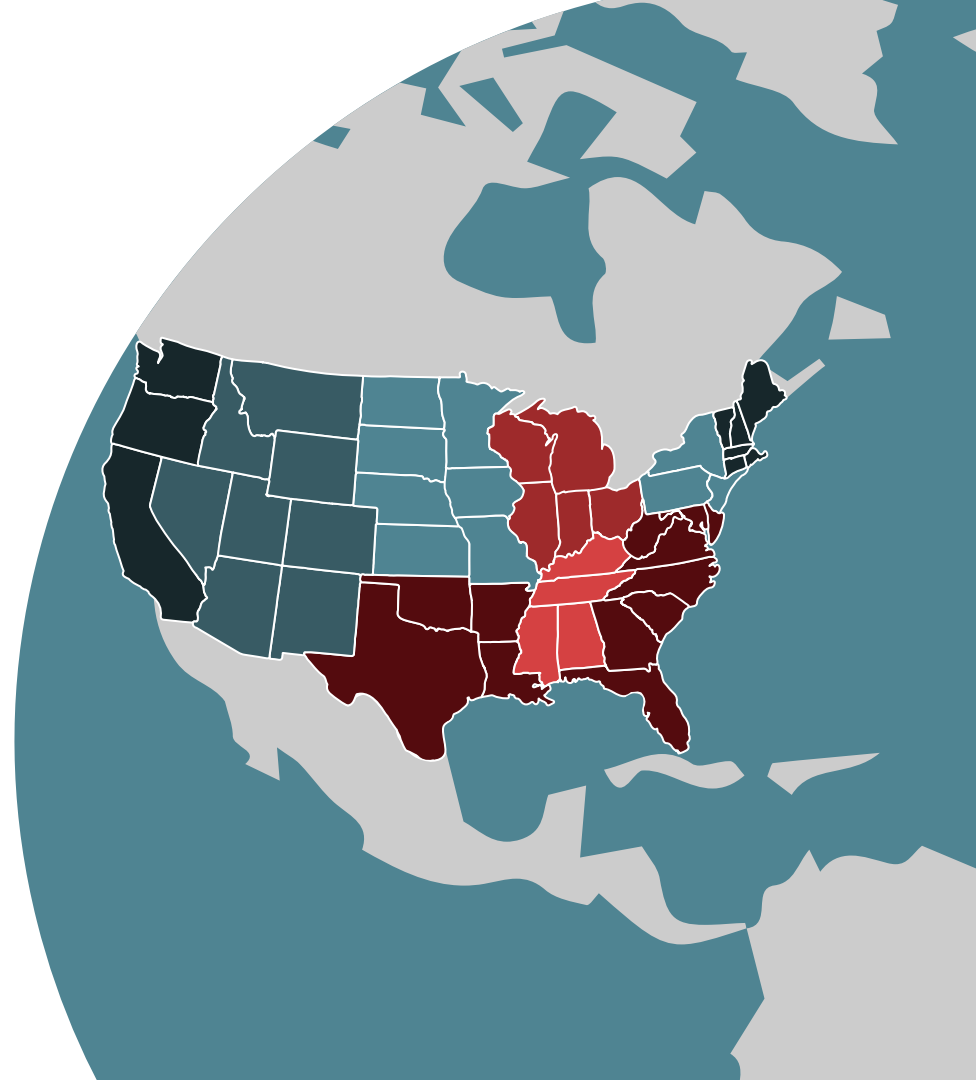


Public Health Nursing: Innovations for Education & Practice

Shawn Kneipp, PhD, RN, ANP, APHN-BC, FAANP

Lisa Campbell, DNP, RN, APHN-BC, FAAN



Recent Events & Current Trends: Public Health (PH), Nursing, & Public Health Nursing (PHN)

National / PH Trends

- Ongoing Nurse Faculty Shortage
- Economic Recession →
Budget ↓: Academia, PH →
25% ↓ TT Faculty
PH workforce deficit = 55,000¹⁷
- Affordable Care Act of 2010
- Focus on Health Equity / SDOH
- Public Health 3.0⁹
- PH Revenue Shortfall Continues¹⁷:
↑ Reliance on Payment for Individual Services / 3rd Party Payor
PH Workforce Deficit ↑ to 250,000

COVID-19 Pandemic

- Federal Government Temporary ↑ Funding into PH System, HC Workforce
- COVID-19 Highlights, Exacerbates Health Inequities

