

## **Advanced Practice Public Health Nursing: Roles and Education**

### **Introduction**

The purpose of this paper is to present the current state of advanced public health nursing practice, along with recommendations to support and sustain it. For more than 100 years, beginning with the public health nursing leader and founder Lillian Wald, public health nurses (PHNs) in the United States have focused their practice on protecting, promoting, and improving the health of populations, particularly those suffering from health disparities. Rooted in social justice, public health nurses partnered with others to improve health outcomes at the individual, family, community and population levels. While multiple disciplines are needed in the public health system, PHNs have been the backbone of public health for over a century: “...*promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences*” (American Public Health Association [APHA], Public Health Nursing Section, 2013). Some nurses study public health nursing at graduate levels and function as public health specialists, bringing their nursing skills and judgement together with public health knowledge and skills to work with populations in practice, policy, or leadership roles across the spectrum of public health practice. These nurses are equipped to provide nursing leadership in public health practice and policy.

### **Advanced Public Health Nursing Practice**

**Role:** Advanced public health nurses (APHNs) bring together knowledge in the professional practice of nursing and public health to meet the practice competencies set out by the American Nurses Association *Public health nursing: Scope and standards of practice* (2022) and Council of Public Health Nursing Organizations (CPHNO) (Quad Council Coalition Competency Review Task Force, 2018). These standards of practice and competencies are based on nursing standards and public health competencies established by the Council on Linkages (2021) and include the ability to:

- assess population health needs based on epidemiological data;
- develop, implement and evaluate policies and interventions to address these needs;
- communicate effectively with stakeholders;
- practice with cultural humility;
- develop partnerships with stakeholder groups;
- use public health sciences skills in practice;

- use financial skills in practice; and
- demonstrate systems leadership.

APHN innovators should also be competent in community engagement and sustainability methods, working with large data sets, and multilevel interventions. These competencies are vital for APHNs contributions to nursing practice and nursing science through the population and community health lens (Stoddard & Kuehnert, 2023).

APHNs' nursing education and experience provide the expertise to oversee health promotion initiatives in communities and systems and to take leadership in enhancing health equity and connecting public health and clinical care. Roles and responsibilities uniquely suited to APHNs include but are not limited to:

- maternal child health initiatives;
- emergency preparedness and response;
- communicable disease tracking and prevention;
- behavioral health interventions;
- environmental health planning;
- strategic planning;
- working with and leading multidisciplinary teams including CHWs and community leaders; and
- developing, implementing and evaluating community/population focused interventions based on community/population health assessments. (See Appendix A for APHN role exemplars)

APHNs also work to align initiatives across levels of government and systems and take leadership roles across settings wherever public/population health skills are needed. In addition, these nurses work to teach future generations of nurses the basics of population health across all care settings, including assessing and addressing the social and structural determinants of health (SDoH). Advanced public health nurses (APHNs) have proven to be extremely valuable in health department leadership. Recent studies by Kett et al. (2022) demonstrate that local health departments overseen by nurse leaders have better performance of critical services than other non-nurse led health departments, with outcomes including less health inequity across racial and ethnic groups.

**Need:** Clear evidence supports the need for the advanced public health nursing practice specialty role, as defined above, to improve population health outcomes (American Nurses Association, 2007; Kett et al., 2022; Bekemeier et al., 2021; Storfjell, 2018; NASEM., 2021).

This role is different from advanced practice registered nursing (APRN) roles that focus on individual or family level patient care. While an APRN may work within a health care system to provide health management services to defined populations, they are not educated in the public health sciences to assess and address the complex SDoH within populations (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008). Most of the nursing care provided by APRNs to address population health issues is typically focused at the secondary (early identification and treatment) and tertiary (rehab and maintenance of chronic conditions) prevention levels within the individual/family level of practice. However, specialty prepared APHNs explore public health issues and manage population care primarily (but not exclusively) at the primary level of prevention (health promotion and disease prevention) and at population, community, and systems levels. Building on preparation as registered nurses, APHNs combine public health knowledge and skills with clinical judgement, client advocacy, and a knowledge of health care systems.

