



THE ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING RECOMMENDATIONS FOR TAKING ACTION ON THE PUBLIC HEALTH NURSING SHORTAGES THROUGH THE 2009 ECONOMIC STIMULUS PACKAGE

Public health nursing is vital to the protection of health in America's communities and to the economic wellbeing of our states, territories, cities, communities and families. But public health nursing is in the midst of its deepest crisis, one that threatens the health of our nation. The critical shortage of public health nurses is far worse than any our country has previously experienced and hampers to system's ability to respond to new and emerging public health threats.

The nursing shortage significantly affects public health nursing. Public health nurses are the backbone of the public health system, being the largest single component of the public health workforce (IOM, 2003a) and make up the "largest identified professional group" (Gebbie *et al.*, 2001).

The magnitude of the Public Health Nursing shortage has been known for some time. The serious impact of the shortage on the public health system and the health of the public have been documented by various organizations:

- The American Nurses Association (2003) action report, *Supporting Public Health Nurses and their role in Strengthening the Public Health Infrastructure*, addressed the need for ongoing advocacy in the support of the critical role of public health nurses in providing health services to individuals, families, and communities (<http://nursingworld.org/member/inside/Hod03/public.pdf>)
- The Frontier Education Center report, *Addressing the Nursing Shortage: Impacts and Innovations in Frontier America*, looked at the effect of the nursing shortage on rural and frontier communities and made recommendations to address the shortage. This document stated that frontier and rural communities were more likely to suffer from the nursing shortage and that these communities depend on non-hospital care settings to a greater degree than urban areas (Frontier Education Center, 2004). (<http://www.frontierus.org/index.htm?p=2&pid=6007&spid=6083>)
- The Association of State & Territorial Health Officials (ASTHO) 2004 report, *State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis* (<http://www.astho.org/pubs/Workforce-Survey-Report-2.pdf>).
- The ASTHO's 2005 issue brief, *Public Health Workforce Shortage: Public Health Nurses*, described workforce trends and identified options for addressing the nursing shortage (<http://www.astho.org/pubs/PHNursesIssueBrief121405.pdf>).
- The National Association of County and City Health Officials (NACCHO, 2005) recognized the critical impact of a public health nursing shortage and passed a resolution, *To Support Education and Recruitment of Public Health Nurses*. (<http://archive.naccho.org/documents/resolutions/05-08.pdf>).
- The 2005 HRSA, *Public Health Workforce Study* reported difficulty recruiting public health nurses, especially in rural areas. The recruitment difficulties were attributed to shortages of workers, non-competitive salaries, and lengthy processing time for new hires. (<http://bhpr.hrsa.gov/healthworkforce/reports/publichealth/default.htm>)
- The American Public Health Association 2006 issue brief, *The Public Health Workforce Shortage: Left Unchecked, Will We Be Protected?*, includes information about public health nurses (<http://www.apha.org/workforcebrief.pdf>).
- A report from The Association of State & Territorial Health Officials (ASTHO) stated 30 out of 37 states reported public health nursing as the field that will be most affected by workforce shortages in the future (ASTHO, 2005).
- The number of public health nurses decreased from 39 percent of the public health workforce in 1980 to 17.6 percent in 2000 (ASTHO, 2005).
- The aging and retirement trends of RNs will have a drastic effect on the public's health. The average age of the public health workforce is 46.6 years and retirement rates are estimated to be as high as 45 percent (ASTHO, 2004).

Issues contributing to the public health nursing shortage are complex and caused by numerous and varied factors. These include inadequate governmental salaries, aging of the current workforce, reduction of positions due to budget constraints, bureaucratic personnel and hiring systems, ineffective recruitment and retention strategies, inadequate political support and advocacy, and a critical shortage of adequately prepared faculty.

Governmental agencies, educational institutions, and the private sector need resources to work together to develop, fund, and promote creative solutions to address the problem.

Recommendations made and endorsed by ASTDN and the Quad Council include:

- Enhance leadership development programs for the public health workforce, including public health nurses and encourage and reward experienced nurses for serving as mentors or preceptors to students.

Proposal: The ASTDN Leadership Development Institute

ASTDN is seeking funding for a leadership mentoring project for which new state and territorial public health nursing leaders would be mentored by experienced ASTDN public health nursing leaders. After the first year, ASTDN would make the Institute available to county and local public health nursing leaders.

