

**Graduate Education for Advanced Practice Public Health Nursing:
At the Crossroads**

Prepared by

Association of Community Health Nursing Educators (ACHNE)

Task Force on Graduate Education for Advanced Practice Public Health Nursing

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FORWARD

The Association of Community Health Nursing Educators (ACHNE) has developed a number of documents designed to delineate the scope and functions of community/public health nursing educators, researchers, and practitioners. Societal and global health issues, disciplinary challenges including changes in graduate education in nursing, and requests from ACHNE members led to the decision to develop this position paper, *Graduate Education for Advanced Practice Public Health Nursing: At the Crossroads* (2007). The position paper complements the *ACHNE Essentials of Baccalaureate Education* (2000), and *Research Priorities* (2000) documents and supplements the *Essentials of Master's Level Nursing Education for Advanced Community/Public Health Nursing Practice* (2003) document.

The *Essentials of Master's Level Nursing Education for Advanced Community/Public Health Nursing Practice* (2003) was first developed and published as a supplement to the American Association of Colleges of Nursing's (AACN) (1996) *Essentials of Master's Education for Advanced Practice*. The AACN (1996) document addressed the general master's core and specialty content for graduate education for advanced nursing practice. It did not address specialty content for community/public health nursing or nursing administration. The ACHNE document was developed in 2000, revised, approved by AACN in July 2001, and published as the *Essentials of Master's Level Nursing Education for Advanced Community/Public Health Nursing Practice* (2003).

Development of the current document began at the 2005 ACHNE Annual Institute in Hartford CT with input from ACHNE members at a town hall session. ACHNE members gave input and voiced the need for guidance about graduate community/public health nursing education at a plenary session at the 2006 Annual Institute in Pasadena, CA. The ACHNE Graduate Education Task Force was formed and an early draft of this document was developed. Review was solicited from ACHNE and Association of State and Territorial Directors of Nursing (ASTDN) members through organizational e-mail distribution lists and through direct request for input. Valuable comments and suggestions were received by e-mail as well as at the joint 2007 ACHNE Annual Institute/ASTDN meeting in Kansas City, MO. The members of ACHNE extend their appreciation to the members of the Graduate Education Task Force for their efforts: Pamela Levin PhD, RNC – Chair; Ann Cary PhD, MPH, RN, A-CCC; Pamela Kulbok DNSc, RN, APRN, BC; Jeanne Leffers PhD, APRN, BC; Mary Molle PhD, APRN, BC; and Barbara Polivka PhD, RN.

The exploration and clarification of important issues in community/public health nursing education, research and practice in documents such as this reflect ACHNE's responsiveness to changing society demands, meeting the needs of community/public health nursing educators, and clarifying issues to the larger nursing and public health communities. ACHNE is committed to promotion of the public's health through ensuring leadership and excellence in community and public health nursing education, research, and practice.

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EXECUTIVE SUMMARY

The purpose of this position paper is to provide a vision for graduate education for advanced practice public health nursing (APPHN) during an era of looming societal and global health threats. The complexity of public health problems and delivery systems, and the advancement of science and knowledge framing public health now demand an expansion of traditional educational approaches and curriculum to prepare a contemporary, competency-based APPHN workforce. To prepare public health nursing professionals for these challenges, public health nursing educators must apply innovative strategies.

The future design of educational strategies for the advanced nursing practice specialist in public health nursing will be guided by three seminal documents: *Who Will Keep the Public Healthy?* (Institute of Medicine, 2003), *Public Health Nursing: Scope and Standards of Practice* (American Nurses Association [ANA], 2007), and *Essentials of Doctoral Education for Advanced Nursing Practice* (American Association of Colleges of Nursing, 2006b). The third document endorses a new educational paradigm for all advanced nurse specialists by 2015.

The preparation of APPHNs requires the synergy of knowledge derived from the nursing and public health sciences so these public health nursing professionals are capable of operating in complex health care systems with interdisciplinary teams. Well-educated interdisciplinary teams of public health professionals who execute strategies to improve population health outcomes will benefit from the APPHN's ecological approach to solving problems. APPHNs are responsible for adding to the science of both nursing and public health and for translating this science to practice by initiating changes in health care delivery, financing, policy, and outcome measurement for populations.

The educational preparation of APPHNs endorsed in this document challenges nurse educators to expand curriculum paradigms to promote public health nursing as an integral and complementary component of the public health profession. A public health professional's value lies in leading an evidence-based approach to population and systems practice. Given that public health professionals focus on populations and systems, APPHNs educated in these areas will be in a position to not only participate in but to lead other professionals in evidence-based approaches to their practice. Operating within the scope of nursing practice, the APPHN utilizes the definition of public health nursing compatible with the ecological view of health. To meet the challenges of preserving public health in the 21st century, APPHNs must have greater foundational knowledge in several critical areas (see following table).

Critical Content Areas for Advanced Practice Public Health Nursing

• Advanced nursing practice	• Social and behavioral sciences
• Population-centered nursing theory and practice	• Public health informatics
• Interdisciplinary practice	• Genomics
• Leadership	• Health communication
• Systems thinking	• Cultural competence
• Biostatistics	• Community-based participatory research
• Epidemiology	• Global health
• Environmental health sciences	• Policy and law
• Health policy and management	• Public health ethics

Competence in these critical content areas will enable APPHNs to address future health care challenges such as rapidly changing social structures, escalating knowledge explosion, globalization, and growth of new technologies. This education will prepare nurses to forge new knowledge and establish health care teams to create effective solutions.

Given the current context of APPHN, the Association of Community Health Nursing Educators (ACHNE) affirms the titling and definition of Public Health Nursing presented by the ANA (2007) in *Public Health Nursing: Scope and Standards*. Consistency in specialty titling and definition serves to distinguish APPHN from other nursing specialties whose practices are community-based but not population-focused.

To advance public health as a specialty in nursing, ACHNE

- Supports the national movement toward the practice doctorate as a terminal degree for advanced nursing practice;
- Affirms the importance of and dedication to developing competencies for specialty prepared APPHNs, using a nationally recognized process of competency development;
- Adopts the nomenclature of *public health nursing* to describe this field of practice.

