

# The Loss of Public Health Nurses in Georgia: Putting the Health of the Public in Jeopardy

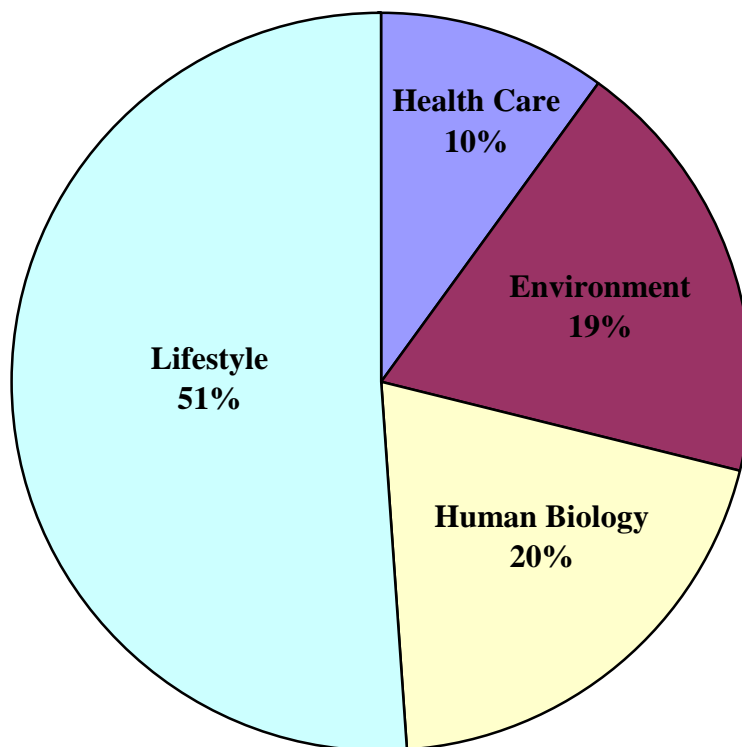
## Introduction

Each of the 159 county health departments in Georgia stands to lose more of its Public Health Nurses (PHNs), a critical resource for improving the health status of the community. Given the current shift in focus to population health and the vital leadership role that PHNs are increasingly providing, it is essential that we stop the loss of Public Health Nurses in Georgia! Over the past two fiscal years (FY 2004 and 2005), Georgia lost 215 Public Health Nurses (Registered Nurses, Licensed Practical Nurses and Nurse Practitioners) due to budget cuts and lack of funding. This pattern is jeopardizing the capacity of Public Health to fulfill its mission of disease prevention and health promotion. Extremely low salaries are the main reason for the severe difficulty in attracting and keeping Public Health Nurses (PHNs) in Georgia.

## PHNs Are Essential in Providing Population Health Services

Studies document that a person's health is determined by multiple factors: 51% lifestyle, 20% human biology, 19% environment and 10% health care. See Diagram 1.

*Diagram 1: Factors Influencing Health Status\**



\*Source: McGinnis and Foege 1993

Georgia ranks low in health status (45<sup>th</sup> overall). At the Healthy Georgia Summit in November 2005, seven areas of emphasis were identified as the framework for planning the shift to population health:

- Improve access to health care
- Promote community support for healthy lifestyles
- Decrease the number of uninsured and under-insured
- Promote safe communities
- Identify and eliminate inequities in health
- Address poverty as a root cause of poor health
- Engage educational partners

