

Meeting Minutes: 149th NACNEP Meeting, May 4-5, 2022

The 149th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on May 4-5, 2022. The meeting was hosted by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via the Zoom teleconference platform. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

Council Members in Attendance

Chair: CAPT Sophia Russell

Dr. Mary Ellen Biggerstaff

Dr. Steven Brockman-Weber

Ms. Susan Cannon

Ms. Christine DeWitt

Ms. Patricia Dieter

Ms. Karen E. B. Evans

Ms. Kristie Hartig

Dr. Meredith Kazer

Dr. Rose Kearney-Nunnery

Dr. Kae Livsey

Dr. Nina McLain

Dr. Luzviminda Miguel

Dr. Janice Phillips

Dr. Courtney Pitts

Dr. Carolyn Porta

Ms. Constance Powers

Ms. LaDonna Selvidge

Dr. Teresa Shellenbarger

Ms. Christine Smothers

Others Present:

Dr. Camillus Ezeike, Designated Federal Official, NACNEP

Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA

Ms. Janet Robinson, Advisory Council Operations, HRSA

Ms. Zuleika Bouzeid, Advisory Council Operations, HRSA

Wednesday, May 4, 2022

Welcome and Introductions

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 149th meeting of NACNEP on Wednesday, May 4, 2022, at 10:00 a.m. ET. He conducted a roll call, indicating the attendance of nineteen of the twenty appointed Council members. Dr. Ezeike confirmed the presence of a quorum, allowing the meeting to proceed.

CAPT Sophia Russell, the NACNEP chair, provided a brief overview of the meeting agenda, and asked if any Council members had comments or edits to make on the minutes from the February 2022 NACNEP meeting. Three Council members provided some comments to clarify the wording in one section of the minutes, and these comments were noted for review, before the final certification of the minutes.

Writing Sub-Committee Report-Out

CAPT Russell turned the meeting over to Dr. Mary Ellen Biggerstaff and Dr. Kae Livsey, the co-chairs of the NACNEP writing committee, for a report-out on the draft of the 18th NACNEP Report. Dr. Biggerstaff said that the goal for this draft was to conduct some of the initial research on the central theme of “preparing the workforce for public health challenges/crises,” to lay the groundwork for the report recommendations. Dr. Livsey noted that there is a second emerging theme focused on health equity, based on recommendations in the 2021 National Academy of Sciences, Engineering, and Medicine (NASEM) report, *The Future of Nursing 2020-2013: Charting a Path to Achieve Health Equity*. The writing committee worked to blend the two themes, recognizing the close connections between public health and health equity.

There was a comment that the draft pays a significant amount of attention to the impact of the COVID-19 pandemic on the current nursing workforce, setting the stage for the report themes. However, the recommendations will need to address the lessons learned from the pandemic to bolster preparations for the next challenges in public health.

There was a comment that the main text should be kept to roughly 15-20 pages, providing enough length for in-depth discussion while keeping the report succinct and readable. The report could refer to past NACNEP recommendations, as well as recommendations from other entities, that may need further attention or to build on past successes. However, the recommendations in the current report should chart a path for the future.

There was a wording comment under the Changes to Practice Law on the role of advanced practice registered nurses (APRNs). The current draft states, “Allow [APRNs] to practice more independently.” There was a suggestion to make the statement more specific, such as allowing APRNs to practice to their full scope, or to their highest level of education. There was a follow-up comment that nursing scope of practice laws are set at the state level, outside of direct federal overview. However, the Council could reinforce the need for structural changes to support the ability of APRNs to practice at their full scope as defined by the state where they practice. A further comment noted the role that APRNs play in providing health care access in underserved areas, emphasizing the importance of supporting independent practice.

Nursing Leadership in the Covid-19 Era

Robyn Begley, DNP, RN, NEA-BC, FAAN

Chief Executive Officer

American Organization for Nursing Leadership

CAPT Russell introduced the first speaker, Dr. Robyn Begley, Chief Executive Officer of the American Organization for Nursing Leadership (AONL) and Chief Nursing Officer and Senior Vice President for Workforce of the American Hospital Association. Dr. Begley described AONL as a professional association with about 14,000 members, most of whom are in practice, while others are from academia, the private sector, and the information technology sector. She stated the AONL mission as “to shape health care through innovative and expert nursing leadership.”

