Association of Community Health Nursing Educators (ACHNE) Review of the National Institute of Nursing Research (NINR) Strategic Plan (2022-2026)

Submitted by the

ACHNE Research Subcommittee on the NINR Strategic Plan (2022-2026) Review

Phase 1 Subcommittee Review Team Members

Christina Hernández, PhD, RN

Megan Gross, PhD, MPH, RN

Teresa Darnall, DM, MSN, RN, CNE

Research Committee Chair

Ann M. Stalter, PhD, RN, M. Ed

Phase 2 Subcommittee Review Team Members

ACHNE, President 2020-2022

Lori Edwards, DrPH, MPH, BSN, RN, APHN, BC

ACHNE, Past President 2018-2020

Pamela Levin, PhD, RN

ACHNE Research Committee Representative

Sharon Farra, PhD, RN, CNE, CHSE, NHDP-BC

ACHNE Research Committee Representative

Katie Gresia McElroy, PhD, RN

ACHNE Policy Ad hoc Taskforce and Member-at-large Representative

Heide Cygan, DNP, RN, PHNA-BC

Association of Community Health Nursing Educators (ACHNE) Review of the National Institute of Nursing Research (NINR) Strategic Plan (2022-2026)

Introduction to the Association of Community Health Nursing Educators (ACHNE)

ACHNE was established in 1978 as a national professional organization for community/public health nursing educators. ACHNE's mission is to advance population health through quality community/public health nursing education, practice, and research. Accordingly, ACHNE values excellence in education, innovative academic-practice partnerships, evidenced-based practice (EBP), research and scholarship, professional and leadership development, advocacy for public health policy, and mentorship within and external to the organization (ACHNE, 2021a). As a member of the Council of Public Health Nursing Organization (CPHNO), formerly the Quad Council Coalition, ACHNE partners with other agencies to improve the health of communities through excellence in public health nursing education, practice, leadership, and research (CPHNO, 2021a; CPHNO, 2021b).

ACHNE's Research Committee and Subcommittees

ACHNE's Research Committee maintains an active role in the national arena by:

- Awarding up to $10,000 in small grants annually to ACHNE members for research studies and EBP projects.
- Establishing Big Research Affinity Groups to address current and immediate issues pertaining to community/public health nursing workforce, public health crises/disasters and population health.
- Disseminating research and EBP findings at national conferences, in textbooks, and in professional journals.
- Advocating for policy, serving as experts, and contributing to a growing body of evidence in the form of policy support, position papers, white papers, and review papers (ACHNE, 2021b).

Subcommittees, accomplishments, and current work. ACHNE's Research Committee is supported by several subcommittees, multiple workgroups, and task forces. These units execute the mission of the organization by applying the core value of excellence in scholarly endeavors. Highlighted below are some examples of how we collaborate to accomplish scholarship.

Research Priorities Subcommittee. The ACHNE Research Priorities Subcommittee published its 2020 Research Priorities and its Research in Action Model (McElroy et al., 2020) in *Public Health Nursing*, the official journal of CPHNO (Wiley Online Library, 2021). The Research Priorities build on evidence related to:

- community/public health nursing education and teaching
- clinical teaching and learning partnerships
- environmental health and emergency response
- cultural competence and awareness

With these priorities in mind, ACHNE actively pursues exemplary evidence pertaining to community/public health nursing education research; impactful and effective evidence with a focus on faculty-centered interventions; and impactful evidence of educational strategies on long-term student competency. To accomplish this, ACHNE employs the Research in Action Model which depicts necessary research actions to impel community/public health nursing forward (McElroy et al., 2020).

In the model, ACHNE's 2020 Research Priorities bidirectionally unite three interlocking gears which represent the fundamental driving mechanisms of community/public health nursing: Education, Research, and Practice. Research Priority 1 states the overall need for high level, rigorous research that informs community/public health nursing education and practice. Research Priorities 2 and 3 focus on building knowledge about the short and long-term impact of community/public health education and practice on students, faculty and communities. Research Priority 4 highlights the need for evidence related to ethics, advocacy, and informatics in community/public health nursing education (McElroy et al., 2020).

