



Assuring a strong foundation for our nation's public health systems: A commentary

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ABSTRACT

Background: A strong public health infrastructure is necessary to assure that every community is capable of carrying out core public health functions (assessment of population health, assurance of accessible and equitable health resources, and development of policies to address population health) to create healthy conditions. Yet, due to budget cuts and inconsistent approaches to base funding, communities are losing critical prevention and health promotion services and staff that deliver them.

Purpose: This article describes key components of and current threats to our public health infrastructure and suggests actions necessary to strengthen public health systems and improve population health.

Discussion: National nursing and public health organizations have a duty to advocate for policies supporting strong prevention systems, which are crucial for well-functioning health care systems and are fundamental goals of the nursing profession.

Conclusion: We propose strengthening alliances between nursing organizations and public health systems to assure that promises of a reformed health system are achieved.

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Introduction

The 20th century was a time of unprecedented decline in morbidity and mortality rates and of

steady increases in healthier years of life in the United States ([Centers for Disease Control and Prevention \[CDC\], 2011](#), p. 9). While population health improvements have continued into the 21st century, key health outcomes such as life

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expectancy show that the United States has fallen behind comparable high-income nations (CDC, 2011; Institute of Medicine [IOM], 2012). Factors underlying this gap include the failure of the United States to fully implement proven public health practices related to disease prevention and health promotion in all communities and to address well-recognized social determinants that impact health (Wilensky, 2016). A comprehensive systems approach to obesity prevention, for example, requires policy and system reforms, changes in the built environment, and prevention funding. Yet, there is little support in terms of funding and strategic organizational partnerships for community-level prevention interventions (NACCHO, 2013). The recent Flint, Michigan drinking water crisis, largely due to an aging water system infrastructure and protections not implemented, is an example of a failure to sustain an effective prevention system effort to reduce childhood lead exposure (Hanna-Attisha, LaChance, Sadler, & Champney Schnepf, 2016). Likewise, inadequate public health funding in the aftermath of the 2008 financial crisis is eroding our workforce, data systems, organizational structures, and an overall capacity and commitment to prevention strategies (National Association of County & City Health Officials [NACCHO], 2013).

One goal of *Healthy People 2020* is “to ensure that Federal, State, Tribal, and local health agencies have the necessary infrastructure to effectively provide essential public health services” (United States Dept of Health and Human Services, 2010). These government-funded agencies make up the core of the nation’s public health system and are vital to the prevention of disease and disability. Crucial infrastructure components necessary to deliver essential public health services include current data and information; a capable and qualified workforce of public health nurses, epidemiologists, sanitarians, and other professionals; and agencies with the financial capacity to assess and respond to public health needs (United States Dept of Health and Human Services, 2010). A strong public health infrastructure is also vital to meet the “triple aim” of health reform: better care, lower costs, and improved health in a population (Berwick, Nolan, & Whittington, 2008).

Despite national policy in support of prevention, many factors currently threaten the effectiveness and continued existence of a robust public health system, particularly in local communities. This article describes key components of and current threats to the public health infrastructure. We suggest ways of strengthening this infrastructure through alliances and funding that will assure public health services in every community, build workforce capacity, generate research evidence, and renew progress toward population health improvement.

The Nature of a Strong Public Health Infrastructure

A strong public health infrastructure is expected to be capable of carrying out the three core functions of assessment, assurance, and policy development through delivery of essential public health services (CDC, 2014). Public health departments are the backbone of this infrastructure. These governmental entities at state, regional, tribal, and local levels are tasked with assessment of community needs and strengths, and coordination of the public and private sectors to address inequalities in community health status. Public health departments assure that basic services exist, partner to develop policies to sustain environments in which people can be healthy, and respond to health threats in the jurisdictions they serve, such as food borne illness, infectious disease outbreaks, the presence of toxic chemical hazards, and a community’s burden of chronic illness (Haberkorn, 2012; NACCHO, 2005).

Public health codes and laws reflect a general belief that communities should have the capacity to protect their residents from common and emerging public health threats. To then sustain this capacity public health agencies at the local-level need systems in place to detect and respond to gaps in service coordination, resource availability, and service quality, and to maximize conditions that support health for all. This concept was recently refined by the Institute of Medicine (IOM) in recommendations for a “minimum package” of public health services, which includes foundational capabilities and an array of basic programs no health department should be without (IOM, 2012). In response, public health leaders formulated a set of “foundational public health services” describing essential “cross-cutting” capabilities that are vital for public health departments everywhere, to make health promotion and prevention capacity available in every community (Beitsch et al., 2015). Foundational public health capabilities include capacity for monitoring the health of communities (e.g., public health surveillance); policy development to protect and promote health; effective communication with individuals, groups, and the clinical care community; and management competencies to run a high-performing organization (Figure 1). Inherent in these capabilities is the need for a reliably prepared public health workforce able to function effectively across these capabilities and to respond to varied and emerging community needs.

Effective public health systems also focus on prevention and partnership. In response to the poor performance on key health indicators by the United States in comparison to other industrialized countries (IOM, 2012), the U.S. Surgeon General and the director of the Centers for Disease Control and Prevention (CDC)

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