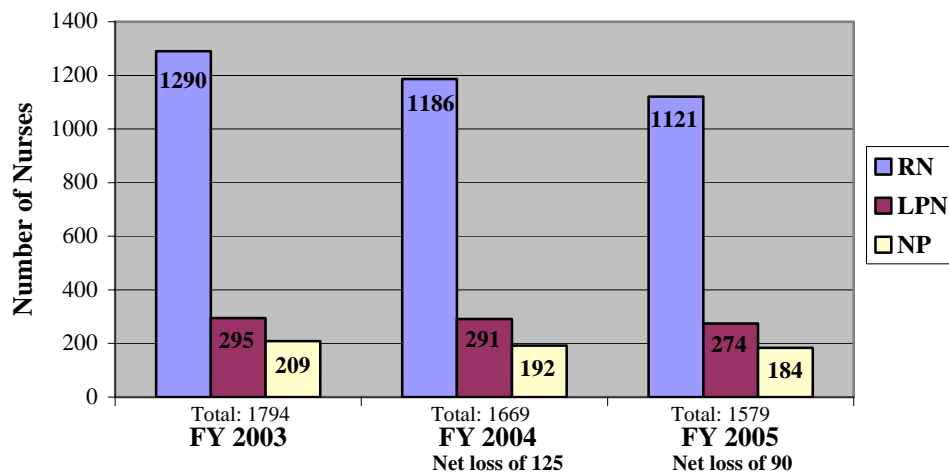
Population health is the health of an entire group of people who share common geography and/or common characteristics, as opposed to the health of individuals. Population health activities are designed to improve the health of the defined population by influencing any one or more of the factors that determine health.

PHNs have the knowledge and skills to educate and help people make healthy choices with such complex issues as obesity, smoking and sedentary habits. PHNs are well educated, flexible, versatile, resourceful and responsive to the community’s needs. They provide direct clinical services to individuals and families as well as population health services for the entire community directly influencing the determinants of health through their practice. For example, PHNs administer vaccines to children to prevent childhood illnesses. They also work with community groups to monitor immunization trends, educate the community about the importance of immunizations and provide programs to assure adequate levels of immunization to protect the community as a whole. Public Health Nurses are fundamental resources in the community for preventing disease and promoting health. Public Health Nurses are trusted by the community and are experts at bringing divergent stakeholders together around health and safety issues.

**The Number of PHNs Declines but the Workload Demands Increase**

The number of PHNs in Georgia decreased in 2004 and again in 2005 (see Table 1).

**Table 1: Georgia Public Health Nursing Workforce FY 2003-2005**



The workload and the demands of serving the community have increased in complexity and scope. The current workload for PHNs includes the following:

- Provide immunizations, health screenings and key preventive health services in community based settings (e.g., health department clinics, schools, faith-based settings, jails and community-based organizations).
- Screen and treat people for a wide range of health conditions, including diabetes, hypertension, tuberculosis, cancer, acute infectious disease, HIV/AIDS, syphilis and gonorrhea.
- Provide family planning services to populations in need.
- Provide health education to the medical and lay community that strengthens prevention efforts for childhood illnesses, chronic disease, infection, death, injury and disability.
- Collaborate with a wide range of community partners in planning activities that will improve the health of the community as a whole.
- Serve as vital members of the local, county and state emergency preparedness team and respond to disasters and emergencies as required.

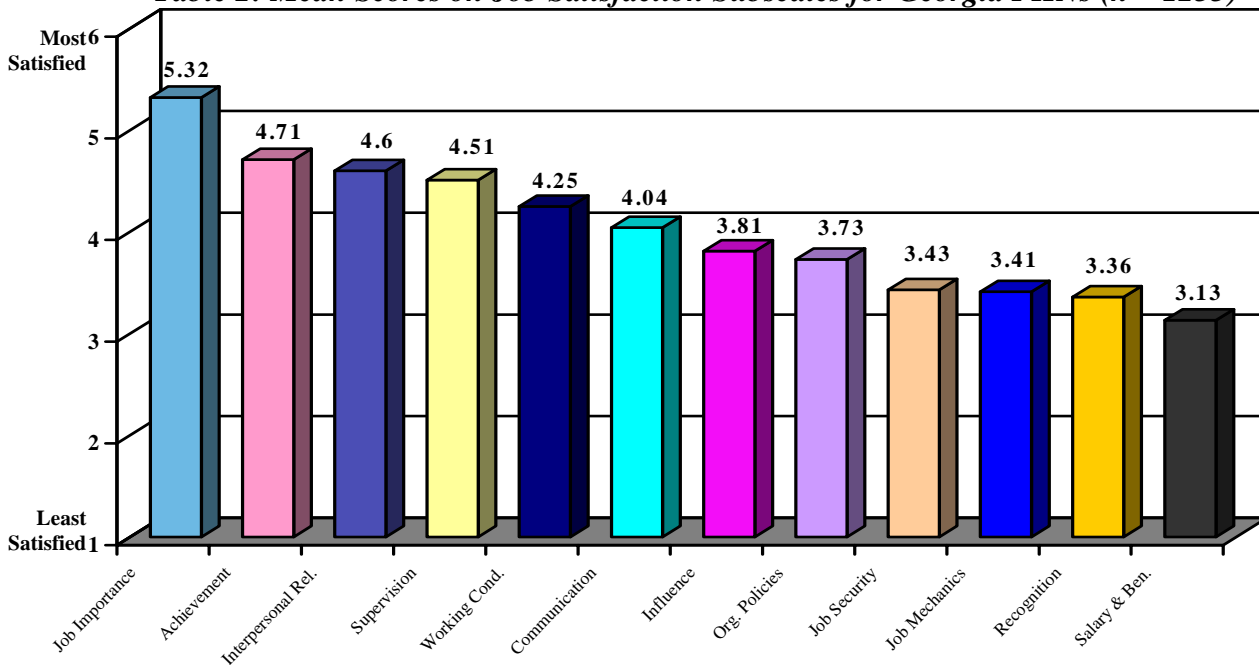
Major responsibilities have been added to the PHN's workload in the past three-five years in spite of the exodus of 215 members of the PHN workforce. Some of those critical responsibilities include the following:

