

Public Health and Public Health Nursing

POSITION STATEMENT

The Washington State Nurses Association (WSNA) supports strategies at local, state and national levels to strengthen and sustain the public health system, and to improve the health status of communities and populations. Additionally, WSNA strongly supports and recommends strategies to invest in and sustain a qualified public health nursing workforce as vital team members in the delivery of essential public health services that result in overall improvement in population health outcomes.

Overview

Prolonged neglect and erosion of the public health infrastructure has resulted in a reduction in the capacity of the public health system nationally and locally to address health prevention and health promotion priorities. Despite on-going efforts to reform the nation's health system, improving the overall health status of the U.S. population remains a significant challenge. This is evidenced by the increase in chronic diseases across the lifespan, prevalence of high-risk behaviors, growing health inequalities, less improvement in health outcomes, and decreased quality of adjusted life years (QALY). QALYs measure the burden of disease associated with morbidity, taking into account the quality and quantity of years lived based on one's health status and the interventions used to increase years lived (Jia & Lubetkin, 2009).

Approximately 50 million adults experience gaps and/or no health insurance coverage. Concurrently, lower income individuals with continuous coverage are less likely to seek health care including preventive services. Over 50% of preventable deaths in the U.S. are attributable to unhealthy lifestyle behaviors (US Department of Health & Human Services [DHHS], (2006) with 40% of adults, 18-64 years old, living with at least one of chronic health condition (DHHS, 2009a). This resultant widening gap in access to health and preventative services is persistent and reflected in health disparities among racial and ethnic minority groups, low-income communities, and other vulnerable populations.

A major contributing factor to this reduced capacity is the loss of sustainable public health funding that includes the loss of public health positions and the steady decline in the public health workforce nationally and locally (Association of State & Territorial Health Officers [ASTHO], 2008b; National Association of County & City Health Officials [NACCHO], 2010; WA BOH, 2010). Of critical importance is the decrease in the number of public health nurses (PHN) that comprise approximately 25% of public health professionals (RWJF, 2008) and represent the largest segment of the public health workforce (ASTDN, 2003). However, PHNs constitute only 7.8% of the national nursing workforce (DHHS, 2010b), and subsequently do not garner the same national attention as their acute-care nursing counterparts. Concurrently, funding constraints, elimination of public health nursing positions, an aging nursing community, and challenges in the recruitment and retention of public health nurses further exacerbates the public health system's inability to provide essential public health services including prevention programs and respond to emerging public health threats and priorities. Addressing these issues is critical in order to rebuild infrastructure, sustain the public health system's capacity to provide safe quality public health services, and ultimately to improve population health outcomes.

Rapid change and reform in the health system is affecting the public health system's ability to keep pace with these changes. There is increasing reliance on technology such as electronic health records, disease registries and databases. Emerging sciences such as genetics, ecogenetics (the interaction of genetics with environmental factors), and genomics are influencing and changing how interventions are designed (Costa & Eaton, 2006). Emphasis on the "built environment" is highlighting how health and healthcare is impacted, resulting in changes in land use and other environmental policies and standards. Regional and geographical differences among municipalities and health jurisdictions influences health promotion priorities complicated by available resources. Changes in health system financing in conjunction with the aforementioned issues poses significant challenges in addressing the health status of populations locally and nationally.

Background

PUBLIC HEALTH

Public Health, defined by the World Health Organization (WHO, 1998), is “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 takes into account global ecological risks, economic, environmental, social and other determinants of health that impact lifestyles and living conditions in order to improve population-level health outcomes, health equity, and environmental and social justice.

The Institute of Medicine (IOM, 1988) defines public health as “what we as a society do collectively to assure the conditions in which people can be healthy.” In its 2002 report, *The Future of Public Health in the 21st Century*, the IOM reaffirmed its 1998 definition but with an expanded systems perspective of public health that recognizes the evidence and impact of the determinants of health on population health outcomes. This is congruent with the Healthy People 2020 goals of “attaining and promoting a high quality of life for all people, across all life stages,” focusing on behavioral risk factors and the social determinants of health that affect population health outcomes (DHHS, 2009). Public health’s mission then is to protect the health and welfare of communities and the public-at-large by promoting healthy living, and to prevent illness and disease before it occurs, also known as primary prevention. 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 (CDC, 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 or determinants of health that can cause illness or injury with the goal of creating healthier living conditions and environments. This approach recognizes that all public policy supports the health and welfare of the public, and is, therefore, health policy. This includes the development and implementation of public policies that focus on all factors that impact the public’s health such as access to nutritious food sources; safe schools, work environments, and neighborhoods; early childhood education; clean air and water; and urban planning and community development, all of which support prevention and health promotion strategies consistent with essential public health services. Engagement with communities and the population is necessary to understand their lived experience in order to provide the basis