The preparation and marketability of doctorally prepared APPHNs may be influenced by several factors, including critical shortages of both public health nurses and educationally prepared nursing faculty. Moving the terminal practice degree to the doctoral level will be an evolutionary process that might follow multiple pathways. One example would be collaborative educational models, including ones with schools of public health and other colleges of nursing, which provide opportunities to develop new programs and help students to attain doctoral education. The transition to the doctoral-level terminal degree could also be supported by developing educational standards and specialty competencies based on the APPHN curricular content defined in this paper.

Graduate Education for Advanced Practice Public Health Nursing

INTRODUCTION

Public health nursing (PHN) in the United States celebrated its first 100 years by honoring Lillian Wald's founding of the Henry Street Settlement in New York City in 1893. The specialty of PHN took shape as nursing leaders contemplated the public health challenges of the 20th century including poverty, poor social conditions, health disparities, infectious disease epidemics, and escalating wars. Regrettably, similar challenges confront public health nurses in the 21st century. This first decade of the 21st century is evolving as dynamic and rather tumultuous for healthcare and for graduate education of advanced practice nurses (APN) in general and of advanced practice public health nurses (APPHN) in particular. In response to the increasing complexity of healthcare needs, expanding scientific knowledge, and mounting concerns about quality, nursing leaders of the American Association of Colleges of Nursing (AACN) created a new generalist master's-prepared role, the clinical nursing leader (CNL) (AACN, 2004a) and recommended that all graduate education for advanced nursing practice be at the doctoral level (Doctor of Nursing Practice [DNP] by 2015 (AACN, 2004b).

PHN leaders must provide a vision and direction for PHN graduate education standards to guide future practice and research. This leadership role has been assumed by the Association of Community Health Nursing Educators (ACHNE) since its inception in 1978 "to promote the public's health by ensuring leadership and excellence in community and public health nursing education" (ACHNE, 1991). This position statement on graduate education for advanced practice public health nursing was prepared within the context of looming societal and global health threats and nursing disciplinary challenges and debates. The title and language of advanced practice public health nursing is purposefully used in this document, following the leadership of the *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007).

BACKGROUND

Public Health Nursing and Graduate Nursing Education

Early PHN leaders recognized that technical hospital training was inadequate to meet population health needs (Fitzpatrick, 1975; Goldmark, 1923). Public health nursing, the first specialized branch and first university program of study in nursing, was established in 1910 at Teacher's College Columbia University in New York City. Standards for post-graduate PHN education were first formulated by the National Organization for Public Health Nursing in 1917 (Brainard, 1985). The curriculum for PHN education evolved within the broader context of standards for nursing education (Stewart, 1950). By the 1960s the baccalaureate degree was viewed as preparatory for all professional nursing practice, particularly for public health nursing, and public health content eventually became part of every baccalaureate nursing program (Bullough, 1992).

Graduate nursing education for PHN specialists began in the 1960s (Tinkham & Voorhies, 1972). A graduate degree was established with a major in PHN offered in an accredited school of public health or school of nursing as the specialist qualification (American Public Health Association [APHA], 1971). Expansion of nursing specialty practice into community settings in the 1970s focused attention in graduate PHN education on distinguishing between *community* and *public* health nursing. Many nurses used these titles interchangeably, while others viewed PHN as a more specialized area of practice within community health nursing (Williams, 1992). Landmark documents, which attempted to clarify the practices of community health nursing and public health nursing, fueled discussion and debate. These documents included *A Conceptual Model of Community Health Nursing* (ANA, 1980), *The Definition and Role of Public Health*

Nursing (APHA, 1980), *Consensus Conference on the Essentials of Public Health Nursing Practice and Education* (US Department of Health and Human Services [USDHHS], 1985), and *Standards of Community Health Nursing Practice* (ANA, 1986).

The consensus conference report (USDHHS, 1985) defined *community health nurses* as any nurses working *in* the community, whether or not they had preparation in public health nursing. *Public health nurses* were nurses with specialty education and clinical practice in public health nursing. PHN specialists had advanced nursing preparation, either master's or doctoral, with an emphasis on public health sciences (USDHHS, 1985; Williams, 1992). In 1992, Dr. Carolyn Williams proposed that "... fundamental factors that should distinguish PHN from other areas of specialization in nursing are practice which is community-based and population-focused" (1992, p. 247). This distinction has become increasingly important as more nurses from all specialties are practicing in community rather than institutional settings.

Today the specialty emphasizes the title, *public health nursing*, and the unique public health ecological focus on population health. This emphasis on PHN and on population health is supported by seminal nursing and public health documents: *Definition and Role of Public Health Nursing* (APHA, 1996), *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007), *The Future of Public Health* (Institute of Medicine [IOM], 2002), and *Who Will Keep the Public Healthy?* (IOM, 2003)

Essential to the discussion of what distinguishes PHN as a specialty from other nursing specialties are definitions of population and public health. These definitions are also important in differentiating between the educational preparation of advanced practice public health nurses and that of other advanced practice nurses. PHN is population-focused and represents a synergy of the nursing, social, and public health sciences. The following definitions clarify population and public health.

Population is defined broadly as a group of individuals who share specific personal or environmental characteristics (ANA, 2007; Stanhope & Lancaster, 2006). With increasing health risks due to natural or man-made disasters and epidemics, public health nursing is asked to address a variety of populations, not merely vulnerable populations.

Public health is defined what we as a society do collectively to assure the conditions under which people can be healthy (IOM 1988; 2003). These conditions are assured by government and community activities to prevent disease and promote health. Thus, this definition embraces an ecological model that serves as a framework to understand the health of populations. The ecological model recognizes the interaction between the multiple determinants of health (environmental, social, biological, behavioral) and how this interaction affects health at the individual, family, community, organizational, and societal levels.

The definition of public health nursing as designated in the *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007) is affirmed. *Public health nursing* is population-focused and derives its knowledge from nursing, social, and public health sciences to achieve its goals of promoting and protecting the health of populations by creating conditions in which people can optimize their health ANA (2007). Furthermore, public health nursing practice is organized around the core functions of assessment, policy development, and assurance. Focused on the entire population, guided by the ecological perspective and in partnership with key stakeholders, public health nurses deliver population-focused services, programs, and research.