Advanced public health nurses in practice are needed now more than ever to strengthen the connection between public health sciences and medical care, an area of focus clearly highlighted by the COVID-19 pandemic. Prior to the pandemic, public health departments had made significant staff cuts over the previous decades due to shrinking governmental budgets, with nurses being consistently the most difficult positions for health departments to recruit and retain (NACCHO, 2015). These factors resulted in an insufficient workforce when this public health crisis arose. The need to maintain a substantial public health workforce has always been a challenge, because, as is often said, “when public health is working you don’t know it’s there” (Beard, 2018), which means it is challenging to secure sustained support from elected officials, the public and other key stakeholders. Not only did COVID-19 illuminate a lack of a workforce trained in public health, but it also highlighted a misperception by many elected officials and medical professionals about the importance and necessity of public health for communities. This shortage of personnel exacerbated the impact of the pandemic as health departments lacked staff to design and perform key response efforts such as contact tracing, epidemiologic surveillance, community engagement and education, as well as timely immunization provision. The overarching lack of trust in public health, a lack of understanding of public health science, and political divisions meant that some people - and policy makers - opposed public health policies at the very moment communities needed to come together to limit the spread of COVID-19.

Registered nurses (RNs) are the professionals most known for viewing patients holistically, with a deep understanding of the science of health care, as well as the human response to health and illness. In addition, RNs have been recognized as the most trusted profession for over twenty years. Nurses are well versed in the clinical elements of health care, with expertise in care coordination and navigating and accessing health care systems. In addition, RNs practice across a vast array of health care settings--from acute care to occupational settings, home care to outpatient clinics, hospice and long-term care to public health departments, schools to community-based organizations, and prison systems to behavioral health systems. Therefore, nurses with additional education in public health are well equipped to act as a trusted bridge between clinical care across the continuum and public health. Specifically, APHNs identify the factors and systems that have an impact on health and link these systems with health care to help communities navigate the ever-complex health care system; and to work with communities and populations on health promotion and disease prevention.

Along with the growing recognition that improving population health requires attention to prevention and the SDoH is also the acknowledgement that prevention occurs across all elements of society: schools, businesses, workplaces, governmental agencies, churches, health systems, and communities. PHN's have always promoted health across all those varied societal elements. In addition, public health issues such as violence, climate change, mental health challenges, substance misuse, and declining maternal and child health outcomes, raise great concern that the public health workforce needs additional preparation to respond to other critical and escalating issues. In response to COVID-19 and the overdue awareness of health inequities and systemic racism that are driving declines in life expectancy and poor health outcomes, the federal government provided additional funding for education of public health professionals including those working at grassroots levels, such as community health workers. However, additional educational funding has not been targeted at expanding the PHN workforce despite public health nurses' key role in public health systems and difficulties agencies have had in recruiting and retaining nurses in these positions.

The recent NAM report *Future of Nursing 2020-2030* (NASEM, 2021) recommended that nurses across all specialties become competent in population health skills, with an emphasis on assessing and addressing SDoH. The report also identified that PHNs, who have long practiced addressing the SDoH, should be supported by the health care system in their work to enhance and advance health equity. The work of PHNs needs to be supported, educationally and

financially, to address critical public health challenges, as PHNs are expert health professionals with specialized knowledge and skills to design and provide interventions that focus on prevention that addresses SDoH. APHNs have the expertise to provide nursing leadership in public health and public health policy.

**Workforce Demographics:** Only a small percentage of nurses work in public health, however they are a significant percentage of the total public health workforce. According to the NAM 2021 report, *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*, based on the 2018 National Sample Survey, only about 1.5% of all RNs identified working in settings outside of acute and ambulatory care. The current aging population of nurses, with over 41.2% over the age of 50, further exacerbates a shortage of nurses in public health. Bringing younger RNs into the PHN workforce, at both a generalist and APHN level, will require expanded education and practice degree offerings focused on the specialty of public and community health nursing.

