



## *President's Message*

### The 2002-2005 Strategic Plan: A Foundation for Educating the Next Generation of NAPNAP Leaders

To position NAPNAP and pediatric nurse practitioners (PNPs), the Executive Board has spent a considerable amount of time discussing our preferred future through the strategic planning process (see Figure 1). The final draft of the plan was approved at our December 2001 Board meeting. Members report that the process of developing the Strategic Plan and the document itself have proved to be useful for our organization, our practice sites, our research projects, our legislative agenda, and as a method of teaching our PNP students how to define and frame their preferred futures.

#### LEADERSHIP DEVELOPMENT

To achieve the goals of the Strategic Plan, we must develop the next generation of NAPNAP leaders. As we prepare to celebrate the 30th anniversary of NAPNAP in 2003, we realize that the success of the next 30 years will depend on our commitment to leadership development, innovation, excellence, and advocacy. As we prepare for our 23rd Annual Conference in Reno/Lake Tahoe, Nevada, please consider how your attendance at the Annual Conference in the past has affected your own leadership development and your commitment to NAPNAP. If you haven't already invited PNP students and recent graduates to attend, please contact them to make sure they feel most welcome and that they understand the value of the Annual Conference. The Conference will assist all of us in developing new ways to promote PNP practice, to enhance the quality of and access to health care, to build consensus and a shared vision, and to foster networking that not only builds relationships but



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accelerates the removal of barriers to PNP practice as we learn to speak in one voice. The economic value of the reduced student registration, shared transportation, and reasonable cost of lodging is also a bonus. Encourage students and recent graduates to apply for travel grants for future conferences. Many of our students make enormous sacrifices to advance their professional knowledge and skills; it is important to facilitate their participation in the Conference and the organization as a fun and relaxing way to rejuvenate and become more involved. Our students are the spiritual essence of our PNP programs and this organization—they are NAPNAP's future. We cannot rely merely on our impressive past and the present greatness of our membership and our Association; we must nurture the amazing future leadership potential of our students and recent graduates. Our national conference speakers, including Sigma Theta Tau International CEO Nancy Dickenson-

Hazard and Dr Tieraona Low Dog, and will energize and inspire all of us.

#### EDUCATION

NAPNAP's educational mission is to identify and provide diverse educational opportunities that meet current and future learning needs, from novice to expert. With its wide variety of speakers and topics, the Conference will strongly support our mission. Changes in education abound, including informatics; e-health; telemedicine and telehealth; the need to dedicate more curricular time to the new psychosocial morbidities and to study bioterrorism, anthrax, tularemia, smallpox, plague, hemorrhagic fever; and disaster preparedness. It is truly a challenging time to be in nursing education. The growing, unprecedented demand for professional nurses and advanced practice nurses in all clinical areas is matched by a limited pool of faculty able to teach the next generation. To ensure health care for children and families worldwide, we must improve both the intrinsic and extrinsic value of nursing. Merely admitting more students to nursing programs will not solve this public health crisis. The reasons for this shortage are complex, and the shortage promises to worsen during the next decade as more nurses retire. At the Annual Conference, the Professional Issues Forum and Association of PNP Faculties meeting will provide opportunities to discuss strategies and solutions to these challenges.

Global educational opportunities for PNPs will continue to develop; for example, a NAPNAP delegation will travel to Prague and Budapest July 27–August 4,

2002. This journey will provide opportunities for future partnerships among pediatric nursing programs and organizations, discover the developmental level of advanced practice pediatric nursing roles and educational programs, and advance the role of pediatric nurses in health policy and legislation. Clinical issues to be discussed will include immunization practices, the incidence and prevalence of acute infectious diseases, and chronic conditions such as asthma, diabetes, attention deficit hyperactivity disorder, HIV/AIDS, tobacco use among children and teens, eating disorders, and other psychosocial morbidities. The mind/body interface of alternative/complimentary therapies will be explored. Similarities and differences in newborn nurseries, special care nurseries, pediatric inpatient and primary care clinics, public health, and school-based health care clinics will be explored. The program will be organized and executed by Professional Exchanges International in cooperation with the Czech National Association of Nurses, the Hungarian Nurses Association, the Ministries of Health, local hospital and clinic administrators, and nursing educators.

