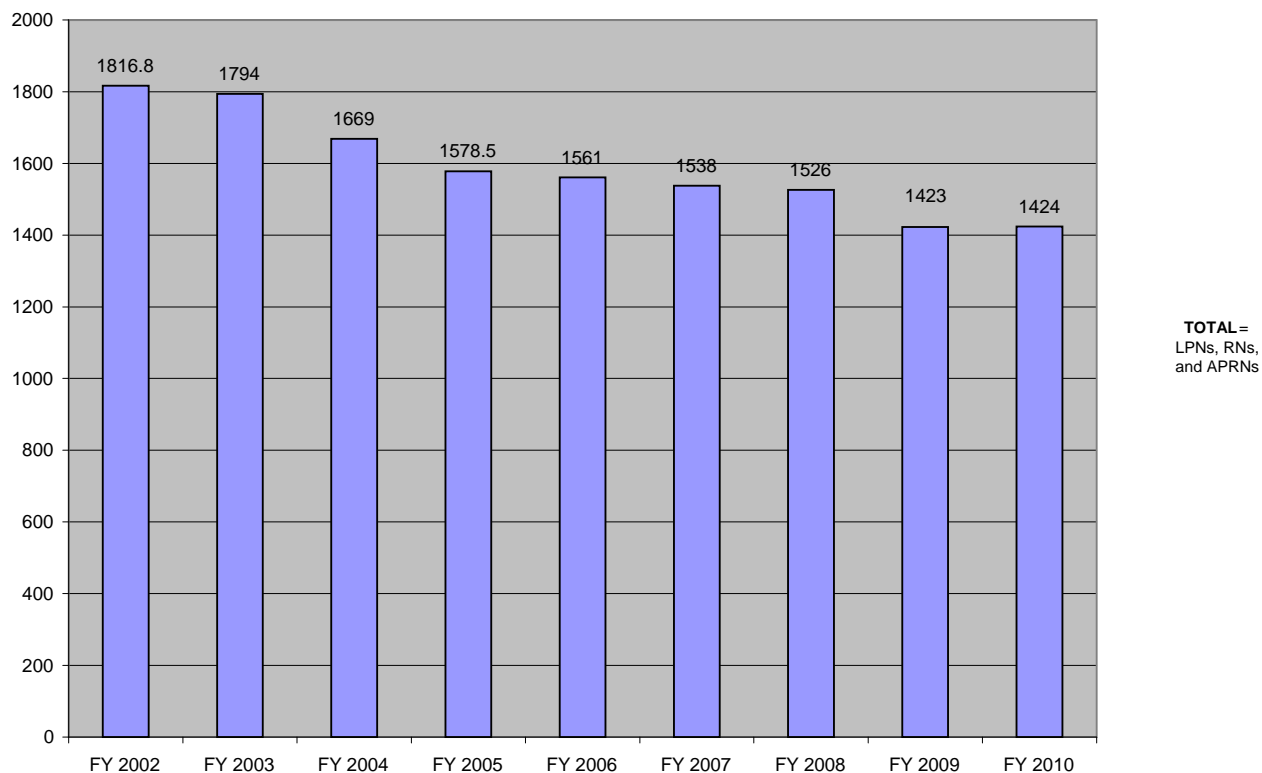


# Losing Public Health Nurses: The Backbone of Public Health in Georgia

## Background

Since 1898, when Public Health Nurses began practicing their specialty in Georgia, they have been providing essential public health services that are vital to the health of every community. They save tax dollars by preventing disease and promoting health and safety. Today, each of the 159 county health departments in Georgia stands to lose more of its Public Health Nurses. For each consecutive year since 2002, the number of Public Health Nurses has dropped. During 2002-2010, Georgia lost a total of 392.8 Public Health Nurses (an overall 21.7% decline) due to lack of funding, high turnover rates and non-competitive salaries (see Chart 1). The loss of these community resources is jeopardizing the capacity of local public health to carry out its obligations of serving the communities. Extremely low salaries and the 2008-2010 furloughs are the primary reasons for the severe difficulty in attracting and keeping Public Health Nurses in Georgia. We must stop the loss of Public Health Nurses in Georgia!

