



ASTDN FACT SHEET: What is Public Health Nursing? What is the Impact of Public Health Nursing?

Excerpted from the Quad Council of Public Health Nursing Organization's publication, "The Public Health Nursing Shortage: A Threat to the Public's Health," February 2007

Public health nursing 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 1996). The title "public health nurse" (PHN) designates a registered nurse with educational preparation in both public health and nursing.

The primary focus of public health nursing is to promote health and prevent disease for entire population groups. This is done by working with individuals, families, communities, and/or systems. Public health nurses work with communities, the individuals and families that compose the communities, and the systems that affect the communities. They work in schools, homes, clinics, jails, and out of mobile vans and dog sleds. PHNs partner with policymakers, faith-based organizations, firefighters, law enforcement agencies, hospitals, free clinics, and numerous social service organizations.

The work of public health nurses is multifaceted and includes activities such as:

- Partnering with supportive housing advocates to ensure adequate, accessible, and affordable housing;
- Working with family day care providers to implement national standards for safe care;
- Identifying neighborhoods with low immunization rates and partnering to develop culturally and linguistically appropriate interventions to increase those rates;
- Interviewing an individual diagnosed with hepatitis to determine the possible source of the disease;
- Helping young mothers access services and care for themselves and their babies;
- Collaborating with a community organization to design a program to promote the use of bicycle helmets;
- Providing care in an emergency shelter following a severe storm and power outage;
- Teaching a group of business owners about the threat of pandemic influenza and what they need to do to prepare for it.

The Impact of Public Health Nurses: The practice of public health nursing has demonstrated a significant impact on improving the health of the public through both population-based health strategies and interventions with families and individuals. Recent published articles demonstrate the critical role PHNs play in the development of evidence-based nursing practice and its impact on population health.

Interventions with Populations: Research regarding effective population-based interventions is still new and a great deal more needs to be understood. However, recent studies indicate PHNs have been essential in improving population-level health. In the area of emergency preparedness, for example, PHNs were effective in forming informal partnerships that are essential for disease surveillance, and using informal communication channels to obtain critical surveillance information (Atkins *et al.*, 2005). PHNs were also integral to the development of community partnerships and coalitions, both at the state and local levels (Padget *et al.*, 2004; Corrarino *et al.*, 2000). Similarly, Monsen and Keller (2001) described a population-based project where PHNs developed, disseminated, and encouraged the use of evidence-based treatment guidelines.

Interventions with Individuals and Families: Public health nursing interventions have improved the health of individuals and families in areas such as: injury prevention, perinatal outcomes, child abuse and neglect prevention, asthma control, and family functioning. Corrarino *et al.*, reported the number of scald burn prevention measures implemented by parents was significantly improved after PHNs provided teaching (Corrarino, Walsh and Nadel, 2001). Health education and case management by PHNs, with a specific focus on the needs of the target population, produced improvements in vaccination rates for infants born to women who tested positive for the hepatitis B virus, and reduced hospital costs for asthmatics (Corrarino, 2000; Corrarino & Little, 2006). In 2000, Eckenrode *et al.* reported significantly fewer child maltreatment reports involving the mother as perpetrator or the study child as subject after PHN home visitation.

The work of PHNs also demonstrated improvement in health during pregnancy. Fetrick *et al.*, (2003) reported a PHN intervention demonstrated a higher than average hemoglobin among pregnant women, and a higher rate of breastfeeding. In 2000, Corrarino *et al.*, reported about a project that included a public health nurse-led interdisciplinary team and home visits by a public health nurse to pregnant women who were substance abusers and not in treatment for their abuse. Based on the usual practice among this particular population, researchers expected only 10 percent of the mothers would enter treatment. However, 90 percent of the women in Corrarino's study entered treatment, and all had full-term newborns. In addition, marked improvement in alcohol and drug use, as well as reduction in psychiatric problems, was demonstrated. Moore and colleagues (1998) demonstrated a significant reduction in preterm birth rates of low-income African American teenagers with PHN interventions. Further research determined high-risk pregnant women with Medicaid who received case management, monitoring, and health education from a PHN had a low birth weight rate of 3.5 percent. This was less than the low birth rate for non-Medicaid women of the same health insurer (Milbank Memorial Fund, 1998).

The impact of public health nursing interventions on families has been clearly demonstrated. Several prospective randomized clinical trials reported long term improvement, continuing years after the program terminated, in the lives of women and children who were visited by PHNs. Areas of improvement for the children included: lower incidence of behavior problems, higher scores on achievement tests, less aggression, and higher intellectual functioning (Izzo *et al.*, 2005; Olds *et al.*, 2004[a]; Olds *et al.*, 2004[b]). Mothers who received PHN services had fewer negative outcomes (e.g., less substance abuse, better parenting practices, etc.) after experiencing uncontrolled stressful life events (e.g., death of loved one, etc.). Additional trials reported significant PHN-produced effects on a wide range of maternal and child outcomes, including: superior child mental development, less language delays, fewer subsequent pregnancies, longer intervals between pregnancies, better maternal-infant interaction, and more productive employment patterns (Olds *et al.*, 2002; Kearney *et al.*, 2000). In 2004, studies by Olds reported families receiving PHN care had improved outcomes when compared to those receiving interventions from paraprofessionals.

For the full text of the Quad Council paper, see: <http://www.astdn.org/downloadablefiles/Final%20Nursing%20Shortage%20Paper.pdf>

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