Public health nursing is distinguished from other nursing specialties not only by these definitions of population and public health, but also by eight key principles (Appendix A) with foundations in nursing and public health sciences (ANA, 2007; Quad Council of Public Health Nursing Organizations [Quad Council], 1997). Since public health nursing adheres to all eight principles as outline below, graduate education in public health nursing must conform to these eight principles as foundational to practice in the specialty (for more details, see Appendix A):

- (1) the client or “unit of care” is the population;
- (2) the primary obligation is to achieve the greatest good for the greatest number of people or the population as a whole; the processes used by public health nurses include working with the client(s) as an equal partner;
- (3) primary prevention is the priority in selecting appropriate activities;
- (4) the focus is on selecting strategies that create healthy environmental, social and economic conditions in which populations may thrive;
- (5) an obligation to actively identify and reach out to all who might benefit from a specific activity or service;
- (6) optimal use of available resources to assure the best overall improvement in the health of the population is a key element of the practice;
- (7) collaboration with a variety of other professions, populations, organizations and other stakeholder groups is the most effective way to promote and protect the health of the people.

Specialty Title

As stated in the Introduction, this position paper supports the title of *public health nurse* and the derivative title of *advanced practice public health nurse* used by the ANA (2007). The recommendations in this position paper relate to graduate preparation in colleges/schools of nursing. The title *community health nursing* still widely used in colleges/schools of nursing for graduate programs that prepare students for population-focused APPHN practice. To ensure that all these graduate programs could identify with ACHNE’s recommendations for graduate curricula, previous ACHNE documents used the inclusive term *community/public health nursing*. The credentialing body for APPHN, the American Nurses Credentialing Center, uses the title *clinical nurse specialist in public/community health nursing*. Given the current context of APPHN and the evolution to the title of *public health nurse*, this position paper recommends remaining consistent with the ANA (2007) titling and definition of public health nursing. Consistency in specialty titling and definition distinguishes APPHN from other nursing specialties whose practices are community-based but not population-focused. This distinction may become increasingly important if the faculty of other advanced practice specialties include some content on population focus in all advanced practice curricula.

Evolving Graduate Nursing Education Standards

Nursing Disciplinary Perspectives

Graduate nursing education at the master’s level has historically included generalized and specialized areas of study to improve nursing and health care and to influence health policy (National League for Nursing, 1987). The AACN *Essentials of Master’s Education* (1996), which guided graduate nursing education for over 10 years, identified three components of master’s level curriculum: (1) graduate nursing core; (2) advanced practice nursing core (content to provide direct care); and (3) specialty curriculum content (defined by specialty organizations). The graduate nursing core included policy, organization, and financing of health care; ethics; professional role development; theoretical foundations; human diversity and social issues; and health promotion and disease prevention. In the *Essentials* document, AACN recognized that

nurses specializing in administration and community health were not prepared to provide direct care to individuals and families.

Therefore, preparation of the clinical nurse leader (CNL) and Doctor of Nursing Practice (DNP) was outlined in two AACN publications: *End-of-Program Competencies & Required Clinical Experiences for the Clinical Nurse Leader* (AACN, 2006a), and *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006b). The CNL master's-prepared generalist provides and manages care to patients, individuals, families, and communities; coordinates care for individuals and cohorts; and focuses on cohorts within clinical microsystems (AACN, 2006a). Primarily, the focus of the document is on patients and families. The DNP is described as "the preferred preparation for specialty nursing practice" (AACN, 2006b, p. 6). Eight foundational essentials were delineated (Table 1). DNP education for specialty practice is defined by specialty nursing organizations. DNP specialty practice can focus either on Advanced Practice Nursing (e.g., nurse practitioner) or on Aggregates, Systems, or Organizations. This latter designation includes advanced practice public health nursing.

Table 1. Essentials of the Doctor of Nursing Practice

Scientific underpinning
 Organizational and systems leadership
 Clinical scholarship
 Information systems
 Policy
 Collaboration
 Prevention and population health
 Advanced nursing practice

AACN, 2006b

Public Health Nursing Perspectives

The master's degree in public health nursing originally included community organization, community assessment, PHN theories, as well as traditional graduate nursing content such as research methods, communication and leadership skills (APHA, 1971). The PHN master's curriculum was amended in 1991 with specific essentials for community health nursing practice (ACHNE, 1991) and later updated (ACHNE, 2000, 2003 in response to revised essentials for master's nursing education (AACN, 1996). The revised PHN master's curriculum focused on aggregate and systems perspectives (epidemiology; community assessment and diagnosis; program planning, implementation, and evaluation; public health management; environmental health; public health ethics; quality improvement; and grant writing). Direct and indirect care to populations was defined based on the 10 essential services of public health. Practical experiences were advocated with high-risk populations in a variety of community/public health sites (ACHNE, 2003).

Doctoral education in public health nursing was shaped by ACHNE (1993) perspective that doctoral education could result in a clinical degree or the traditional research doctorate. In light of AACN's position statement on the DNP, the purpose of the ACHNE task force report (2006) *New Models of Doctoral Education for Public Health Nursing* was "... not to debate the DNP but rather to provide guidance to those schools ... planning to offer the practice doctorate in public health nursing" (p. 3). This document provides a comparison of the DNP essentials (AACN, 2006b) with core competencies for public health professionals (Council on Linkages, 2001) and for PHNs (Quad Council, 2004). In the PHN doctoral model, DNP essentials were modified to

reflect a population and public health nursing focus and core PHN competencies were identified with no comparable DNP essentials (ACHNE, 2006).

Current Issues in Advanced Practice Nursing and Public Health Nursing

Although advanced knowledge is needed in population-focused practice, and national nursing organizations such as the AACN and ANA acknowledge the importance of a population-focused practice, these same organizations and nurse practice acts in most states do not recognize the advanced practice PHN (Robertson, 2004). Factors contributing to this lack of recognition included the narrowing focus of the definition of advanced practice nursing (APN), reimbursement for direct care services, the focus on acute care skills in pre-licensure programs, decreased funding for public health, the shortage of baccalaureate-prepared public health nurses, and limited empirical literature to support the skills of advanced PHN (Robertson, 2004). These discrepancies between population-focused practice and direct care to individuals are manifested in the current national debate on advanced practice nursing and have significance for the future of APPHN.

