

Being a Powerful Champion: How nurses “do” advocacy - Part 1

Speaker

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Wednesday
1 pm – 2 pm

&

Thursday (Repeat)
10:15 am – 11:15 am

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Illinois Department of Public Health
Illinois Public Health Association

APHA

Media Advocacy Manual

● *Newspapers*

● *Television*

● *Radio*

● *Magazines*

● *Internet*

**Connecting with the media
Connecting with the media
Connecting with the media
Connecting with the media
Connecting with the media
Connecting with the media
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“If you don’t exist in the media, for all practical purposes, you don’t exist”

— Daniel Schorr, commentator, National Public Radio

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ADVOCACY AND PUBLIC HEALTH

Advocacy is used to promote an issue in order to influence policy-makers and encourage social change. Advocacy in public health plays a role in educating the public, swaying public opinion or influencing policy-makers.

Media coverage is one of the best ways to gain the attention of decision-makers, from local elected officials to members of Congress. All monitor the media. Every congressional office has a staff person who monitors the news in the district or state and clips articles that mention the representative or senator by name. These articles are circulated to staff each week. Decisions to support legislative initiatives are frequently influenced by the media coverage.

Getting media coverage can be very easy. By taking a few minutes to write a letter to the editor, any APHA member or public health advocate can reach thousands of other citizens, including policy-makers and their staff. Investing just a little more time can lead to significant payoffs for public health.

You can also use the media to publicize community or state level public health events. Any meeting merits mention in the local newspaper's community calendar, and a workshop or a meeting with an outside speaker may warrant an article as well. Use each of these events to contact local reporters, editorial boards and radio and television talk show hosts. They may want to cover your event, and even if they do not, they will look to you as a resource person when they write about these issues in the future.

“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.”
— The Institute of Medicine

PLANNING YOUR MESSAGE

Before you can begin your advocacy, you need to have a plan. You need to know what the message is that you are trying to get across and you need to know any actions you want to be taken by the public, by other organizations or by legislators.

First, you should establish what your overall goal is. Are you trying to motivate the community to take action on an issue? Are you advocating for a policy or law? Or are you just trying to bring attention to a certain issue? It is important that you have an overall goal before you start so that you can target your audience through the use of the media.

Here are some questions to ask yourself when developing your overall strategy.

- **What is the problem you are highlighting?** — This could be underage drinking, tobacco use, etc. But you should narrow your problem to a specific population. For example, if you start out trying to end all cigarette smoking, you will have a hard time developing a solution and gaining support. But if you narrow it down to underage smoking, you will have an easier time of coming up with a solution.
- **Is there a solution to it? If so, what is it?** — Again, try to narrow this down to a specific population. If you are trying to combat underage smoking, you could advocate for stricter laws for those who sell tobacco to minors.
- **Who can make the solution possible? Whose support do you need to gain in order to make the solution happen?** — In the example of stricter laws for those who sell tobacco to minors, you would need to target lawmakers. You could do this on a local level or on a national level, depending upon your organization.
- **What do you need to do or say to get the attention of those who can make the solution happen?** — Do you want to use the media to get your message out by holding a news conference or briefing? Or do you want to use advertising to get the attention of the public? Remember, not all advocacy requires the use of the media. Sometimes it is easier to get your message out through marketing and advertising than through news releases and conferences.

Once you have defined your overall goal, then you can design the message that you want to get out in the public. You want your message to be simple and clear. You should point out the problem you are addressing, why your intended audience should be concerned with this problem and what should be done about the problem. Make your message powerful – persuasive and compelling. You will need to say something compelling to capture the attention of the public. Try to create a message that is new and put a human face on it. By humanizing the issue, your issues will have a greater impact on the public than if you just state statistics. Finally, make sure your message targets your intended audience. If you're targeting lawmakers, you will use different language than if you're trying to target the general community.

CONTACTING THE MEDIA

Creating a Media List

Before you begin to contact the media in your area, you should familiarize yourself with the local media. Watch the evening broadcasts and read the paper daily to get a feeling for how different stations and papers cover public health issues. This will give you an idea of who would be most likely to cover your story. Find out which reporters cover public health and track them to see how they cover the issues and if this is the type of reporter you would want to cover your story.

It is also important to think about the audience that the station/paper reaches. You want to make sure that you use the best outlet to reach your intended audience. If you want to mobilize the community, look at a local paper whose readers are mainly in the community you are trying to reach. If you are trying to get the attention of legislators, you may want to find a paper that covers politics and reaches a broader audience. If you want to send a message to your peers, you may want to try a trade magazine (i.e. Non-Profit Times, Healthcare Business Magazine).

Once you know what papers or stations you want to reach, you should create a list of media contacts. This list is perhaps the most important tool for conducting media advocacy. Developing such a list takes time, and it should continuously evolve. You need to get contact information. You will need the names of reporters, editors or producers, their address, phone numbers, fax numbers and e-mail addresses so that you will be able to send them your information in the format most appropriate for the type of story. (Also, some reporters read their e-mail – others do not. It pays to find out which type of format your key reporters prefer.) Keep all of this information for future reference.

To get this information, call the station or paper and ask. You can find out who covers a certain beat (a reporter's "beat" is the issue area he or she covers on a regular basis). If you are not sure with whom you need to talk, you can ask to speak to the news or assignment editor. This is the editor who assigns articles to the reporters and could help send you in the right direction.

Some Relevant Public Health Reporter Beats

Health	Environment	Children's Issues
Tobacco	Public Policy	Science
Medicine	AIDS	Fitness
Health Economics	Health Business	Healthcare

Phone numbers for newspapers, radio and television stations are usually listed in the phonebook. You will need the number of the news desk and once you have that, you can call and get the information you need. More information can be found in resource books such as *Bacon's Media Directories* (www.bacons.com), *Burrelle's Media Directories* (www.burrelles.com), *News Media Yellow Book* (leadershipdirectories.com) and *Gale*

Directory of Publications and Broadcast Media (www.gale.com). While expensive, these reference books can often be found in local libraries. Also, many stations and papers list contact information on their Web sites.

You could also ask other organizations in your area if they have a media list and share your information. Make sure the organization you are getting your list from focuses on the same type of issues as you do. If they do not, you may end up with a list of reporters who would not be interested in covering your story.