Salary inequities remain a major barrier for recruitment of RNs to consider an advanced degree in public health and future employment in this sector. Additional data from the 2018 survey also reported on nurse practitioner (non-public health degree) employment settings, with NPs reported as working in public health/community health agencies making an average salary of \$100,000, compared to an average APHN salary of \$83,000 (Smiley et al., 2021; PayScale, nd). This salary discrepancy, on top of the need to pay tuition for APHN study, makes APHN a less desirable option for RNs interested in population health.

### **Preparation for APHN role**

The educational preparation of all nurses is important to emphasize. Nurses who have earned a BSN or above have been educated in public/population health and social sciences (Gorski et al, 2019). The most recent AACN *Essentials of Nursing Education (2021)* now emphasizes that entry-level nursing education programs must include population health as one of the primary domains in nursing curricula. Generally, however, the course work and the clinical rotations are minimal, and the BSN graduate needs further orientation to be prepared to work as generalist PHNs. For other roles in the public health system, many nurses choose to study public health at the graduate level, bringing both clinical nursing expertise and advanced public health knowledge to bridge the gap between clinical care and public health, allowing them to develop and implement insightful population focused policies and interventions.

Preparation for the advanced public health nursing (APHN) role has several different forms, with a focus on graduate education as a necessary element. Practice experience is also critical and graduate education must be combined with opportunities to develop experience, knowledge, and competency in the job/role. A unique amalgam of competencies, graduate education, and practice experience has evolved to define the role and requirements for preparation for APHNs throughout the history of the specialty. The advanced public health nursing practice curriculum prepares nurses with a unique set of knowledge, skills, and attitudes beyond a single clinical population focus. Building on the new AACN Essentials, nursing specialties each have identified additional unique competencies aligned to define their role (AACN, 2021; Scope and Standards, ANA, 2022; Quad Council Coalition Competency Review Task Force, 2018). For APHNs these include *Public Health Nursing Scope and Standards of Practice* and CPHNO Competencies (ANA, 2022; Quad Council Coalition Competency Review Task Force, 2018).

**Competencies for PHN and APHN:** The Coalition of Public Health Nursing Organizations (CPHNO) developed a comprehensive set of competencies for public health nurses (Quad Council Coalition Competency Review Task Force, 2018). Designed to inform and improve the public health workforce, the CPHNO Competencies are aligned with the eight domains of the Core Competencies for Public Health Professionals (Council on Linkages Between Academia and Public Health Practice, 2021) and serve as the nursing profession's adaptation of standard competencies for all public health professionals. Each domain is divided into three tiers representing practice levels (generalist, supervisory management, senior leadership/management). This document has historically defined the "tiers" of PHN/APHN practice. Achievement of Tier 1 competencies define generalist public health nurses, while Tier 2 and 3 competencies define APHN practice and leadership skill sets.

The American Nurses Association's (ANA) *Public Health Nursing Scope and Standards of Practice* provides guidance to registered nurses working in public health in the application of their professional skills and responsibilities (ANA, 2022). The third edition lists 18 national standards that outline the competent level of behavior all public health nurses are expected to perform regardless of role or setting. The standards are subdivided into standards of practice and professional performance. Standards of practice describe competency in nursing practice organized by the nursing process. Standards of professional performance competencies describe activities related to ethics, respectful and equitable practice, communication, collaboration, leadership, education, evidence-based practice (EBP) and research, quality of practice, professional practice appraisal, resource utilization, environmental and planetary

health, and advocacy. Each of the standards includes generalist competencies as well as competencies for APHNs. In the most recent version, the ANA Public Health Nursing Scope and Standards of Practice cross-walked its competencies with those from the Council of Public Health Nursing Organizations (CPHNO) for a single set of competencies that reflects advanced knowledge in both nursing and public health (ANA, 2022). For the APHN, these advanced level competencies reflect the knowledge and skills necessary to practice at the advanced specialty role.

