



MASSACHUSETTS PUBLIC HEALTH NURSING SURVEY 2010

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Survey Workgroup

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- ◆ 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

- Age
- Education
- Prior nursing experience
- Years of experience PH
- Language fluency

Practice

- Use of MAPHN website/Resource Manual
- Scope of practice
- Screening/clinics/programs
- Populations Served
- Preparedness

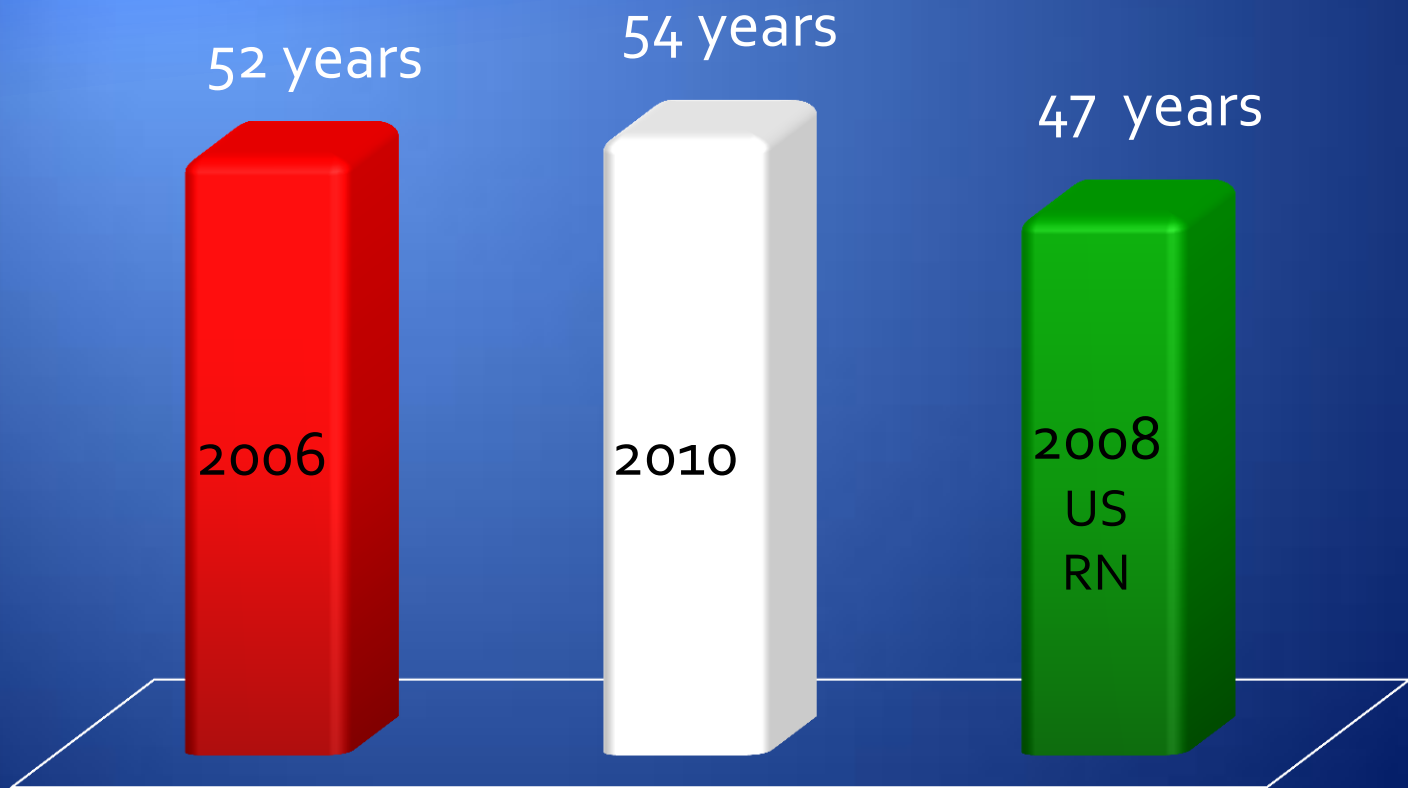
Employment

- Hours
- Compensation
- Benefits

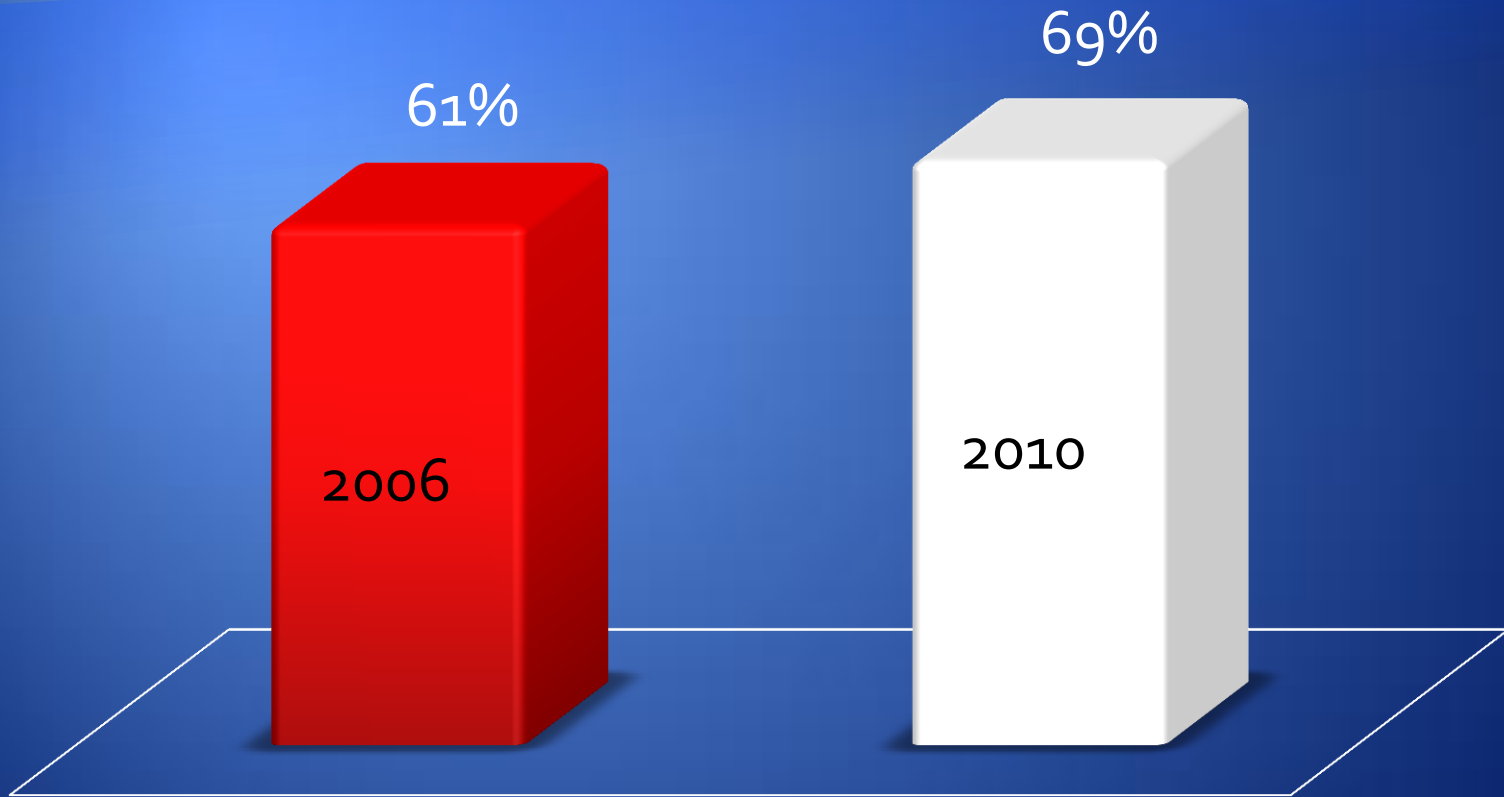
PHN Profile



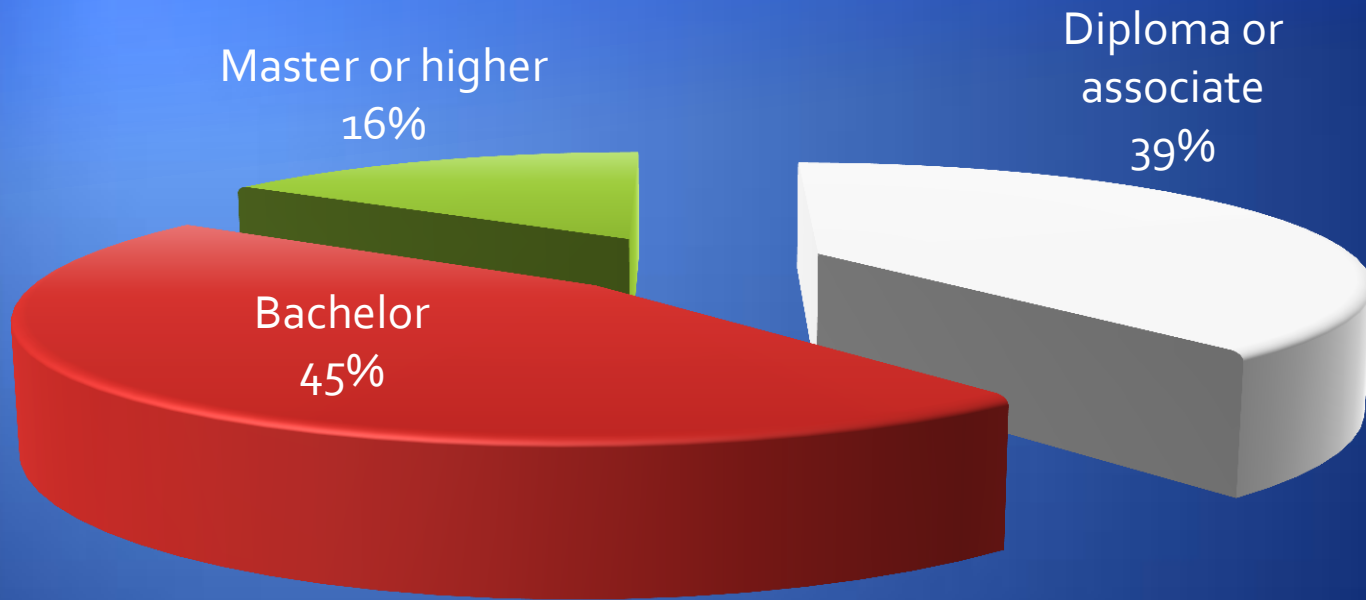
PHN Average Age



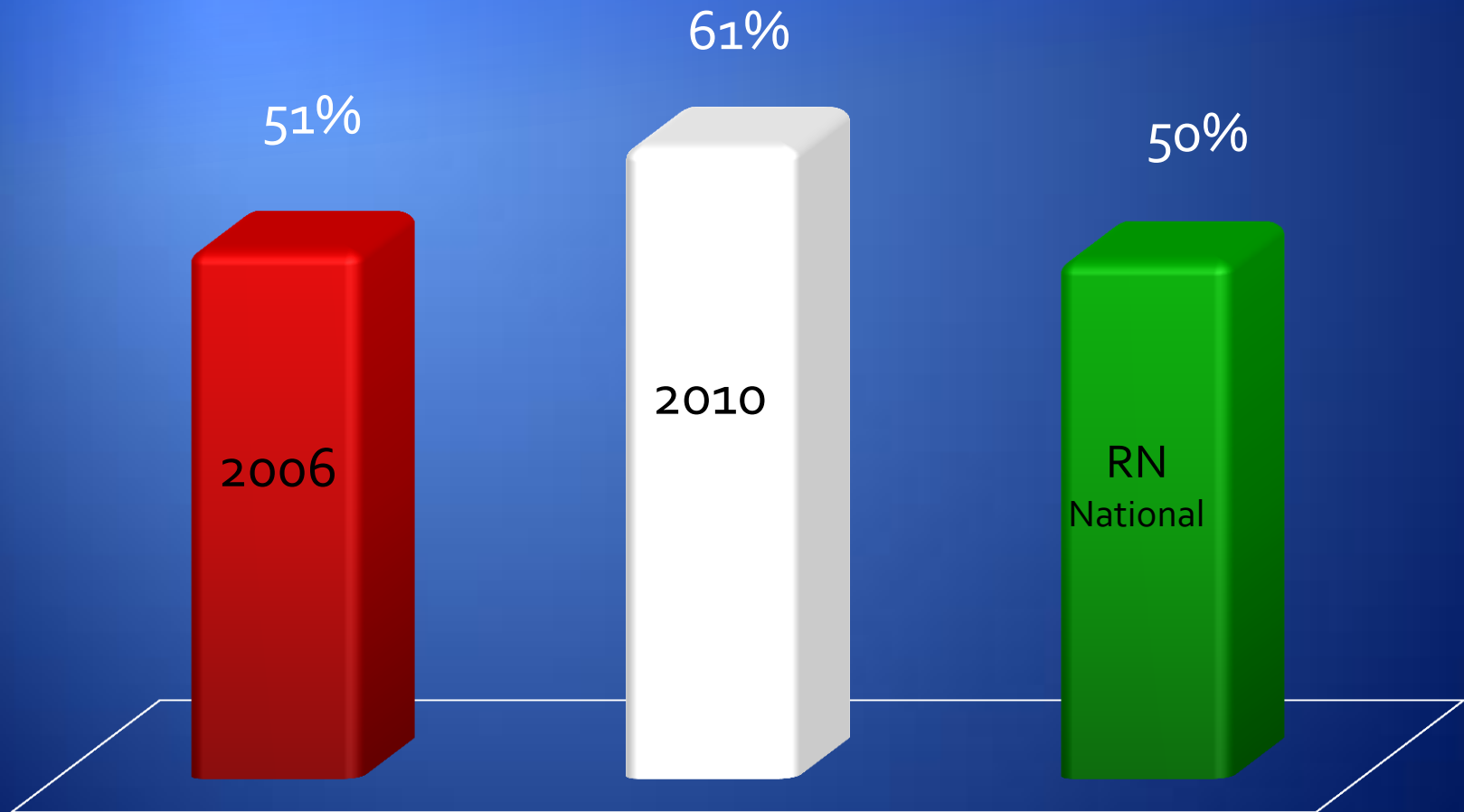
Percent of PHNs >50 yrs and older



PHNs Educational Level



PHNs with Bachelor Degree or higher