**Chart 1**  
**Decline In Georgia Public Health Nursing Workforce, 2002-2010**

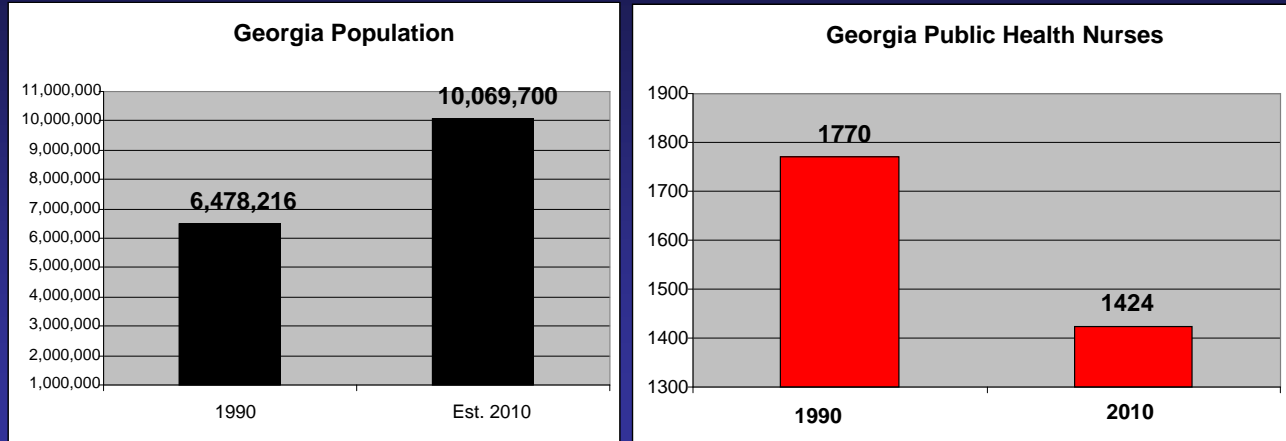


## The Population Grows While the Public Health Nursing Workforce Falls

Since 1990, Georgia's population has grown from over 6.4 million to over 10 million. However, the public health nursing workforce has fallen instead of keeping pace with the population growth (see Chart 2). A national standard calls for 1 Public Health Nurse (RN) for every 5000 population. Georgia falls below this standard and would need an additional 590 PHNs for a total of 2,014 PHNs to meet the standard.

**Chart 2:**

## **Georgia's Population Grows While Public Health Nursing Workforce Falls**



### **Salaries for Georgia Public Health Nurses: The Biggest Cause for the Loss**

- Low salaries keep nurses from applying for jobs in public health: when they learn how low the starting salary is (\$36,770 minimum for a PHN per State Personnel Administration Pay Scale; some districts have separate and higher pay scales for nurses), they don't bother to apply.
- Georgia's entry salaries for Public Health Nurses are the lowest in the Southeast region (Alabama, Florida, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee).
- The applicant pool has diminished in quality and quantity—many times there are zero applicants on the job registry or the applicants lack the necessary skills.
- Local public health employers cannot compete with sign-on bonuses—and more perks offered by other health care employers.
- Under the Fulton County Merit System pay scale, effective July 1, 2007, the minimum entry salary for a Public Health Nurse is \$52,571. Under Georgia State Personnel Administration (SPA), formerly known as the Georgia Merit System, pay scale, the minimum entry salary for a Public Health Nurse, effective January 1, 2008, is \$36,770.
- Other state agencies in Georgia, such as the Department of Juvenile Justice, pay nurses higher salaries than public health.
- Even within DCH, the Division of Mental Health, Developmental Disabilities and Addictive Diseases pays nurses higher salaries than public health. What is the reason for this discrepancy? Although Public Health Nurses do not work evening and night shifts, they are on call 24/7/365 because of the emergency preparedness mandates. Public Health Nurses provide services that target the prevention of disease and the protection of the public's health.

### **Keeping Public Health Nurses: The Struggles**

- After completing less than a year of on-the-job training in public health, many nurses leave for higher paying jobs—the excellent training enhances their marketability.
- A few years ago, public health nurses were leaving for salary differences of \$5,000 – \$10,000. Today, they are leaving for jobs that pay \$20,000 - \$26,000 and more.

- The overall turnover rate for nurses increased from 15.1% in FY 2009 to 18.8% in FY 2010. **Sixteen districts reported turnover rates in the double digits for FY 2010!** The overall vacancy rate for nurses increased from 16.3% in FY 2009 to 19.2% in FY 2010. **Fourteen districts reported vacancy rates in the double digits for FY 2010!**

### **Losing Public Health Nurses: The Impact**

- Without Public Health Nurses, plans for responding to a pandemic influenza are useless; public health will not be able to staff shelters or respond during times of natural disasters.
- There will be more unplanned pregnancies, including teen pregnancies.
- In counties where public health is the provider of immunizations, there will be a decrease in immunizations and an increase in childhood diseases such as polio, measles and pertussis.
- There will be an increase in infectious diseases, such as TB, meningitis, hepatitis, HIV, chlamydia, genital warts, herpes, gonorrhea and syphilis.
- Basic preventive services have already been cut or are in the process of being eliminated.
- There will be an increase in the inappropriate use of the hospital emergency room.
- The number of persons with hypertension under control will decrease.
- The number of cancer screenings will decrease, thereby delaying early detection of cancers.
- Nutrition education for infants and children and well-child screenings will decrease.

