Public Health Nursing Scope of Practice

INTRODUCTION

Public health nursing (PH nursing) addresses the health of all people/populations within communities for the purpose of social betterment. Social betterment, a term first used by Lillian Wald in 1912 to describe PH nursing, is attained by considering the upstream or precursor determinants of health in the places where people live, work, learn, play, and worship. Public health nurses (PHNs) seek to ensure health equity and well-being for populations by working to prevent and reduce health disparities. PH nursing practice is population-based, and care can be focused on and across multiple levels—individuals, families/small groups, communities, and systems—but always within the context of the community as a whole (Minnesota Department of Health, 2019).

For more than a century, PH nursing has significantly contributed to the population's health by bringing together nursing knowledge and skills with public health expertise (Kneipp et al, 2011; Kneipp et al., 2013; Monsen et al., 2010; Monsen et al., 2011; Monsen et al, 2017; Olsen et al., 2018; Swider et al., 2017). PHNs work to create effective partnerships to address health and its determinants. Beginning in the early 20th century, Lillian Wald and Lavinia Dock partnered with their nursing colleagues at the Henry Street Settlement House in New York City's Lower East Side. Their spirited innovation and organization supported their collaboration with communities to heal, mobilize, support, and bring about change among the disadvantaged populations with whom they lived and worked. Such partnerships continue today as PHNs work with communities, organizations, and populations to identify public health assets and address public health needs at both the level of the community and of the health care and policy formation systems.

Nurses educated and practicing in public health are well positioned to lead all nurses to make the changes being sought for population health in

the 21st century (Gorski et al., 2019; Pittman, 2019; Public Health Foundation [PHF], 2019; Storfjell et al., 2017). PHNs have the knowledge, skills, and abilities to lead the nursing profession in creating healthier communities, as called for during the creation of *The Future of Nursing 2030* (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). As leaders in public and population health, PHNs promote a culture of health by improving the health of individuals, families, and communities and by reducing health inequities through public health interventions, advocacy, and policy development (*The Future of Nursing 2020–2030*, 2021).

DEFINITION OF PUBLIC HEALTH NURSING

The current definition of PH nursing is adapted from the 2013 Public Health Nursing Section of the American Public Health Association resource, "The Definition and Practice of Public Health Nursing":

- Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. (American Public Health Association [APHA], Public Health Nursing Section, 2013)
- The PH nursing specialty employs all levels of prevention, with an emphasis on primary prevention. PH nursing focuses on improving health outcomes by addressing social, physical, environmental, and other determinants of health. PH nursing includes, but is not limited to, assessment, program planning, evaluation, advocacy, outreach, cross-sector collaboration, research, policy development, and assurance. At the levels of individual, family, group, community, population, and systems, PH nursing addresses health through the application of theory and evidence and the creation of multi-sectoral partnerships. PHNs have a commitment to social and environmental justice, health equity, and community well-being.

Evolution of the Definition of Public Health Nursing

PH nursing has evolved from the days of Lillian Wald to present-day practice. Over time, terms describing PH nursing practice have alternated between PH nursing and community health nursing to accurately

describe the focus on health across levels of care, but always within the context of the community. The first known use of the term *public health nursing* is in Lillian Wald's 1912 description of PH nursing as the name for nurses "doing work for social betterment" in any setting (Brainard, 1995; Fitzpatrick, 1975). The term *public* related to "all the people as a whole." By the 1920s, the majority of PHNs were employed by local and state health departments, and the term *public* became associated with "employment by the government."

In the 1960s, the term *community health nurse* emerged to describe nurses working with individuals in community settings, such as home health care or case management. By the turn of the 21st century, however, PHNs identified that community health nursing was related to the setting and did not differentiate the focus of practice. Use of the term *public health nursing* was reinvigorated to describe nursing practice focused on populations, bringing together nursing, public health, and social sciences to guide practice, always within the context of the community, whether at the individual, family/group, community, or system level. The definition above reflects this understanding. (See Appendix A for a history of the definition of PH nursing.)

CORE CONCEPTS GUIDING PUBLIC HEALTH NURSING PRACTICE

Nursing practice is guided by an array of key concepts, such as caring, nursing process, and ethics. Additional concepts of critical importance in practice, education, and research for the specialty of PH nursing are listed below.

