

Quad Council of Public Health Nursing Organizations
Invitational Forum on the Role and Future of Nurses in Public
Health:
Final Report

Susan M. Swider, PhD, APHN-BC, FAAN
Pamela F. Levin, PhD, APHN-BC
Pamela Kulbok, DNSc, PHCNS-BC, FAAN

March 10, 2014

Suggested citation: Swider, S.M., Levin, P.F. and Kulbok, P. (2014). *Quad Council of Public Health Nursing Organizations Invitational Forum on the Role and Future of Nurses in Public Health: Final Report*. Retrieved from www.Quadcouncilphn.org

Partial support from: Division of Nursing (DN), Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under grant number D09HP03144 and title *APHN Leadership: Strategies for Education and Practice* for \$675,218. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the Division of Nursing, BHPr, DHHS or the U.S. Government.
March 10, 2014

Dear PHN colleagues and stakeholders,

Enclosed is the Final Report from the recent Public Health Nursing forum, sponsored by the Quad Council of Public Health Nursing organizations (Quad Council). This forum was an invitational meeting designed to build on recent work and events important to the specialty of public health nursing. The goal of this event was to develop consensus amongst public health nursing (PHN) leaders in education, research and practice, and key stakeholders outside of public health nursing, on action steps necessary to enhance and promote the ability of PHN to work effectively to improve the health of the public.

The key recommendations for action highlighted in this report include:

Priority 1: Identify and support current and Emerging Roles of Public Health Nurses

Priority 2: Create Innovative Models of PHN practice and PHN interventions and find sustainable funding for such models/intervention

Priority 3: Develop and support leadership skills in PHNs at all levels of practice, and education and research

Specific action steps for each priority area are provided in the attached document. The document is intended for use as the basis for strategic planning for the next 3-5 years for the Quad Council and each of its constituent organizations. We ask you to review this work, and hope that it might prove useful in your efforts on behalf of PHN. We are interested in distributing this document broadly to key stakeholders and welcome any suggestions you might have about dissemination. Please contact us with any comments or questions about the document.

Sincerely,

Susan Swider, PhD, APHN-BC, FAAN
Professor, Rush University
Member, Quad Council of Public Health Nursing Organizations
Susan_m_swider@rush.edu

Pamela Levin, PhD, APHN-BC
Associate Professor, Rush University
Pamela_f_levin@rush.edu

Pamela Kulbok, DNSc, RN, PHCNS-BC, FAAN
Professor, University of Virginia
Pk6c@virginia.edu

INTRODUCTION

A convergence of recent events provided a stimulus for the Quad Council of Public Health Nursing Organizations (Quad Council) to address issues affecting public health nursing (PHN) and to enhance the ability of nurses to effectively improve the health of the public. These events highlight the need for increased emphasis on the benefits and value of PHN practice and include:

- Enactment of the Patient Protection and Affordable Care Act (ACA) with its focus on prevention and promotion of new models of health care;
- State and federal budget cuts that have impacted health departments, with PHN sustaining the largest of those cuts;
- Increasing evidence of the effectiveness of the PHN role in specific interventions;
- Recent investments by the Robert Wood Johnson Foundation (RWJF) into nursing education and practice, and public health nursing specifically; and,
- Development of the Advanced Practice Registered Nurse (APRN) Consensus Model in nursing with an almost exclusive focus on direct care knowledge and skills

In response to these events, the Quad Council sponsored an invitational forum to develop an action plan for the specialty for the next 3-5 years. Dr. Pamela Levin and Dr. Susan Swider at Rush University conducted this event through their Health Resources and Services Administration (HRSA) funding for advanced public health nursing (APHN) education, with assistance and support provided by Dr. Pamela Kulbok through the Robert Wood Johnson Foundation Executive Nurse Fellows Program. This forum built on the work of several recent initiatives: 1) RWJF's *Forum on the Future of PHN* (2012), 2) RWJF's *Enumeration and Characterization of the PHN Workforce* (2013), 3) Quad Council policy briefs on PHN education, infrastructure, and research, 4) American Association of Colleges of Nursing (AACN) – Centers for Disease Control and Prevention (CDC) Cooperative Agreement to enhance public health knowledge and skills in nursing, and 5) American Academy of Nursing's (AAN) recent work on the future of public health nursing.