Once you have your list, keep it updated. Keep media sign-in sheets from any news events you hold and keep a log of all contacts you make with the media. Update your list with new contacts. This will keep you up-to-date on who covers which beat so that you will always have that information at your fingertips.

Finally, remember to create a good working relationship with the media. It will work to your advantage if you have a few “friends” in the media. That way, when you are contacting the media, you know that you have a few reporters you can rely on. This will make it easier than trying to contact everyone on your list. One well-placed, comprehensive story told from your organization’s point-of-view, has a greater impact than a smattering of brief stories that don’t adequately convey your message.

Before Making Contact With the Media

Once you have your message ready and know whom you want to contact in the media, take some time to prepare before you contact anyone. Divide up responsibility in your office, or have volunteers help out. You can divide up responsibility according to talent: designate one person to do any writing that needs to be done, have one person act as spokesperson, etc. This will make the workload lighter.

When choosing a spokesperson, make sure the person you choose is comfortable speaking with the media, answering questions, is knowledgeable on the issue and can stay calm in stressful situations. Dealing with the media can be very frustrating and fast-paced so it is important that your spokesperson be able to remain calm in these situations.

Also, designate certain people on your staff who will speak with the media. They should be the only people to communicate with the press. This way, the media will not get conflicting information from your staff, but the planned message you are trying to get across.

Remember, know the message you are trying to get across and know your information before you speak to the media. Reporters work on deadline and need to get accurate information from you in a timely manner. If a reporter makes contact with you, you do not have to speak to them right away, but may want to take a message and call them back once you are prepared to speak to them. But remember to ask when their deadline is and call back promptly. If you call back after deadline, you may have missed your chance to get your story out.

WAYS OF USING THE MEDIA

There are many different ways you can use the media in advocacy. You can hold news conferences, write letters to the editor, give interviews or arrange editorial board meetings. The method you choose should be the best one to promote your issue.

News Release

Many reporters gather information for upcoming stories from news releases. The news release tells the reporter the who, what, when, where and why of a news story. This information helps the reporter determine whether to write an article or otherwise cover your “news.” But remember, reporters receive many news releases over the week, so in order to get yours noticed, your release should quickly grab the reporter or editor’s attention and the rest should convince him or her of the issue’s news value.

News releases generally follow a standard format. The format is designed to give the reporter or editor all the information he or she needs quickly. By following the same format, all pertinent information, such as contact information, is in the same place and easy for the reporter to find.

The following is the standard format for a news release:

- **Organization’s name.** The name of your organization should run across the top of the release. The release should be run on organizational letterhead if possible.
- **Contact information.** Below the name of your organization, you need to put the name and phone/fax number and/or e-mail address of the staff person the press should contact to get more information. This is usually located on the top right-hand corner.
- **Release date.** This tells the reporter when the information in the release can be published or broadcast. The release can be for immediate release to the public, in which you can put “For immediate release” on the top. The reporters can also hold the information until a certain date. For this, you would need to put “Embargoed until (release date and/or time).” The release date is usually located on the top left-hand corner.
- **Headline.** The headline is important. It is a short phrase summing up the essence of the release. This will run under the contact information and above the body of the release.
- **Body.** This is where you will tell the reporter/editor the who, what, where, when and why of your story.

Your release should follow the inverted pyramid style of writing, in which the conclusion or most important information goes first, followed by supporting information. This style

of writing is necessary for any news materials because your readers are busy and bombarded with many different pieces of news. You can't count on the reader to get through the entire page so you must give the most important information – the essentials of the story – at the start.

- **The first paragraph, the lead, should be the most powerful.** This is where you should tell the most important information of the release, in order to get the interest of the person reading it.
- **Keep your sentences and paragraphs short and use plain language.** Don't use acronyms or jargon. Also, you should try to keep your release short, one or two pages double-spaced should suffice.
- **Use quotes if possible.** This puts a human face on the news you write. The quote should substantiate the lead, be from a significant person and add a piece of information. Try to put a quote high in the release, within the first three or four paragraphs.
- **Finish your release with a “tag.”** This is usually one paragraph of “boiler plate” information to fill in information holes such as a paragraph description of APHA, your organization or the goals of the work you've highlighted in the release.
- **End.** Reporters/editors look for a symbol at the end of the release to tell them there is no more information. If your release is more than one page, at the end of the first page, type —more— to signal the release continues on the next page. At the end of the release, type —30—, END, or ###. This will be centered on the bottom of the page below the tag.

News releases can be mailed, faxed or e-mailed to reporters. You may want to call the reporter to make sure that he or she has received your release or that the right reporter has it. Remember, reporters are often busy meeting deadlines so make your call brief and to the point.

Letter to the Editor

A letter to the editor is the simplest way to communicate an opinion to the general public. The chances of having the letter printed greatly increases at smaller or less prominent newspapers or magazines. On average, many local papers publish up to 80 percent of the letters they receive. Of course, if you hope to have the letter published in *The New York Times*, then it will compete against hundreds or thousands of other letters.

The most important caveat is to write a letter no longer than what the target newspaper tends to publish. A much longer letter is more likely to be discarded, and if it is not discarded, it is the editor who will decide what information will be cut in order to fit the length requirements. Short, pithy pieces are best.

Before you begin writing your letter, look at the editorial pages of different newspapers. Often, specifications on writing letters to the editor will be on this page. If not, follow these general tips for writing your letter.

- **Be brief and concise.** Focus your letter on just one concept or idea. Limit yourself to 250-300 words.
- **Refer to other stories.** If possible, refer to other articles, editorials or letters the newspaper has recently published. This should be done as soon as possible after the article was published. This will increase its chances of being printed.
- **Include contact information.** Include your name, address and daytime and home phone number so the paper can contact you with any questions. Also, include any titles and degrees that are relevant to help the media know you have expertise. And make sure to refer to your organization in your letter.

Op-ed

Another way of contacting the media is by writing an opinion piece to be run on a newspaper's opinion-editorial page. Writing an opinion article offers an opportunity to present an extended argument. They run on the page opposite the newspaper's editorials and are typically local and timely. Unlike editorials, op-eds are written by members of the community rather than by journalists. But like editorials, an op-ed often carries more weight than a letter to the editor; it presents a point of view with much greater detail and persuasion than a short letter allows.

