopted, the breadth and speed of its adoption by public health nursing practice, management, and education both in the United States and abroad is well documented and renders it a useful exemplar.iii iv v The seventeen interventions (that is, tasks or activities), which can be understood as "duties common to all jobs in the occupation" are:

- Surveillance
- Disease and Health Event Investigation
- Outreach
- Screening
- Case Finding
- Referral and Follow-up
- Case Management
- Delegated Functions
- Health Teaching
- Counseling
- Consultation
- Collaboration
- Coalition Building
- Community Organizing
- Advocacy
- Social Marketing
- Policy Development and Enforcement

These interventions are presented graphically as a wheel to emphasize that they typically are performed simultaneously or sequentially with each other. Except for delegated functions, all are within the independent authority of practice described within state nurse practice laws. Delegated functions usually require prior authorization by a physician, physician assistant, nurse practitioner, or certified nurse midwife. All can be used with individuals and families, with communities as a whole, or with systems other than community organizing and coalition building, which can only occur with community or system-level practice. Additionally, case finding is the individual-level intervention for surveillance, disease and health event investigation, outreach, and screening.

### Duties Not Performed by All PHNs

While PHNs must be competent in all interventions not all interventions are used by all PHNs at all times and at all levels. The specific combinations of interventions used, the distribution of time spent

on each, and at what level (that is, individual or family, community or systems) is determined by the findings from the population health assessment and PHNs' particular job descriptions.

In 2008 two public health nurse researchers at the University of Minnesota School of Nursing conducted a survey of 60 front-line public health nurses in a representative sample from across the country.<sup>vi</sup> These selected survey results demonstrate the variety of intervention applications:

- 88% performed case management
- 87% facilitated and assisted vulnerable individuals' access to services and basic life needs through referral and follow-up
- 70% advocated for improved increased health care availability and access for vulnerable children and/or adults
- Nearly all respondents reported delegated function duties in emergency preparedness, especially in the functional areas of mass dispensing of immunizations and biologicals; half reported assigned duties in symptom triage in shelter management.
- Surveillance, disease and health event investigation, outreach, screening, case finding were evident among those in the sample who worked in control of infectious diseases, such as tuberculosis (53%), vaccine preventable diseases (52%), sexually transmitted diseases (35%), pediculosis (33%), food borne diseases (31%), vector borne diseases such as West Nile and Lyme (26%), and HIV/AIDS (26%).
- Certain delegated functions such as provision of immunizations (usually in clinics) and directly observed therapies for certain infectious diseases, such as tuberculosis, were heavily reported
- 73% conducted educational classes, meetings, workshops for providers using health teaching, counseling and consultation
- 51% of all PHN activities were primary prevention focused
- 87% of the sample reported that they facilitated the development of coalitions and the mobilization of communities

### Types of Workers Supervised

The programs and projects PHNs' employers design to address the issues identified in the population health assessment will determine the composition of the work force. If an employer determines that providing primary medical services through a clinic setting is appropriate, a PHN may direct the work of licensed practical/vocational nurses and certified medical assistants. If PHNs accomplishes their work assignments in clients' residences or in the community as a whole, community health workers may also be assigned and supervised.

In both circumstances, PHNs would likely be expected to participate in the performance reviews of those supervised but many would not be in a hire/fire position.

*2. How the work performed is distinct from other detailed occupations in the SOC. Does the same or similar work appear in other SOC occupations? If so, how is the proposed occupation distinct? What changes should be made to existing SOC occupations that have the same or similar work?*

Searches for career or employment information on public health nursing in the SOC or its related resources, such as the Occupational Information Network (O\*NET), yield few results. "Community health nurse" is listed in the January, 2013 update to the 2010 SOC Direct Match Title file but no definition or explanation is provided. Rather, anyone inquiring is led back to the registered nurse broad (which is also the detailed level) definition:

### 29-1141 Registered Nurses

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. Includes Clinical Nurse Specialists. Excludes "Nurse Anesthetists" (29-1151), "Nurse Midwives" (29-1161), and "Nurse Practitioners" (29-1171).