Definition of Advanced Practice Registered Nurse (APRN)

To establish a consensus statement on credentialing advanced APNs, the AACN and the National Organization of Nurse Practitioner Faculties (NONPF) proposed a national process to the Alliance for APRN Credentialing. Of the 50 specialty organizations invited to participate in June 2004, approximately 20 were selected to participate in subsequent workgroup meetings. The Quad Council of PHN Organizations was not represented in this process until the June 2006 APN Consensus Meeting. As of May 2007, the evolving statement on advanced practice registered nursing, including definition, roles, education, and certification, had not been nationally circulated. Two documents in the public domain are the *Advanced Practice Nursing Consensus Conference* (Alliance for Nursing Accreditation, 2004a) and the accompanying *APN Consensus Work Group Representatives List* (Alliance for Nursing Accreditation, 2004b). At the June 2006 meeting, the Quad Council representatives offered an alternative APRN definition that would not limit advanced practice to direct care of individuals or to the use of pharmacologic interventions. This alternative was rejected by the APRN consensus work group.

During the same period the National Council on State Boards of Nursing (NCSBN) proposed a vision to "... bring uniformity, simplicity, and clarity to the regulation of APRNs" (NCSBN, 2006, p. 1). Certain elements of this vision paper elicited consistent opposition from APRN stakeholders. In particular, the ACHNE Board of Directors wrote *in opposition* to three NCSBN proposals: (1) to exclude Clinical Nurse Specialist from the role designation of APRN, (2) to limit APRN licensure and titling to advanced practice roles that extend to the medical domain, and (3) to promote secondary licensure examination (P. Kulbok & D. Block, personal communication, March, 2006). The ACHNE Board wrote *in support* of PHN clinical nurse specialists educated in health promotion, disease prevention, and population health, with a highly specialized knowledge and skill set necessary to assure access to quality care and to eliminate population health disparities. The NCSBN vision paper was discussed at the June 2006 APN Consensus Meeting and a plan for collaboration was proposed to identify mutual concerns and areas of agreement across the two evolving documents on credentialing advanced APNs.

Public Health Nursing Workforce Challenges

The complex healthcare environment, escalating knowledge base needed for health care, and concerns for quality and safety of care, which motivated nursing leaders to propose the clinical nursing leader role and doctoral preparation for advanced practice, are factors contributing to the strain on public health systems. The need for a strong public health infrastructure and a well-educated public health workforce is vital, as our nation faces natural and man-made

disasters, new and reemerging infectious diseases, increasing preventable chronic illnesses, and widening disparities that threaten the health of the public. However, severe federal and state budget cuts, lack of competitive salaries, an aging workforce, and increasing vacancies, have led to a public health workforce crisis (APHA, 2006; Association of State and Territorial Health Officers [ASTHO], 2005).

The most serious aspect of this crisis is the shortage of public health nurses. Among public health workers, public health nurses are the largest group (approximately 10%) and play a major role in delivering essential health promotion and prevention services in communities across the country. Despite this important role, the number of PHNs has decreased dramatically from 39% of registered nurses employed in community/public health settings in 1980 to 17.6% in 2000 (ASTHO, 2005; USDHHS, 2002). This downward trend is continuing (USDHHS, 2007), with only 14.9% of RNs in 2004 reporting employment in community/public health settings. In an era when public health needs are enormous, PHN leaders must creatively reconcile key discrepancies between the needs for advanced knowledge and skills for population-focused practice, and nursing's narrowing focus on the definition of advanced practice as direct care to individuals (USDHHS, 2007).

Summary

Public health nursing is distinguished from other nursing specialties by its unique ecological approach to population health. The emphasis on population health is supported by seminal nursing and public health documents (APHA, 1996; ANA, 2007; IOM, 2002, 2003). This position paper supports the title, public health nurse, and its derivative title, advanced practice public health nurse, used by the ANA (2007). The APPHN, guided by an ecological approach and understanding of the multiple determinants of health, can provide leadership to address 21st century challenges to promoting population health.

GRADUATE EDUCATION FOR ADVANCED PRACTICE PUBLIC HEALTH NURSING

Since the turn of the 21st century, public health nurses specifically and public health professionals generally have been challenged to rethink the focus and impact of their contributions to the public's health. This charge is illustrated by the US government creating a specific objective of a well prepared work force to meet the goals and objectives of *Healthy People 2010* (USDHHS, 2000). This document continues to inform the context for the public health workforce infrastructure debate. Other influential reports have subsequently stimulated the thinking of advanced practice nursing for public health.

The challenge of ensuring the public's future health and educating public health professionals was clearly placed by the IOM (2003) at the feet of the public and professionals. They were challenged to reexamine how US educational systems prepared a workforce that was critical to addressing the future of public health and *Healthy People 2010* goals as well as to assuming accountability for health systems and teams. Every discipline, and especially public health nursing, was charged to embrace an "ecological approach to problem solving. Such an approach requires a well educated interdisciplinary cadre of public health professionals who focus on population health and understand the multiple determinants that affect health..." (IOM, 2003, p.62). The IOM reaffirmed the importance of educating public health professionals not only in five traditional core areas, but also in eight additional content areas (see Table 2). This expansion of traditional educational approaches and curriculum is needed to prepare a contemporary, competency-based public health nursing workforce and interdisciplinary team members to deal with the complexity of public health problems and delivery systems, as well as the advancement of science and knowledge framing public health.

The successful implementation of the IOM recommendations will require new educational processes, faculty development, interdisciplinary education, and strong practice relationships. To reach the IOM's goals (2003) of preparing public health nursing professionals for the complexities inherent in today's diverse technologic global society, public health nursing educators must embark upon innovative educational strategies. This challenge will require nursing educators to "do things differently" with stronger interdisciplinary partnerships for student learning opportunities.

Table 2. Public Health Science: 13 Content Areas

Epidemiology	Communication
Biostatistics	Cultural competence
Environmental Health	Community-based participatory research
Health services administration	Policy and law
Social and behavioral sciences	Global health
Informatics	Public health Ethics
Genomics	

IOM, 2003

The preferred preparation of advanced practice nurse specialists has recently been endorsed by the AACN (2006b) at the doctoral level. This radical reformulation of advanced practice nursing education was proposed by the AACN in response to social, political, and technologic changes affecting health and health care that require nurses to have advanced knowledge for advanced practice. Eight essential competency areas (Table 1) were created by AACN task forces for graduates with the terminal practice degree (DNP), thus allowing specialties to determine the knowledge within the competency areas needed to develop advanced practice curricula. These competencies emphasize preparation for advanced practice in a complex health care environment that includes systems level thinking, inter-professional/ interdisciplinary collaboration, clinical prevention and population health, and evidence-based practice in an environment where information systems and technology can transform health care. This doctorate-prepared practice-focused graduate will complement the research-focused doctoral graduate as they work together with colleagues from other disciplines to form health care leadership teams in research and practice.