Careful planning will increase your chances of placing an op-ed. In addition to submitting an article, mount a campaign to get it published. Be sure to follow up within a week after submitting an article to ensure that it was received and to answer questions the editor might have.

Before you submit your op-ed, you will want to:

- **Obtain guidelines.** Call and ask the editorial page editor or op-ed editor for the newspaper's op-ed policies, i.e., submission guidelines such as length (usually 700-800 words).
- **Talk to the editor.** Try to arrange an appointment with the editorial staff to discuss your unique qualifications for writing an op-ed and the issue's urgency. Use the meeting to sell your issue, your organization and yourself. Some newspapers will not take time to meet with you; they will make a decision based solely on the article. At the very least, the editor might have useful suggestions on how to write your article and improve its chances of being published.

- **Localize it.** Adopt a local angle in your op-ed, even on a national issue. Since you're probably competing for space with nationally syndicated columnists, a local angle can make your article more appealing.

Most papers require exclusivity; you may only submit your op-ed to their publication. If they decline to print it, you are free to submit the piece to another publication.

Editorial Board Meeting

The most powerful way to win support for your issue or reach your member of Congress or local official through the media is to gain the editorial support of your newspaper. Arranging an editorial board meeting will take more time than writing a letter to the editor, but the results are worth the effort. This will give you the chance to persuade the editor why the newspaper's readers would be interested in your story and this could increase the likelihood of more coverage by the newspaper of your issue.

Here are some tips on arranging a meeting:

- **Call the editorial page editor.** Briefly explain the issue and request a meeting. It is best if the issue is tied to a particular news event or local concern.
- **Prepare for the meeting.** Study the issue, write down key facts and list your main points. Think through the local angle. Why should your community or the newspaper's readers – and the editor – care about the issue? It might also help to familiarize yourself with the kinds of editorials and columns that appear in the paper. This will give you insight into the paper's position on certain issues.
- **Present your issue.** You might meet with one editor, or perhaps several editorial writers and reporters will decide to join your meeting. You will have five or 10 minutes to state your case as persuasively as possible, after which you will be asked questions. If you do not know the answers, offer to find out and get back to the editor later.
- **Follow up.** Leave behind some printed material reinforcing the points you have made. After the meeting, send a note of thanks to the editor. If you do not see an editorial within a few days, make a follow-up phone call to the editor. If the editor has decided not to write on your issue, ask if the paper would print an op-ed or at least a letter to the editor submitted by you. Whatever you achieve, you have established yourself and APHA as a source of information on public health issues in your community.

Interview

Another way of working with the media is to give interviews. There are more than 10,000 television and radio stations nationwide, each with producers constantly on the lookout for story ideas and guests to have on their shows. Local talk shows have also become a significant force in national politics. As a member of APHA, you know more about public health issues than most people in your community and can credibly share your concern and knowledge on a local talk show.

Following are some tips to help you arrange and prepare for an interview.

- **Arrange an appearance.** Call or write the talk show host or producer. Explain your interest and experience in a particular aspect of public health, and outline why people in your community should care. Again, it is best to have an upcoming event or a local angle as a “news peg” to make your pitch more attractive.
- **Familiarize yourself with the program.** Learn the name of the host, the show, the station and names of other guests appearing on your program. Find out whether the interview will be live or taped, if there will be call-in questions and the length of the interview. Listen to the program to become familiar with the style and positions of the host and the format of the show.
- **Prepare for the interview.** Write out the most important points you hope to make, including anecdotes and personal stories you want to share, questions you might anticipate and answers to those questions. Role-play answering those questions with a partner. Also, you may want to think out some counter-arguments to your issue and prepare responses to them. Remember that the media usually presents both sides of a story so you want to be able to counter your opponents’ viewpoints.

When being interviewed, there are several things to keep in mind to help make the interview go smoothly.

- **Speak in a natural, audible tone.** Remember to remain calm during the interview, even during stressful moments. Do not get defensive or angry. Keep in mind that the reporter decides what goes in the story or what doesn’t, so *you don’t want to say anything that you would not want to see on the evening news.*
- **Avoid jargon and acronyms.** Remember, not everyone is an expert on your issue. You should use language that will be easily understood by someone outside of your field of expertise.
- **State your message.** Answer interview questions by stating your main message first, followed by supporting points. Use the questions as springboards into developing your message. Present your arguments as concisely as possible while showing enthusiasm for your subject. If you don’t know the answer to a question, say so. Also, don’t be afraid to speak up if the reporter misstates something or has a wrong fact.

- **Be concise.** It is important to keep your answers short, especially in broadcast interviews. Soundbites in broadcast interviews usually run around eight seconds long, so you want to get your message out quickly. Print reporters also look for concise quotes for their stories. Say what you have to say then wait for the next question. Don't feel compelled to fill "dead air" while waiting for the next question. Some reporters may wait a beat before asking another question, hoping you will jump in and fill the silence. This often results in remarks being made that you wouldn't normally want on the record.
- **Tape yourself.** You may want to bring along a tape recorder to make your own record of what was said in the interview. This way, if there is an error or misquote in the story, you will have your own record of what was actually said. Make sure that everyone involved in the interview knows you are taping it.

When being interviewed for television, there are several additional things to remember.

- **Clothing.** Avoid solid white or black clothing and anything with tight stripes. Solid designs in gray, blue and brown look best. Avoid large, flashy jewelry. Large jewelry will create a reflection off the TV lights. Dress professionally. If you wear a uniform to work (lab coat, military, etc.) consider wearing that for your interview.
- **Look at the interviewer.** Unless otherwise instructed, look directly at the host. Do not look at the camera. Relax and avoid nervous gestures or mannerisms. Use, but do not overuse, your smile and hand gestures.
- **Sit straight.** You want to sit up straight, but not stiff, and lean slightly forward in your chair. Do not lean into the microphone. Avoid swiveling in your chair. If standing, stand up straight. Do not place feet side to side, but plant more weight on one foot. This will keep you from swaying.
- **You're always "on."** Remember, even if you are not speaking, you may still be on camera. And any comments you make prior to or after the formal interview may be caught on camera or tape, so mind your actions.

