



United States Public Health Service Federal Public Health Service Nursing Strategic Plan

Fiscal Year 2012-2016

Version 2.0

Contents

Foreword.....	3
I. Introduction	4
II. Background	4
<i>Our Historic Momentum: Understanding Who We Are</i>	4
<i>Our Current Presence: Diversification to Meet the Health Care Challenges of Today</i>	7
Figure 2.0 Federal PHS Nursing Roles	9
<i>Our Prospective Command: Leading the Way for Tomorrow</i>	9
III. Vision.....	10
IV. Mission.....	10
V. Values.....	10
VI. Strategic Planning Framework Model	12
Figure 3.0 PHS Nursing Model	13
VII. Goals and Objectives	14
VIII. Communication and Implementation Strategy	25
IX. Partners and Stakeholders.....	25
X. Acknowledgements.....	26
XI. Sources:.....	27



Federal Public Health Service Nursing Strategic Plan FY 2012 to FY 2016

Foreword

Message from the Chief Nurse Officer, United States Public Health Service (USPHS):

As USPHS Chief Nurse Officer and Chair of the Federal Public Health Service Nursing (FPHSN) Strategic Planning Task Force, I am honored to present the USPHS's first Federal Public Health Service Nursing (FPHSN) Strategic Plan. The plan aligns with the goals of the U.S. Surgeon General's 2011 Report, *National Prevention Strategy – America's Plan for Better Health and Wellness*, and it is complimentary to existing specific plans of the Department of Health and Human Services (HHS), non-HHS Agencies, and Tribal health programs. The FPHSN Strategic Plan lays the foundation for the Federal PHS nurses to address the evolving health system changes under the Affordable Care Act with a focus toward a public health nursing model of care centered on population health, wellness, and prevention. Furthermore, it sets a unified direction for the Federal PHS nursing workforce and guides and strengthens opportunities for the nurses to be instrumental in promoting better health and wellness for all Americans.

The FPHSN Strategic Plan Task Force is comprised of 38 Federal PHS nurses (35 USPHS Commissioned Corps nurse officers and 3 Federal civil service nurses). The Task Force members provide the leadership instrumental in identifying program initiatives, communicating the plan, documenting the actions and health outcomes, and further strengthening Federal PHS nurses' commitment to improved health through prevention and wellness. In addition, the members encourage partnerships among Federal, State, Tribal, Local, and Territorial governments and teamwork across the Federal PHS nursing workforce.

Improved preventive health care and evidence-based practice is critical to helping people live longer, healthier lives as well as minimize health care costs. Our vision of optimal health outcomes and reduced health disparities for all people through the promotion of wellness and disease prevention efforts are enhanced by our strategic impact areas of educating and empowering individuals, families, and populations; promoting the implementation of Federal health programs, policy, regulation, and research activities; and encouraging participation in national health campaigns. Heart health, healthy eating, mental and emotional health, and tobacco cessation are the identified four priority areas to assist us in reaching our vision.

The FPHSN Strategic Plan Task Force and I are fully committed to implementing this plan. Comments and feedback from the Federal PHS nursing workforce and external stakeholders are invited. We look forward to sustained teamwork, strategic planning, and continuous quality improvement as we strive to ensure that the actions of Federal PHS nurses effectively accomplish the vision of a healthy and fit Nation.

RADM Kerry Paige Nessler, M.S., R.N.
Assistant Surgeon General
Chief Nurse Officer, USPHS



I. Introduction

This Inaugural Strategic Plan presents the Federal Public Health Service Nursing (FPHSN) priorities for the next several years. Developed in 2011 by the US Public Health Service Chief Nurse Officer and US PHS Strategic Planning Task Force, this plan identifies the strategic direction needed to maximize the positive impact of Federal Public Health Service Nurses in the Department of Health and Human Services (HHS), non-HHS Agencies, and tribal health programs on the health of the American people. It also communicates commitment to a process of teamwork, strategic planning and continuous improvement. Given the breadth of mission, this plan demonstrates the HHS Federal and PHS nurses commitment and approach to achieving improved health care and accountability for those we serve.

This strategic plan was developed with broad involvement and guidance from a Task Force comprised of 40 HHS and non-HHS nurses who are officers, civil service and tribal Indian Health System nurse leaders. This team met frequently from April to September 2011 to reflect on the mission, vision, core values, priorities, goals, and objectives for the strategic plan. These meetings set the stage for defining the FPHSN's strategic direction. A brief environmental scan was conducted and the results enabled this strategic planning task force to assess the strengths, challenges and opportunities that FPHSNs are likely to face during future years. The Task Force reviewed the HHS Strategic plan, National Prevention Strategy, Healthy People 2020 plan, US Public Health Service mission, and the Surgeon General's Health priorities as well as other plans and reports from HHS and key stakeholders such as the Institute of Medicine's Future of Nursing report to establish the context for the choices reflected in this plan.

This strategic plan is a working, living document that provides a beginning roadmap for the Federal Public Health Service Nursing team to advance towards achieving its mission and vision and guide decision making for the years ahead. The overarching aim is to improve collaboration among nurses within each of the agencies by maximizing nursing capability as a team to best utilize and leverage collective resources when addressing identified health priorities. This strategic plan establishes a framework to integrate the FPHSN as a team to build sustainable health care capacity for all people while implementing a strategy that supports the Department's health care agenda. The plan is intended to provide strategic goals, objectives and suggested steps for every nurse to take action within each agency. The Chief Nurse Officer and identified task force staff will monitor and review progress frequently, report achievement annually and revise as necessary.

II. Background

Our Historic Momentum: Understanding Who We Are

The history of Federal Public Health Service Nursing (FPHSN) parallels that of the United States Public Health Service (PHS) and reflects the many significant accomplishments which have resulted in the prevention of disease and promotion of improved healthy behaviors for many Americans (*See Figure 1*). Created in the late 1700's, the PHS, originally known as the Marine Hospital Service, was established to provide medical care to the nation's merchant seamen by the Treasury Department. From the Services' inception, nurses worked in the Marine Hospital, though early nursing providers were either practical



nurses, who lacked formal professional training, or seamen. As the nursing profession gained recognition, more professionally trained nurses were employed by the PHS.