Finally, the seminal recommendations of the IOM and other professional specialty organizations led the ANA (2007) to clarify and update the scope and standards of practice for PHN. In this document, the ANA reinforces many focal areas of the IOM report (2003), endorses the master's degree as the specialty preparation degree for public health nurses, and acknowledges that many public health nursing roles will require knowledge at the doctoral level with a specific focus on populations. However, the ANA (2007) does not endorse the terminal degree as the specialty degree preparation for advanced practice public health nursing.

The development of educational strategies to prepare graduate level public health nurses has been guided in the past by many other organizational reports and competency lists, but the most helpful guides for designing future educational strategies have been these three seminal documents (AACN, 2006b; ANA, 2007; IOM, 2003).

As a prelude to describing graduate education, curriculum, competencies, and processes, recommendations are built on the following assumptions:

1. "Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences" (ANA, 2007, p. 5).
2. The IOM (2003) describes 13 content areas (Table 2) for public health professionals and endorses their preparation in interdisciplinary practice.

3. The AACN (2006) endorses eight essential areas for framing advanced practice nursing specialties (Table 1).

To prepare the future advanced public health nurse specialist/graduate, public health nursing educators and practice leaders must envision how the curriculum will be affected by changes in the knowledge terrain such as informatics, rapid communication, teleconferencing, interface with genomics, emerging infectious disease and environment in public health biology, globalization, and public/private ventures for health improvement.

The APPHN embraces the synergy of knowledge derived from the nursing and public health sciences to prepare a public health nursing professional capable of operating in complex health care systems and interdisciplinary teams. The ecological approach to solving problems is reflected in the APPHN contribution to the well-educated interdisciplinary team of public health professionals who execute strategies to improve population health outcomes. The APPHN is responsible for adding to the science of both fields and for translating the science and research to inform changes in health care delivery, financing, policy, and outcome measurement for populations. The preparation of the APPHN is guided by IOM (2003) recommendations for public health professionals, the *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007), and the AACN (2006b) endorsement of a new educational paradigm for all advanced nurse specialists by 2015.

The educational preparation of APPHNs is guided by expanding the paradigm from grounding the APPHN in the uniqueness of nursing to promoting public health nursing as an integral and complementary component of the public health profession whose value is in leading an evidence-based approach to population and systems practice. Operating within the scope of nursing practice, the APPHN utilizes the definition of public health nursing compatible with the ecological view of health. As noted by the IOM (2003), the ecological perspective on health is a unifying concept of public health and public health practitioners. This perspective is suggested (IOM, 2003) for use in designing curricula and courses to prepare public health providers. The areas of educational preparation for the APPHN provide a baseline of knowledge expected of APPHN professionals. To define specific competencies, curriculum and program faculty may find it useful to refer to the findings of the public health core competency project (Association of Schools of Public Health [ASPH], 2006). These findings, outlined below as areas of educational preparation, are consistent with the values underlying education for advanced PHN practice proposed by ACHNE (2003) and the recently revised PHN scope and standards of practice (ANA, 2007). These areas of educational preparation expand the foundational knowledge for APPHNs to meet the public health challenges of the 21st century.

Advanced nursing practice. Advanced nursing practice includes assessment, planning, intervention, and evaluation of the essential elements of nursing and public health within the population health context. This advanced practice incorporates the scientific underpinnings for nursing practice such as integrating nursing knowledge with other disciplinary knowledge, resulting in clinical nursing scholarship that examines evidence for practice, predicts and analyzes outcomes, and identifies gaps and opportunities to develop new knowledge, practice guidelines, systems improvement, roles, and research.

Population-centered nursing theory and practice. Population-centered nursing theory and practice explains nursing phenomena and science and their relationship to problem identification, evidence-based interventions and evaluations of population outcomes. This theory/practice incorporates the scientific underpinnings for nursing practice, clinical nursing scholarship, information and technology to transform health care. This practice is based on

partnerships and collaborations with the population and members of the interdisciplinary/interprofessional team.

Interdisciplinary/Interprofessional practice. Interdisciplinary practice is a process of collaborative and complementary practice in which the knowledge and skills of disciplines/providers as a team are greater than the sum of individual members required to improve population health. This practice requires a process of shared educational learning, and a systems expectation of interdisciplinary performance.

Leadership. Leadership is the ability to create and communicate a shared vision for the future, to champion solutions for organizations and communities, and to energize commitment to goals (ASPH, 2006).

Systems thinking. Systems thinking is the ability to recognize system-level properties that result from the dynamic interaction among human and social systems and how they impact the relationships among individuals, groups, organizations, communities, and environments. (ASPH, 2006)

Biostatistics. Biostatistics is the development and application of statistical reasoning and methods in addressing, analyzing, and solving problems in public health, health care, and biomedical, clinical, and population-based research (ASPH, 2006, p10).

Epidemiology. Epidemiology is the study of patterns of disease and injury in human populations and the application of this study to the control of health problems (ASPH, 2006.p10).

Environmental health sciences. Environmental health represents the study of factors including biological, physical and chemical that affect the health of populations (ASPH, 2006).

Health policy and management. Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality, and costs of health care for individuals and populations. This field assumes a managerial and policy concern with the structure, process, and outcomes of health services, including costs, financing, organization, outcomes, and accessibility (ASPH, 2006).

Social and behavioral sciences. The social and behavioral sciences in public health address the behavioral, social, and cultural factors related to individual and population health and health disparities. Research and practice in this area contributes to developing, administering, and evaluating programs and policies in public health and health systems to promote and sustain healthy environments and healthy lives (ASPH, 2006).

Public health informatics. Public health informatics is the systematic application of information, computer science, and technology to public health practice. This field includes the conceptualization, design, development, refinement, maintenance, and evaluation of communication, surveillance and information systems relevant to public health (IOM, 2003). Minimum data sets for public health nursing are included in this field.

Genomics. The study of the human genome and the interaction of multiple genes with the environment and with other genes with the goal of predicting and intervening in the incidence and prevalence of disease, of promoting health, and of promoting policy and development related to genetic testing and programs (IOM, 2003).

Health communication. Health communication is the study of the science and practice of informing, influencing, and motivating individual, institutional, policy, and public audiences about important health issues as well as the use of social marketing strategies. Risk communication is one applied form of translating science to practice for populations (IOM, 2003).

