DOI: 10.1111/phn.13070

PHN PUBLIC HEALTH NURSING WILEY

EDITORIAL

# "Something is happening here, but you don't know what it is, do you, Mr. Jones"–Bob Dylan, "Ballad of a Thin Man"

Both light and shadow are required to really see. Light alone is too blinding. It illuminates without really providing any definition. Shadow alone is impenetrable. It covers everything, both the good and the other.

First the light. The Gallup poll has for many years asked the question: "Please tell me how you would rate honesty and ethical standards of people in these different fields." Possible answers: very high, high, average, low or very low. For the last 20 years, the nursing profession has been rated as the most honest and ethical (Saad, 2022). This year nurses were again rated over 80%, well ahead of every other profession. This is worth pausing over for a moment. Twenty years. Every year. 14% ahead of medical doctors. Only five professions other than nurses over 60%. I suppose one could say we Americans are not a very trusting bunch, but when we do we are all in.

Then the shadow. For over 20 years the National Association of County and City Health Officials (NACCHO) has surveyed the approximately 3000 local health departments. The survey usually includes questions regarding workforce composition. Of the 160,000 staff in 2005, 38,000 were nurses. Of the 136,000 staff in 2019, 21,000 were nurses—a 45% reduction (NACCHO, 2019). Put another way, the odds of a nursing position being cut were over 10 times greater than those of a non-nursing position being cut. The leadership of local health departments (administrators, local elected officials, state administrators, and state elected officials) have systematically reduced the staff available to work on public health matters and along the way have slashed their nursing staff. We are left with local health departments that, in the midst of a pandemic, can give us exquisite data pictures regarding deaths but have terrifyingly low capacity to actually take care of their communities.

It is worth noting the contrast between these two facts, that nurses are the most trusted profession and that public health departments have eviscerated their nursing staff. The public knows. The decision makers probably know but choose to ignore it. Nurses are the only profession educated from neuron to neighborhood, from cell to community. The practice of nursing is defined to include all persons, families, groups, and communities (see for example, https://www.oregonlegislature.gov/bills_laws/ors/ors678.html). Is the person healthy or ill? What care does the community need to be healthy? What about prevention and treatment within groups? Who will take care of the community? These are questions the local public health agency struggles to answer in a coherent way in the absence of adequate public health nursing staff.

What to do: Part 1. We might call our local health department and ask the background of the director. A nurse? We might go to our local school, when it is open, and ask to speak to the school nurse. We might also ask how many schools they are covering. (If a nurse is covering too many, the concept of "school nurse" becomes hazy.) We might contact our state health agency and ask to speak to the Director of Public Health Nursing (while hoping that such a position exists), noting that the Association of State and Territorial Health Officials supports the idea of a nurse executive leader (ASTHO, nd). Given the profound positive outcomes of home visiting programs we might ask the local health department if all newborn families are receiving a visit from a nurse in the first couple weeks. We might ask of state and community planning groups for issues such as environmental concerns the name of the nurse on the commission. We might look in a mirror and ask ourselves how we let this happen.

What to do: Part 2. We know that each of the three levels of government (federal, state, local) will be sure that the funding of local public health nursing is the responsibility of the other two. They would be well served to look at the trust ratings of the Gallup poll, particularly regarding the low trust in officeholders. We also know that there will be more health crises coming related to weather disasters, new diseases, migrations, and other threats, some predictable and some not. We need public health nurses on the ground. Each state should develop a crisis plan to increase the number of public health nurses who are working in local health departments to a minimum ratio of 1:5000 population by the end of 2024. Baccalaureate schools need to step up. Local financing strategies need to be developed and agreed. (Many years ago local health department staff in Oregon were funded with 50/50 state and local funds. The Local department simply submitted an invoice to the state for half the salary after the local payment was made.) To facilitate this, each state must appoint a cabinet level position within the state public health agency: Director of Public Health Nursing. There is probably more to do, but that would be a start.

Finally, many public health nurses are working hard to increase Justice, Equity, Diversity, and Inclusion (JEDI) within our profession. As we appreciate their work, we need to acknowledge that public policy has significantly reduced the options for those improvements. It is as if we are playing a game of musical chairs and the chairs keep getting pulled out, folded up, and carted away. We cannot improve our attention to JEDI issues if positions keep getting thrown overboard.

Mr. Jones and the rest of the US, we actually do know what has happened and is still happening. We need to fix it.

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