and context for promoting healthier communities by considering and incorporating community perspectives into the design, implementation and evaluation of public health interventions.

The tenets that guide and provide the foundation for public health practice are the three Core Functions of public health: Assessment, Policy Development and Assurance (IOM, 1988). Assessment includes activities such as collecting data on the health status of the population, health screening activities, communicable disease and illness surveillance, and data analysis. Predicated on assessment, Policy Development is participating in health policy planning and policy-making activities that formulate and address public health standards and regulations as well as health assessment priorities. The Assurance role ensures compliance with public health standards and regulations, the health needs and interests of the public are met, and that quality health services are accessible.

Concurrent with the Core Functions are the 10 Essential Public Health Services that frame and guide the work of local public health systems and organizations at national and local levels (CDC, 2008; NACCHO, 2005). The 10 Essential Services of public health are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

NATIONAL PRIORITIES FOR PUBLIC HEALTH

Healthy People 2020 establishes a national health agenda that focuses on the social determinants of health, risk factors and health outcomes (DHHS, 2009b). Its two primary goals are to attain and promote “a high quality of life for all people, across all life stages” (DHHS, 2009b). The Public Health Quality Forum defines quality public health as “the degree to which policies, programs, services and research for the population increase desired health outcomes and conditions in which the population can be healthy.” Furthermore, it describes quality public health as “population-centered, equitable, proactive, health promoting, risk-reducing, vigilant, transparent, effective, and efficient” (DHHS, 2010). The National Quality Forum (National Priorities Partnership, 2008) identified improving the health of the population as one of its national priorities with objectives for reducing: (1) harm through access to screening and preventive services, (2) health disparities, (3) the burden of disease, and (4) waste by ensuring patients receive effective and evidence-based preventive services. National public health organizations such as the American Public Health Association have identified its three strategic priorities as: (1) Rebuilding the Public Health Infrastructure, (2) Ensuring Access to Health Care, and (3) Eliminating Health Disparities (APHA, 2010).

The passage of the Affordable Care Act of 2010 created and charged the National Prevention, Health Promotion and Public Health Council with developing the National Prevention and Health Promotion Strategy (Strategy) to focus on community-oriented approaches to prevention and wellness in order to “reduce the incidence and burden of the leading causes of death and disability.” The Strategy identifies the five leading causes of death as heart disease, cancers, stroke, chronic lower respiratory disease, and unintentional injuries. Other priorities named are behavioral and mental health, substance use, and domestic violence screenings. In addition, the four health promoting behaviors associated with the underlying causes of death that will be targeted through prevention measures are tobacco use, nutrition, physical activity, and underage and excessive alcohol use (DHHS, 2010a).

In 2007, Exploring Accreditation Steering Committee released its recommendations for a voluntary public health accreditation program. These were in alignment with national priorities for accountable public health practice, the delivery of high quality and safe public health services, and improving the efficiency and effectiveness of the public health delivery system (Public Health Accreditation Board, 2007). In 2009, the Public Health Accreditation Board (PHAB) launched its beta test of the Draft National Voluntary Accreditation Standards for Public Health Accreditation. The goal of the national public health accreditation program is “to improve and protect the health of every community by advancing the quality and performance of public health

departments” at the local, state, territorial, and tribal levels, with full implementation of the national program to begin in 2011 (PHAB, 2011).

STATE PRIORITIES FOR PUBLIC HEALTH

In alignment with the PHAB Accreditation Standards, the 2010-2011 Washington State Standards for Public Health (WA DOH, 2010) will guide the accreditation review for the WA DOH. Local health agencies may opt for accreditation review using the standards in part or in their entirety.