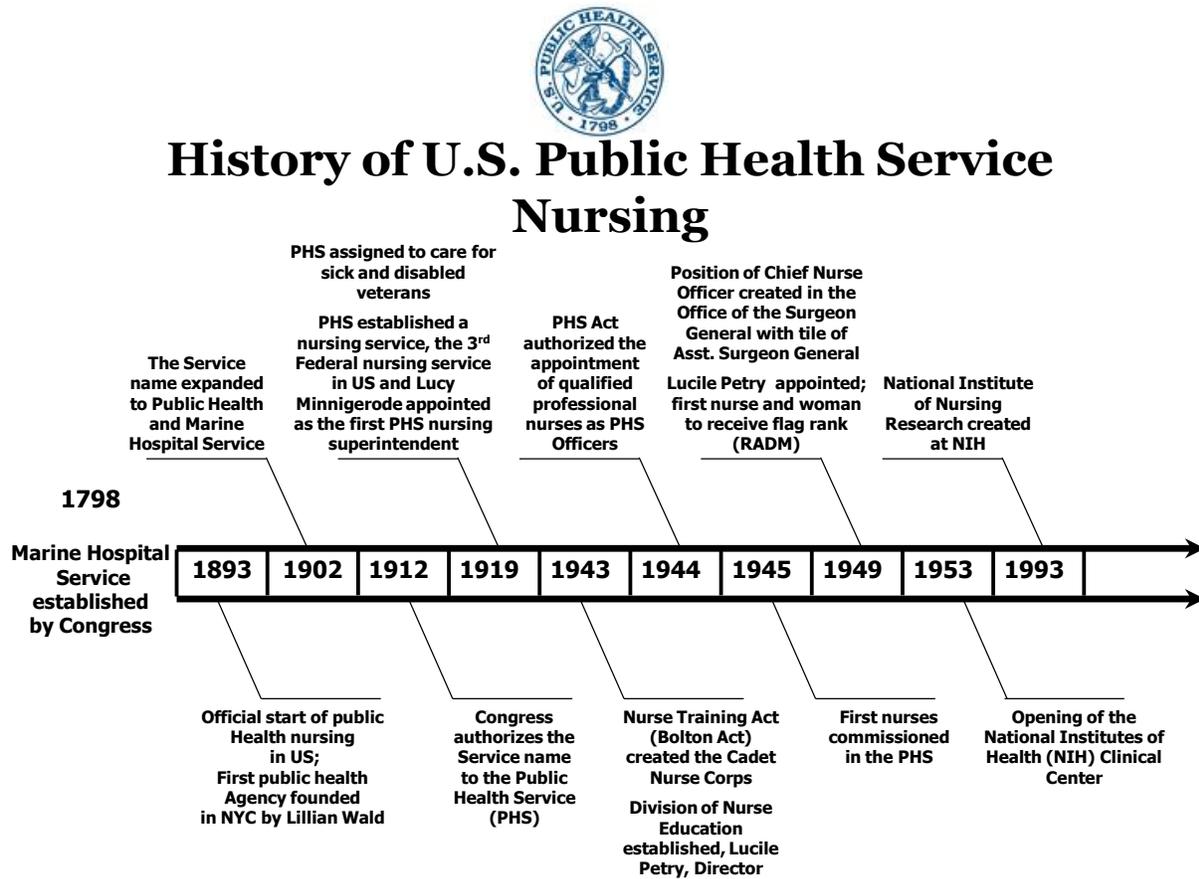


Figure 1.0 History of PHS Nursing

The changing needs of America during the 1800-1900's influenced not only health care delivery and management, but also the scope of the PHS. With the growing needs for medical inspections and health care of immigrants arriving at Ellis Island, the Marine Hospital Service extended their scope of service requiring more professionally trained federal nurses to fill the increasing responsibilities of the Service. By 1902, the Marine Hospital Service became known as the Public Health and Marine Hospital Service and ten years later, the name was simplified to the Public Health Service. Moreover, by 1912, Congress enacted legislation expanding responsibilities of the PHS to authorize investigations into human disease, sanitation, sewage disposal, and water treatment, precursors to activities found today in the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA).



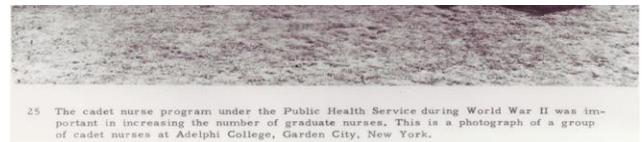
Prior to World War I, federal public health service nurses began to serve in broader functions within the PHS, targeting measures to investigate, control and treat communicable diseases, and disseminate instructions for sanitation. It was Mary E. Lent, supervising nurse, who coordinated the local nursing services. Lent’s efforts helped to establish a completely new system of local public health nursing in the United States, which was instrumental in gaining visibility and prestige.

Entry into World War II (WWII) in 1941 exacerbated the shortage of professionally trained nurses. To meet this need, Congress passed the Nurse Training Act in 1943, giving birth to the Cadet Nurse Corps of the Public Health Service. The Cadet Nurse Corps provided scholarships to students enrolled in accredited nursing programs in exchange for service in areas of nursing need upon graduation. World War II also led to organizational changes to the PHS, which included the establishment of four operating components which included the Office of the Surgeon General, the National Institutes of Health (NIH), the Bureau of Medical Service, and the Bureau of State Service. In 1944, the Public Health Service Act authorized the appointment of qualified nurses as commissioned officers. By 1945, reorganization led to more structural changes including the Division of Nursing and programs such as the Office of Public Health Nursing in the Bureau of State Services, the Office of Hospital Nursing in the Bureau of Medical Services, and the Office of Nurse Education. In 1949, the position of Chief Nurse Officer was created in the Office of the Surgeon General. RADM Lucile Petry became the first nurse to hold the rank of Assistant Surgeon General and the first woman to achieve flag rank in all of the uniformed services of the United States.