A doctoral student in public health nursing at the University of Minnesota <sup>vii</sup> is currently conducting a survey of practicing public health nurses across the country to better determine the extent to which the above definition accurately reflects their work. The survey is based on the Occupational Information Network (O\*NET) descriptors for registered nurse skills, abilities, knowledge, tasks, work activities, work context, experience levels required, job interests, work values/needs, and work styles and tools. The survey is not scheduled for completion until fall 2014. Results will be forwarded to the SOC Policy Committee as soon as they become available.

It should be noted that several categories of workers in other occupations are further specified as "public health" in nature, at least as an illustrative example if not a detailed occupation sub-group. See, for example: 19-1022 Public Health Microbiologist, 21-1091 Health Educators, 21-1094 Community Health Workers, or, 21-1022 Medical and Public Health Social Workers.

*3. Job titles. What job titles are commonly used by workers in this occupation? Are these titles unique to the proposed occupation? Are titles listed in the Direct Match Title File actually in use? Are there other titles that should be included in the file?*

The title "community health nurse" is included in the Direct Match Title File but, given that no discussion or description the work is included, the user is again directed to the 29-1141 broad and detailed category of registered nurse. Only recently has "public health nurse" been added to the list of "reported job titles" summary report for registered nurse in O\*NET Online. Public health nurse is the preferred term both historically and currently. Lillian Wald, a nurse practicing in New York's Lower East Side during the settlement house movement at the tum of the 20th century, was the first to coin the term "public health nurse." However, the context is which she used it was to suggest "public" in the sense of "populace" or "community" to differentiate the practice from that focusing only on individual patients. In that the majority of registered nurses in public health now work for governmental entities, it has been easy to assume that connotation of "public." While several public health nursing textbooks use the terms "community health nurse" and "public health nurse" interchangeably, it is important to note that both of the two primary reference documents produced by practitioners in the discipline-the APHA/Section of Public Health Nursing definition of public health nursing <sup>viii</sup> and ANA's Scope and Standards of Practice: Public Health Nursing, 2nd Edition only use the term "public health nurse."

In 1997 the Quad Council of Public Health Nursing Organizations, a policy group with representatives from the four major public health nursing professional groups, published eight principles of public health nursing.<sup>x</sup> A registered nurse whose practice reflects all eight principles can be properly considered a public health nurse, regardless of site or type of employment:

- The client or unit of care is the population.
- The primary obligation is to achieve the greatest good for the greatest number of people-that is, the population as a whole.
- Public health nurses collaborate with the client as an equal partner.

- Primary prevention is the priority in selecting appropriate strategies.
- Public health nursing focuses on strategies that create healthy environmental, social and economic conditions in which populations may thrive.
- A public health nurse is obligated to actively identify and reach out to all who might benefit from a specific strategy or service.
- Optimal use of available resources and creation of new evidence-based strategies is necessary to assure the best overall improvement in the health of the population .
- Collaboration with other professions, populations, organizations, and stakeholder groups is the most effective way to promote and protect the health of the people.

*4. Indications of the number of jobs or workers in the occupation. Information on employment size and expected growth is helpful in evaluating the proposed occupation against Classification Principle 9 concerning collectability.*

Since the occupation has never had a designated code it is difficult to determine the workforce size. Historically public health nurses have constituted the major group of public health occupations. In the HRSN Bureau of Health Professions 2000 enumeration public health nurses were estimated to be 25% of the overall public health workforce, which included federal as well as voluntary agencies.xi The National Association of City and County Health Officials (NACCHO) publishes annual profiles of local health department workforce occupations. In 2008, 2010, and 2013 the percentage of registered nurses in that workforce was, respectively, 19.8%, 17.4%, and 19%.