Dr. Begley listed the AONL nurse leadership competencies:

- Communication and Relationship Management.
- Professionalism.
- Business Skills and Principles.
- Knowledge of Health Care Environment.

Dr. Begley noted that the pandemic response highlighted the importance of nursing leadership, both nationally and globally. When the early stages of the pandemic led to an atmosphere of uncertainty, nurses stepped up efforts to interpret and communicate the science to patients and the population at large. Nurse leaders also helped shape new policies to promote access and address the needs of underserved communities, such as through expanded use of telehealth technology. She stated that the pandemic served to increase awareness of inequities in the U.S. healthcare system, and the need to integrate physical and mental health services.

Dr. Begley said that in the summer of 2020, about six months into the pandemic, AONL initiated a series of surveys to serve as “a pulse check of ... nursing leaders.” The major aim was to assess the emotional health and well-being of nursing staff, along with an examination of staffing patterns, training for the pandemic or for new roles, and staff retention. In the most recent survey, around one-third of nurse managers and chief nursing officers reported feeling emotionally unhealthy, a number that has grown over time.

Citing a recent report from the Bureau of Labor Statistics, Dr. Begley noted strong employment growth projections for the next decade among registered nurses (RNs), and especially among APRNs. Steps that employers are taking to address current staff shortages include increasing wages and other financial incentives, offering more flexibility in work schedules, providing greater recognition of nursing contributions, and increasing use of telehealth. Long-term, she noted a need to develop a robust and resilient workforce, and suggested some evidence-based steps to promote well-being among nurses and create safer workplaces.

Dr. Begley discussed some of the joint efforts between AONL and the American Association of Colleges of Nursing (AACN) to transform nursing education, noting that AONL is mapping out a new Nursing Leadership Competency model to address some of the challenges ahead for the nursing profession in the post-pandemic phase. She reviewed some of the components of a shared vision for the future of health care in the United States:

- Transforming Health Care and Achieving Health Equity.
- Moving to Competency-Based Nursing Education.
- Sustaining the Supply of Highly Educated Nurses.
- Leading Innovation to Maximize Nursing’s Impact.
- Empowering the Continuous Advancement of Nursing.

Dr. Begley closed by mentioning an upcoming report from NASEM, with a steering committee co-chaired by Surgeon General Dr. Vivek Murthy, that will address provider well-being. Multiple professional organizations, including several nursing groups, were involved in developing the draft report, which will be made available for public comment. She reviewed work by other organizations to address nurse staffing, provider well-being, emergency preparedness, and health equity, as well as diversity and inclusion in the nursing workforce.

Q and A

There was a question about the shift to new nurse staffing models, including team nursing. Dr. Begley noted widespread concerns about disruptions to the primary nurse model, which were exacerbated by the lack of staffing during the pandemic. She said that new interprofessional models are being studied, and would be very different from the old nursing-team model. Metrics to evaluate the new models are examining quality and safety for patients, as well as staff satisfaction, retention, and engagement.

Another question addressed digital productivity enhancements for nursing. Dr. Begley discussed the emergence of different models, including Hospital at Home, where nurses monitor patients and conduct patient teaching via telehealth, and can connect with and support other nurses. Others methods under evaluation are more technical, such as the use of artificial intelligence systems to review vital signs or lab values and send alerts to the nurses overseeing direct care.

There was a concern expressed about the possibility of health care becoming overly reliant on technological solutions, which may not work in rural or remote areas, and which threaten to “take the humans out of health care.” The new models of care in development need to help nurses practice to their full scope, promote the value of nursing care, and provide nurses with more control over their practice environment. Meanwhile, nurses need to have their voice heard at the highest levels of health care management. Dr. Begley agreed on the need to use technology as a tool, not as a replacement for human care. She noted that the post-pandemic phase will be a time of transition and transformation, with the recognition by many health care leaders that the system needs structural reform. There is increased recognition of the value of nurse-led care, from both an economic and a societal perspective.