**The Cadet Nurse Corps of the
Public Health Service during WWII**

Photography courtesy of the National Archives



25 The cadet nurse program under the Public Health Service during World War II was important in increasing the number of graduate nurses. This is a photograph of a group of cadet nurses at Adelphi College, Garden City, New York.

Throughout the years, the PHS and its Federal PHS nurses have demonstrated their innovative flexibility and willingness to adapt in response to new opportunities for nurses to work outside of clinical practice in areas such as evidenced-based program, policy, research, consultation, and external collaborations. Federal PHS nurses continue to bridge the gaps in nursing as evidenced by the significant legislative acts and amendments that have affected past and present nursing roles and responsibilities within the PHS. This Legislation includes the following:

1878	National Quarantine Act	Intended to prevent the introduction of contagious and infectious disease into the United States.
1935	Social Security Act	Established a system of old-age benefits for workers, as well as benefits for victims of industrial accidents, unemployment insurance, aid for dependent mothers and children, the blind, and the physically handicapped resulting in the establishment of vocational training and family health programs.
1963	Maternal and Child Health and Mental Retardation Planning Amendments to Social Security Act	Several provisions, such as, but not limited to: 1) Increased grants for maternal and child health programs; 2) Assistance to local and state health departments to provide comprehensive maternity care for women who have conditions associated with pregnancy; and 3) Authorized research grants that would advance/improve maternal, child, and disabled children health services.



1964	Early Periodic Screening, Diagnosis, and Treatment of Children (EPSDT)	Required states to provide Medicaid-eligible children with periodic screening, vision, dental and hearing services.
1964	Title VIII of the Public Health Service Act	Authorized funding for nursing workforce development programs to supply and distribute nurses in order to meet the national nursing shortage.
1965	Title XVIII (Medicare) and Title (XIX) (Medicaid) of the Social Security Act	Expanded maternal and child health programs and created special project grants for children and youth.
1967	Child Health Act	Provided for comprehensive maternity and infant care for low income high risk patients and recommended the expansion of nursing roles.
1969	Conforming Amendments to EPSDT, Title V, and Title XIX Coordination Economic Opportunity Act	Established neighborhood health centers.
1985	Health Research Extension Act	Authorized the National Center for Nursing Research (NCNR).
1993	NIH Revitalization Act	Elevated the NCNR to the level of an Institute of the National Institutes of Health (NIH).
2010	Patient Protection and Affordable Care Act	Provides access to quality, affordable healthcare for all Americans and transforms the health care system.

Table 1.0 Legislation impacting HHS Nursing

Our Current Presence: Diversification to Meet the Health Care Challenges of Today

The Department of Health and Human Services (HHS), the government’s principal healthcare agency, is dedicated to protecting the health of all Americans and providing essential human services, especially to the underserved. The U.S. Public Health Service (PHS) has programs dedicated to: the control and prevention of disease; conduct of biomedical research focusing on new treatment and prevention modalities; protecting the nation against unsafe food, drugs, and medical devices; improvement of mental health and the management of substance abuse; expanding health care resources; health systems strengthening, and providing primary health care to individuals in medically underserved areas and those with special needs. Eleven agencies comprise the HHS: Administration on Aging; Administration for Children and Families; Agency for Healthcare Research and Quality; Agency for Toxic Substances and Disease Registry; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services; the Food and Drug Administration; Health Resources and Services Administration; Indian Health Service; the National Institutes of Health; and, the Substance Abuse and Mental Health Services Administration.

Federal Public Health Service Nurses serve in virtually all of the HHS Operating Divisions and are involved in all aspects of health improvement activities, operating both independently and in concert with other



professional disciplines. Federal Public Health Service Nurses are also assigned to other government agencies, including the Department of Justice (Bureau of Prisons), Department of Defense, Department of Homeland Security (U.S Coast Guard, ICE Health Service Corps), Department of Transportation, Department of Energy (Environmental Protection Agency), Department of the Interior (National Park Service), and Department of Commerce (National Oceanic and Atmospheric Administration).

The mission of the PHS is to “Protect, Promote, and Advance the Health and Safety of our Nation” while contributing to the systems strengthening of health care world-wide. There are approximately 4,000 civil service nurses and approximately 1,570 Commissioned Corps nurse officers who function as FPHSNs, working in diverse settings such as clinical, applied public health, mental health, program and policy development, regulatory control, education, research, and administration. FPHSN represents three unique nursing groups: 1) Civil Service nurses, federal employees of HHS, 2) Tribal nurses employed by independent American Indian and Alaskan Native Tribal Nations and communities and 3) Commissioned Corps nurse officers in HHS and non-HHS. As part of the largest public health system in the world, FPHSNs are involved in a diversified arena of jobs that include (See Figure 2.0):

- Direct patient care to prevent disease, maintain, promote and/or restore health and educate patients and providers in a safe environment. Clinical work is practiced in such places as government hospitals, correctional facilities, Indian reservations, and immigration facilities throughout the country.
- Organizing and applying scientific, administrative, medical, nursing and other health-related principles and practices to protect and improve the health and quality of life of individuals, families, and populations. This is evident through the efforts of health education, applying an evidence-based approach to promoting healthy behaviors, lifestyles, accessibility to quality healthcare and health services, safe environments and products that impact health, and detecting, monitoring and preventing disease and adverse health conditions, as well as supervisory and consultative nursing expertise to federal, State, local and Tribal government agencies.
- Ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, cosmetic products and the food supply. As a part of this process expert advice and consultation is provided on clinical, regulatory, and scientific matters ranging from research and development to scientific review of these products to determine their safety and effectiveness for use by the public.
- Performing inspections and other enforcement actions, ensuring that issues regarding special populations, such as children and elderly are considered and addressed.
- Using nursing skills to research and identify solutions to the many health-related problems that face our nation including obesity, substance abuse, maternity and fetal mortality and morbidity, health care for underserved populations and those in correctional facilities, the spread of infectious diseases either by man or nature, and educating the nation.



- Participating in policy development and decision making.
- Performing vital technical, administrative, and staff support roles representing the unique perspective of nursing throughout the operating divisions of DHHS and other federal, State, local and Tribal government agencies.