EBP Project Priorities Subcommittee. The ACHNE EBP Project Priorities Subcommittee used an EBP process to publish its 2020 EBP Project Priorities. The result was a two-document publication (Smith et al., 2020a; Smith et al., 2020b). The publications emphasize that ACHNE seeks collaborative scholarship between PhD and DNP scholars, a coordination of research efforts, and innovative practice partnerships. ACHNE's 2020 EBP Project Priorities are to:

- Support projects that translate, advance, or add to the evidence base for community/public health nursing education.
- Align with ACHNE Strategic Plan and Research Priorities.
- Fund applicable and qualified EBP Project proposals.
- Inform community/public health nursing education, promote population health, and contribute to the evidence-based application to practice and/or inform further research.

Using the Research in Action Model, Smith et al. (2021a) designed a *national blueprint* to guide the deliberate unification of Research and EBP Project Priorities in community/public health nursing education. The rationale for the model serving as a national blueprint is that the ACHNE Research Committee is a robust research arm for CPHNO and the single funding source for community/public health nursing, education, and EBP projects (practice). From that perspective, the ACHNE Research Committee has established standards and criteria for essential research studies and EBP projects pertaining to community/public health nursing and its education. The national blueprint joins the theory-practice interaction requiring collaborative, scholarly action. The Research Committee leads the organization in coordinating scholarship endeavors, ideally including PhDs and DNPs, using collaboration and mentorship as guideposts

for sparking the spirit of inquiry which is vital to meaningful study outcomes and safe client care.

 Accomplishments. ACHNE's research mentorship initiative has resulted in several publications and projects. For example, over the course of two years, two Mentoring Subcommittees have published a SWOT analysis, a crosswalk, and a consensus paper (Kuchler et al., 2020; Stalter et al., 2019; Stalter & Whitten, 2020). The primary evidence manifested from these documents is that ACHNE membership is primarily doctorally-prepared with a heightened awareness of the systems that effect health equity, and the skills nurses need to improve community and population health.

 In 2018, ACHNE partnered with Wolters Kluwer to advance research in community/public health nursing education (Wolters Kluwer, 2018). The $3000 award resulted in evidence on the topic of learning differences with responding to simulated disaster in virtual or live classrooms (Weise, 2020). This study reinforced the premise that evidence-based teaching is the foundation for evidence-based clinical practice (Oermann, 2019). The partnership between ACHNE and Wolters Kluwer reinforced the need for supporting mentorship initiatives within nursing practice, education, and research.

 In 2020, the Research Committee also participated in two significant reviews: The Future of Nursing 2020-2030 Report (Edwards et al., 2020) and The American Association of Colleges of Nursing Draft Essentials Document (Edwards et al., 2021). Responsibly, in collaboration with the ACHNE Policy Committee, leadership developed a health equity statement in response to George Floyd's death in Summer 2020 (Edwards et al., 2020b). The statement is prominently and proudly displayed on ACHNE's website home page (ACHNE, 2021a). Through ACHNE mentorship and collaboration, the ACHNE Research Committee's accomplishments represent action-based results addressing national community and public health issues.

 Current work. Presently, ACHNE has five Big Research Affinity Groups actively completing research studies in response to the COVID-19 pandemic. The groups mentor one another in research and EBP processes and work to disseminate findings among stakeholders. The projects underway were presented at ACHNE's Annual Institute 2021, *Advocacy in Community/Public Health Nursing Policy, Education, and Research,* Research Plenary entitled, *Research in Action: Mentoring our Galaxy of Affinity Groups to Advocate for Evidence in Community/Public Health Nursing and Education* (Antol et al., 2021; Darnall et al., 2021; Davis et al., 2021; Farra et al., 2021; Smith et al., 2021).

 In addition, the Research Preconference Subcommittee organized and presented a three-hour workshop entitled, *Responses to the Dual Public Health Emergencies of COVID-19 and Structural Racism.* The preconference showcased responses of 12 schools across the nation, of which six addressed structural racism. Four of the six were presented by active members of ACHNE's Research Committee and addressed curricula change pertinent to structural racism in their communities (Farra, 2021; Hovarter, 2021; Smith, 2021; Stalter, 2021). The robust discussion about health equity that occurred during the Annual Institute has been an on-going

topic-- the United States healthcare system uses a two-tiered, fee-for-service reimbursement model, so therefore, it does not support sustained change for health and its equity.

