

# **Public Health Nurses – Their Role and Impact on Public Health**

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Public health and public health nursing is the center of our medical care system which promotes the health of our communities and plays a key role in disease prevention. The improvements it has made in our living conditions, sanitation and food supply in the 20<sup>th</sup> century has been immeasurable.

We know that public health departments and public health nurses are doing their jobs well when we are not aware of their work. But the health of our communities is very much dependent on our public health departments. Some of the core activities of public health and public health nurses include:

- Communicable disease control
- Immunizations
- Safe food and drinking water
- Maternity and infant services
- Chronic disease prevention
- Family planning
- Bioterrorism detection and response to anthrax, smallpox, plague and other emerging diseases such as West Nile virus and the pandemic flu.

Public health is the most cost effective system for disease prevention and health improvement. Yet, only 2% of the total health care dollars are spend on public health services, and Washington ranks 44<sup>th</sup> in the nation in per capita spending on public health.

Public health nurses integrate community involvement and are knowledge about the entire population with personal and clinical understandings of the health and illness experiences of individuals and families within the population. They translate and articulate the health and illness experiences of diverse, often vulnerable individuals and families in the population to health planners and policy makers.

Public health nurses are knowledgeable about multiple strategies for intervention, from those applicable to the entire population, to those for the family, and the individual. Public health nurses translate knowledge from the health and social sciences to individuals and population groups through targeted interventions, programs, and advocacy.

Public health nursing may be practiced by one public health nurse or by a group of public health nurses working collaboratively. In both instances, public health nurses are directly engaged in the inter-disciplinary activities of the core public health functions of assessment, assurance and policy development. Interventions or strategies may be targeted to multiple levels depending on where the most effective

outcomes are possible. They include strategies aimed at entire population groups, families, or individuals.

The role of public health nurses focuses on the prevention of illness, injury or disability, the promotion of health, and maintenance of the health of populations. Public health nurses have the ability to:

- work collaboratively with other community agencies to create a safety network for clients.
- identify high risk populations and tailor interventions based on the needs of the population and the resources available.
- act as an adjunct to doctors and hospitals to maintain quality of care and keep medical costs down.
- reach disenfranchised sections of populations that may be the most vulnerable or at risk; homeless men with active TB.
- work with the public school system to identify high risk children whose families may need assistance with a host of social and medical issues.
- they have the ability to assist assessing and evaluating health care services to ensure that people are informed of available programs and services.
- provide health education, case management and primary care services to individuals and families who are members of vulnerable populations and high risk groups\*
- by nature of their clinical training they have the ability to identify; delays in growth and development, failure to thrive, Sickle cell anemia, Wolfe-Hyde White syndrome, spinal meningitis, pre-eclampsia, pregnancy induced hypertension, domestic violence, child abuse and post partum psychosis

Washington State Public Health Nurses are facing a crisis of practice. Across the state health departments are suffering from chronic long term under funding that has been exacerbated by the passage I-695. Due to budget cuts many health departments are so understaffed that essential services are being out sourced or discontinued.

In 1990 the Spokane Regional Public Health District had approximately 50 full and part-time nurses. Since then, programs such as child and family health, adolescent wellness, general population TB screening, senior wellness, well child clinic, school nurse screenings, and focus in addicted pregnant women have ALL be eliminated due to a lack of funding. There were two separate field teams consisting of 9 nurses to serve all of North and South Spokane County. In 2005, there are now only 5 full and part-time field nurses and a total of 22 public health nurses serving a community of over 450,000 residents.

In Whatcom County, cuts in public health funding and public health nurses have resulted in the closing of well child clinic, adult STD clinic, as well as juvenile STD clinic. One direct consequence is the explosions of STD cases in that community.

Aside from the dire under funding of our public health system that you've already heard much about, public health nurses are also facing the following challenges:

- Lack of job security and competitive salaries in the other nursing sectors
- Lack of emphasis on recruitment and retention.
- Lack of awareness to the issues surrounding PHNs, due to the low numbers of PHNs. PHNs are only 2% of the total nursing population.
- An aging work force, the average age of a PHN is 44.
- Inadequate staffing resulting in high stress, burn out and more nurses leaving the field than entering.
- Younger nurses leaving the profession for higher paying more stable positions in the private sector. Nurses will not commit to a job they may lose if the political climate changes
- Role confusion regarding the function of PHNs.
- An alarming trend to replace PHN's with health educators and or para-professionals as a stop gap funding solution.
- Added to overwork, increasing case load acuity, and role confusion contribute to the degradation of the public safety net, and ultimately lead to unsafe working conditions and a direct affect on client safety and quality of care.

Washington's public health system is in jeopardy due to decades of neglect and erosion in public health spending. The ability of our local public health department to perform its core functions has been greatly reduced. Examples of such deterioration include:

- Drop in child immunization rates
- Increase in tuberculosis cases
- Increase in sexually transmitted disease rates
- Increase in diseases such as measles and whooping cough
- Increase in infant mortality in some populations

Clearly, the current system is grossly inadequate. With the recent events surrounding Katrina and the continuing threats of bioterrorism, natural disasters and pandemic flu, we simply cannot wait. Public health's ability, especially in rural Washington, to prevent these threats must be questioned if we are unable to manage public health's basic prevention agenda.

The solution is a dedicated long-term stable and adequate source of funding for our public health infrastructure. One in which the role of public health nurses are fully recognized and utilized.