Collectively, for more than 200 years, FPHSNs have met their responsibilities to improve the health of our nation and their contributions have been significant. In collaboration with other healthcare professionals, they improve the quality of America’s healthcare system, protect and advance the health of the American people, and, improve the organization and delivery of health services by serving in various roles in federal, state, territorial, local and tribal organizations.

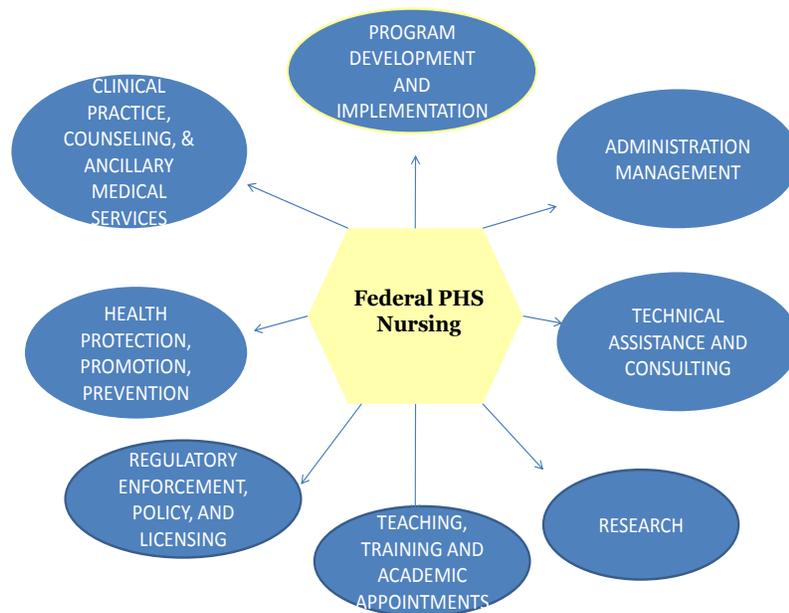


Figure 2.0 Federal PHS Nursing Roles

Our Prospective Command: Leading the Way for Tomorrow

FPHSN roles continue to expand in scope and complexity to meet the ever-changing needs of the American people. Under the leadership and guidance of the Chief Nurse Officer, support is given to HHS programs to improve the health of all Americans. FPHSN—Civil Service, Tribal, and Commissioned Corps—represent the public interest and not a special interest. We take pride in our nursing practice and accept the challenges of health care today in order to lead the way for other professions and the American people in meeting the objectives of HHS’ *Healthy People 2020*.

FPHSNs will continue to play a pivotal role in implementing the Patient Protection and Affordable Care Act (PPACA) where emphasis is being placed on modernizing disease prevention and public health systems. Activities include improving the efficiency and quality of health care delivery;



expanding public health, especially programs aimed at children, the low income and the elderly; targeting chronic disease prevention which includes increasing access to clinical preventive services; use of innovative medical therapies; and, increased community living assistance services and support. One component of this Act where federal public health nurses can make significant contributions is the establishment of a national strategy to improve health care service delivery, patient outcomes and population health¹.

FPHSN will work to address the increasing demands for Registered Nurses and Advanced Practice Registered nurses to replace our aging nursing workforce, the rising numbers of older Americans (estimated to be 80 million new Medicare eligible in 2011) and the estimated 32 million new persons seeking care under PPACA eligibility². FPHSN are members of professional organizations and several specialty-nursing organizations. Through continued research, regulatory activities, program and policy development, we advance the nation's health for individuals, families and populations within diverse communities and vulnerable and global settings. Our goal for the future, as leaders for a healthier tomorrow, will be to help foster community resilience in restoring, strengthening, and sustaining health among all people. We are catalysts to achieving healthy behaviors and to maintaining healthy lifestyles.

III. Vision

Health outcomes are optimal and health disparities are eliminated for all people through the promotion of wellness and disease prevention efforts.

IV. Mission

To enhance and improve health and safety outcomes through leadership, education and research by providing exceptional, culturally competent, holistic nursing services to all people.

V. Values

Commitment, Education, Research, Leadership, Compassion, Excellence, and Integrity

FEDERAL PUBLIC HEALTH SERVICE NURSES demonstrate commitment to excellence as a catalyst in the development and application of evidence based practice, leadership in preparedness, and providing compassionate care to our diverse multi-national community with integrity and professionalism.

These values are central to the culture of Federal Public Health Service Nursing and are reflected in our service to the American People by:

¹ The Patient Protection and Affordable Care Act: Detailed Summary. Accessed on May 26, 2011 at <http://dpc.senate.gov/healthreformbill/healthbill04.pdf>

² Nursing Workforce Development Programs: Strengthening the National Workforce for Over 40 Years. Accessed on May 26, 2011 at <http://www.aacn.nche.edu/government/pdf/TitleVIII.pdf>





COMMITMENT
EDUCATION
RESEARCH
LEADERSHIP
COMPASSION
EXCELLENCE
INTEGRITY
NURSING

- Fostering a professionally prepared and diverse workforce, capable and ready to respond to existing health priorities, national health initiatives, and emerging and unexpected health threats;
- Empowering communities; engaging individuals in health promotion programs, encouraging healthy lifestyle choices to promote health and enhance quality of living throughout the life span;
- Advancing nursing practice through innovative strategies and cutting-edge technologies by means of transferring new knowledge and applying evidence based practices;
- Advocating for change, developing policies that are transforming the national healthcare system in advancing the health of our nation;
- Providing culturally competent care through the application of holistic nursing approaches to vulnerable populations focusing on eliminating healthcare disparities among the populace;
- Supporting initiatives in biomedical research and regulatory science; ensuring excellence in safety, quality and performance in regulated products that impact the delivery of care and wellness of the American people;
- Acting with conviction and courage in adherence to the highest standards of ethical and moral principles in the promotion of wellness and disease prevention.



VI. Strategic Planning Framework Model

The themes illustrated in this model are a mirrored reflection of how the FPHSN community is committed to address health outcomes and eliminate health disparities for all people by the delivery of exceptional culturally competent holistic nursing services. It is a visual model to illustrate the vision, goals and objectives within FPHSN.

