



Position Paper

The Public Health Nurse's Role in Achieving Health Equity: Eliminating Inequalities in Health

Introduction

The Association of State and Territorial Directors of Nursing (ASTDN) has long espoused the values of health equity and social justice. In May 2006, the Association convened its members and an invited panel of community experts in a series of explicit learning opportunities and conversations to revive and rededicate ourselves as state-level public health nursing leaders to the elimination of health inequalities and disparities in the United States and its Territories. Many of the concepts and suggestions described as Public Health Nursing roles, responsibilities and obligations were identified through that and subsequent discussions.

Purpose

This paper is an outgrowth of ASTDN's commitment to the elimination of health disparities and the achievement of health equity for all, and underscores the important role public health nurses play in eliminating inequities in health. Its purpose is to inspire public health nurses to serve as leaders and major contributing forces in the elimination of health inequities in the United States and its Territories.

The nursing profession was one of the early innovators in the recognition of the importance of culture in health with its recognition of transcultural nursing. Our values of health equity and social justice evolved out of direct experience, witnessing the visible and sometimes deadly hardships experienced by resident and undocumented populations at the turn of the 20th Century. Visible and deadly hardships persist today, some obvious and some insidious, most notably black infant mortality, escalating rates of chronic diseases and the impact of the social gradient on quality of life.

Despite the enormity of the challenges that public health nurses face every day, it is imperative that public health nurses continue to move forward and develop successful evidence-based strategies and approaches in their practice settings. The incremental steps taken may not seem to make a difference in the present but could be the foundation for the achievement of health equity in the future. Public health nurses have always been and must continue to be catalysts and change agents. We may just be the "continuing expression of an ideal."

This paper is a call to public health nurses across the United States and its Territories that we may find our voices, renew our commitment to the elimination of health

inequities, and help build durable public policy that promotes and protects health for all and assures conditions that support safe and healthy communities.

Definitions

For the purposes of this position paper, ASTDN based its definition of **health disparity** from Carter-Pokras and Baquet in the seminal publication entitled: "What is a Health Disparity?" (2002).

According to Carter-Pokras and Baquet, most dictionaries define disparities as inequalities, a "condition of being unequal." Taking this to the next level, inequities represents a judgment – *Is the inequity unjust or unfair?* One must factor-in not only "who is deciding what is avoidable and unjust, and how it is decided." Thus, "disparity in the context of public health and social science, therefore has begun to take on the implications of injustice, but nonetheless may be distinguished from the general term 'inequality.' A health disparity should be viewed as a chain of events signified by a difference in: (1) environment, (2) access to, utilization of, and quality of care, (3) health status, or (4) a particular health outcome that deserves scrutiny. Such a difference should be evaluated in terms of both inequality and inequity, since what is unequal is not necessarily inequitable." (Carter-Pokras, Baquet, 2002)

ASTDN is defining **health equity** as an ideal state marked by fairness and the achievement of optimal health and wellbeing for all populations, where disparities in health status are eliminated across populations by race, ethnicity, gender, geography, disability, religion, sexual preference and mental status. Health equity may be viewed as an equal and fair distribution of health and wellbeing.

Public health nurses in the United States and its Territories need to be aware that research on health disparities and health equity is an emerging and evolving body of work and currently lacks agreement on common definitions. This body of work is led by notable researchers, institutions, and organizations that include the USDHHS Office of Minority Health, the National Institutes of Health, the Association of State and Territorial Health Officers, the National Association of City and County Health Officials, and the Kaiser Permanente Institute of Health Policy, to name a few. At this writing, work continues to resolve conceptual differences in the definitions of health disparity and health inequality. The current incomplete condition of research should not dissuade public health nurses in their efforts to assure health equity.

Foundations

Elimination of health inequities and disparities rests on a solid foundation of public health and nursing practice as documented in the following:

1. *Public Health Nursing: Scope and Standards of Practice*. American Nurses Association, 2007.
2. *Cornerstones of Public Health Nursing*. Center for Public Health Nursing, Minnesota Department of Health, 2004.
3. *Code for Nurses with Interpretive Statements*. American Nurses Association, 2005.
4. *Principles of the Ethical Practice of Public Health*. Public Health Leadership Society, 2002.
5. *Public Health in America*. Public Health Functions Steering Committee, 1995.

