

POSITION PAPER

**PUBLIC HEALTH  
AND PUBLIC  
HEALTH  
NURSING**

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# POSITION STATEMENT

The Washington State Nurses Association (WSNA) recommends allocation of sustainable funding and resources in the public health system and workforce in order to provide essential and Foundational Public Health Services, address the underlying causes of preventable illness and disease, improve population health, and achieve health equity. WSNA recognizes the leadership role of public health nurses in achieving these aims and calls for sustainable investments in public health nursing education, practice and research that supports and builds the capacity of qualified public health nurses to address contemporary and future public health challenges and priorities.

## OVERVIEW

Despite efforts to reform the nation's health system, improving overall population health remains a significant challenge as persons of all ages in the U.S. continue to experience gaps and/or lack of health insurance coverage (Martinez, Zammitti & Cohen, 2018). While uninsured rates vary, the overall numbers of insured persons have decreased since 2014, in particular due to reforms of the Affordable Care Act (Keith, 2019). At the same time population health outcomes, particularly among racial-ethnic groups, demonstrate continued negative effects (Margerison-Zilko, Goldman-Mellor, Falconi, & Downing, 2016). Wide variances also exist in the disease burden across the U.S. (The US Burden of Disease Collaborators, 2018) as data trends indicate an overall decline in life expectancy (Agency for Healthcare Research & Quality, 2017).

Prolonged neglect and erosion of the public health infrastructure has reduced the capacity of the public health system nationally and among local health jurisdictions (LHJ) to address health prevention and health promotion priorities.

Since the Great Recession (2008-2016), continued decreases in financial resources have compounded LHJ's capacity to effectively respond to current and future public health priorities, including emerging infectious diseases, substance use, and other non-communicable diseases (National Association of County & City Health Officials, 2017). Concurrently, LHJ's have experienced a total workforce decline of 21%, representing a 20% reduction in full-time equivalent staff capacity. This loss of public workforce capacity, including public health nurses (Beck, Leider, Coronado, & Harper, 2017) represents a significant challenge for the public health system's ability to maintain and sustain current and future efforts to safeguard the public's health.

# BACKGROUND

## Public health

Public health's mission is to protect the health and welfare of communities and the public-at-large by promoting healthy living and prevent illness and disease before it occurs through primary prevention strategies and interventions to improve population health. This is in contrast to secondary prevention that targets early detection and treatment of disease, and tertiary prevention that is concerned with treating and minimizing the effects of illness and disease after detection and diagnosis (Centers for Disease Control & Prevention [CDC], 2008a). Population health is defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within a group" (Kindig & Stoddart, 2003). Eliminating the root causes of health disparities and health inequity is essential toward improving overall population health outcomes as long-standing and established health care interventions and strategies have not been effective (Thornton, Glover, Cené, Glik, Henderson, & Williams, 2016).

The Institute of Medicine (now the National Academy of Medicine) defined public health as "what we as a society do collectively to assure the conditions in which people can be healthy" (IOM, 1988), expanding this to include a systems perspective that recognizes the evidence and impact of the (social) determinants of health on population health outcomes (IOM, 2002). The World Health Organization (WHO, 1998) defines public health as "the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society." In contemporary times, public health has embraced an approach that considers the global ecological risks, economic, environmental, social and other determinants of health that affect lifestyles and living conditions (WHO, 2008) or the "conditions in which people are born, grow, live, work and age" (WHO, 2007, pg. 17) that are linked to structural and other upstream factors that contribute to the root causes of health inequalities and disparities, and health inequity (Artiga & Hinton, 2018; Marmot, 2005; WHO, 2008).

## Framework for public health practice

Public Health is based on an ecologic framework that works toward addressing the social, economic, environmental, and other conditions (determinants of health) that contribute to illness, injury and disease as well as creating healthier living conditions and environments. This framework recognizes that all public policy supports the health and welfare of the public, often referred to as "health in all policies" (Hall & Jacobson, 2018). Public health practice is based upon three Core Functions: Assessment, Policy Development and Assurance (IOM, 1988). Concurrently, the 10 Essential Public Health Services also frame and guide the work of local public health systems and organizations at national, state and local levels (CDC, 2008b; NAACHO, 2005). The CDC's prevention

framework for health system reform promotes the integration of value-based care with collaborative community engagement, emphasizes innovative patient-oriented clinical prevention strategies, and focused on population-based and community-wide prevention approaches and interventions applied at neighborhood, city, county or state levels (Auerbach, 2016; DeSalvo, Wang, Harris & Auerbach, 2017).

## State priorities for public health

Washington state's public health priorities focus on:

1. Modernizing and stabilizing the public health system by providing Foundational Public Health Services (FPHS);
2. Reducing the burden of smoking and opioid related disease;
3. Eliminating health disparities and improving health equity;
4. Elimination of stigma, discrimination and exceptionalism of people living with HIV/AIDS; and
5. Ensuring safe and health school environments for all students (WA BOH, 2018).