The overall goal of the planning forum was to develop a plan to maximize the impact of Public Health Nurses on improving the health of the public. This event was held on November 2, 2013 in Boston, MA to coincide with the meeting of the American Public Health Association. Drs. Swider, Levin and Kulbok convened an Advisory Committee to help develop the plan, and this group developed a list of invitees. Thirty-six people were invited, representing Public Health nursing organizations, researchers, educators, practice leaders, as well as those who have traditionally supported public health nursing, including CDC, RWJF, and the Association of State and Territorial Health Officials (ASTHO). Twenty-five of the invitees were able to attend and were divided across expertise and role into three discussion groups: education, research and practice. Each of the three groups was presented with an over-arching question to be considered as part of the group discussion.

Practice group: What are the three most important actions to be taken to help PHNs practice to the full scope of their education and license to help improve the health of the public?

Education Group: What are the three most important actions to be taken to help educate PHNs to practice to the full scope of their education and license to help improve the health of the public?

Research Group: What are the three most important actions to advance the evidence base that supports PHNs practicing at the full scope of their education and license to help improve the health of the public?

After the group breakout sessions, attendees reconvened into a large group for a report out from each of the three discussion groups. Additionally, the planning team met after adjournment of the meeting to debrief and ensure that no key points were lost or areas of conflict missed in the group reports.

GROUP SUMMARIES AND PRIORITY ACTIONS

Practice Group

This group was composed of educators, researchers and practicing public health nurses (Appendix V). Their two overall priorities for PHN practice were:

1. Identify and Differentiate Emerging Roles of Public Health Nurses
2. Create and Secure Innovative Models for Sustainable Funding

Table 1 (Appendix II) documents the overall key activities the group identified for each of these priorities, along with resources needed and potential barriers encountered. The consensus of this group was that PHNs had value added to the healthcare system that wasn't being supported via funding or leadership. Specific action steps identified centered on developing and disseminating a generic description of PHN practice, and identifying, testing and supporting new PHN roles.

The group also identified three other issues that were important, but not their top priorities. These issues included:

- Create readiness of PHNs for current and emerging roles:
 - Identify exemplars
 - Online modules with innovative public health nursing roles
 - RWJF challenge: public health nursing innovations
- Market the role and value of PHNs to stakeholders and other audiences
 - Reach out to stakeholders to gain support for role development
 - Case studies/grants on public health nursing practicing population health and shine the light!
 - Magnet program for health departments
 - Highlight the role and value of public health nursing to PHNs and others, i.e., health care, CBO
 - Market the role and value of public health nursing
- Develop an appropriately educated public health nursing workforce
 - Create pathways for practicing PHNs to learn population health, i.e., CEUs, bridge from AD to BSN to MSN
 - Strengthen academic-practice linkages (multi-level)
 - Academic-practice partnerships
 - Increase education of PHNs, i.e., AD to BSN to MSN
 - Practice based research
 - Rebrand the "PHN Ready" modules

Education Group

This group was composed of educators, researchers and practicing public health nurses (Appendix V). The three priority issues for action identified by this group were:

1. Differentiate what core knowledge/skills/attitudes (K/S/As) are in the future for PHN
2. Prepare PHNs as leaders.
3. Expand workforce development opportunities for novice & experienced PHNs.

Table 2 (Appendix III) documents the overall key activities the group identified for each of these priorities, along with resources needed and potential barriers encountered. The overall focus of this group was on developing consensus around core PHN knowledge and skills; developing and teaching leadership knowledge and skills to PHNs; and developing ongoing educational opportunities for PHNs, including a focus on certification for Advanced Public Health Nursing.

