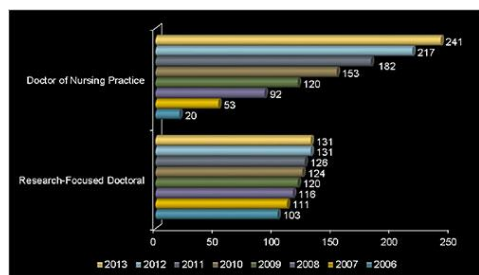




## Growth of DNP Education



## Objectives

- Provide ideas, strategies, and inspiration to faculty in DNP programs as they work to prepare the DNP nursing workforce
- Reinforce the pressing need to move nursing upstream to support both clinical preventive services, and community preventive services
- Use the evidence-base project together with nursing research to equip DNP graduates with tools and strategies to engage in population health

## Resources

Ottawa Charter for Health Promotion. First International Conference on Health Promotion Ottawa, 1986 – WHO/IHPR/HEP/95.1. Geneva: World Health Organization; 1986.  
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> accessed Jan, 2015

United States Department of Health and Human Services. Healthy People 2020 Framework.  
<http://www.healthypeople.gov/sites/default/files/HP2020Framework.pdf> accessed Jan 2015

Partnership for Chronic Disease and the Partnership for Prevention. The Value of Prevention.  
<http://www.prevent.org/data/files/initiatives/valueofprevention%28fpandpfcd%29.pdf> accessed Jan 2015.

The Commonwealth Fund Reports.  
<http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror> accessed Jan, 2015

American Association of Colleges of Nursing. DNP Fact Sheet. <http://www.aacn.nche.edu/media-relations/fact-sheets/dnp> accessed Jan, 2015.

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RUSH MEDICAL COLLEGE • COLLEGE OF NURSING • COLLEGE OF HEALTH SCIENCES • THE GRADUATE COLLEGE

## Population Health and DNP Education

Susan M. Swider, PhD, APHN-BC, FAAN

[Susan\\_m\\_swider@rush.edu](mailto:Susan_m_swider@rush.edu)

AACN Doctoral Conference, San Diego, CA  
 January 30, 2015

RUSH Rush is a not-for-profit health-care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

## Disclosure

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I have no conflicts of interest to disclose

## Learner Objective

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At the end of the presentation, participants should be able to:

- Identify key population health knowledge and skills for advanced nursing practice
- Describe examples of application of population health in clinical scholarly products

## Session Outline

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- Overview: integration of population/public health and primary care
- DNP Education
  - Population Health Curriculum for Primary Care APRNs
  - Population Health Curriculum for Advanced Public Health Nurses
- Next Steps/Recommendations

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## Background on Population Health

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- National call for integration
  - HRSA
  - CDC
  - IOM report findings
- Move from silos toward integration
  - Mutual awareness → Cooperation → Collaboration → Partnership

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## Background on Population Health

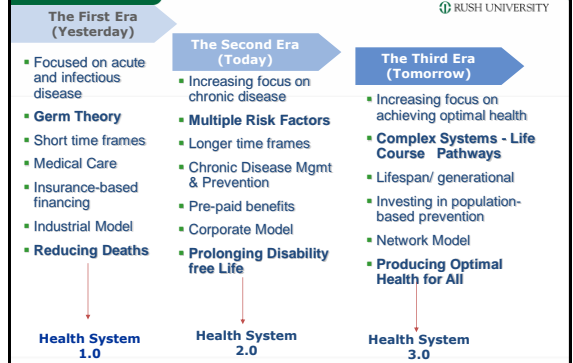
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Public/Population health focus necessary to improve outcomes & reduce costs

- Social & environmental determinants of health
- Primary prevention
- Health care costs, ACA provides opportunities for change
- PCMH/ACO → population management

## The Evolving Health Care System (Halfon, 2012)

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## Advanced Nursing Education and Population Health

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- Goal for Nursing and Population Health
  - Enhanced knowledge moves Mutual Awareness → Collaboration
  - Enhanced competencies moves Collaboration → Partnership
- Need for Advanced Public Health Nurses (APHN)
  - Job opportunities
  - Demonstrating effectiveness
  - Faculty leadership
- Integrate Population Health into Primary Care APRN education
  - Incorporate content and skill development/practicum to affect population outcomes