These are reflected in the Washington State Department of Health's (WA DOH) 2017-2019 Strategic Plan priorities: protection from communicable diseases and other threats to health, ensuring all children attain their highest level of health, and ensuring health equity and improving population health (WA DOH, 2016).

## Foundational public health services for Washington state

Washington state's public health system modernization plan identifies three focal areas: (1) the changing nature of preventable disease; (2) increasing demand for public health services; and (3) inequitable and diminished core public health services funding. The Foundational Public Health Services (FPHS) framework integrates these priorities and outlines the necessary governmental public health programs to support the public health system in all communities, and the skills, knowledge, abilities and systems infrastructure required "to support effective and efficient governmental public health services" (WA State DOH, 2016). This FPHS framework represents the vision for governmental public health to respond to 21st century public health challenges and priorities and comprises essential systems capabilities and public health programs necessary for all local health jurisdictions to conduct the minimum core public health activities and services required to efficiently and effectively protect the health of their communities (WA State DOH, 2016). Foundational programs include maternal and child health, communicable disease control, chronic disease and injury prevention, access to clinical care, and vital records.

# PUBLIC HEALTH NURSING

Public health nursing practice is based upon an ecological framework and is defined as “the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (American Public Health Association/Public Health Nursing Section [APHA/PHN], 2013; Bekemeier, Linderman, Kneipp, & Zahner, 2014). Public health nurses have a strong tradition of serving the most vulnerable populations and communities, particularly women and children, people living with chronic conditions, and those without access to health care (Swider, Levin & Reising, 2017). Public health nursing practice is differentiated from other nursing specialties by its focus on population health, applying systems-level thinking to address health disparities and achieve health equity, and translating population-level assessment data into policy actions to improve health outcomes (ACHNE, 2009; ANA, 2013; APHA/PHN Section, 2013; QC, 2011; Quad Council Coalition [QCC], 2018).

## Population-based public health nursing

Public health nurses function in a variety of roles, work settings and environments, although they are primarily associated with health departments at the local, state, and federal levels, and in tribal public health entities. Public health nurses serve as leaders in governmental and non-governmental public health organizations, engage in public policy development to promote healthy living, design, implement, and evaluate population-level prevention programs. This requires public health nurses to effectively use public health data and information systems in order to lead population health improvement efforts. Essential to improving population health outcomes and health equity, public health nurses must engage in interprofessional/interdisciplinary collaboration, advance and maintain community partnerships, and facilitate relationships between public health practitioners, health delivery system and other community stakeholders.

## Evidence-based public health nursing practice

Population-level public health nursing practice is not well understood and its contribution toward achieving quality safe population health outcomes is not well documented. Reductions in the level of public health funding during the Great Recession resulted in the elimination of public health services, public health nursing positions and workforce capacity, contributing to the inability to measure the impact of public health nursing interventions and outcomes. Examining the effectiveness of public health nursing practice is critical for demonstrating the value contribution of public health nursing toward improving population health. There is, however, no singular model of public health nursing practice that establishes the conceptual base evaluating public health nursing interventions or outcomes. One framework that has been proposed is the Omaha System™ (Martin & Scheet, 1992), a

nurse home visiting model applied to measuring the effectiveness of public health nursing interventions and outcomes (Martin & Scheet, 1992; Monsen, Chatterjee, Timm, Poulsen, Tchg, & McNaughton, 2014; Olsen, Horning, Thorson, & Monsen, 2018).

## Public health nursing workforce issues

Challenges and issues faced by public health nursing are complex, and not wholly comparable to the majority of nurses in other practice areas. Fundamental to responding to public health priorities and improving population health is a qualified public health workforce including public health nurses and community health nurses that constitute the largest segment of the public health workforce in state and local health departments (Beck & Bolton, 2016). Systematic and established enumeration of the public health nursing workforce is, therefore, critical to assessing and sustaining the capacity and vitality of the public health system to respond to current and emerging public health priorities, particularly when there is a continued decline in public health nurses compared to the overall growth of registered nurses (Smiley et al, 2018). Educational preparation, professional development and promotional opportunities are also among the challenges in recruiting and retaining a qualified public health nursing workforce.

## Priorities for public health nursing

Priorities for addressing the challenges faced by public health nursing are congruent with national recommendations from the public health nursing community and other policymakers (ACHNE, 2009; APHA, 2013; APHN 2016; Cooper & Shaw, 2016; RWJF, 2017), and are reflective of the IOM’s landmark Future of Nursing report recommending nurses achieve higher levels of education and training, and work at their highest scope-of-practice (IOM, 2011). A consensus among national public health nursing organizations prioritizes developing and supporting public health nursing leadership at all levels of practice, education, research and policy/advocacy, and engaging all nurses in addressing the impact of the social determinants of health on their patients and communities (QCC 2018).