In 2012 the University of Michigan Center of Excellence in Public Health Workforce Studies collaborated with the Association of Public Health Nurses to conduct a survey of public health nurses working in state and local health departments. For the purposes of that enumeration, a public health nurse was defined as "all licensed Registered Nurses employed or contracted by a state or local health department."xii The 45 responding state health departments reported employing a total of 12,063 RNs or the fulltime equivalent (FTE) of 11,600 RNs, of which 260 (2%) FTE were contracted staff. Approximately 6,270 (54%) FTE RNs employed/contracted by state health departments were detailed to work in a LHD, leaving 5,330 FTE RNs physically located in the state departments. The estimate derived from the local health department sample was 29,191 FTE RNs of whom 1,979 (7%) of were contract employees. At least 20% of state PHNs and 12% of PHNs in local health departments reported they worked in clinical program areas. The same survey, however, reported that while nine local health departments intended to expand clinic services, 19 reported the intention to reduce or eliminate these services.

In July 2013 the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers released the results of their national workforce survey of RNs, the first published since HR.SA discontinued doing their national sampling in 2008.xiii The effort used the Forum of State Nursing Workforce Centers National Nursing Workforce Minimum Datasets: Supply developed in 2009 as a framework. Of the 42,300 RNs who responded (a 37% response rate) only 2 indicated their primary work setting was public health and only 1% indicated community health.xiv Public health nurses constitute a sizable proportion of the total public health workforce but a small percentage of the overall registered nurse workforce.

It is also difficult to predict whether the demand for registered nurses in public health will grow or retract. Much of the outcome will depend on the impact of the 2010 Affordable Care and Patient Safety Act, which among other initiatives, is promoting the integration Of public health and primary care. Registered nurses with the skill sets and knowledge gained through a baccalaureate degree or higher in nursing and experience in public health departments would be excellent in the roles described

as case managers or medical home system navigators envisioned for primary care settings. PHNs are optimally prepared to perform case management for populations to reduce health risk and improve outcomes among targeted populations. Additionally, public health nurses are well-suited to facilitate, support or lead community health assessments which are now part of public health accreditation requirements and not-for-profit hospital IRS requirements. Lastly, because there will always be people who are not insured for a variety of reason, there will continue to be a strong role for the 17 interventions described in the "Wheel," especially at the community and systems level.

*5. Types of employers. In what industries does this occupation occur? This information is useful in understanding the nature of the work performed as well as evaluating collectability.*

Occupational Employment Statistics (OES) generated by the Bureau of Labor Statistics provides codes for federal executive branch (999100), state government (999200), local government (999300), which are useful for trying to estimate the number of public health nurses; however, these settings categories are not specific enough to identify nurses working specific agencies, which could help tease out the number of public health versus clinical nurses. For example, the number of registered nurses employed by the state government includes both public health nurses and non-public health nurses. We currently do not have the ability to determine which are working in a state health department (likely as a public health nurses), versus another state agency providing clinical services.

The North American Industry Classification System (NAICS) codes most relevant to the public health nurse occupation include administration of public health programs (923120; this code is not found in OES data, however); physicians' office (621111); home health care services (621610); elementary and secondary schools (611110); junior colleges (611210); colleges, universities, and medical/professional schools (611310); grant-making foundations (813211); and professional organizations (813920). Although registered nurses and licensed practical and vocational nurses are likely captured in most of these NAICS categories through OES, it is not possible to identify how many of these nurses are performing job tasks with a population health focus, leading to a substantial overcount of the public health nurse workforce when trying to estimate number of workers using data confined by the current SOC structure. In addition, a segment of this workforce is employed by contractors or is self-employed, which cannot be captured within the current NAICS.

In general, registered nurses skilled and knowledgeable in public health most often work for some level of government but by definition could also contribute to the work of voluntary health organizations (e.g., Visiting Nurse Associations, Red Cross, American Lung Association, American Heart Association, etc.). Theoretically, any registered nurse whose employer allows him/her to fully implement all the eight principles articulated by the Quad Council (see Item 3) unimpeded would qualify. Public health nurses are found in diverse settings, including governmental public health departments, community-based and other nongovernmental service organizations, foundations, policy think tanks, academic institutions, schools, and other research settings.