**APHN Graduate Education:** All graduate programs that focus on public health nursing are guided by the Scope and Standards of PHN practice and the related APHN competencies as these serve as the foundational set of skills for APHN standards of practice and leadership. Advanced public health nursing graduate education has taken many forms over the years and has mirrored how APHNs view themselves as a specialty (Bekemeier et al., 2021; Canales & Drevdahl, 2014). The APHN specialty has had to respond to changes in nursing practice and education. Traditionally, masters prepared APHNs sought accredited graduate education based in schools of nursing for public or community health education (Shaw et al., 2017) or a Master of Public Health degree from schools of public health with a major in public health nursing (Roepke, D'Ambrosia, Harmon, & Frasso, 2021); and some joint degree programs (MPH/MSN) existed. APHNs have also sought doctoral education in a variety of forms, usually with a research emphasis in PhD, EdD, DNSc (or similar), or DrPH programs. Since 2006, Doctor of Nursing Practice education is viewed as the terminal practice degree for most advanced nursing practice roles. DNP programs have an extensive practice component as part of their curricula, to help students develop competency in their specialty. The birth of the DNP gave academic programs the chance to re-evaluate masters level education in community or public health and ultimately decide whether to convert program plans to a DNP in APHN or a related degree title (e.g., population health, PHN leadership). Subsequently, APHN programs have been developed at the DNP level, although some master's education programs remain (Bekemeier et al., 2021).

Today, APHN education takes several pathways with most students obtaining master's education in one of a small number of MS or MSN programs based in nursing; DNP education in one of about 17 programs in the U.S.; or MPH education in schools of public health. All graduate programs that focus on public health nursing, however, are guided by *Public Health Nursing Scope and Standards of Practice* and the related APHN competencies as these remain the foundational set of skills for APHN practice and leadership. Maintaining and strengthening

these programs, with adequate practicum experience to develop competence is critical to the future of APHN practice.

**Certification/Credentialing:** A critical factor in defining the APHN role has been the availability of certification for those who seek to demonstrate APHN knowledge and competencies. The American Nurses Credentialing Center (ANCC) administered the advanced public health nursing credential (originally titled clinical specialist in community/public health nursing) for many years in an exam format, and later, as an approved dossier/portfolio process. The APHN-BC, PHCNS-BC, PHNA-BC certifications were retired in 2017 by ANCC and ultimately discontinued; certification for the PHCNS- BC or the PHNA-BC credential is currently available only for renewal. While certification in public health is available for APHNs and other public health practitioners through the Certified in Public Health (CPH) credential, this certification covers only public health knowledge and not the unique knowledge and competencies of an APHN. Lack of certification for the specialty of advanced public health nursing is a challenge in that it removes a valid and reliable method for demonstrating APHN knowledge and competencies. It may be challenging to describe the APHN role without requiring a defining credential in the workforce. Several national leading public health nursing organizations have explored options for certification but have not yet determined an effective model. In the absence of an APHN certification, a graduate degree in APHN from an accredited program provides the critical defining credential for the APHN role.

### **Challenges and Opportunities**

Several challenges have recently arisen for the APHN role. In 2019 The National Academies of Science, Engineering, and Medicine (NAM) completed the third report on the future of nursing titled: *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. The report expressed the need for the profession of nursing as a whole to, “continue to create a more diverse workforce and to expand ways of working with others in and outside of the health system” (NASEM, 2021 p.x) These goals call for an expansion of health care beyond the treatment and management of acute illnesses and a vast need for a culture shift with healthcare systems pivoting towards population and community health; and nurses becoming key leaders of multifaceted health system teams. The report recognizes nurses as being well prepared to create this paradigm shift and to help lead “the complex work of integrating the social and health sectors in support of the health and well-being of individuals, families, and communities” (NASEM, 2021, p. xv) This significant change will require nurses with advanced knowledge and



expertise in community and public health to develop and implement care models that are population-centered, focused on evidence-based health promotion models, and to enact policy changes at the health systems and governmental levels. For this to occur, the profession of nursing will need to recognize its own need for a paradigm shift from a focus primarily on illness care models to models that advocate for health promotion and patient-centered and community-centered care, viewing the patient in the context of a population or community.

