



Frequently Asked Questions About the Office of the National Nurse (ONN) Initiative

Why do we need a National Nurse? 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 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 prevention efforts by encouraging all nurses and future nurses to spread prevention messages 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.

Isn't this creating 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 new office, the National Nurse role of the CNO position would be elevated and expanded to full time. There would be an Office of the National Nurse that would work collaboratively with the Office of the Surgeon General. The primary purpose of this new 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.

Wouldn't this create two positions, so that the CNO would have to report to the National Nurse?

No. The CNO of the USPHS is the National Nurse. 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 the NN 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 a par with the other CNOs in our military. 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 ONN 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 the Office of the National Nurse compete for or drain funding from existing programs?

The ROI for the small costs of establishing an ONN 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 do the larger organizations of nurses, like the ANA, feel about creating a NN? Are they concerned a NN may usurp their role as the official voice for professional nurses.

Perhaps.... but it is a fact that Nursing lacks unified leadership. Less than 5% of the nation's nurses are direct members of ANA. Nurses are more likely to join the organization that is most aligned with their specialty area of practice. This fragments nursing into a myriad of smaller specialty based groups that focus on their specific area of clinical practice. The ANA has done significant advocacy on workplace issues and championed legislation for enhanced funding for nursing education programs. This initiative is uniquely different because it is focused on promoting PREVENTION in our society.

ONN supporters do not feel having a prominent nurse leader designated by Congress to focus on prevention efforts would compete or conflict with the current "organizational leadership of nursing" or with those currently identified as "nursing leaders." However, some may have such concerns. Rather, ONN supporters see the mission of advocating and promoting prevention, as having strong potential to be a unifying factor/issue across nursing organizations.

Having one symbolic National Nurse could provide an easily recognizable and highly visible point of contact for nursing leadership. The NN would serve as an icon of professional nursing and would become a visible role model for recruitment. As a public health professional with a primary focus on prevention, the NN would promote better understanding of the role of all PH professionals and appreciation of the important work they do.

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 the ONN initiative 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?

The ONN initiative 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 ONN 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 to establish an Office of the National Nurse 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 Nurse Executives
- American Holistic Nurses Association
- American Radiological Nurses Association
- 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 Ficarra RN BSN MPA Host/Health in 30
- California Association for Nurse Practitioners

- California School Nurses Organization
- Carla Mills ARNP, BSN, MSN, FNP-C
- Case Management Society of America
- Channel Island Chapter – Oncology Nurses Society
- Diana Swihart, PhD, DMin, MSN, CS, RN-BC
- 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 Governor Howard Dean (VT)
- International Parish Nurses Resource Center
- Jane Jeffrie Seley NP CDE Diabetes Nurse Practitioner
- JNESO District Council 1 IUOE- AFL/CIO
- Joachim Voss RN, PhD
- Kansas Parish Nurse Ministry Inc.
- Laura Gasparis Vonfrolio RN, PhD
- Michigan Nurses Association
- National Association of Hispanic Nurses
- National Association of Independent Nurses
- National Association of Neonatal Nurses
- National Nurses in Business Association
- Nightingale Initiative for Global Health
- North America Nursing Diagnosis International
- Northeast Tennessee Nurse Practitioner Association
- NurseTogether.com
- 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
- Public Employee Federation- AFL-CIO
- RNs Working Together AFL/CIO State Assemblywoman Aileen Gunther (NY) Original Sponsor K367
- State Senator Laurie Monnes-Anderson-Original Sponsors 2009 Joint
- The American Association of Nurse Attorneys
- Thom Hartmann-Author and Progressive Talk Radio Show Host
- Truth About Nursing
- United American Nurses AFL-CIO (UAN)
- United Nurses of America (AFSCME)
- Working Nurse

Why hasn't the NNNO Board requested to meet with national nursing leadership such as the ANA and Tri/Quad Council organizations?

Members of the NNNO Board have repeatedly offered to meet or arrange conference calls, requested dialogue with ANA, and have invited to confer with Quad Council and Tri Council members. There is an email trail of these requests that can be made available. The reality is the collective leadership of these organizations has repeatedly canceled, postponed, delayed, ignored, and/or refused invitations to engage in any meaningful open honest discussion on the NN initiative.

Instead, they have acted unilaterally to refuse to support or engage the NNNO board members in any objective and meaningful dialogue and have failed to provide their membership with accurate information. Their actions continue to perpetuate misinformation about the ONN initiative, and deny their membership opportunity to review the revised language and/or current proposal. The NNNO continues its attempts to dialogue with the ANA and Quad/Tri Council members in hopes there will be a future opportunity to collaborate on this important initiative.

How has leadership of public health nursing responded?

Individual nurses, especially school nurses and those that 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 initiative.

The NNNO Board sees the role of PH nursing as pivotal to success of National Nurse initiative efforts 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 that does not receive funding from any nursing organizations. This group of 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 this proposal more supported by the Republicans or the Democrats?

The NNNO is non-partisan. Some endorsements have been provided by partisan organizations. Support is welcomed from all organizations that value prevention.

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

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

Did you really think that just a small group of working nurses could actually get legislation passed to create an Office of the National Nurse?

“Few will have the greatness to bend history itself, but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance. Few are willing to brave the disapproval of their fellows, the censure of their colleagues, and the wrath of their society. Moral courage is a rarer commodity than bravery in battle or great intelligence. Yet it is the one essential, vital quality for those who seek to change a world that yields most painfully to change. And I believe that in this generation those with the courage to enter the moral conflict will find themselves with companions in every corner of the globe.”

Robert F. Kennedy (included in a eulogy delivered by Senator Edward Kennedy during his Memorial Service)