6. NACCHO Resolution to Promote Health Equity
<http://archive.naccho.org/documents/resolutions/05-02.pdf>
7. CDC Fact sheet on Racial/ Ethnic Disparities
<http://www.cdc.gov/od/oc/media/pressrel/fs040402.htm>
8. Public Health Interventions, Applications for Public Health Nursing Practice, Minnesota Dept. of Health, Division of Community Health Services, Public Health Nursing Section, 2001
9. World Health Organization, Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health equity through action on the social determinants of health*, 2008.

Each of these references may be helpful to the public health nurse in formulating personal and agency frameworks for their approach to elimination of health disparities and the achievement of health equity.

Public Health Nursing's Roles, Responsibilities and Obligations

Awareness, respect and humility: Awareness is the first step in the development of cultural sensitivity and competence. The public health nurse must be self-aware and self-reflective of his/her own perceptions of culture. Awareness of cultural differences and the ability to effectively care for cultures different from one's own begins with keeping an open mind; with careful, respectful listening; and with careful attention to cues. One must understand the culture and the environment in order to promote healthy behaviors across populations and to develop public health policy anchored in the underlying social determinants of health.

In addition, the public health nurse needs to be aware that provider behaviors and their clinical decisions, coupled with health system factors (such as language barriers, lack of availability and access to services, and gaps in care imposed by payors) often carry negative history. Such obstacles present barriers that need to be overcome as the public health nurse works in partnership with families and communities. Cultural competence represents a bridge between family, community, provider, and system. As public health nurses, we must be humble in acknowledging what we don't know about serving diverse populations and dedicate ourselves to lifelong learning.

Getting help from a trusted "cultural guide" can help the PHN be proficient in the culture of the population served. Seeking out diverse cultural experiences or immersion experiences can increase the nurse's comfort level. Public health nurses must truly listen, honor, and respect needs, preferences, desires, and the hopes of our clients for themselves, their families, and their communities.

Public health nurses should not be daunted by the challenges that they face to provide and promote culturally competent care. It must be acknowledged that it will sometimes take courage to move forward in uncertain situations. The public health nurse should be willing to take risks and have conversations at all levels of organizations and government to make systems of care more respectful and competent to serve diverse populations.

Recognizing the multiple social determinants of health: Improving the health of families and communities requires more than responding to the manifestations of illness or the outcomes of risk. Rather, it requires that public health nurses focus on

the underlying causes of illness, injury, premature death, and disability – the social determinants of health. This model suggests a powerful co-mingling and interplay of risk and supportive factors. The physical environment, genetics, individual biologic and behavioral response, access to health care, level of prosperity, stress, early life and experience, social support, social exclusion, work environments, unemployment, addiction, availability of food and transportation have all been linked to health outcomes. (Sources: R.G. Evans and G. L. Stoddart, 1994, and *The Social Determinants of Health: The Solid Facts*, World Health Organization, Europe, 2003).

The recognition that health is determined by multiple and interacting factors calls for partnerships and collaboration from the public, private, nonprofit, and voluntary sectors. Systematic approaches are needed to reduce high personal, social and economic costs of poor health and to establish pathways to strengthen individual, family and community health.

Capitalizing on community strengths: A strengths-based approach ensures that the assets within a community are engaged in helping communities work toward health improvement. A strength-based approach ensures that the problem-solving capacity of the community itself, its skills and assets, are actively engaged in achieving better health and safety.

According to the U.S. Institute of Medicine, "Communities and community organizations can be vital contributors to the resources and capacity of a public health system. A community's right to self-determination, its knowledge of local needs and circumstances and its human, social, and cultural assets, including the linkages among individuals, businesses, congregations, civic groups, schools, and innumerable others, are all important motivations for community health action. In cases in which community health promotion and protection activities are initiated by a health department or an organization, engaging the community is a primary responsibility. Realizing the vision of *healthy people in healthy communities* is possible only if the community, in its full cultural, social, and economic diversity, is an authentic partner in changing the conditions for health." (Institute of Medicine, 2003).

In their work, *Building Communities from the Inside Out: A path toward finding and mobilizing a community's assets*, John P. Kretzmann and John L. McKnight provide a framework for community-building. Each community has unique assets upon which progress can be built. Instead of focusing on deficits, the process must start with finding the assets, skills and capacities of residents, associations and institutions. This process includes assets mapping, building relationships, mobilizing for economic development and convening the community to develop a vision and plan, and leveraging outside resources to support locally-driven development. Using an assets-building model, the public health nurse will not consider people to be clients or recipients of aid, but full contributors to progress. An assets-based approach is internally-focused and relationship-driven, relying on the agenda and problem-solving capacity of the community itself and on the building and rebuilding of relationships among populations, their associations and institutions.