Purpose

On June 10, 2021, Dr. Shannon Zenk, the National Institute of Nursing Research Director, served as a Keynote Speaker at ACHNE's Annual Institute 2021. There she invited ACHNE to participate in a formal review of the NINR Strategic Plan (2022-2026) and submit that review by June 30, 2021. Thus, the purpose of this paper is to provide ACHNE's formal review. The Review Process is presented below.

The ACHNE Review Process for the NINR Strategic Plan (2022-2026)

The review of the NINR Strategic Plan (2022-2026) was a two-phase process. The first phase of the review involved a read-through, response, and analysis. The Phase 1 team consisted of a subcommittee of experienced researchers who volunteered time during their summer session to study and deliver a quality response, with thoughtful feedback and recommendations. Consistent with ACHNE's previously written response papers, four basic questions were used to guide reviewer feedback. The second phase of the review involved an oversight committee consisting of two Research Committee representatives, a Policy Ad hoc Taskforce and Member-at-large representative, and two members of ACHNE's Executive Committee. The Phase 2 team provided edits and feedback from an organizational endorsement perspective. Members of both teams have contributed proportionately to the review.

Question 1: What does the Association of Community Health Nursing Educators (ACHNE) Research Subcommittee like best about the National Institute of Nursing Research (NINR) Strategic Plan (2022-2026) Review?

- Reflects global imperative to dismantle structures of racism that inhibit health equity
- Focuses on impact of social determinants of health (SDOH) on health outcomes
- Emphasizes holistic approaches from interprofessional and community synergy
- Promotes perspective of community stakeholders through community-based participatory partnerships
- Facilitates population focused, culturally responsive, and intervention driven research
- Incorporates key principles of systems, intersectionality, vulnerable populations, and informatics to support practice-based research
- Emphasizes environment and climate change as they relate to health and health outcomes
- Acknowledges historical occurrences that continue to exclude access to care
- Recognizes pejorative impact of "blaming the victim" as an unacceptable means to shift responsibility for change from society to the individual
- Uses social ecological model with emphasis on upstream interventions as one of the theoretical underpinnings
- Embraces health promotion, wellness, disease and injury prevention, and multi-modal methods of chronic disease management at the population level

Question 2: What does the ACHNE Research Subcommittee on the NINR Strategic Plan (2022-2026) Review think is missing?

The NINR strategic goals and objectives are responsive to the recognition that structural racism, health inequities, and poor SDOH are negatively impacting the health of many Americans. There are areas where the NINR Strategic Plan could deepen the objectives to address nursing science related to workforce issues, especially among community/public health nursing experts; rural, aging, and migrant populations; and how climate change contributes to negative health indicators.

Many nurses have left the nursing profession due to stress in the workplace, burnout, client safety concerns due to low staffing levels, and poor management/leadership in the workplace (Shah et al., 2021). As there continues to be a shortage of nurses in the United States and a projected increase of 7% of additional nursing positions by 2029 (American Association of Colleges of Nursing, 2021), further research needs to be undertaken into strategies that recruit and retain a diverse, healthy nursing workforce. This is especially critical as it is projected that of the millennial generation of nurses, 57% plan to leave nursing within two years of starting their practice (McClain et al., 2021). How these factors affect the delivery of equitable health care among vulnerable populations is critical. Exploring antecedents of community/public health nursing workforce attrition are of predictive importance.

In the SWOT analysis of ACHNE members, 72% of respondents were doctorally prepared (24% DNP, 48% PhD) (Kuchler et al., 2020). However, nationally, the ratio of DNP prepared nurses to PhD prepared nurses graduating in 2019 was 10:1 (American Association of Colleges of Nursing, 2019). As DNPs apply the research done by their PhD prepared colleagues, it is important to support new researchers with mentoring. PhD prepared nurses are at-risk for becoming overwhelmed due to the fact they are outmanned. The need to close knowledge gaps by generating evidence, translating that evidence to safe quality practice while promoting the nursing profession is vital. Providing research opportunities with smaller funding amounts could encourage newer researchers and those who are located in rural areas to perform needed research to improve nursing practice with vulnerable populations and communities. ACHNE is actively supporting DNP membership, thus ACHNE is ripe for funding opportunities that address nursing workforce to advance health equity.

