Preparation a Diverse Advanced Practice Community/Public Health Nursing Workforce

Sr. Rosemary Donley, PhD, APRN-BC, FAAN
Duquesne University

Eileen Sarsfield, PhD, PHCNS-BC
Marymount University

Agnes Burkhard, PhD c, MSN, APHN-BC
Marymount University
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Today’s Discussion

- Discuss the development, implementation and evaluation of curricular patterns to prepare a diverse group of advanced community/public health nurses.
- Discuss strategies to recruit and retain a diverse group of students into a community/public health graduate program.
- Describe challenges and outcomes related to the recruitment and retention of community/public health graduate level students.
Background

- The US has been evolving into an ethnically and racially diverse nation faced with complex national and global health problems.
- C/PHNs are being challenged with increasingly complex problems that required expanded skills and knowledge.
- The community/public health nurse (C/PHN) workforce continues to be homogeneous, in terms of ethnicity, race, and gender.
2008 National Sample Survey of Registered Nurses (HRSA, 2010)

- RN population significantly different than US population as a whole
  - US population 65.6% non-Hispanic White
  - RN population 83.2% non-Hispanic White

- RN workforce is becoming gradually more diverse
  - Racial/ethnic diversity in RN population
    - 2008 - 16.8%
    - 2004 - 12.2%
  - Greatest increase in Hispanic nurses
    - 2008 - 3.6%
    - 2004 - 2.3%

- Estimated 7.8% RN population employed in public/community health
Beginning in 2000 and over the subsequent 9 years, the Community/Public Health Nursing (C/PHN) faculty at a mid-Atlantic university applied for and received funding from the Division of Nursing/BHPr/HRSA/DHHS. The purpose of funding was to develop, implement, and evaluate, 4 graduate level curricula aimed at increasing the number and diversity of advanced practice C/PHNs.
The overall objective of each academic program was to meet HP 2010 and BHPPr goals, and to prepare:

“Racially and ethnically diverse (at least 50 %), culturally competent Community/Public Health Clinical Nurse Specialists to improve access, decrease barriers, and reduce health disparities in underserved populations.”
Academic Programs

- Programs aimed to:
  - Recruit at least 50% of the students from diverse racial and ethnic backgrounds.
  - Meet the emerging needs identified by the Division of Nursing/ BHPPr, IOM reports, professional nursing organizations, and our communities.
1. Care of Vulnerable People in Communities (2000-03)
   - Program prepared C/PH CNSs to work with vulnerable communities.

2. Promoting Healthy Families in Vulnerable Communities (2002-05)
   - Program prepared Family Nurse Practitioners/Community/ Public Health Nurse Specialists (FNP and C/PH CNS) in a blended role curriculum.
   - Program prepared C/PH CNS educators to teach associate and baccalaureate nursing students, clients and families and community-based nursing staff.

   - Program prepared C/PH CNSs to work with immigrant and refugee populations, with a focus on global health.
Key Curriculum Factors

- Each program built on the previous program.
- Three core C/PH courses (Theory + Practica) for all students regardless of their program of study.
  - Population- Based Health Care
  - Vulnerable Women and Families in Communities
  - Health Care Management: Addressing Disparities
- Each program had a specific clinical practica related to the program objectives.
- Graduates of each program were prepared to sit for the appropriate certification examination.
Curricula Development

- Conceptualization of the curricula came from:
  - The core functions of public health
    - Assessment, policy development and assurance
  - BHPr/HRSA/DHHS grant objectives
  - Key documents such as:
    - Scope & Standards of Public Health Nursing (2005)
    - American Nurses Credentialing Center Guidelines (ANCC, 1997)
Focus on the Global Health Program

- We are going to focus on the last of the 4 programs that was developed: **Immigrant, Refugee, and Global Health Clinical Nurse Specialist Program (2006-09)**
- This program prepared C/PH CNSs to work with immigrant and refugee populations, with a focus on global health.
The first objective was:

“Improve and enhance an existing community/public health clinical nurse specialist program by adding content and clinical experiences in health policy, global, immigrant and refugee health, finance and information systems, and disaster management.”
Curriculum Development

- This objective led to the development, implementation and evaluation of curricular revisions, and 5 new courses:
  - Health Care Finance
  - Public Health Informatics
  - Health Policy
  - Global, Immigrant, and Refugee Health
  - Practicum course focused on the care of immigrants and refugees

- Additionally, disaster planning was added to an existing course
Curricula Implementation

- Courses were phased in over the grant period as indicated in the plan of study.
- Consultants, expert in their field and from diverse racial and ethnic backgrounds, assisted the grant faculty with course planning and implementation.
  - For example, Carol Easley-Allen, assisted the grant faculty in the use of social justice as a framework for one of the courses.
Curricula Evaluation

- **Ex–ante evaluation (feasibility)**
  - An assessment which seeks to predict the likelihood of achieving the intended results of a program or intervention or to forecast its unintended effects. This was conducted before the program or intervention is formally adopted or started.