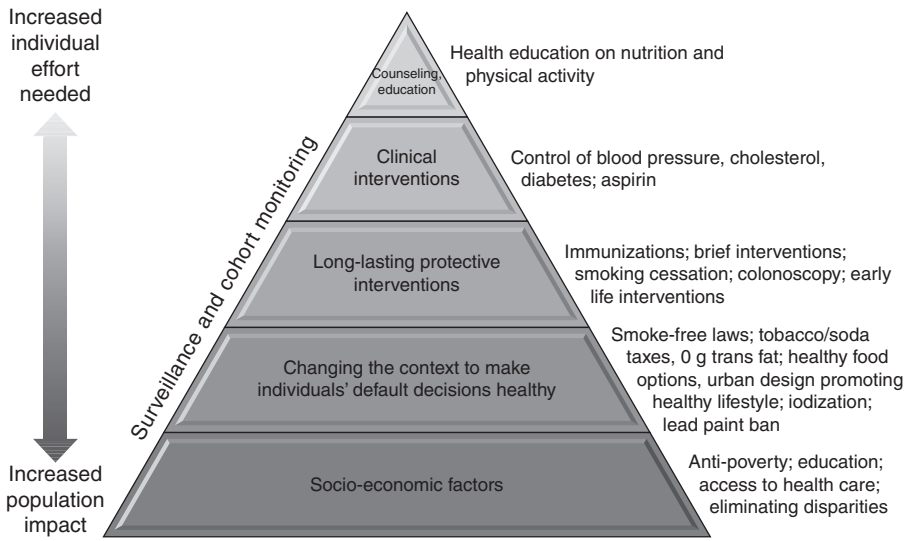
1. Social Determinants of Health

The World Health Organization (WHO) defines the Determinants of Health as the conditions in which people are born, grow, live, work, and age (Mahony & Jones, 2013). "Health is influenced by many factors, which may generally be organized into five broad categories known as determinants of health: genetics, behavior, environmental and physical influences, medical care and social factors. These five categories are interconnected. The fifth category, also called social determinants of health (SDOH), encompasses economic

and social conditions that influence the health of people and communities" (Centers for Disease Control and Prevention [CDC], 2019, December, 19).

The importance of SDOH in health outcomes has been reinforced by the work of Thomas Frieden in the Health Impact Framework (see Figure 1). Described as a "framework for public health action," the health impact pyramid has five tiers (Frieden, 2010). Two key elements of this framework to improve health are often overlooked: it extends beyond the provision of health care services, and it acknowledges and includes the multiple determinants of health.

What does the Health Impact Framework mean for PH nursing? Starting from the base and moving to the top, the pyramid tiers include actions that are taken to create changes in or affect socioeconomic factors, the environmental context of healthy decisions, long-lasting protection, ongoing care and clinical interventions, and counseling and education. PHNs act to address each level of the pyramid. Frieden contends that "interventions that address [the] social determinants of health have the greatest potential" to benefit the public's health (2010, p. 594). In other words, actions at the bottom of the pyramid are effective at the community/population level and move to more of a focus on individuals as one moves up the tiers.



Frieden T. American Journal of Public Health. 2010;100(4):590-595.

Figure 1. Health Impact Pyramid

PHNs focus on key factors that affect an individual's or community's overall health and ability to respond to disease. These factors include the physical environment, structural racism, poverty, economic inequality, social status, stress, education level, social inequities, employment, social support, and the ability to obtain food and accessible health care (Egede & Walker, 2020; Mahony & Jones, 2013).

PHNs' focus on SDOH helps address larger goals of social and environmental justice and health equity. PHNs recognize the critical role that the environment plays by striving to create physical and social environments that foster positive health outcomes and help expand health-related choices available to individuals within a community. *Healthy People 2020* identifies the value of empowering people toward the goal of achieving positive health outcomes by increasing health promotion and disease prevention activities, such as smoking cessation and healthier diets for people at home, work, and school. (Heffernan et al., 2019). The recently released *Healthy People 2030* continues to increase focus on improving the physical and social environments so necessary for positive health outcomes.

PHNs work to address SDOH by assessing underlying conditions that contribute to inequities in population health outcomes. These determinants shape social hierarchy, resulting in power differences, marginalization, classism, racism, and oppression of selected groups. Research into SDOH, including income, education, race, and gender, often indicates that these are causal factors for health disparities and inequities (Alderwick & Gottlieb, 2019).