In its 2010 Biennial Report to the Governor, the Washington State Board of Health (WA BOH) named six strategic priorities to address state public health (WA BOH, 2010):

1. Restore stability to the state’s public health system;
2. Encourage policies that promote healthy behaviors;
3. Promote healthy and safe environments;
4. Implement the state action plan to end health disparities;
5. Focus health care reform on delivering preventive services; and
6. Integrate prevention policies across state agencies.

The Washington State Department of Health’s (WA DOH) workgroup on Reshaping Governmental Public Health in Washington State released An Agenda for Change outlining three priority public health goals (WA DOH, 2010):

1. Focus disease capacity on and enhance the most effective and important elements of prevention, early detection, and swift responses to protect the public from communicable diseases and other threats;
2. Focus on policy and system efforts to foster communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide all with the opportunity for long, healthy lives; and
3. Develop effective and strategic partnerships with the healthcare system to improve access to quality, affordable and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities.

Public Health Nursing

Public health nursing practice also uses an ecological model, and is grounded in nursing, public health, social justice, and the social sciences. Public health nursing is distinguished by its “emphasis on population-focused services with goals of promoting health and preventing disease and disability, as well as improving quality of life.” It differs from other nursing specialties and characterized by the eight following principles (ANA, 2007; APHA/PHN Section, 2003):

1. The client or unit of care is the population.
2. The primary obligation is to achieve the greatest good for the greatest number of people or the population as a whole.
3. The processes used by public health nurses include working with the client as an equal partner.
4. Primary prevention is the priority in selecting appropriate activities
5. Public health nursing focuses on strategies that create healthy environmental, social, and economic conditions in which populations may thrive.
6. A public health nurse is obligated to actively identify and reach out to all who might benefit from a specific activity or service.
7. Optimal use of available resources to assure the best overall improvement in the health of the population is a key element of the practice.
8. Collaboration with a variety of other professionals, populations, organizations, and other stakeholder groups is the most effective way to promote and protect the health of the people.

EDUCATIONAL PREPARATION

The baccalaureate degree in nursing science (BSN) is the established minimum educational preparation for entry level PHN practice (ACHNE, 2009; ANA, 2007; Quad Council, 2004). Public health nurses prepared at the graduate level are equipped with enhanced and/or specialized knowledge and skills for advanced population-level PHN practice (AACN, 2004; ACHNE, 2007; Levin et al, 2008). Educational competencies for public health nursing practice are based upon the Core Competencies for Public Health Professionals, developed by the Council on Linkages between Academia and Public Health Practice (COL), and incorporate the Core Functions of public health as previously described (COL, 2010; Quad Council, 2004).

PUBLIC HEALTH NURSING AND REGULATORY STATUTES

Nationally and locally, with few exceptions, there is no differentiation of the scope of public health nursing practice from acute care/non-population-based nursing practice in state nursing practice acts or in regulatory statutes. This lack of differentiation exists in Washington State as current regulatory statutes do not define the scope of public health nursing practice despite using the term “public health nurse” to describe functional roles in school health settings, and state sponsored programs such as maternal home visiting, parental education, and alternate response system/early intervention programs. However, Washington State statutes do define “Registered nurse”, “Advanced nursing practice” and “Licensed practical nurse” under Nursing Care, Chapter 18.79 of the Regulatory Code of Washington. Furthermore, it stipulates that RNs employed in school settings be prepared at the BSN level but does not require the same for public health nurses. In 2008, in ASTDN’s survey of states requiring a BSN as a public health nurse, nine states indicated requiring a bachelor’s degree but only five required a BSN degree in order to hold the title of “public health nurse.” Two states required additional state level registration or certification as a public health nurse, validating educational preparation at the BSN level that met community/public health nursing curricular requirements (ASTDN, 2008b). This differs from specialty certification by the American Nurses Credentialing Center (ANCC) that administers specialty certification examination and professional credentialing for advanced/specialty nursing practice.

