A Nursing Vision of Public Health

All Ireland Statement on Public Health and Nursing

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February 2001

Foreword

We are delighted to present our vision of public health for nurses in Ireland.

This statement represents one outcome of a series of workshops, in Newry, attended by senior nurses from the North and South of Ireland. Our nursing vision of public health emerged through lively debate and creative discussion until broad consensus has now been reached on the definition scope, principles and activities of public health for nurses in Ireland.

We hope that this vision will be useful for practising nurses in all sectors, and for managers, teachers and policymakers. It is intended to be used as a starting point of action rather than as final guidance. The vision is dynamic in the sense that it will evolve over time as we move forward in our understanding of the enormous contribution that nurses make to the public health agenda. The statement as it stands may need to be adapted to particular situations, and the model of public health is open to change.

*Judith Hill*   *Peta Taffe*

The principles of public health include participation, empowerment and collaboration. We trust that this vision, and the workshops from which it developed, represent the starting point for greater understanding and collaborative action by nurses in the North and South of Ireland on public health issues that are common to each.
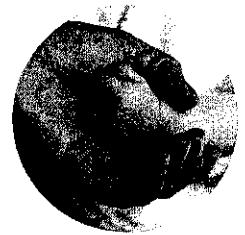
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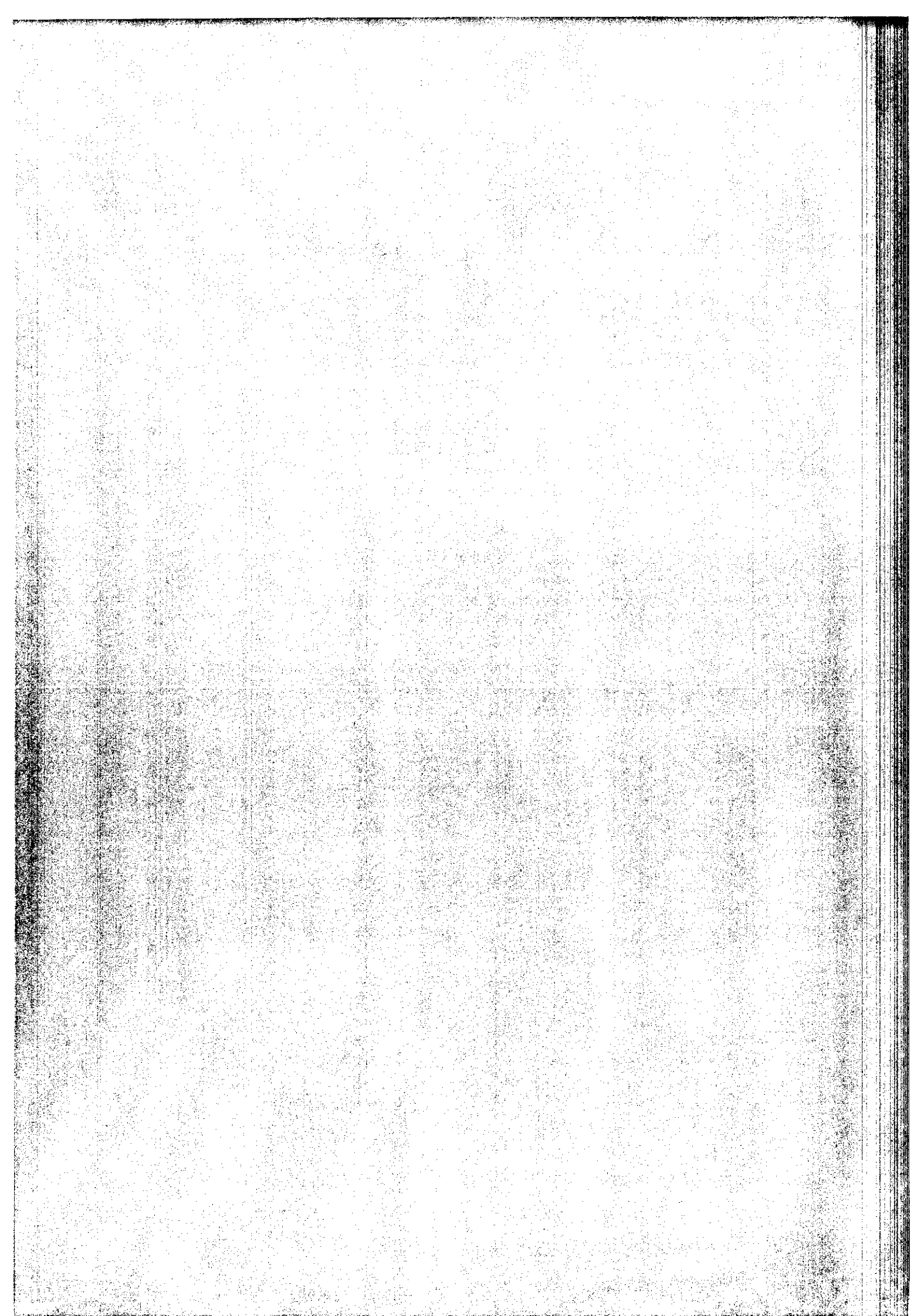
Summary