The group also identified three additional issues that were important but not their top priority issues. These included:

- Advocate for PHN as a specialty through:
 - Recognition of specialty and skills of PHN (certification, salary)
 - Differentiating PHN from other RNs & PH professionals
 - Hiring agencies understanding PHN practice
 - Defining “advanced practice nurse” for PHN
 - Exposing faculty and students to public health nursing practice
 - Focusing on “unique” PHN curriculum
 - Identify PHN role models
- Create interprofessional workforce educational opportunities:
 - Increase interprofessional fellowships
 - Participate in interprofessional population health projects/education
 - Implement interprofessional education
- Integrate content experts into PHN education:
 - Involve non-PHN experts to educate in areas that are not nursing (e.g., finance, economics)
 - Increase access to nurse faculty positions for non-MSN’s

Research Group

This group was composed of educators, researchers and practicing public health nurses (Appendix V). The overall priorities identified by this group included:

1. Identify new environments of care that demonstrate impact on outcomes and ROI
2. Build infrastructure/resources to conduct research

Table 3 (Appendix IV) documents the overall key activities the group identified for each of these priorities, along with resources needed and potential barriers encountered. The overall focus was on identifying models of PHN practice and PHN interventions that had evidence support, including cost effectiveness data. Additionally the group focused on supporting research development for PHN faculty.

The group further identified three additional issues of importance including:

- Demonstrate comparative advantage of PHN practice
- Conduct collaborative research

- Direct Funding toward PHSSR

SYNTHESIS

Although each group identified a wide array of action steps to address their priorities, there is considerable agreement across groups (and PHN leaders) on priorities. Common priorities include:

- Identifying and supporting current and emerging roles of PHN's,
- Creating and securing innovative models for sustainable funding for PHN practice,
- Developing and supporting leadership skills at all levels and areas of PHN practice

Each priority is described with recommended actions/expected outcomes for the next 3-5 years.

Priority 1: Identify and support current and Emerging Roles of Public Health Nurses

Actions

- Develop White paper on definition of Public Health Nursing
- Translate QC core competencies in Knowledge/Skills/Attitudes (K/S/A)
- Prioritize QC competency tiers for focus in continuing education
- Create model job description for PHN roles in future
- Assess state statutes regarding PHN requirements for practice
- Develop role of PHN as part of community health team
- Use PHN definition for quick response to emerging health career opportunities
- Test PHNs as hospital liaisons to community
- Conduct comparative effectiveness studies for public health interventions across provider/health professional type
- Demonstrate PHN effectiveness in implementing prevention guidelines
- Identify key set of research focused on added value of nursing to public health practice
- Create consensus list of hard skills for PHN practice
- Identify knowledge and skills to develop population health programs
- Facilitate PHN use of self-management skills in populations with chronic illness
- Disseminate best practice in PHN education
- Develop resource portal for PHN CE materials
- Develop models for CE for existing PHN workforce
- Develop action oriented academic practice partnerships in PHN
- Create transition plans for mid-career RNs into PHN roles
- Address certification and licensure requirements for appropriateness to PHN practice needs

Expected Outcomes

- Documented evidence base for PHN practice at generalist and advanced levels
- Standard PHN job description at generalist and advanced practice levels
- Common curricular standards for PHN education at generalist and advanced levels
- Dissemination of PHN role description to public health colleagues and stakeholders
- Case studies on PHN role developed for educational use
- Database of CE opportunities for practicing PHNs

Priority 2: Create and Secure Innovative Models for Sustainable Funding of PHN practice and PHN interventions

Actions

- Develop business case of PHN practice, including payment model
- Engage unions and other stakeholders in business case development
- Development of partnerships for funding PHN practice
- Identify PHN to population ratio that leads to best health outcomes

Priority 3: Develop and support leadership skills in PHNs at all levels of practice, and education and research

Actions

- PHN organization monitor policy trends for quick, strategic action
- Assist current PHNs to develop knowledge and skills in leading community action and policy development
- Assist PHNs to develop knowledge and skills in systems change
- Provide PHNs with access to full text, evidence based literature for practice improvements
- Identify and expand funding for PHN relevant research
- Create database of PHN researchers and their research expertise

NEXT STEPS

The list of identified priorities and action items is large, in both number and scope, especially when considering the relatively small number of nurses practicing in public health. However, the list provides a variety of action items for PHN organizations and leaders. This report will be used with the Quad Council to select priorities for action from among those listed here for the next 3-5 years.