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## Advanced Nursing Education and Population Health

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### Advanced Public Health Nursing (APHN)

- Strengths
  - Extensive application via 1000 practicum hours for DNP
  - Integration of public health and nursing knowledge
- Challenges
  - # DNP programs
  - Multiple credentials
  - Connections to public health

## Advanced Nursing Education and Population Health

RUSH UNIVERSITY

### Primary Care APRNs

- Strengths
  - Access to care; medically underserved communities
  - AACN Essentials include basic population health content
    - Epidemiology
    - Policy
    - Social determinants of health
- Challenges
  - Focused on direct care, specialty focus
  - Insufficient knowledge and opportunity for skill application
  - Role as part of population health team

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## Rush Curriculum Approach

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### Rush DNP Programs of Study with Population Health

- History at MSN level
  - Advanced Public Health Nursing (APHN)
  - Family Nurse Practitioner
- Opportunity to expand with move to DNP
  - BSN to DNP for **FNPs**
  - BSN to DNP in **Advanced Public Health Nursing**
  - Post MSN DNP for Primary Care APRNs: **Leadership to Enhance Population Health Outcomes**

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## Rush Curriculum Approach

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- Curriculum design
  - Online, 3 required campus visits
  - Structured clinical, in worksite or community
  - Synchronous clinical discussions
  - Focus on vulnerable populations
- Coursework
  - Graduate Core
  - DNP core
  - Systems
  - Population health courses

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## Population Health Courses

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### Graduate Core

- Epidemiology and Biostatistics (required)
- Research for EBP (BSN to DNP)

### DNP Core

- Leadership in Evolving Health Environments
- Healthcare Economics, Policy & Finance

### Systems Courses

- Understanding Financial and Business Concepts
- The Leader, Policy, Politics, Power and Ethics
- Outcomes Management (APHN)
- Organizational Analysis (APHN)

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## Population Health Courses

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### Population Health Courses

- Applied Epidemiology
- Advanced Nursing Roles in Public Health Systems\*
- Population Assessment & Health Promotion Frameworks\*
- Population Intervention Planning, Implementation & Evaluation\*
- Principles of Case Management **and/or** Environmental Health
- Population cognates (APHN only)

\* 500-1000 hours of practicum and project experience

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## Population Health & Systems Courses

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### Advanced Nursing Roles in Public Health Systems

- Public Health core concepts
- Advanced roles/competencies
- Public health & health system
- Leadership & organizational theories, quality assurance
- Practicum experience

### Population Assessment & Health Promotion Frameworks

- National health planning
- Population, cultural, org assessment models
  - Data collection methods & sources
  - Population level analysis
  - Data synthesis, problem identification, validation, prioritizing
- Health promotion theories and model application to population level interventions
- Practicum experience

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## Population Health & Systems Courses

RUSH UNIVERSITY

### Population Health Intervention Planning, Implementation & Evaluation

- Sustainable programs, collaboration, leadership
- Planning models, SWOT, measurable objectives
- Interventions, evidence based approaches
- Methods & strategies for culturally tailored interventions
- Program budgeting
- Grantsmanship, resources
- Implementation strategies, management
- Program evaluation: frameworks, design, measures & measurement, data collection & analysis
- Practicum experience

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## Course Assignments

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- Organizational and stakeholder assessment (1<sup>st</sup> clinical term)
- Population Assessment Report (2<sup>nd</sup> clinical term)
  - Target population
  - Model driven plan
  - Data sources & qualitative/quantitative methods
  - Data comparisons, benchmarks
  - Analysis of findings, with literature review
  - Problem identification, data supported
  - Stakeholder validation plan

## Course Assignments

RUSH UNIVERSITY

- Program Plan/Proposal (3<sup>rd</sup> clinical term)
  - Problem statement, data & literature support
  - Program goals, measurable objectives
  - Intervention plan with methods/timeline, evidential support, budget, tailored to population
  - Evaluation framework & questions
  - Evaluation methods: design, sample, measures, data type, analysis
  - Sustainability
  - Dissemination
- Final presentation/manuscript (4<sup>th</sup> clinical term)