Cultural competence. Cultural competence in public health embraces the ability to interact with diverse individuals and communities to influence intended health outcomes. This competency requires the ability to incorporate the perspective of the group when applying the science and techniques that inform public health research or practice (IOM, 2003).

Community-based participatory research. Community-based participatory research is a partnership approach that uniformly involves the users and other stakeholders in the research process. Complex interventions require community engagement for adoption, fidelity, customization, and sustainability (IOM, 2003).

Global health. Global health examines global health issues; their ecological determinants, and how local actions can influence populations across the globe (IOM, 2003).

Policy and law. Policy and law includes understanding policy methods and processes and acknowledging that policy development is one of the core competencies for public health professionals. Law provides the institutional framework and procedures through which policies are debated, codified, executed, and interpreted. It is acknowledged that within the ecological model of health, laws and policy may contribute to the fundamental causes of disease and to the ability of nursing to assess, assure and execute the policy dimensions of practice (IOM, 2003).

Public health ethics. Public health ethics embraces the values and standards relative to the rightness or wrongness of actions based on moral principles, and generally encompass health promotion and disease prevention, risk reduction, epidemiological and other research, structural, and socioeconomic disparities. Ethical frameworks are applied to populations rather than individuals and thus may be interpreted as proposing benefits and burdens for the good of the community over those of an individual. Ethical analyses include professional ethics (nursing and public health), applied ethics, advocacy ethics and critical ethics (IOM, 2003). These critical content areas must be addressed in developing competencies for APPHN to prepare public health nursing practitioners capable of meeting health care challenges of the future. The rising rate of social change, knowledge explosion, globalization, and growth of new technologies will require well prepared nurses to forge new knowledge and assimilate health care teams to create effective solutions.

Essential Characteristics of Advanced Practice Public Health Nursing

Through the process of establishing recommendations for appropriate graduate education for advanced practice public health nursing, the Task Force delineated 5 essential APPHN characteristics: population-level health care, ecological view, assuming responsibility for health outcomes for populations, partnership/collaboration using an interdisciplinary approach, and leadership in practice. This position paper does not offer prescriptive competencies for graduate education in public health nursing but offers the IOM (2003) and AACN DNP (2006b) essentials to guide development of APPHN education. Explication of specific competencies is beyond the scope of this position paper. ACHNE expects that various schools and colleges of nursing will operationalize APPHN competencies in a variety of ways. That said, it is essential

that content recommended by these three future-oriented competency projects (AACN, 2006b; ASPH, 2006; IOM, 2003) receive adequate emphasis to prepare nurses for advanced public health nursing practice. To facilitate the future development of educational outcomes and competencies for advanced practice public health nursing, the five unique and essential characteristics of APPHN practice are linked with examples of education content in Table 3 (for more details see Appendix B).

Table 3. Linkages between Five Essential APPHN Characteristics and Thirteen Recommended Educational Content Areas

Unique Characteristic	Education Content
Population-level health care	Advanced Nursing Practice Biostatistics Community-Based Participatory Research Epidemiology Health Communication Informatics Population-Centered Nursing Theory and Practice Social and Behavioral Sciences Systems Thinking
Ecological view	Biostatistics Cultural Competence Environmental Health Epidemiology Genomics Health Policy and Management
Assuming responsibility for health outcomes for populations	Biostatistics Global Health Health Policy and Management Informatics Systems Thinking Public Health Ethics
Partnership/Collaboration using an Interdisciplinary approach	Community-Based Participatory Research Informatics Interdisciplinary Practice Social and Behavioral Sciences
Leadership in practice	Biostatistics Epidemiology Health Policy and Management Informatics Leadership Policy and Law Public Health Ethics

Graduates of doctoral clinical practice programs are expected to apply knowledge and experiences learned from their coursework and practice in a manner consistent with the unique and essential characteristics of advanced practice public health nursing. As mentioned above, this document does not outline specific steps for programmatic curriculum development. However, the above specialty characteristics and educational content can serve to guide the development of curriculum and practice experiences for APPHN educational programs.

Practice Experiences

While program faculty develop curriculum to meet the essential content for APPHN, they must create practicum opportunities (AACN, 2006b) for students to develop competence for advanced practice. Practicum experiences must take place at the population level grounded in the ecological perspective. In addition, the experiences must provide learners with the opportunity to measure health outcomes. Practicum experiences must meet the demands of complex health care environments where both national and state support for public health has eroded. The essential content and expected practice outcomes outlined above for advanced practice public health nursing require innovative and varied practice experiences. Both the IOM competencies (2003) and the AACN essentials of doctoral education (2006b) stipulate that the terminal preparation for advanced nursing practice must include a strong foundation in nursing science, development and leadership of interdisciplinary teams, and competence in organizational- and systems-level leadership. Furthermore, solid grounding in population health, health promotion, health care financing, ethics, policy and law, and information technologies can prepare advanced practice nurses to develop health promotion programs, develop and monitor budgets, evaluate evidence to improve outcomes of care, develop health delivery models, and collaborate with researchers for community-based participatory research.

To achieve these outcomes, practicum experience for advanced public health nursing practice must include opportunities for learners to partner with a variety of interdisciplinary teams. APPHNs practice in various venues where they employ an ecological perspective and a population-focused approach. These venues include local, state, and federal health agencies, school health programs, home health and hospice agencies, community health centers, nursing centers, worksite and occupational health programs, faith-based organizations, academic and research institutions, and community service agencies such as those involved in law enforcement and emergency response. This variety of venues offers graduate students several options for population-based interventions. A population-focused approach may also include high-risk populations such as homeless persons, smokers, sedentary persons, teen mothers, and persons at risk of a specific disease or environmental exposures.

The educational program experiences would preferably include work with local or state health departments or federal governmental public health programs. If possible, interdisciplinary teams would include not only a public health nurse, but also other public health professionals to facilitate learning about and working with varied professional perspectives. Students would also have experience working with grant-funded public health projects. This experience might include special projects funded and administered through a public health department, a Section 330-funded community health center, or local agency-funded population health project. Finally, in an era of eroded public funding, students might also participate in population-focused programs or projects that operate through NGOs (non-governmental organizations) such as programs for homeless persons, immigrants, and refugees or other populations. This experience would prepare graduates of practice doctorate programs to develop health promotion projects/programs that respond to local needs when public funding is not available. Creative development of practicum options to include experiences in these agencies would provide students with opportunities to meet competencies outlined by both the IOM (2003) and AACN (2006b) reports.

