

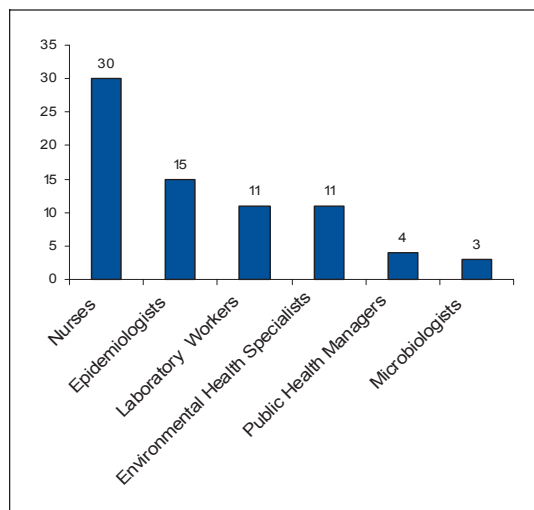
Introduction

The number of registered nurses employed in public/community health settings with the title “public health nurse” has decreased from 39 percent in 1980 to just 17.6 percent in 2000.ⁱ — American Public Health Association

The supply of public health nurses is declining and employment trends indicate that the decrease will continue.

The Association of State and Territorial Health Officials (ASTHO) and the Council of State Governments (CSG) recently completed a survey of state health officials in state public health agencies and found that the most significant worker shortages exist in public health nursing. Thirty out of 37 responding states identified nursing as the field that will be most affected by worker shortages in the future.ⁱⁱ See Figure 1.

Figure 1. State Public Health Occupational Classes Most Affected by Workforce Shortages



Source: ASTHO/CSG Survey (n=37 respondents could choose more than one profession)

What is a Public Health Nurse?

Public health nurses comprise the largest group of public health professionals in health departments across the country. They work in government and private agencies, including clinics, schools, retirement communities, and other community settings. They focus on populations, working with individuals, groups, and families to improve the overall health of communities. They also work with communities to help plan and implement programs. Public health nurses instruct individuals, families, and other groups regarding health issues such as preventive care, nutrition, and childcare. They arrange for immunizations, blood pressure testing, and other health screening. These nurses also work with community leaders, teachers, parents, and physicians in community health education.ⁱⁱⁱ

Their roles and responsibilities can vary. They can include instructing individuals on preventive care, nutrition, and childcare; arranging for immunizations or blood pressure screening; working with community leaders to promote education; staffing mass vaccination clinics; and responding to man-made and natural disasters.

For example, public health nurses have developed material on how to reduce exposure to West Nile Virus and distributed that information to the public. In certain cases they have kept track of disease patterns in a community in an attempt to identify unusual peaks of disease incidents. The diverse responsibilities of the public health nurse also include dispersing flu vaccines and coordinating care for special needs populations (such as the elderly, disabled, or hospitalized) during hurricanes.

Because nurses are so familiar with normal patterns of health and illness in the communities and organizations they serve, they're well positioned to recognize deviations in them. — Kristine M. Gebbie, DrPH, RN^{iv}

Specific examples illustrate why there is a need for a sufficient supply of well-trained public health nurses:

Well-trained public health nursing staff can help address the negative trends of diabetes through inclusion of weight/exercise information in well-child visits and WIC programs, diabetes education in elder health activities, and early detection community settings.^v

Public health nurses work in schools and communities to address physical activity requirements and nutritional information. Nurses provide information on trends and solutions to physicians to share with their patients. Public health nurses assess communities to help determine contributing factors for high rates of diabetes and help develop solutions to combat the causes.

Public health nurses have been critical to successful follow-up of tuberculosis (TB) patients, as documented in Boston's 90 percent therapy completion rate. By comparison, in New York City, where outreach workers have replaced public health nurses, it has been documented that 89 percent of patients discharged from hospitals were lost to follow-up and failed to complete therapy.^{vi}

Without question, the major reason for the resurgence of tuberculosis was the deterioration of the public health infrastructure essential for the control of tuberculosis. It has been estimated that the monetary costs of losing control of TB were in excess of \$1 billion in New York City alone.^{vii} —Institute of Medicine/National Academies of Science

Workforce Trends

The ASTHO/CSG survey of public health agencies identified trends that point to more public health personnel shortages in the future. These include:

- A rapidly aging workforce whose average age is 46.6 years.
- Public health retirement rates as high as 45 percent in some states.
- Current vacancy rates of up to 20 percent in some states.
- Public health employment turnover rates of 14 percent in some parts of the country.^{viii}