## PRACTICE

NAPNAP's strategic planning goal is to enhance PNP practice in response to a rapidly changing health care environment. At the National Conference, our new global initiative will begin with highlighting our members' international projects and introducing the Global Health Care Special Interest Group (SIG), led by Pat Jackson and myself. Many of our members work with immigrant populations in the United States and many work abroad to ensure that children and families receive care. Many members put themselves at risk every day to care for patients with AIDS and other serious diseases in local and global communities. Many members cross rigid political and social lines to care for the unfortunate. When speaking of her experience in the Peace Corps, nurse Lillian Carter said, "Sharing yourself with others, and accepting their love for you, is the most precious gift of all."

## ADVOCACY/HEALTH POLICY

The Executive Board continues to gather data from a variety of governmental

and nongovernmental sources, other health care providers, and our members to determine the best use of our resources. We have worked closely with our National Office staff, our legislative liaisons, and other nursing and health care organizations to make the best decisions and to speak in one unified voice. Our emphasis on leadership development to effectively shape policy at state, national, and international levels has been foundational to many of these decisions. The Annual Conference is another opportunity to build consensus and develop a shared vision on how to strategically position PNPs in the policy-making process while making wise decisions that will strengthen our position and access to your care. NAPNAP has joined the American College of Nurse Practitioners (ACNP) as a new national affiliate in an effort to further strengthen our attempt to speak in one voice on Capitol Hill. Three Executive Board members and the executive director attended the 2002 ACNP Summit in Washington in February. National nurse practitioner leaders were able to come together to share successes, inspire one another, and meet with legislators on Capitol Hill. NAPNAP and ACNP share the same advocacy firm, Arent Fox, further facilitating our coalition and partnership. Together we have a more powerful and unified voice.

We strongly supported the pediatric exclusivity incentive that gives pharmaceuticals an additional 6 months of market exclusivity for testing their drugs on children. President Bush signed this reauthorization on January 4, 2002. We also supported the Nurse Reinvestment Act, which addresses the nursing shortage, and the Bioterrorism bill. Both bills were passed. The controversial Interstate Nurse Licensure Compact, whereby states recognize the RN license of other states, has been enacted in 16 states, with four additional states pending. We are continuing to work for "health professional" language in the pediatric section of the Patients' Bill of Rights so that parents have the right to choose a qualified nurse practitioner as their child's primary care provider. A rule of construction is not as strong as having provider-neutral language in the statute but would be better than what has passed in the House and Senate. We are also tracking and supporting school health legislation and initiatives focusing on rural health care, breastfeeding, tobacco control, immunizations, and the calcium campaign. Because 15.4% of children in the United States are uninsured, we are also continuing to study proposed modifications of the comprehensive health insurance program and Medicaid/Medicare legislation. Olver's



**FIGURE 1** NAPNAP 2001-2005 strategic planning model.

Medicaid bill is perhaps the most important legislation to affect nurse practitioners this year. "The US health care System is in crisis. We believe that a whole host of disruptive innovations could end the crisis, but only if entrenched powers get out of the way and let market forces play out," wrote Christensen, Bohmer, and Kenagy in the *Harvard Business Review* (2000).

## COLLABORATION

Aristotle said, "Where your talents and the world's needs cross, there lies your vocation." Our lives have changed immeasurably since September 11, 2001; however, the dedication of PNPs to the profession and to supporting other nurses remains constant. The level of cooperation, communication, and collaboration among nursing organizations is unprecedented; however, we still have much work to do.

Our collaborative efforts on behalf of the National Nurse Practitioner Marketing Campaign (NNPMC) have contributed to achievement of the fundraising goal of \$120,000. Access to the NNPMC media training, created by Citigate, is available through the NAPNAP Web site. Op-ed pieces related to the NNPMC have appeared in the *San Francisco Chronicle*, the *Dallas Business Journal*, the *Miami Herald*, and *Modern Health Care*. Health economist Jeff Bauer published a letter to the editor in the *American Journal of Managed Care* (2001) purporting fair competition through greater acceptance and utilization of NPs, as well as a column in *Advance for NPs* entitled "Time to Set a New Strategy" (2001). Bauer suggests that NPs collectively concentrate on three things, all within the realm of "taking the offensive in areas that really matter to people": (a) preventable injury and death, including medical errors; (b) conflicts of interest in clinical research leading to lack of informed consent and patient injury; and (c) a positive vision of a safe, consumer-friendly, US health care system and a realistic plan for achieving it.

