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Survey Workgroup

- Debbie Chaulk
- Dawn Dewkett
- Andy Ellingson
- Glynnis LaRosa
- Kaydee Schmidt
Introduction

- PHNs are essential in improving the health of communities
- PHNs are needed to:
  - Address new and emerging health issues
  - Create healthy social and physical environments
  - Develop resources necessary to address population health issues and reduce health disparities.
Objectives

- Discuss MAPHN survey data collection methods.
- Analyze trends in the Massachusetts PHN workforce between 2006-2010.
- Identify opportunities and strategies to strengthen the Massachusetts PHN workforce.
Survey Methods

- 2006 First Survey
  - baseline data
- 2010 Second Survey
  - Identify trends
  - Document PHN/Population Ratio
Survey Methods

- Voluntary pencil/paper
- 15-20 minutes to complete
- Distribution
  - 2009 annual conference
  - Regional chapter meetings
  - Available on-line
  - Specific outreach
Survey Methods

- 174 surveys returned
- Covering 183 municipalities
- Representing 80% of the population of the Commonwealth
PHN Profile
PHN Average Age

- 2006: 52 years
- 2010: 54 years
- 2008 US RN: 47 years
Percent of PHNs >50 yrs and older

2006: 61%
2010: 69%
PHNs Educational Level

- Bachelor: 45%
- Diploma or associate: 39%
- Master or higher: 16%
PHNs with Bachelor Degree or higher

51% 2006

61% 2010

50% RN National
Prior Experience

- Emergency
- Mental Health
- Pediatrics
- HIV/AIDS
- Administration
- Long Term Care
- Infectious Disease
- Men’s Health
- Rehabilitation
- Outreach
- Diabetes
- Oncology
- Cardiology
- International Health
- Parish Nursing
- Obstetrics
- Hospice
- Health Education
- Faculty
- Home Health
- Environmental Health
- School Nursing
- Rehabilitation
- Pediatrics
- Infectious Disease
- Long Term Care
- Mental Health
- Outreach
- Diabetes
- Oncology
- Parish Nursing
- Obstetrics
- Hospice
- Health Education
- Faculty
- Home Health
- Environmental Health
- School Nursing
## Years of Experience

<table>
<thead>
<tr>
<th>Role</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>PHN</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Current position</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
22% responded that they speak another language

- Spanish
- French
- Haitian
- Creole
- Chinese
- Sign Language
- Italian
- Other
Expert PHNs

- Past experience
- Years of practice
- Education

Expert PHNs
Employment
Hourly Rate of Pay
Average Hourly Rate 2006 / 2010

- $25.00 (2006)
- $28.00 (2010)
- $39.32 (2009, MA RN)
PHN Hours Worked Per Week

- 1-8 hours: 7%
- 9-16 hours: 10%
- 17-24 hours: 15%
- 25-32 hours: 12%
- 33-40 hours: 56%
79 PHNs worked additional hours per week

- 26 PHNs were paid for additional hours
- 53 PHNs were **not** paid for additional hours

(Average of 5 hrs/week)

**PHNs provide $313,656 of unpaid service per year**
Benefits

- Travel expenses
- Paid sick time
- Health insurance
- Liability insurance
- Membership dues
7% responded they will retire in 2 years
14% responded they will retire in 4 years
Projection of 21% retiring within 4 years

ASTHO projects that 50% of the State PH workforce will be eligible to retire 2012 (2007 survey)
Practice
Use of MAPHN Website

- 79% (134/169) PHNs had visited the website
Scope of Practice
### Scope of PHN Practice