POPULATION-BASED PUBLIC HEALTH NURSING

Population-based public health nursing has a rich tradition of providing services to the disenfranchised, engaging in social justice activities and advocating for access and equitable health services for all populations. 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 entities. Public health nurses serve as leaders in public health organizations, engage in public policy development to promote healthy living, design, implement, and evaluate population-level prevention programs, coordinate mass vaccination clinics to immunize the public from pandemic influenza, and/or investigate communicable disease outbreaks. These roles, responsibilities and functions are central attributes of public health nursing practice and are essential elements in the development of public health policy.

Despite a strong foundation in population-based practice, public health nurses are mainly engaged in direct personal health services

to individuals and families from vulnerable and at-risk communities, (e.g., home visiting programs for high-risk pregnant/post-partum women and their infants; early intervention for child abuse and neglect), largely in response to historical categorical-funding and Medicaid reimbursement programs. Some health departments have also expanded the public health nurse role in ambulatory outpatient clinics, further minimizing the role and capacity of PHNs to practice at a population-focused level (RWJF, 2008). This focus on individual level public health nursing service delivery coupled with a steady reduction in reimbursement for such services has refueled the debate regarding what is or is not population-based PHN practice. The channeling of PHN practice towards an individual service model has been the experience in rural, urban, and large metropolitan health departments. They are a response toward filling the gap in the primary and prevention care safety net, traditionally provided to underserved and at-risk populations without access to health care although in some rural environments this has also filled the same gap (Anderko, Uscian & Robertson, 1999; Kaiser et al, 2010).

EVIDENCE-BASED PUBLIC HEALTH NURSING PRACTICE

The Nurse-Family Partnership® (NFP) is the predominant evidenced-based home visiting model focusing on supporting low-income first-time mothers through the second year of their child's life, albeit a model that uses a one-to-one, PHN-to-client prevention-based delivery model to improve maternal/child health outcomes (Dawley, Loch & Bindrich, 2007). The NFP has over 30 years of data demonstrating both quality client outcomes and program cost-effectiveness (Hill, Uris & Bauer, 2007). Another example of a population-based PHN practice model is The Intervention Wheel previously known as the Public Health Intervention Model developed by the Minnesota Department of Health (Keller, Strohschein, Lia-Hoagberg & Schaffer, 2004). The Intervention Wheel (aka Minnesota Model) defines three levels of PHN practice at the individual/family, community, and systems levels, and incorporates 17 public health nursing interventions that affect population health outcomes. The Intervention Wheel describes its foundation in public health practice, focused on the population, and "evidence-supported" (Keller, Strohschein, Lia-Hoagberg & Schaffer, 2004). The Intervention Wheel has been applied in LHDs throughout the US, and incorporated into PHN curricular frameworks (Keller, Strohschein, Schaffer & Lia-Hoagberg, 2004).

That public health nursing should be engaged in prevention, and health promotion is not in dispute. Rather what is in question is, "what level of prevention?", and "what population-focused model(s) is most appropriate for public health nursing in order to implement

and evaluate the effectiveness of evidence-based PHN interventions and population outcomes?" Geographic disparities and differences in population demographics and health indicators may drive local public health priorities. Public health service delivery models should, however, serve the overall health needs and interests of local communities and the population but be firmly grounded in the Core Functions of public health. The opportunity to explore and develop new population-focused PHN models is critical and necessary in this time when the public health infrastructure is under-resourced and under-funded public. Enhancing population-based public health nursing offers greater flexibility and an ability to expand public health nursing practice roles, responsibilities and environments, for example conducting culturally relevant community assessments, convening and facilitating community coalitions, evaluating the impact of public health prevention activities, or advocating for public policies to ensure safe and healthy neighborhoods. It affords PHNs an opportunity to function at the highest level of their education and experience, and to increasingly assume public health leadership roles.

