Reemergence? Disconnect between research priorities and population health

As public health nurse professionals, educators, and researchers, we were hopeful when the latest word list of the top priorities for the next decade of nursing health services research was published (Cohen et al., 2020). The interdisciplinary panel of 38 experts in health services research convened and identified key challenges, research questions, and cross-cutting issues for the US health care delivery system during the 2020 decade (Cohen et al., 2020). We anticipated the public health specialty, population health, and a focus on competency-based practice and education would be at the forefront as a means by which to advance nursing health services research and delivery.

In reviewing the article, we questioned the statement "the reemergence of the public health nurse, and preparing nurses for roles in the community, home, and skilled nursing facilities as well as in providing palliative and hospice care (p. 7, Table 2)." To use the term "reemergence" implies the specialty was lost or buried. This language de-emphasizes the historical and current relevant contributions public health nurses (PHNs) have in promoting primary, secondary, and tertiary health within communities. Not only are PHNs relevant and significant contributors to the health and wellness of communities, but their daily practice is under incredible structural, systemic, political, and economic constraints.

Historically, public health was understood to be population-based (Abrams, 2004; Castrucci & Auerbach, 2019; Goldman, Kumanyika, & Shah, 2016). PHNs focus on the health and wellness of communities while practicing with vulnerable and marginalized populations. The terms PHN and community health nursing became interchangeable in the post-World War II period to emphasize that "Interventions in the community health paradigm involved (1) care and rehabilitation of the sick and disabled, (2) promotion of healthful living, and (3) prevention and control of disease (Abrams, 2004, p. 509)." The term "reemergence" dismisses the importance of public health nursing and competency-based practice for professional nurses (Harmon et al., 2020).

We agree with the interdisciplinary panel regarding "skills mismatch — between the skills nurses need and the content of their nursing education" (Table 2, p.7) (Cohen et al., 2020). The nursing discipline, as well as this interdisciplinary panel continues to acquiesce to the medical model. The model focuses on acute and disease-oriented care. The tendency is to focus on areas where most nurses are employed, such as acute care environments, not where health begins. Yet, 80% of health outcomes start in the communities where people live, learn, work, play, and age (Chandra et al., 2017).

The lack of prioritization of the PHN specialty within nursing education, practice, research, and at a policy level has led to a less than ideal understanding of the influence public health nursing adds to improving the health outcomes of communities (Harmon et al., 2020). Competencies exist for PHN practice; there is a lack of implementation and measurement in the workforce (Harmon et al., 2020).

Competency-based professional development creates a workforce prepared to problem solve and enhance communities’ health (Issel, Ashley, Kirk, & Bekemeier, 2012). Matching education with real-world practice, which encompasses diverse settings and populations, improves "services to diverse communities" (Table 2, p.7) (Cohen et al., 2020). One way to accomplish this goal is to incorporate PHN knowledge, skills, attitudes, and application competencies while investigating the impact the PHN profession has on community/public health outcomes (Harmon et al., 2020).

The interdisciplinary panel’s five key challenges relate directly to public health/community nursing and are articulated in PHN competencies. Our concern is that the interdisciplinary panel has siloed key issues by listing them under one of the challenges rather than their intersectionality. For example, four of the five challenges contain important cross-cutting issues: care integration and accountable care organizations; wellness/primary prevention activities and delivery systems; social determinants of health; racial inequality; and rural and underserved areas. To imply that these critical issues fall under only one of these challenges negates the importance of the historical and
political systems at play that influences health care delivery from the womb to the tomb.

We support the implications of the challenge to measure the value of nurses’ contributions to control health care spending, reduce costs, and improve health and health care delivery (p. 4). Our research has demonstrated that nurses must be an integral part of the policy and budget negotiations regarding the challenge of health expenditures. Integrating nurses in these negotiations improves health outcomes across populations. Nurses have value and voice and should be appropriately recognized and remunerated. As public health professionals, educators, and researchers, we recommend that the interdisciplinary panel focus the agenda on significant cross-cutting issues for the next ten years rather than siloing research to age-related and disease-oriented areas.

Author Contribution

All authors (Monica Harmon, Barbara Joyce, Nancy Brown-Schott, Regina Johnson, Vicki Hicks, and Lucille Pilling) have contributed equally to this letter to the editor through conceptualization, writing, editing, reviewing, and submission.

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