1. The three key priorities above were consistent across the three groups. Thus, the first step should be to select action items in each of these areas that will be the Strategic Priorities for the Quad Council for the next 3-5 years.
2. Within the Action Items selected, the Quad Council should identify responsible parties to address each action. These responsible parties can be individual QC organizations, partner organizations, individual researchers or leaders. The Quad Council will then need to approach these responsible parties and negotiate an action plan and timeline for each item.
3. The Quad Council will work with the responsible parties to solicit support from funders and policy makers to maintain effort on each selected action item. The Quad Council will serve as the lead organization for these activities, to ensure that there is coordination in any proposals for external support across the Action Items.
4. The Quad Council will take responsibility for monitoring action and progress on the selected items, and provide yearly reports to each Quad Council organization, and to the general PHN community at the annual American Public Health Association meeting.
5. The end point for this particular plan will be 2018, and the Quad Council will take responsibility for looking at progress and developing a new Strategic plan at this point in time.

The issues identified in this report are large and will shift with policy and environmental changes. Thus, the Quad Council will be responsible for adapting the action items, in conjunction with member organizations and partners, as the healthcare and public health landscape changes. Although this agenda is ambitious, the Quad Council prioritizing process will help to develop a plan based on this work, and begin the process of making significant steps towards meeting the overall goal of **maximizing the impact of Public Health Nurses on improving the health of the public.**

Appendix I: Strategic Planning Session Process

The overall goal of the planning effort was to develop a Plan of Action to maximize the impact of Public Health Nurses on improving the health of the public.

The Invitational Forum on the Role and Future of Nurses in Public Health was held on November 2, 2013 in Boston, MA, prior to the annual APHA Convention. The purpose of this meeting was to build on the recent events impacting Public Health Nursing practice and to develop a strategic plan for the specialty for the coming 3-5 years. This work was supported in part by HRSA (grant # 91653-09 Swider and Levin, co-directors) and the Robert Wood Johnson Executive Nurse Fellows program (Kulbok, ENF 2012-2015), under the sponsorship of the Quad Council of Public Health Nursing Organizations.

The process of planning the invitational forum began in June of 2013 with the meeting of an advisory committee lead by Susan M. Swider and Pamela F. Levin of the Rush College of Nursing. The advisory committee was selected by Swider and Levin to represent public health nurses in academia, practice and research leadership positions and was comprised of the following:

- Michele Issel, University of North Carolina, Greensboro
- Pamela Kulbok, University of Virginia
- Joy Reed, North Carolina Department of Public Health, Current President APHN
- Ramona Rusinak, consultant, Association of Public Health Nursing (APHN)
- Susan Zahner, University of Wisconsin, Madison

The group agreed on a format for the forum to include four working groups of PHN professionals (later reduced to three groups) whose expertise spans the following PHN areas:

- Practice
- Education
- Research
- Leadership (this topic became part of the discussion in each group, and was eliminated as a separate group due to the fact that the invited participants were all leaders in either practice, research or education, and the intent was to have small groups talk broadly to their topic area, which would include leadership issues).

Each working group would have 6-8 members whose expertise crossed topic areas. Advisory committee members were asked to recommend members and supporters of the PHN community they felt would be appropriate as forum participants, and then the list was prioritized by the Advisory Group as a whole. The participants were chosen for their representation of PHN practice, research and education, as well as policy expertise, demonstrated leadership, work in support of or related to PHN and diversity of perspectives. The objective of each group was:

- Prioritize 2-3 critical issues
- Identify goals/action strategies for each issue over 3-5 years
- Identify resources, barriers, responsible party and timeline for each action item

Thirty-six (36) individuals were invited to the forum with twenty-five (25) available to participate. Prior to the forum participants received the following documents via email as background material:

- Three Quad Council Briefs: Education, Infrastructure, and Research
 - http://www.achne.org/files/Quad%20Council/QuadCouncilPolicyBrief_AdvancingPHNEducation.pdf

