

05-08

## STATEMENT OF POLICY

### Public Health Nurses

#### Policy

The National Association of County and City Health Officials (NACCHO) recognizes the importance of public health nursing and nursing leadership as a part of public health inter-professional practice. Nurses lead the nation in ratings for trust and ethics of professionals<sup>1</sup> and are naturally positioned to develop relationships and build trust with communities. The clinical expertise of nursing informs public health actions and allows nurses to act as a bridge between public health and healthcare systems. There are approximately 20,700 Registered Nurse FTEs working in local health departments, uniquely trained and positioned to partner across all components of the health system.<sup>2,3</sup>

NACCHO recognizes that workforce challenges continue to persist in the field. Local health departments report ongoing impacts related to burnout, staff turnover, reliance on short-term or grant-funded positions, and increased competition with healthcare systems offering higher wages and more flexible schedules. Recent workforce data demonstrate that rebuilding and sustaining the public health nursing workforce will require long-term investment, stable funding, and intentional retention strategies. Additional barriers facing the local public health nursing workforce stem from a lack of preparation and training in public health principles. Only programs at the bachelor's degree level typically include population health principles in the curriculum, yet 31% of LHD PHN workforces have a diploma or associate degree.<sup>4</sup> Improving public health expertise among local health department nursing staff has significant potential for improving public health outcomes.

NACCHO supports the following:

- Promotion of public health nursing as a professional option, not simply a component of nursing curricula through strong partnerships between nursing programs and public health;
- Integration of public health nursing rotations with governmental public health agencies, including population-based clinical experiences, into nursing school curricula;
- Creation of funding mechanisms to support capacity for practicums and internships in public health agencies;
- Facilitation of experiential and work opportunities for nursing students to gain experience in population-based settings;
- Creation and expansion of accelerated programs for current Diploma and Associate Degree public health nurses to complete a Bachelor of Science in Nursing (BSN);



- Recruitment of nurses at whatever degree level deemed appropriate and attainable by the LHD;
- Partnerships between educational institutions and state and local public health agencies to increase the availability of free or low-cost continuing education and professional development opportunities for public health nurses as a means of retaining and strengthening the local health department workforce through mechanisms such as online training, webcasts, and scholarships;
- Creation and expansion of a loan repayment program for public health professionals, including nurses, serving in local, state, or tribal health departments;
- Increased federal funding for health professions training programs such as the National Health Service Corps and Titles VII and VIII of the Public Health Service Act;
- Increased federal funding to programs encouraging minorities and persons from underserved areas to enter into the health and nursing professions;
- Efforts to reduce the debt burden for underrepresented individuals through loan forgiveness programs and tuition reimbursement strategies;
- Support increased federal funding for traineeships that support Advanced Public Health Nursing (APHN) education;
- Increased funding opportunities for evidence-informed and outcomes research related to public health nursing practice and interventions;
- Increased funding for nursing education faculty specializing in population-based public health nursing as a strategy to increase public health prepared faculty;
- Pay parity for nurses working in governmental public health and other underserved settings, including considerations for geographical differentials, underserved urban, rural and frontier incentives, retention bonuses, and longevity pay;
- Nurse residency programs to help with recruitment and retention of public health nurses; including virtual residencies for communities that lack capacity to mentor new PHNs;
- Ongoing public health and public health nursing continuing education and training opportunities for nursing professionals;
- Tuition reimbursement programs to facilitate the ongoing development of nursing professionals' expertise in their field as a means of retaining and strengthening the local health department workforce;
- Opportunities for nursing students to work in public health during their nursing training either as paid staff or volunteers;
- Exposure to public health as a career option at the high school level, strengthening partnerships with school systems and local health departments;
- Supporting public health nurses in practicing to the full scope of their license—including utilizing standing orders, leading nurse-run clinics,

exercising emergency authorities, and taking on expanded roles during public health emergencies—by minimizing regulatory and administrative barriers, ensuring up-to-date policies and procedures, and integrating PHNs into foundational health department capabilities and interdisciplinary teams;