## Rush Curriculum Approach

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### Key Curriculum Components

- Population health and systems courses
- Explore how public health system relates to practice
- Clinical experience: workplace, population relevant to current practice
- Collaborative learning with APHN and APRN students
- Synchronous clinical conferencing with peers
- DNP project as application of population health and primary care integration

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## Student Exemplars

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### APHN Project Focus

- Development and implementation of health services in a SBHC for public high school
- County wide plan for STI prevention, detection, and treatment in adolescents
- City wide plan for increasing childhood immunization rates
- County wide plan for decreasing premature births

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## Student Exemplars

RUSH UNIVERSITY

### Primary Care APRN Project Focus

- PNP practicing in an adolescent health center
  - Preventing rapid repeat second pregnancies
- FNP practicing in a regional burn center
  - Preventing scald injuries in toddlers
- PMHNP in private practice
  - Improving provider differential diagnosis for children with ADHD or bipolar disorder
- FNP practicing in a university run clinic for the homeless
  - Chronic disease self management for low income adults in faculty practice setting

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## Lessons Learned

- Faculty expertise required related to
  - Applying epidemiologic methods
  - Partnering with population, community
  - Appropriate project scope for role
  - Critical need for evidence to support assumed need/problem
  - Importance of grounding in organization
  - Partnering with public health professionals and other appropriate stakeholders

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## Curriculum Next Steps

- Comparing DNP project experiences
  - Student preparation for project implementation
  - Quality of projects
  - Sustainability
- Graduate outcomes data –utility in practice
- Explore expansion of content and practicum to:
  - other primary care professions
  - Other learning platforms

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## Questions?

Contact info:  
Susan\_m\_swider@rush.edu

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## DNP Entrepreneurship in Population Health

Lisa A. Campbell, DNP, RN, APHN-BC

## Disclosure

I have no conflicts of interest to disclose.



## Objectives

At the end of the presentation, participants should be able to:

Identify the essential skills necessary to become a nurse entrepreneur.

Describe the application of essential skills in a population focused case.



## A Dream is Born

“Luck is what happens when preparation meets opportunity.”

Philosopher Lucius A. Senec



## Growth of a Business

Population Health Consultants, LLC

*Mission: Building human capital to improve population health.*

- ❖ Conceived 2011
- ❖ Limited Liability Company 2013
- ❖ Sustainable contract 2013- present



## DNP Essentials With a Twist

- I – Scientific Underpinnings for Practice
- II – Public Health System & the Advanced Practice Nurse Leader
- III – Evidence-Based Practice or Best Practices in Public Health
- IV – Transformation of Health Care : Public- Private Partnerships
- V – Policy Analysis & Development
- VI – Interprofessional Collaboration for Improving Population Health
- VII- Clinical Prevention & Population Health for Improving the Nation’s Health

(Zaccagnini & White, 2014)



## Necessary Hard Skills

Communication: Oral & Written

Engagement: Builds skills and capacity to enhance community’s reliance on its own resources/strengths

Proposal Writing

Contract Negotiation

Project Management

Business Acumen: Dress, Etiquette, & Charm

Leading & Building Teams: Group Process



## Necessary Soft Skills

- Reflective Practice
- Charisma
- Social Awareness
- Political Awareness

(Johns, 2009;Lombardo & Eichinger, 2012; Pagana, 2008)



## POPULATION FOCUSED CASE



## The Plan to Improve the Community's Health

Stakeholder Education

Stakeholder Buy-in/Ownership

The Process:

- ✓ NPHPS (National Public Health Performance Standards) 6/13
- ✓ CHNA (Community Health Needs Assessment) 12/13
- ✓ CHIP (Community Health Improvement Plan) 5/14



## Population Health

“...the health outcomes of a group of individuals, including the distribution of such outcomes within the group [within a given local].”