Prior Experience

Emergency

Mental Health

Pediatrics

Parish Nursing

School Nursing

Women's Health

Administration

Long Term Care

HIV/AIDS

Obstetrics

Men's Health

Rehabilitation

Infectious Disease

Acute Care

Cardiology

International Health

Diabetes

Oncology

Home Health

Hospice

Health Education

Faculty

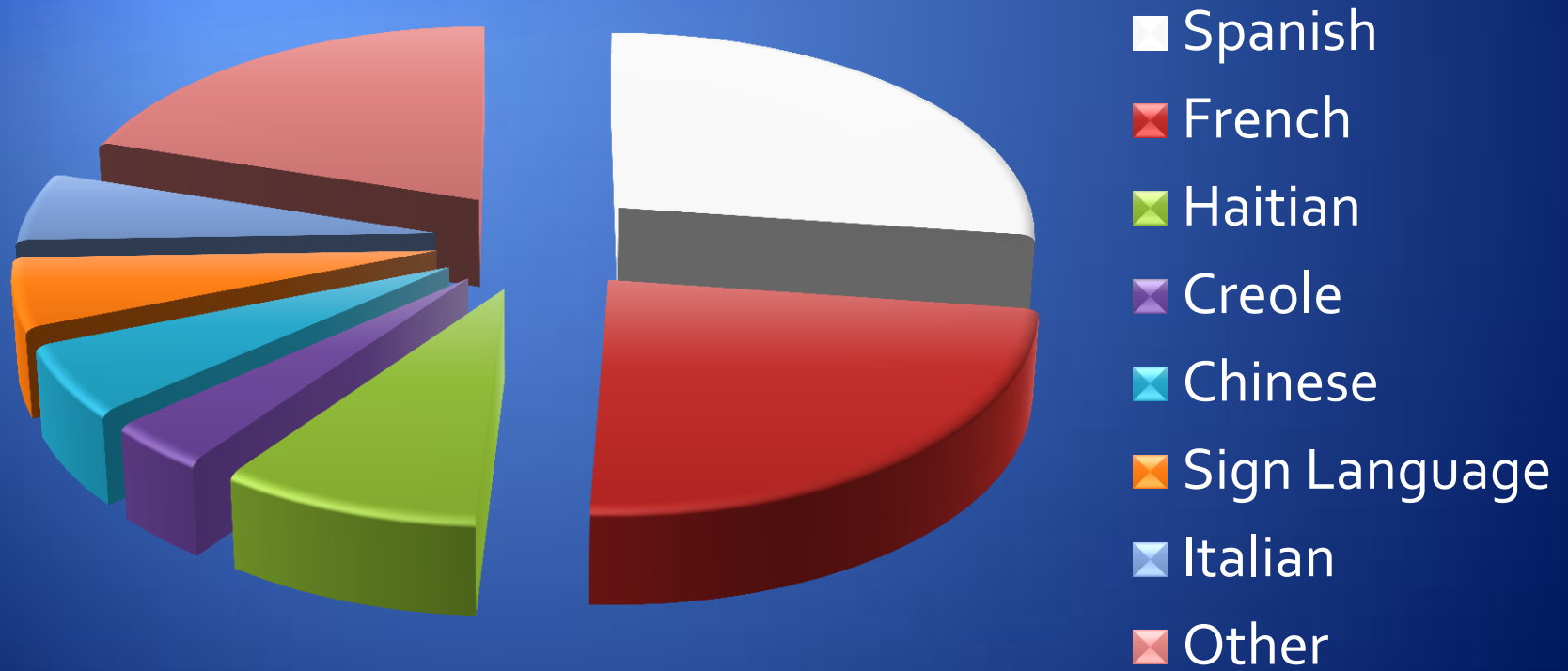
Environmental Health