NAPNAP continues to partner with the STTI-led Nurses for a Healthier Tomorrow (NHT); see [www.nursesource.com](http://www.nursesource.com). NAPNAP is participating in the NHT Campaign entitled "Nursing, It's Real. It's Life." NHT is a coalition of 35 nursing and health care organizations

that have banded together to create a national campaign to address the nursing shortage and boost the attractiveness of nursing as a profession. This effort dovetails with our participation in the Johnson & Johnson "Salute to Nurses Campaign" and the ANA "Call to Action regarding the Nursing Shortage." Buerhaus, Staiger, and Auerbach (2000) reported in *JAMA* that if current trends continue, the nation would be short 400,000 nurses by 2020. To ensure an adequate number of PNPs, we must begin to influence "Kids into PNP Health Careers" through exciting volunteer programs such as "Shadow a PNP" or "Nurse Camp." We also must actively recruit student nurses and practicing pediatric nurses into the 85 National Certification Board of Nurse Practitioners & Nurses-approved programs. Through our partnership with iVillage and the *Baby Steps* and *Your Healthy Baby* publications we are highlighting the expertise of our members and increasing NAPNAP's visibility. Your contributions to your local media and lay publications will generate interest in our profession among readers and increase their awareness of our ability to provide optimal care for children and families. Your collaboration, as exemplified by your outreach to the membership, the Executive Board, the National Office staff, other nursing organizations, other nursing and health providers who care for children and families, your communities, and the victims and families affected by the unimaginable events and worldwide sorrow of 9/11, has been remarkable.

## RESEARCH/SCHOLARSHIP

Our Research initiative, through the NAPNAP Keep your child/yourself Safe and Secure (KySS) Campaign, the Research Committee, and the NAPNAP Foundation, is identifying and providing opportunities for the implementation, dissemination, and evaluation of evidence-based care by PNPs. NAPNAP members now have access to the Community of Science resource. NAPNAP KySS Coordinator Dr Bernadette Melnyk, Dr Dolores Jones, and I have submitted an educational grant that will support the Campaign, including a summit of experts to plan the intervention phase of the project. In addition, Research Committee Chair Dr Arlene Butz

will conduct a mentoring program at the Annual Conference. She and her committee will be notifying members of funding opportunities. Fund-raising has taken on added importance at NAPNAP to support a research agenda. PNPs across the United States are engaged in the daily practice of providing safe, quality care to children and families. Recent studies of nurse practitioner care support this statement; however, we need more outcome studies. This information validates PNP care by informing policy makers of the strength of the profession. This endeavor is costly and requires careful planning. The Research Committee is collaborating with the NAPNAP Foundation so that member research will continue to have an intramural source of funding through the Foundation while expanding connections to extramural sources for larger grants. Fund-raising is both an art and a science, and the Foundation will continue to support NAPNAP and provide leadership in this important initiative. The Executive Board has approved a new National Office staff position that will further support the research agenda.

I want to thank you and the membership for your many contributions. I look forward to visiting many of your Chapter meetings this spring and to seeing you at our wonderful conference in beautiful Reno/Lake Tahoe, Nevada. We have asked so much of you this year, and you have been there consistently to support the organization and its mission. Please thank your families for sharing your valuable time with NAPNAP. Celebrate the developing leaders in our midst as we reexamine our lives and rededicate ourselves to the values that brought us to nursing in the first place. Remember that you bring the best of nursing to health care.

## REFERENCES

- Bauer, J. C. (2001). Time to set a new strategy. *Advance for Nurse Practitioners*, 9, 17.
- Bauer, J. (2001). The greater acceptance and utilization of nurse practitioners. *American Journal of Managed Care*, 7, 1121.
- Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Implications of an aging registered nurse workforce. *JAMA*, 283, 2948-2954.
- Christensen, C. M., Bohmer, R. M. J., & Kenagy, J. (2000). Will disruptive innovations cure health care? *Harvard Business Review*, September-October, 102-117.