- http://www.achne.org/files/Quad%20Council/QuadCouncilPolicyBrief_PHNInfrastructureJan2013.pdf
- http://www.achne.org/files/Quad%20Council/QCStrategicBriefResearchinPHN_Practice.pdf
- The Robert Wood Johnson Future of Public Health Nursing summary report
 - <http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/02/forum-on-the-future-of-public-health-nursing.html>
- The Executive Summary of the PHN Enumeration Study Report
 - <http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/06/enumeration-and-characterization-of-the-public-health-nurse-work.html>
- A table summarizing identified challenges and action steps in each of the above documents

The forum was held on Saturday, November 2, from 4 PM -8 PM in the Boston Convention Center. Professional facilitators were retained to lead the group discussions. The following agenda was followed:

4-4:30PM	Introductions & Forum Purpose
4:30-7:30PM	Work group breakout sessions/working dinner
7:30-8:00 PM	Sharing of work group output & closure
8:00-9:00PM	Facilitator debrief with forum team

Work groups were provided manuals of the documents that had been prepared as background material for the forum. Drs. Swider, Levin and Kulbok each sat in a group to observe, record, and assist with the facilitation as needed. Each of the three groups was presented with an over-arching question to be considered as part of the group discussion.

Practice group: What are the 3 most important actions to be taken to help PHNs practice to the full scope of their education and license to help improve the health of the public?

Education Group: What are the 3 most important actions to be taken to help educate PHNs to practice to the full scope of their education and license to help improve the health of the public?

Research Group: What are the 3 most important actions to advance the evidence base that supports PHNs practicing at the full scope of their education and license to help improve the health of the public?

After the group breakout sessions and sharing of output from each group the meeting was adjourned and the forum team and facilitators de-briefed. In evaluating the small group process, there was agreement that participants were engaged and focused, attentive to facilitators' directions. Groups discussed preparing people for leadership and began to establish short and long term goals related to this, however short and long term goals in general were not completed (due to time) and need more discussion. Within one week after the event, the facilitators and the three organizers (Swider, Levin and Kulbok) wrote up their groups' results and shared them with the group to ensure that the content was represented accurately. Additionally, five of the invitees who could not attend were invited to comment on the Workgroup products, and comments were received from one of these people, and will be included in the final prioritization process by the Quad Council.

Appendix II: Practice Workgroup

Table 1: Practice Workgroup Priorities

Overarching Question: What are the 3 most important actions to be taken to help PHNs practice to the full scope of their education and license to help improve the health of the public?

Priorities for Action	Accomplishments Short /Long term	Barriers	Resources (needed/available)
<p>Identify and Differentiate Emerging Roles of Public Health Nurses:</p> <ul style="list-style-type: none"> • Community-as-client white paper with public health nursing role • Create model job description for public health nursing roles in the future • Assess state statues regarding public health nursing requirements for practice • Test PHNs as liaisons to hospitals (ACA) • Quick response to emerging opportunities regarding public health nursing contributions • Take advantage of national interest in community health teams to include role of PHNs • Hold critical conversations across sectors 	<p>Short Term:</p> <ul style="list-style-type: none"> • White Paper on public health nursing is written and published • Public health nursing is branded and recognized • Job descriptions available • Evaluation and dissemination plans for job description are in place • Create role description for public health nurses (PHNs) in Million Hearts Program • Create case studies of role of PHNs in advancing evidence based projects • Plan to align innovative roles with QC competencies <p>Long Term:</p> <ol style="list-style-type: none"> 1. Public health nurses are able to say “who” a PHN is and are understood • 2-Stakeholders (including other nurses) can say “who” a PHN is • 3-Public health nursing value is demonstrated through stable ratio of PHNs: population (guidance) • 4-Innovative roles for PHNs are tested, evaluated, and funded; information on innovations is available 	<ul style="list-style-type: none"> • Who will accomplish? • Can we capture all possibilities? • Difficult to define • Capacity to promote marketing campaign • Funding for demonstration projects • Buy-in of frontline PHNs and stakeholders • Creating urgency for stakeholders • Potential conflicts with other nursing specialties 	<p>APHA update of PHN definition</p> <ul style="list-style-type: none"> • Free graduate student help • Funding for testing, evaluating, and disseminating • Use APHA Section networks to garner support for job description and innovative roles • Utilize QC leaders and members