After the interview, follow up with a note of thanks to the reporter, host or producer of the program. You can often request a taped copy or written transcript of the program for your files. If you provide a videocassette or audiocassette prior to the program, they may make a tape for you. Listen and learn for your next on-air experience. If there is an error in the story, contact the reporter and point out the error and ask for a correction. But remember to remain calm. Also, try to go directly to the reporter to fix the error instead of going over his or her head to the editor or producer. Doing this should only be done if there is a major mistake and the reporter will not acknowledge it. By going over the reporter's head, you may ruin any working relationship you had developed, so this step should only be done in extreme circumstances.

Media Event

In some cases, you may want to consider holding a media event to disseminate your information. The two most common media events are the press briefing and news conference.

A press briefing is held to provide journalists with background information on an issue. A briefing is a good way to provide journalists with an update of key developments and issues, as well as your organization's work and policy, on a certain topic. These meetings can be informal and are a good way to make contacts with the media.

A news conference is held to announce a major story — such as the release of a report, a new policy that has been developed or your organization is taking a new major initiative on an issue.

Press briefings and news conferences are major undertakings and require a lot of work and preparation. But they can be very valuable when you have important information to release, a critical situation has developed, an important speaker has become available or you have a dramatic point of presentation to make on an important issue. Most often, contacting reporters individually or holding a briefing for a small group is a better use of time and resources. But on occasion, you may need to hold a news conference to draw attention to a particular public health issue.

While such an event takes preparation and a lot of legwork, one committed person or a small group sharing the work can undertake it. Consider dividing up the work among your staff to make it easier. Following are a few suggestions for planning and holding a media event.

- **Location.** You will want to find a well-known location that is convenient for journalists to get to. Make sure the room is not too large. This way there won't be a lot of empty seats, giving the impression that few journalists showed up. Also, make sure there is a podium and a table long enough for all of the speakers to sit at. There should also be adequate open space for television cameras, lights and microphones. Usually, television cameras will be placed in the back of the room so there should be plenty of open space in the back. The room should also have plenty of electrical outlets. Popular sites for media events include hotels, local press clubs or public buildings near media offices. Also appropriate is using a location that highlights public health as a backdrop for your issue, i.e., a local health department, a children's hospital, a school or a community park.
- **Timing.** Journalists have very busy schedules so timing is important. The best time to hold an event is around 10 a.m. or 11 a.m. on a Tuesday, Wednesday or Thursday. Plan around competing events, holidays or other activities that may impede journalists from attending your event.
- **Contacting the media.** Send a media advisory several days to a week in advance if you have the luxury of time. If not, e-mail and fax the advisory. Include in the media

advisory the location, time and date of the event, with brief directions if necessary, the names of speakers and an eye-catching summary of the presentation. Follow up with phone calls to the journalists several days later. Call a day or two before the news conference to draw their attention to the release and ask if they or someone from their office plan to attend. This is critical. Newsrooms are swamped with releases, faxes and invitations to events. A follow-up phone call will ensure that your contacts know about the event and remember to put it on their calendars.

- **Materials.** You will want to have material at your press event to give out to the media. The easiest way to hand out material is to put together a press kit. A press kit usually contains news releases, fact sheets and biographies of speakers as well as copies of any reports, case studies, etc., that are being released at the event. Make sure you have plenty of copies of all material with you in case more people attend than planned for. Also, have a sign-in sheet for any journalists attending. Remember to use this sheet to add to and update your media contact list.
- **Prepare.** Set up the room for the number of people that you invited. Don't be disappointed if fewer people showed up than expected. Attendance is hard to predict. Your event may be competing against another news event. Select a moderator for the event. Determine beforehand who will make opening remarks, introduce each speaker and direct questions following the presentation.
- **Resource people.** Have extra people from your staff available to assist at the event. You will need someone to assist journalists before and during the conference. Have some help in handing out media kits, managing the sign-in sheet, directing journalists to phones or handle any other last minute details.
- **Presenting.** Make your formal statement as brief as possible – 15 or 20 minutes – while still getting in all the pertinent information and allow time for questions. A general rule of thumb is to limit the number of speakers to no more than five and limit each speaker to three to five minutes. Remember, a news conference is for the media to ask questions, not attend a lecture. Also, start your event on time. Journalists work on deadlines and will need plenty of time to get your story in before deadline.
- **Interviews.** Allow time at the conclusion of the event to take personal interviews, arrange photos or answer more detailed questions.
- **Follow up.** After the event, thank reporters for attending and ask if they need any further information. You may also want to fax or e-mail material to those journalists who were unable to attend. Also, make sure your staff knows who to direct phone calls to from journalists calling for follow-up.
- **Feedback.** Respond in writing to any news stories your event or media outreach garners. Reporters pay attention to response letters – both positive and negative – and will often integrate the comments into future stories.

END NOTES

Cultivating good relationships with reporters will benefit your organization and the public health issues that you work to further. Showing reporters that you value their work – by following the news, finding the appropriate reporter to pitch, expressing your news concisely and giving reporters feedback – will help them value yours.

Some sources for information on media advocacy:

- *News for a Change: An Advocate's Guide to Working with the Media*; by Lawrence Wallack, Iris Diaz, Lori Dorfman, and Katie Woodruff; Sage Publications, Inc., 1999.
- *Media Advocacy and Public Health: Power for Prevention*; by Lawrence Wallack, Lori Dorfman and Makani Themba, Sage Publications, Inc., 1993.



Quad Council

of Public Health Nursing Organizations



American Nurses Association
Congress on Nursing Practice & Economics

The Public Health Nursing Shortage: A Threat to the Public's Health

Endorsed by the Quad Council of Public Health Nursing Organizations
February, 2007



American Public Health Association
Public Health Nursing Section

Public Health Nursing is in the midst of a critical shortage, one that threatens the health of the nation. While nursing shortages have existed before, the magnitude of the current shortage is far worse than any the U.S. has ever experienced. In this time of increasing demands on public health to respond to issues such as emergency preparedness, new emerging infections, and significant increases in chronic illnesses, the public health nursing shortage must be addressed. While others have written about the shortage, the Quad Council of Public Health Nursing Organizations has examined the shortage through the prism of the potential impact on the public's health and offered recommendations for dealing with the shortage.