There was a further comment that health care labor costs are rising, in part due to increased wages for nurses, while reimbursement from the federal, state, and private payers has remained relatively flat. Dr. Begley noted that labor costs have increased and several industry groups are advocating for increased reimbursements. While some hospitals and health systems have been able to adapt, about one-third of hospitals are losing money, creating an unsustainable situation.

Panel Discussion: The Role of Public Health Nurses

Shawn M. Kneipp, PhD, RN, ANP, PHNA-BC

Immediate Past Chair

American Public Health Association, Public Health Nursing Section

Lisa A. Campbell, DNP, RN, PHNA-BC, CDP, FAAN

Chair

Council of Public Health Nursing Organizations

CAPT Russell introduced two panelists leading a discussion on the role of public health nursing:

- Shawn Kneipp, PhD, RN, ANP, PHNA-BC, the Sarah Francis Russell Distinguished Term Professor in the School of Nursing and an adjunct associate professor in the Gilling School of Global Public Health at the University of North Carolina Chapel Hill, and the immediate past chair of the American Public Association Public Health Nursing Section.

- Lisa Campbell, professor and director of the Post Masters Doctor of Nursing Practice Program at Texas Tech University Health Sciences Center School of Nursing, and chair of the Council of Public Health Nursing Organizations.

Dr. Kneipp said that she would speak about general trends and undergraduate education in public health nursing, while Dr. Campbell would concentrate on graduate programs. She noted concerns as far back as 2008 of a looming nurse faculty shortage. Furthermore, the economic recession that started in 2008 wreaked havoc on public funding for both public health systems and higher education programs. Around that time, the health system experienced a loss of 55,000 public health workers, including public health nurses, and a 25 percent reduction in the faculty needed to prepare the public health workforce. While the Affordable Care Act brought some relief in expanding access to health insurance, the health system lacked sufficient infrastructure to absorb the influx of people with new access to healthcare. Thus, local health departments were expected to expand clinical services to meet new demands, shifting further attention away from the traditional focus on population health focus.

Dr. Kneipp said that while the AACN and NACNEP were emphasizing public health nursing and population health and curricular standards, there were growing concerns around faculty having the necessary qualifications to prepare nursing in public health. Meanwhile, there has been a national focus on eliminating health inequities and addressing social determinants of health (SDOH) with very clear strategies laid out in the new Public Health 3.0 (PH 3.0) initiative, despite funding shortfalls in the public health system and the ongoing deficit a deficit of public health workers. These factors left the nation unprepared to adequately address the public health emergency of the COVID-19 pandemic, while the pandemic exacerbated health inequities. Even with a surge of temporary funding infused into the public health system, the nation has lacked a clear plan to reinvest in its public health infrastructure. Meanwhile, the nursing profession experienced a disconnect between calls to address the SDOH and revised public health nursing competencies, impairing the ability of public health nursing to bring all that is can offer to the improve the nation's health.

Dr. Kneipp noted major impediments to advancing public health nursing in the United States include the unreconciled challenges related to managing the public health nursing workforce; the need for clear, consistent and widely-accepted operational definitions for public health nursing, and voids in data to help establish faculty qualifications to teach public health nursing. Two reports from NACNEP addressed issues related to public health nursing. The 12th report focused on strengthening the public health nursing workforce, while the 14th report addressed population health. However, not all forms of population health can or should be considered to reflect public health practice. For example, expanding training on population health can provide the illusion of addressing the SDOH and improving public health, while note making large-scale investments in the public health system.

Among HRSA nursing workforce program areas, Dr. Kneipp stated, none of the advanced nursing education programs in for FY 2022 are specific to training public health nurses. Instead, references to preparing nurses to take on population health roles are plentiful. Even if more programs were directed at public health nursing, they lack long-term sustainability. In the early stages of the COVID-19 pandemic, there was an enormous infusion of money into state and local

health departments. Those funds generally had unrestricted use for funding the public health workforce. However, there is no publicly available data to track how funding was spent and no way to determine what proportion went to public health nursing.