<p>Create and Secure Innovative Models for Sustainable Funding:</p> <ul style="list-style-type: none"> • Business case including payment model • Engage unions and others for the business case • Take advantage of CMMI, State innovations models for funding the role of public health nurses • Partnerships to ensure funding • Reach out to stakeholders, i.e., insurance, businesses 	<p>Short Term:</p> <ul style="list-style-type: none"> • Create a business case (opportunities for PHNs): a) for PHNs in health department; and, b) for PHNs in transformed health system • At least one state innovation model includes PHNs • PHN is included in 2014 state innovation funding • Communicate examples of successful innovation • Identify role of PHNs in new model of care (ACOs, etc.) • Meet with Jan Heinrich at CMMI about public health nursing roles • Meet with Mary Wakefield at HRSA • Meet with Marilyn Tavenner at CMS <p>Long Term:</p> <ul style="list-style-type: none"> • Public health nursing services are funded and/or reimbursable • Move away from dependency on categorical funding • Diversified funding (public/private) 	<ul style="list-style-type: none"> • No business case examples • Lack of evidence and expertise to create business cases • Cultural (foreign to us) • Systems set up to deliver individual services • PHNs are not at these tables • Human resources to do this 	<ul style="list-style-type: none"> • Lillian Shirley, RN, MPH, State Health Organization, Oregon • Jan Heinrich • Johnson and Johnson past nurse promotion • Foundations • Susan Kosman, CNO at Aetna
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Appendix III Education Workgroup

Table 2: Education Workgroup Priorities

Guiding Question: What are the 3 most important actions to be taken to help educate PHNs to practice to the full scope of their education and license to help improve the health of the public?

Priorities for Action	Accomplishments Short /Long term	Barriers	Resources (needed/available)
<p>Differentiate what core knowledge/skills/attitudes (K/S/As) are in the future for PHN by:</p> <ul style="list-style-type: none"> • Development of resource portal for PHN education materials • Creating a common list of <i>hard skills</i> to articulate PHN value • Identifying core “PHN” knowledge • Disseminating best practices about PHN education • Identifying the knowledge and skills needed to develop population health programs • Differentiating community based vs community focused • Facilitating utilization of self-management skills in populations with chronic illness and health conditions 	<p>Short term</p> <ul style="list-style-type: none"> • Translate Quad Council core competencies into K/S/As • Prioritize competency tiers, which ones to need to focus on first <p>Long term</p> <ul style="list-style-type: none"> • Standardized core expected content for PHN curriculum 	<ul style="list-style-type: none"> • Unknowns around infrastructure changes in health care reform– how to educate for future when future really unclear • Lack of consensus around generalist vs specialist in PHN practice • Others unaware of what PHN role/function, abilities - being a non-APRN in an APRN world 	<p>Short-term</p> <ul style="list-style-type: none"> • APHN, ACHNE (as leads) Quad Council • AACN: Cooperative Agreement • ANCC <p>Long term</p> <ul style="list-style-type: none"> • ACHNE • ASPH

<p>Prepare PHNS as Leaders through:</p> <ul style="list-style-type: none"> Identifying best practices in PHN Teaching how to evaluate the outcomes of PHN interventions Development of leadership skills for community action & policy development Integrating primary care, public health and behavioral health chronic conditions Promoting community empowerment Leadership for moving/changing systems 	<p>Short term</p> <ul style="list-style-type: none"> Identify current PHN leaders as potential mentors and exemplars Define role, expectations, and skills needed for leadership in PHN practice Identify emerging leaders and needed characteristics for future <p>Long term</p> <ul style="list-style-type: none"> Engage PHN leaders in nursing education Faculty prepared in public health Curricula that reflects leadership and system thinking to prepare leaders in PH 	<ul style="list-style-type: none"> As above Faculty shortages & lack of faculty prepared in PHN 	<p>Short term</p> <ul style="list-style-type: none"> RWJ CDC Fellowship Quad Council to reach out to members NACCHO ASTHO
<p>Expand workforce development opportunities for novice & experienced PHNs by:</p> <ul style="list-style-type: none"> Developing models to educate existing PHN workforce Developing “action” oriented academic practice partnerships in PHN Creating transition plans/ programs for mid-career RNs into PHN role and practices 	<p>Short term</p> <ul style="list-style-type: none"> Engage new partners to increase understanding of PHN skill sets needed to meet new responsibilities in population health (including IRS 990) Expand existing educational networks and best practice models <p>Long term</p> <ul style="list-style-type: none"> Determine funding to facilitate ADN to BSN for PHNs to meet the IOM’s report’s “The Future of Nursing” 	<p>As above</p>	<p>Short term</p> <ul style="list-style-type: none"> Quad Council leadership to AHA VA system RWJ Future of Nursing/ AARP/ State Action Coalitions SAMSA US PHS <p>Long term</p> <ul style="list-style-type: none"> US PHS