This framework emphasizes the important role of nurses and far-reaching impact to its diverse populations. This team of nurses across every agency in HHS department, Tribal programs, and PHS Commissioned Corps Nurse officers assigned to Federal health programs in other Federal Departments can greatly influence the strategic impact areas and selected health initiatives.

We recognize the diversity in populations and communities that we serve. Ensuring that prevention focused health care is integrated and individualized to a variety of settings, nurses are well equipped to eliminate health disparities for all people from the individual and family, to the underserved, vulnerable populations and global communities. Each selected health initiative reflects important health factors to be addressed across the life span and address a range of unique age groups to include but not limited to infants, children, children with special health care needs, adolescences and women.

Strategic Impact areas. We believe there are 3 strategic impact areas that are necessary for FPHSN to reach their goals wherein nurses are best positioned to make an impact: educating and empowering individuals, families and populations; promoting the implementation of Federal Health programs, policy, and regulation and research activities; and encouraging participation in National Health Promotion Campaigns. Each strategic impact area relates to each of the health initiatives and guides action steps to effectively improve health.

Health Initiatives. The nurses identified a commitment to address health initiatives focusing on Cardiovascular Health, Obesity Reduction, Mental Health Support, and Tobacco Cessation. This FPHSN has the capacity to provide unique knowledge, tools and options needed to improve health and promote wellness in support of health topics addressed in the National Prevention Strategy. Each of the selected FPHSN health initiatives has identified priority goals, objectives, and measures as outlined in Table 3.0.

Through these selected health initiatives and strategic impact areas, individuals, families, and populations will gain a better understanding of how they may live a healthier lifestyle; moving from healthcare intervention to healthcare prevention. This visionary model to guide the nursing team is further depicted in Figure 3.0.



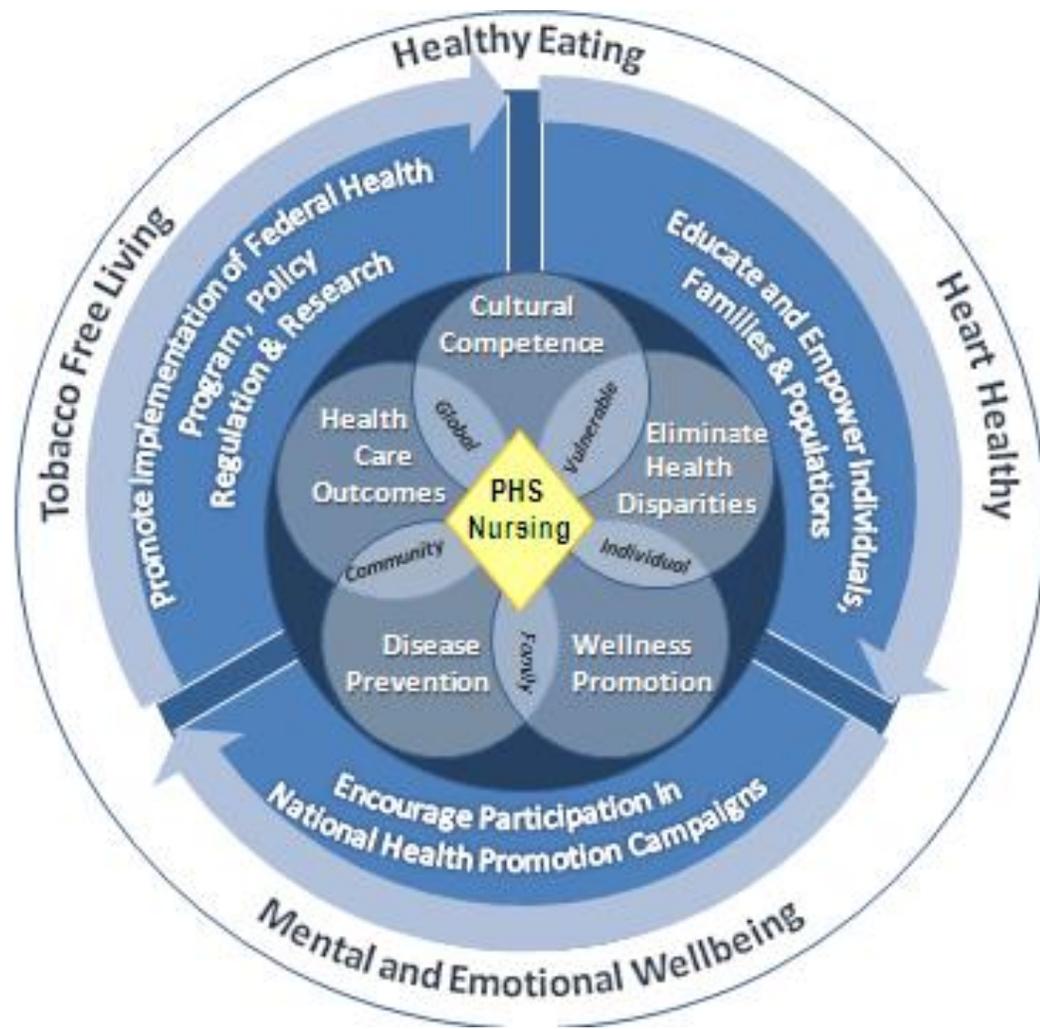


Figure 3.0 PHS Nursing Model



VII. Goals and Objectives

Impact: Maximize health outcomes and minimize preventable health burdens.

The Task Force conducted a situational analysis using the SWOT tool (Attachment 4.0). The purpose of this analysis was to assist in clarifying key issues that PHS nursing should be aware of to ensure it functions efficiently and effectively within its current climate. Identifying the issues allows the organization to prioritize and leverage strengths, eliminate weaknesses, capitalize on opportunities and deter threats. This exercise was used to develop priority areas and a strategic direction prior to developing the goals and objectives.