ARTICULATING PUBLIC HEALTH NURSING OUTCOMES

Population-level public health nursing practice is not well understood by the public and its contribution toward achieving quality safe population health outcomes is not adequately documented. Articulating public health nursing's role and value in the delivery of population-level care then is a challenge but essential at a time when there is a significant reduction in the level of public health funding, necessitating the elimination of both public health services and public health nursing positions. This contributes to the inability to measure the impact of public health nursing interventions on the quality and safety of public health services. Despite a paucity of evidence measuring the outcomes of public health nursing care and practice, there is a growing body of evidence. Some researchers suggest that a shortage in the PHN workforce may have deleterious health impacts for some patient populations as evidenced by select PHN-sensitive outcome indicators, i.e., Chlamydia rates, access to prenatal care in the first trimester, and early childhood immunizations (Issel, Bekemeier & Baldwin, 2010). Bekemeier and Jones (2010) concluded that the PHN shortage is more likely to negatively impact local health departments (LHD) in rural areas than their urban LHD counterparts, particularly with regard to a lack of senior executive public health nursing leadership and staff, and the subsequent decreased capacity to engage in immunization, maternal/child health and primary prevention activities.

PUBLIC HEALTH NURSING WORKFORCE ISSUES

Local health departments in Washington State continue to face losses in sustainable funding that have resulted in a significant reduction in the public health nursing workforce. In 2009, the average incidence rate of Chlamydia in Washington State was 317.6 cases per 100,000. However, for Pierce and Yakima counties the rates were 474.6 per 100,000 and 494.9 per 100,000, respectively (DOH, 2009). The May 2010 Perinatal Indicators Report for Washington Residents (DOH, 2010) indicates an increase in neonatal deaths, and an increase in the infant mortality rate from 2007 to 2008, 4.8 per 1000 infants and 5.4 per 1000, respectively. In addition, women accessing prenatal care in the first trimester remained low, coupled with an increase in the number of women who accessed prenatal care late, or not at all. Whether these outcomes resulted from the decrease in the PHN workforce is only speculative, and in the short-term, it is difficult to evaluate these impacts. However, the long-term effects of PHN workforce reductions must be evaluated.

A secondary challenge related to the lack of evidence-based PHN effectiveness research is the inability to enumerate the PHN workforce and, subsequently, determine the optimal proportion of public health nurses needed to ensure quality safe population level interventions and health outcomes. It is estimated that the ratio of employed registered nurses (RN) nationally is 854 RNs per 100,000 of the US population; in Washington State, the rate is estimated at 800 RNs/100,000. There is no comparable data source and enumeration for public health nursing as there is no federal requirement to collect such data. Consequently, these estimations are based on job title rather than specific licensure or educational preparation. **Although there is no consensus among public health nursing professional organizations to establish a national minimum PHN-to-population ratio, the Association of State and Territorial Directors of Nursing (ASTDN) has recommended for a one PHN-to-5000 population ratio (ASTDN, 2008a). Furthermore, ASTDN suggests setting a national standard of public health nurse supervision for one PHN supervisor to eight public health nurses.**

Priorities for addressing the challenges faced by public health nursing are congruent with national recommendations from the nursing community and other policy makers (APHA, 2003; ASTDN 2003). Recommendations from Commitment to Quality Health Reform: A Consensus Statement from the Nursing Community (Consensus Statement) outline priorities relevant to public health nursing, for example, the nursing shortage, the role of nurses in providing access to care for vulnerable and underserved populations, and measuring, collecting and analyzing health outcome data (ANA, 2009).

In October 2010, the Robert Wood Johnson Foundation and the IOM released its report *The Future of Nursing: Leading Change, Advancing Health*. This report cites four (4) key messages with eight (8) recommendations pertaining to the nursing profession's role in designing and leading change efforts within the US health system in order to improve the health of the nation (IOM, 2010).

Those key points are:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners with physicians and other health-care professionals in redesigning healthcare in the US.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

The RWJ/IOM's eight recommendations are:

1. Remove scope-of-practice barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for the collection and analysis of inter-professional health care workforce data.

PRIORITIES FOR PUBLIC HEALTH NURSING

National priorities for public health nursing education, practice and research are mirrored in Washington State. Public health nursing leaders locally and nationally have identified both challenges and opportunities for public health nursing practice.