Our nursing vision of public health is set within the European, Ireland and Northern Ireland public health policy context that identifies poverty as the main health determinant and prioritises the need to close the health gap between and within countries. We view public health as incorporating organised social and political effort and health promotion. Public health activity is wide-ranging including health protection, education and prevention as well as healthy public policy and community empowerment. It has been demonstrated that nurses who work in community settings are active in each of these areas[1]. However, public health is wider than community nursing and all nurses have a valuable contribution to make to the public health agenda.

[1] Poulton B, Mason C, McKenna H, Lynch C and Keeney S (2000) *The Contribution of Nurses, Midwives and Health Visitors to the Public Health Agenda.* Belfast: Department of Health, Social Services and Public Safety

Policy context

Our vision of public health and nursing is set within the European, Ireland and Northern Ireland strategies for public health.

The World Health Organisation has brought together research findings and practical lessons from many places, using them to produce the health policy framework for European countries known as *Health 21*[2]. *Health 21* sets 21 targets for health action (see opposite page).

Public health strategies

The key public health strategies for Ireland and Northern Ireland are *The National Health Promotion Strategy 2000-2005*[3] *and Investing for Health - a consultation paper*[4]. In common with Health 21, these documents identify the determinants of health as **poverty, unemployment and income inadequacy.**

Also important are education, access to health services and environmental factors such as water supplies, roads and housing. **The most significant lifestyle factor is smoking.**

The strategies focus on
- Priority groups: the very young; children and young people; and older people
- Priority settings: homes; schools; workplaces; communities, and
- Priority topics: smoking; physical activity; eating and health; alcohol and drug misuse; promoting mental health; sexual health; and accidents.

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[2] World Health Organisation (1988) *Health 21 - Health For All in the 21st Century. WHO: Copenhagan.*
[3] Department of Health and Children Dublin (2000) *The National Health Promotion Strategy 2000 - 2005.* Dublin: DOHC
[4] Department of Health, Social Services and Public Safety (2000) *Investing for Health. A Consultation Paper.* Belfast: DHSSPS

Health 21 Targets for Health Policy in European Countries (WHO 1998)

1. Closing the health gap between countries;

2. Closing the health gap within countries;

3. A healthy start in life (supportive family policies);

4. Health of young people (policies to reduce child abuse, accidents, drug use, unwanted pregnancies);

5. Healthy ageing (policies to improve health, self esteem, and independence before dependence emerges);

6. Improving mental health;

7. Reducing communicable diseases;

8. Reducing non-communicable diseases;

9. Reducing injury from violence and accidents;

10. A healthy and safe physical environment;

11. Healthier living (fiscal, agricultural and retail policies that increase the availability of and access to and consumption of vegetables and fruits);

12. Reducing harm from alcohol, drugs and tobacco;

13. A settings approach to health action (homes should be designed and built in a manner conducive to sustainable health and the environment);

14. Multi-sectoral responsibility for health;

15. An integrated health sector and much stronger emphasis on primary care;

16. Managing for quality of care using the European health for all indicators to focus on outcomes and compare the effectiveness of different inputs;