(Kindig & Stoddart, 2003, p. 381)



## Selling Public Health: What is your zip code?



## NPHPS Results

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS	Score
1 Monitor Health Status To Identify Community Health Problems	49
2 Diagnose And Investigate Health Problems and Health Hazards	88
3 Inform, Educate, And Empower People about Health Issues	50
4 Mobilize Community Partnerships to Identify and Solve Health Problems	21
5 Develop Policies and Plans that Support Individual and Community Health Efforts	49
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	70
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	29
8 Assure a Competent Public and Personal Health Care Workforce	70
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	39
10 Research for New Insights and Innovative Solutions to Health Problems	57
Overall Performance Score	52



## CHIP: CHANGE Tool Results Community At Large

Module	Community	
	Policy	Environment
Physical Activity	69.70%	52.31%
Nutrition	56.45%	61.19%
Tobacco Use	52.73%	54.55%
Chronic Disease Management	64.44%	75.56%
Leadership	52.73%	43.64%
<b>Demographic Information</b>		
Community Density - Population	86,793	
Community Density - Sq Miles	882.14	
Community Setting	Urban	
Median Household Income	49,676	
% No High School Diploma	10.70%	
% Poverty	17.10%	
% Unemployed	7.30%	



## Community Health Improvement Plan (CHIP)

VICTORIA CITY-COUNTY HEALTH DEPARTMENT, 2805 N. NAVARRO, VICTORIA, TX 77901

- V.C.C.H.D.
- Animal Control
- Environmental
- Nursing
- Special Services
- WAC
- C.T.E.P.
- V.C.C.H.D. Employees

**Background:** In March 2013, a proposal was presented and approved by the County Commissioners to improve the health of the community. The local public health director and public health nurse consultant convened a group of diverse stakeholders to evaluate the local public health system using the National Public Health Performance Standards (NPHPS) and the Center for Disease Control and Prevention CHANGE Tool.

The stakeholders completed the NPHPS in June 2013 and completed the community health needs assessment using the CHANGE Tool in December 2013. Stakeholders were reconvened to complete the COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) in January and February 2014. The stakeholder group is now known as Victoria Area Health Collaborative.

Public input is desired to ensure that the CHIP accurately reflects the needs of the community. Input will be evaluated and used to revise the CHIP. You will find a complete version of the CHIP posted on the webpage.

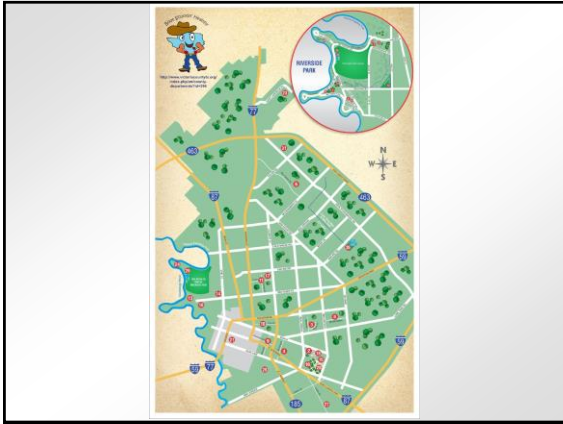
**FOR COMMUNITY REQUEST:**  
 CDC Health Info. Process  
 CHIP Information  
 Demographics  
 Email: Jharris@vchd.org  
 Phone: 361-578-6281  
 Address: 2805 N.,  
 Navarro, Victoria, TX,  
 77901  
 Bann, C. Case M.D., Director

**MAP:**  
 Phone 361-578-6281  
 Address: 2805 N.,  
 Navarro, Victoria, TX,  
 77901  
 Bann, C. Case M.D., Director

**211**  
 Community Helpline  
 800-COOKIE-HEALTH  
 Click for CHIP plan & Survey







## Highly Decentralized: Multiple Relationships (Partner Tool)

More ties;  
greater  
resilience.

## Community Engagement: Leveraging Resource to Improve Health Model

Model developed by L.Campbell, K.Whitcomb, C.McClanahan, & M.Culver

## Resources: Web links

Tedmed: Blue Zone  
<http://blog.tedmed.com/?p=1976>

NPHPS  
<http://www.cdc.gov/nphps/index.html>

Partner Tool  
<http://www.partnerool.net>

CHANGE Tool  
<http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change.htm>

Questions after the presentation can be e-mailed to:

Lisa Campbell [lisa.a.campbell@tuhsc.edu](mailto:lisa.a.campbell@tuhsc.edu)

## References

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