



Frequently Asked Questions – [HR 3679 The National Nurse Act of 2011](#)

Why do we need a National Nurse for Public Health? Isn't the Chief Nurse Officer (CNO) of the USPHS already sometimes referred to as our National Nurse?

This position/role is not well understood by nurses or the public. The title itself would indicate a position of stature and widespread recognition, yet few can name the CNO of USPHS or describe the role and responsibilities. "CNO" is a term used widely in our military and healthcare systems. Congressional action is needed to formally bestow the unique title of National Nurse for Public Health on the CNO of the USPHS to provide the status, authority and public recognition to lead mass scale prevention efforts and shift to a culture of prevention in US healthcare. The current CNO position is only half time. It needs to become full, rather than half time, and focused on leading health promotion and disease prevention efforts by encouraging all nurses and future nurses to spread messages of wellness in their communities.

Isn't "Prevention" the agenda of the US Surgeon General? Wouldn't this be a duplication of services?

The Surgeon General primarily reviews data and then advises and makes recommendations to the nation's physicians. The primary role of the prominent and visible National Nurse (NN) position would be focused on the public. The NN role would advise and make recommendations to public health personnel, community leaders and licensed volunteers to enhance existing community services to focus on prevention. This is different, yet complementary to the agenda of the US Surgeon General.

Would this create a new bureaucracy?

No. It is redefining and refocusing an existing position, that of the CNO of the USPHS. This position would continue, and the current responsibilities of that position would continue. However, to underscore the importance of the mission and status of the National Nurse for Public Health, the role of the CNO position would be elevated and expanded to full time. The National Nurse for Public Health would work collaboratively with the Office of the Surgeon General.

The primary purpose of this expanded CNO role would be to focus and provide symbolic leadership for a much-needed cultural and philosophical shift to prevention. Key activities, strategies and interventions would occur at the local level. Nurses in every community would be encouraged to follow the leadership of the NN and become locally involved as their time and energy allows. Networks for involvement would include the Medical Reserve Corps units and other existing prevention networks such as the American Heart Association or American Diabetes Association.

Would this create two positions requiring the CNO would have to report to the National Nurse?

No. The CNO of the USPHS would be the National Nurse for Public Health. The positions are one and the same. This initiative would simply elevate the CNO position to full time and bestow deserved prominence, stature, and authority, thus enabling this individual to effectively lead prevention efforts.

How is this going to be paid for? Will it divert scarce resources from other needs of nursing like recruitment and education?

Considering the potential return on investment (ROI) via cost savings through national prevention efforts, increasing one position from half time to full time is not a significant cost factor. The CNO position is currently funded, but we are asking for a higher pay rank to put the National Nurse on par with the other CNOs in the Federal Nurse Council. The ANA, Commissioned Officer Association, and the Quad Council are in agreement and are also recommending this to happen.

Costs are further minimized because this initiative recommends utilizing existing resources, already funded, to integrate and support volunteer efforts. While state and local health jurisdictions are not well funded, their leadership and collaboration with volunteer prevention efforts is likely, because interventions recommended by the National Nurse for Public Health will support local/regional public health agendas for prevention. The Medical Reserve Corps and other existing prevention networks are likely to engage more nurse volunteers. This proposal does not compete for funding earmarked for nursing education or research; however, a National Nurse is likely to become a strong visible advocate for those initiatives.

Wouldn't this position compete for or drain funding from existing programs?

The ROI for the small costs of establishing an NN for prevention efforts is potentially high. The immediate costs of promoting prevention via a NN would be kept to a minimum because the concept is based on expanding existing networks, such as the Medical Reserve Corps that are already funded and functioning. Many materials and excellent evidence based prevention programs have been developed and are already available.

What is lacking is a network of credible trusted "messengers" to deliver these interventions in the targeted communities. Nursing is the "most trusted" profession in our nation. Community penetration will be enhanced when local nurses volunteer to serve as the "messengers" of the excellent evidence-based programmatic materials already available from the CDC, HHS, and other authoritative resources.

How will busy nurses and students have time to volunteer?

Nurses, as a group, are one occupation that consistently steps up to the plate when community needs arise. Student nurses often have "community service" hours required in their programs, and participating in prevention activities in their communities would provide sites for such learning opportunities and exposure to public health and community nursing roles. With depleting numbers of public health nurses, this would also introduce future nurses to the dynamic nursing roles in the community, and possibly increase interest in those specialty areas.