Macroeconomic factors, such as public expenditures, taxes, and private savings, are related to policymaking and result in downstream health inequities. Thus, PHNs advocate for changes in the structural societal and political macrolevels. The SDOH framework also outlines and analyzes the intermediate determinants that ultimately influence the material, psychosocial, biological, and behavioral factors of health (World Health Organization [WHO], 2019a).

PHNs also address social needs at the individual level of SDOH, defined as the material resources necessary for physical and mental health and well-being. When addressing social needs, PHNs focus on enhancing

circumstances that may facilitate health at the microlevel and support the acquisition of resources such as food, water, and health care. PHNs may also provide social needs support by improving conditions such as inadequate housing.

2. Community Collaboration

Based on core competencies of public health practice (PHF, 2014), leadership in the field of public health involves incorporating key principles of collaboration into all interactions with individuals, populations, communities, and organizations (Public Health Leadership Society [PHLS], 2002). Therefore, collaborating with the community at the outset is a precondition for ethical and effective practice, which means that community members (as stakeholders) should be involved in identifying problems and needs, developing programs and policies, and "reconciling" what constitutes the most important concern of the community (Rentmeester & Dasgupta, 2012, p. 236).

This collaboration goes beyond determining the best course of action to include community participation in development, implementation, and evaluation of any interventions. Unless the collaboration process allows for full involvement of representative stakeholders in every decision-making step, the framework of a "fair decision process" conflicts with the ethical principles of public health and PH nursing practice (Marckmann et al., 2015, p. 5). Collaborating with a population or community, according to the standards of both nursing practice and public health (ANA, 2015b; PHLS, 2002), means that community members (stakeholders) should be involved in decision-making processes from beginning to end, including involvement in managing conflicts of interest and competing claims of decision makers and developing and evaluating programs and policies.

3. Population Health

The terms *public*, *people*, and *population* have traditionally been used interchangeably in the public health world to address the health of all people. *Population* is defined as "a collection of individuals in a geographically defined area (e.g., town, city, state, region, nation, multinational

region), or a group of individuals within the community (such as school students, workers in industry, or persons of similar age)" (ANA, 1986, p. 18). A *community* is a set of people in interaction who may or may not share a sense of place or belonging and who act intentionally for a common purpose (e.g., live in a neighborhood, work at a given company, or share a common cultural or demographic characteristic, health condition, or threat to health) (Ervin & Kulbok, 2018). Examples of communities include immigrant groups, refugees, individuals who have experienced gender discrimination, persons with mental illness, and victims of a disaster.

Subpopulations include groups or aggregates within the larger population. Group members usually have face-to-face contact. Aggregates are usually identified by health professionals according to one or more common characteristics; aggregates can consist of people experiencing a specific health condition (e.g., diseases, disabilities, pregnancy), engaging in behaviors that have the potential to negatively affect health (e.g., smoking tobacco, vaping), sharing a common risk factor or risk exposure (asbestos, lead, pesticides exposure), or experiencing an emerging health threat or risk (APHA, 1996).

Recently, the concept of population health has become commonly used across the health care system. *Population health* is defined as "the health outcomes of a group of people, including the distribution of such outcomes within the group" (Kindig & Stoddart, 2003, p. 380). In this conception, populations are aggregates of people with common characteristics that become a focus for care across the continuum. Improving population health, improving the experience of care, and reducing per-capita health care costs are the triple aims of the 2019 Institute for Healthcare Improvement (IHI) framework to improve the US health care system (Institute for Healthcare Improvement [IHI], 2019). Bodenheimer and Sinsky (2014) expand this framework to the Quadruple Aim with the inclusion of improving the work life of health care providers, including clinicians and staff.

Population health includes application of basic public health knowledge and skills across the care continuum. On this continuum, *population health management* or *population management* refers to the management

of health outcomes of a clinical population enrolled in a discrete health care system that is held financially accountable (Berwick et al., 2008; Storfjell et al., 2017). At the other end of the population health continuum, broader collaboration of health-related and civic organizations working together improves "…health outcomes for a specific population, with shared accountability and a commitment to addressing upstream determinants of health" (Storfjell et al., 2017, p. 6). Bresnick (2017) clarifies: "Population health is a term more commonly used in the clinical sphere and the health IT industry, while the phrase public health tends to be favored by government officials and the stakeholders who work closely with them."