Nursing Profession

2008-2016

- AACN BSN/MSN Essentials²³⁻²⁵ →
Emphasis on PHN, Population Health
- PHN Not Recognized as APN Specialty
- ACHNE: ↑ Qualifications for PHN Faculty²²
- NCSBN: Statement on Faculty Qualifications²⁸
- NACNEP 12th Report: Investment in PHN¹⁴
- NACNEP 14th Report: Population Health Management¹⁵

2017-Present

- ANCC Discontinues PHN Certification
- AACN Essentials²⁶ / FON 2020-2030 Report²⁷ = ↑ Emphasis on Health Equity / SDOH
- Sentinel Paper: ↓ in PHN-Focused Graduate Programs¹⁸
- PHN COVID-19 Response Highly Dependent on Volunteers, Acute Care Systems
- AACN Promotes Academic-Public Health Partnerships for PHN Education¹⁹
- Revised Scope & Standards for PHN Practice²⁰, PHN Competencies²¹

Critical Challenges for the Future of PHN in the U.S.

- **Terminology Ambiguity & Role Conflation**
 - Public health, population health, population health management
 - Addressing social determinants of health vs. social needs
- **Enumeration Challenges & Data Deficits**
- **Inaction/Action on Prior NACNEP Report Recommendations**
- **HRSA Nursing Workforce Development Programs²⁹**
 - Program Areas
 - Dependence on Market Models for Academic Program Sustainability
- **Decentralized & Undirected PH Funding Streams**

Public Health Nursing: Enumeration Challenges & Data Deficits

Enumeration Challenges:

- Merrill, Btoush, Gupta, Gebbie (2003)¹⁰
- Tilson & Gebbie (2004)¹¹
- Beck (2012)¹²
- Kneipp, Edmonds, Cooper, Campbell, Little, & Mix. (*AJPH - forthcoming*)¹³

PHN Workforce

34, 500 PHNs

63% of PH Workforce; 1.3% of Nursing Workforce

Data Deficits:

Qualifications of Faculty Teaching PHN Clinical

?

Causal Inference-Level Findings for PHN Outcomes, Efficacy

Very Limited

Prior NACNEP Reports, Recommendations, Actions

12th Report (2014): Strengthening PHN Workforce¹⁴

1. Provide an increase in the resources and opportunities solely aimed at the education, training, and workforce development of public health nurses.
2. Convene a summit of key public health organizations, foundations, and schools of nursing to delineate the required leadership, training, and professional development required to advance the field of public health nursing.
3. Identify and remedy the gaps in the cost effectiveness of public health nursing.
4. Provide opportunities to advance public health practice and research.

14th Report (2016): Advancing Population Health¹⁵

- Enhancing competencies and innovations across educational programs.
- Embed population health management practices within healthcare systems.
- Increase funding for public health infrastructure in underserved areas.
- Collaboration with NINR to develop population health research.
- Convene federal working group to address population health.

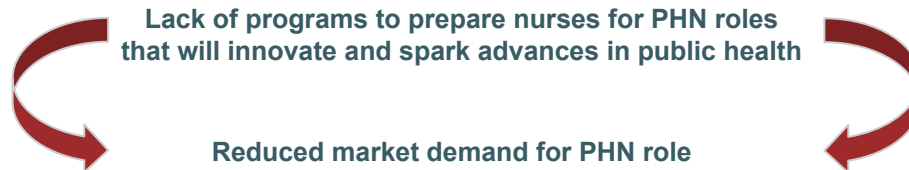
HRSA Program Areas, Sustainability

Program Areas (2022 Appropriations)²⁹

- **Advanced Nursing Education Programs - *None in PHN***
- **Nursing Workforce Diversity**
- **Nurse Education, Practice, Quality and Retention (NEPQR) Program**
- **Nurse Faculty Loan Program**
- **Nurse Corps**

Sustainability Expectations Post-Award

- **Disinvestments in governmental funding for public health and academic institutions^{17,30}:**
 - **Academic institutions increasingly forced to operate on market model principles**
 - **Traps PHN programs in a perpetual causality dilemma or cycle:**

