Bridging the Gap Through Time:
Public Health Nursing
1950 to 2015

Pamela A. Kulbok, DNSc, APHN-BC, FAAN¹
Joan E. Kub, PhD, PHCNS-BC, FAAN²
Doris F. Glick, PhD¹

¹University of Virginia
²Johns Hopkins University
To examine challenges and strengths of Public Health Nursing (PHN) in the United States (U.S.) from 1950 to 2015:

- How did national and global forces influenced the practice of PHN in the U.S. during this timeframe.

To frame an historical discussion using:

- Selected influential seminal events (E), documents (D), and policies (P).
- The authors’ unique lens of education, practice, and research during this timeframe.

To focus on lessons learned for the future.
1967 - American Nurses Association (ANA)
Division of Practice

Definition of CHN Practice as:

- ...a field of nursing practice for which there exists a body of knowledge and related skills which is applied in meeting the health needs of communities and of individuals and families in their normal environments such as the home, the school, the place of work (Cited in Freeman, 1970, p. 35).
1950 – 1970

Prosperity and Change

- 1952(E) – National Organization of Public Health Nursing (NOPHN), National League for Nursing Education, and Association of Collegiate Schools of Nursing disbanded and the ANA and new National League for Nursing (NLN) assumed functions.
- 1955(E) – 72% of counties in the U.S. were covered by full time public health services (U.S. PHS, 1955, as cited in Roberts & Heinrich, 1985).
- 1964(P) - Nurse Training Act for preparation of nurses.
- 1968(E) - 42,541 fulltime public health nurses - a 49% increase from 1957 (Roberts & Heinrich, 1985).
- 1968(E) – Doubling of public health nurses (from 1938) with largest increase in Boards of Education (Doster, 1970).
- 1970(E) – ANA created Division of Community Health Nursing (CHN) and use of term community nurse specialist evolved (Van Sickle, 1970).
1950s (E) Hospital construction as a result of Hill Burton Act of 1948.

1963(P) - Great Society Programs – Community Mental Health Centers Act (P.L. 88-464):
- State mental health programs; Consumer roles in decision-making; Professionals as advisors in planning.

1964(P) - Civil Rights Act, Title VI forbids use of federal funds for programs that discriminate based on race, creed or nationality.

1965(P) - Medicare, Title XVIII of Social Security Act, provided health insurance for people age 65 and older, regardless of income or medical history.

1966(P) - Comprehensive Health Planning (CHP) and Public Health Services amendments (P.L. 89-749) developed national system for health planning.
(E) Redefining PHN roles including specialized consultation (Porter, 1951):
- Occupational health, child health, and care of chronically ill elderly.

(P) Local and state health departments (HDs) included reimbursable care of the sick, due to Medicare and Medicaid and growth of proprietary home health care.

1970(E) - Home care was transforming from a public health service to a multifaceted business.

1970(E) - Lester Breslow, president of American Public Health Association (APHA), addressed racism, poverty, degradation of the environment and other blights, which were injuring health (Breslow, 1970) ... Public health involvement in “war on poverty.”
1971 – 2000
Global Issues

- 1977 (E) – Eradication of Smallpox
- 1981 (E) – Identification of AIDS
- 1984 (E) - PHS and French scientists identified the HIV virus.
- 1985 (E) - Blood test to detect HIV was licensed.
- Hospital reimbursement for costs of care (based on services) led to over use of services and dramatically escalated costs of care.

- Growing costs of care were even more inflated for Medicare patients (Davis & Rhodes, 1988).

- Home care for chronically ill provided by nurses in communities through home health agencies or public HDs.

- 1983(P) - Amendments to the Social Security Act (Public Law [PL] 98-21) established a prospective payment system (PPS) for hospitals (payment would be based on diagnostic categories) to control healthcare costs.

- Late 1980s(E) - Sicker clients needing more acute care impacted types of services and difficulty in referring clients both to hospitals and to community services (Wood & Estes, 1990).
1971 – 2000
Prosperity and Change

- 1978(E) - Association of Community Health Nursing Educators (ACHNE) was founded.
- 1980(D) - ANA, Division on CHN Practice, *A Conceptual Model of CHN*.
- 1980(D) - APHA, PHN Section, *The Definition and Role of PHN in the Delivery of Health Care*.
- Early 1980s(E) - Quad Council of PHN Organizations (currently Quad Council Coalition) was founded.
- 1986(D) - ANA, Council of Community Health Nurses, *Standards of CHN Practice*. 
1971 – 2000
Prosperity and Change

- 1988(D) - Institute of Medicine (IOM), *The Future of Public Health*.
- 1996(D) - APHA, PHN Section, *Definition of PHN*.
- 1996(D) - American Association of Colleges of Nursing (AACN), *Essentials of Master’s Education for Advanced Practice Nursing*.
- 1997(D) - IOM, *Improving Health in the Community: A Role for Performance Monitoring*.
- 1997(P) - State Children's Health Insurance Program (SCHIP) enabled states to extend health coverage to uninsured.
- 1999(D) – Quad Council of PHN Organizations (currently Quad Council Coaliton) and ANA, *Scope and Standards of PHN Practice*. 
2000(D) - Association of State and Territorial Directors of Nursing (ASTDN) (currently the Association of Public Health Nurses [APHN]), *Public Health Nursing: A Partner for Healthy Populations*.

2000(E) - Public/community health (P/CH) nurses were 2nd largest group of RNs;
- 18.2% of employed RNs working in P/CH settings including state or local HDs, community-based home health agencies, various types of community health centers, student health services, and occupational health services (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000).

(E) Public health nurses decreased by more than half, from 39% of the public health workforce in 1980 to 17.6% in 2000.

(E) Changes in the public health infrastructure and the move of clinical services to managed care often resulted in the elimination of PHN positions.
2001 (E) - DHHS responds to delivery of anthrax through mail in nation’s first bioterrorism attack.

2003 (D) - IOM, *Who will keep the public healthy?*

2004 (D) - Quad Council of PHN Organizations (currently Quad Council Coalition), *PHN Competencies*.

2006 (E) - AACN Development and promotion of clinical doctoral degree in nursing (Doctor of Nursing Practice [DNP]).

2007 (D) - ANA, *Public Health Nursing: Scope and Standards of Practice*.

2008 (D) - *Advanced Practice Registered Nurse (APRN) Consensus Model*.

2008 (E) – Global economic recession.

2010(P) - Patient Protection Affordable Care Act (ACA); provided comprehensive U.S. health insurance reforms.

2011(D) - AACN, Essentials of Master’s Education in Nursing (revised focus).


2013(D) - APHA, PHN Section, Revised Definition of Public Health Nursing.


Simplified the *Definition of PHN*:

- *PHN is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences*” (APHA, PHN Section).
In 1950, a distinguished PHN leader, Ruth Hubbard, offered a timeless comment, “To each age comes its own peculiar problems and challenge, but to it also comes the necessary vision and strength” (Hubbard, 1950, p. 608).

Miss Hubbard’s statement guided her article on the history of public health nursing (PHN) in the United States (U.S.) in the 50th Anniversary Issue of the American Journal of Nursing (Kub, Kulbok, Glick, 2015).

Miss Hubbard’s comment sets the stage for creating our future ... with the necessary vision, strength and resilience!

We look to our global PHN colleagues for models that will sustain true PHN practice, education and research.


