

Public Health Nursing:
Committed to improving the health of Alaskans

July 15, 2016
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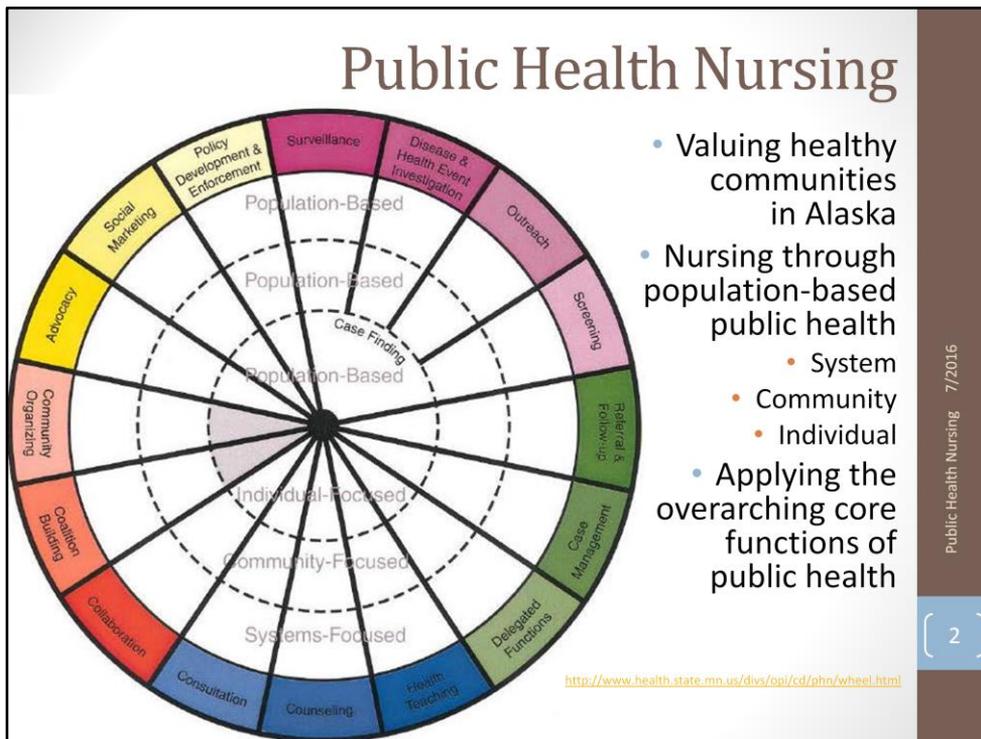
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Hello, my name is Linda Worman, Public Health Nursing Section Chief. The public health nursing leadership team has developed this presentation to provide you with a brief update which addresses:

How the State of Alaska financial crisis required us to change the provision of public health nursing in Alaska,

How we managed workforce reduction of 40 positions and a decrease of staffed facilities from 22 to 16, and

Our response, applying age parameters to some of our individual clinical safety net services.



Public Health Nursing is a unique specialty, that is dynamic and complex. Throughout Alaska we live locally, work globally. Through our local presence public health nursing is an integral part of the Division of Public Health team’s response to public health threats to our State.

For example, the re-emergence of Tuberculosis, drug-resistant Gonorrhea, new types of flu viruses, barriers to a healthy lifestyle including access to food, behavioral health providers, primary care providers, and environmental factors such as arsenic in well-water, volcanic eruptions, earthquakes, and flooding.

According to Public Health Nursing Scope & Standards, “Public health nursing practice in the United States is dynamic and increasingly complex. Societal and political changes leading into the 21st century have enhanced this evolution” (p. 1-2, Scope and Standards of Practice, Public Health Nursing 2nd Edition, 2013).

In context of the public health system, public health nursing applies the overarching core functions (assurance, assessment, policy development) and the 10 essential services.

“Identified threats to the health of populations include:

- Re-emergence of communicable diseases and increasing incidences of drug-resistant organisms

- Environmental hazards

- Physical or civic barriers to healthy lifestyles (e.g., food “deserts”)

- Overall concern about the structure and function of the healthcare system

- Challenges imposed by the presence of modern public health epidemics such as pandemic influenza, obesity, and tobacco-related diseases and deaths

- Global and emerging crises with increased opportunities for exposure to multiple health threats” (p. 1-2, Scope and Standards of Practice, Public Health Nursing 2nd Edition, 2013).