### **Public Health Nurses Save Tax Dollars: Some Examples**

In Jackson County, the Public Health Nurses identified that their community's rate of pre-term labor and low birth weight was too high. They set out to change that risk by developing the Cabbage Patch program that provides outreach and education with a strong focus on prevention. After one year, 27 of the participants had live births. Of those, 23 were normal and 4 were preterm (36 weeks). Based on available data, 5 preterm births would have been expected among this high risk group. The prevention of each preterm birth results in a savings of \$52,000 (American Academy of Science).

In Walton County, a 58 year-old man walked into the health department and was seen by a Public Health Nurse. He had worked for a company for 20 years, but was laid off and does not have health insurance. He picks up construction work when the weather is good. Before he lost his health insurance he was keeping his blood pressure under control. When he came to the health department, he had been out of his medicines for one month because he could no longer afford his physician or the expensive prescription. Under the Stroke and Heart Attack Prevention Program (SHAPP), he received his medications and his BP has improved. He is making lifestyles changes to improve his overall health. The cost to the state for his BP medications was \$12.76 per year.

In Brooks County, a Public Health Nurse was notified that a TB client had been transferred back and forth from hospitals over a 3 month period. During this period, hundreds of hospital staff, patients and visitors were exposed because TB was not promptly diagnosed. An investigation was conducted to identify, evaluate and treat infected contacts, saving the taxpayers the cost of treating secondary cases of TB. The Public Health Nurse collaborated with other public health staff to ensure the TB client was completing the necessary treatment. This client was an alcoholic, lived on a sister's porch and hung out with drinking buddies under an old oak tree. The client refused to come to the health department or to quit drinking. The staff worked diligently building trust and rapport. They met under the tree, brought breakfast and water to drink instead of the alcohol when the medicine was taken. The Public Health Nurse drew blood samples every 2 weeks under the oak tree to make sure no damage was occurring to the client's liver by the alcohol and medicine. When the client did not follow the treatment regimen, the Public Health Nurses located and worked with the client until the client

returned to treatment. Public Health staff prevented a court-ordered involuntary hospitalization of this client at a cost of \$150 - \$300 per day and they prevented the client from developing multi-drug resistant TB, saving the taxpayers over \$200,000.

A Public Health Nurse in Chatham County received a call from Emory University Hospital in Atlanta, reporting an elevated phenylalanine (PKU) for a newborn baby boy. The hospital was unable to locate the family to inform them of the abnormal test result and to request further testing and treatment. The Public Health Nurse located the baby and the family was directed to Memorial Health University Medical Center in Savannah. The Public Health Nurse met with the mother in the emergency room and provided written and verbal directions. She informed the Emory Genetics Counselor that the baby's name was different from the name on the birth certificate-hence part of the inability to locate the family. The next day, the baby was diagnosed with PKU, transported to Emory and placed on Phenyl-free formula. Brain damage was prevented in this nine-day old baby because of the community tracking by the Public Health Nurse that led to early diagnosis and treatment. The baby continues to be seen by the Public Health Nurse in the High-Risk Infant Follow-Up Program. The cost savings in this case is a productive independent life versus a life dependent on the state.

The Public Health Nurse Manager for Candler and Bulloch Counties convened partners from the County Emergency Management Agencies, county and city police and DFCS to provide citizens with an experience that helped prepare them for pandemic influenza. A full day was devoted to providing seasonal flu vaccinations in each county. The health departments were set up as dispensing sites. There were designated areas for registration, education, vaccination, as well as a question and answer area and evaluation. In Bulloch County, 425 people were vaccinated. In Candler County, 78 people were vaccinated. Both counties benefited by this experience by learning how a mass immunization clinic would operate during a pandemic influenza event and they received their annual flu shots.

In Toombs County, the Public Health Nurses enroll teens in the JusTeens program where they receive WIC, family planning, health screenings and pregnancy related services. During a two-year period, there was a 60% reduction in subsequent teen pregnancies among teens enrolled in the program. This program helps teens stay in school.

In each of the 159 counties, Public Health Nurses work with multiple community organizations (e.g., Emergency Management Agencies, Fire, Law Enforcement, EMS) to develop emergency response plans, as well as respond to emergencies as needed. According to the House Study Committee on Public Health, "Testimony made it clear that due to the current and worsening shortage of Public Health Nurses, during a time of significant medical emergency, Georgia will not be able to perform as is required and expected by the public. ESF 6 and 8, SNS distribution, telephone triage, and emergency support will not function as designed, and will lead to mass disruption, unavailability and degradation of care, perhaps leading to panic or civil unrest. In the event of a pandemic, the medical system in Georgia will collapse due to unprecedented volume without improvement to existing public health infrastructure" (House of Representatives Study Committee on Public Health, Final Report, 2006, p. 12).

### **Future Challenges: Policy Solutions**

The following policy solutions are needed to attract and keep Public Health Nurses:

- Create and sustain a competitive salary structure.
- Develop a progressive career track for all public health nurses.
- Provide tuition support, including service cancelable loan programs.