As public health nurses, our work in achieving health equity must follow this same path, building upon the assets within a community, building new relationships, strengthening existing relationships, rebuilding weakened relationships, strengthening the capacity of people within the community to care for their own health and the health of each other.

Leadership: The public health nurse provides leadership in both nursing and public health. (Source: PHN Scope & Standards of Practice, ANA, 2007. page 38) Public health nurses are granted a societal privilege to practice, therefore have a responsibility to understand, learn, and take individual and collective action on health disparities. Public health nurses are, therefore, advocates for health equality and social justice. Public health nursing leaders advocate for structures within state and local health departments that foster participation by public health nurses in systems and community interventions, not just with individuals and families. Information about communities, and the importance of ethnicity, language, and culture, needs to be translated and interpreted to policy makers in a way that encourages doing “the right thing.”

Public health nursing leaders must also uphold the highest of ethical standards. Public health nurses are bound by the ethical provisions for all nurses made explicit in *Code of Ethics for Nurses with Interpretative Statements* (ANA, 2001), *Principles of Ethical Practice of Public Health* (Public Health Leadership Society, 2002), and *Environmental Health Principles and Recommendations for Public Health Nursing* (APHA, 2006) .

Achieving cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. According to the U.S Department of Health & Human Services, Office of Minority Health publication, *What Is Cultural Competency?* (Retrieved July 15, 2008 from <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>):

- *Culture* refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
- *Competence* implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

The public health nurse systemically enhances the quality and effectiveness of nursing practice and attains knowledge and competency that reflects current nursing and public health practice. Cultural competence must be an expectation for all public health practitioners. Public health nurses take steps to acquire knowledge of the populations they serve, model respect for varied cultures, and insist on accountability in cultural competence. Public health nurses assure their organizations assess the level of cultural competency and move toward sensitive and effective services and interactions.

Public health nurses work within systems that can better support diversity and equity in health outcomes. Employment and administrative systems must be structured to welcome and embrace diversity and appropriately recruit and support minority candidates. Systems must establish structures to systematically review agency policies in order to identify and eliminate discrimination and racism in both employment and the services that agencies offer to communities. The public health nursing workforce should ideally reflect the diversity of the populations that are served and reflect the demographics of the larger community. Public health nurses

have numerous opportunities to encourage under-represented groups to enter the public health professions and the profession of nursing.

Each public health nurse, at every level needs to look within themselves and practice inclusiveness, listening to understand, and recognizing the knowledge and power of each individual and group, making certain that committees and teams on which we work have diverse representatives (ethnic, racial, geographic, gender, sexual orientation). Public health nurses must be role models and exemplify the principles of social justice, increase the cultural competence among their staff, and work to close gaps in health outcomes that impact populations disproportionately.

Assessment, population diagnosis and priority-setting: Assessment is a core function of public health and of public health nursing. Recognition of health disparities and tracking of progress toward their elimination requires appropriate data. Public health nurses ensure that wherever possible, data are collected to document any disparities and track progress toward their elimination. Good data are needed to ensure the appropriate evaluation of new strategies. Public health nurses work with communities and populations to provide context and meaning to the data, and to generate and test innovative solutions to community problems.

Data collected relative to health disparities need not be confined to numeric data. The explanation of numeric data can be accomplished through focus groups and interviews with group members, which can provide far better understanding of the issues impacting health than numbers alone. Armed with this information, the public health nurse has more comprehensive assessment data to determine population-based diagnoses and priorities. Comprehensive assessment is necessary to identify and plan for improved health outcomes. Priorities and plans are established with the early and ongoing input of populations and not once a program is in its final stages of development.

Partnering with others: A core competency of public health nursing is the ability to establish partnerships. Public health nurses partner with groups and populations in planning interventions to address and resolve health issues, enabling them to learn from the community and formulate appropriate solutions. The public health nurse develops plans that reflect best practices; identifies strategies, action plans and alternatives to attain expected outcomes; and implements the identified plans through partnerships within the community.