The recognition that health has multiple determinants, including social, has led to a "resurgence of the population health model that had long been suppressed by the popular medical model" (Radzyminski, 2007, p. 38). With the advent of computers and large data sets of health-related information, knowledge about multiple determinants of health and their interactions has expanded. The shift in studying human health from the broad perspective of multiple determinants of health is a "return to our historical roots" for public health professionals, including PHNs (Kindig & Stoddart, 2003, p. 382).

In 2010, the federal Patient Protection and Affordable Care Act (ACA) required that nonprofit hospitals conduct community health needs assessments (CHNA) and develop implementation strategies to address those needs (ACA, 2010). In response to this mandate, the Public Health Foundation (PHF) published the *Competencies for Population Health Professionals* in March 2019 to strengthen the connection between public health and health care. These competencies are basic skills for health professionals across the care continuum, including those working in hospitals, health systems, public health, and other places engaged in the assessment of population health needs and the development, delivery, and improvement of population health programs, services, and practices, whether for broad populations or targeted populations.

PHNs take basic population health skills to the next level with a focus on the broader context in which people live and how that context enables or hinders health. PHNs have a long history of assessing the needs of

individuals, families, and communities; building partnerships across sectors to find solutions; and developing and advocating for upstream solutions (Pittman, 2019). As experts in population health, PHNs offer expertise and support to other nurses and health care providers engaged in offering population health management services.

In 2019, the Minnesota Department of Health clarified that interventions by PHNs are *population-based* if they:

- Focus on entire populations possessing similar health concerns or characteristics;
- Are guided by an assessment of population health status determined through a community health assessment (CHA) process;
- Consider the broad determinants of health;
- Consider all levels of prevention, with a preference for primary prevention; and
- Consider all levels of practice: individual-focused, family-/group-focused, community-focused, and systems-focused (Minnesota Department of Health, 2019, pp. 13–15).

PHNs are *population-based* and *focus on individual/family, community, and systems* levels when they develop and implement their plans of care.

In a time when "every nurse is a population health nurse," and population health is being integrated throughout nursing curriculums, distinguishable characteristics clearly differentiate the PH nursing specialty from other nursing specialties. PHNs are distinguished by their ability to use analytic community assessment skills to pursue health promotion and prevention, working with communities and populations as equal partners (Kulbok et al., 2012). PHNs collaborate to build partnerships within and outside the health sector and influence mid- and upstream sustainable health interventions focused on primary prevention and health promotion. Additionally, with their emphasis on systems thinking, PHNs can lead health care system changes to ensure that needs are met equitably in all communities (Bekemeier et al., 2014).

4. Ecological Model of Health: Micro- to Macro-levels

PHNs, working with individuals, groups, communities, and populations, practice across a continuum of micro-, meso-, and macro levels of society, but always within the population context. At the micro-level, PHNs work with individuals, small groups, and families to address health issues; provide primary, secondary, or tertiary prevention; and emphasize disease prevention and health promotion. At the meso-level, PHNs work with communities or specific populations or groups in society, such as schools, workplaces, or people with common health risks, viewing this level as the focus of care and determining the impact of population-level interactions. PHNs working at the macro-level evaluate and address broader population- or societal-level factors that affect health, such as policies, laws, or interactions between nations (Blackstone, 2012).

The Minnesota Intervention Wheel differentiates interventions by category and level of practice (individual/family, community, or systems), describing the scope of practice by what is similar across settings (Minnesota Department of Health, 2019). These three levels approximate the micro-, meso-, and macro-levels described above. Apart from delegated functions, the interventions described in the Minnesota Intervention Wheel are not exclusive to PH nursing, as they are also used by other public health disciplines, but the breadth of scope and combination of levels are unique to PH nursing practice. The interventions across levels of practice include:

- Surveillance;
- Disease and health event investigation;
- Outreach;
- Screening;
- Case finding;
- Referral and follow-up;
- Case management;
- Delegated functions;
- Health teaching;
- Counseling;

- Consultation;
- Collaboration;
- Coalition building;
- Community organizing;
- Advocacy;
- Social marketing; and
- Policy development and enforcement.

5. Culturally Congruent Practice: Respectful, Equitable, and Inclusionary

Culturally congruent practice is the application of evidence-based nursing within the context of the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer, community, and other stakeholders. Society is increasingly multicultural, as characterized by differences in ethnicity, race, social class, education, sexual orientation and gender identity, language, age, religion, and family structures (Murcia & Lopez, 2016). A culturally diverse society requires culturally competent healthcare providers and delivery of care to ensure an acceptance and openness to understanding varying beliefs, traditions, and ethnic practices (Murcia & Lopez, 2016).