- Expanding payment mechanisms to support a reimbursement structure for public health and nursing activities;
- Development of clinical ladders for nursing professionals in recognition of the promotion of advanced training and experience in line with the public health nurse competencies;
- Establishment of a Public Health Nurse Certification credential via the National Board of Public Health Examiners;
- Partnerships between schools of nursing and public health to facilitate student clinical experiences, public health nursing staff continuing education, dual degree programs, dissemination of evidence-based practice interventions for public health nurses, and joint research and evaluation projects to enhance the evidence base for public health nursing practice;
- Modernized public health nursing education and training models, including hybrid, asynchronous, and simulation-based learning opportunities;
- Adoption of flexible scheduling, hybrid or remote work options where appropriate, and wellness-informed workplace practices to support recruitment and retention, and to minimize burnout;
- Development of public health nursing leadership pipelines, including mentorship, coaching, succession planning, and leadership development programs to prepare nurses for supervisory, management, and executive roles within local health departments;
- Passage and funding of legislation that supports the work of public health nurses at local health departments.

NACCHO will seek partnerships with local health departments and nursing organizations, such as the Association of Public Health Nursing, the American Association of Colleges of Nursing, the Association of Community Health Nursing Educators, and the Council for Public Health Nursing Organizations, in order to enhance the visibility of public health nursing and enhance public health nursing educational opportunities for practicing nurses and students.

### **Justification**

The use of the term “nursing” to designate a position typically refers to Registered Nurses (RNs). Registered Nurses have acquired their qualifications either through an associate degree program or a 4-year degree program. They can perform assessments and physical exams, and coordinate care for complex patients. However, additional team members may also be referred to as nurses. These include: Advanced Practice Registered Nurses (APRNs), who are typically trained at the master’s level and may be authorized to prescribe medication, diagnose, and treat illnesses and injuries; and Licensed Practical Nurses (LPNs) or Licensed Vocational Nurses (LVNs), who often work under the supervision of an RN, APRN or MD to provide basic care and functions

such as medication administration.<sup>5</sup> The term “public health nurse(s)” in this document refers primarily to nurse(s) working as Registered Nurses.

Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice.<sup>6</sup>

Public health nurses focus on the health of populations and working with communities as well as the individuals and families who live within them. With an emphasis on prevention, their practice is multi-faceted and has resulted in positive health outcomes including community emergency preparedness, reduction of communicable diseases, enhanced surveillance; higher rates of breastfeeding; reductions in pre-term births and low birth weight rates and improved behavior; education; and employment. Public health nurses also play a critical role in injury prevention—for example, decreasing childhood vehicle accident injuries through education and car seat technician programs, reducing head and brain injuries by providing bike helmet education and distribution at community events, and lowering drowning risk by partnering with organizations to increase water safety education, provide life jacket stands, and improve waterway access for people with disabilities. Beyond clinical nursing skills, public health nursing leadership is important for the development of policy initiatives, building systems of care and access, promoting health equity, informing public health emergency preparedness and response, and leading local public health agencies.

The following statistics provide rationale for ensuring adequate quantity and quality of trained nurses at local health departments:

- Public health nurses employ practices grounded in advancing the health and wellbeing of all members of their community, addressing social determinants at the individual, population, and structural level. Nurses can play a key role in reducing and eliminating health disparities.<sup>7</sup>
- Registered nurses comprise a large percentage of the entire local health department workforce—15% of all local health department full time staff in 2022. Ninety-two percent of local health departments employ public health nurses.<sup>2</sup>
- Many local health departments experience problems hiring professional occupations, including public health nurses. The most common reasons cited among local health departments for difficulty in hiring public health nurses include uncompetitive pay and difficulty in attracting candidates to geographic area.<sup>4</sup>

## **References**

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2. Cunningham, M., Patel, K., McCall, T., et al. (2024). 2022 National Profile of Local Health Departments. National Association of County and City Health Officials. Washington, DC. <https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments>

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### **Record of Action**

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