State and local health agencies, as well, need the partnership of other agencies and disciplines to effectively remove barriers to care and solve human conditions not conducive to health. Public health nurses may be the first to reach out to other agencies and institutions to ensure their populations are better served.

The public health nurse establishes collegial partnerships while interacting with representatives of the population, organizations, and health and human services professionals, and contributes to the professional development of peers, students, colleagues, and others. The public health nurse employs multiple strategies to promote health, prevent disease, and ensure a safe environment for populations. The public health nurse collaborates with and provides consultation to representatives of the population, various community groups, organizations, health and human services professionals and elected officials to facilitate the implementation of programs and services and to provide for and promote the health of the population.

Creating an environment for care: A core value of public health agencies is the construct of caring. Public health nurses have unique power in design of programs and services for diverse populations. It is the nurse who creates and upholds caring environments by assessing, correcting, controlling and preventing those factors in the care environment and in clinical and community relationships that can adversely affect health. The caring environment is critical to the maintenance of the caring relationships and to the continued and sustained relations with the community. A trustful, sensitive environment supports individuals, families and communities to engage in their care, to change and evolve and to adapt healthful behaviors and lifestyles. The strength of public health nursing lies in its capacity to uphold a caring environment regardless if the focus is caring for the family or caring for the individual.

Creating an environment for care extends beyond delivery of services to the infrastructure of the state or local health department itself. Its mission is to assure conditions in which people can be healthy. Infrastructure, in this context, includes all core public health functions and essential public services, which must be anchored in effective public health policy. Public health nursing leaders must ensure adoption of agency policies that actively and effectively support diversity of the workforce and uphold the value of diverse partnerships. Policy-level interventions grounded in human values, social justice, and the underlying determinants of health foster an environment for care and lend an "upstream" focus.

Advocacy: Advocacy is a standard of practice for public health nursing. According to the national scope and standards of public health nursing practice, advocacy is defined as "the act of pleading or arguing in favor of a cause, idea, or policy on someone else's behalf, with the object of developing the community, system, individual, or family's capacity to plead their own cause or act on their own behalf." (Public Health Nursing: Scope and Standards of Practice. American Nurses Association, 2007, pg 40) Public policy is the primary tool for solving inequalities in health.

To be effective, public policy must move toward an ecological approach to health improvement, recognizing the interplay of public policies related to health, social welfare, housing, transportation, and education.

The public health nurse incorporates the identified needs of the population in policy development and program or service planning, evaluates effectiveness of advocacy and strives to resolve conflicting expectations from populations, providers and other stakeholders. To do so guards the safety and best interests of the population and preserves the professional integrity of the nurse. The public health nurse advocates to protect the health, safety, and rights of the population.

Public health nursing leaders are often uniquely placed in government agencies and are often in a position to be consulted on issues related to policy and legislation. These opportunities should be embraced as an opportunity to help "put the face" on public health issues and problems. The stories of those we serve can provide a powerful motivation to policymakers and legislators.

Educating the current and future public health nursing and nursing workforce: Cultural competence is a journey, with insights and lessons learned along the way, and with our goals perhaps never being fully realized as populations

and culture continually change. The educational process must start with awareness and sensitivity to those whose culture is different from our own. We are not fully competent in our profession unless we are aware of and sensitive to the needs of others and can work effectively within communities to facilitate the changes necessary to bring about greater equity in health outcomes.

Public health institutions and institutions of higher education in nursing have an obligation to help facilitate this process and support this journey with their staff and students.

Creating public and agency policies that support and celebrate diversity: As public health nurses and the organizations that employ them, we must not only embrace diversity, but celebrate it. Agencies may celebrate diversity by showcasing and sharing culture and customs across various groups. This may also lead to deeper understanding across the agency for the various populations served.

Evaluation and research: Each public health nurse must see his or her role as more than custodial of current policies and programs. Rather, public health nurses must constantly be aware of opportunities to improve programs and services to better serve communities and population groups at increased risk of illness, injury, premature death, and disability.

The public health nurse is constantly evaluating his/her own nursing practice in relation to professional practice standards and guidelines, ethics, relevant statutes, rules and regulations and against the unmet and evolving needs of the populations served. The goals for health improvement and health equity can be supported through thorough, objective evaluation of what works and what does not work, and through subsequent alterations in policy and practice. The public health nurses' role as stewards of public investment demands it, as does the public trust.