*Education and training. What education and training are typically required for workers to be able to perform this occupation? What types of schools or training providers offer this education or training? How long does the education or training take? What degrees or other credentials are generally required, if any? Identification of specific education and training programs and institutions is helpful.*

A baccalaureate degree in nursing (BSN) is recommended for entry-level public health nurses. Public health-specific content is taught at this level (baccalaureate) or masters of nursing curriculum. Some public health nurses hold the doctor of nursing practice (DNP) degree with a public health emphasis or

a doctor of philosophy (PhD) degree, many of whom may be located in research settings. According to a 2012 survey of state and local health departments conducted by the University of Michigan Center for Excellence in Public Health Workforce Studies, approximately 39% of all registered nurses employed or contracted by health departments in the U.S. held a diploma or associate's degree as their highest nursing degree; 49% held a BSN; 12% held a master's degree; and less than 1% held a DNP or PhD degree.

Collegiate programs accredited by the American Association of Colleges of Nursing's (AACN) Commission on Collegiate Nursing Education are guided by their September 2013 document, *Public Health: Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing; A Supplement to the Essentials of Baccalaureate Education for Professional Nursing Practice*, which details the competencies and curricular expectations for these programs.<sup>xv</sup> Other educational programs preparing nurses for professional practice—the diploma and the associate degree—typically do not include public health content. Many state health departments and some of the 37 public health training centers funded through the Affordable Care Act's Prevention and Public Health Fund provide continuing education for nurses employed in public health to enhance their knowledge and skill but this is typically for those already employed in the field.

An advanced public health nurse certificate is awarded by the American Nurses Credentialing Center.<sup>xvi</sup>

*7. Licensing. Are licenses usually required? Identification of specific licenses and licensing agencies is helpful*

The essential license is that as a registered professional nurse as authorized by each state's licensing authority. In two states, California and Minnesota, title protection for "public health nurse" is embedded in the states' nurse practice acts. It is a voluntary certificate available to registered nurses who are graduates of accredited baccalaureate nursing programs with curriculum proof of required public health content. Many other states require a baccalaureate in nursing through public health codes or state or local employment laws. A 2008 survey conducted by the Association of State and Territorial Directors of Nursing (now renamed and restructured as the Association of Public Health Nurses) found that in addition to Minnesota and California, seven other states require the baccalaureate for entry into the field, although not in all positions. Thirty-one states do not require a baccalaureate; many of these noted a baccalaureate is preferred in job specifications.<sup>xvii</sup>

*8. Tools and technologies. What tools and technologies are generally used by workers in performing the occupation? Are the tools and technologies mentioned in existing SOC occupation definitions accurate and up to date?*

Of the 13 tools listed as used by registered nurses on O\*NET Online<sup>xviii</sup> only two, blood glucose monitors and electronic blood pressure units (although the latter would more likely not be electronic), would find occasional use by PHNs if they worked in a public health clinic. More likely PHNs would be trained in the use of a variety of assessment tools, such as infant and child growth and development assessments, activities of daily living, depression scales, or tests of cognitive acuity. Of the seven types of software listed as typically used by RNs, only the word processing, spreadsheet, and time keeping software would be germane.

*9. Professional or trade associations and unions. Are there professional or trade associations or labor unions related to the proposed occupation? Identification of specific associations or unions is helpful.*

As noted earlier, the Quad Council of Public Health Nursing Organization serves as the main voice for the discipline, bringing together representation of its four organizational constituents: Association of Public Health Nurses (formerly the Association of State and Territorial Directors of Nursing), Association of Community Health Nurse Educators (ACHNE), Public Health Nursing Section of the American Public Health Association, and the American Nurses Association. While PHNs employed by state or local health departments may be represented by labor unions, there is not one particular union that represents only public health nurses.

