



A proposed conceptual model of nursing and population health

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ABSTRACT

Objective: To describe a Conceptual Model of Nursing and Population Health about the intersection of nursing and population health.

Methods: Review of literature and derivation of a new conceptual model.

Results: The conceptual model concepts are upstream factors, population factors, health care system factors, nursing activities, and population health outcomes. Nursing activities mediate the indirect relations of upstream, population, and health care system factors with population health outcomes; in addition, health care system factors and nursing activities are directly related to population health outcomes. Implications for research methods, revisions in all levels of nursing education, and population-focused advances in nursing practice are identified.

Conclusion: The strength of the model is its emphasis on attainment of the highest possible quality of life for populations, by means of nursing activities directed to promote or restore and maintain wellness across the life course and to prevent disease.

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The increasing global recognition of many common disease conditions requires population-level rather than individual-level solutions. The purpose of this article was to challenge nurses to shift their thinking from individual health to the health of populations by providing a comprehensive understanding of what population health is; discussing the role nursing plays in improving the health of populations; describing the Conceptual Model of Nursing and Population Health (CMNPH); and identifying implications for population health research methods, nursing education, and nursing practice. The conceptual model is based on our understanding of the meaning and methods of population health and is intended to advance contributions of the discipline of nursing to population health.

Rationale for a CMNPH

Conceptual models are made up of a set of abstract and general concepts and propositions that describe the concepts and explain relations among concepts. Their value lies in offering a systematic way of understanding phenomena, guiding action, and providing a framework for derivation of the relatively specific and concrete concepts and propositions of middle-range and situation-specific theories (Bigbee & Issel, 2012; Fawcett & DeSanto-Madaya, 2013). The particular value of a CMNPH is its guidance for nursing research and nursing practice that comes from an enhanced understanding of population health phenomena.

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In recent years, many health care experts have called for a shift in thinking about health care from an emphasis on individual disease conditions to population-level disease prevention and wellness promotion. This paradigm shift is caused by the widely recognized failure of the U.S. health care system, which spends approximately 75% of its health care resources on curing disease and expensive hospitalizations and very little on disease prevention ([American Public Health Association, 2012](#)). Although the U.S. spends more on health care than any other nation, the outcomes are not as good as those of most high-income nations. A comparison of health indicators from the U.S. with those from 16 other peer countries revealed that Americans on average have shorter lives and have higher rates of disease and injury than people in other high-income countries ([Institute of Medicine \[IOM\], 2013](#)). Specifically, people of all age groups and socioeconomic levels residing in the U.S. fare worse than people residing in other peer countries in rates of infant mortality, infants of low birth weight for gestational age, injuries, homicides, adolescent pregnancy, sexually transmitted infections including but not limited to HIV and AIDS, drug-related deaths, obesity, diabetes, heart disease, chronic lung disease, and disabilities. In 2013, the U.S. ranked 17th in life expectancy at birth among 17 other high-income nations ([IOM, 2013](#)).

According to the [IOM \(2013\)](#), “the U.S. health disadvantage has multiple causes and involves some combination of inadequate health care, unhealthy behaviors, adverse economic and social conditions, and environmental factors, as well as public policies and social values that shape those conditions” (p. 3). Improving the health of the nation’s population by addressing system failures and factors that lead to these failures requires a shift in thinking from individually based disease care to population health care. Nurses, who comprise the largest group of health care providers in the U.S. health care system ([American Association of Colleges of Nursing, 2011](#)), are partially responsible for the poor health of the population because of a traditionally narrow focus on individuals and diseases. As [Bekemeier \(2008\)](#) pointed out, nurses’ participation in the current individual-centered health care system is a tacit agreement to improve “the health of the few” people they serve while at the same time participate, albeit with the best intentions, in “the illness and death of many” (p. 51). However, with a history of population-focused community and public health nursing practice ([Buhler-Wilkerson, 1989; Dock & Stewart, 1938; Radzynski, 2007; Skretkiewicz, 2010](#)), nurses are in an ideal position to shift thinking and participate in and lead teams of health care providers, policy makers, and the lay public committed to a strong focus on population health. Furthermore, although the basic idea of population health is part of nursing’s history, attention to population health is especially important as health issues become more obviously global.

The contemporary interest in the population level of nursing care was the catalyst for the addition of a population health track in the PhD nursing program at the University of Massachusetts Boston. Since its inception, faculty and students have been continuously challenged to better understand the meaning of population health, to identify appropriate research methods for the study of population health phenomena, and to differentiate population health nursing research from clinical nursing research. The proposed CMNPH is one way to begin to overcome these challenges.

Population Health Defined

“Population health,” according to [Radzynski \(2007\)](#), “has been a framework for providing health care since the time of Hippocrates” (p. 37). The term *population health* entered the modern policy and health care vocabulary during the past 2 or 3 decades ([Batchelor, 2012](#)) with an increase in citations in the mid-1990s ([Tricco, Runnels, Sampson, & Bouchard, 2008](#)). Although population health is a widely used term across many disciplines, there is considerable confusion about what the term actually means and how the discipline of nursing uses the term. [Young \(1998\)](#) pointed out that the literal meaning of population health is the health of populations. Some other definitions of population health focus on what it is not and how it is distinguished from epidemiology, public health, and community health rather than what it is. Other definitions are more specific to what population health is. Other elements of definitions of what population health is found in the literature are populations defined by geography or common characteristics, a focus on health outcomes for entire groups rather than individuals, and determinants of health.

Population Health Defined by Distinctions

[Batchelor \(2012\)](#) linked population health with the evolution of epidemiology. He contended “that the concept of population health and its use in helping understand health and disease is simply part of the natural evolution of the science of epidemiology” (p. 12). [Baisch \(2009\)](#) also linked population health with epidemiology, explaining that population health is typically used within the context of epidemiology and addresses “broad determinants of health for populations” (p. 2469). [Kindig and Stoddart \(2003\)](#) asserted that the focus of epidemiology is not sufficiently broad and does not account for the various interactions between determinants of health outcomes.

[Stoto \(2013\)](#) drew distinctions between public health and population health by contrasting the involvement of governmental agencies, as did [Radzynski \(2007\)](#). [Stoto \(2013\)](#) explained, “First, [population health] is less directly tied to governmental health departments [than

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