Association of Community Health
Nursing Educators

Public health nurses focus on the health of populations, working with communities, and the individuals and families who live in them. With an emphasis on prevention, their practice is multifaceted, and has resulted in positive health outcomes including enhanced surveillance; higher rates of breastfeeding; reductions in pre-term births and low birth weight rates; and improved behavior, education, and employment.



Association of State and Territorial
Directors of Nursing

The current shortage is complex, the result of multiple and varied factors. Contributing factors include an overall shortage of registered nurses as well as factors specific to public health: an aging population of nurses; a poorly funded public health system on the national, state, and local levels that results in inadequate salaries; reduced and/or eliminated public health nursing positions; bureaucratic hiring practices; inadequate numbers of baccalaureate nursing graduates; limited public health advocacy; a growing shortage of nursing faculty, adequately prepared to teach public health nursing; and invisibility of public health nursing in media and marketing campaigns.

While the issues are many, change is possible, if we have the political will to do so. The following are recommendations to address the public health nursing shortage.

Recommendations

- Increase core financial support for public health agencies, to enable an increase in salaries for nurses.
- Enhance leadership development programs for the public health workforce, including public health nurses.
- Increase funding to the Health Resources and Services Administration (HRSA), Division of Nursing for projects that support public health nursing.
- Provide scholarship funding and loan forgiveness programs to support nurses who seek advanced public health nursing education.
- Increase funding to the Centers for Disease Control & Prevention to enhance support of public health workforce through partnerships with nursing and fellowship opportunities.
- Develop effective marketing campaigns intended to attract new nurses entering the profession, as well as veteran nurses interested in a career change into public health.
- Conduct research to determine what attracts nurses to public health and use this information to develop recruitment and marketing strategies.
- Provide support and assistance to practicing public health nurses to continue their education, both undergraduate and graduate.
- Encourage schools of nursing, public health training centers, and schools of public health to collaborate with state and local health agencies to provide educational opportunities for nurses.
- Collaborate with HRSA to assure the questions and reports of the NSSRN accurately capture information about public health nurses, including the settings where public health nurses practice.
- Create representation for the field of public health nursing on the National Advisory Council (to the Secretary of Health and Human Services) on Nurse Education and Practice, chaired by HRSA's Division of Nursing.
- Fund research identifying the differences in nursing workforce issues between the public and private sectors.
- Fund research related to identifying effective strategies for expanding and strengthening the public health nursing workforce.
- Create joint practice arrangements for public health nursing faculty and joint teaching arrangements for master's and doctorally prepared public health nurses in practice.
- Encourage and reward experienced nurses for serving as mentors or preceptors to students.
- Provide incentives such as tax credits to retain public health nursing faculty, and support state or federal initiatives to retain this faculty.
- Form new public health/educational partnerships in order to support the development of qualified preceptors and clinical sites.
- Develop and share innovative strategies to teach public health nursing.

The Public Health Nursing Shortage: A Threat to the Public's Health

Introduction

The United States is in the midst of a critical shortage of registered nurses. While nursing shortages have existed before, the magnitude of the current shortage is far worse than any the U.S. has ever experienced. The growing elderly population and the reduced numbers of those entering the nursing profession make this shortage more significant and long lasting.

There have been many commentaries written about the nursing shortage; however, few have addressed the impact of the shortage in relation to public health. This paper, written by representatives of the Quad Council of Public Health Nursing Organizations, focuses on the shortage of public health nurses in official governmental agencies, identifies the effects of the shortage on the public's health, and recommends strategies for addressing the problem. The Quad Council is an alliance of the four national nursing organizations that address public health nursing issues: the Association of Community Health Nurse Educators (ACHNE), the American Nurses Association's Congress on Nursing Practice and Economics (ANA), the American Public Health Association-Public Health Nursing Section (APHA), and the Association of State and Territorial Directors of Nursing (ASTDN).

What is Public Health Nursing?

Public health nursing is defined as the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences (American Public Health Association, Public Health Nursing Section 1996). The title "public health nurse" (PHN) designates a registered nurse with educational preparation in both public health and nursing. The primary focus of public health nursing is to promote health and prevent disease for entire population groups. This is done by working with individuals, families, communities, and/or systems.

Public health nurses work with communities, the individuals and families that compose the communities, and the systems that affect the communities (Minnesota Department of Health, 2001). They work in schools, homes, clinics, jails, and out of mobile vans and dog sleds. PHNs partner with policymakers, faith-based organizations, firefighters, law enforcement agencies, hospitals, free clinics, and numerous social service organizations.

The work of public health nurses is multifaceted and includes activities such as:

- Partnering with supportive housing advocates to ensure adequate, accessible, and affordable housing;
- Working with family day care providers to implement national standards for safe care;

- Identifying neighborhoods with low immunization rates and partnering to develop culturally and linguistically appropriate interventions to increase those rates;
- Interviewing an individual diagnosed with hepatitis to determine the possible source of the disease;
- Helping young mothers access services and care for themselves and their babies;
- Collaborating with a community organization to design a program to promote the use of bicycle helmets;
- Providing care in an emergency shelter following a severe storm and power outage;
- Teaching a group of business owners about the threat of pandemic influenza and what they need to do to prepare for it.

The Impact of Public Health Nurses

The practice of public health nursing has demonstrated a significant impact on improving the health of the public through both population-based health strategies and interventions with families and individuals. Recent published articles demonstrate the critical role PHNs play in the development of evidence-based nursing practice and its impact on population health. A synopsis of recent research follows and is outlined in the accompanying table, “Associated Outcomes of Selected Public Health Nursing Interventions.”

Interventions with Populations

Research regarding effective population-based interventions is still new and a great deal more needs to be understood. However, recent studies indicate PHNs have been essential in improving population-level health. In the area of emergency preparedness, for example, PHNs were effective in forming informal partnerships that are essential for disease surveillance, and using informal communication channels to obtain critical surveillance information (Atkins et al., 2005). PHNs were also integral to the development of community partnerships and coalitions, both at the state and local levels (Padget et al., 2004; Corrarino et al., 2000). Similarly, Monsen and Keller (2001) described a population-based project where PHNs developed, disseminated, and encouraged the use of evidence-based treatment guidelines.