When reviewing the NINR Strategic Plan, the reviewers did not see clear definitions of community health and population health, which is important when determining the clients to be served by nursing research. The reviewers did not identify how rural nurse researchers were placed on equal footing with large academic centers to receive NINR funding. Nursing research, especially research focusing on determinants of health and structural racism, needs to be interdisciplinary and include community-based informed strategies. Partnerships between nurse researchers and community-based agencies should be encouraged, as well as community participatory research. As seen in the COVID-19 pandemic, public health agencies are chronically underfunded and many public health nurses, especially in rural areas, may not have the education needed to support research as recommended in the NINR Strategic Plan.

Rural populations have increased health disparities and inequity than do urban Americans (Centers for Disease Control and Prevention [CDC], 2017). The NINR Strategic Plan has clearly identified the need to address health equity and disparities, but there is not a clear focus on rural populations. As rural residents are more likely to die from heart disease, chronic obstructive pulmonary disease, cancer, and stroke than urban residents (CDC, 2017), research into the physiological science of diseases suffered by rural residents and determinants of health would assist the nurse in the delivery of holistic care and improved case management.

COVID-19 pandemic continues to highlight social stratification, ageism, mental health issues, and how designation by income level has significantly impacted the access to resources and health professionals, and even the level of care provided. The "silver tsunami" and the old-old population continues to increase in numbers. Research on how nurses contribute to aging at home and improved quality of life is critical to support our older adults (Pequeno et al., 2020), especially the awareness of loneliness impact, and equitable access to care in a post-COVID era (Chang et al., 2021). Also, in the event of a disasters, elderly populations require assistance because their health is vulnerable. Regarding disaster planning for the elderly, nursing research lacks strategies for attending to care-giving needs, unique psychosocial needs, relocation trauma, medications, and medical needs to increase social resources and community-based networks (Kim & Zakour, 2017). Finding evidence-based solutions to offer skilled and non-skilled care, medication supervision, companionship, life purpose, activity, transportation, meal planning, home management, and the like falls within the purview community/public health nursing.

The NINR Strategic Plan does not address the surge of undocumented migrants, primarily children, arriving at its southern border. From a public health perspective, migrant and refugee health has never been more apparent because depending on the country of origin their needs and health issues vary greatly, ranging from infectious diseases to post-traumatic stress disorder (Oberg et al, 2021). Health literacy is an urgent concern (Hoffman, Rueda, & Beasley, 2020). It has never been more important to have a well-designed and staffed public health system capable of managing a variety of immediate and long-term population health concerns. Research on how nurses can best lead and empower this unique population to receive the ongoing healthcare they currently and will need is immediate and critical.

Finally, climate change is having a significant effect on the health and well-being of Americans; natural disasters are affecting millions of Americans every year. While the NINR Strategic Plan has included disaster planning research in the goals, disaster response by nurses has not been addressed. Nurses are at the forefront of case management with clients who have experienced loss and trauma after a disaster; there is little research on the few nurses trained in disaster management and recovery, and even less research on the efficacy of nurses working in this area after a disaster. Since recovery takes years to accomplish, and success is frequently determined by the clients' determinants of health and equity to available resources, the NINR should encourage research in this area.

Question 3: What additional information might NINR provide the ACHNE to carry out the NINR Strategic Plan?

The ACHNE Research Committee respects the history of the NINR and its legal responsibilities to carry out its mission to advance and fund nursing science. However, it is not clear from the NINR Strategic Plan how it interfaces with the comprehensive budget and policies pertaining to the universal health plan, *Healthy People 2030* goals, the new Future of Nursing 2020-2030 Report, and the World Health Organization's *Health for All* documents. For example, if the NINR is responsible for advancing all of nursing science with the focus of health equity, the intersection for community/public health nursing education to be actively involved with improving SDOH seems to be lacking. It might be helpful if levels of prevention interventions influenced by public health reimbursement models are better delineated. Other aspects of funding and policy that seem unclear are related to workforce development, disaster preparedness and recovery, health literacy and care delivery for migrant populations, care of the elderly, and the well-being of health care professionals (namely nurses).