- Emergency Preparation (planning and participating in state and local bioterrorism response, planning and executing mass vaccination clinics, promoting community coordination and provision of training for response to smallpox, anthrax, SARS, Avian Flu and natural disasters).
- Coordination with private physicians every six months in order to meet the new, more stringent guidelines for Women's Health Medicaid.
- Implementation of new guidelines for Family Planning Abstinence Only Program.
- Coordination with the Centers for Disease Control and Prevention on the Vaccines for Children program, implementing the addition of new vaccines and complex vaccine schedules, especially new emphasis on vaccine for 11-12 year-olds, coordination and training for GRITS, flu vaccine shortage and distribution issues.
- Provision of extensive follow up for Children 1<sup>st</sup> referrals, including more home visits and coordination to address complex needs.
- In home assessment and documentation of physical, emotional, and psychosocial risk factors adversely affecting infants and their families in the High Risk Infant Follow Up Program.
- Managing the Health Check Program requiring monthly reports for outreach; additional requirements for each physical exam; coordination with DFCS for the physical/developmental assessment of children entering the foster care program within mandated timeframes.
- Managing an increasing large culturally diverse population with attention to maintaining compliance to civil rights regulations and the procurement and training of interpreters and other staff.
- Provision of consultation, training and resource guidance to school nurses on a wide range of health issues and, in some counties, supervising school nurses.
- Managing the increasing number of Tuberculosis cases including medical and lay community education, testing, locating and testing contacts, scheduling x-rays, tracking and scheduling Directly Observed Therapy (often involving home visiting) and other follow-up in hopes of decreasing the growth of multi-drug resistant TB.

## Trouble Attracting and Keeping PHNs in Georgia

In 2004, the results of a statewide job satisfaction survey showed how Georgia PHNs scored in twelve categories of job satisfaction. The results are summarized in Table 2.