To accomplish this, reform needs to first occur at the academic level. Nursing curricula at both undergraduate and graduate levels remain heavily focused on acute care despite the new AACN Essentials document that advocates for a nursing workforce to practice across diverse settings and spheres of care to promote and enhance the nation's health (AACN Essentials, 2021, p. 6). Nursing educational programs that fall short in recognizing the need to change their curricula to reflect a more comprehensive population health focus will make it difficult for future nurses to know how to address community health needs and enhance overall public health. Additionally, for this shift to occur, APHN faculty are needed to ensure a core structured curriculum on population – focused practice that includes population science courses (biostatistics and epidemiology) with measurable competencies. APHNs will also need to lead transformational educational strategies to develop future nurses as innovators who can lead systems changes (NASEM, 2021).

Beyond curricular challenges, offerings of advanced degrees in public health nursing are limited. Over the past several years many graduate nursing programs have phased out their APHN degree due to decreasing enrollment. APRN roles have grown, with concomitant salary growth. APHN programs are hampered by a lack of certification as a program outcome and a concrete deliverable when looking for employment. In addition, public health salaries are generally lower than clinical salaries, meaning a lower return on investment for nurses pursuing education in APHN.

The term advanced nursing practice is broad and applies to nursing specialty practice (APRN Advisory Committee, 2008). However, it is often narrowly construed to be the 4 APRN roles (nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives). While advanced nursing practice roles in indirect care, such as APHN, nurse administrators, and nurse informaticists are seen as important to nursing involvement in leading health care change,

they are often seen as less lucrative for schools of nursing to develop and maintain educational programs as needed.

Defining public/population health care services and delineating the APHN roles and functions continues to be challenging. The specialty itself needs to identify and hold practitioners accountable for measurable competencies and educational standards. In addition, further work is needed to enumerate the number of nurses practicing as APHNs, the scope of their practice, and outcomes of their practice for systems and populations. This would greatly help APHN practitioners to describe their value and influence and obtain greater recognition among health care professionals, policy makers, and society at large (Iriarte- Roteta et al., 2020). Further, validation and recognition of the impact that population – focused nursing practice and research contribute to health outcomes remain under measured thus limiting the identity as a practice specialty within the nursing profession.

## **Conclusion**

The future of the nursing profession, the future of nursing education and, most importantly, the future of public and population health improvement would be enhanced by expanding the public health and health care system workforce with nurses who have advanced public health nursing education, knowledge, skills, and leadership. These experts will help change the paradigm to focus on SDoH and prevention. This paradigm shift requires investing in graduate education programs that facilitate future APHN leaders. Over the past 100 years public health nursing leaders have been protecting and promoting health for all communities, and its time to invest in this APHN workforce as the trusted and educated specialists who can continue to demonstrate competent leadership for public and population health.

## **Recommendations**

1. The Department of Human Services, in collaboration with major PHN organizations, should support and convene, by 2025, a diverse and representative group of public health nursing professionals and educators, organizations, foundations, schools of nursing, and others to delineate the required leadership, training, professional development, and systems changes required to advance the field of public health nursing at the PHN and APHN levels (NACNEP, 2023).
2. APHNs, in collaboration with their employing organizations, PHN Section of APHA, Association of Community Health Nursing Educators (ACHNE), and APHN, should partner and participate in research and evaluation efforts to demonstrate the impact of APHN

practice on the health of the public. This would include disseminating examples of practice and outcomes widely across nursing, health care, and the public.