The Task Force then developed goals, objectives and action steps based on the outcomes of a prioritization exercise that was employed by the entire group. The exercise facilitated the collaboration, analysis and identification of key areas, policies, evidence-based research and instructional manuals such as the HHS National Prevention Strategy, HHS Strategic Plan, Healthy People 2020 Initiatives, and the US Surgeon Generals' priorities to assist in substantiating the needs for the nation and to develop the core FPHSN Strategic Plan goals and objectives. The Task Force identified several areas of impact that the team would focus on to support disease management and prevention, health promotion and behavior modification, education, regulatory science and research, and implementation of policy.

The goals and objectives in the strategic plan address the health initiatives in the areas of Cardiovascular Health, Obesity Reduction, Mental Health Support, and Tobacco Cessation. Action steps listed are potential activities or suggestions to attain the objectives. Outcome measures within each goal were selected from the Healthy People 2020 indicators and relate to each of the health initiatives. The measures relate closely to the recently released National Prevention Strategy as described in Table 3.0.

The Task Force intends for the reader to identify with one or more objective(s) under the goals but not all; as it is recognized that each nurse provides a unique skill set in each agency. The goals, objectives and action steps have been identified as a beginning step forward in communicating our priorities and unifying our collective expertise as federal nurses. It is acknowledged that the goals and objectives of this strategy plan are selective and not all inclusive of every health strategy outlined in major documents highlighted in the HHS National Prevention Strategy, HHS Strategic Plan, Healthy People 2020 Initiatives, and the US Surgeon Generals' priorities.



GOALS	OBJECTIVES	ACTION STEPS EXAMPLES:	OUTCOME INDICATOR
<p>Goal 1: HEART HEALTHY</p> <p>Improve cardiovascular health through prevention, detection, and education of risk factors associated with coronary heart disease and stroke.</p>	<p>1.1 EDUCATE AND EMPOWER INDIVIDUALS, FAMILIES AND POPULATIONS ABOUT HEALTH RISKS AND METHODS TO REDUCE COMPLICATIONS AND IMPROVE HEART HEALTHY CONDITIONS.</p> <p>1.2 ENCOURAGE PARTICIPATION OF NATIONAL HEALTH PROMOTION CAMPAIGNS THROUGHOUT ALL POPULATIONS.</p>	<p>1.1.1 Facilitate the number of adults who receive heart health screening including cholesterol and blood pressure checks.</p> <p>1.1.2 Encourage the percentage of adults that exercise on a regular basis with at least 150 minutes of moderate-intensity activity each week (adults) or at least one hour of activity each day (children). <National Prevention Strategy, June 2011></p> <p>1.1.3 Support the number of nurse led innovative ‘cardiovascular check’ campaigns (such as blood pressure checks or lipid level awareness) to address hypertension or hypercholesterolemia.</p> <p>1.2.1 Increase the proportion of adults who receive education regarding the Million Hearts Campaign whose targeted focus is to prevent heart attacks and</p>	<p>Healthy People 2020:</p> <p>1. HDS–2: Reduce coronary heart disease deaths. Target: 100.8 deaths per 100,000 population.</p> <p>Baseline: 126.0 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).</p> <p>Target setting method Projection (20 percent improvement).</p> <p>Data source: National Vital Statistics System–Mortality (NVSS–M), CDC, NCHS.</p> <p>2. HDS–3: Reduce stroke deaths. Target: 33.8 deaths per 100,000 population. Baseline: 42.2 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population).</p> <p>Target setting method: Projection (20 percent improvement).</p> <p>Data source: National Vital Statistics System–Mortality (NVSS–M), CDC,</p>

	<p>1.3 PROMOTE IMPLEMENTATION OF EXISTING FEDERAL HEALTH PROGRAMS, POLICY , REGULATORY AND RESEARCH ACTIVITIES TARGETED AT IMPROVING HEART HEALTH.</p>	<p>strokes.</p> <p>1.2.2 Encourage the utilization of the Indian Health Service national directives, “Physical Activity Kits (PAKs)” that are aimed at reducing obesity in underserved and vulnerable populations.</p> <p>1.2.3 Encourage awareness the heart truth campaign among women</p> <p>1.3.1 Support research targeted at prevention and detection of coronary heart disease through activities such as increasing awareness of available trials at clinical trials.gov; direct intervention as study team member; awarding grants; or utilize data to inform the public and</p>	<p>NCHS.</p>
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		health care teams.	
<p>Goal 2: HEALTHY EATING</p> <p>Improve overall healthy eating and reduce obesity throughout the lifespan through awareness of early prevention, detection, and education of the health risks and conditions associated with obesity.</p>	<p>2.1. EDUCATE AND EMPOWER INDIVIDUALS, FAMILIES AND POPULATIONS ABOUT HEALTH RISKS AND CONDITIONS ASSOCIATED WITH OVERWEIGHT AND OBESITY.</p>	<p>2.1.1 Improve the awareness of affordable nutritious food choices and options in all communities with emphasis on underserved populations.</p> <p>2.1.2 Foster awareness of healthy weight limits and body mass index (BMI) for all populations.</p> <p>2.1.3 Promote breast feeding programs through awareness of the associated physical benefits and nutritious value for mother and infant respectively.</p>	<p>1. NWS–9: Reduce the proportion of adults who are obese. Target: 30.6 percent.</p> <p>Baseline: 34.0 percent of persons aged 20 years and over were obese in 2005–08 (age adjusted to the year 2000 standard population).</p> <p>Target setting method: 10 percent improvement.</p> <p>Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.</p> <p>2. NWS–10.4 Children and adolescents aged 2 to 19 years. Target: 14.6 percent. Baseline: 16.2 percent of children and adolescents aged 2 to 19 years were considered</p>