Conclusion- The need for continued, open dialog: Health equity requires "upstream" thinking and action. There is no one correct way to achieve this vision – the important thing is to begin. Our journey toward health equity will require a willingness to pause, to listen, to consider, and to reflect. We must insist on open, honest, constructive dialogue and we must be willing to learn, to assimilate our new knowledge, and to create change.

We must continue to engage our partners to guide and advise us on our journey. Our moral compass is the tenets, cornerstones, and standards of public health nursing practice. Our partners include the profession of nursing, our communities, and representatives of government and the public, private, nonprofit, and voluntary sectors in our states and territories.

Above all, we must believe that health equity is achievable and within our reach. It is our role and responsibility as public health nurses to provide leadership in making this happen.

Attachment

Examples of the Public Health Nursing Role with Regard to Core Public Health Functions and Achieving Health Equity

Core Function: Assessment
<p>The PHN identifies inequities within specific populations and identifies vulnerable groups.</p> <p>The PHN is obligated to gather and use data that identifies populations who suffer disproportionately from disease, injury or poor health.</p> <p>The PHN makes data available and accessible to public.</p> <p>The PHN translates data into information that describes the health disparities in his/her locality, state or territory.</p> <p>In order to assure accuracy of assessment and realistic planning for community services, the PHN establishes trust with individuals and populations through:</p> <ul style="list-style-type: none">• Respecting others' beliefs and customs;• Listening;• Discarding preconceived notions;• Having open concern and understanding;• Communicating positively;• Using motivational techniques;• Self-awareness and recognizing personal biases and fears;• Discarding "I know best" attitudes;• Honoring the skills, knowledge, and capacity of families and communities;• Approaching health behaviors realistically;• Advocating for communities; and,• Respecting individuals' privacy.
Core Function: Policy Development
<p>The PHN recognizes the impact of the chronic stress of racism and poverty on health.</p> <p>The PHN raises awareness of the root causes of health disparities, much in the same way PHNs educate on the causes of disease.</p> <p>Recognizing the broader construct of health, the PHN promotes social justice and sound social policy in areas of housing, education, employment and recreation and articulates the connection between public health and social justice.</p> <p>The PHN works within and between governmental agencies, non-governmental partners and elected officials to create dialog that increases understanding of the social determinants of health and how policies and laws can improve health for all.</p> <p>The PHN listens with an open mind and advocates for and with clients and communities in describing barriers to health care services.</p>

The PHN acts as an advocate for both individuals and groups to remove organizational and institutional barriers.

The PHN promotes and engages diverse and expanding partnerships to learn about health disparities and work with communities to formulate sustainable solutions to health inequities.

The PHN aspires to being inclusive and assuring a diverse and balanced representation in policy development by including non-traditional partners (e.g., faith-based organizations, civic organizations, labor unions, businesses), groups with opposing views, and clients of various demographic groups.

The PHN provides policy leadership by serving on teams or directing efforts clarifying the role of state and local health departments and boards of health in eliminating health disparities.

The PHN participates in and translates regarding innovations in eliminating health disparities into practice and policies.

Public health nurses advocate for cultural competency to be incorporated into position descriptions.

Core Function: Assurance

The PHN enforces nondiscrimination policies and hiring practices to ensure a diverse and welcoming workplace.

The PHN develops and enforces laws and regulations that protect health and ensure safety.

The PHN identifies population groups who are not in the system or do not present for care and provides case management for high risk population groups.

The PHN advocates for workforce diversity in state and local health departments with a special focus on the recruitment of professional nurses and the core public health disciplines.

The PHN provides a visible presence to elementary, middle, and high school students encouraging them to consider nursing as a profession.

The PHN reaches out to newly licensed nurses at the local, state, and national levels to socialize them into the profession by serving as a coach, preceptor or mentor.

The PHN seeks out adjunct faculty appointments to bridge academia and practice.

The PHN internalizes cultural competence as a core value and major job expectation.

The PHN works systemically within state and local health departments to assure that professional nurses and the core public health disciplines are grounded in cultural competency.

The PHN systematically and reflectively examines policies and programs with

communities and recommends change where needed to assure that public health policies and programs are culturally competent.

The PHN uses quality improvement methods (Plan, Do, Check, Act) that involve diverse communities to pilot and test health promotion and disease prevention programs prior to large scale mobilization in the community.

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