The ACHNE Research Committee welcomes funding opportunities that can fill foundational gaps requisite for increasing breakthrough and emergent research teams that design high ranking studies for resolving ongoing public/community health nursing issues. That is, the foundational gaps are central to smaller schools in rural and suburban communities where many vulnerable populations live, work, learn, and worship. Quite frankly, continued funding for well-resourced, yet socially disconnected think tanks to formulate solutions for the less fortunate in urban areas appears imprudent and has not been effective to support and sustain public health (Buhler-Wilkerson, 2021). That is, poor and disenfranchised communities know what they need; they need to be entrusted to design systems that function to optimize health.

Some examples of systems needing redesigned include rural settings without access to nursing care or clinics, national border regions without available health care services, and suburban regions with poor walkability scores. Many working-class suburban parents cannot afford or have no after school childcare for children over the age of 10, a fundamental time for mental health development and offsetting lifelong battles with mental and physical health (depression, anxiety, violence, and obesity). Migrant populations have a plethora of issues including but not limited to language barriers, depression, infectious diseases including COVID, history of abuse and neglect, dental hygiene, and substance abuse (Abbas et al., 2018). Finally, many elderly lack resources for food, medicine, supplies and shelter. Community-based participatory approaches can facilitate system improvements designed to foster health, yet the return on investment is long term viability and productivity-- the real opportunity costs of community health should be underpinning the majority of economic decisions made in society (Edwards et al., 2013).

We respect the leadership of research-intensive schools and would love if the expertise of their seasoned researchers could guide us in serving as national change agents. We must work together because the insight of community/public health nurses, educators and researchers will leverage practical interventions and sustainable, community-based approaches for yielding

individual, family, and population level health outcomes. We see this as *systems-based practice in action*! The vision is having members of organizations such as ACHNE advocating for research funding and lobbying for support among state and federal legislators. Having community/public health nursing researchers be part of the conversations that explore health issues, resource allocation, and policy development is key because they can bring forward the evidence and the known gaps related to their specialty and more so for the communities/populations that they serve. Community/public health nursing education researchers can also facilitate collaborative and system-level, solution-oriented discussions with individuals, departments, and agencies responsible for determining health policy and government actions.

Question 4: What are the ACHNE Research Subcommittee Recommendations for improving or implementing the NINR Strategic Plan (2022-2026)?

The NINR Strategic Plan (2022-2026) offers valuable guidance in enhancing the science of nursing over the course of the next several years. With this in mind, the ACHNE Research Subcommittee developed five opportunities to improve the NINR Strategic Plan based on analysis of alignment with our ACHNE Research priorities.

1. The first goal to *focus on dismantling structures that perpetuate and impede health equity* lacks insight into small rural communities.

ACHNE encourages to NINR to seek opportunities to partner with nurses who work in small, rural, and suburban populations. These populations are oftentimes overlooked, and these communities have unique characteristics that are different from larger urban communities. Structural racism, health equity, and health information are all valued in community health nursing. However, smaller communities, especially rural ones, value key partnerships/stakeholders to cultivate trust. This can be accomplished by the involvement of community/public health nurses to help understand, describe, and incorporate the objectives as described for the first goal.

2. The second goal, *develop/implement interventions to address the SDOH across the lifespan,* struggles to describe SDOH in the context of community/public health nursing.

While the incorporation of the SDOH is in alignment with the *Healthy People 2030* goals, the new Future of Nursing 2020-2030 Report, and key national initiatives, it appears there is a disconnect in the proposed NINR Strategic Plan. An understanding of the upstream factors with a focus on healthcare policy and reform is needed focus for this NINR Strategic Plan (2022-2026). The COVID-19 pandemic has highlighted the barriers in access and quality to care for underserved/vulnerable populations. Moreover, involvement of community/public health nurses who are working within these communities can showcase multi-level interventions that will improve health literacy, health equity, and access to care. Collaboration between research and the community/public health nurses is an area for further development if the NINR would like to meet these objectives.

3. The third goal, *holistic approaches to advance precision health and healthcare across the lifespan* minimizes preventative approaches and system designs focused on the care of children, older adults, and migrant populations.

The NINR goal aims for holistic (bio-psycho-social spiritual and environmental aspects) health. However, systems are lacking to support minimal access to basic care such as vaccines, nutrition, activity, language development, coping, and safety. NINR is encouraged to promote studies with local community/public health agencies (i.e., federally qualified health centers, local health departments) that dialogue and work with communities about how best to prevent disease, provide care and monitor health outcomes, over time.

