



DIRECTORS of PUBLIC HEALTH NURSING

Position Paper On The Role of Public Health Nurses in Healthcare Reform

The California Directors of Public Health Nursing (DPHN) are committed to attaining health and wellness for all. Through implementation of the 2010 Patient Protection and Affordable Care Act (ACA), our federal government demonstrated remarkable support for primary preventive health care. The ACA is a multifaceted approach to providing healthcare for all populations, with a strong emphasis on providing primary preventive health services. With this, our healthcare workforce is being called upon to rapidly change how we address health – shifting from a disease *treatment* focus to a disease *prevention* focus. Public Health Nurses (PHN) are a predominant healthcare workforce within nursing and public health, uniquely and strategically positioned to provide prevention focused care to populations across communities.

Goals of the ACA seek to improve the individual's health care experience, reduce the cost of health care, and improve the health of populations (Patient Protection and Affordable Care Act, 2015). As PHNs are already embedded in communities, they will be vital to helping move forward the ACA agenda. PHNs are poised to lead and participate in inter-professional teams necessary to assure equitable access to high quality care and healthy environments. PHN assessment skills, focused on primary prevention and systems-level perspectives, help assure that local and state needs are met, services and programs are coordinated, and communities are engaged (American Nurses Association [ANA], 2013). PHNs are prepared to lead efforts that align emerging systems of care for the population health improvement that is central to the ACA.

The role of PHNs in community health is differentiated from other nursing specialties by its essential focus on population health promotion, primary prevention, and upstream contributions to community health problems. Public health nursing is a specialty practice that *promotes* and *protects the health of populations* using competencies from nursing, social, and public health sciences (American Public Health Association [APHA], 2013) and includes targeting many of the health risks outlined in the ACA, such as postpartum depression, diabetes management, heart failure, effects of tobacco/e-cigarette/vaping products, substance abuse, unhealthy diets, and sedentary lifestyles.

Since the early 1900s, the role of the PHN has evolved from simply caring for the sick to advocacy for the population's health through health promotion and disease prevention activities (Kulbok, Thatcher, Park, & Meszaros, 2013). While the scope of public health nursing practice is broader than primary prevention and includes activities such as early detection and treatment of communicable diseases, responding to disasters, and advocating for the chronically ill, the primary focus of PHN interventions are designed to prevent disease and promote health of entire populations as they extend beyond medical treatment (ANA, 2007).

As this new healthcare perspective unfolds under the ACA, there is an increased focus on nursing interventions targeted at disease prevention and health promotion of populations. This is a shifting priority from nursing activities directed toward disease symptoms and treatment.

Tapping into the rich resource of PHNs through integration of primary care and public health will be the most strategic approach to meeting prevention goals of the ACA.

DPHN is committed to advocating for utilization of PHNs as experts in population health and disease prevention. DPHN is committed to empowering the PHN workforce to deliver evidence-based interventions that align with the national standards for delivery of quality nursing care needed to ensure healthy populations. The context of healthcare reform offers opportunities to highlight a strong, well-educated public health nursing workforce able to help lead and coordinate the transition and change in local communities and throughout the State of California (APHA, 2013).

References

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