<http://www.health.state.mn.us/divs/opi/cd/phn/wheel.html>

<http://www.cdc.gov/nphpsp/essentialservices.html>

For More Information

10 Essential Public Health Services and the Public Health in America Statement

www.health.gov/phfunctions/public.htm

Mobilizing for Action through Planning and Partnerships

www.naccho.org/topics/infrastructure/mapp/index.cfm

National Public Health Performance Standards www.cdc.gov/nphpsp

Public Health Accreditation Board www.phaboard.org

For more information, please contact CDC’s Office for State, Tribal, Local and Territorial

Support 4770 Buford Highway NE, Mailstop E-70, Atlanta, GA 30341 Telephone: 1-800-

CDC-INFO (232-4636)/TTY: 1-888-232-6348 E-mail: OSTLTSfeedback@cdc.gov Web:

<http://www.cdc.gov/stltpublichealth> The findings and conclusions in this presentation

are those of the authors and do not necessarily represent the official position of the

Centers for Disease Control and Prevention.

The 10 Essential Public Health Services: Framework for Population-Based Public Health Nursing

- **Monitor** health status to identify community health problems.
- **Diagnose and investigate** health problems and health hazards in the community.
- **Inform, educate and empower** people about health issues.
- **Mobilize** community partnerships to identify and solve health problems.
- **Develop policies and plans** that support individual and community health efforts.



<http://www.cdc.gov/nphsp/essentialservices.html>

Public Health Nursing's local presence allows us to promote health and wellness with community members.

For example:

1. **Monitoring immunization rates**
2. **Collaborating with Department of Environmental Conservation (DEC) to investigate a water contamination in Southeast Alaska**
3. **Informing, educating, and empowering underserved, high-risk, homeless teenagers**
4. **Mobilizing community stakeholders to respond collectively when local public health issues are identified in Homer**
5. **Developing and exercising Point of Dispensing (POD) sites in the 16 public health center communities**
6. Enforcing the State of Alaska Mandatory Reporting laws that ensure safety for minors
7. Maintaining safety-net provider status for our State of Alaska at the local level, no one is turned away for the inability to pay, barriers to health care are identified and addressed
8. Maintaining public health nursing workforce standards, licensing /credentialing requirements, and competencies through public health nurse consultant content experts
9. Evaluating effectiveness of universal domestic violence screening, and,
10. Participating in implementation of evidence-based alcohol use screening, including brief intervention for risk reduction.

“Public health nursing practice focuses on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness; prevent disease, disability, and premature death; and improve neighborhood quality of life” (p. 2, Scope and Standards of Practice, Public Health Nursing 2nd Edition, 2013).

Monitor health status to identify community health problems.

Essential Service (ES) 1 – Monitor Health to Identify and Solve Community Health Problems

Accurate, periodic assessment of the community’s health status

Identification of health risks

Attention to vital statistics and disparities

Identification of assets and resources

Use of methods and technology (e.g., mapping technology) to interpret and communicate data

Maintenance of population health registries

Diagnose and investigate health problems and health hazards in the community.

ES 2 – Diagnose and Investigate Health Problems and Hazards in the Community

Timely identification and investigation of health threats

Availability of diagnostic services, including laboratory capacity

Response plans to address major health threats

Inform, educate and empower people about health issues.

ES 3 – Inform, Educate, and Empower People About Health Issues Initiatives using health education and communication sciences to

Build knowledge and shape attitudes

Inform decision-making choices

Develop skills and behaviors for healthy living

Health education and health promotion partnerships within the community to support healthy living

Mobilize community partnerships to identify and solve health problems.

ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems

Constituency development

Identification of system partners and stakeholders

Coalition development

Formal and informal partnerships to promote health improvement

Media advocacy and social marketing

Develop policies and plans that support individual and community health efforts.