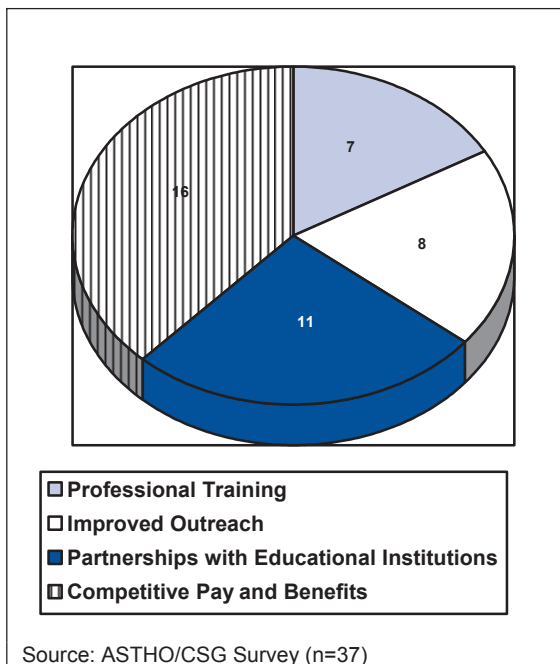
The public health nursing shortage has another layer of complexity. The 1988 Institute of Medicine's report, *The Future of Public Health*, indicated that public health should focus on the core functions of assessment, assurance and policy development.^{ix} As many state and local health departments eliminated nursing positions in their effort to move away from direct care of individuals, critical nursing positions seen as clinical have been cut. If other community resources are available, the care continues, but there may be gaps in specific nursing services.

Public health nurses are needed to help contain the spread of viruses through community education, to work with communities to reduce tobacco use, and to assure quality of care through statewide monitoring programs.^x They are also needed to educate the public about nutrition and exercise. Some communities can only afford these services when nursing salaries are partially met by fees generated in fee-for-service patient care.

Options for Addressing the Shortages

Figure 2 shows data from the ASTHO/ CSG survey. The states were asked what they thought were the keys to addressing the workforce problems.

Figure 2. Keys to Solving Public Health Workforce Challenges According to Responding States^{xi}



Other suggestions from the survey included:

- Provide scholarships, loan repayment programs.
- Work with schools of nursing to incorporate public health curriculum.
- Team up with schools of higher learning to provide continuing education.
- Promote public health nursing to children through outreach.

Conclusion

Over time, the role of the public health nurse has changed as communities have changed. However, the need for a well-trained, adequately staffed nursing work-force remains critical for the health and well-being of communities across America. The combination of a rapidly aging public health workforce, retirement rates as high as 45 percent, vacancy rates as high as 20 percent in some states, and turnover rates reaching up to 14 percent in parts of the country add up to a public health nurse shortage crisis.

Public health nurses have played a key role in public health's accomplishments. They have inoculated millions against smallpox and polio, delivered antibiotics to fight TB, and provided education and counseling for many high-risk pregnant women and children. The aging of the nursing workforce and the shortage of nursing in the private sector makes recruitment of new public health nurses even more difficult.

Public health agencies will need to work with state legislatures, institutes of higher learning, and the federal government to devise solutions to reverse these disturbing trends.

ⁱ *Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020*, Health Resources and Services Administration. Rockville, MD. (July 2002).

ⁱⁱ *State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis*. Association of State and Territorial Health Officials, (2004), p. 7.

ⁱⁱⁱ <http://www.bls.gov/oco/ocos083.htm> April 5, 2005.

^{iv} *Public Health Nurses' Vital role in Emergency Preparedness & Response*, (April 2002). The Association of State and Territorial Directors of Nursing. Available from: http://www.astdn.org/publication_nurses_preparedness_disaster.htm

^v Centers for Disease Control and Prevention.
Available from

www.cdc.gov/diabetes/pubs/factsheets

^{vi} Gebbie, K.M. and Qureshi, K. *Emergency and Disaster Preparedness: Core Competencies for Nurses*, American Journal of Nursing 102(1) p. 46-51 (2002).

^{vii} Geiter, L. [Ed.] *Ending Neglect: The Elimination of Tuberculosis in the United States*. Institute of Medicine/National Academies of Science, Washington, DC, (2000).

^{viii} *State Public Health Employee Worker Shortage Report*, p. 2.

^{ix} *The Future of Public Health*, Institute of Medicine/National Academies of Science, Washington, DC, (1988).

^x *The Impact of the Nursing Shortage on Public Health Nursing*, p. 2.

^{xi} *State Public Health Employee Worker Shortage Report*. 12.

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For additional information please contact publications@astho.org.

The Association of State and Territorial Health Officials is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. territories, and the District of Columbia. ASTHO's members, the chief health officials in these jurisdictions, are dedicated to formulating and influencing sound public health policy, and assuring excellence in state-based public health practice.



**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

1275 K Street, NW, Suite 800

Washington, DC 20005

Phone: (202) 371-9090

Fax (202)371-9797

www.ASTHO.org

www.StatePublicHealth.org