Interventions with Individuals and Families

Public health nursing interventions have improved the health of individuals and families in areas such as: injury prevention, perinatal outcomes, child abuse and neglect prevention, asthma control, and family functioning. Corrarino et al., reported the number of scald burn prevention measures implemented by parents was significantly improved after PHNs provided teaching (Corrarino, Walsh and Nadel, 2001). Health education and case management by PHNs, with a specific focus on the needs of the target population, produced improvements in vaccination rates for infants born to women who tested positive for the hepatitis B virus, and reduced hospital costs for asthmatics (Corrarino, 2000; Corrarino & Little, 2006). In 2000, Eckenrode et al. reported significantly fewer child maltreatment reports involving the mother as perpetrator or the study child as subject after PHN home visitation.

The work of PHNs also demonstrated improvement in health during pregnancy. Fetrick et al., (2003) reported a PHN intervention demonstrated a higher than average hemoglobin among pregnant women, and a higher rate of breastfeeding. In 2000, Corrarino et al., reported about a project that included a public health nurse-led interdisciplinary team and home visits by a public health nurse to pregnant women who were substance abusers and not in treatment for their abuse. Based on the usual practice among this particular population, researchers expected only 10 percent of the mothers would enter treatment. However, 90 percent of the women in Corrarino's study entered treatment, and all had full-term newborns. In addition, marked improvement in alcohol and drug use, as well as reduction in psychiatric problems, was demonstrated. Moore and colleagues (1998) demonstrated a significant reduction in preterm birth rates of low-income African American teenagers with PHN interventions. Further research determined high-risk pregnant women with Medicaid who received case management, monitoring, and health education from a PHN had a low birth weight rate of 3.5 percent. This was less than the low birth rate for non-Medicaid women of the same health insurer (Milbank Memorial Fund, 1998).

The impact of public health nursing interventions on families has been clearly demonstrated. Several prospective randomized clinical trials reported long term improvement, continuing years after the program terminated, in the lives of women and children who were visited by PHNs. Areas of improvement for the children included: lower incidence of behavior problems, higher scores on achievement tests, less aggression, and higher intellectual functioning (Izzo et al., 2005; Olds et al., 2004[a]; Olds et al., 2004[b]). Mothers who received PHN services had fewer negative outcomes (e.g., less substance abuse, better parenting practices, etc.) after experiencing uncontrolled stressful life events (e.g., death of loved one, etc.). Additional trials reported significant PHN-produced effects on a wide range of maternal and child outcomes, including: superior child mental development, less language delays, fewer subsequent pregnancies, longer intervals between pregnancies, better maternal-infant interaction, and more productive employment patterns (Olds et al., 2002; Kearney et al., 2000). In 2004, studies by Olds reported families receiving PHN care had improved outcomes when compared to those receiving interventions from paraprofessionals.

The Magnitude of the Nursing Shortage

The shortage of registered nurses is not a new phenomenon. Such shortages are cyclical in nature and the United States has dealt with previous shortages in the health professions. There is evidence, however, that the current shortage is, and will continue to be, worse than ever before.

Federal law mandates the routine collection of information regarding the supply, distribution, and current and future requirements for nursing personnel for each state. The National Sample Survey of Registered Nurses (NSSRN) conducted by the Health Resources and Services Administration (HRSA) is the source of statistics on all those with current licenses to practice in the United States, whether or not they are currently employed in nursing. The survey is based on a complex sample survey method of approximately 1.2 percent of licensure listings from each of the fifty states and the District of Columbia, and has been systematically collected every four years since 1980.

The data from the NSSRN reveal the following:

- In 2004, the total number of licensed RNs in the United States was calculated to be 2,909,467, an increase of 7.9 percent from 2000. Although this is better than the 5.2 percent increase for 1996-2000, it is considerably lower than the 14.2 percent increase for 1992-1996.
- The nursing population is aging. The average age of employed RNs in 2000 was 43.3 years and 46 percent were at least 45 years old. In 1980, 52.9 percent of RNs were younger than age 40 and 26 percent were under 30. In 2000, 31.7 percent were younger than 40 and less than 10 percent were under age 30 (HRSA 2000).
- With the overall population aging and health care needs expected to increase, in 2000 HRSA compared the supply and demand for RNs. The estimated shortfall was 6 percent, or 110,000 full-time equivalent RNs. If these trends continue, the shortfall is projected to grow to 12 percent in 2019, and to 29 percent by 2020. The HRSA 2000 study estimated that the demand for RNs was greater than the supply in 30 states and by 2020, this greater demand will extend to 44 states.
- In 2004, a 3.4 percent decrease was reported in RNs working in the community and public health settings, from 18.3 percent to 14.9 percent. Data for 2004 are not available for the official governmental work sites. In 2000, 26,277 (1.2 percent) of the RNs employed in nursing worked in official state health departments, and 40,321 (1.8 percent) worked in official city or county health departments.

The current nursing shortage will significantly affect public health nursing. Public health nurses are the largest component of the public health workforce (IOM, 2003a) and make up the “largest identified professional group” (Gebbie et al., 2001). 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 over the next five years (ASTHO, 2004).

The serious impact of the nursing shortage on the public health system and the health of the public has been documented by various organizations:

- The American Nurses Association (ANA) action report, Supporting Public Health Nurses and their role in Strengthening the Public Health Infrastructure (<http://nursingworld.org/member/inside/Hod03/public.pdf>) 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 (ANA, 2003).
- The Frontier Education Center report, Addressing the Nursing Shortage: Impacts and Innovations in Frontier America. (<http://www.frontierus.org/index.htm?p=2&pid=6007&spid=6083>) 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).

- 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 issue brief, Public Health Workforce Shortage: Public Health Nurses (<http://www.astho.org/pubs/PHNursesIssueBrief121405.pdf>) described workforce trends and identified options for addressing the nursing shortage (ASTHO, 2005).
- 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 (<http://bhpr.hrsa.gov/healthworkforce/reports/publichealth/default.htm>) 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.
- The American Public Health Association issue brief, The Public Health Workforce Shortage: Left Unchecked, Will We Be Protected? (<http://www.apha.org/workforcebrief.pdf>), includes information about public health nurses (APHA, 2006).