The nursing role in APPHN is not distinguished by the sites at which nurses practice, but rather by the perspective, knowledge base, and principles that focus on care of populations. These nurses' advanced nursing and public health knowledge and skills prepare them to take a leadership role to assess a population for the extent and distribution of client problems or risks

within a geographic area (e.g., neighborhood, city, county, state) or a specific group (e.g., racial, ethnic, age, disease) and to propose solutions in partnership with the client(s). These activities form the PHN practice core of community assessment, assurance, and policy development. The leadership role that advanced practice public health nurses and graduate students assume is based on their unique ecological perspective on multiple determinants, the various population-focused approaches that address multiple variables at one time, and their distinctive knowledge and skills derived from both the nursing and public health sciences. Advanced PHN practice is collaborative. Driven by the ecological model, advanced PHN practice is distinct in enabling population-focused solutions to affect the determinants of health.

POSITION STATEMENTS

ACHNE endorses the following positions to advance public health as a specialty in nursing:

1. Supports the national movement toward the DNP as a terminal degree for advanced nursing practice.
2. Affirms the importance of and dedication to developing competencies for specialty-prepared APPHNs, using a nationally recognized process of competency development.
3. Adopts the nomenclature of *public health nursing* to describe this field of practice.

CHALLENGES AND OPPORTUNITIES

Facing the Specialty at the Crossroads

The field of public health and the specialty of public health nursing confront distinct challenges. As noted in the introduction to this document, evidence indicates a workforce crisis in public health. Among all public health workers, the shortage of public health nurses is the most serious due to the severity of federal and state budget cuts, lack of competitive salaries in public health, an aging workforce, and an increasing rate of vacancies (ASTHO, 2005; Quad Council, 2006). This situation is compounded by the downward trend in the number of nurses employed in community or public health settings (USDHHS, 2007). In addition, within the current nursing shortage, there is a critical shortage of educationally prepared nursing faculty (Quad Council, 2006; Yordy, 2006). Taken together, these factors may negatively influence the preparation and marketability of doctorally prepared APPHNs.

ACHNE recognizes that graduate education in public health nursing currently leads to the master's, practice doctorate, and research doctorate degrees. Most certainly, moving the terminal practice degree to the doctoral level will be an evolutionary process. Not all current master's programs preparing nurses for public health practice will elect to develop a doctoral program because their institution is not a doctoral degree-granting institution, they lack adequate resources, or the mission of their particular institution is more consistent with the research than the practice doctorate. Other programs may move to collaborative educational models using innovative technology to extend opportunities for students to attain doctoral education.

To adequately prepare nurses as faculty and researchers in population health, the essential knowledge for public health nursing must be available to those pursuing higher education in a practice or a research doctorate. Curricula for programs such as the BSN to PhD need to include the content to prepare graduates as experts in APPHN, which is foundational to developing nursing research on improving the health of populations.

Public health nursing graduate programs should increase their collaboration with schools of public health, other colleges of nursing, and other disciplines for academic courses and program development. Colleges and schools of nursing that are small or geographically isolated may

develop collaborative models with larger or urban nursing and public health programs. Collaboration among programs creates new paths and program opportunities and entails a commitment to solving institutional and philosophical barriers. These barriers may include different accreditation and degree requirements, semester/quarter and course schedules, dual faculty appointments, organizational cultures, philosophy of program specialty, course credits, shared or proportional financing, student load credits, perceived power demands, and communication schedules. Faculty will need to be committed to the process of collaboration as it unfolds, freely anticipate the issues, partake in joint planning, clarify decision making strategies, and build trusting relationships that meet the goals of building an optimal program through synergy of joint resources.

Teaching methodologies of the future will challenge faculty and students to be more innovative in applying instructional technology and learner-centered teaching strategies, as well as to facilitate collaborative models. Modular formats that can be reused, distance education strategies, and pod-cast technology can increase access, flexibility, and efficiency of programming.

FUTURE DIRECTIONS

Educational standards and specialty competencies must be developed based on the APPHN curricular content defined in this paper. This work will be informed by the Quad Council competencies (2004), the National Association of Clinical Nurse Specialists (NACNS) work on core doctoral competencies (NACNS, 2007), as well the previously identified three future-oriented competency projects of the AACN (2006b), ASPH (2006), and IOM (2003). Once approved, the educational standards and competencies set forth in this paper should be used by other agencies, such as the American Nurses Credentialing Center, to develop/revise a certification exam for APPHNs.

During this transitional period, faculty will need to be supported by additional strategies. This support can be provided by ACHNE using its meetings, conferences, listserv and website to tap into its members' expertise. As nursing faculty members create programs to meet the recommendations set forth in this position paper, they may follow several possible pathways to transition from the current practice of preparing the APPHN at the master's level to preparation at the doctoral level. For example, master's degree-granting institutions that do not have the authority to grant doctoral degrees may want to develop a collaborative model of a joint degree/certificate combination with doctoral degree-granting institutions. Other possibilities for public health nursing programs as they develop their own advanced education for the practice doctorate are highlighted in Appendix C. Further development of innovative approaches to programmatic transition will provide essential opportunities to execute the transition and change for both the DNP and PhD degrees.

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APPENDIX A
Eight Principles of Public Health Nursing
Adapted from
Public Health Nursing: Scope and Standards of Practice (ANA, 2007)