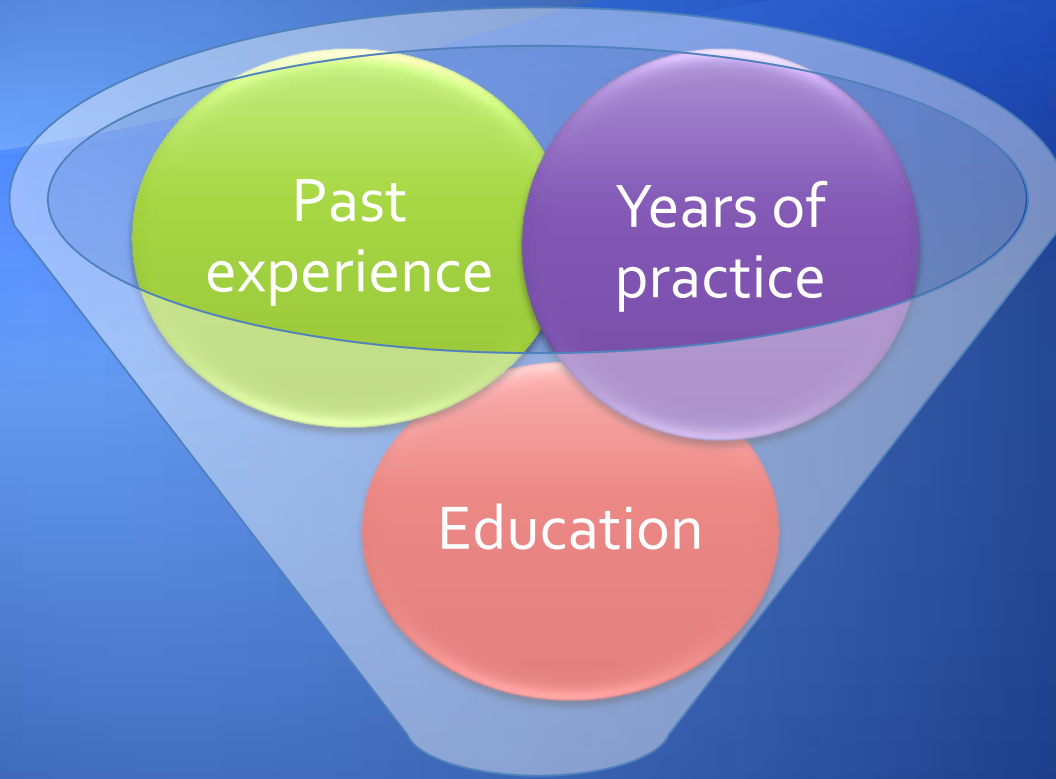
Years of Experience

	2006	2010
RN	26	27
PHN	10	11
Current position	8	8

PHN Language Fluency

- ◆ 22% responded that they speak another language



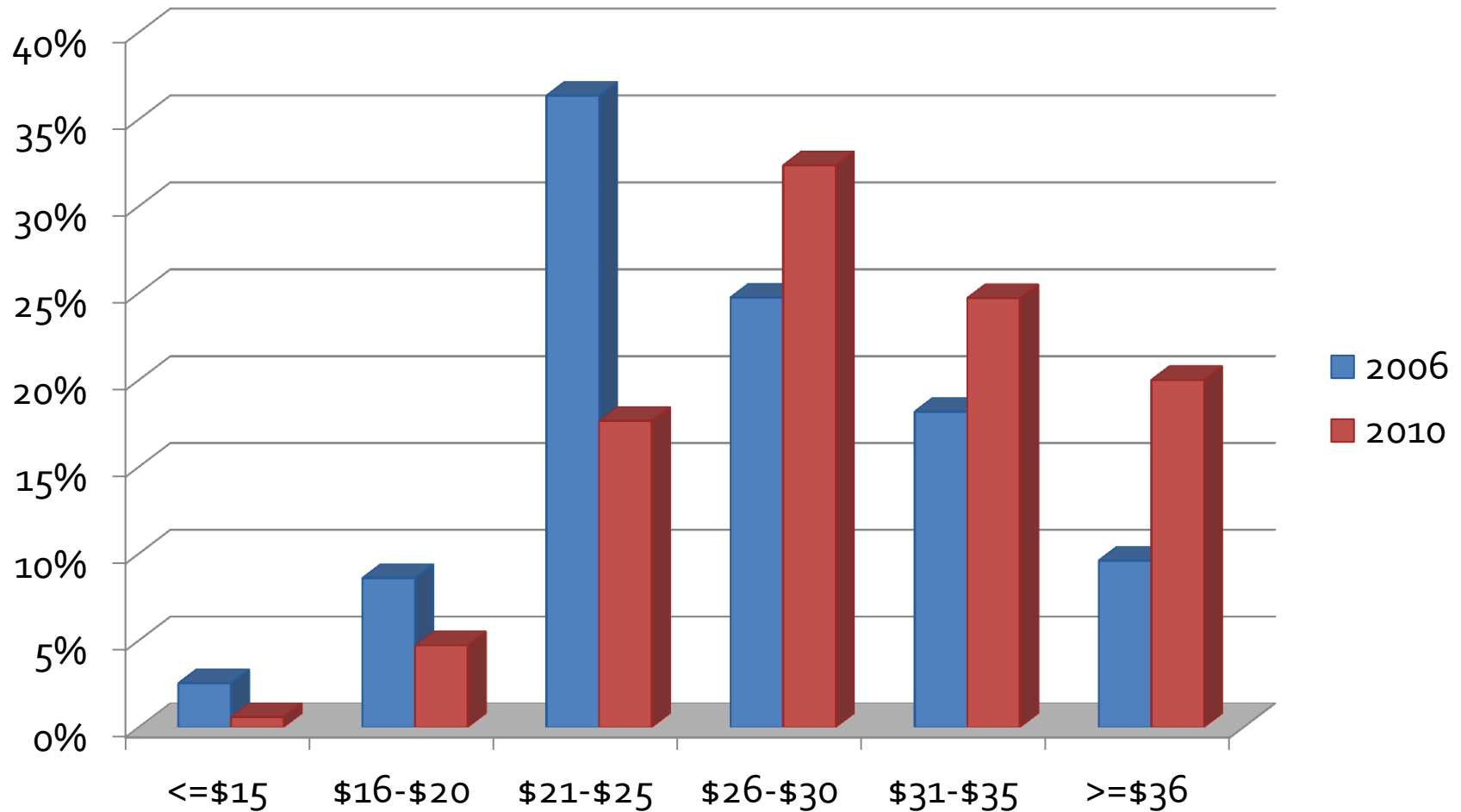


Expert PHNs

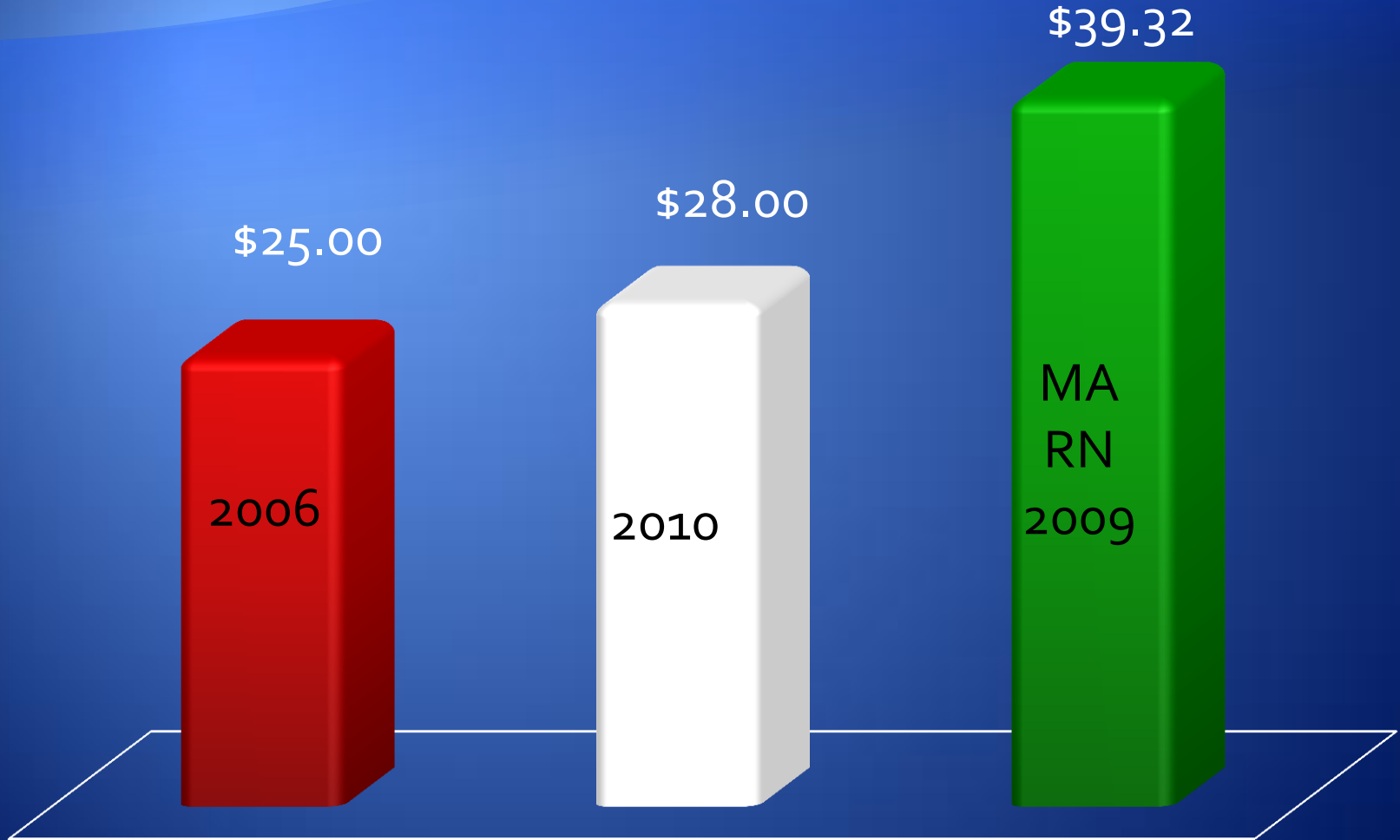
Employment



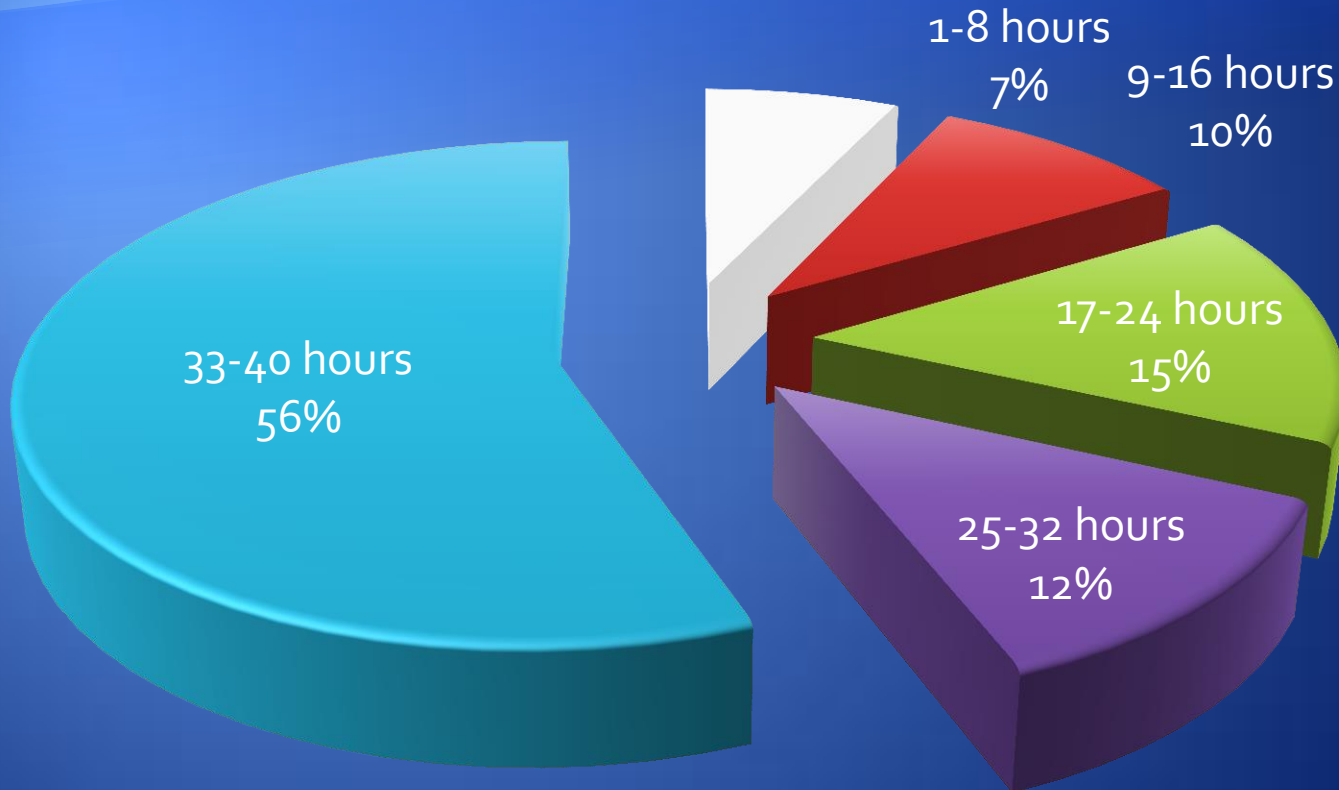
Hourly Rate of Pay



Average Hourly Rate 2006 / 2010



PHN Hours Worked Per Week