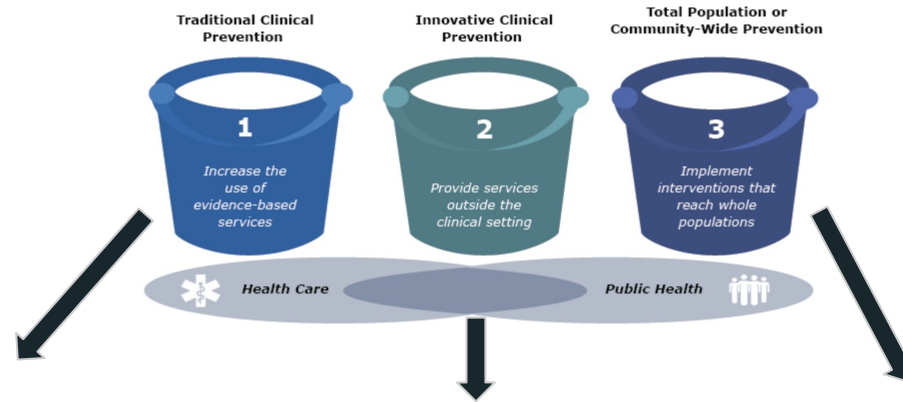


Decentralized & Undirected PH Funding Streams

CDC Funding During COVID-19 Pandemic

- **Infusion of \$56,118,971,203 into State & Local HDs, Tribal, & Other Territorial Jurisdictions.**
- **State/territorial entities have unrestricted use for funding workforce**
- **No publicly-available data to track how funding spent within PH workforce; no way to determine what proportion went to expand PHN workforce.**
- **Data from the North Carolina Department of Health and Human Services: 36% deficit in PHN workforce at COVID-19 onset; majority of this gap filled by volunteers, with only 10% going to supplementing paid PHN workforce.¹⁶**
- **Ongoing problems with PHN seen as higher-cost entity rather than the comprehensively prepared, highly adaptive entity it is (i.e., ability to function in clinical and community capacities based on needs of the day).**

Modeling PH 3.0 for Undergraduate PHN Clinical Experience



- Most current models in U.S.; often preceptor-led.
- Includes preparing students to enter primary care and ambulatory clinic settings; not public health.
- Minimal faculty knowledge base of PHN is sufficient.
- Attractive to nursing education program administrators given faculty resources available.
- Does not advance the PH role or mission.

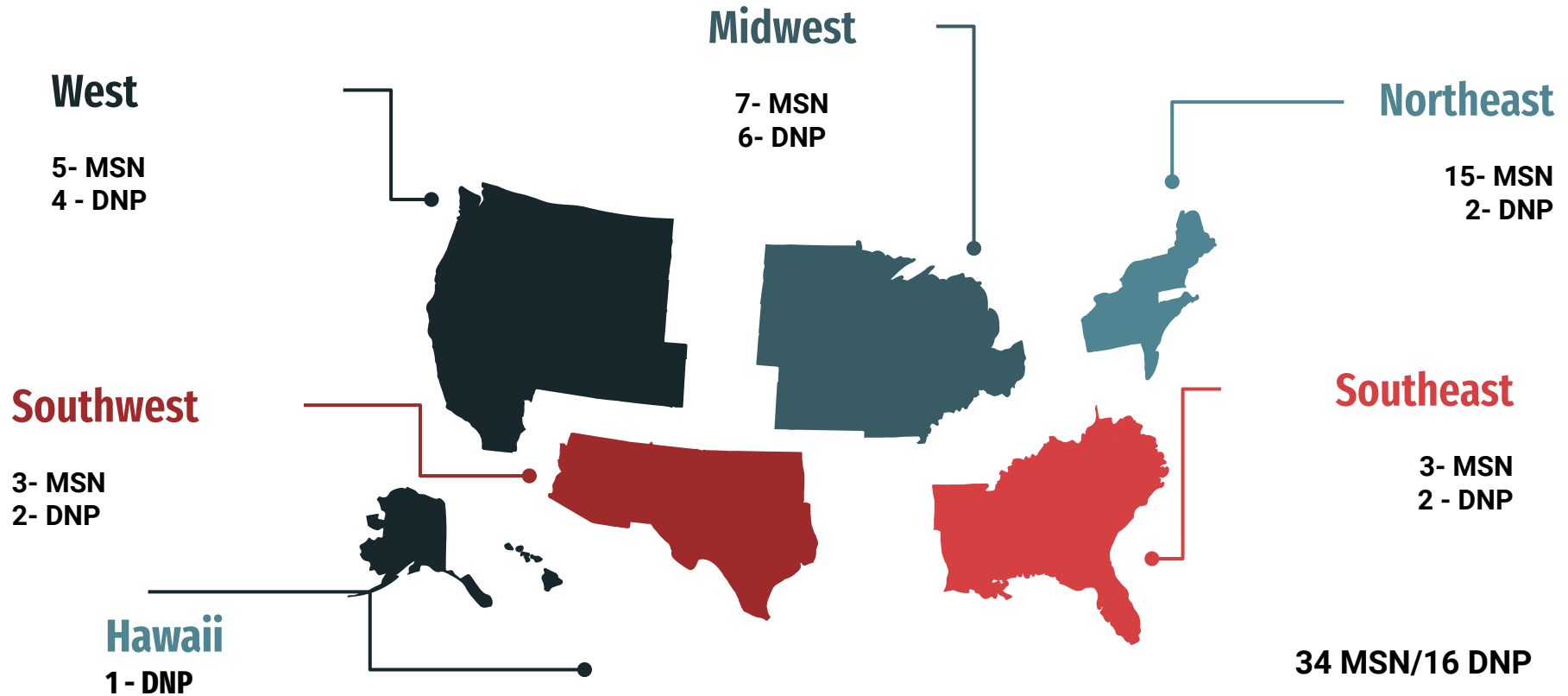
- Models exist in locations with stronger PHN faculty and PH/community partnerships; preceptor or faculty-led.
- Requires students work with intersectoral, interdisciplinary partners to “deliver” their expertise.
- Example: providing vaccines in community sites (libraries, health fairs) rather than clinics.
- Minimal-to-moderate faculty knowledge base of PHN is needed.
- Attractive to nursing education program administration for this reason.
- Marginally advances the PH role or mission.