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- i Keller, L.O., Strohschein, S., Lia-Hoagberg, B., Schaffer, M (1998) Population-based public health nursing interventions: A model from practice. *Public Health Nursing* 15: 2, 207-215.
- ii Keller, L.O., Strohschein, S., Lia-Hoagberg, B., Schaffer, M (2004) Population-based public health nursing interventions: Practice-based and evidence-supported. Part I. *Public Health Nursing* 21: 5, 453-468.
- iii Keller, L.O., Strohschein, S., Schaffer, M., Lia-Hoagberg, B. (2004) Population-based public health nursing interventions: Innovations in practice, teaching, and management. Part II. *Public Health Nursing* 21: 5, 469-487.
- iv Yoshioka-Maeda, K., Taguchi, A, Murashima, S., Asahara, K., Anzai, Y., Arimoto, A., Miyazaki, T., Sato, N., Sakai, T., Oomori, J., Magilvy, J. (2006) Function and practice of public health nursing in Japan: A trial to develop the Japanese purpose-focused public health nursing model. *Journal of Nursing Management* 14: 483-489.
- v Baisch, M (2012) A systematic method to document population-level nursing interventions in an electronic health system *Public Health Nursing* 29:4, 352-360.
- vi Keller, L.O., Litt, E. (unpublished) *An Analysis of the Contributions of Public Health Nurses to Population Health in the United States*
- vii. For more information contact Susan Strohschein at [stroh025@umn.edu](mailto:stroh025@umn.edu) or 651-528-8987.
- viii Section of Public Health Nursing (2013) *The Definition and Practice of Public Health Nursing*. Retrieved from: [www.apha.org/NR/rdonlvres/284CE437-6AF3-4B23-88BA-2F2A0E329E6/0/PHNdefinitionNov2013\\_final125142.pdf](http://www.apha.org/NR/rdonlvres/284CE437-6AF3-4B23-88BA-2F2A0E329E6/0/PHNdefinitionNov2013_final125142.pdf)
- ix American Nurses Association (2013) *Scope and Standards of Practice: Public Health Nursing, 2nd ed.* Silver Springs, MD: Nursesbooks.org
- x Quad Council of Public Health Nursing Organizations (1997) The tenets of public health nursing. Unpublished white paper. In American Nurses Association (2013) *Public Health Nursing: Scope and Standards of Practice, 2<sup>nd</sup> Ed.* Silver Springs, MD: Nursesbooks.org: 8-9.
- xi Gebbie, K., (2000) *The Public Health Work Force: Enumeration 2000*. Center for Health Policy, Columbia University School of Nursing. Published by HRSA/Bureau of Health of Health Professions/National Center for Health Workforce Information and Analysis. p. 28.
- xii University of Michigan Center of Excellence in Public Health Workforce Studies. (2013) *Enumeration and Characterization of the Public Health Nurse Workforce: Findings of the 2012 Public Health Nurse Workforce Survey*. Ann Arbor, MI: University of Michigan. p. 5.
- xiii National Council of State Boards of Nursing. (2013) The 2013 national nursing workforce survey of registered nurses. *Journal of Nursing Regulation* 4(2) supplement s3-s72
- xiv The dataset defines "public health" as registered nurses working in official state, city or local health departments or state mental health agency. "Community health" settings include: combination (official/voluntary) nursing service, visiting nurse service (VNS/VNA), other home health agency, community mental health center, community/neighborhood health center, planned parenthood/family planning center, day care center, rural health center, or retirement community center. The data base further defines the specialty practice of community nursing as "nurses in this specialty provide health care services that focus on both treatment and prevention for all members of the community" whereas "public health nurses" are limited to those providing "population-based community services"-altogether not very helpful distinctions.
- xv American Association of Colleges of Nursing (2013) *Public Health: Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing; A Supplement to the Essentials of Baccalaureate Education for Professional Nursing Practice*. Retrieved at: <http://www.aacn.nche.edu/education-resources/BSN-Curriculum-Guide.pdf>  
<http://www.nursecredentialing.org/Certification/NurseSpecialties/AdvancedPublicHealthNursing-Portfolio>  
[http://www.phnurse.org/docs/BSN\\_Required\\_Survey\\_2008.pdf](http://www.phnurse.org/docs/BSN_Required_Survey_2008.pdf)  
<http://www.onetonline.org/link/details/29-1141.00#ToolsTechnology>