*Table 2: Mean Scores on Job Satisfaction Subscales for Georgia PHNs (n = 1233)*

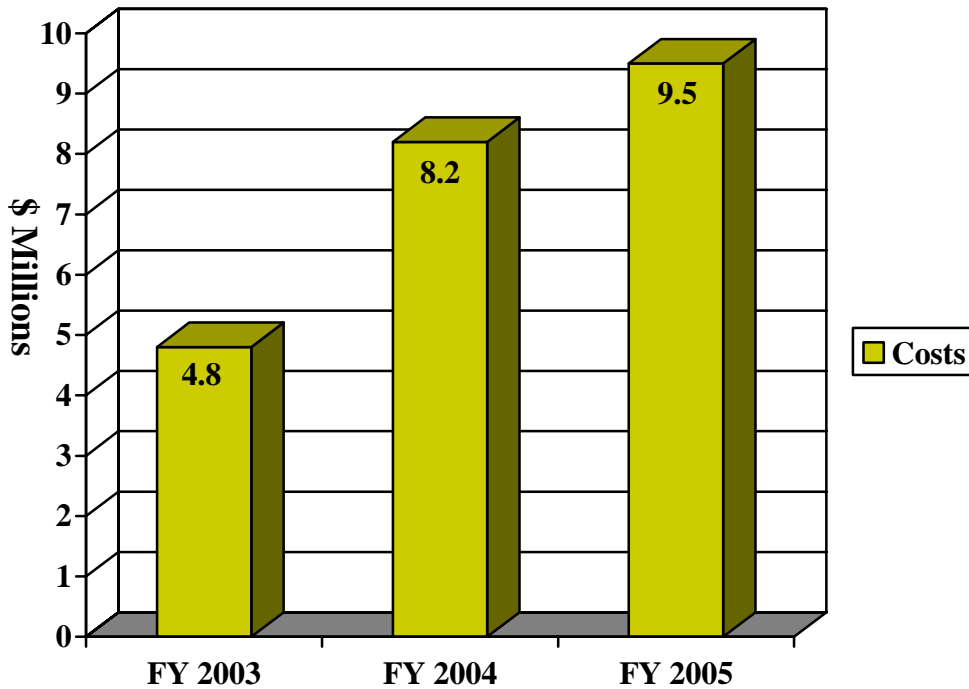


PHNs reported being least satisfied in Job Security (9<sup>th</sup>), Job Mechanics (10<sup>th</sup>), Recognition (11<sup>th</sup>), and Salary & Benefits (12<sup>th</sup>). They reported being most satisfied in Job Importance (1<sup>st</sup>), Achievement (2<sup>nd</sup>), Interpersonal Relationships (3<sup>rd</sup>), and Supervision (4<sup>th</sup>). Survey conclusions include:

- The public health nursing workforce is most satisfied with opportunities to be professionally fulfilled in their positions.
- Many nurses are quite satisfied with many aspects of the organizational climate, but many could be improved, especially recognition of their worth.
- Nurses are not very satisfied with aspects of the physical environment related to their work.
- Nurses are very dissatisfied with their compensation package and some nurses expressed concern about job security.

The cost of turnover among PHNs increased at an alarming rate while the overall public health budget underwent several significant budget cuts. See Table 3.

**Table 3: Cost of Turnover Among Georgia PHNs FY 2003-2005\***



\*Cost of Turnover = 25% salary + fringe (Source: Kepner-Tregoe, Inc.)

**Public Health Nurses who have left public health:**

“I worked in Public Health for nine years and had to make one of the most difficult decisions of my life - due to money! My husband, after 21 years, was forced to change employment. In doing this, he took a substantial pay cut. We tried everything we could think of to make ends meet, but it did not take long to figure out that one of us needed to bring in more income. There were many more higher paying jobs for me, as a nurse, than there were for him. I even considered working weekends at a hospital so I would not have to leave a position that I loved. I had to put family first though; we have two children and it would not have been fair to them for me to work seven days a week, when there were many other positions available with ‘normal’ working hours. I reluctantly started looking for another position and quickly found one making a great deal more money per year. I watched many people leave Public Health for more money, but I always thought I would be able to stay long term. I could easily see myself retiring from Public Health. Unfortunately, that was not the case. I truly hope that Public Health nurse salaries will become equivalent to the level of work they perform. It’s difficult to say ‘they’ instead of ‘we’. I do hope that one day my circumstances will be different and I will be able to return to public health.”

Robin Doker, RN, MSN, FNP-BC. Former SHAPP Coordinator, District 10.

Cindy Cottney left public health after four years to return to surgical nursing for a \$12,000 salary increase. “I have three children to raise and I keep getting deeper and deeper in the hole.” She went on to state that she loved her work in Public Health and didn’t want to leave, but the money was so much more that she had to. Today, when asked if she would consider returning to public health, she replied yes, and went on to say that many nurses would prefer to work in public health, but cannot afford the pay cut. She also stated that the demands and responsibilities of public health nurses are far greater than many realize, which justifies more competitive salaries. Public Health Nursing must be recognized and compensated accordingly for the multifaceted, highly specialized practice it is today. (from District 4)