Preparing the next generation of public health nurses is a critical national and local priority that requires focused efforts to integrate population health concepts into nursing curricula to address the public health nursing shortage and prepare nurses for population-focused nursing (National Advisory Committee on Nurse Education and Practice [NACNEP], 2013; NACNEP, 2015; Robert Wood Johnson Foundation [RWJF], 2017; Swider, Levin & Kulbock, 2014; Washington Center for Nursing [WCN], 2017). In a 2018 opinion survey, Washington State public health nursing leaders and nurse educators affirmed this issue as well as the priorities and recommendations of WSNA’s 2011 position paper (Reyes, 2018). This revised position paper reflects these and the emerging priorities for public health and public health nursing in Washington State.

# RECOMMENDATIONS

Investing in the public health infrastructure is critical for re-building the public health system's capacity to provide essential and foundational services, address the underlying causes of preventable illness and disease, improve population outcomes, and achieve health equity. Sustaining a robust and well-resourced public health infrastructure is key for realizing the full potential of public health nursing as leaders in improving population health. WSNA recommends the following strategies for public health policy, and public health nursing education, practice, and research.

## PUBLIC HEALTH POLICY

1. Identify and support sustainable population/public health funding sources for mandated and Foundational Public Health Services, and additional services that support the capacity of local health jurisdictions to meet local public health threats and community priorities.
2. Develop systems and strategies that ensure the quality, safety and accessibility of public health services.
3. Fund essential public health services and programs, especially those that focus on vulnerable and at-risk populations.
4. Develop public health policies that focus on prevention and risk reduction strategies that apply evidence-based approaches and methodologies.
5. Develop public policies that promote healthy environments and that address the social determinants of health and equity.
6. Develop policies that eliminate disparities, promote health equity and ensure access to effective population-based services.
7. Develop strategies that effectively communicate and engage communities as recipients of population-focused care and services across the continuum of the primary care and the public health systems.
8. Fund and conduct an enumeration of the state public health workforce.
9. Increase funding for educating the public health workforce.

## PUBLIC HEALTH NURSING

### Education strategies

1. Integrate population health concepts into all baccalaureate and graduate nursing curricula in Washington State.
2. Increase funding for educating nurses in population-based/public health nursing.
3. Develop educational partnerships between public, non-profit, community partners, and other stakeholders to educate entry level nurses and the current public health nursing workforce in population level practice to augment the availability of clinical sites/practicum opportunities.
4. Develop educational partnerships between public, private and community stakeholders to offer continuing education for the public health nursing workforce on population-focused practice.
5. Increase funding for educating faculty in population-based/public health nursing.
6. Develop and promote advanced practice population/public health nursing education.
4. Develop a model for public health nursing leadership that reflects the goals of Public Health 3.0, Foundational Public Health Services, and the QCC Community/Public Health Nursing Competencies.
5. Develop and implement innovative evidence-based public health nursing practice models.
6. Explore a Washington State Public Health Nursing "Registration/Certification" program to document nurses seeking to practice as a Public Health Nurse have completed requisite population health competencies and attained the BSN degree.
7. Require state and local health departments/jurisdictions to designate a qualified public health nurse executive with oversight of public health nursing practice within public health organizations.

### Research strategies

1. Promote and support public health nursing as equal partners and strategy leaders within the public health system through policymaking, leading change and quality improvement efforts within the public health system.
2. Advocate and support increased capacity for population-level/public health nursing practice within local health departments/jurisdictions.
3. Develop a state-wide strategic plan for recruitment and retention of a qualified public health nursing workforce.
1. Evaluate existing and innovative evidence-based public health nursing practice models.
2. Identify a statewide public health nursing research agenda that focuses on evidence-based public health nursing practice and population-based interventions and outcomes.
3. Advocate for research funding to support evidence-based public health nursing practice intervention strategies.
4. Collaborate with the Practice-based Research Network, higher-education researchers, and other stakeholders in conducting public health nursing outcomes research.
5. Fund and conduct an enumeration of the state public health nursing workforce and develop a public health nursing workforce database.

# SUMMARY

The vitality of the public health system is reliant upon a sustainable infrastructure and the capacity to deliver foundational public health services, promote the health of the population, prevent disease and protect the public from threats to their well-being. Public health nurses as the largest segment of the public health workforce are at the forefront of meeting these goals. Realizing public health nursing's vision, voice and leadership requires public health

nursing to acquire advanced education, knowledge and skills with which to meet these challenges. This requires prioritized investments in both the public health system, public health workforce and in public health nursing. To actualize their leadership potential, public health nurses must engage in creative and innovative practice models that demonstrate their contributions toward improving population health and achieving health equity.

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## RECOGNITION

WSNA would like to recognize David J. Reyes, DNP, MPH, RN, PHNA-BC as the primary author of this paper. Dr. Reyes is an Assistant Professor in Nursing and Healthcare Leadership at the University of Washington Tacoma. He received a Bachelor of Science degree in nursing from Seattle University (1983), Master of Nursing and Master of Public Health degrees (2002), and a Doctor of Nursing Practice (2013) from the University of Washington, Seattle, Washington. Dr. Reyes is past-president of the Washington State Public Health Association, and former chair of the Public Health Nursing Section of the American Public Health Association.