4. Smaller funding opportunities should be created for nurse researchers who work with vulnerable/underserved populations and/or rural populations.

ACHNE urges the NINR to provide smaller funding opportunities ranging in $5,000-$25,000 dollars for nurse researchers. These small opportunities will assist in the recruitment and development of nurse researchers who lack the resources to apply for larger funding opportunities. Focusing on funding community/public health nursing education research will benefit by helping to encourage collaborative scholarship aimed at meaningful study outcomes that sustain delivery of safe client care in a system that establishes health equity.

5. Development of mentorship or collaborative partnerships with young and mid-career community/public health nursing researchers and interdisciplinary colleagues who work at smaller institutions.

The NINR should assist in the development of nursing scientists to enhance the profession of nursing. The ACHNE Subcommittee identified this as a way to motivate community/public health nursing scholars who can be mentored and developed. Individuals who work at smaller institutions struggle to become involved in nursing research. Therefore, smaller institutions should be sought out to partner with larger institutions to enhance the methods and generalizability of future studies. Using geographical and social strata to identify at-risk and vulnerable populations might inform academic-clinical partnerships aimed at advancing community and population health.

These five opportunities can optimize the knowledge that community/public health nurses can bring to nursing research. Without the involvement of community/public health nurses, the disconnect between researchers and the community will exist. The ACHNE Subcommittee would like to continue to explore approaches to involve community/public health nurses and nurse educators in the development, implementation, and analysis of research to strengthen communities and populations.

Conclusion/Final Comments

In conclusion, we are grateful for the opportunity to review the NINR Strategic Plan for 2022-2026. By the virtue that community/public health nursing is the origin of nursing, we believe that our voices deserve recognition on this national platform. That being said, we strongly support these momentous and monumental strategies that NINR has proposed, as they

will clearly have significant impact for years to come. Herein, we, the leaders of ACHNE, offer these additional perspectives and ideas that we believe will address other gaps and support major areas of need-- ultimately creating a more robust and inclusive research vision.

We appreciate being able to send this response and are eager to determine if our association may be a partner that supports NINR's vision and strategic work. We believe that NINR would be hard pressed to find a more impassioned group to honor our professional history with a commitment to excellence for the health of our nation. We ask that NINR critically consider how a partnership with us might benefit the nation's need for health equity in the context of community/public health nursing. ACHNE has the capacity to send out information if there are calls for proposals. We also have significant access to faculty who specialize in public and community health research and would be willing to review grant proposals using a strict double-blind, peer-review process. We anticipate that there may be several more ideas where you would envision how ACHNE could collaborate and support the strategic plan and future work of NINR. We look forward to continued dialogue collaborative endeavors.

References

Abbas, M., Aloudat, T., Bartolomei, J., Carballo, M., Durieux-Paillard, S., Gabus, L., ... & Pittet, D. (2018). Migrant and refugee populations: a public health and policy perspective on a continuing global crisis. *Antimicrobial Resistance & Infection Control*, *7*(1), 1-11.

ACHNE. (2021a). *About us*. https://achne.org/aws/ACHNE/pt/sp/about

ACHNE. (2021b). *Research Committee*. https://achne.org/aws/ACHNE/pt/sp/committees

American Association of Colleges in Nursing. (2021). Nursing shortage. https://www.aacnnursing.org/news-information/fact-sheets/nursing-shortage

American Association of Colleges of Nursing. (2019). Enrollment & graduations in baccalaureate and graduate programs in nursing. Author.

Antol, A., Emerson, C., Farra, S., Hekel, B., Keep, S., Stalter, A. (2021). What the "H" are we doing? Association of Community Health Nursing Educators. 43rd Annual Institute. Advocacy in Community/Public Health Nursing Policy, Education, and Research. Virtual Research Plenary Session. Pecha Kucha.

Buhler-Wilkerson, K. (2021). *False dawn: the rise and decline of public health nursing*. Rutgers University Press.