Extra Hours Per Week

- ◆ 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

Retire Within 2-4 years?

- ◆ 7% responded they will retire in 2 years
- ◆ 14% responded they will retire in 4 years



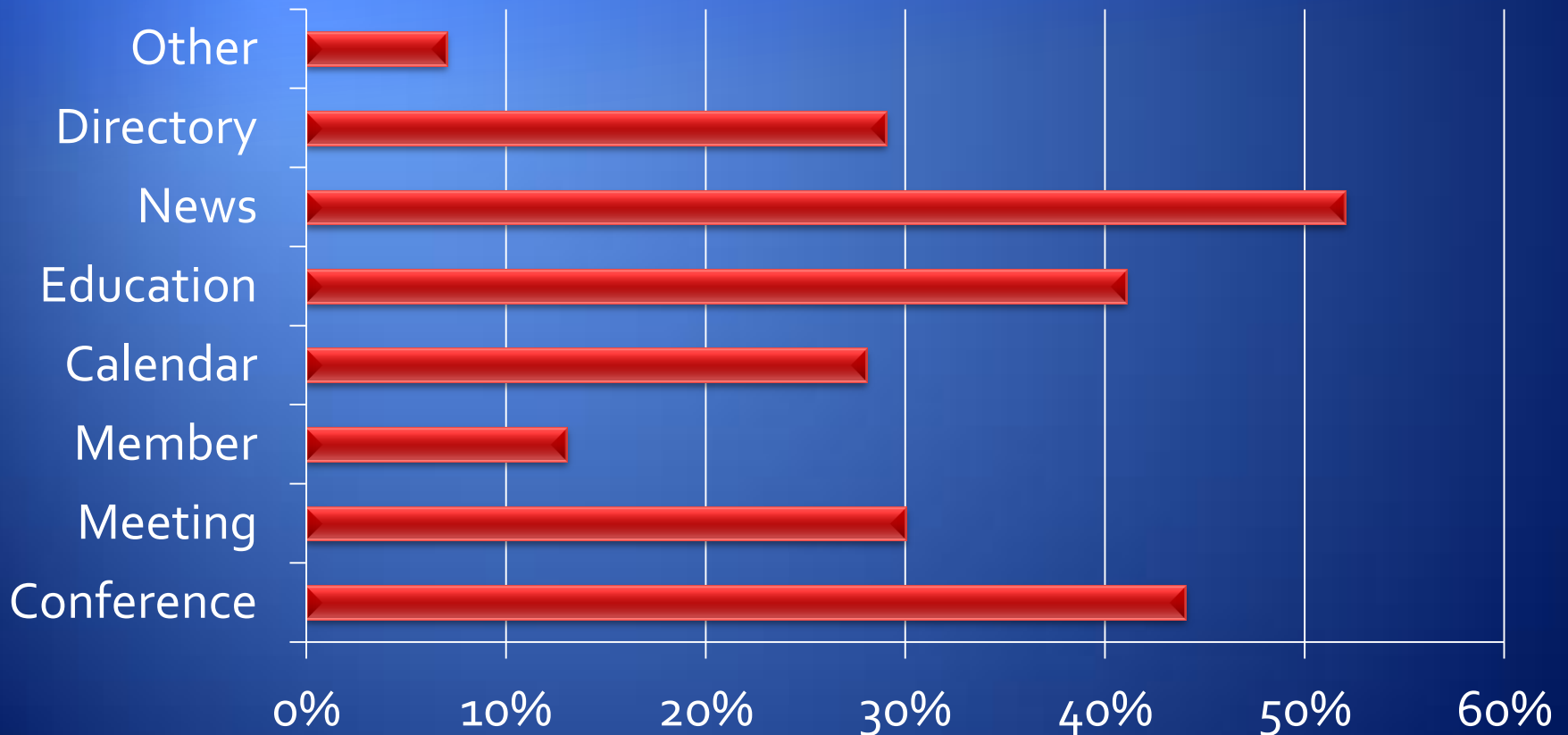
- ◆ Projection of 21% retiring within 4 years
- ◆ ASTHO projects that 50% of the State PH workforce will be eligible to retire 2012 (2007 survey)