The consensus priorities for public health nursing developed by the Quad Council of Public Health Nursing Organizations reflect each constituent's respective vision, mission statements, policy/position papers, and/or strategic plan. In summary, the Quad Council's strategic

priorities (personal communication, February 15, 2011; Quad Council, 2011) focus on these areas:

1. Public Health Infrastructure:
 - a. Advocating for sustainable funding
 - b. Recruitment and retention of a qualified PHN workforce
 - i. Ensuring the BSN is the minimum educational requirement
 - ii. Minimizing the replacement of PHNs with non-nurses
 - c. Encroachment upon and erosion of PHN scope of practice
 - d. Building the Core Functions capacity of PHNs
 - e. Data collection and measurement of PHN interventions/outcomes
2. Access to Essential Public Health Services
 - a. Minimizing geographic disparities, e.g., frontier vs. rural vs. urban practice environments
 - b. Leading changes in public health service delivery models
3. Public Health Nursing Education
 - a. Addressing PHN faculty shortage
 - b. Addressing BSN entry level and advanced educational needs including learning opportunities/placements for PHN students
 - c. Developing on-going continuing educational opportunities for PHNs in practice
4. Public Health Nursing Leadership
 - a. Developing capacity for PHN leadership
 - b. Advocating for executive PHN leadership at all levels
 - c. Promoting visibility of PHN leadership

In an opinion survey of local public health nursing leaders, one of the most challenging problems facing public health and public health nursing is the inadequate preparation of the current public health nursing workforce to assume a greater population-focused role in the evolving public health service delivery system (Slider, 2010). The major issues they identified that underlie this problem are:

1. Non-recognition of the Bachelor of Science in Nursing degree as the minimum/entry-level educational preparation for public

health nurses, and lack of PHNs with advanced graduate level education.

2. The current PHN workforce is ill prepared to engage in the core functions of public health at the community/population and/or systems level.
3. The role and value contribution of public health nursing is neither well defined nor articulated to the public, policy makers, or decision-makers.
4. The effectiveness of PHN outcomes is not well evaluated or documented.
5. Current public health nursing roles/functions have focused on single/individual units of service for maximum reimbursement purposes rather than PHNs functioning to their highest educational capacity.
6. Under-development of public health nursing leadership in PHN education and at local, state and professional levels.

Additional focus areas identified were advocacy for vulnerable and at-risk populations, academic-practice and practice-research partnerships, and evidenced-based policy development and decision-making. In addition, the research priorities identified were 1) PHN sensitive indicators, 2) Translational research, i.e., the application of research/interventions into practice, 3) evidence-based population outcomes, 4) PHN effectiveness, and 5) community-based participatory research.

The Association of Community Health Nursing Educators (2009) has identified two research priorities for public health nursing practice, Population-Focused Outcomes and Public Health Nursing Workforce. Population-focused outcomes and workforce research methodologies should employ multiple design frameworks such as multi-site studies, randomized clinical trials, quasi-experimental and longitudinal studies, using community based participatory research methods, and technology such as geographic information systems. Furthermore, methods to assess the outcomes of PHN practice must also be developed and validated. Workforce research should include education of entry-level and graduate prepared nurses that focus on public health nursing, as well as evaluating the recruitment of PHNs into advanced practice roles PHN programs (ACHNE, 2009). These research priorities are consistent with the areas for further research identified by Issel, Bekemeier and Baldwin (2010), and Bekemeier and Jones (2010).

Recommendations for Public Health and Public Health Nursing

Investing in the public health infrastructure is critical for re-building the public health system's capacity to provide essential services, address the underlying causes of preventable illness and disease, and improve the health of the population. Building up the public health infrastructure can realize the full potential of the public health nursing workforce to meet these demands. Concurrently, public health nursing must demonstrate and evaluate the effectiveness of PHN evidence-based intervention strategies and outcomes. The Washington State Nurses Association is committed to these efforts and recommends 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 public health services, 10 Essential Services, including prevention and health promotion activities, such as increasing immunization rates, communicable disease/sexually transmitted infection surveillance & response, minimizing the impacts of chronic disease, tobacco cessation, health screening, early childhood education, violence/injury prevention, and food safety and water quality.
2. Develop systems and strategies that ensure the quality, safety and accessibility of public health services.
3. Fund essential public health services, especially those that focus on vulnerable and at-risk populations.
4. Develop public health policies that focus on prevention and risk modification strategies that apply evidence-based approaches and methodologies.
5. Develop public policies that promote healthy environments and that address the social determinants of health.
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 with the public health system.
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. Increase funding for educating nurses in population-based/public health nursing.
2. Develop legislation and codify in statute in the Regulatory Code of Washington and/or the Washington Administrative Code requirement of the Bachelor of Science in Nursing (BSN) degree for entry-level practice in public health nursing practice Washington State.
3. Develop and promote advanced practice population/public health nursing education.
4. Increase funding for educating faculty in population-based/public health nursing.
5. Develop educational partnerships between public, private and community stakeholders to educate entry level and the current public health nursing workforce in population level practice to augment the availability of clinical sites/practicum opportunities.
6. Develop educational partnerships between public, private and community stakeholders to offer continuing education for the public health nursing workforce on population-focused practice.