Retirees are another large resource pool of experienced nurses. They have necessary health promotion skills, knowledge of resources, and the confidence that comes from experience. Maintaining professional activity via MRC and other prevention programs would provide retirees with continued professional involvement, social interaction, and resources for continuing education to maintain their licensure. Many nurses choose to work only part time, and may seek opportunities to volunteer at the schools their children attend.

Is there evidence to suggest having a National Nurse for Public Health would be effective?

Social marketing, media blitzes, cartoon character icons, and celebrity spokespersons are some examples of strategies that have been researched for health promotion and found to be effective. Look at such examples as provided by Katie Couric's support for colon cancer screening, and Surgeon General C. Everett Koop's massive efforts to provide HIV education to every household. Smoking cessation interventions at the individual, community and systems levels have impacted health outcomes. Symbolism of national campaigns like "Smokey the Bear" delivering fire prevention messages is another example of a highly visible and strongly recognized social marketing strategy. There has also been documented research about the success of "motivational interviewing" and community healthy living fairs as two possible intervention strategies for prevention. The data provided by Dr. David Olds and the Nurse Family Partnership studies would support the effectiveness of having registered nurses involved in the delivery of the interventions.

How will you assure that activities provided at the local level would be evidence based?

This legislation recommends using community education teaching materials that have been shown to effectively promote "best practices." The fact that activities will most often be integrated into existing professional networks such as MRCs for deliver, in collaboration with local PH leaders and key stakeholders, assures use of strategies that have the greatest impact on improving health while reducing costs. The NN for Public Health would recommend acquiring educational materials from the CDC or those

organizations already focusing on prevention of targeted conditions (for instance, the American Heart Association or American Diabetes Association). Having a National Nurse who is a career PH professional, lead the planning for the initiative, as well as overseeing the MRCs, is likely to assure inclusion of evidence-based interventions.

Are endorsing organizations representative of the nursing profession?

Below is a partial list of national, state, and local supporters that support a National Nurse for Public Health who are or represent nurses: * A complete list can be found at <http://nationalnurse.org/endorsements.shtml>

- American Association of Legal Nurse Consultants
- American Association of Nurse Assessment Coordinators
- American Association of Women in Community Colleges
- American Federation of State, County and Municipal Employees
- American Federation of Teachers-National
- American Federation of Teachers-Oregon
- American Holistic Nurses Association
- Andrea Sloan RN, Esq.
- Ann Promise RN, MSN, NP-c, CCM
- Anne Lewellyn RN.C BHSA CCM CRRN Dorland Healthcare Information, Editor in Chief
- Asian American/Pacific Islander Nurses Association
- Association of Nurses in AIDS Care (ANAC)
- Barbara Hirsch RN, BA, BSN, JD
- Becky Bowers-Lanier, EdD, RN
- Carla Mills ARNP, BSN, MSN, FNP-C
- Case Management Society of America
- Community Nursing Network – Oregon
- Debi Williams MS, RN
- Deborah L. Phillips RN, BA, JD
- Diana Swihart, PhD, DMin, MSN, CS, RN-BC
- Duey's Place Assisted Living Facility
- Edie Brous RN BSN MSN MPH JD
- Editorial of support-RN Magazine Jan 2006
- Exceptional Nurse (Non-profit organization dedicated to nurses with disabilities)
- Florida Nurse Practitioner Network
- Holly Bedgio RN-BC, BSN, CRNI, CWS, CLNC
- International Parish Nurses Resource Center
- Jane Jeffrie Seley NP CDE Diabetes Nurse Practitioner
- Janie McGrew MS, ARNP, CCRN, NE/NEA-BC
- JNESO District Council 1 IUOE- AFL/CIO
- Joachim Voss RN, PhD
- Kansas Parish Nurse Ministry Inc.
- Karen Greco PhD, RN, ANP-BC
- Kathleen Murphy Jones RN, Esq.
- Kathleen Sobczak, RN, BS, CRRN, CNLCP, COHN-S, CCM
- Kathy Anne Mancusi RN, Esq.