Dr. Kneipp noted ongoing problems with public health nursing being seen as a high-cost entity rather than as a comprehensively prepared, highly adaptive health care service. She discussed a model of undergraduate nursing education from the Public Health 3.0 initiative, divided into three buckets:

- Bucket 1 covers most typical nursing educational programs in the United States, with preceptor-led clinical experiences in primary care ambulatory clinic settings, requiring minimal nurse faculty knowledge of public health.
- Bucket 2 involves more innovative clinical programs that require students to work with interdisciplinary partners and requiring more faculty training.
- Bucket 3 covers sector integration through longstanding, ongoing community partnerships, with faculty and students working to fit their expertise fits across other sectors outside of health care, like housing, transportation, and employment.

Dr. Kneipp turned the discussion over to Dr. Campbell, who noted that the number of public health nursing graduate programs have not kept pace with changing national demographics. She pointed to an imbalance between nursing education programs focused on acute care versus public health, driven in part by a lack of faculty and chronic underfunding of the public health system. She noted that under five percent of Doctor of Nursing Practice programs have a public health focus. She pointed to the need for graduate prepared nurses to anchor community-level health promotion and disease prevention initiatives in the move toward PH 3.0, especially in a post COVID-19 recovery phase.

From an informal survey of DNP program directors in the south, most identified that not having public health faculty and sustainable funding as primary reasons as barriers to launching a public health nursing graduate program. In addition, fellowship training programs to build upon or expand knowledge and skills of public health faculty, such as those offered by the Centers for Disease Control and Prevention (CDC), AACN, and other organizations, are limited and often create barriers related to qualifications, scope of work, and location, and compensations. However, a recent study found that the presence of a lead executive with a nursing degree is associated with improved community outcomes, and that having nurse leaders in local health departments is associated with a lower mortality rate. She noted that new Public Health Nursing Competencies have identified several skills needed to transform public health systems at the leadership level, including building trust, bridging primary care and public health, developing strong communication skills, and promoting new partnerships.

Drs. Kneipp and Campbell offered some recommendations on public health education and practice for the Council to consider, including:

- Encouraging a shift toward PH 3.0 through HRSA funding mechanisms and programs.
- Regionalizing public health education programs to leverage faculty expertise.
- Creating sustained funding for public health nursing education and public health systems.
- Improving data collection and using consistent terminology in public health.

Q and A

There was a question to the panelists about the role of HRSA in promoting and funding public health initiatives. Dr. Kneipp replied that HRSA could be more intentional in writing notices of funding opportunities (NOFOs) to advance public health nursing, while HRSA and other federal agencies need to promote sustainability of programs after grant funding ceases. Dr. Campbell added that NOFOs could carve out activities that align with PH 3.0 initiatives. She pointed to several states that are pushing models of sustainable funding for public health programs and support for public health nursing. One Council member added that the draft 18th Report does address the question of sustainable funding for public health.

CAPT Russell noted that HRSA evaluates Council recommendations and works with its partners, stakeholders, and other advocacy groups to implement those within its purview. However, the agency has to remain within the authorization granted by HHS and Congress, and align its programs with HHS strategic goals.

Another Council member stated that the push to add community health workers into the public health spectrum could lead to role confusion between public health nurses and other workers. There was also concern expressed about the lack of understanding of the value of public health, and the erosion of the authority of public health departments. Dr. Campbell noted that community health workers typically come from the local community, but agreed that they lack the training or experience of a public health nurse. Public health departments will need to be mindful of how they incorporate these workers into the public health team. Dr. Kneipp added that community health workers can have a vital role to play in communities, but this role needs to be integrated with licensed personnel. Nursing is the most trusted profession, and nurses need to play a role in rebuilding trust in the public health system.

Public Comment

Dr. Ezeike opened the floor for public comment. There was one public comment offered. Susan Cannon noted that only about one-third of public health nurses across the country are educated at the baccalaureate level or above. There are over 2,800 health departments across the country, many staffed primarily by nurses. Many of these nurses are from the local community and want to stay, but may lack the skill set to participate effectively in public health planning and development. She recommended looking at funding mechanisms to support continuing education for the public health nurse workforce.