<table>
<thead>
<tr>
<th>Activity</th>
<th>2010</th>
<th>Increase / Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance, Disease Investigations Outreach, Screening, and Case finding</td>
<td>94%</td>
<td>↑</td>
</tr>
<tr>
<td>Referral and Follow up, Case Management and Delegated Function</td>
<td>91%</td>
<td>↑</td>
</tr>
<tr>
<td>Health Teaching, Counseling and Consultation</td>
<td>89%</td>
<td>⇓</td>
</tr>
<tr>
<td>Collaboration, Coalition Building and Community Organization</td>
<td>81%</td>
<td>↑</td>
</tr>
<tr>
<td>Advocacy, Social Marketing and Policy Development</td>
<td>72%</td>
<td>↑</td>
</tr>
</tbody>
</table>
Populations Served
<table>
<thead>
<tr>
<th>Training</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bioterrorism (BT) agents</td>
<td>45%</td>
<td>42%</td>
</tr>
<tr>
<td>Behavioral Health Response</td>
<td>16%</td>
<td>56%</td>
</tr>
<tr>
<td>Strategic National Stockpile (SNS)</td>
<td>33%</td>
<td>45%</td>
</tr>
<tr>
<td>Mass Dispensing Site (EDS)</td>
<td>49%</td>
<td>69%</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>34%</td>
<td>61%</td>
</tr>
<tr>
<td>Smallpox Vaccination</td>
<td>56%</td>
<td>59%</td>
</tr>
<tr>
<td>Training</td>
<td>2006</td>
<td>2010</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Incident Command System (ICS)</td>
<td>58%</td>
<td>80%</td>
</tr>
<tr>
<td>Homeland Security Exercise and Evaluation Program (HSEEP)</td>
<td>NA</td>
<td>13%</td>
</tr>
<tr>
<td>National Incident Management System (NIMS)</td>
<td>NA</td>
<td>63%</td>
</tr>
</tbody>
</table>
## Emergency Preparedness and Response

<table>
<thead>
<tr>
<th>Training</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Homeland Alert Network (HHAN)</td>
<td>43%</td>
<td>55%</td>
</tr>
<tr>
<td>Risk Communication</td>
<td>45%</td>
<td>59%</td>
</tr>
</tbody>
</table>
## Emergency Preparedness and Response

<table>
<thead>
<tr>
<th>Training</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Emergency Planning Committee (LEPC)</td>
<td>41%</td>
<td>64%</td>
</tr>
<tr>
<td>Drill Participation</td>
<td>36%</td>
<td>69%</td>
</tr>
</tbody>
</table>
Local PHNs continue to attend EP training in an effort to increase their skills and competencies.

Local PH Nursing participation in EP training assures a higher level of preparedness in communities across MA.

H1N1 pandemic enabled PHNs to use the Emergency Dispensing Site plans as well as Incident Command Structure (ICS) to administer vaccine and evaluate their EDS operations.
PHNs increased their participation in exercises & drills in 2009-10

Local PHNs have increased their attendance at LEPC meetings becoming more involved in local and regional emergency planning

Local PHNs are ready, competent and trained to response to a wide variety of possible emergencies
Public Health Nurses’ Role in Emergency Preparedness and Response

Public Health Nurses are vital participants in the community emergency preparedness planning process. PHNs are important in emergency preparedness and response!
Our survey data would indicate that MA has 1 PHN per 38,600 residents (0.13/5000)

National Recommendation is 1 PHN per 5000
2006-2010 Events

- Hurricane Katrina
- BP Oil Spill
- H1N1
- Stock Market
- Universal Health Insurance
- Ice Storm Massachusetts
- Earth Quakes
Objectives

- Compare PHN survey data 2006 to 2010
- Critique survey tool, methods and process
- Identify strategies to strengthen PHN role
What Did We Learn?

- About the PHNs
- About the tool and the collection process
About the PHNs

- Education above national average for BSNs
- PHNs are aging in place
- Retirement % remains consistent
- Salary increased from 2006 to 2010
- Growth and Development
  - Scope of Practice
  - Emergency Preparedness and Response
About Tool and Survey Process

- Tool collected information
- MAPHN can collect and publish data
- Data received national attention
Tool and Survey Process

- Data needs to be more timely
  - Readiness of electronic methods and systems
  - Website advances
- Did not fully capture PHN to Population ratio
  - # PHNs with reduced hours
  - # Lost PHN positions
  - Consolidation of functions or communities
Recommendations to Advance PHN Practice

- Document what PHNs do
- Link PHN practice and academia
- Maintain local and national alliances
- Contribute PHN data nationally
- Continue to monitor national trends
Anecdotes and Examples
Questions