



Beyond Care: How Nurses can Shape the Future of Public Health

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Introduction

By their very culture and training, nurses understand the context of their patients' health and lives. Whether working on the front lines of care or managing health systems, they are attentive to the social determinants of health – the environments where people live, learn, work, and play that researchers have increasingly shown to both determine health outcomes and life expectancy. So as we move further into the 21st Century, and public health leaders, public sector officials, policy makers, and partners in the private sector work of reimagining how we build healthy communities, the question is clear: what role can nurses play in modern public health leadership?

To answer the question, we must first understand the full scope of the challenges before us in public health. The facts can be daunting: today, 1 in 3 children in the United States is at risk of developing a preventable disease such as diabetes and heart disease. Life expectancy for our poorest citizens is declining even as life expectancies worldwide are rising. Public health crises – from the water in Flint to Zika – dominate the evening news.

In the face of these challenges, investments in public health departments have stagnated or declined. In cities, towns, and counties across the United States, municipal leaders have made tough choices; slashing budgets and cutting important programmatic work. Too often, public health leaders have been left with the same set of responsibilities and only a fraction of the resources.

Yet in our experience of running urban health departments, helping to manage a Federal agency, leading advocacy efforts, and working directly with both patients and providers, we have seen a new way forward for public health. We have seen leaders in Nashville turn business executives into public health champions, knowing that a healthy and educated workforce is a competitive advantage in an increasingly difficult market for the best and brightest workers. We have seen leaders in places like Tampa, Florida; Allegheny County, Pennsylvania; Johnson City, Tennessee; Santa Rosa, California, and so many others who have been willing to innovate – to come together and look outside of the box for solutions to our most pressing public health needs.

In New Orleans, the commitment to engaging many leaders from all disciplines can be found throughout the city; from the developers and public health professionals working together to consider the health impact of redevelopment, to a mayor who has responded to violence with public health strategies. We have seen it in the musicians, artists, and other culture-bearers who led the charge to pass a city-wide smoke-free ordinance and the leaders throughout the community who have come together to address the very real threat of climate change [1].

Their example points to a new future for all of us – doctors, nurses, researchers, policy makers – who have worked tirelessly in traditional health care. We need an initiative that builds off of those best efforts while bringing more partners to the table; leaders who care deeply about the future of our communities, but who may have not previously considered themselves public health or health care professionals.

We call that initiative Public Health 3.0.

Public Health 3.0 is about charting a new way forward; an acknowledgement that health care is a necessary, but not sufficient, way of building strong, healthy communities. Instead, we must work across sectors, bringing teams of public and private sector leaders together to directly address the social determinants of health, and working collaboratively towards lasting solutions. It is an effort aimed at making public health spending more efficient and more inclusive – showing a public works department, for example, how a slight re-adjustment in their efforts could provide a significant public health benefit [2]. Forward-thinking communities have long understood what Raj Chetty and his colleagues recently showed: that even the least prosperous among us see improvements in health outcomes when living in healthy communities [3].

Public Health 3.0, then, will require a new kind of leadership committed to building those sorts of communities – men and women who understand that when it comes to health in America, a rising tide really does lift all boats. Nurses, with their unique blend of expertise, comprehensive approach to health, ability to engage community members, and demonstrated willingness to take on the toughest challenges, are perfect leaders for Public Health 3.0. Nurses have always been on the cutting edge of health (long before technology made data mapping critical, it was nurses who tracked patients in their communities, to provide just one example).

We know it will work, because we have seen it before. In the wake of Katrina, those of us in New Orleans were faced with a choice: we could repair a broken health system, or we could re-build it entirely, supporting our communities by putting public health at the center of our decision making. Since the storm, New Orleans is a city re-born – a place where the unthinkable (a smoking ban, bike lanes, a youth-led conversation and programming focusing on healthy eating and physical activity) have become the reality. We did it by working together; a nurse and a doctor tasked with leading the city's health department. And we are certain, as we look forward, that Public Health 3.0 can lead to similar results across this country, with nurses helping to lead the way.

References

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