- **Formative evaluation**
- **Summative evaluation**
- **Post-ante evaluation**
Evaluation of Cultural Competency

- An evaluation of cultural competence levels of the students was assessed at the beginning and end of the program.
- Tool category ranges are:
  - Culturally proficient 91-100
  - Culturally competent 75-90
  - Culturally aware 51-74
  - Culturally incompetent 25-50.
- Analysis of the data revealed a beginning program mean score of 72.1, and end of program mean score of 83.75 (n=8).
Outcomes

- A paired sample t-test to compare the means of the pre-program scores and the post-program scores revealed a significant (p < 0.05) difference between the scores (p = 0.015; t value = 3.181).
Recruitment Strategies

- Grant Recruitment Plan specified activities, time frames, target groups and responsible persons.

- Target activities included:
  - Open Houses
  - Print Ads
  - Visits to Historically Black Colleges and Universities
  - Educational Presentations & Publications
  - Newsletter and Recruitment Mailings
  - Students and Alumni
  - Project Advisory Board
Recruitment Strategies

- Kids into Health Careers Club
  - Club was developed and implemented at schools with highly diverse enrollments to promote interest in nursing as a career.
  - Two high schools and one elementary school
- Graduate students assisted in the implementation of club activities.
- Participants visited campus, met with graduate students
- Funded by donations
Communication Strategies

- Communication strategies included:
  - *Thinking Community*
    - Newsletter that was written and published 13 times from 2003-2009
    - Disseminated to an estimated 65,000 to 78,000 nurses in a major metropolitan area
    - Articles focused on the activities of students and graduates, and highlighted clinical sites serving the underserved
  - Recruitment mailings
  - Presentations at local agencies
Retention

- Retention often more challenging than recruitment
- Generally - Common barriers included:
  - Inferior academic preparation
  - Financial concerns
  - Lack of mentoring opportunities
  - Inadequate numbers of faculty and preceptors who were from diverse racial and ethnic backgrounds and could be role models
Our Student Population

- We identified characteristics of at risk students:
  - Older age (10+ years since BSN graduation)
  - English as a second language
  - Enrolled part time
  - Primary family member responsible for family support
Retention Strategies

- Organized student social gatherings each semester to discuss and to promote the use of campus resources.
- Developed an informal student support group.
- Encouraged students to participate in university academic support programs/groups.
- Created strategies for at risk students (identified from retention data) to facilitate their participation in these academic programs and support groups.
- Conducted a student focus group.
- Identified minority mentors in local nursing community.
- Financial support from the SON.
Retention Rates

- Overall retention rate 77%
  - 48 graduated
  - 15 left the program
    - 9 due to academic reasons
    - 6 due to a move out of the area or personal reasons
    - Note: not included in this calculation are the students that transferred within the SON to other graduate nursing programs (n=12).
Our Advisory Board, was composed of community leaders and nurses from diverse backgrounds.

Members included:

- Vernice Ferguson, MA, FAAN, FRCN, CN, Fagin Family Chair Cultural Diversity, SON, U. of PA, Emeritus
- Verna Cook, PhD National President, Black Women in Sisterhood for Action
- Mary Anne Hilliard, BSN, JD, Risk Counsel, Children’s National MC, DC
Recruitment of Clinical Preceptors

- Demographics of the preceptors (n=24):
  - 71% were white; 17% African American; 8% were Asian and 4% were American Indian or Alaska native
  - 95% were female
  - 70% were in the 41-60 age range.

- Three preceptors for the Immigrant, Refugee, and Global Health Program who held administrative or practice positions at one of our clinical sites joined the existing 10 person project advisory board.
Preceptor Survey

- Nursing preceptors are vitally important for the clinical and professional preparation of graduate nursing students.

- We examined the perceptions of benefits and rewards, supports, and role commitment of our graduate clinical preceptors
  - 90% reported that they agreed, moderately agreed or strongly agreed with the statement that they had adequate preparation for the role of preceptor.

- Commitment to role
  - 95% agreed, moderately agreed or strongly agreed that there is much to be gained by continuing to be a preceptor.

- Professional Advancement
  - 61% strongly disagreed, moderately disagreed or disagreed with the statement that precepting improved their chances of professional advancement.
Graduate Outcomes

- Of the 48 graduates, 31 (64%) were from diverse racial and ethnic backgrounds.
- The most successful and easiest program to interest students in was:
  - Promoting Healthy Families in Vulnerable Communities (Blended FNP and the C/PH CNS)
  - Immigrant, Refugee and Global Health program.
- The most difficult recruitment challenge was
  - Community/Public Health Nurse Specialist Educator.
Challenges

- Interpreting the meaning and impact of the 2008 ANCC Advanced Practice Nurse Consensus Workgroup for APRN regulation statement
  - Changed the certification examination title and credential of community/public health MSN prepared nurses who passed the certification examination.

- Confusion about the state of community/public health nurses with MSN degrees
  - Are they Advanced practice nurses, advanced public health nurses, or clinical nurse specialists?
Challenges Continued…

- New certification requirements for the CNS
- New CNS curricular preparation for advanced practice which now includes:
  - Pathophysiology
  - Pharmacology
  - Physical assessment
  - Clinical practice in direct care of individuals.
Conclusions

- Graduates are practicing in various settings working with the underserved including:
  - Health departments
  - Correctional facilities
  - Safety Net Clinics (Urban and Rural)
  - Participated in humanitarian missions
  - Schools

- Graduates are working in the military, others are teaching in colleges and universities; one graduate is working with the developmentally disabled population, and several have begun PhD and DNP programs.