Cultural competence represents the process by which PHNs demonstrate culturally congruent practice. To support cultural competence, several elements are needed, including awareness of cultural values, beliefs, and attitudes; openness to understanding and accepting the diversity of people; and skills to combine the awareness and the knowledge to provide culturally appropriate services and effective intercultural communication in cultural encounters (Campinha-Bacote, 2002; Danso, 2018).

Cultural sensitivity, an added dimension to providing culturally congruent care, is defined as the ability to be open and responsive to attitudes, feelings, or life circumstances of groups of people who share common distinctive aspects of racial, national, religious, linguistic, or cultural heritage (Office of Minority Health, 2001). PHNs include cultural sensitivity in the practice of caring for diverse populations at all levels, micro to macro (e.g., individual to systems).

Cultural humility extends beyond cultural competence and is another dimension of culturally congruent practice that PHNs must address. "Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a life-long goal and process" (Gonzales & Levitas, 2020, as cited in ANA, 2021, p. 23). Engagement in relationships with diverse communities requires a sense of humility, further requiring self-awareness, self-reflection, and self-critique. Cultural humility acknowledges the subjectivity of culture and the lifelong process of learning to engage in meaningful and effective relationships across diverse cultural values, beliefs, and practices (Fisher-Borne et al., 2015).

Cultural safety is a broader concept that has emerged over time. Debate exists as to whether cultural safety represents a continued evolution of the concept of cultural competence or a radically new paradigm. What is clear is that cultural safety goes beyond attaining the knowledge, skills, and attitudes necessary to deliver services to diverse populations. Cultural safety addresses social inequities steeped in power inequities. Cultural safety demands that PHNs and public health organizations that PHNs represent focus on power inequities, including the inherent power inequities between PHNs and individuals, families, and communities served as well as power inequities within the public health system. Achieving equity at the population level necessitates that PHNs practice cultural safety. Cultural safety also demands self-reflection at the individual PHN and organizational levels (Curtis et al., 2019). Culturally congruent PHN practice requires aspects of cultural competence, sensitivity, safety, and humility (Marion et al., 2017).

6. Levels of Prevention

The PH nursing specialty employs all levels of prevention (primary, secondary, and tertiary), with an emphasis on primary prevention. This follows assessments at the individual, family, community, and population levels and the development of an understanding of the world in which people live. The primary prevention approach in health care aims to prevent disease or injury before it ever occurs and may include:

- Promoting community education regarding the avoidance of medical and behavioral health risks, such as the mismanagement of prescription drugs, tobacco/e-cigarette use, and poor eating habits;
- Implementing health promotion methods, such as routine immunizations of children, adults, and the elderly; and
- Developing community health programs, such as oral and dental hygiene instruction, for improving the population health (CDC, n.d.-b).

PHNs also serve as catalysts for change by influencing and developing health policies and legislation that ban materials recognized as being related to a known disease or health condition.

Secondary prevention involves screening for diseases in a population, such as mammography and routine blood pressure measurements (CDC, 2019) and administering preventive drug therapies of proven effectiveness when given at an early stage of the disease (World Health Organization Eastern Mediterranean Regional Office [WHO EMRO], 2019). PHNs develop and coordinate screening programs, including educational content on the need for screening activities (WHO EMRO, 2019).

Tertiary prevention aims to reduce the impact of an ongoing illness or injury that may be long-term, is often complex, and has lasting effects. PHNs address tertiary prevention through educating and improving existing treatment modalities and potential recovery outcomes, including such activities as restoration and rehabilitation measures, medication management, and screenings for complications (CDC, 2019).

7. Ethics

Public health is committed to advancing the health and well-being of populations, not just individuals. Thus, one major challenge of public health ethics is providing an adequate analysis of what is morally at stake for individuals while maintaining its special connection to prevention for individuals and communities. Historically, public health ethics has drawn on multiple theories for its foundation. These theories include *deontology,* which focuses on duties and obligations to act, such as treating persons

with respect because they have a moral status that makes them worthy of it. Another relevant theory is *utilitarianism*, with its goal of maximizing the greater good while preventing harm (Siegel & Merritt, 2019).