Issues Contributing to the Shortage

Inadequate Funding and Salaries

In 2005, the HRSA Public Health Workforce Study identified four primary factors that contributed to the public health nursing shortage: budget constraints, non-competitive salaries, the length of time required to process new hires, and lack of qualified candidates (HRSA, 2005). Of these factors, budget constraints was identified as the most important barrier to adequate workforce staffing. As a result of federal and state budget cuts, a large number of vacancies from retirement or turnover have been frozen or not filled (APHA, 2006). This creates an extreme burden on the existing workforce and is a barrier for hiring staff that could bring workplace relief.

The nursing shortage in other specialty areas has generated financial incentives in the private sector. Strategies such as sign-on bonuses, high base salaries, lucrative benefit packages, and flexible hours challenge public health's ability to compete economically (HRSA, 2005). It is common for public health agencies to hire nurses at salaries far below health care industry standards with no career ladder incentives. In addition, many states have had serious budget shortfalls in recent years, resulting in no cost of living raises for employees. Since public health nursing positions are frequently part of a

governmental employee system, salaries for nurses cannot be increased unless all other employees also get raises. Therefore, the salaries of public health nurses have fallen far behind nurses working in comparable positions in the private sector.

Complicated Hiring Processes

The economic barriers for public health nursing are further complicated by the fact that potential public health agencies often have lengthy, bureaucratic hiring processes. It is common for it to take more than three months to process a civil service application and hire a nurse in a public health agency. This barrier has caused qualified professional nurses, who were recruited for positions, to accept other jobs that allow them to confirm their plans and begin working much sooner.

Lack of Qualified Applicants

The Institute of Medicine report, "Who Will Keep the Public Healthy?", describes a looming crisis related to a shortage of well-trained public health workers (IOM, 2003b). Although baccalaureate education has been identified as the minimum standard for public health nurses (Quad Council, 1999), New York, Minnesota, and California are the only states requiring a baccalaureate degree to practice public health nursing (HRSA, 2005). In addition, less than one-half of all nurses have a baccalaureate, master's or doctorate degree. It is estimated at least 390,000 of the one million projected RN vacancies in the year 2010 will be for RNs with a baccalaureate or master's degrees (AACN, 2005). This demand for nurses with greater education increases the challenge for public health agencies to hire nurses with the appropriate education (HRSA, 2004).

Ineffective Recruitment and Retention

Successful recruitment and retention is challenging for all health care institutions; however, governmental public health has even greater challenges than the private sector. Current vacancy rates of up to 20 percent exist in some states and public health employment turnover rates of 14 percent are present in some parts of the country (ASTHO, 2005). Budget constraints in public health have resulted in staff leaving jobs for positions in the private sector for higher salaries, better benefits, and less responsibility (APHA, 2006). This turnover of staff is costly; the state of Georgia calculated the financial impact of public health nursing turnover was at least nine million dollars in FY 2005 (Georgia Division of Public Health, 2006).

Public health agencies do not typically have budgets to support the aggressive marketing and recruitment campaigns. In addition, since public health nursing is not highlighted in the media nor always visible in the community, the specialty of public health nursing is not well understood and often not perceived to be exciting or challenging. These factors, combined with complicated and lengthy hiring processes and non-competitive salaries, make it difficult to recruit new staff.

Loss of Nursing Positions Due to System Changes

Over the past two decades, key policy documents have emphasized the need for public health to focus on the core functions of assessment, assurance and policy development, and population-based services (Allender & Spradley; 2001; Institute of Medicine, 1988;

Lundy & James, 2001; Stanhope & Lancaster, 2006). As state and local health departments moved away from direct care of individuals, nursing positions that were frequently narrowly viewed as clinical positions were eliminated. This has resulted in a decrease in the number of public health nursing positions and has further limited public health capacity (APHA, 2006).

Inadequate Political Support and Advocacy

On the local and state level, the support and financing for public health is heavily affected by several crucial and interlocking factors: decision making within internal public health infrastructures and organizations, elected politicians, both in the executive and legislative branches, advocacy groups, and the media. The organization and advocacy needed to influence these factors is often lacking. It has been documented that the involvement of both public health departments and community groups in shaping public policy is not only possible, but also critical to protecting and improving the health of communities (Acosta, 2003). For example, local politicians could be educated about the PHN shortage, the level of skill, education, and expertise required by the job, and the disparity in salaries between nurses working in the public and private sector. These elected officials possess the power and authority to effect many improvements and remedies in these areas. Public health nurses could effectively influence this critical aspect of public health policy and their own destiny by actively working to educate these officials.

Educational Challenges

The nursing shortage has affected the supply of adequately prepared nursing faculty available to teach public health. A recent report revealed a 7.9 percent faculty vacancy rate in baccalaureate and higher degree programs; this is an increase of 32 percent since 2002 (National League of Nursing, 2006). In 2005, nursing schools denied more than 32,000 qualified applicants, due primarily to a shortage of nurse educators (AACN, 2005). The situation is further complicated by the estimate that between 200-300 doctoral prepared faculty will be eligible to retire annually during the years 2004-2012. This estimate is conservative, assuming faculty work until age 62 and there are no other reasons to leave teaching (AACN, 2005).

Education to prepare public health nurses occurs in baccalaureate and graduate nursing programs. In baccalaureate programs, content is integrated throughout the curriculum and/or covered in a separate Public/Community Health Nursing course and includes public health theory, population-focused practice, and public health nursing roles (ACHNE, 2000). Teaching undergraduate public health nursing has special challenges. Public health agencies, where students and faculty typically seek practical experiences, are often small, widely dispersed, and distant from schools of nursing. The loss of nursing positions caused by budget cuts, and the increased focus on population-based services, often make it difficult to find placement sites and nurses to be preceptors to students. In addition, integrated curricula have led some nursing programs to hire public health nursing faculty with no experience in public health and population-based care.