ES 5 – Develop Policies and Plans That Support Individual and Community Health Efforts

Policy development to protect health and guide public health practice

Community and state improvement planning

Emergency response planning

Alignment of resources to assure successful planning

<http://www.cdc.gov/nphpsp/essentialservices.html>

The 10 Essential Public Health Services: Framework for Population-Based Public Health Nursing

- **Enforce** laws and regulations that protect health and ensure safety.
- **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **Assure** a competent public health and personal health care workforce.
- **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
- **Research** for new insights and innovative solutions to health problems.



<http://www.cdc.gov/nphsp/essentialservices.html>

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1. Monitoring immunization rates
2. Collaborating with Department of Environmental Conservation (DEC) to investigate a water contamination in Southeast Alaska
3. Informing, educating, and empowering underserved, high-risk, homeless teenagers
4. Mobilizing community stakeholders to respond collectively when local public health issues are identified in Homer
5. Developing and exercising Point of Dispensing (POD) sites in the 16 public health center communities
6. **Enforcing the State of Alaska Mandatory Reporting laws that ensure safety for minors**
7. **Safety-net provider status, linking clients to care at the local level, assuring no one is turned away for the inability to pay, identifying and addressing barriers to health care access**
8. **Assuring public health nursing workforce standards, licensing /credentialing requirements, and competencies through public health nurse consultant content experts**
9. **Evaluating effectiveness of universal domestic violence screening, and,**
10. **Contributing to research for evidence-based alcohol use screening and brief intervention for risk reduction.**

Based on these 10 examples of public health nursing impact, our workforce reduction plan focused on maintaining population based practices and services.

Enforce laws and regulations that protect health and ensure safety.

ES 6 – Enforce Laws and Regulations That Protect Health and Ensure Safety

Review, evaluation, and revision of legal authority, laws, and regulations
Education about laws and regulations
Advocating for regulations needed to protect and promote health
Support of compliance efforts and enforcement as needed

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

Identification of populations with barriers to care
Effective entry into a coordinated system of clinical care
Ongoing care management
Culturally appropriate and targeted health information for at risk population groups
Transportation and other enabling services

Assure a competent public health and personal health care workforce.

ES 8 – Assure a Competent Public and Personal Healthcare Workforce

Assessing the public health and personal health workforce
Maintaining public health workforce standards
Efficient processes for licensing /credentialing requirements
Use of public health competencies
Continuing education and life-long learning
Leadership development
Cultural competence

Evaluate effectiveness, accessibility and quality of personal and population-based health services.

ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Evaluation must be ongoing and should examine: Personal health services
Population based services
The public health system
Quality Improvement
Performance Management

Research for new insights and innovative solutions to health problems.

ES 10 – Research for New Insights and Innovative Solutions to Health Problems

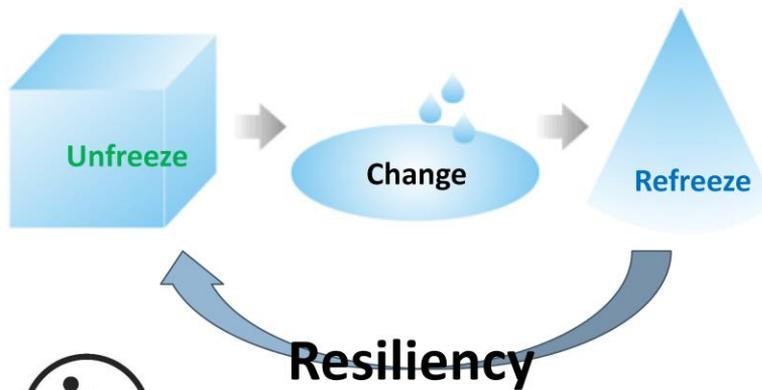
Identification and monitoring of innovative solutions and cutting-edge research to advance public health

Linkages between public health practice and academic/research settings

Epidemiological studies, health policy analyses and public health systems research

<http://www.cdc.gov/nphpsp/essentialservices.html>

Change: Natural and Adaptable, Lewin's Change Management Model



https://www.mindtools.com/pages/article/newPPM_94.htm

Our commitment to Essential Service #8, assuring a competent public health nursing workforce through lifelong learning and leadership development, we applied Lewin's Change Management Model, knowing all of us in the Section of Public Health Nursing would need to change.

Recognizing knowledge is power, we knew that when our staff members understood change we had a greater chance for success in reaching our goal, continuing to provide population-based public health nursing in Alaska.