Meeting Adjourn

Dr. Ezeike adjourned the first day of the meeting at 4:00 p.m.

Thursday, May 5, 2022

Welcome and Roll Call

Dr. Ezeike opened the second day of the meeting at 10 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed, and the meeting proceeded. CAPT Russell briefly reviewed the presentations and discussions of Day 1.

HRSA Welcome

Carole Johnson

HRSA Administrator

CAPT Russell introduced the new HRSA Administrator, Carole Johnson. Ms. Johnson welcomed the NACNEP members and thanked them for their time and service. She noted that she had previously worked at HRSA on nursing workforce issues. Ms. Johnson noted the historic investments of the current administration under the American Rescue Plan (ARP) in developing the health workforce and described efforts within HRSA and across multiple federal agencies in supporting health workforce resilience and reducing burnout.

Ms. Johnson said that one message from stakeholders across the community is the importance of workforce development, including investments in pipeline programs, training programs, and faculty and preceptor development. She described some of the challenges brought on by the pandemic, in terms of supporting the current workforce and building a more responsive health care system going forward.

Ms. Johnson described some steps taken within HRSA to improve the inter-agency workforce planning process, and to work with Congress to leverage federal dollars and strengthen current investments. In particular, she highlighted HRSA's efforts to implement the advice and recommendations from HRSA's advisory committees.

Q and A

There was a comment on the need to emphasize retention within the current workforce. Otherwise, investments devoted to expanding the workforce would only bring more individuals into a dysfunctional health care system with an unsupportive environment, leading to high rates of burnout and turnover. Ms. Johnson emphasized efforts underway within HRSA to create workplaces that support provider health and well-being, while improving access to mental health services for nurses.

Council members expressed concern that many nurses face moral distress in their work, and suggested a focus on workforce engagement and retention, the need for safe and supportive work environments, and improved workflow. Ms. Johnson noted efforts across the federal government, including investments from the CDC aimed at improving the public health data and laboratory infrastructure, and improving the way agencies share information, adding that these efforts need to be integrated in nurse training.

Presentation: Bureau of Health Workforce Updates

Luis Padilla, MD

Associate Administrator for Health Workforce
HRSA

CAPT Russell introduced Dr. Luis Padilla, Associate Administrator for Health Workforce, for an update on Bureau of Health Workforce (BHW) programs. Dr. Padilla noted that the country may be approaching a turning point with the potential waning of the pandemic, marking a critical time to have a dialogue with stakeholders on nursing workforce support and development.

Dr. Padilla said that the BHW mission remains the same: improving the health of unserved populations, strengthening the health care workforce, and connecting skilled professionals to communities in need. In the post-pandemic phase, the work of BHW has to cover not only producing more clinicians, but also improving the workplace and enhancing the workforce distribution in rural and underserved communities. He added that HRSA has designated over 16,000 health professional shortage areas (HPSAs) across the country. Communities located in HPSAs are eligible for federal resources to help provide a sufficient health workforce to meet local population needs.

Dr. Padilla noted some changes to the health care landscape due to COVID-19. He said that the current size of the total U.S. health care workforce is over 10 million, with nursing as the largest component. Prior to the pandemic, HRSA had projected a slight oversupply and an unequal distribution of the nursing workforce. However, one result of the pandemic response has been a shrinking workforce supply, particularly of key disciplines of nursing, oral health, and mental and behavioral health. Dr. Padilla discussed some of the strategies for recruiting students from the local communities, including loan and scholarship programs, and developing community-based programs to improve health care access.

Dr. Padilla discussed the priorities of the current administration in terms of improving health equity and addressing long-standing disparities, with a focus on three major areas: behavioral health, community health, and maternal health. He emphasized the focus of BHW on diversifying the health workforce through initiatives like the Health Careers Opportunity Program, which provides scholarships for disadvantage students, and the HRSA nursing workforce diversity program. BHW has partnered with the Bureau of Maternal Child Healthcare to develop maternal health workforce programs through the Nurse Corps and other programs.