3. National organizations conducting public health workforce research, such as the Consortium for Workforce Research in Public Health Systems, should include discipline specific research related to recruitment, retention, reasons for leaving, and professional development needs.
4. Public health agencies at the national, state, and local levels should prioritize addressing the nursing workforce shortage instituting committed, concerted, and innovative initiatives to recruit, train, and retain PHNs and APHNs within their respective agencies (Johns Hopkins BSPH, 2020).
5. Public health agencies at the national, state, and local levels should work with nursing educational institutions to assure ongoing professional development opportunities for existing and incoming PHNs and APHNs to meet current PHN/APHN competencies.
6. Public health agencies at the national, state, and local levels should enhance PHN and APHN representation within leadership and during strategic decision-making (Johns Hopkins BSPH, 2020).
7. Public health agencies at the national, state, and local levels should promote equity, diversity, and inclusion within and amongst the public health workforce (Kumar et al., 2022), including the PHN workforce.
8. Nursing organizations, schools of nursing, public health organizations, as well as public and private partners, should develop a marketing strategy to recruit current RNs into graduate public health/population health programs and highlight the value of this role for improving population health. (Drevdahl & Canales, 2018).
9. ACHNE should work with AACN and nursing programs across the nation on efforts to improve nursing education to build the advanced public health nursing workforce by:
  - a. Developing clear measures of competencies in public/population health to use across programs (MSN, MPH and DNP)
  - b. Conducting and modeling curriculum mapping to competencies
  - c. Ensuring that faculty teaching community health, public health, and/or population health possess the academic and experiential knowledge and skills associated with the specialty.
10. The U.S. Congress, Department of Human Services, private philanthropy, and other funders should prioritize funding to advance the public health nursing workforce at the PHN and APHN levels. Such funding should include scholarships for graduate study in APHN, grant support for developing PHN residency programs and APHN fellowships, and loan and faculty loan repayment programs for those practicing or teaching in APHN roles and programs.

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## Appendix A

### Exemplar APHN Positions

As a regional nurse manager for the State of Alaska public health nursing program, I am responsible for understanding the health of our communities, collaborating with stakeholders on improving outcomes, and guiding public health nurses to coordinate interventions to address priorities. This work includes reducing the spread of communicable disease, increasing community immunization coverage, and decreasing deaths from substance misuse. In order to do this effectively, my advanced public health nursing education prepared me to conduct community health assessments, communicate health information to multiple audiences, and develop leadership skills. As the Delta wave hit our community during the Covid 19 pandemic, there had been many changes to local resources and practices. I worked with our healthcare, state, and local leader partners to review and coordinate vaccine and testing availability. We identified gaps in access and worked with local officials to use public facilities for adding locations and extended hours where needed. We developed communication messages and channels to ensure community awareness of resources. As our partnership continued to meet and review data, we monitored the increase in vaccine rates and testing numbers. *Mikaila Holt, DNP, Public Health Nurse 5, State of Alaska*

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As a master's prepared public health nurse and Lieutenant in the U.S. Public Health Service Commissioned Corps, I work at an Indian Health Service facility that provides services to a community of over 4,000 tribal community members. This role focuses on injury/disease prevention for a community that is heavily burdened with chronic illnesses. My advanced public health nursing education has prepared me to be a leader in health promotion activities for this community. In this role, I have organized mass vaccination campaigns, collaborated with community stakeholders to engage members of the community in health promotion activities, and led epidemiological investigations during disease outbreaks. *Courtney Buchwald, MPH, BSN, RN, CPH, Lieutenant, U.S. Public Health Service, Community Health Nurse, Infection Control, Acting Employee Health Nurse, Acting Fort Yuma Health Center, Indian Health Services*

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In my role at the Chicago Department of Public Health as the Project Manager of the Hospital Preparedness Program (HPP), I am engaged with hospital and healthcare partners through coalition work to assure the preparedness of the healthcare system to respond to planned and real emergencies. This role requires the ability to analyze jurisdictional medical surge capabilities, equitably maintain and deploy life-saving resources, communicate essential information effectively, and leverage knowledge of hospital and healthcare operations to assure program activities align with real healthcare system needs during planning, response, and recovery. Becoming an APHN provided me with the tools to leverage my clinical knowledge to do the work of population and program assessment, data analysis, project and grants management, and enhanced my understanding of systems. *Molly Gabaldo, DNP, Project Manager, HPP, Chicago Department of Public Health*