The more effectively we navigate through this change cycle with a competent public health nursing workforce, the more resilient we are to continuously adapt to our changing environment.

Public Health Nursing transition of services based on professional documents:

- Public Health Nursing Scope & Standards of Practice
- Nursing Administration Scope & Standards of Practice
- Public Health Nursing Competencies
- Code of Ethics for Nurses
- Core Competencies for Public Health Professionals



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In addition to the change theory, public health nursing relied on national documents to guide decision-making.

Public Health Nursing transition of services based on social determinants of health & data:

- Section of Public Health Nursing data
- Poverty Levels
- Access to health care
- Geography
- County Health Rankings
- Section partner data and feedback:
 - Epidemiology
 - Women's, Children's, and Family Health
 - Laboratory
- Section of Public Health Nursing feedback



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A World Health Organization paper notes: **remember, the social determinants of health:** ... physical environment, genetics, individual biologic and behavioral response, access to health care, level of prosperity, stress, early life experiences, social supports, social exclusion and discrimination, work environments, unemployment, addiction, availability of food and transportation have all been **linked to health outcomes**. (Sources: A Conceptual Framework for Action on the Social Determinants of Health: Social Determinants of Health Discussion Paper 2, World Health Organization, Europe, 2010).

Health equity is when everyone has the opportunity to be as healthy as possible.

Therefore, we studied public health nursing data, Poverty Levels, Access issues, Geography, Health Rankings, met with SOE, WCFH, SOL, Deputy Director Carlson, and Chief Medical Officer and Division Director Butler in order to gather additional data about our clients as well as State of Alaska clients accessing State services whether through SOPHN or another Division partner.

And finally, we strived to maintain an effective feedback loop for all public health nursing staff to share their questions, concerns and comments.

These were tough decisions, developing the final parameters, knowing that improving the social determinants of health generates health equity.

This was the foundation to prioritize what we could afford to do.

External data examples:

CDC - <http://wwwn.cdc.gov/communityhealth>

County Health Rankings - <http://www.countyhealthrankings.org/>

Healthy Alaskans - <http://hss.state.ak.us/ha2020/>

Healthy People - <http://www.healthypeople.gov/>

Health Planning and System Development – Health Care Access
Indicator Rank

Poverty levels (DCEED)

Budget Impact

- Public Health Nursing has experienced an authorized General Fund (GF) reduction of 21% or \$5,344,800.00 over the past two fiscal years.
- Over 70% of Public Health Nursing's budget is absorbed by labor cost.
- Due to these facts the only way to reduce \$5.3 million in GF expenditures was to reduce personnel. We did this as follows:
 - Nursing Staff reduced 20%
 - Supervisory 14%
 - Public Health Nurses 17%
 - Public Health Nurse Aide 25%
 - Administrative Reduction 18%



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The budget affected personnel services resulting in a 20% staff reduction in 12 months.

Based on the goal to continue providing population-based public health nursing, staff reductions were equitably distributed.

What does this mean for you?



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of
Health and Social Services**

DIVISION OF PUBLIC HEALTH
Public Health Nursing

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July 1, 2016

To our clients, communities, colleagues, and stakeholders:

As we are all aware, the State of Alaska is going through significant budget challenges. These challenges reverberate throughout all of State government, from school funding to highway funding to University funding. It affects State government at all levels. The State of Alaska Section of Public Health Nursing (SOPHN) is no exception.

Please call your local public health center for appointments, resources, and suggestions; if you or a family member is not part of the groups listed below, your local public health center staff members will work with you to link you to care options. We will continue with all other infectious disease services as currently practiced (TB, pertussis, etc.).



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What does this mean to you?

Public Health Nursing will continue to contribute to Alaska's health care safety net.

Public Health Nursing will continue to address these six public health priorities throughout the state:

1. sexually transmitted infections;
2. obesity;
3. vaccine-preventable diseases;
4. emergency preparedness;
5. domestic & interpersonal violence; and
6. tuberculosis.

Based on the findings of our data review, the majority of public health nursing services were for infants, children, youth, and young adults. In other words, Public Health Nursing already focused on high-risk un- and under-served clients.

