

October 2, 2007

To whom it may concern,

As organizations and individuals engaged in improving health on a daily basis, we are deeply committed to ensuring that our nation's public health system is equipped to address both the basic health care needs of its citizens and the emergency preparedness needs of a post 9/11 world.

We believe that we share these goals with advocates for the creation of an Office of the National Nurse, an initiative which began in May, 2005, and which included the introduction of federal legislation during the 109<sup>th</sup> Congress. However, while we respect the aims of the bills' proponents and agree wholeheartedly that nurses must take the lead in addressing core challenges to nursing and health care, we hold deep concerns about the National Nurse proposal.

These concerns center on three general areas: the initiative's proposed creation of new programs that are redundant with existing public health entities and systems (such as the U.S. Public Health Service Chief Nursing Officer, Public Health Nursing and the Medical Reserve Corps); our recognition that limited resources are available to fund existing programs, let alone establish new ones and; the need to ensure that the proposal's public health education efforts go beyond simple messages to incorporate proven, evidence-based interventions.

Rather than creating new, parallel offices and volunteer structures, we believe we should invest in and reinforce our existing public health infrastructure and resources. While there is no magic-bullet solution to the challenges facing our public health system, actions such as strengthening the position of Chief Nurse Officer, bolstering the existing public health nursing network, and investing in evidence-based public health education could make a real and positive impact and move us toward our common goals.

### **Recognize and Strengthen the Chief Nurse Officer (CNO)**

We have a national nurse in the position of Chief Nurse Officer (CNO) of the United States Public Health Service (USPHS). The CNO provides advice to and works with the U.S. Surgeon General on policy issues related to nursing and public health, and represents the Office of the Surgeon General and the USPHS in contact with groups at the state, national and international levels and with professional societies concerned with nursing and public health issues. The Commissioned Corps of the USPHS is one of the seven uniformed federal services, with 6,000 active-duty officers. The Nurse Category is the largest with just over 1,350 Bachelor's prepared registered nurses. The Chief Nurse also represents an additional 2,650 civil service and tribal nurses.

Strengthening this office would help ensure nursing's input on important public health initiatives and serve to better coordinate existing public health nursing efforts throughout the States and Territories. A stronger and more visible Chief Nurse Officer would better highlight the roles of public health nurses, which could serve as a valuable recruitment tool.

### **Bolster the Existing Public Health Nursing Network**

Across all fifty states and the US Territories, public health nurses are the lifeblood of state and local health departments, as well as organizations working to assure the health and safety of the public. Public health nurses collaborate with the public to prevent disease and promote health. Not only do they supply critical, gap-filling, direct, safety-net services to vulnerable populations, they also provide the

education and social marketing that enables communities to create environments supportive of health and well-being. Last but not least, they partner with individuals and families to adopt healthy behaviors. It is these very nurses who are called upon to provide the surge capacity vitally needed in public health emergencies. Given this vital role, the current shortage of public health nurses and public health nursing leadership and faculty is a critical issue that must be addressed. Without attention to these workforce issues, the supply of public health nurses will remain inadequate, our communities will be vulnerable in the event of an emergency, and our goals for the nation's health will remain unmet.

### **Invest in Public Health Education**

Health education alone has not been shown to create the behavioral changes that lead to lasting change in lifestyle, and public health education efforts must go beyond simple health messages to be effective. Health education efforts must be interdisciplinary, and they must reflect the science of population-based interventions, such as partnerships with populations and communities most at risk, and use of social marketing concepts as a basis for affecting community-wide changes that support healthful behaviors. Finally health education is only a *part* of meaningful change for individuals and communities, not a solution in and of itself. These efforts will not be fully effective unless public health workforce issues are addressed.

We welcome the added attention to the nursing profession, the current nursing shortage, and nurses' role in public health that the National Nurse initiative has fostered. We hope that the resulting dialogue will lead to a renewed, lasting investment in the existing nursing and public health network, and we look forward to working together to address our nation's public health needs.

Signed,

Commissioned Officers Association (COA)  
American Association of Colleges of Nursing (AACN)  
American Nurses Association (ANA)  
American Organization of Nurse Executives (AONE)  
American Public Health Association (APHA)  
Association of Community Health Nursing Educators (ACHNE)  
Association of State and Territorial Directors of Nursing (ASTDN)  
Public Health Nursing Section, American Public Health Association  
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