Centers for Disease Control and Prevention. (2017*). Rural Health*. https://www.cdc.gov/ruralhealth/about.html

Chang, J. E., Lai, A. Y., Gupta, A., Nguyen, A. M., Berry, C. A., & Shelley, D. R. (2021). Rapid Transition to Telehealth and the Digital Divide: Implications for Primary Care Access and Equity in a Post-COVID Era. *The Milbank Quarterly*.

CPHNO. (2021a). *Home*. https://www.cphno.org/

CPHNO. (2021b). *Members*. https://www.cphno.org/members/

Darnall, T., Hernandez, C. Correa, P., Megan, G. and Stalter, A, (2021). Creating an Alliance to explore clinical debriefing using the PEARLS approach. Association of Community Health Nursing Educators. 43rd Annual Institute. Advocacy in Community/Public Health Nursing Policy, Education, and Research. Virtual Research Plenary Session. Pecha Kucha.

Davis, B., Farra, S., Hobba-Glose, J., and Stalter, A. (2021). Facing challenges amid covid: The GRIT-S of teaching strategies. Association of Community Health Nursing Educators. 43rd Annual Institute. Advocacy in Community/Public Health Nursing Policy, Education, and Research. Virtual Research Plenary Session. Pecha Kucha.

Edwards, L., Drake, M.A., Johnson, R.H., Jones, K., Harrington, S., Strickland, K., & Stalter, A.M. (2020a). Association of Community Health Nursing Education Key Action Areas Addressing Education, Practice, Research, Policy and Advocacy. Future of Nursing 2020-2030 Report Response to the *National Academy of Medicine*. Available at: https://associationdatabase.com/aws/ACHNE/asset_manager/get_file/467115?ver=278

Edwards, L., Harrington, S., Stalter, A.M, Butler, C., Brown, V., Stanley, M.J., Guthman, P.L., and Whitten, L.J. (2020b). *Association of Community Health Nursing Education. Statement on Structural Racism.* https://achne.org/aws/ACHNE/pt/sp/home-page

Edwards, L., Jones, K., Drake, M.A., Johnson, R.H., Harrington, Stalter, A.M., Weirbach, F. & Strickland, K., (2021). Association of Community Health Nursing Education Response to the American Association of Colleges of Nursing Draft Essentials Document Dated November 5, 2020. Available at: https://associationdatabase.com/aws/ACHNE/asset_manager/get_file/559504?ver=0

Edwards, R. T., Charles, J. M., & Lloyd-Williams, H. (2013). Public health economics: a

systematic review of guidance for the economic evaluation of public health interventions and

discussion of key methodological issues. *BMC Public Health*, *13*(1), 1-13.

Farra, S. (2021). Diversity and Inclusion: Research and Evidence-based Practice. Association of

Community Health Nursing Educators. 43rd Annual Institute. Advocacy in

Community/Public Health Nursing Policy, Education, and Research. Virtual Research

Preconference presentation on the dual Public Health emergencies of COVID-19 and

Structural Racism.

Farra, S., Garner, L., Hobba-Glose, J. and Stalter, A. (2021). We're off to see the wizard!

Association of Community Health Nursing Educators. 43rd Annual Institute. Advocacy in

Community/Public Health Nursing Policy, Education, and Research. Virtual Research

Plenary Session. Pecha Kucha.

Hoffman, S., Rueda, H. A., & Beasley, L. (2020). Health-related quality of life and health

literacy among mexican american and black american youth in a southern border state. *Social

Work in Public Health*, *35*(3), 114-124.

Hovarter, R. Adapting Practicum Experiences Spring-Summer-Fall 2020 & 2021. Association of

Community Health Nursing Educators. 43rd Annual Institute. Advocacy in

Community/Public Health Nursing Policy, Education, and Research. Virtual Research

Preconference presentation on the dual Public Health emergencies of COVID-19 and

Structural Racism.

Kim, H., & Zakour, M. (2017). Disaster preparedness among older adults: Social support,

community participation, and demographic characteristics. *Journal of Social Service*

Research, *43*(4), 498-509.