Therefore, we had to **reduce access to services**. This decision is difficult, cuts very close to compromising public health nursing's ability to competently address public health issues in our state.

This has left us with a weaker safety net and minimal surge capacity.

Reducing access to services is done through a change in age parameters for some services.

Individual Service Parameters

- Immunizations 29 years old & under
- Reproductive Health 29 years old & under
- STI screening 29 years old & under, offer Expedited Partner Therapy
- STI contact investigation (pregnant females only)
- Child Health 6 years old and under, includes well child exams



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Reducing access to services is done through a change in age parameters for some services.

Our priorities are aligned with the Division of Public Health.

Nursing continues to be the most trusted health care profession, we cannot overpromise, we must be real.

Here is what we needed to institute in order to maintain trust in our profession.

- Immunizations 29 years old & under
- Reproductive Health 29 years old & under
- STI screening 29 years old & under, offer Expedited Partner Therapy
- STI contact investigation (pregnant females only)
- Child Health 6 years old and under, includes well child exams

Contact your nearest local public health center or select “contact us” for more information, publichealthnursing.alaska.gov .

In addition, we are committed to maintaining trust in our profession by maintaining our community and system public health nursing work.

What does this mean for **your** our communities?

COMMUNITY-BASED SERVICES of Public Health Nurses

Infectious Disease Investigation. Generally started by a positive lab test result for a Reportable Condition that might be passed on to others.

Community Assessments. Working with other community groups, PHNs are available to help lead community health assessments. This assures a public health perspective is included in the process, which meets Affordable Care Act (ACA) requirements for private non-profit hospitals.

Community Health Improvement Processes. When communities identify and collaborate on public health concerns, PHNs participate by bringing experience, data, information and evidence-based research to the partnership. PHNs work with local people and groups to organize and develop activities/responses to meet those needs. For example, many community partnerships to decrease domestic/interpersonal violence in Alaskan communities include PHNs who work to increase the use of evidence-based strategies to reduce the incidence of domestic/interpersonal violence.

Community Organizing and Development Activities. When community assessments identify community health needs, PHNs work with local individuals and groups to organize and develop activities/responses to meet those needs.

Emergency Preparedness. Participate in Local Emergency Preparedness Committees (LEPCs) to organize and plan for community emergencies.

Health Education. Both an individual health care activity during clinic visits and a community activity. PHNs offer health education classes about a variety of health-related topics in communities, many in coordination with schools, community organizations, and other health care providers. A large variety of topics are available dependent on community needs and desires. Much parenting education related to child health and development is done during clinic visits by families. Many PHNs also participate in community parenting education programs with hospitals, health care systems, education systems and other community-based groups focusing on health and development issues of children and families.

Communities across Alaska have a large variety of sizes, needs, organizational and cultural styles, so PHN service delivery varies across the state. Please contact your local Public Health Nurse or Public Health Clinic (see bar at side for links) to find out how and what PHN services are delivered in your community.



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Community-Based Services of Public Health Nurses

Here is what we will continue to do, you can find this on our website, here is the link, or type in publichealthnursing.alaska.gov and select the Services Tab.

- Infectious Disease Investigation
- Community Assessments
- Community Health Improvement Processes
- Community Organizing and Developing Activities
- Emergency Preparedness
- Health Education for community groups, local leaders, businesses, schools, youth shelters, and justice groups

Contact your nearest local public health center or contact us for more information, publichealthnursing.alaska.gov .

Public Health Nursing transition of services evidence-based resources:

- MMWR - Sexually Transmitted Diseases Treatment Guidelines, 2015 (Partner Services section)
 - <http://www.cdc.gov/std/tg2015/default.htm>
- MMWR - Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs
 - <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/QFP.htm>
 - http://www.cdc.gov/mmwr/volumes/65/wr/mm6509a3.htm?s_cid=mm6509a3_e
- NEJM – Declines in Unintended Pregnancy in the United States, 2008-2011 (Table 1)
 - <http://www.nejm.org/doi/full/10.1056/NEJMsa1506575>
- HP 2020
 - <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>
 - <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>



Here are additional resources for your information.

Public Health Nursing transition of services evidence-based resources: (cont.)