17. Equitable and sustainable funding of health services;

18. Developing human resources (educational programmes for providers and managers based on the principles of the health for all policy);

19. Research and knowledge: health programmes based on scientific evidence;

20. Mobilising partners for health (engaging the media/TV/Internet);

21. Policies and strategies for health for all - national, targeted policies based on health for all.

Definition

A range of definitions of public health exist. Current trends indicate a consensus favouring the notion of public health as an outcome of organised social and political effort for the benefit of populations and individuals. 'Benefit' is most often conceived as positive health and wellbeing and prevention of disease and disability. Equally, considerable emphasis is given to personal responsibility for health promotion and maintenance at individual level.

Our working definition of public health therefore is:

'organised social and political effort, and health promotion for the benefit of populations, families and individuals'.

We see public health as a creative process. The political effort should aim to create the circumstances for people to live more healthy lives. At the same time, community-led initiatives and expressed needs at local level should feed into the organised social and policy framework. Within this process, the needs of the marginal and the illiterate need to be actively sought and included. In this sense, we support the notion of 'the art and science of public health'.

With respect to health education, we argue that in order to enable people to make informed decisions, we must first empower. Thus, social inclusion, confidence promoting measures and esteem-building are fundamental to health promotion.

Scope

It follows that the range of activity included in public health is extensive including political, social, environmental and health promotional action for health improvement. We suggest that Holman's[5] typology forms the most useful framework for categorising the different types of activity involved in public health. A modified summary of Holman's typology is presented opposite.

[5] Holman J (1992) Something old, something new: perspectives on five 'new' public health movements. *Health Promotion Journal of Australia.* 2(3), 4-11

Holman's Typology of Public Health Movements (adapted)