Kuchler, E., Garner, L., Whitten, L., DeBlieck, C., Farra, S., Davis, R., Eardley, D. & Stalter, A. (2020). A strengths, weaknesses, opportunities, and threats analysis. A study of Association of Community/Public Health Nursing Educators members. https://doi.org/10.1111/phn.12824

McClain, A. R., Arnold, A., Palokas, M., & Christian, R. (2021). Retention strategies and barriers for millennial nurses: a scoping review protocol, *JBI Evidence Synthesis,19*(4), 867-873. https://doi.org/10.11124/JBIES-20-00091

McElroy, K., Stalter, AM. & Smith, S. (2020). Association of Community Health Nursing Educators 2020 Research Priorities and Research in Action Model. *Public Health Nursing*. Published ahead of print https://doi.org/10.1111/phn.12790

Oberg, C., Kivlahan, C., Mishori, R., Martinez, W., Gutierrez, J. R., Noor, Z., & Goldhagen, J. (2021). Treatment of Migrant Children on the US Southern Border Is Consistent With Torture. *Pediatrics*, *147*(1).

Oermann, M. H. (2019). Building science and scholarship in nursing education. *Nurse Educator, 44*(5). 231.

Pequeno, N. P. F., de Araújo Cabral, N. L., Marchioni, D. M., Lima, S. C. V. C., & de Oliveira Lyra, C. (2020). Quality of life assessment instruments for adults: a systematic review of population-based studies. *Health and quality of life outcomes*, *18*(1), 1-13.

Shah, M. K., Gandrakota, N., Cimiotti, J. P., Ghose, N., & Moore, M., Ali, M. K. (2021, February 4). Prevalence of and factors associated with nurse burnout in the US. *JAMA Network Open, 4*(2), Article e2036469.

https://doi:org/10.1001/jamanetworkopen.2020.36469

Smith, S. (2021). Experiences with Community Based Participatory Research. Association of

Community Health Nursing Educators. 43rd Annual Institute. Advocacy in

Community/Public Health Nursing Policy, Education, and Research. Virtual Research

Preconference presentation on the dual Public Health emergencies of COVID-19 and

Structural Racism.

Smith, S. Hovarter, B., Stalter, A. (2021). A systems perspective exploring RN

community/public health workforce training during covid-19. Association of Community

Health Nursing Educators. 43rd Annual Institute. Advocacy in Community/Public Health

Nursing Policy, Education, and Research. Virtual Research Plenary Session. Pecha Kucha.

Smith, S. Stalter, AM & McElroy, K. (2020). Association of Community Health Nursing

Educators' 2020 Evidence Based Project Priorities: A National Blueprint for Unifying

Research and EBP Practice Priorities. *Public Health Nursing*. Article

https://doi.org/10.1111/phn.12763.

Smith, S. Stalter, AM & McElroy, K. (2020). Association of Community Health Nursing

Educators' 2020 Evidence Based Project Priorities: Steps 12-19.

https://achne.org/aws/ACHNE/pt/sp/position-papers

Stalter, A. (2021). Raider responses to the public health emergency of George Floyd's death.

Association of Community Health Nursing Educators. 43rd Annual Institute. Advocacy in

Community/Public Health Nursing Policy, Education, and Research. Virtual Research

Preconference presentation on the dual Public Health emergencies of COVID-19 and

Structural Racism.

Stalter, A. M., Harrington, S., Eardley, D. L., DeBlieck, C. J., Blanchette, L. P., & Whitten, L. (2019). A crosswalk between the Omaha System and guiding undergraduate public health nursing education documents. *Public Health Nursing, 36*(2), 215-225.

Stalter, AM & Whitten, L.J (2020). Recommendations to the Association of Community/Public Health Nursing Educators Leadership Task Force for Strategic Planning: A consensus paper from the Research Subcommittee for Research Mentoring Group 2. https://achne.org/aws/ACHNE/pt/sp/position-papers

Wiese, L.K. (2020). Responding to Simulated Disaster in the Virtual or Live Classroom: Is there a Difference in BSN Learning? Association of Community Health Nursing Educators. *Building a Vibrant Path to Population Health: Emerging Trends and Opportunities*. June 4, 2020. Virtual Conference.

Wiley Online Library, 2021. *Public Health Nursing.* https://onlinelibrary.wiley.com/journal/15251446

Wolters Kluwer (December 13, 2018). Health. Press Release. https://www.wolterskluwer.com/en/news/wolters-kluwer-partners-with-achne-to-advance-community-and-public-health-research-by-nurse-educators