<ul style="list-style-type: none"> Addressing certification & licensure requirements as they are out of touch on PHN needs 	<p>goal of 80% BSN in PHN workforce in 2020.</p>		
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Written comments from invitee not in attendance (underlined)

Education Workgroup

Priority 1: Differentiate what core knowledge/skills/attitudes (K/S/As) are in the future for PHN by:

- Disseminating best practices about PHN education-is this content, pedagogy or materials?
- Differentiating community based vs community focused -define rather than differentiate
- Facilitating utilization of self-management skills in populations with chronic illness and health conditions-this is probably the most important action item in my opinion
- Standardized core expected content for PHN curriculum-AACN is an important partner for this

Appendix IV Research Workgroup

Table 3 Research Workgroup Priorities

Overarching Question: What are the 3 most important actions to advance the evidence base that supports PHNs practicing at the full scope of their education and license to help improve the health of the public?

Priorities for Action	Accomplishments Short /Long term	Barriers	Resources (needed/available)	Responsibility
<p><i>Identify new environments of care that demonstrate impact on outcomes and ROI</i></p> <p>Possible action steps:</p> <ul style="list-style-type: none"> • More rigorous comparative studies across credentials • Conduct cost benefit analysis on PHN practice • Investigate ROI for PHNs • Conduct comparative research on effectiveness of PHNs versus non-nurses • Study impact of “neighborhood model” • Demonstrate PHN effectiveness in implementing prevention guidelines • Identify key set of research focused on clear added value of PHN (nexus health care/public health) • Anticipate policy trends for rapid response 	<p>Short Term:</p> <ul style="list-style-type: none"> • database of nurses with graduate degrees and interest in public health • identify 5 research questions/areas in new environments <p>Long Term:</p> <ul style="list-style-type: none"> • 3 rigorous studies ongoing 	<ul style="list-style-type: none"> • Hard to predict new environments • We aren’t at the table/we wait to be asked • We limit our scope and look at PHN literature rather than outside of the field 	<p>Existing:</p> <ul style="list-style-type: none"> • 20 states have Practice Based Research Networks (PBRNs) • Quad Council organizational members database • Nurse managed centers • List servs and resource sites <p>Needed:</p> <ul style="list-style-type: none"> • Leadership and critical mass of researchers • Center for PHN excellence 	<ul style="list-style-type: none"> • U of MN? • Chicago Consortia of PHNs?

<ul style="list-style-type: none"> Identify PHN/population ratio that leads to best health outcomes 				
<p>Build infrastructure/resources to conduct research</p> <p>Possible action steps:</p> <ul style="list-style-type: none"> Invest in PHN population health education Ensure access to full text EBP literature Increase funding for research Expand research \$ for PHN or PHSSR Co-opt and infiltrate Big Data (informatics) Create database of nurses with actual PH competency (use for research) 	<p>Short Term:</p> <ul style="list-style-type: none"> regular attendance at PH informatics conferences lobby HRSA to restore funding for PHN loan repayment* identify possible NIH funding sources workshop on applying for NIH grants APHA support for full text access to articles* <p>Long Term: * items achieved</p>	<ul style="list-style-type: none"> Need skills to approach and convince funders 	<ul style="list-style-type: none"> Foundations NIH Corporate funding AACN CDC Collaborative 	<ul style="list-style-type: none"> AACN CDC Collaborative Advisory Group

Written comments from invitee not in attendance (underlined)