Practice Strategies

1. Promote and support public health nursing as equal partners in policy-making and leading change 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 Washington State Public Health Nursing "Registration/Certification" program to require nurses seeking practice as a Public Health Nurse in Washington State to have completed requisite population health competencies and attained the BSN degree.
4. Differentiate and codify in statute in the Regulatory Code of Washington and/or the Washington Administrative Code the scope of public health nursing practice to include the requirement of the BSN degree that meets professional public health nursing standards.
5. Require the 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.

6. Develop a strategic plan for recruitment and retention of the public health nursing workforce.
7. Develop a model for public health nursing leadership based on ASTDN leadership recommendations and the ANA standards for Public Health Nursing Leadership.
8. Explore options for setting a state standardization for a public health nurse-to-population ratio.
9. Develop and implement innovative evidence-based PHN practice models.

Research Strategies

1. Identify a statewide public health nursing research agenda that focuses on evidence-based PHN practice and population-based interventions and outcomes.
2. Advocate for research funding to support evidence-based public health nursing practice intervention strategies.
3. Fund and engage the Practice-based Research Network in conducting public health nursing outcomes research.
4. Fund and conduct an enumeration of the state public health nursing workforce and develop a PHN workforce database.
5. Evaluate existing and innovative evidence-based PHN practice models.

Summary

The issues faced by public health nursing are not unlike that of the nursing profession as a whole but it has its own unique set of challenges. These include a lack of qualified graduates, an aging and declining pool of PHN leadership, inadequate funding and salaries compared with non-public health nurse peers, the complexities of working within primarily governmental agencies and structures, and a shortage of qualified PHN faculty (ASTDN, 2003; QUAD Council, 2007). **Unlike their nursing counterparts in acute care or hospital settings, the visibility and contributions of public health nurses are largely unrecognized.** It is not until disaster events or communicable disease outbreaks occur that public health nurses are apparent at the forefront of response to these public health emergencies. However, the compounding loss and erosion of the public health infrastructure and workforce, including public health nurses, has compromised the ability to respond to future public health emergencies as well as maintain capacity for essential public health services.

Health reform presents both challenge and opportunity for public health nursing's leadership as well as broadening the vision and role for public health nursing. The Affordable Care Act (ACA) offers tangible benefits for public health nursing to achieve these opportunities and responsibilities. The ACA provides federal support for Nursing Workforce Development Programs in Title VIII of the Public Health Service Grant for high need areas including public health and community health centers that provide care for underserved and/or vulnerable populations. This includes grant and loan opportunities available for the public health nursing workforce, students and faculty development and education. The ACA offers grant funding for community-based Nurse-Managed Health Centers, and for increased nurse home visiting services to reduce infant mortality and improve maternal-child health outcomes (Wakefield, 2010). Realizing public health nursing's vision, voice and leadership requires public health nursing to acquire advanced education, knowledge and skills with which to develop creative and innovative PHN practice models. Leading national and local policy changes that address health disparities, equity, and that utilize effective population-based services is critical, and integral to public health nursing's legacy of working toward social justice and access to affordable health care.

The vitality of the public health system is reliant upon a sustainable infrastructure that has the capacity deliver essential public health services and that promotes the health of the population, prevents disease and protects the public from threats to their well-being. Public health nurses are at the forefront of meeting these goals as the largest segment of the public health workforce. As the most trusted health profession, nursing has both the responsibility and opportunity to uphold the public's trust by advocating and ensuring that the health services they receive are of the highest quality, are accessible and delivered safely. However, prioritizing investment in both the public health system and the public health nursing is critical if we are to deliver on that trust.

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