

Association of Community Health Nursing Education

Key Action Areas Addressing Education, Practice, Research, Policy and Advocacy

Submitted by the

ACHNE, President-Elect

Lori Edwards, DrPH, MPH, BSN, RN, APHN, BC

ACHNE Education Committee

Co-Chairs Mary Ann Drake, PhD, RN, CNE and Regina (Gina) H. Johnson, MSN, RN

Krista Jones, DNP, MSN, RN, PHNA-BC

Susan Harrington, PhD, RN and Kelly Strickland, MSN, RN

ACHNE, Research Chair

Ann M. Stalter, PhD, RN, M. Ed.

The [Association of Community Health Nursing Educators \(ACHNE\)](#), established in 1978, is a national organization whose mission is to advance population health through quality community and public health nursing education (C/PHNE), practice and research. Our core values center around excellence in education, collaborative partnerships, evidenced-based practice, inclusiveness, leadership development, professional development, research and scholarship. Our vision in [Activating Nursing to Address Unmet Needs in the 21st Century](#) (Pittman, 2019) is to be a premier leader in C/PHNE and to impact local to global population health. ACHNE is a catalyst for building a Culture of Health by: advocating for health as a shared value at an individual, family, community level of practice; our continued cross sector collaboration with academic partners to achieve collective impact; allowing for the creation of healthier, more equitable communities; and continuously integrating systems thinking and data science that focuses on consumer driven care starting with communities first. In preparation of the [Future of Nursing \(FON\) 2020-2030 report](#), ACHNE has created a blueprint for research in action. Our work is outlined below in terms of education, practice, research and policy/advocacy initiatives that will be used to drive our ongoing work to meet the goals of the FON.

Education

In 2019, the ACHNE Education Committee completed a thorough review of the “American Association of Colleges of Nursing [AACN] Public Health: Recommended Baccalaureate Competencies and Curricular Guidelines for PHN: A supplement to the baccalaureate education for professional nursing practice” (2013). In January 2019, the [Education Committee and the Executive Committee submitted a letter and a review of the documents, with comprehensive recommendations to AACN for their consideration](#).

ACHNE is continuing to offer its support and expertise in the [curricular mapping of population health, specifically in the education of nurses across the educational trajectory \(AACN, Vision for Academic Nursing, 2019\)](#). The leveling of this proposal is discussed in the upstream, mid-stream, downstream approach recently addressed by [Castrucci and Auerbach in Health Affairs \(2019\)](#). As nursing educators, we possess the knowledge, skills, and abilities to instruct nursing students at both undergraduate and graduate levels in a strategically scaffolded method beginning with knowledge on addressing individual social needs while simultaneously addressing the larger determinants of health (DoH) at a community level of care across health systems. As community/public health nursing educators (C/PHNEs), we possess the content expertise to effectively teach and assess the learning needed in an evolving healthcare system. As nursing professors, clinical judgment is stamped on the content of population health and is best appreciated by our students in various settings (Dickison et al., 2019).

As a country we lack the social safety net that other countries possess ([RWJF, Global Ideas for U.S. Solutions, 2018](#); [Storfjell, et al., 2017](#)). Acute care is our default mechanism for health care. [County Health Rankings](#) demonstrate that 80% of our health indicators/outcomes are not resolved within clinical/acute care settings. As a result, our nation's best health interests are unequivocally compromised (2019). Yet, nursing education weights its curriculum as if most health can be sustained and enhanced in acute care venues. NCLEX focuses all content on their exams to acute care. This is traditionally emphasized in nursing programs and this is what our pre-licensure nurses are proficient in at graduation. ACHNE proposes weighting, leveling, and distributing the complexities and implications of population health, epidemiology, environmental science, emergency management, DoH, care coordination, and disease prevention as the core of our nursing curriculum. We advise providing our nursing students with a proficiency in understanding the landscape and effects of the social issues along with the DoH. The determinants (life-enhancing resources such as food supply, housing, economic and social relationships, transportation, education, and healthcare) distribution across populations effectively determines length and quality of life. Living within a certain zip code should not be a measure of one's health.

The understanding of geographical correlations with health outcomes needs to be integrated more completely into nursing education throughout the curriculum at all levels, most importantly beginning as a starting point to truly understand health and illness. This aspect of health requires integration into acute care as well, specifically safe, effective, and efficient discharge and transitional planning. Equipping our students with the understanding, application, and meaning of 'educator', 'advocator', 'change agent', 'mediator', and systems thinking by identifying the social and population needs of our patients, families, and communities regardless of setting, within the intersection of health and nursing.