Practice

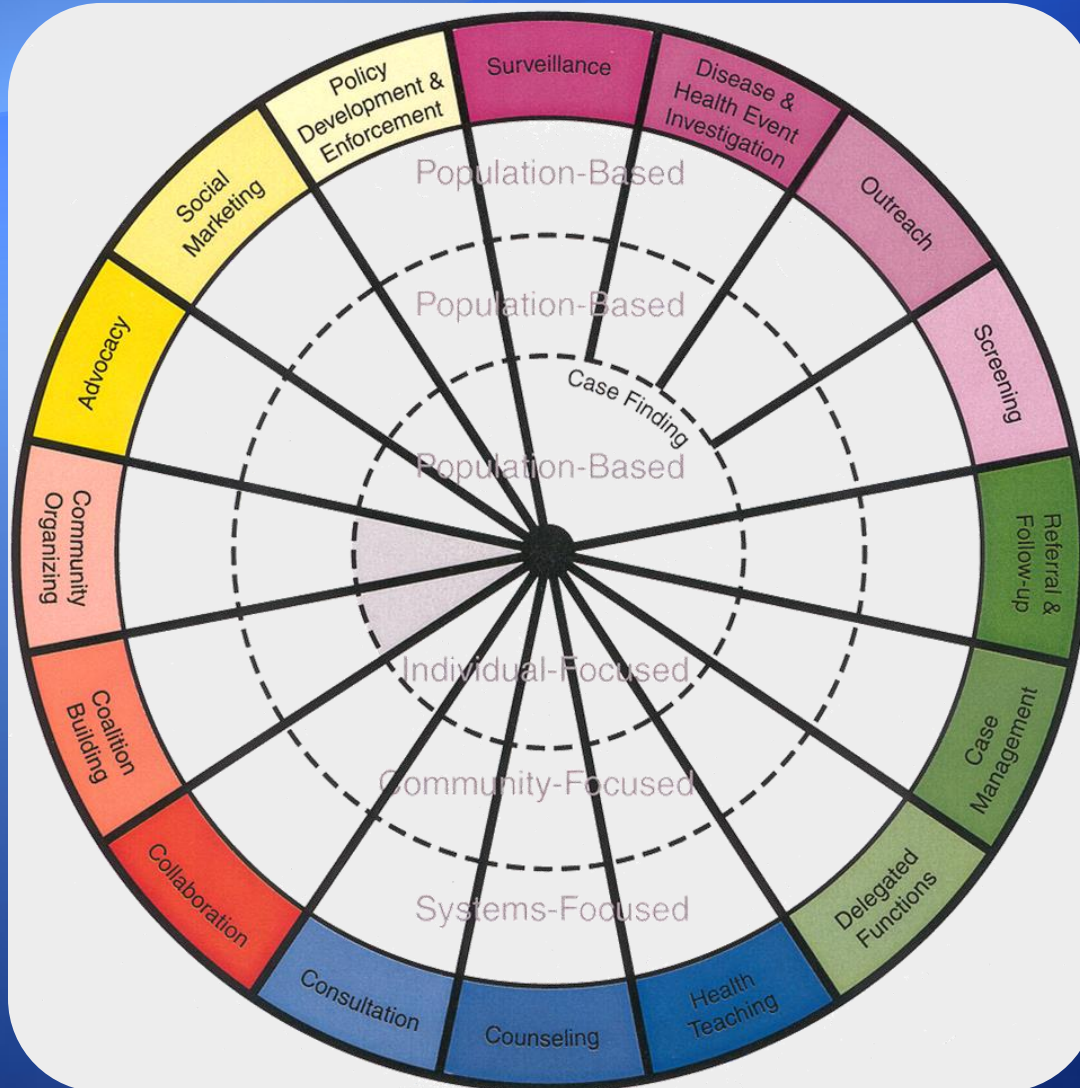


Use of MAPHN Website

- ◆ 79% (134/169) PHNs had visited the website



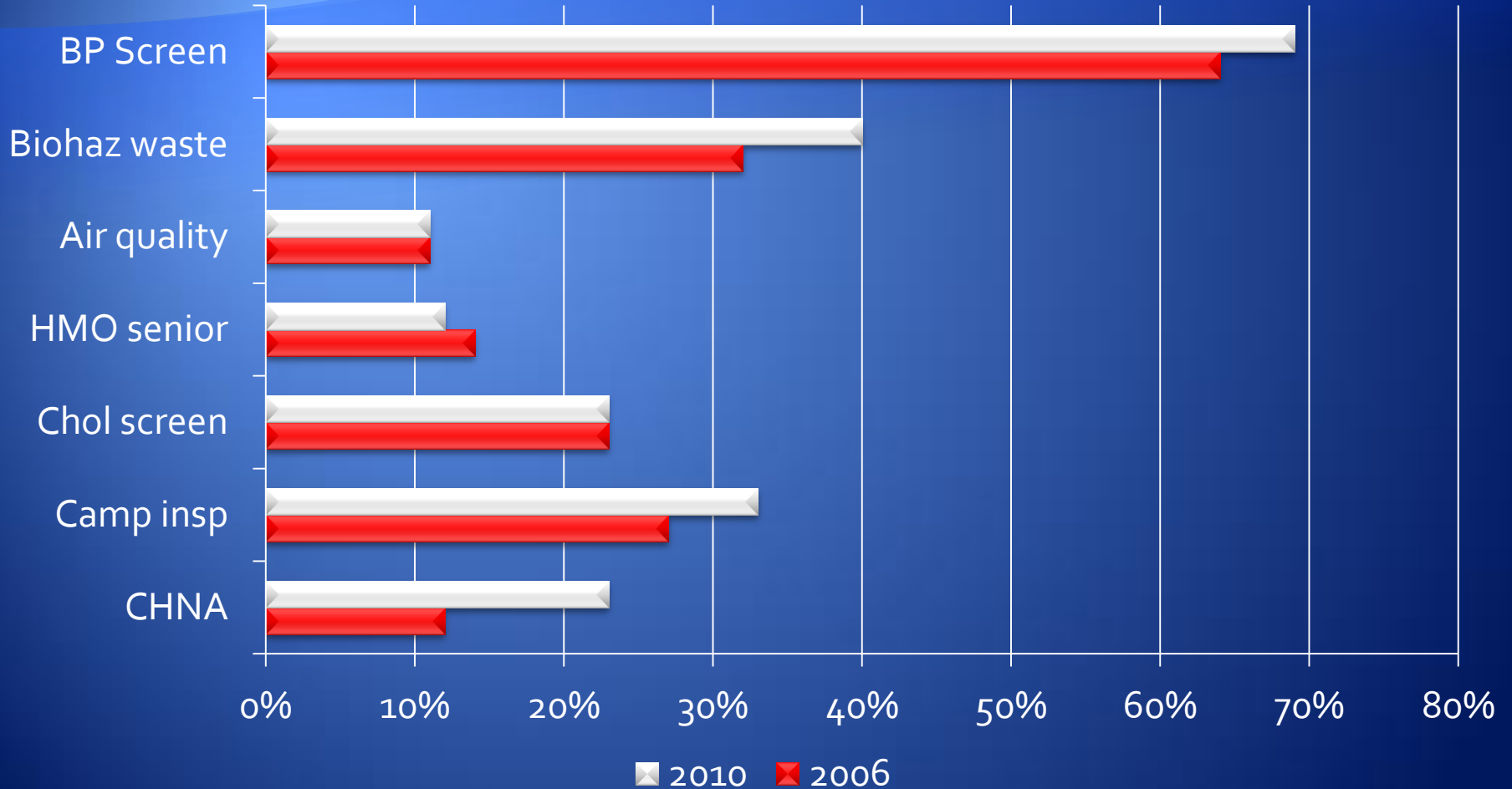
Scope of Practice



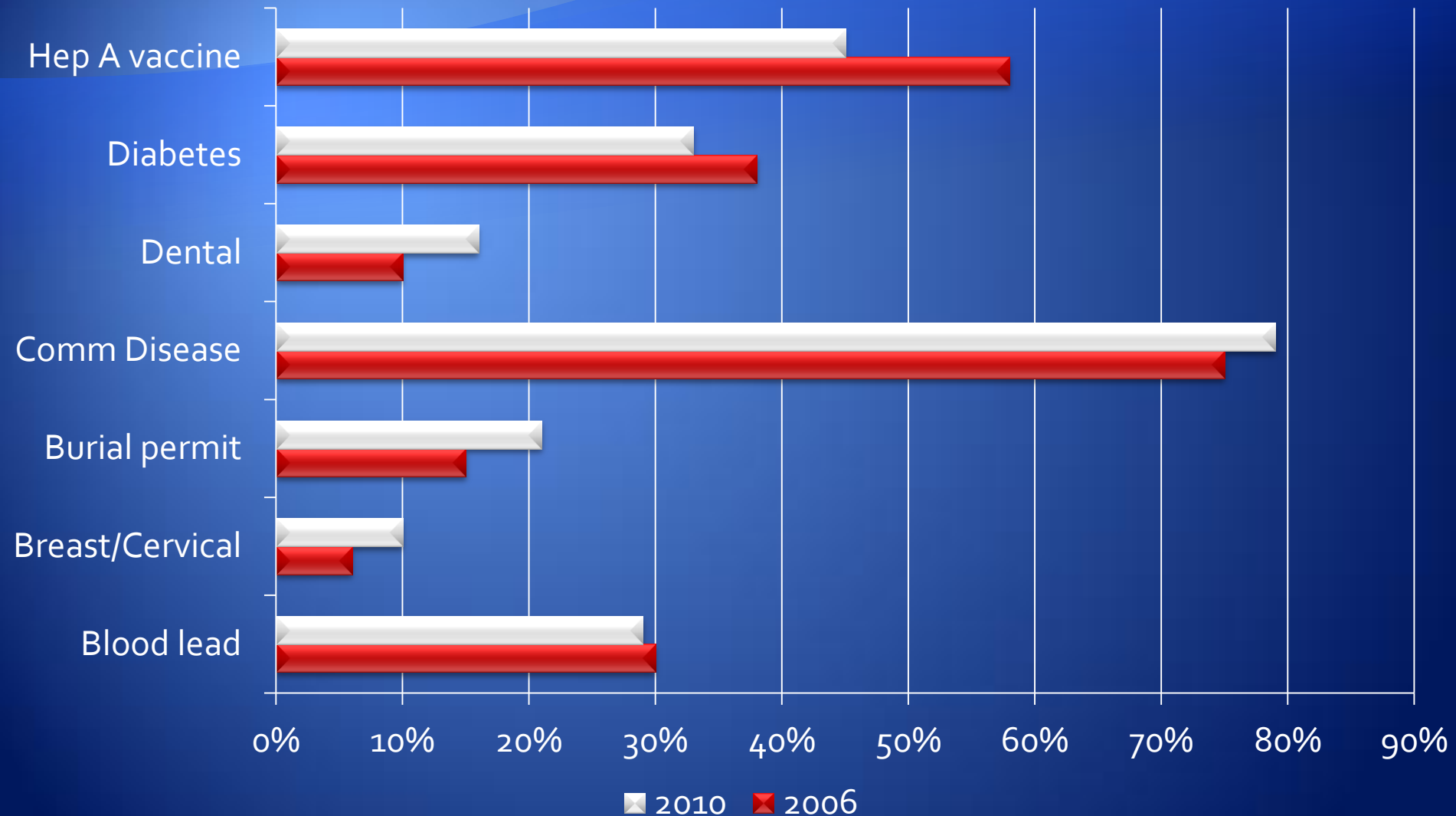
Scope of PHN Practice

	2010	Increase / Decrease
Surveillance, Disease Investigations Outreach, Screening, and Case finding	94%	↑
Referral and Follow up, Case Management and Delegated Function	91%	↑
Health Teaching, Counseling and Consultation	89%	↔
Collaboration, Coalition Building and Community Organization	81%	↑
Advocacy, Social Marketing and Policy Development	72%	↑