Type of public health	Characteristics
1. Health protection	Enforced regulation of human behaviour to protect the health of individuals and populations. For e.g. fluoridation of water supplies, compulsory seat belt wearing. Stresses collectivism at the expense of individual autonomy
2. Primary, secondary and tertiary prevention	Primary, secondary and tertiary level preventative interventions. Secondary prevention, for e.g. aims to halt the progression of an existing disease, e.g. cervical screening and mammography programmes. Criticisms relate to questionable effectiveness and cost effectiveness
3. Health education	Provision of learning experiences that facilitate voluntary behaviour change for health improvement. Recent emphasis has shifted from passive listening to active learner participation and a wider range of methods e.g. media, billboard advertising. The traditional health education approach carries with it a risk of victim blaming and possible use by politicians to divert attention away from healthy public policy
4. Healthy public policy	Seeks to create a social, economic and physical environment that helps people make healthy choices. This approach derives from concern about the impact of poverty on health and is aligned with the WHO Healthy Cities project and the Ottowa Charter. Health is viewed as the responsibility of all policymakers and includes for e.g. pricing policies on tobacco and alcohol and access for disabled people to public buildings. Concerns relate to practical effectiveness and the risk of system blaming rather than victim blaming
5. Community empowerment	Centres on community participation in decision making. There is little emphasis on professional expertise because 'the professional knows best' is implicitly denied. Critiques point to inadequately informed decisions without reference to the 'wider picture' and a lack of coherence that militates against major social reform
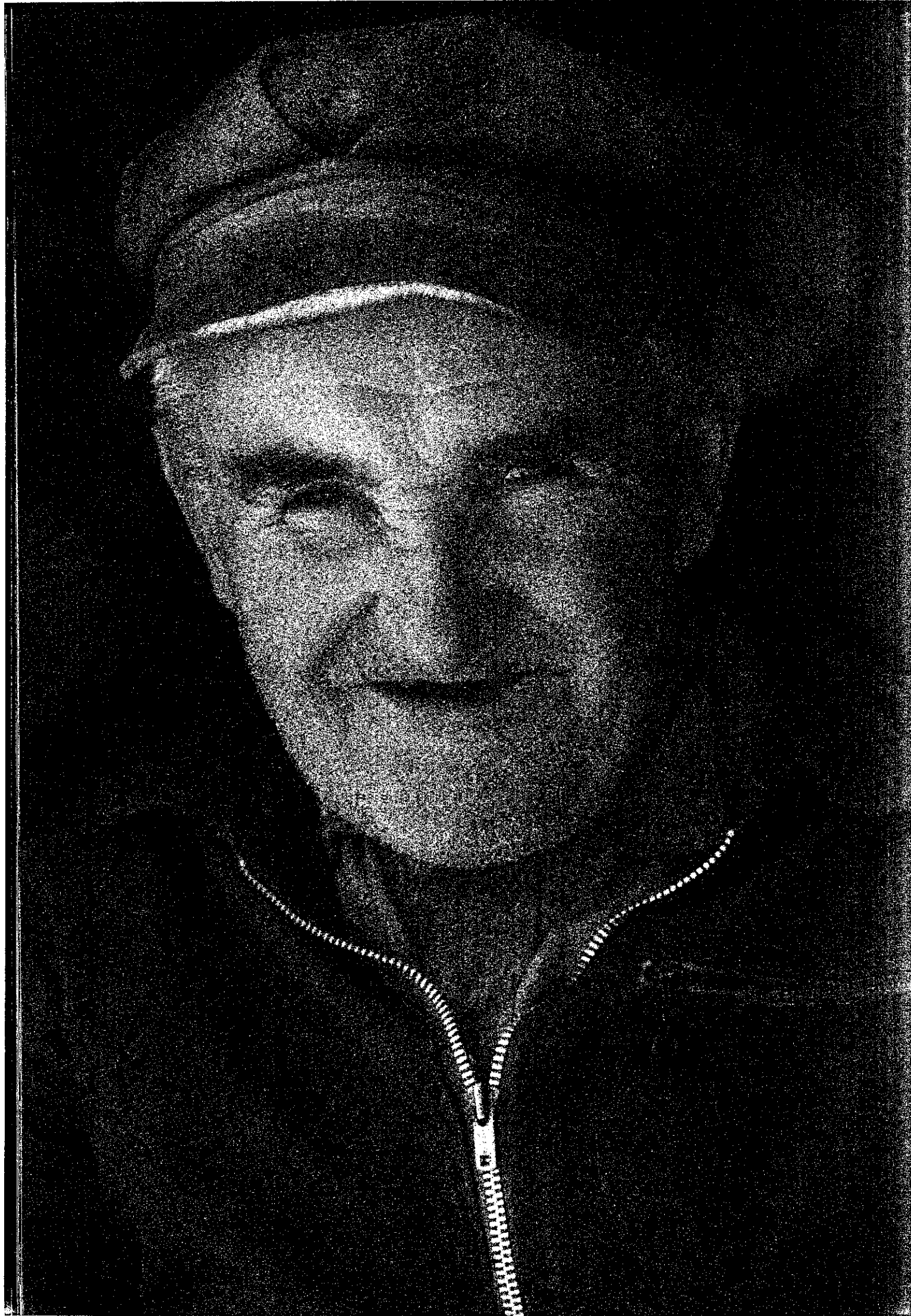
Principles

The 'pillars' of public health have been defined as equity, participation and inter-sectoral collaboration[6]. The literature demonstrates marked convergence in thinking on the values that underpin public health, which can be listed as:

- equity and social inclusion

- participation, collaboration and community empowerment

- social justice/ health as a human right, and

- accountability of agencies for identifying and quality assuring public health improvement measures.

These principles are readily acceptable to nursing, which has at its core a patient advocacy function and belief in the universal right to health. Since poverty is the main health determinant, we support the targeting of resources and interventions towards those most in need.

[6] MacDonald J (1992) *Primary Health Care. Medicine in its Place.* London: Earthscan

Nursing and public health

In recognition of the importance of the nursing contribution to public health, the Ministers of Health of the European Region of the World Health Organisation, in The Munich Declaration stated their commitment to 'enhancing the roles of nurses and midwives in public health, health promotion and community development'[7]

All nurses have a contribution to make to public health. Research in Northern Ireland[8] has demonstrated that nurses who work in community settings are active in each of the five categories of public health, especially health education, primary, secondary and tertiary prevention. We hold an inclusive vision of public health for nursing, with positive involvement by nurses working in the acute sector and in homes, schools, workplaces and communities.

