Evolution of Public Health and the Role of the Nurse

ECHAlliance Global Health Connector

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UNGA78 Science Summit
September 26, 2023
Who We Are

The USPHS Commissioned Corps is one of the eight uniformed services and is composed of over 6,000 full-time public health professionals.

What We Do

- Provide essential healthcare services to underserved and vulnerable populations.
- Serve at the forefront of public health emergencies including natural disasters and disease outbreaks.
- Lead public health programs and policy development within the Department of Health and Human Services and throughout the federal government.
- Advance innovation and science to address our nation's most challenging public health crises, such as COVID-19, Ebola, cancer, food safety, mental health and more.
PROFESSIONAL CATEGORIES
U.S. Department of Health and Human Services (HHS)

Mission

Enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
EVOLUTION OF PUBLIC HEALTH PRACTICES

Public Health 1.0
Tremendous growth of knowledge and tools for both medicine and public health. Uneven access to care and public health.

Public Health 2.0
Systematic development of public health governmental agency capacity across the U.S. Focus limited to traditional public health agency programs.

Public Health 3.0
Engage multiple sectors and community partners to generate collective impact. Improve social determinants of health.

Late 1800s

1988 IOM The Future of Public Health report

Recession

Affordable Care Act

2012 IOM For the Public's Health Report

LEVERAGING PUBLIC HEALTH NURSES
Federal, State, Tribal, Territorial, Local Engagement

• PHN Roles & Functions
  ▪ Public Health 3.0
  ▪ Chief Health Strategist

• Centering Community
  ▪ Social Determinants of Health
  ▪ Upstream, Midstream, Downstream Thinking
## WHAT IS

<table>
<thead>
<tr>
<th>Primary Focus</th>
<th>Nursing</th>
<th>Medicine</th>
<th>Public Health</th>
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</thead>
<tbody>
<tr>
<td>Individual, families, groups, communities, populations</td>
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<tr>
<td>Caring</td>
<td>Personal service</td>
<td>Public service</td>
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<tr>
<td>Diagnosis, treatment of human responses</td>
<td>Diagnosis, treatment, care of the whole patient</td>
<td>Prevention, health promotion of the community</td>
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<tr>
<td>Optimization of health and human functioning</td>
<td>Predominant emphasis on medical care</td>
<td>Environment, human behavior, medical care</td>
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<td>Alleviation of suffering</td>
<td>Needs of Patients</td>
<td>Major threats to the health of populations</td>
<td></td>
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<tr>
<td>Wherever healthcare consumers need care</td>
<td>Mainly private sector</td>
<td>Mainly public sector</td>
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</table>


EIGHT ROLES and FUNCTIONS OF PUBLIC HEALTH NURSING

- Policy and Advocacy
- Health Promotion and Protection
- Emergency Preparedness
- Disaster Recovery
- Environmental Safety and Quality
- Clinical Intervention
- Care Coordination
- Cross Sector Collaboration
- Community Engagement
- Research
SOCIAL DETERMINANTS and UPSTREAM THINKING

NATIONAL INFLUENCES
GOVERNMENT POLICIES
U.S. CULTURE & CULTURAL NORMS

SOCIAL DETERMINANTS
OF HEALTH

HEALTH FACTORS

POPULATION
OUTCOMES

QUALITY OF LIFE
MORBIDITY
MORTALITY
LIFE EXPECTANCY
EQUITY-CENTERED DATA SYSTEM

• Sharing of best practices and standards for collecting data on race, ethnicity, and social determinants.
• Broader access to integrated data that reflects real-time needs of local communities.
• Timely and complete data to help public health authorities distribute resources equitably.

Examples of SDoH-INFORMED DATA RESOURCES

Health Equity Tracker
- Satcher Health Leadership Institute
- Identifies at-risk populations and highlights data inequities

Social Vulnerability Index
- Centers for Disease Control and Prevention
- Identifies communities that may need support before, during, or after disasters.

Care avoidance due to cost in the United States

Level of Vulnerability

United States  Total Population: 328,016,242
ADVANCING the HEALTH of the PUBLIC
PUBLIC HEALTH 3.0 and Beyond, Centering Community

• Transition from a focus on clinical prevention
• Timely, reliable, granular-level, and actionable data accessible to communities
• Targeting inequities to remove disparities
• Clear metrics to document success
OUR WHY: ADDRESSING SDOH TO ACHIEVE HEALTH EQUITY

Tremendous growth of knowledge and tools for both medicine and public health.
Uneven access to care and public health.

Systematic development of public health governmental agency capacity across the U.S.
Focus limited to traditional public health agency programs.

Engage multiple sectors and community partners to generate collective impact.
Improve social determinants of health.

Advance efforts to address social inequalities and systemic racism.
Incorporate racial justice to advance health equity.


Figure adapted from DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O’Carroll P. (2017). Public Health 3.0: A call to action for public health to meet the challenges of the 21st Century. DOI: http://dx.doi.org/10.5888/pcd14.170017
Thank You,

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