- Kerry Roth RN, BSN, CWCN
- Laura Gasparis Vonfrolio RN, PhD
- Linda M Bertino, RN, MSN
- Maverick Health
- Midtown Health Council St Petersburg, Florida
- National American Arab Nurses Association
- National Association of Hispanic Nurses
- National Association of Independent Nurses
- National Association of Neonatal Nurses
- National Council of Certified Dementia Practitioners
- National Nurses in Business Association
- National Nursing Network Organization
- Nightingale Initiative for Global Health
- North America Nursing Diagnosis International
- Northeast Tennessee Nurse Practitioner Association
- NurseTogether.com
- Orpha Ale Mineque BSN, RN, CCRN
- OR Manager Inc. –Editorial and endorsement of support
- Oregon Federation of Nurses and Health Professionals
- Pennsylvania Coalition of Nurse Practitioners
- Philippine Nurses Association of America
- Preventive Cardiovascular Nurses Association
- Regina Lane RN, BSN, CPUR, MSN, MBA-HCA
- Renee S. Rosomoff, BSN MBA CRRN CRC CDMS QRP
- RNs Working Together AFL/CIO
- Sally Cadman, MS, RN, ACNS-BC, CCRN
- Sandra Moritz RN, BS, M.ED PA School Nurse of 2010
- Shepeara Hall MSN, PMH-NP, BC
- State Representative Terri Austin (IN) Original Sponsor 2009 Resolution
- State Representative Michael Dembrow (OR) and State Senator Laurie Monnes-Anderson-Original Sponsors 2009 Joint Resolution
- Suzanne Gordon BA Author, Lecturer, Patient Advocate
- Tara Candela RN, BSN, JD
- The American Association of Nurse Attorneys
- Truth About Nursing
- Working Nurse

How has leadership of public health nursing responded?

Individual nurses, especially school nurses and those who work in public health or other community venues can quickly see the merit of this proposal. The CNO of the USPHS has met and reviewed the proposal. HHS and USPHS staff and administrators have provided helpful suggestions and feedback to strengthen the legislation.

The NNNO Board sees the role of PH nursing as pivotal to success of a National Nurse for Public Health locally, because targeted populations will be determined at the local levels, most likely in direct collaboration with PH leaders who will involve other

community stakeholders. PH nurses are skilled at building coalitions and effective community action partnerships. The NNNO envisions involving volunteer nurses, across all specialty practice areas and in every community, as messengers of prevention. However, Public Health Nurses, by the very nature of their functions and positions, would likely be leaders in these prevention efforts and would have key roles to coordinate, plan and evaluate prevention interventions delivered within their state and local PH jurisdictions.

How is the NNNO activity and lobbying financed? What organizations provide funding to your efforts?

The NNNO is a grassroots organization. This group of working nurses is personally dedicated to the concept of having a National Nurse. Modest contributions from supportive individuals are solicited and have been received, but most expenses are met through personal funds of the Board members themselves.

Is the ultimate goal of the National Nursing Network Organization (NNNO) to promote a national nursing union?

The National Nursing Network Organization is NOT a union, nor is this organization affiliated with a union. The NNNO is a [501\(c\)4](#) non-profit legislative advocacy organization.

Our mission is to promote, encourage, and support a National Nurse for Public Health and other projects that promote wellness and disease prevention. The National Nursing Network Organization supports the creation of opportunities for licensed practical and registered nurses to work together to solve our country's health care crisis and improve the health of all Americans.

The work of the National Nursing Network Organization is focused on:

- Having the CNO of the USPHS be known as the National Nurse for Public Health to complement the work of the U.S. Surgeon General, filling this position from among the ranks of the existing USPHS nurse leaders.
- Building a network of volunteer teams of nurses and other health professionals who will promote, encourage, and support nationwide efforts that focus on health promotion and disease prevention.

Is this proposal more supported by the Republicans or the Democrats?

The NNNO is non-partisan, however, some endorsements have been provided by partisan organizations. Support is welcomed from all organizations that value health promotion and disease prevention.

Do the nurses that started this movement want to become the National Nurse?

This was never the intent or desire of any member of the NNNO Board of Directors. The proposal is to elevate the existing position of the CNO of the USPHS to become the National Nurse for Public Health. This will always be an experienced professional who has achieved rank and stature via a career track in the USPHS.