- More than “whole population”: it is a combination of buckets 2 & 3, and requires **sector integration** work.
- Few models exist; predominantly faculty-led; requires long-standing, ongoing community presence & partnerships.
- Requires students work with intersectoral, interdisciplinary partners to reframe nursing contributions and expertise from ‘other’ sector lens.
- Example: chronic disease prevention for unemployed populations in social services/job training programs + employer support during transition as new hire.
- Extensive faculty knowledge base of PHN is needed.
- Less attractive to nursing education program administration given faculty expertise & partnership continuity demands.
- Advances PHN role and PH toward PH 3.0 vision.

Public Health Nursing: Current State As We Know It



MSN & DNP Public Community Health Nursing (P/CHN) Programs^{2,3}



MSN/DNP P/CHN Program Sample in Academic Common Market

6/15 states with 9/50 programs (18%)

State	MSN ²	DNP ²	State Health Ranking ⁶	Population/ Million ⁷	PH \$/Capita ⁸
Oklahoma		1	45	3.9	56
Alabama	1	1	42	5	47
Texas		1	31	29	20
Maryland	2	1	15	6.1	45
Delaware	1		10	1	37
Virginia	1		6	8.6	36

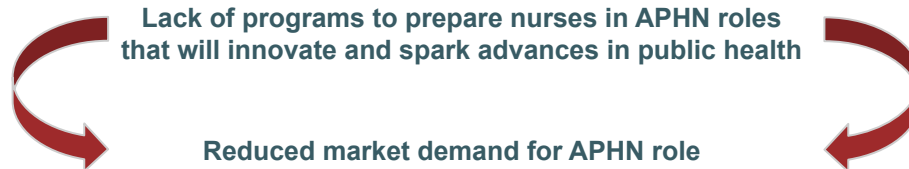
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A Cautionary Statement on the Path of Least Resistance For Addressing the Public Health Needs of the Nation

As a nation, we cannot achieve health equity by looking solely to solutions delivered to individual patients through our traditional healthcare system through population health management initiatives; rather, we must modify the social determinants of health by employing the full weight of, and sufficiently resourcing, public health nurses within the public health system to work in partnership with sectors that regulate or control the social determinants of health in communities.

Recommendations: PHN Education & Practice

Encourage shift toward PH 3.0 through HRSA funding mechanisms and programs.

Consider regionalizing APHN programs to leverage limited faculty expertise.

Cultivate sustained governmental funding of PHN education, the public health system, and PHNs specifically within the public health system.

Update laws and administrative codes to align with APHN education & training for leadership positions.

Reconcile terminology consistency, enumeration challenges, and data deficits related to the expertise of faculty teaching PHN clinical and PHN efficacy.

Increase fellowship training opportunities that align with the vision of PH 3.0.

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