Dr. Padilla outlined the behavioral health workforce program, working to address the significant behavioral health and mental health needs of the country. Over 100,000 lives were lost in the previous year due to opioid and substance overdoses alone. HRSA behavioral health workforce programs have reduced the shortage of psychologists, social workers, school counselors and family therapists by 27 percent in recent years. He noted the recent BHW All-Grantee meeting, which had over 250 abstracts submitted, and over 1,200 participants. Many of the presentations highlighted the leveraging of telehealth technology not only in delivering services but also educating and training the future workforce.

Dr. Padilla provided an overview the several HRSA nursing workforce development programs. Over 40 percent of the nearly 29,000 nursing trainees last year were from disadvantaged backgrounds, and many of the over 12,000 graduates intended to work in medically underserved communities. He noted the critical need for nurses in both acute care and primary care settings. He cited the Advanced Nursing Education Nurse Practitioner Residency Program, with a large number of APRN residents training in federally qualified health centers (FQHCs) the use interdisciplinary models of care. Overall, the number of training sites in medically underserved communities continues to increase, as the literature shows that students tend to go into practice in the areas where they train, providing key services and improving health care access.

Dr. Padilla discussed another important model, the Teaching Health Centers Graduate Medical Education (THCGME) program, under the Division of Medicine and Dentistry (DMD), which provides primary care training for medical and dental residents. In the most recent competition, almost all of the THCGME grants were awarded to FQHCs or FQHC look-alikes, which are community based and focused on primary health care. The teaching health center model has proven cost effective in encouraging more graduates to practice in underserved areas.

Dr. Padilla outlined the new HRSA health workforce resiliency programs, in which grantees are addressing not only individual interventions in well-being and resilience, but finding ways to improve organizational cultures as well. He discussed the risks of losing clinicians to burnout and attrition due to a work environment is not healthy, safe, nurturing, and conducive to collegial practice. He also noted a collaborative approach between the DNP and DMD in the development of grant proposals focused on workforce resilience.

Lastly, Dr. Padilla presented some strategies to address community needs, including:

- Better tools and metrics for assessing community health workforce needs,
- Community-based training, and support for community-based infrastructure,
- Partnerships between academic institutions and community-based training sites, and
- Pipeline programs for community members entering the health professions.

Q and A

One member commented that the Council was charged with developing recommendations to prepare the nurse workforce to deal with public health emergencies and other surge events, and noted a previous initiative to develop funding streams for expanded nurse training through the Centers for Medicare and Medicaid Services (CMS). Dr. Padilla replied that HRSA would continue to work with federal partners such as CMS, the Substance Abuse and Mental Health Administration, the CDC, and others to leverage funding streams for training. He noted that many current HRSA programs have incorporated public health elements.

Another Council member asked about expanding the scope of the NHSC to cover public health. Lack of funding to train public health nurses can become a barrier to nurse leadership in local public health departments. Dr. Padilla replied that most funding for nurses through the NHSC goes to NPs, while the Nurse Corps funds scholarships and loan repayment programs for registered nurses. The statutory purpose of both the NHSC and the Nurse Corp is to provide clinical services. He agreed that HRSA lacks a public health loan program, which stakeholders have identified as a need to help public health departments to recruit and retain staff.

Council Discussions (Days 1 and 2): The NACNEP 18th Report

Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Chair, NACNEP

CAPT Sophia Russell, the DNPH Director and the Chair of NACNEP, moderated several Council discussions covering both meeting days on developing the Council's 18th report and recommendations, with the overarching theme of *Preparing the workforce for public health challenges/crises*. Proposed sub-themes included:

- Strengthening nursing leadership,
- Promoting innovation in education and practice, and
- Improving resiliency and decreasing burnout within the health care system.

During these discussions, the Council developed initial drafts of several recommendations to consider for inclusion in the report. Several members expressed concern over reports that nurses were leaving the profession due to stresses exposed by the pandemic. There was a suggestion to increase awareness among RNs at all levels of methods to transition out of a current position or type of care into a new aspect of the nursing role or to explore alternative practice environments, such as ambulatory care, primary care, or public health nursing, rather than leaving the profession. The loss of nursing expertise and experience could threaten the future of health care.