- HA2020
 - <http://hss.state.ak.us/ha2020/>
 - <http://hss.state.ak.us/ha2020/25LHI.htm>
- Public Health Nursing Section: *Public Health Interventions—Applications for Public Health Nursing Practice*. St. Paul: Minnesota Dept. of Health, 2001.
 - <http://www.health.state.mn.us/divs/opi/cd/phn/wheel.html>
- Lathrop, B. *Nursing Leadership in Addressing the Social Determinants of Health, Policy Politics Nursing Practice*, February 2013 14: 41-47, first published on June 21, 2013.
 - <http://ppn.sagepub.com/content/14/1/41.short?rss=1&ssource=mfr#cited-by>
- Kulbok, P., Thatcher, E., Park, E., & Meszaros, P. *Evolving public health nursing roles: focus on community participatory health promotion and prevention*. *Online J Issues Nurs*. 2012 May 31;17(2):1.
 - <http://www.ncbi.nlm.nih.gov/pubmed/22686109>
- Prevention Institute: *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health-June2015*
 - <http://www.preventioninstitute.org/component/jlibrary/article/id-367/127.html>



Please access the PDF with notes to read this presentation.

Public Health Nursing transition of services evidence-based resources: (cont.)

- Association of Public Health Nurses (APHN). *The Public Health Nurse's Role in Achieving Health Equity: Eliminating Inequalities in Health* - 12/3/15
 - <http://phnurse.org/>
 - [http://phnurse.org/resources/APHN%20Health%20Equity%20Paper-%20Version%20%2012-3-15%20\(2\).pdf](http://phnurse.org/resources/APHN%20Health%20Equity%20Paper-%20Version%20%2012-3-15%20(2).pdf)
- Association of Public Health Nurses (APHN). *The Public Health Nurse: Necessary Partner for the Future of Healthy Communities A Position Paper of the Association of Public Health Nurses* June 1, 2016
 - <http://phnurse.org/>
 - http://phnurse.org/resources/Documents/APHN-PHN%20Value-Position%20P_APPROVED%205.30.2016.pdf
- Frieden, Thomas R. *A Framework for Public Health Action: The Health Impact Pyramid*. *Am J Public Health*. 2010 April; 100(4): 590–595.
 - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

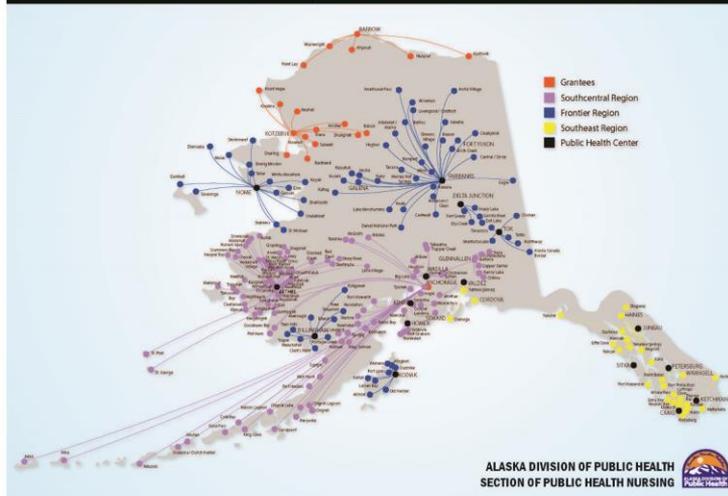


Please access the PDF with active links to access resources embedded throughout this presentation.

Thank you

PUBLIC HEALTH CENTERS AND ITINERANT PHN SERVICES MAP

LIVING LOCALLY, WORKING GLOBALLY – JULY 2016



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[Public Health Centers](#)

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Thank you for your interest in public health nursing in Alaska.

We hope this presentation has helped you to understand:

How the State of Alaska financial crisis required us to change the provision of public health nursing in Alaska,

How we managed workforce reduction of 40 positions and a decrease of staffed facilities from 22 to 16, and

Our response, applying age parameters to some of our individual clinical safety net services.

Please access the PDF with notes to read this presentation.

Please access the PDF with active links to access resources embedded throughout this presentation.

We are still here for you and your community; we live locally, work globally; we are committed to providing public health nursing safety-net services for Alaskans.