	<p>2.2 ENCOURAGE PARTICIPATION OF NATIONAL HEALTH PROMOTION CAMPAIGNS ADDRESSING OBESITY THROUGHOUT ALL POPULATIONS.</p> <p>2.3 PROMOTE IMPLEMENTATION OF FEDERAL HEALTH SUPPORTED PROGRAMS, POLICY, REGULATORY AND RESEARCH ACTIVITIES TARGETED TO REDUCING OBESITY.</p>	<p>2.2.1 Support the First Lady’s “Let’s Move” campaign.</p> <p>2.2.2 Support the US Surgeon General’s “Call to Action to Support Breastfeeding” campaign.</p> <p>2.2.3 Encourage the utilization of the Indian Health Service national directives,” Healthy Weight for Life” and “Physical Activity Kits (PAKs)” that are aimed at reducing obesity in underserved and vulnerable populations.</p> <p>2.2.4 Promote Healthy eating education through the use of the related to USDA Healthy Plate guidelines ensuring that the education materials are targeted to meet the culturally appropriate population.</p> <p>2.3.1. Promote the Let’s Move campaign by establishing “healthy fit” nurse-managed teams to coordinate annual physical fitness training for Corps officers and initiate other innovative fitness programs within the workplace</p>	<p>obese in 2005–08.</p> <p>Target setting method: 10 percent improvement. Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS. 1</p> <p>3. Increase the number of infants who are breastfed exclusively through 6 months MICH-21.5 Baseline: Annually 14.1% (2006) Target: 25.5% (modeling/ projection) Data source: National Immunization Survey, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Center for Health</p>
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		<p>and/in the community they currently serve.</p> <p>2.3.2. Support for the government programs and policies that will increase access to healthy foods (such as Healthy, Hunger Free Kids Act, USDA) and physical fitness opportunities with emphasis on underserved and vulnerable populations.</p>	
<p>Goal 3: MENTAL AND EMOTIONAL WELL BEING</p> <p>Improve the mental health resilience and emotional well being through early detection, prevention and education focused on violence and</p>	<p>3.1 EDUCATE AND EMPOWER INDIVIDUALS, FAMILIES AND POPULATIONS ABOUT THE RISKS OF SUICIDE AND VIOLENCE.</p>	<p>3.1.1. Foster the public understanding of violence prevention strategies and developing skills for positive safe social relationships.</p> <p>3.1.2 Provide family awareness of anti-bullying behaviors and best practices, and suicide risk in adolescent populations.</p>	<p>1. Reduce the suicide rate. Target: 10.2 suicides per 100,000. Baseline: 11.3 suicides per 100,000 occurred in 2007. Target setting method: 10 percent improvement. Data source: National Vital Statistics System (NVSS), CDC, NCHS.</p> <p>2. Reduce suicide attempts by adolescents. Target: 1.7 suicide attempts per 100. Baseline: 1.9 suicide attempts per 100 occurred in 2009. Target setting method: 10 percent improvement. Data source: Youth Risk Behavior</p>



		risk of suicide in children through advancing regulatory, nursing science research efforts and product development activities.	
<p>Goal 4: TOBACCO FREE LIVING</p> <p>Enhance comprehensive and evidenced-based efforts to prevent, reduce and eliminate tobacco use.</p>	<p>4.1 EDUCATE AND EMPOWER INDIVIDUALS, FAMILIES AND POPULATIONS ABOUT THE HEALTH RISKS AND DANGERS ASSOCIATED WITH TOBACCO USE.</p> <p>4.2 ENCOURAGE PARTICIPATION AND INCREASE INFLUENCE OF NATIONAL ANTI- TOBACCO CAMPAIGNS THROUGHOUT ALL POPULATIONS.</p>	<p>4.1.1. Increase the awareness of smoking cessation programs; especially targeting adolescents, teenagers, and underserved and vulnerable populations.</p> <p>4.1.2. Promote nationally recognized evidenced-based initiatives and practices to prevent and reduce tobacco use and to encourage users to quit using tobacco products.</p> <p>4.1.3. Encourage use of substantiated marketing tools, pamphlets and materials through social media and various means of mass communication to educate the public about the harmful effects of tobacco use.</p>	<p>1. Proportion of adults who are current smokers(have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days) TU-1.1 Baseline: Annually 20.6% (2008)</p> <p>Target: 12.0% (retention of HP2010 target)</p> <p>Data source: National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics.</p> <p>2. Reduce Proportion of adolescents who smoked cigarettes in the past 30 days</p> <p>Baseline: Biennially 19.5% (2009)</p> <p>Target: 16.0% (retention of HP2010 target)</p>



	<p>4.3 PROMOTE IMPLEMENTATION FEDERAL HEALTH PROGRAMS, POLICY, REGULATORY, AND RESEARCH ACTIVITIES TARGETED TO TOBACCO CESSATION AND TOBACCO-FREE ENVIRONMENTS.</p>	<p>4.2.1. Increase awareness and promotion of the USPHS Surgeon General 1-800-QUIT-NOW toll-free telephone service that provides information and tobacco cessation strategies.</p> <p>4.3.1. Support the <i>2009 FDA Family Smoking Prevention and Tobacco Control Act</i> through increased FDA monitoring and regulatory practices.</p> <p>4.3.1.1 Support implementation of cessation programs and associated policies at the state, local and/or tribal government level.</p> <p>4.3.2. Promote surveillance activities which identify and address knowledge gaps that impact successful tobacco control and prevention.</p> <p>4.3.3. Encourage health care facilities and clinicians to appropriately document</p>	<p>Data source: TU-2.2 Youth Risk Behavior Surveillance System, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion</p>
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		<p>beneficiaries’ smoking status.</p> <p>4.3.3.1 Encourage accurate reporting of clinical measures, metrics and outcomes for smoking cessation counseling and referrals in accordance with the Medicare and Medicaid incentive program.</p>	
<p>Goal 5. Advocate for the implementation and sustainment of the FPHSN Strategic Plan.</p>	<p>5.1. ESTABLISH A DATABASE OF HHS CIVIL SERVICE NURSES AND TRIBAL HIRE NURSES</p> <p>5.2. COMMUNICATE FEDERAL PUBLIC HEALTH SERVICE NURSING STRATEGIC PLAN</p> <p>5.3. COORDINATE FPHSN TEAMS TO LEAD THE IMPLEMENTATION OF THE STRATEGIC PLAN.</p>	<p>5.1.1 Determine the number of civil service nurses that encompass the HHS and PHS Nurse Officers in non-HHS agencies.</p> <p>5.2.1 Establish a communication plan</p> <p>5.3.1 Conduct an evaluation process to measure and monitor the progress made against the strategic plan annually.</p> <p>5.3.2 Establish teams to collect and analyze data on activities that are example action steps for each goal.</p>	