AMERICAN PUBLIC HEALTH ASSOCIATION  
*For science. For action. For health.*

July 17, 2014

Standard Occupational Classification Policy Committee      SUBMITTED VIA: Regulations.gov  
U.S. Bureau of Labor Statistics, Suite 2135  
2 Massachusetts Avenue NE  
Washington, DC 20212

Re: 2018 SOC: Addition of new public health nurse occupational code

I write on behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities to express our strong endorsement of the creation of a public health nurse detailed occupation sub-group under the 29-1141 Registered Nurses code. APHA brings together members from all fields of public health and is deeply committed to the development of the public health workforce.

Public health nurses are registered nurses employed in governmental public health agencies or other settings focused on improving population health. They constitute the single largest professional group in the local public health workforce, currently estimated at 19 percent of the total. Across the nation 96 percent of all local health departments employ at least one PHN; in departments serving the smallest populations, those under 10,000, the PHN is typically the only professional employed.<sup>1</sup> Public health nurses are also employed by state health departments. The Association of State and Territorial Health Officers reported that of those state agencies responding to a 2012 survey, public health nurses ranked as the second largest occupational classification after administrative/clerical staff.<sup>2</sup> The Centers for Disease Control and Prevention estimates that it currently employs 100 PHNs in a variety of capacities.<sup>3</sup>

Currently public health nurses are not identifiable within the Standard Occupational Classification system. Inquiries about the profession in SOC-linked occupational databases such as the Occupational Information Network are directed to information associated with SOC code

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<sup>1</sup> National Association of City and County Health Officials (2014) *2013 National Profile of Local Health Departments*; Accessed at: [http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013\\_National\\_Profile021014.pdf](http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013_National_Profile021014.pdf).

<sup>2</sup> Association of State and Territorial Health Officers (2013) *ASTHO Profile of State Public Health: Volume Three*. Accessed at: <http://www.astho.org/ProfileNolume-Three>.

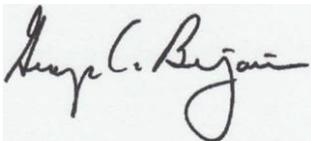
<sup>3</sup> Centers for Disease Control and Prevention (2009) *CDC Registered Nurses*; Accessed at: <http://www.cdc.gov/about/opportunities/careers/registered.htm>.

29-1141 Registered Nurses, which is descriptive of the work of RNs working in hospitals or other illness-focused settings. This concentration on capturing the work of the majority of RNs is understandable, given that a recent survey National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers found that only 3 percent of those responding named "public health" or "community health" as their work setting.<sup>4</sup> However, the inability to discern the work of PHNs from that of RNs as a whole creates significant difficulties in recruitment, development and research in the public health arena. Specifically:

1. Students or others exploring public health nursing as a career possibility in SOC-linked databases will find a description of hospital or illness-focused work with little relevancy to public health, even though "public health nurse" is offered as an example of "reported job titles." This is misleading and deters recruitment.
2. Without the capacity to collect quantitative data that would be afforded by a separate SOC code public health workforce planning and development are hindered. In this era of governmental workforce reduction, the need to know how many workers of given categories are available and/or may require retraining to best meet public health goals is critical.
3. Beyond enumeration, the same quantitative data is necessary to support research that can begin to link the specific contributions of categories of public health worker, based on their education and distribution within the workforce, to population health outcomes.

We appreciate the opportunity to provide comments on the creation of a public health nurse detailed occupation sub-group as you review the 2010 Standard Occupational Classification Manual for possible revision in 2018.

Sincerely,



Georges C. Benjamin, MD  
Executive Director

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<sup>4</sup> National Council of State Boards of Nursing (2013) The 2013 national nursing workforce survey of registered nurses. *Journal of Nursing Regulation*, 4(2) supplement: s3-s72.

M.