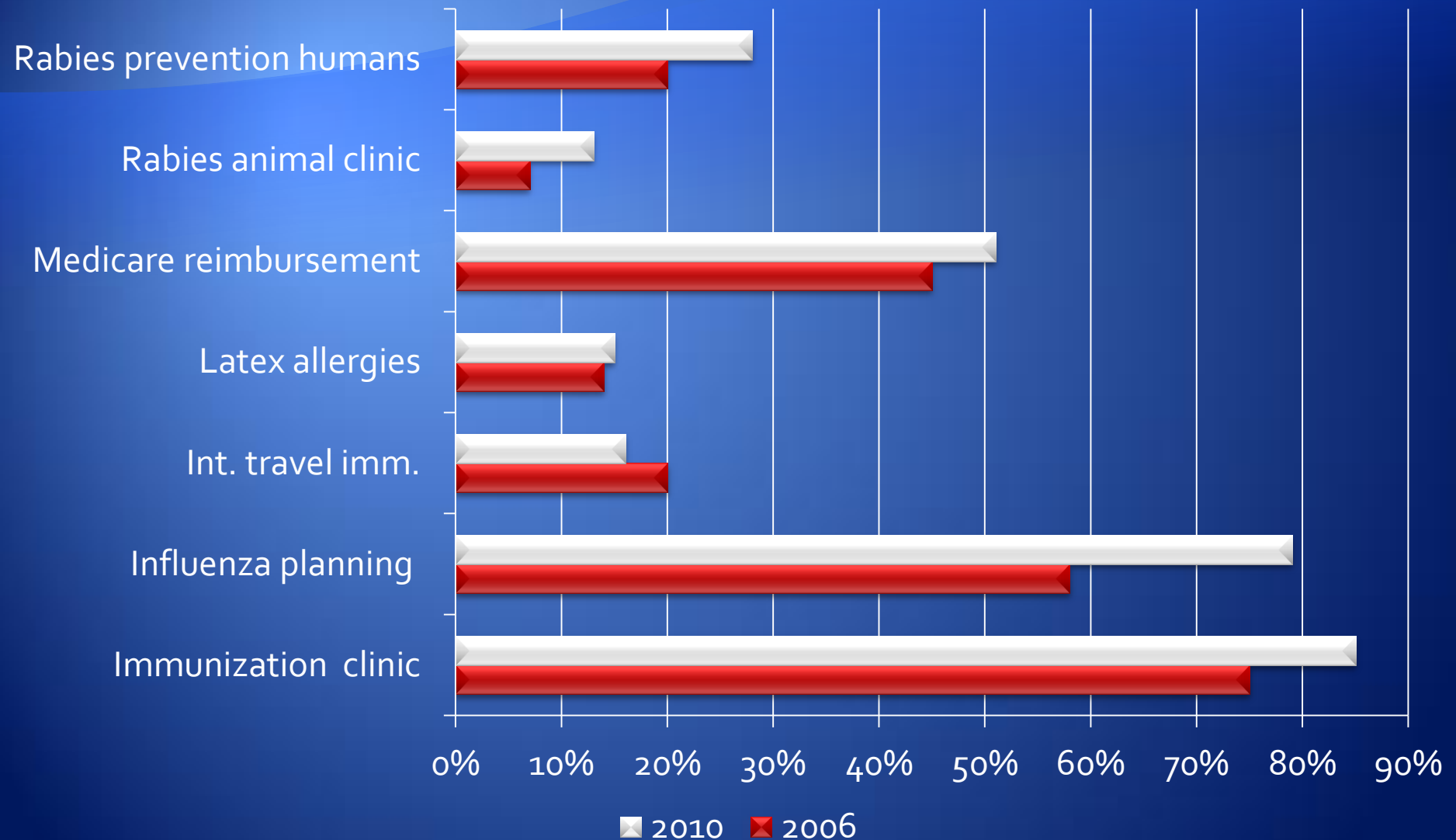
Screenings/Clinics/Programs



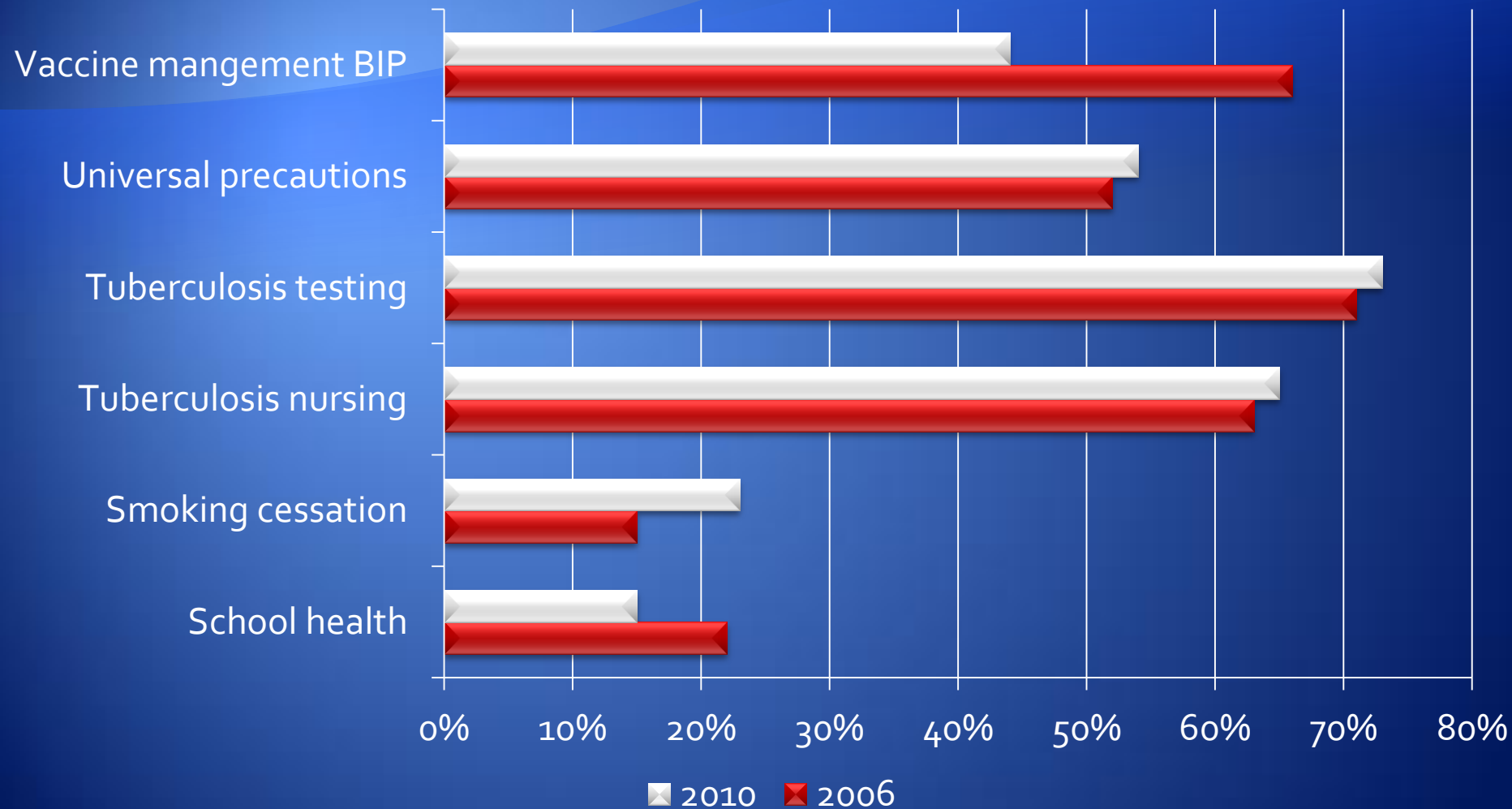
Screenings/Clinics/Programs



Screenings/Clinics/Programs



Screenings/Clinics/Programs



Populations Served



Emergency Preparedness and Response

Training	2006	2010
Bioterrorism (BT) agents	45%	42%
Behavioral Health Response	16%	56%
Strategic National Stockpile (SNS)	33%	45%
Mass Dispensing Site (EDS)	49%	69%
Personal Protective Equipment	34%	61%
Smallpox Vaccination	56%	59 %

Emergency Preparedness and Response

Training	2006	2010
Incident Command System (ICS)	58%	80%
Homeland Security Exercise and Evaluation Program (HSEEP)	NA	13%
National Incident Management System (NIMS)	NA	63%

Emergency Preparedness and Response

Training	2006	2010
Health and Homeland Alert Network (HHAN)	43%	55%
Risk Communication	45%	59%

Emergency Preparedness and Response