Students often select the area of nursing they want to specialize in based on their student experience. Students are reluctant to pursue a career in public health when the students are taught by faculty without the appropriate experience, observe a decrease of

public health nursing positions in governmental health agencies, and learn salaries are significantly below the market average for hospital workers.

Conclusion

As the largest component of the public health workforce, public health nurses are a critical resource in the effort to improve the public's health. While the U.S. has experienced nursing shortages in the past, none has been as severe as the current shortage that clearly threatens the health of the nation. The public health nursing shortage is complex and caused by numerous and varied factors such as inadequate 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. Clearly, no single approach to address the current shortage will be sufficient to meet the challenge. Governmental agencies, educational institutions, and the private sector must work together to develop, fund, and promote creative solutions to address the problem.

Recommendations

- Increase core financial support for public health agencies, to enable an increase in salaries for nurses.
- Enhance leadership development programs for the public health workforce, including public health nurses.
- Increase funding to the Health Resources and Services Administration (HRSA), Division of Nursing for projects that support public health nursing.
- Provide scholarship funding and loan forgiveness programs to support nurses who seek advanced public health nursing education.
- Increase funding to the Centers for Disease Control & Prevention to enhance support of public health workforce through partnerships with nursing and fellowship opportunities.
- Develop effective marketing campaigns intended to attract new nurses entering the profession, as well as veteran nurses interested in a career change into public health.
- Conduct research to determine what attracts nurses to public health and use this information to develop recruitment and marketing strategies.
- Provide support and assistance to practicing public health nurses to continue their education, both undergraduate and graduate.

- Encourage schools of nursing, public health training centers, and schools of public health to collaborate with state and local health agencies to provide educational opportunities for nurses.
- Collaborate with HRSA to assure the questions and reports of the NSSRN accurately capture information about public health nurses, including the settings where public health nurses practice.
- Create representation for the field of public health nursing on the National Advisory Council (to the Secretary of Health and Human Services) on Nurse Education and Practice, chaired by HRSA's Division of Nursing.
- Fund research identifying the differences in nursing workforce issues between the public and private sectors.
- Fund research related to identifying effective strategies for expanding and strengthening the public health nursing workforce.
- Create joint practice arrangements for public health nursing faculty and joint teaching arrangements for master's and doctorally prepared public health nurses in practice.
- Encourage and reward experienced nurses for serving as mentors or preceptors to students.
- Provide incentives such as tax credits to retain public health nursing faculty, and support state or federal initiatives to retain this faculty.
- Form new public health/educational partnerships in order to support the development of qualified preceptors and clinical sites.
- Develop and share innovative strategies to teach public health nursing.

Associated Outcomes of Selected Public Health Nursing Interventions

Interventions with Populations and Communities	
Associated Outcomes	Authors
PHN obtained critical surveillance information for emergency preparedness.	Atkins R.B., Williams J.R., Silenas R., Edwards J.C., 2005.
PHN developed state-wide and local community partnerships and coalitions for influencing policy development and organizational redesign.	Padget S.M., Bekemeier B., Berkowitz B., 2004
PHN demonstrated need and developed, disseminated and encouraged use of head lice treatment guidelines among health care providers.	Monsen K. & Keller L.O., 2001
Interventions with Families and/or Individuals	
Associated Outcomes	Authors
PHN teaching resulted in statistically significant increases in prevention of prevent scald burns.	Corrarino J.E., Walsh P.J., Nadel E., 2001
PHN teaching resulted in improved vaccination rates for infants born to women chronically infected with hepatitis B virus.	Corrarino J.E., 2000.
Case management and teaching by PHN to parents of children with asthma resulted in statistically significant cost reduction for hospitalizations and emergency room visits.	Corrarino J.E. & Little A., 2006
Home visits by PHN to mothers identified as a perpetrator of child maltreatment resulted in reduced child maltreatment reports.	Eckenrode J., Ganze.I.B et al., 2000
Home visits by a PHN-led interdisciplinary team to pregnant women with substance abuse and not in treatment resulted in 90% rate of entry into treatment and 100% full term births.	Corrarino J. E., Williams C., et al., 2000
PHN home visits resulted in higher than average prenatal hemoglobin levels and higher rates of breast feeding.	Fetrick A., Christensen M., & Mitchell C., 2003
PHN telephone intervention resulted in reduced pre-term birth rates for low income African American teens	Moore M.L., Meis P.J., et al., 1998
PHN case management, monitoring and teaching to women covered by Medicaid, who were at risk for delivering a low birth weight infant, resulted in a low weight birth rate that was less than commercial enrollees of the same insurer.	Milbank Memorial Fund, 1998

Associated Outcomes	Authors
Standardized PHN home visiting program resulted in long-term, sustained improvement in lives of women and children; decreased behavior problems; higher achievement scores, less aggression and higher intellectual functioning.	Izzo C.V., Eckenrode J.J., et al., 2005 Olds D.L., Kitzman H., et al., 2004a Olds D.L., Robinson J., et al., 2004
Standardized home visiting program for building trusting relationships and coaching maternal-infant interaction resulted in improved maternal and child health. Improvement in social outcomes of superior child's mental development, fewer subsequent pregnancies, longer intervals between pregnancies, more productive employment patterns, and improved maternal-infant interaction were also reported.	Kearney M.H., York R., & Deatrick J.A. 2000 Olds D.L., Robinson J., et al., 2002,
Nurses produced significant positive effects on a wide range of maternal and child health outcomes compared to paraprofessionals	Norr K.F., Crittenden K.S., et al., 2003
PHN home visits targeting at risk families showed significant reductions in postnatal depression screening scores as well as improvement in parental role.	Armstrong K.L., Fraser J.A., et al., 1999
PHN home visits to indigent mothers revealed significant increased in utilization of primary care providers as regular source of sick care and better recall of health education information.	Margolis P.A., Lannon C.M., et al., 1996
Children visited by a nurse had significantly fewer health care encounters related to injuries or ingestions and the mothers held fewer child abuse/neglect associated beliefs about childrearing.	Kitzman H., Olds D., et al., 1997
Mothers at both high and low risk of child abuse had significant improvement in child abuse potential after PHN intervention.	Cerney J.E., Inouye J., 2001

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