Center of Excellence  
in Public Health  
Workforce Studies

UNIVERSITY OF MICHIGAN  
SCHOOL OF PUBLIC HEALTH

Department of Health Management and Policy  
1415 Washington Heights  
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July 18, 2014

Standard Occupational Classification Policy Committee  
U.S. Bureau of Labor Statistics, Suite 2135  
2 Massachusetts Avenue NE  
Washington, DC 20212

Re: 2018 SOC: Addition of new public health nurse occupational code

Please consider this letter in support of the accompanying proposal to add a detailed occupation for Public Health Nurse within the Standard Occupational Classification (SOC) system. A key sector of the public health workforce, Public Health Nurses perform tasks that are distinct from registered nurses solely providing direct patient care in clinical settings.

Funded by the Centers for Disease Control and Prevention since 2009, the University of Michigan Center of Excellence in Public Health Workforce Studies is charged with the responsibility of implementing studies to describe the size and composition of the U.S. public health workforce. We work with federal partners, including the Bureau of Labor Statistics (BLS), state and local public health professional organizations, and other public health and health care workforce researchers across the country in this endeavor. At present, comprehensive studies using multiple data sources are required to develop an enumeration estimate of the public health workforce because the current SOC system, with the exception of a few occupations, does not permit us to specifically identify public health workers. Such is the case with Public Health Nurses, who represent the largest segment of workers providing population health services in the U.S. These workers are currently captured primarily within 29-1140, Registered Nurse; however, the data do not distinguish between registered nurses who are engaged in job tasks focused on population health and those who are not, rendering BLS data as supplementary, at best, in national enumerations of Public Health Nurses conducted by our Center and other research institutions. Utilization of all workers captured in the Registered Nurse SOC would include a substantial number of nurses who are not Public Health Nurses.

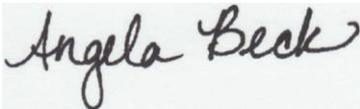
Public Health Nurses are employed in many settings. Although Occupational Employment Statistics (OES) generated by BLS provide codes for federal executive branch (999100), state government (999200), and local government (999300), which are useful for trying to estimate the number of Public Health Nurses, these categories are not specific enough to identify nurses working specific agencies, which could help tease out the number of public health versus clinical nurses. For example, the number of Registered Nurses employed by the state government includes both Public Health Nurses and non-public health nurses. We currently do not have the ability to determine which nurses are working in a state health department (likely as a Public Health Nurse), versus another state agency providing clinical services.

North American Industry Classification System (NAICS) codes include several employment settings in which Public Health Nurses reside; however, some codes such as 923120 (administration of public health programs) is not included in OES data and others are not sufficiently specific to distinguish Public Health Nurses from other types of registered nurses. Finally, a segment of this workforce is employed by contractors or is self-employed, which cannot be captured within the current NAICS.

The limitations of the current SOC system create methodologic challenges for researchers attempting to estimate the size of the Public Health Nurse workforce. This information is critical for assessing recruitment and retention, job loss, and retirement trends in this key segment of the public health workforce. There is little dispute within the field that Public Health Nurses have unique job tasks, skills and training compared to registered nurses who do not perform tasks related to the delivery of public health services. However, we lack a systematic way for continuously monitoring size and composition of the Public Health Nurse workforce. Current efforts are laudable but infrequent and imperfectly aligned, with a handful of organizations, including our Center, trying to identify funding for studies to contribute data on this important worker population every 2 to 3 years. Further, these data generally do not provide information about worker characteristics. Demographic, wage, and job outlook data by state and metropolitan area are currently lacking and sorely needed.

We appreciate the opportunity to provide comments in support of the creation of a Standard Occupational Classification detailed occupation for Public Health Nurse. We hope the committee will strongly consider this proposal and its implications for promoting and protecting the health of citizens throughout the country.

Sincerely,

A handwritten signature in black ink that reads "Angela Beck". The signature is written in a cursive style and is placed on a light gray rectangular background.

Angela J. Beck, PhD, MPH  
Research Assistant Professor of Health Management and Policy  
Associate Director, Center of Excellence in Public Health Workforce Studies  
University of Michigan School of Public Health