Priority 1: Identify new environments of care that demonstrate impact on outcomes and ROI

Actions: More rigorous comparative studies across credentials should be linked to IOM Standing Committee on Credentialing Research within Nursing

Accomplishments: Developing database of nurses with graduate degrees and interest in public health is more of a capacity issue than research; move to workforce development

Priority 2: Build infrastructure/resources to conduct research

Actions:

- Increase funding for research- need to be explicit about type of research

- Create database of nurses with actual PH competency (use for research)-move to workforce

Accomplishments: regular attendance at Public Health informatics conferences

- lobby HRSA to restore funding for PHN loan repayment* identify possible NIH funding sources
- workshop on applying for NIH grants
- APHA support for full text access to articles*

Comment: These are good strategies; but they will not achieve the priorities for action above. There needs to be a major advocacy/policy initiative related to public health nursing practice and its role in achieving population health outcomes with research priorities as part of the initiative. The IOM has released several population health reports; we need to develop a roadmap to how Public health nursing can play a role.

Appendix V: Forum Attendees

Attendee	Credentials/Position	Affiliation
Betty Bekemeier	PhD, MPH, FAAN Associate Professor	University of Washington
Martha Bergren	DNS RN Director, Advanced Community Health Program	University of Illinois at Chicago
Angeline Bushy	PhD, RN, FAAN Professor & Bert Fish Chair Community Health Nursing	University of Florida
Lisa Campbell	DNP, RN, APHN-BC Doctor of Nursing Practice, Public Health Nursing Director, Population Health Consultants	University of Texas at Austin
Susan Coleman	RN, MPH, BS, Adjunct Instructor	Georgetown University
Linda Cronenwett	PhD, RN, FAAN Co-Program Director, RWJF Executive Nurse Fellows Program Beerstecher Blackwell Term Professor	University of North Carolina/Robert Wood Johnson Foundation Executive Nurse Leadership Program
Patricia Donald	MS, RN Associate Director, Population Health Services	Lake County Health Department, IL
Joyce Edmonds	RN, MPH, PhD Assistant Professor	Boston College
Michele Issel	PhD, RN Clinical Professor	University of North Carolina, Greensboro, NC
Denise Koo	MD, MPH Director, Scientific Education and Professional Development Program Office, CDC	Centers for Disease Control & Prevention
Joan Kub	PhD, MA, PHCNS, BC Associate Professor	Johns Hopkins University
Paul Kuehnert	DNP, RN Team Director and Senior Program Officer Public Health Team	Robert Wood Johnson Foundation
Glynnis LaRosa	MPH, BSN, RN, CPHQ Senior Public Health Nursing Advisor Bureau of Infectious Disease	Massachusetts Department of Public Health
Diana Mason	PhD, RN, FAAN President of the American Academy of Nursing	Hunter University/American Academy of Nursing
Sharon Moffet	RN, BSN, MS Chief of Health Promotion and Disease Prevention	Association of State Health Officials

Shirley Orr	MHS, ARNP, NEA-BC	Independent consultant
Herminia Palacio	MD, MPH Senior Program Officer	Robert Wood Johnson Foundation
Mary Patterson	PhD, MSN Project Director CDC Academic Partnerships Cooperative Agreement	American Association of Colleges of Nursing
Joy Reed	EdD, RN, FAAN NC Department of Health and Human Services Head, Local Technical Assistance and Training Branch	North Carolina Department of Public Health
David Reyes	DNP, MPH, RN, APHN-BC Health Services Administrator / Area Manager	Seattle/King County Health Department
Cynthia Stone	DrPH, RN Associate Professor Department of Health Policy and Management	Indiana University School of Public Health
Marni Storey	RN, MS Public Health Division Manager	Clark County Public Health Department, WA
Tessa Walker-Lindeman	BSN, RN,DNP Community Health Nursing Student Student Outreach Coordinator	University of Washington
Amy Wilson	RN, BSN, MPH Chief Nurse Public Health Division	New Mexico Department of Public Health
Susan Zahner	DrPH, MPH, BSN, FAAN Vilas Distinguished Achievement Professor	University of Wisconsin, Madison