Health care delivery to individuals as well as to populations is the obligation and opportunity of the largest and most trusted health profession in the US. This requires succinct curricular mapping and faculty development in these areas, as well as incorporation into both the [Essentials of Baccalaureate Education for Professional Nursing Practice and the Essentials of Masters Education and Doctor of Nursing for Professional Nursing Practice](#) (AACN, 2019). Defining and mapping population health in the profession of nursing is necessary for improved health

outcomes in our country. By applying knowledge from the DoH, a more equitable health care system is possible.

Education should be experiential, integrated, and collaborative across the learning continuum, including continuing professional development. Our aim in applying the operationalization of population health for early nursing students would be to demonstrate an understanding of how social, political, and economic factors determine health outcomes. Cultivating an understanding about the DoH generates awareness of potential root causes of ill health and the importance of addressing them within communities. In summary, these suggestions will strengthen nursing education, support interdisciplinary collaboration, and improve the health of our nation with a more succinct and comprehensive idea of population health.

Practice

Practice is the essential piece of nursing education through which competencies develop. Formal teaching provides nursing students the information needed to achieve competency, while clinical practice opportunities allow students to develop and demonstrate competency in community/public health nursing (C/PHN) (ACHNE, 2019; [Quad Council Coalition Competency Review Task Force, 2018](#)). Assuring practice sites are involved in the development of the formal teaching of students across educational levels will help create realistic expectations for students from the practice site and ensure effective communication between academic sites with which they collaborate (American Association of Colleges of Nursing [AACN], 2019). Ongoing funding for practice sites and academic institutions to develop mutually beneficial partnerships is needed to ensure high-quality, positive experiences for students, practice sites, and clients alike ([National Advisory Council on Nurse Education and Practice \[NACNEP\], 2019](#); AACN, 2019).

[According to the American Association of Colleges of Nursing AACN-AONE Task Force on Academic-Practice Partnerships, “An academic-practice partnership is a mechanism for advancing nursing practice to improve the health of the public. \(AACN, 2019b\).”](#) Academic Practice Partnerships (APPs) positively impact patient outcomes, patient satisfaction with care services, nursing staff outcomes, and student learners. These partnerships provide a formalized means for academic partners to share educational resources with health care institutions towards translating evidence based practice (EBP) principles to improve clinical decision making, increase staff knowledge of EBP, experiential learning, and inspire the growth of EBP population health initiatives (Gorski, et al., 2019; Erwin, 2018; AACN, 2016). Student learners immersed in APP settings become experienced in EBP analysis and translation while growing their ability to become skilled, compassionate caregivers, and attentive patient advocates (Tanriverdi et al., 2017). These partnerships provide opportunities to seek external funding to address population health concerns, build community capacity, and expand the existing PHN workforce (Davis, 2015). Overall, APPs benefit individuals, clinical agencies, school-based settings, ambulatory care, and health departments by providing an eager, competent student workforce to address individual, family and community concerns (Cygan, 2018; Erwin, 2018). In addition, we advocate for student experiences in practice partnerships that expand beyond

traditional “clinical” sites that [“contribute to the delivery of essential public health services” \(CDC, The Public Health System, 2018\)](#) (e.g. faith based communities, libraries, dentist office, commercial businesses, etc.), as nurses are in the business of bringing “health to where people live, learn, work, play, worship and age” (Storfjell, et al., 2017, p.3). ACHNE understands in order to accomplish this work faculty need to be prepared in population health to conceptualize these opportunities and to integrate into the new curricula (Gorski, et al., 2019).

Research

The [Future of Nursing Campaign for Action Report, Nursing Education and the Path to Population Health Improvement](#), (Gorski, et al., 2019) and [Activating Nursing to Address Unmet Needs in the 21st Century](#) (Pittman, 2019), underscore research priority areas in education and practice to advance population health, population health management, DoH, as well as, the social issues impacting individual level care, and health equity. ACHNE recognizes the need for high level research to validate the work of C/PHNEs in each of the strategic areas. We believe the actions necessary for advancing the science of C/PHNE and for the continued forward movement of the discipline of nursing, as well as, those who are committed to the specialty area of public health, is to focus our efforts toward high level research. The ACHNE Research Committee has appraised Research Priorities related to Evidence-Based Practice (EBP) Project Priorities that advance population health and the science of (C/PHN) education and practice strategies (Manuscripts in revision, McElroy, Stalter, and Smith, 2020; Smith, Statler, and McElroy, 2020; Kuchler, Garner, Whitten, et al., 2020). Our report provides C/PHNEs a way forward with a formal set of revised Research and EBP Project Priorities, in anticipation of a redesigned vision for healthcare at the point of release of the FON 2020-2030 Report and *Healthy People 2030*. Not only does this report provide a road map, it critically stresses a [collective impact](#) (CI) approach toward research initiatives among the membership of the Council of PHN Organizations [CPHNO], formerly the Quad Council Coalition of PHN. A CI approach aligns with [Public Health 3.0](#). In order to make a significant and sustainable impact, multiple partners need to be engaged, and the ACHNE Research Committee can serve as the backbone for orchestrating this work to help guide the way forward.