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For the past 20 years, as a Native Hawaiian advanced public health nurse (APHN) for the State of Hawaii, I serve historically underserved communities that often mistrust government and healthcare agencies. Establishing culturally respectful approaches to communication and engagement with these groups is crucial. We identified a need to develop a conceptual model that integrates indigenous knowledge and health practices into our population health endeavors. To inform our practice, we gathered evidence on “sense of place” and holistic care principles. We consulted with Native Hawaiian populations by “talking story,” a casual communication method often preferred in Hawaii. Four interconnected concepts emerged from this process, forming the basis of our conceptual model: Mo’oku’auhau – genealogy/heritage and lineage; Piko - mind, body, and spirit, care for self and ensuring balance; ‘Ike - knowledge and practices; and Pilina - connections and relationships. Integrating these indigenous concepts into our PHN practice has helped establish meaningful conversations with underserved communities about health and wellness. PHNs continue to advocate by aligning government initiatives with indigenous knowledge and health practices as an upstream approach to serving historically underserved communities and addressing health equity and racism. *Gloria Fernandez, DNP, PHNA, RN Quality Assurance Coordinator for the Public Health Nursing Branch at the Hawaii State Department of Health*

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As a Commissioner and Board Chair of the Vancouver Housing Authority, I am responsible for leading the work of VHA to carry out our mission...to provide opportunities to people who experience barriers to housing because of income, disability, or special needs. It is our goal to fulfill that mission in an environment which preserves personal dignity and in a manner which maintains the public trust. VHA provides subsidized housing for about 3,400 households — approximately 6,800 people — in our community and more than 1,600 apartment units that are not subsidized but built to be affordable. We build mixed-use, mixed-income communities that provide affordable housing and popular places for businesses. We work with local governments and other community partners throughout Clark County to address issues of affordable housing and homelessness and help families break the cycle of poverty. My advanced public health role as a Board-Certified Community Health Clinical Nurse Specialist (APRN) prepared me for this role with an emphasis on population health and social and structural determinants of health. Health is not possible without stable housing and other supportive services for vulnerable populations in our community. *Joan M. Caley, MS, RN, ARNP, PHCNS-BC*

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Living in a developing and tropical country, as a public health nurse, most of the DOH programs I handled, which are still in existence at present, were National Tuberculosis Program, Dengue Surveillance Program, Maternal and Child Health Program, to name a few. After my stint as a public health nurse, I had an opportunity to work as a staff nurse in our local provincial medical center, a government tertiary hospital, that offers larger health services to the clients based on the DOH programs of the country. My four years of working as a staff nurse had increased my knowledge, skills, and attitude of Public Health Nursing, especially with the opportunity to be



assigned in various departments such as: Medicine, OB-GYN, Surgery, and Emergency. After my stint in the hospital, I decided to go back to my alma mater to share my experience, while pursuing my Master's of Arts in Nursing (MAN) in one of the prestigious schools in the country which offers Nursing related programs. When I graduated with my MAN while working in academe, I had the opportunity to be assigned to various roles and responsibilities related to my profession and inclination to Public Health. One of which is the continuous collaboration with Johns Hopkins University (JHU) School of Medicine on Helping Babies Breathe (HBB) and Helping Mothers Survive (HMS) projects.

Looking back to my experience as a public health nurse in our local community health center up to the present, this provided me with a definite decision to pursue my doctorate in public health. Currently, I am studying my Doctor in Public Health (DrPH)-Health Promotion and Education at the University of the Philippines Manila, College of Public Health. While studying, I also continued my annual collaboration with JHU School of Medicine on HBB and HMS projects, realizing the importance of these projects as one of the neglected DOH programs of the country, especially during the height of the COVID-19 pandemic. Finally, as a registered nurse in the Philippines who is specializing in Public Health, I am also actively engage in various international and national Nursing professional organizations, such as but not limited to the Sigma Theta Tau, as a member, and the Philippine Nurses Association, as a president of the Davao Oriental chapter. *Jayson S. Austria, MA, RN, Davao Oriental State University*

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