The Council members reviewed a table of several proposed draft recommendations under the following broad topics:

- Nursing Education,
- Nursing Leadership, and
- Nursing Practice.

Draft Recommendations

Initial draft recommendations developed from the Council discussions include:

Nursing Education

- The U.S. Congress should provide funding for dual-degree programs for nurses to earn a master of public health (MPH), and include eligibility for the MPH in scholarship or loan repayment programs.
- The U.S. Congress, through HHS and Department of Education, should allocate specific funding for nursing education to create pathways to support the public health nursing workforce.
- The U.S. Congress should provide funding to support continuing education for registered nurses in public health competencies to respond to public health challenges and crises.
- Educational pathways should be created across all levels of nursing education to enhance content to support competencies around public health preparedness and disaster response, ie program development and loan forgiveness.

- Pipeline programs should be enhanced to support and promote public health nursing practice, and provide opportunities for continuing professional development for all nurses around public health principles.
- Disaster response training should be developed for nurses practicing in all practice settings, including acute care.

Nursing Leadership

- HRSA should fund continuing education programs in leadership development for registered nurses at all levels.
- The U.S. Congress should provide sustainable funding to develop undergraduate and post-graduate nursing residencies and fellowships with a focus on public health nursing competencies and leadership (undergraduate and graduate levels).
- Nursing leaders should be included at all levels of health policy and program development the federal government.

Nursing Practice

- The U.S. Congress should provide funding for research or studies on clarifying nursing roles in public health.
- The U.S. Congress should provide funding for demonstration projects to support RN-led community based interventions to increase access to care using telehealth and to help develop surge capacity during public health emergencies.
- HRSA should develop methods to capture nursing interventions in the electronic health record (EHR) and improve data collection on RNs and APRNs in the HRSA data warehouse to better capture nursing integration and the impact of nursing care across health care settings.
- The presence of school nurses should be enhanced to support public health measures through school-based health clinics, including the use of telehealth modalities.

Public Comment

There was one public comment from Dr. Jo Anne Genua, thanking members of the Council for maintaining the integrity of the definition of a public health nurse. Dr. Genua noted that while many nurses may work in a public health setting, *public health nursing* is a defined specialty with its own training and certification.

Business Meeting

Dr. Ezeike reminded the Council members that the DFO needs to be involved in all subcommittee meetings, and needs to maintain records of all information that is sent between members in case the Council received a Freedom of Information Act request. If a subcommittee has documents to share to the Council, the request should be sent through the DFO.

Dr. Ezeike reviewed the timeline for the report, with the expectation to have a draft report ready for review by September 30, 2022. The full Council should be prepared to vote on the report recommendations at the conclusion of any additional discussion during the August 2022

meeting. Once the draft is near completion, the DFO will submit it for an internal review process within HRSA. The purpose of the review is not to edit or change the report, but to advise the Council on any information or recommendations that may be contrary to the Council's statutory language or to HRSA or HHS programs. The Council will conduct a final review and vote on the full 18th Report during the December 2022 meeting.

Dr. Ezeike reminded Council members of the dates for the next NACNEP meeting, August 10-11, 2022. He noted that current plans call for this meeting to occur virtually through the Zoom meeting platform. However, the setting and details of future meetings are subject to change.

Adjourn

Dr. Ezeike adjourned the meeting at 3 p.m.

Acronym and Abbreviation List

AACN	American Association of Colleges of Nursing
AONL	American Organization for Nursing Leadership
APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
DFO	Designated Federal Official
DMD	Division of Medicine and Dentistry
DNPH	Division of Nursing and Public Health
FQHC	Federally Qualified Health Center
HPSA	Health Professional Shortage Area
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
MPH	Master of Public Health
NACNEP	National Advisory Council on Nurse Education and Practice
NASEM	National Academy of Sciences, Engineering, and Medicine
NOFO	Notice of Funding Opportunity
PH 3.0	Public Health 3.0
RN	Registered Nurse
SDOH	Social Determinants of Health
THCGME	Teaching Health Centers Graduate Medical Education