Nursing is one of the keys to public health. Perhaps more than any other social, health or medical workers, nurses cross the boundaries between public, voluntary and private health and social care sectors. For example, nurses form the largest proportion of the workforce in the acute health care sector. They are central to the delivery of care in private nursing and residential homes, to caregiving, family support and health promotion in the privacy of family and home settings, also working in the public and independent school sectors and occupational health departments of private industry. Nurses are increasingly taking on leadership roles in the voluntary sector and working actively in community development and with specific high-risk groups including Travellers and prostitutes.

Increasingly, nursing practice crosses between community and acute sectors. For example, paediatric community nurses may be based in health centres and 'follow' children as they transfer from hospital to home, while ITU nurses are beginning to work with head injury patients as they are discharged home. The growth in intermediate day care centres and 'hospital at home' schemes further blurs the boundaries between the acute and primary care sectors. This serves to emphasise the importance of a holistic view of public health as cross-setting, multi-agency and of concern to all nurses.

[7] World Health Organisation (2000) Munich Declaration. Nurses and Midwives: a Force for Health. WHO: Copenhagen. EUR/00/50193096/6
[8] Poulton B, Mason C, McKenna H, Lynch C and Keeney S (2000) The Contribution of Nurses, Midwives and Health Visitors to the Public Health Agenda. Belfast: Department of Health, Social Services and Public Safety

Nurses, therefore, form a key link between sectors in the provision of health promotion, care and treatment. Nursing activity spans the full spectrum of public health action, from, for example, meningococcal immunisation and continence promotion to community empowerment. Nurses working at government, Health Board/ Authority and Trust levels have the potential to make links between Departments and organisations such as employment, housing, transport and environment, while those at 'ground level' liaise on a daily basis with other professionals and sectors such as non government organisations, early years providers, education and voluntary groups.

In the current health care systems in the North and South of Ireland, a division tends to exist between primary health care centred in family doctors' surgeries, and public health. We support a public health model of primary care, as outlined by The Public Health Alliance[9], where primary care is conceived as more than medical care, health determinants are acknowledged as economic, environmental, biological, social and lifestyle-related, communities are active in addressing health issues, and equity, participation and collaboration are the drivers for the delivery of primary care. Again, nurses form a fundamental link between local communities and the primary health care team.

The importance of community nurses as a source of insight into local culture and health beliefs should not be underestimated. Community and public health nurses often gain the trust of local people. Over time, they 'know' communities intimately, and are therefore crucial informants for public health needs assessments. They are in a key position both to provide information relating to health needs and to influence health behaviour.

Within previous frameworks, public health activity has often been presented as issue-based or infrastructure based. *Health 21*[10], for example, highlights mental health, communicable diseases and environmental health. Other World Health Organisation, Ireland and United Kingdom reports focus on infrastructural challenges such as intersectoral working, better information technology and more effective communication systems.

[9] Public Health Alliance (1998) *A Public Health Model of Primary Care - From Concept to Reality*. Public Health Alliance, Birmingham
[10] World Health Organisation (1998) *Health 21 - Health for All in the 21st Century*. Copenhagan, WHO

For nursing, we suggest that the 'Working for Public Health' model could have particular utility. This model (appendix 1) illustrates that collaborative input is provided by various sectors over time in response to identified need across community, primary care and acute settings and at different levels of intervention. We do not view the model as 'final', but rather as a starting point for strategy and practice development. The model itself may change over time in response to experience and in the light of comments from those who use it.

While differences exist between Ireland and Northern Ireland in terms of health care systems and nursing specialisms, we are keen to emphasise the unifying nature of public health as political, inter sectoral and multiprofessional effort to reduce inequalities in health. In this respect there is huge potential for collaborative north-south action to strengthen the nursing contribution to public health. We hope that this paper represents the start of the process.

APPENDIX ONE

Working for public health

COLLABORATIVE ACTIVITY

Life Span

Nursing Action

Client

Levels of Intervention

Intrauterine
↓
Late
Adult

Primary
Secondary
Tertiary

Individual
family
community

Micro
Meso
Macro

WORKING FOR PUBLIC HEALTH