Many agree that the primary goal of public health should be ethical in nature (Beauchamp, 2003; Sherwin, 2008), and some view its moral foundation as justice (Faden et al., 2019). However, in recent years, many in public health have called for greater emphasis on social and environmental justice, equity, human rights, and well-being (Braveman, 2014; Braveman et al., 2011; LeClair et al., 2021; Powers & Faden, 2006; Srinivasan & Williams, 2014). Unfortunately, the continuing erosion of the public health infrastructure, along with the increasing recognition of the impact of poverty, health inequities, pandemics, systemic racism, violence, human rights violations, structural injustices, environmental crises, and disasters, have illustrated a need for such a shift in public health ethics (Brandt, 2021; Farmer, 2005; Powers & Faden, 2019; Watts et al., 2021).

Nursing focuses on protecting, promoting, and restoring health and abilities; preventing illness and injury; and alleviating suffering while caring for individuals, families, groups, communities, and populations. Nursing is broadly committed to the sick, injured, and vulnerable within society and to social and environmental justice (ANA, 2015a, 2015b). Over time, nursing ethics has gone from focusing on moral formation and virtue ethics to drawing on an ethics foundation focused on duties, obligations, relationships, consequences, and ethical principles (Fowler, 2020). Additionally, some nurses have studied in fields such as anthropology, education, philosophy, and ethics and have become familiar with critical social theory (Habermas, 1991), liberation theory (Freire, 1970, 1998), and feminist philosophy (Chodorow, 1978; Gilligan, 1982; Held, 2006; Noddings, 1984). Such diversity has contributed to the evolution of nursing, nursing ethics, and public health ethics.

Historically most recent nursing practice has been in hospitals and similar settings where the focus is primarily at the individual and family levels, with the application of ethics theories and principles in clinical situations focused on those levels. It is important to also remember that

people live in the world and are embedded in multiple contexts and in diverse relationships with others. PH nursing identifies and intentionally bridges these contexts, emphasizing an ongoing commitment to populations, communities, and prevention as well as recognizing public health's concerns with social and environmental justice, equity, well-being, and health.

PHNs often face unique and difficult challenges that require understanding multiple ethical perspectives and frameworks as they bring together both public health and nursing. The history and events that occurred during the COVID-19 pandemic demonstrate how PH nursing will continue to face many complex challenges. At no previous time in the nation's past has the need for PHNs, and the need to study ethics, been greater.

8. Social Justice

Social justice is the moral foundation of public health, PH nursing, and health policy (Buettner-Schmidt & Lobo, 2011; Powers & Faden, 2006). Social justice efforts aspire to prevent injustices from occurring. The aims of social justice are well-being and health equity (Powers & Faden, 2006). Social justice is achieved by correcting institutional and structural conditions and factors that create injustices and inequalities and disadvantage or harm vulnerable groups (Young, 2011). Social justice includes the moral obligation to empower diverse, marginalized societal groups (Hagen et al., 2018). Social justice serves to support the concepts of "common" and "professional" morality (Lee & Zarowsky, 2015) in ensuring well-being and health equity through social structures and policies that promote access to opportunity and resources.

Powers and Faden (2006) introduced a theory of social justice that focuses on why justice matters in real-world concrete situations. They assert that a theory of justice should consider humans' well-being and how multiple determinants and their interrelatedness may influence this well-being along six essential dimensions that serve as a moral foundation for the social institution of public health: health, knowledge

and understanding, personal security, equal respect, personal attachments, and self-determination. Powers and Faden contend that the focus of public policy development should be social justice and sufficiency in these dimensions to support the attainment of well-being essential to critical life stages, especially among the least advantaged or most vulnerable members of society. They propose that the application of an adequate theory of justice as fairness requires the use of empirical evidence as its justification (Powers & Faden, 2019). Critical evidence must reflect sufficient well-being across the life course in specific populations when developing, setting, and evaluating public policy and priorities for the just distribution of limited benefits and resources (Powers & Faden, 2006).

A persistent moral commitment to social justice is required of PHNs. This commitment includes an effort to collaborate with all stakeholders to promote the common good. PHNs are expected to pursue social justice and to be action-oriented and transformative to address the needs of diverse populations to move toward health equity across the nation (Sun, 2019; Thrift & Sugarman, 2019).