It is well known that public health nursing leaders are a critical component of the executive infrastructure of many state and territorial health departments. The nurses who serve in top state public health nursing positions provide leadership to fulfill the core public health functions of these agencies, and provide essential public health services in the context of a state/territorial health department's mission, vision, goals and objectives. While nursing leadership titles may vary, the importance of these positions does not.

ASTDN has identified a set of ten critical state-level public health nursing functions and a set of measurable activities that define the scope of each of those functions. From this set of activities, we have derived a list of necessary skills, knowledge, abilities and values expected of every state-/territorial-level public health nursing leaders. Our goal with the ASTDN Leadership Development Institute would be to assist and mentor new leaders in acquiring the knowledge and skill set *unique to public health nursing leaders* and necessary to successfully lead their agencies and staff and contribute to the achievement of this nation's goals for health.

The Institute will involve an intensive year of activity, beginning with a "360 leadership assessment of Institute protégés, matching with an ASTDN mentor, and a three-day leadership retreat for public health nursing mentors and protégés. Each protégé will receive a personalized plan for their development. The year-long experience will include monthly webinars on topics that will support the needed skill set and other emerging leadership topics. Mentors and protégés will have their own section of the ASTDN website.

Slated topics include leadership assessment and choosing leadership styles, assessing sufficiency of the workforce and increasing staff retention, effective personnel management and teambuilding, coordinating multi-disciplinary teams, conflict resolution and adapting to change, negotiation and mediation skills, systems thinking, developing organizational policies, public policy development, building coalitions and collaborative partnerships, embracing diversity and achieving cultural competence, communicating for success, using the media, working with the legislature and advocacy.

The cost of the program will be approximately \$250,000 per year for two years.

Proposal: Public Health Nursing Apprenticeship Program

Public health nurses are responsible for public health at all levels, and responsible for programs at all levels of prevention, primary, secondary and tertiary. They are involved across all public health programs and agencies, and public health nursing is often the gateway to public health leadership positions.

Public Health Nursing is the largest professional segment of the public health workforce. While there is currently no accurate accounting of the number of public health nurses in the states and territories, it has been estimated that there are 66,000 in the various state workforces, carrying out population-based activities ranging from maternal and child health to long term care, disease surveillance and control to environmental health. It is estimated that public health nurses comprise between 30 and 66% of the public health workforce.

ASTDN seeks to strengthen the public health nursing workforce so that they, in turn, can be the strong voice and vital force in communities for populations and that they may play a vital role in the achievement of health equity. ASTDN has a strong history in working with partners to strengthen recruitment and retention efforts, assessing gaps in the workforce, bringing under-represented minorities into public health nursing, strengthening public health nursing practice, conducting training, mentoring new leaders, and helping to sustain those currently in leadership positions.

The Public Health Nursing Apprenticeship Program will continue and strengthen these activities by providing newly graduated baccalaureate-level nurses a two-year long opportunity to work on interdisciplinary teams and across systems and come to know the discipline that is public health nursing, being supported throughout the experience by experienced agency staff. Similar to the Leadership program, there will be touchpoints and special activities throughout the two year apprenticeship. These nurses would then be given a special area of focus such as a prevention program, preparedness, immunization quality control, health equity, or epidemiology. Apprentices would also be introduced to the local Medical Reserve Corps or be incorporated into the host agencies emergency preparedness pool. ASTDN is suggesting that HRSA to establish loan forgiveness for the program.

From this pool of new, well-prepared, well-trained professionals, it is possible that we could eventually develop a pool of talented PHNs who could travel where needed and who would be great resources in shortages, public health emergencies and recovery from disasters.

The total cost of program development would be approximately \$500,000 for the first year, and increase thereafter, depending on the scope of the program and recruitment and training costs.

- Lastly, Public health agencies do not typically have budgets to support the aggressive marketing and recruitment campaigns that are necessary to successfully and effectively recruit and retain public health nurses. ASTDN requests support for development of effective marketing campaigns intended to attract new nurses entering the profession to public health nursing, as well as to attract veteran nurses interested in a career change into public health. The approximate cost for development of an effective campaign is \$400,000.

www.astdn.org