	<p>5.4 FACILITATE IMPLEMENTATION OF SELECTED NATIONAL HEALTH PROMOTION CAMPAIGNS.</p> <p>5.5 PARTNER WITH THE USPHS NURSE PROFESSIONAL ADVISORY COMMITTEE AND OTHER KEY STAKEHOLDERS TO COORDINATE ACTION TEAMS AND STRATEGIC PLANNING EFFORTS.</p>	<p>5.4.1 Establish and provide educational seminars for the nurses to improve their understanding of the selected national health promotion campaigns and goals 1-4.</p> <p>5.5.1 Establish forums within NPAC and other key stakeholders to improve awareness and understanding of strategic plan and initiatives.</p>	
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VIII. Communication and Implementation Strategy

It is critical to develop, implement and evaluate systems to manage information and monitor progress toward achieving objectives. A committee will implement and create an integrated system by which the strategic plan becomes the "benchmark" (measuring stick) for progress, thereby ensuring a system of accountability. The strategic plan implementation committee will include representatives from the Nursing Strategic Planning Task Force, the USPHS Nurse Professional Advisory (N-PAC) committee, and other stakeholders. The Implementation Team will develop a baseline awareness survey to assess PHS nurse's awareness of the Federal Public Health Service Nursing Strategic Plan and other National Prevention Strategies. Each respondent will be asked to evaluate their participation in both Agency and Community based activities across the four health priorities and the three strategic impact areas. The data analysis will signal the end of Implementation Phase 1 and move us forward into Phase 2 which focuses on communication and dissemination.

To optimize communications, the Task Force intends to establish a portal for the primary purpose of communicating the strategic plan to the federal, civilian, and tribal nurses. The portal will also serve as a platform for communicating messages and sharing key documents with the group. The portal will create a setting for necessary dialogue to ensure success and provide transparency of the overall mission, vision and goals of the FPHSN. The Task Force will be key messengers of the plan.

IX. Partners and Stakeholders

The Task Force team will work collectively and collaboratively with its partners and stakeholders to ensure strategic plan action steps are meeting the populations' needs and expectations, and are aligned with other stakeholders' strategies that address health care key concepts.

Stakeholders are defined as those individuals/ groups that have a stake or common interest in the workings of FPHSN. This Task Force has identified its partners and stakeholders as the general public (tax-payers); Commissioned Corps officer, civil service and tribal Indian Health System nurse leaders, Federal PHS Nursing Leadership Network, Nursing and other category Professional Advisory committees, other nurses in the community, Department of Health and Human Services operating divisions, and the US Surgeon General.

X. Acknowledgements

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XI. Sources:

- The Patient Protection and Affordable Care Act
- Department of Health and Human Services Strategic Plan: 2010-2015
- Healthy People 2020
- National Prevention Strategy: America’s Plan for Better Health and Wellness
- Department of Health and Human Services, Health Resources and Services Administration
Nursing Workforce Development Programs: Strengthening the National Workforce for Over 40 Years
- Surgeon General’s Health Priorities
- Chief Nurse Officer’s Priorities
- Robert Wood Johnson Institute of Medicine Future of Nursing Report

Attachments:

1. *** Federal Partners and Stakeholder- list
2. List of web, printed and other resources for FPHSN to access to facilitate meeting goals and objectives.
3. Work Plan Table – matrix with Vision, Mission and Values, on top, with goals, objectives, activities, monitoring indicators.



4. Strategic Analysis (Strengths, Weakness, Opportunities, Threats – (SWOT))

Internal	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Prevention-focused model of care • Holistic, multi-cultural nursing care • Diversity - of roles/talents, opportunities and cultural background. • Long history • Flexibility– the ability to move and adapt to the changing needs of the country • Commitment to our mission and improving health and welfare of American Population. • Impact- FPHSN nurses are an integral component with a potential for changing and implementing National health policy, programs, and systems. • Compassion • Leadership/Workforce; • Experienced • Collaboration with many creative and talented minds 	<p><u>Weaknesses:</u></p> <ul style="list-style-type: none"> • Poor description of nursing roles outside of clinical nursing • Variable use of nurses across HHS • Organizational structure - each individual is specifically employed by different agencies • Diversity - bring cohesiveness to such a diverse group is inherently difficult. • Inability to promote, proclaim the benefit of FPHSN Nursing. • Ability to define the scope of services (clinically and non-clinical) we provide is difficult to obtain • Geographic span of members • Limited opportunities to bring together large group for assessment and evaluation of work • Communication • Disparate resources- Geographical • Lack of clarity regarding career paths/ladders • Need to further strengthen recruitment/retention activities • Every nurse is responsible for determining and attaining their own developmental path • Succession Planning • Complexity; multiple agencies with varying missions/functions across the entire nation; geographic limitations

Opportunities:

- Leadership, mentoring, and career development for nurses
- Promote the use of the nurse consultant job series
- FPHSN nurses can work in a variety of settings and provide quality holistic nursing services to all individuals.
- Training- trainings made available allow for nurses to continue to move up the ladder of nursing success
- Change catalyst in our ever changing health care communities through leadership, education, and research.
- Improve health outcomes for vulnerable populations
- Optimize influence on developing U.S. government healthcare policies or issues of concern as an organization;
- Unique leadership development opportunities exist and are encouraged
- Unique opportunities to impact public health outcomes at local, national, and international levels
- Succession Planning
- To unify as one cohesive group that is bridging across PHS Agencies
- Developing and strengthening partnerships among government (federal, state, local, and tribal) and non-governmental sectors of the healthcare systems and community based programs to advance national health initiatives

Challenges/Concerns:

- Stakeholder involvement (Do “all people” want to be healthier?)
- Challenges associated with generating and transferring new knowledge into national practice
- Limited ongoing training with specific focus on public health threats
- Difficulty in knowing where/who are all the FPHSN
- Public lacks knowledge of who we are, what we do, and how we do it
- Nurses not well organized as a unit
- Retirement of experienced Nurses
- Resources (financial and other)
- Budgeting constraints/resource allocation challenges