1. **The client or “unit of care” is the population.** Responsibility is to the population as a whole. Other specialties often focus on health maintenance or restoration of individuals, families, or groups.
2. **The primary obligation is to achieve the greatest good for the greatest number of people or the population as a whole.** Rather than advocating for individual rights, the public health nurse is to uphold the needs of the whole, which may supersede the needs of the individual, for example, in cases of disaster or resource shortage.
3. **The processes used by public health nurses include working with the client(s) as an equal partner.** True partnership requires the advanced practice public health nurse (APPHN) to engage the population; to include their “perspectives, priorities and values” (ANA, 2007) at every step, from assessment, to potential policy changes. Other specialties may provide care that is known to be effective, without direct input from the client.
4. **Primary prevention is the priority in selecting appropriate activities.** Health programs are created to emphasize strategies that prevent disease and disability resulting in optimal health outcomes. Much of nursing care in other specialties focuses on treatments to address existing health concerns, secondary or tertiary prevention.
5. **The focus is on selecting strategies that create healthy environmental, social and economic conditions in which populations may thrive.** The goal for the APPHN is to utilize evidence from the ecological model to design strategies and programs that address the determinants of health for a population, thereby preventing disease. Many nursing specialties address the current disease processes and symptomatology that cause clients to seek care.
6. **There is an obligation to actively identify and reach out to all who might benefit from a specific activity or service.** The APPHN acknowledges that those at most risk are often those least likely to be able to seek care. Emphasis is on locating and engaging these populations, in contrast to treating only those who seek health-care services.
7. **Optimal use of available resources to assure the best overall improvement in the health of the population is a key element of the practice.** The APPHN designs programs of care, based on evidence, most likely to positively influence long-term health of a population while judiciously using limited resources. Much of health care today, does not consider cost effectiveness in selecting strategies, rather the focus is on the best outcome for the client who presents with a treatable condition.
8. **Collaboration with a variety of other professions, populations, organizations and other stakeholder groups is the most effective way to promote and protect the health of the people.** While all advanced practice specialties work collaboratively with other professions, public health nursing, with its emphasis on the ecological model, engages experts in a variety of disciplines to join in creating solutions that address the multiple determinants of health. Communities are engaged in improving their health, and legislative efforts create policies that support long-term outcomes.

APPENDIX B

Five Characteristics Essential to Advanced Practice Public Health Nursing¹

Population-level health care

While drawing values from both nursing and public health sciences, public health nursing emphasizes health promotion and disease prevention for entire populations rather than primarily treating individuals, families, and groups (ACHNE, 2003). Population-level health care is based on assessing community needs to identify fundamental health determinants and assets to develop programs that assist the entire population to overcome barriers and to move to a greater level of health. The goals of population level health care are long-term solutions, which ultimately prevent disease or other health concerns.

Ecological view

The ecological *view* of health provides an understanding of a health concern in terms of the determinants of health. The interactions and linkages among the determinants of health form an ecological *model*. Public health nursing uses an ecological model to view and understand the multiple determinants influencing the health of a population. The Advanced Practice Public Health Nurse (APPHN) then applies an ecological *approach* in developing multiple strategies to impact the health determinants and reach the desired health outcomes for the population (IOM, 2003).

Assuming responsibility for health outcomes for populations

While all advanced nursing practice specialties include an aspect of population in their practice (AACN, 1996; NONPF, 2006) advanced practice public health nursing is exclusively responsible for the care of populations as a whole (ANA, 2007; IOM, 2003). With this responsibility come implications for nursing practice in public health, including the obligation to achieve the greatest good for the greatest number of people.

Partnership/Collaboration using an Interdisciplinary approach

The approaches used to address population needs include partnering with appropriate stakeholders and collaborating with various public health professionals to reach creative and unique solutions to the multiple determinants impacting population health. Public health nursing uses knowledge, theory and practice concepts from a variety of disciplines, such as health science, medicine, psychology, sociology, forensics, economics, geography, social work and information and decision science. The ecological approach requires interdisciplinary collaboration and partnership with the community and population to address concerns related to the multiple determinants of health (ACHNE, 2003).

Leadership in practice

APPHNs often practice in settings as the sole health care practitioner. The APPHN must use a unique set of collaborative, leadership and political skills that promote successful population outcomes. Clinical experiences in public health nursing can be defined as direct or indirect care to communities and populations. Direct care can include monitoring health status, assessing and diagnosing needs of a community or population, mobilizing a community response, and evaluating outcomes. Indirect care focuses on changing health determinants through policy change, research and training of the public health workforce. The APPHN often serves in a consultant role to policy makers and communities (ACHNE, 2003). Interventions performed by the APPHN, such as consultation, screening, outreach, surveillance, disease investigation, collaboration, coalition building, community organizing, advocacy, social marketing, or policy development, are considered independent under the authority of a state's nurse practice act (Public Health Nursing Section, 2001).

¹ These characteristics evolved from various documents and the work of the ACHNE Task Force on Graduate Education for Advanced Practice Public Health Nursing. The latter work resulted in the five overriding themes, which must be addressed in relevant essential content.

APPENDIX C

Scenarios for Master's and Doctoral Programs: Approaches to Educational Programs to Prepare the Advanced Practice Public Health Nurse (APPHN) at the Doctoral Level

Master's granting institutions

Master's degree granting institutions that do not have the authority to grant doctoral degrees may wish to discuss with provosts the change in APPHN educational preparation and plan with administration for the future development of doctoral programs or a collaborative model of joint degree /certificate combination with doctoral degree institutions. Collaborative partnerships in higher education provide many benefits to students, faculty, the institutions, and employers.

Certificate curriculum contributing to the APPHN terminal degree

A certificate curriculum approach enables a master's granting institution to provide a coherent set of master's level courses in a curriculum resulting in a graduate certificate which is then transferred toward a doctoral degree through an articulation agreement with a doctoral granting institution offering the DNP. This is a useful method for initially preparing post baccalaureate candidates to enter DNP programs and requires a mutually approved curriculum and course review by participating institutions.

Doctoral granting institutions

Doctoral granting institutions can benefit from collaboration with master's degree granting institutions to take advantage of certain courses offered by master's institutions which can serve as "feeder" programs into DNP programs. Shared faculty resources between programs are another advantage by augmenting faculty impact in both programs. This model reduces redundancy of duplicate courses and repetitive faculty resources in an era of faculty shortage. It also seeks to enlarge the size of student cohorts in each institution and may "right-size" faculty-student ratios, and thus be more cost effective for institutions in an era when public health nursing student enrollment numbers are low.

Doctoral degree granting institutions with multiple specialty tracks in the DNP program

Program quality, student enrollment, faculty resources, practicum sites and costs are affected by saturation or absence of specialty programs in geographic areas, distance accessible delivery, and relationships with schools of public health. Institutions may wish to explore regional centers of excellence in specialty preparation tracks to offer an efficient and accessible model of education for APPHNs. Duplication of effort results in costly program administration. DNP programs with relationships with Schools of Public Health can provide strong public health science courses to those institutions without these relationships, especially in an era of distance accessible, web-based courses which can be accessed remotely (IOM, 2003). Regional and national planning models should be explored.