The rationale is fundamental to ACHNE’s research effort in identifying evidence and generating theory for translation to C/PHN practice that [informs education and health policy](#). The collaborative efforts of PhDs and the emerging DNP will serve to strengthen the health systems, the discipline of public health nursing, and the specialties C/PHNE while positively impacting population health outcomes.

Thus, it is paramount in the FON 2020-2030 report, to advance the science of C/PHNEs as a specialty practice. Amidst uncertainty, ACHNE has consistently maintained the desire to advance the science of C/PHN education, offering research funding for both traditional C/PHNEs and emerging DNPs and PhD’s interested in C/PHN. As more nursing programs, healthcare organizations, consumers, and other types of employers understand the need to “activate nursing to address unmet social and health needs” (Pittman, P., p. 32 and <https://www.ncbi.nlm.nih.gov/pubmed/29698329>), a plethora of educational and training programs are emerging. A review of the content, pedagogical approaches, and impact on communities is requisite to inform and enhance their growth and spread.

Policy and Advocacy

Policy and advocacy are not new to the specialty of C/PHN. [Lillian Wald, a nursing pioneer, in the early 20th Century](#), understood the difference between equality and equity and what stood between the two to reach social justice (Pittman, 2019). She worked tirelessly to advocate for “upstream” policy reforms. Nurses comprise the largest sector of health care which has fallen abysmally short (Fawcett, & Ellerbecker, 2015) from Wald’s’ legacy toward policy and advocacy due to a narrow focus on individual-level care without consideration of the varied social issues and determinants of health that stand as barriers to improving health. Nurses must not assume a posture that evidence-based practice, in their health education and health promotion efforts, is a “one size fits all”, even at an individual level of care. Here lies the crux between equality and equity.

The interplay between health education and health promotion is policy and advocacy. While health education is an important aspect to nursing; education cannot be done without consideration of the social needs of individuals that are inextricably connected to the greater determinants at the community and societal level. Nurses are called upon to make this broader connection between policy, systems and environmental impact ([RN-to-Population Ratio and Population Health: A Multifactorial study](#); <https://www.cdc.gov/chronicdisease/healthequity/index.htm>). Health promotion efforts should be inherently focused on policies that address the “ecologically-driven socio-political-economic determinants of health that address the impact of where individuals and their communities interact” (Whitehead, D., 2018, p.39). The [Health in All Policies](#) movement creates a need for all nurses to be well-equipped to advocate for policy reform efforts by considering a broader definition of health promotion where “health promotion places an increased focus on the political and health policy drivers that dictate national health agendas and strategies, which, subsequently target large sections of the population to enact and evaluate them, primarily at the community level” (Whitehead, 2018, p.39).

C/PHNEs combine clinical knowledge with a deep understanding of determinants influencing communities and are uniquely poised to influence upstream health outcomes through systems, policy and advocacy work. C/PHNEs need to be recognized and consulted for their expertise in these areas and should be sought after by their academic partners to serve on boards, community planning committees, and academic planning committees where there have been discontinuation of community health nursing courses due to austerity measures (Canales & Drevdahl, 2014; Canales, Drevdahl, & Kneip, 2018). As a national organization, ACHNE membership is comprised of doctorally-prepared leaders (70% - Manuscripts in revision, McElroy, Stalter, and Smith, 2020; Smith, Statler, and McElroy, 2020; Kuchler, Garner, Whitten, et al., 2020) who serve as a catalyst for forging a path toward population health improvement ([Future of Nursing Campaign for Action Report, Nursing Education and the Path to Population Health Improvement](#) (Gorski, et al., 2019) by continuing our mission of activating all nurses to embrace a professional identity of population health and advocating for social justice to address the unmet needs of the 21st century. We, ACHNE, can unleash the life-force of Lillian Wald, the legend on whose shoulders all nurses should stand ([Activating Nursing to Address Unmet Needs in the 21st Century](#)).

Respectfully Submitted,

Mary Ann Drake, PhD, RN, CNE - ACHNE, Education Committee Co-chair

Lori Edwards, DrPH, MPH, BSN, RN, APHN, BC - ACHNE, President Elect

Susan Harrington, PhD, RN, ACHNE, Education Committee Member

Regina (Gina) H. Johnson, MSN, RN, ACHNE, Education Committee Co-Chair

Krista Jones, DNP, MSN, RN, PHNA-BC, ACHNE, Education Committee Member

Ann M. Stalter, PhD, RN, M. Ed - ACHNE, Research Chair

Kelly Strickland, MSN, RN – ACHNE, Education Committee

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