



## Public Health Nursing: Strengthening the Core of Rural Public Health

Public health nurses (PHNs) constitute the largest component of the public health workforce, particularly in rural areas [1,2,3,4]. Major concerns regarding the current and future shortage of PHNs have been raised at local and national levels. Factors contributing to the shortage include the aging nursing workforce, inadequate funding and salaries, lack of qualified applicants, and ineffective recruitment and retention [2,5,6,7,8].

According to the Association of State and Territorial Health Officials, the average age of PHNs was 46.6 in 2005. In some states vacancy rates for public health nurses reach 20 percent with turnover rates up to 14 percent <sup>9</sup>. A secondary concern for rural public health is that the majority of rural public health providers, including PHNs, have no formal education in public health <sup>10</sup>. Many rural public health nurses' highest level of nursing education is the associate degree, which typically does not include any curricular content in public health. Leaders in public health nursing have long advocated for the baccalaureate degree in nursing to serve as the minimum educational requirement for public health nursing, however few states and localities have adopted this recommendation due to workforce shortages <sup>11</sup>. This situation is particularly true in rural and frontier areas where the lack of bachelor's prepared nurses is most acute <sup>12</sup>. There are limited data focusing particularly on rural PHNs, however, in a study of public health systems in Alaska, Montana, and Wyoming, Rosenblatt and Rosenblatt found that public health nurses were more likely to work part-time, but stay in their positions longer <sup>13</sup>. Other studies suggest that rural public health nurses tend to be seasoned nurses with varying levels of job satisfaction, despite low salaries and limited resources [8,14].

Public health nurses focus on assessing community health, assuring access to care, developing policies that promote population health, implementing public health policies, communicating with vulnerable populations, and fostering community resiliency <sup>15</sup>. Rural PHNs often have broad scopes of practice, including family planning/reproductive health, communicable disease control/epidemiology, emergency preparedness, immunizations, home health, and school nursing <sup>14</sup>. Increased autonomy is an attractive aspect of rural public health practice for many nurses, however isolation can be a related challenge, particularly for PHNs in areas where they may be the only local health professional [16,17]. Communication capability has been recognized as an essential support for rural nurses, particularly in the most rural areas, however rural health departments less developed technological and communication systems <sup>18</sup>. Given the broad and demanding scope of practice and often the high level of autonomy that characterize rural public health nursing, it is essential that these nurses have the strongest backgrounds and highest levels of competency.

In the past decade, the issue of competency levels among public health professionals has received increased attention. The Office of Workforce Policy and Planning, Centers for Disease Control and Prevention, along with the Council on Linkages between Academia and Public

Health Practice, developed a list of core competencies for public health professionals according to the following eight domains:

- Analytic assessment skills
- Basic public health sciences skills
- Cultural competency skills
- Communication skills
- Community dimensions of practice skills
- Financial planning and management skills
- Leadership and systems thinking skills
- Policy development/program planning skills <sup>19</sup>

The Quad Council of Public Health Nursing Organizations expanded on these competency domains in relation specifically to public health nursing practice at the generalist and specialist levels <sup>20</sup>. The Quad Council competencies are also congruent with the American Nurses Association's [ANA] Public Health Nursing Scope and Standards of Practice <sup>11</sup>. In formulating these competencies, baccalaureate preparation for the generalist level and masters preparation for the specialist level were assumed. Research addressing PHN competencies suggests that higher levels of competency are associated with greater years of experience. Based on research in Idaho, PHNs express the highest levels of self-reported competency in the areas of communication, cultural competency, and leadership/system thinking; PHNs lowest levels of self-reported competency are in the domains of analytic assessment, basic public health skills, financial planning and management, and policy/program planning <sup>14</sup>.

The NRHA 2004 rural public health policy statement called for “enhanced training and continuing education of the rural public health workforce that is accessible to them in their rural communities” <sup>21</sup>. This call is consistent with other NRHA policy statements including the 2005 issue paper focused on the recruitment and retention of rural nurses <sup>22</sup>. In light of the dominant role of PHNs in the delivery of rural public health care and the continuing challenges faced by rural public health agencies, NRHA adopts the following policy recommendations:

- The NRHA supports increased resources for rural public health preparation in nursing education programs, particularly in predominantly rural states.
- The NRHA encourages the strengthening of partnerships between rural public health agencies and nursing education programs to promote public health nursing recruitment, continuing education, and research.
- The NRHA supports national efforts to establish minimum educational standards for public health nursing practice.
- The NRHA recognizes the need for enhanced incentive programs, such as loan repayment programs, to attract well educated, diverse nurses to rural public health practice.
- The NRHA supports creative distance education strategies to provide rural PHNs with accessible professional development and continuing education services, particularly in the public health competency areas of policy development, program planning, analytic assessment, and financial management skills.
- The NRHA recommends that local communities partner with rural public health agencies and nursing education programs to promote the role of public health nurses and encourage rural

young people to pursue public health careers.

- The NRHA recognizes the critical need for adequate communication and technological support for rural public health nurses, particularly in isolated and frontier areas.
- The NRHA continues to advocate for adequate local, state, and federal funding to support quality and equitable public health services for rural populations, including support for increasing salaries for public health nurses to promote recruitment and retention.

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