9. Health Equity

According to WHO, *health equity* is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other means of stratification (WHO, 2022). Health equity is achieved when every person has a fair opportunity to attain their full health potential and no one is disadvantaged from achieving this because of social position or other socially determined circumstances (CDC, n.d.-a). The Robert Wood Johnson Foundation provides a modified definition: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care" (Braveman et al., 2017). The overall goal of public health is to maximize the health of the

population, which means addressing health disparities and working toward health equity.

- Health equity has two core elements: (1) improving the health of those social groups who have historically been marginalized, excluded, or otherwise disadvantaged; and (2) not only improving health but modifying the SDOH (Braveman, 2019). Historically PHNs have focused on improving the human condition at all levels of community, particularly by reaching out to those most disadvantaged or marginalized. Working toward health equity and social and environmental justice is a core principle of PH nursing.

THE ART AND SCIENCE OF PUBLIC HEALTH NURSING: A SYNERGY

PHNs promote the health of the public through the art and science of PH nursing practice, which is effectively the synergy of the practice of nursing and the practice of public health, as depicted in Figure 2.

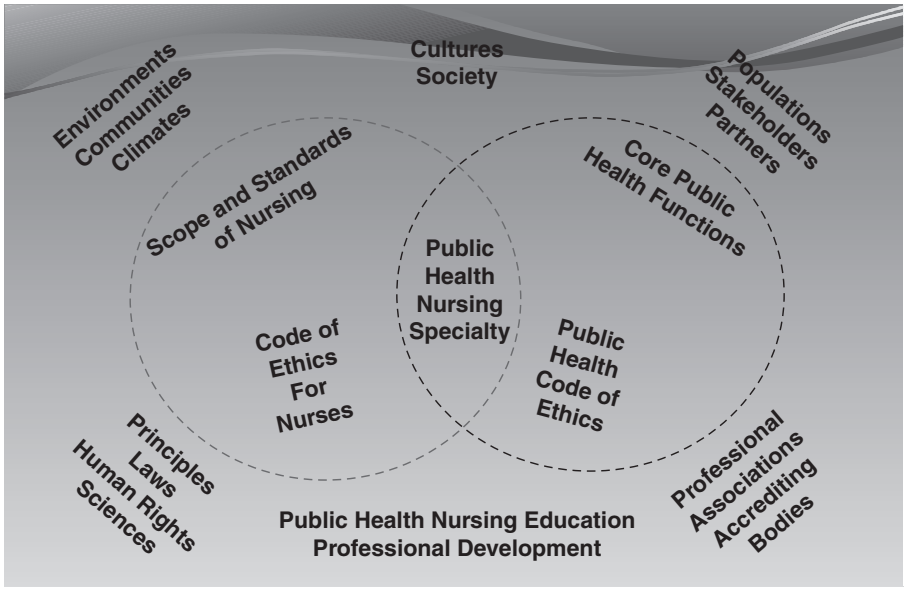


Figure 2. The Dynamic Nature of Public Health Nursing (ANA, 2021)

PH nursing uses an open and dynamic systems perspective along with a willingness to intentionally engage in interactions across systems with multiple stakeholders to promote the optimal health and well-being of populations and communities. The art of PH nursing means drawing on knowledge of nursing, social sciences, and public health science in combination with PH nursing experience. This is accomplished within the surrounding context of the social, built, and natural environments; populations, communities, climate, cultures, and society; stakeholders and partners; and educational and professional organizations. The PN nursing specialty acknowledges that people's contexts, knowledge, and lived experiences matter. This *Public Health Nursing: Scope & Standards of Practice, 3rd Edition* reflects both the nursing process and PH nursing practice competencies, as described in the Quad Council Coalition's (QCC) *Community/Public Health Nursing Competencies* (QCC Competency Review Task Force, 2018). Ethics, inherent to professional nursing, is expressed via the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a).

A variety of documents provides greater detail on elements of both public health and nursing practice that together outline key components of PH nursing practice. These include:

- The Core Functions of Public Health
- The Principles of Public Health Nursing Practice
- The 10 Essential Public Health Services
- The American Nurses Association's (ANA) *Public Health Nursing: Scope and Standards of Practice, Third Edition*, and the accompanying competencies
- The *Community/Public Health Nursing Competencies*, organized by eight practice domains (QCC Competency Review Task Force, 2018)