Training	2006	2010
Local Emergency Planning Committee (LEPC)	41%	64%
Drill Participation	36%	69%



- ◆ 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

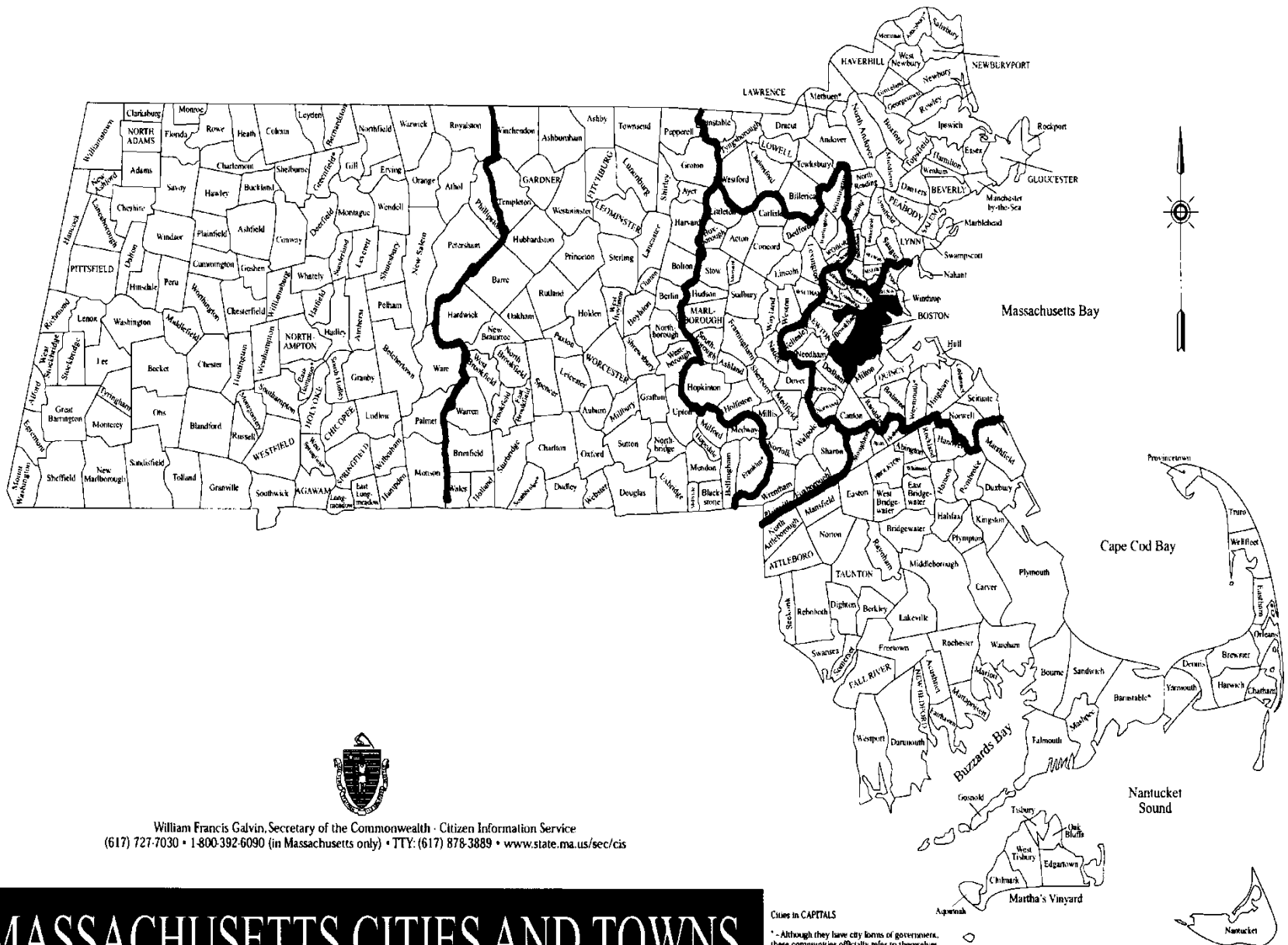


- ◆ PHNs increased their participation in exercises & drills in 2009-10
- ◆ Local PHNs have increased their attendance at LEPC meetings becoming more involved in local and regional emergency planning
- ◆ Local PHNs are ready, competent and trained to response to a wide variety of possible emergencies

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 !***



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MASSACHUSETTS CITIES AND TOWNS

Cities in CAPITALS

* - Although they have city forms of government, these communities officially refer to themselves as towns.

updated 4/01

PHN to Population Ratio

- ◆ 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

