Testimony from Quad Council Coalition of Public Health Nursing
FON 2020-2030 Committee Meeting
Washington, DC
March 20, 2019 1:30pm

Good afternoon. Thank you for the opportunity to provide testimony on behalf of the Quad Council Coalition of Public Health Nursing Organizations. My name is Susan Coleman, I am a faculty member at Georgetown University School of Nursing and Health Studies, and am part of the leadership team of the American Public Health Association, Public Health Nursing Section – an organizational member of the Quad Council Coalition.

I want to begin by highlighting that public health nurses everywhere are thrilled that the focus of this committee is on how nurses can contribute to creating a culture of health, reducing health disparities, and improving the health of the U.S. population.

As noted in Dr. Pittman's recent paper *Activating Nursing to Address Unmet Needs in the 21st Century*, although a larger branch of nursing has "focused on support roles with a defined set of clinical tasks in hospitals", it is also noted that: an important branch of nursing that has existed for over 100 years – is operating "with a holistic focus on patients, families, and communities in the context of their relationships, environment…& on social justice.

This branch of nursing is Public Health Nursing – a defined area of nursing practice grounded in PREVENTION and health promotion & working to improve population health. Public health nursing practice is rooted in the community, outside of the 4 walls of clinical practice, and grounded in deep understanding of, and connections to, the populations served.

A major task before the committee is 'centering' the social determinants of health (SDOH) in the care nurses provide across settings. We are struck by not only the great promise this strategy holds, but also by the *enormity* of the task.

The evidence is clear that to rid our society of health disparities; we need to move from addressing the negative health EFFECTS, or outcomes we are seeing – (often referred to in PH as) i.e./ the 'downstream' factors,
in order to tackle the thornier, more complex, set of 'upstream factors' (ie/policies, environmental conditions)…that are now widely accepted as the causes, or drivers, of poor health.

Essentially, 'downstream' efforts are directed at specific health factors *within the individual* in order to manage disease severity through clinical interventions.
'Midstream' factors function *at the interface* of the social needs of individuals/patients within current healthcare systems, such as health literacy, or food insecurity.
'Upstream' factors, however, operate at the *community level*, where the determinants

of health or illness…originate, where the focus is on improving conditions in the community where people live, work, and play…in order to support health. This is public health nursing's "lane" (or space).

We provide one example here of what actions at each level might look like. Consider the case of an 8 year old, African American boy living in Ward 8 of Washington DC, one of the most impoverished areas of the city. He has moderate persistent asthma, his family has suffered generations of oppression from institutionalized racism, consequently live in poverty, and must rely on public housing.

Studies have shown that peak flow monitoring and the use of spacers with inhaled medications, avoiding allergens, being surrounded by more green space, and air quality monitoring at the local level are all associated with better asthma control. Locating these interventions along the "stream", peak flow monitoring, ensuring this child has a spacer, and teaching the parent about allergen avoidance operate in the *downstream* realm.

Incorporating programs that include home visiting to minimize mold allergens in the home, reducing provider implicit racial bias, and having hospitals play a role in local air quality monitoring are useful, prevention-oriented measures that operate within the *midstream* realm.

Upstream interventions would include public health efforts working across sectors – in partnership with the local housing authority, urban planners, and elected officials to tackle some of the root causes of poor health in select populations.

Interventions might include increasing green space or replacing physical sources of mold within buildings; addressing redlining practices that disadvantage people of color from residing in areas of better housing; planning future low-income housing development options that take all of these factors into consideration; and/or reducing the carbon emissions that lead to poor air quality in the first place.

Our current healthcare system functions primarily at the 'downstream' level, and in recent years, much focus for public health nursing has remained 'midstream'. However, given our specialty's focus at the intersection of nursing and public health, we are uniquely poised to influence health outcomes upstream – for example - through policy development and advocacy. Combining our clinical knowledge with a deep understanding of communities, public health nurses are well positioned to influence policy as being part of the greater profession of nursing… recognized as the most trusted profession for almost two decades.

We encourage expanded roles for nurses in acute and primary care settings, nurses who can augment efforts to predominantly address down- and mid-stream factors at

individual and family levels. As nurses working in the public health and ‘upstream’ domains, we also recognize the unique body of knowledge and skill set that this work demands, especially in marginalized communities. Our specialty includes the skills needed for multi-disciplinary work and cross-sector collaborations.

We all have a role along the continuum to improve the health of our communities. We stand ready to partner with our non-public health nurse colleagues to assist in developing and engaging in efforts to address both social risk factors within individuals and communities to improve the health of our collective people.

As nurses working towards the same goals, I think we all appreciate a public health lens on our work and in our communities.
The Public Health Nursing specialty is the vehicle to assure a culture of prevention in the nursing profession for the health of our communities.

Thank you for this opportunity. We wish committee members well and are ready to assist in this vitally important endeavor.