Core Functions of Public Health

PH nursing practice involves application of the *core functions of public health*—assessment, policy development and assurance—which were originally defined to clarify the government's role in fulfilling the mission of public health (Institute of Medicine [IOM], 1988). PHNs integrate these core functions with the standards for PH nursing. Each core function is used in a

systematic and comprehensive manner to achieve optimal health goals and is carried out in partnership with the public and other key stakeholders. As leaders in and advocates for these functions, PHNs are proactive on health-care and social issues and build effective strategies to promote change:

- *Assessment* includes review of the concerns, strengths, and expectations of the population and is guided by epidemiological methods and the nursing process. Assessment uses both qualitative and quantitative data.
- *Policy development* is accomplished through the results of assessment, identification of the population's priorities, and consideration of other subpopulations and communities at greatest risk, using effective and evidence-based strategies. Policies may be developed within organizations and at all levels of government.
- *Assurance* is accomplished through regulation, advocacy for interdisciplinary services, coordination of community services, and (at times) direct provision of services. Assurance strategies consider the availability, acceptability, accessibility, effectiveness, and quality of services. (IOM, 1988)

Principles of Public Health Nursing Practice

In 1997, the QCC of Public Health Nursing Organizations developed eight tenets or principles of PH nursing to advance the PH nursing goal of promoting and protecting the health of the population. The principles presented here have been adapted and refined to further describe the practice of PH nursing:

- *The primary focus of PH nursing practice is on systematic and comprehensive population-focused assessment, policy development, and assurance.*
  Although PHNs may engage in activities with individuals, families, groups, and at the system level, their dominant responsibility is to the population as a whole.
- *Equity is both a core public health value and a goal.*
  Equity is necessary to ensure optimal health and well-being for all. PHNs collaborate with members of other professions and

stakeholder groups to carry out the 10 Essential Services, which focus on achieving *equity*, defined as fairness.

- *Primary prevention is the priority in selecting appropriate activities.* Primary prevention includes health promotion as well as health protection and disease prevention strategies.
- *PH nursing focuses on strategies that create healthy social, environmental, and economic conditions in which populations may thrive.*
  PH nursing addresses SDOH through interventions that emerge from collaboration with the population. Advocacy and teaching advocacy skills to others are essential strategies when also addressing environmental and economic conditions.
- *PHNs collaborate with communities and populations as equal partners.* PHNs' actions must reflect awareness of the need for comprehensive health planning in partnership with communities and populations. Partnership includes understanding the perspectives, priorities, and values of the population when interpreting data, making policy and program decisions, and selecting appropriate strategies for action.
- *Collaboration with members of other professions, organizations, and stakeholder groups as well as the population is the most effective way to promote and protect the health and well-being of the community.* Creating the conditions for optimizing health and well-being is an extremely complex, resource-intensive process. To create these conditions, PHNs join others from a variety of fields and professions and partner with community members who are local experts. Leadership in this effort recognizes the importance of involvement in the health care system, legislative action, and social policy agendas.
- *PHNs are obligated to actively identify and reach out to all who might benefit from a specific activity or service.*
  Specific subpopulations may be marginalized and more vulnerable to preventable disease, illness, and death, often having more difficulty in accessing or using the available services. Vulnerable populations require special outreach efforts beyond those efforts directed at the general population. PHNs focus on the whole population and not just those who present for services.

- *Optimal use of available resources and creation of new evidence-based public health strategies are necessary to enhance the health of the population.*

  Resource use and strategy creation include:
  - Organizing and coordinating action responses to health issues;
  - Using and providing to decision makers evidence-based public health and cost-effectiveness information related to outcomes of specific actions, programs, or policies; and
  - Researching and designing the collection of evidence as the foundation for the practice of population-based care.

The 10 Essential Public Health Services

In 1994, a Centers for Disease Control and Prevention (CDC) steering committee, comprising representatives from US public health service agencies and other major public health organizations, developed a set of 10 essential services to provide a working operationalization of the core functions of public health. These 10 Essential Public Health Services are a guiding framework for the responsibilities of community public health systems. These services were reviewed and revised in 2020 (CDC, 2020, March 18). Public health systems are to undertake the following public health activities (CDC, 2020, March 18):

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Ensure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

Additionally, ethics is inherent to public health and is exemplified in the *Public Health Code of Ethics* (APHA, 2019).

Figure 3 illustrates the synergy of the 10 Essential Services of Public Health and the Principles of Public Health Nursing Practice, resulting in a rich overlap of public health philosophy that forms the basis for PHNs' practice (Public Health Nursing Standards of Practice).

Figure 3. The Synergy Between Public Health and Nursing