



## Integrating Public Health with Population Health

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## Person-Centered Care



“focuses on the individual’s needs and preferences and involves a collaborative effort between patients and their healthcare providers. The goal of person-centered care is to help patients make informed decisions about their health and well-being, and to ensure they are treated with dignity and respect.

- Considered more holistic and inclusive than patient-centered care

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## Patient, Person & People Centered Care

Advancing Health Equity for Populations



The Quintuple Aim  
For health care improvement

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## People Centered Care

... care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centered care extends the concept of patient-centered care to individuals, families, communities and society. Whereas *patient-centered care is commonly understood as focusing on the individual seeking care — the patient — people-centered care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.*

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## Patient-centered care

Patient-centered care is the practice of caring for patients (and their families) in ways that are **meaningful and valuable** to the individual patient.

The IOM (Institute of Medicine) defines patient-centered care as: “Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.”



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## Ten Principles of Patient Centered Care

1. The patient is the source of control over their life.
2. Care is based on continuous healing relationships.
3. All team members are considered caregivers.
4. Families and friends of the patient are an essential part of the care team.
5. Care is customized and reflects patients needs, values and choices.
6. Transparency is the rule in the care of the patient.
7. All caregivers cooperate with one another through a common focus that is on the best interests and personal goals of the patient.
8. Knowledge and information are freely shared between and among patients, care partners, physicians and other caregivers.
9. Care is provided in a healing environment of comfort, peace and support.
10. Patient safety is a visible priority.

## 10 Core Principles of the Vision for a Culture of Health

1. Optimal health and well-being flourishes across geographic, demographic & social sectors.
2. Opportunities to be healthy & stay healthy are valued and accessible to everyone across the community.
3. Individuals & families can make choices that lead to healthy lifestyles and optimal well-being & functioning.
4. Organizations can work together to foster healthy communities.
5. Everyone has access to affordable, high-quality healthcare.
6. No one is excluded.
7. Health care is efficient & equitable.
8. The economy is less burdened by healthcare spending.
9. The health of the population guides public and private decision making.
10. Americans understand that we're all in this together.

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### Community Health & SDoH



#### FQHCs, Community Health Centers

- Facilities that meet the requirements of the federal Community Health Center Program
- Intended to increase access to comprehensive primary care, dental, and mental health care for underserved populations
- Seen as part of the community and have been leaders in addressing social needs for patients and families
- Key collaborators in addressing community social determinants to improve health equity

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### School Nurses



- Serve as a bridge between the health care and education systems
- Responsible for implementing public health strategies within the school community to promote wellness & improve health outcomes for children
- Expand access to care by partnering with the health care team to effectively address complex health and social needs of students

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### Community Action Agencies



- Aim to reduce poverty by providing services & assistance to low-income individuals & families
- Uses a multi-sector approach to address the social determinant of poverty
- Community Action Agencies address specific areas of social need: job training, health care, housing, economic development, etc.
- The community action programs are considered "wrap around" services to lift people up out of poverty

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### Faith Community Nurses



- Already deeply embedded within our communities providing holistic care including home visiting, community outreach
- Highly skilled in assessment, health promotion and care coordination
- Important partner in addressing SDoH
- **Resource:** Faith Community Nurses
  - <https://www.wisconsinnurses.org/groups/wisconsin-faith-health-nurses-coalition/> or <https://westberginstitute.org/>

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### Community Health Workers (CHWs)



- Frontline health workers who are trusted members of and/or have an unusually close understanding of the community served
  - Public Health Model that began in the 1970s
- CHWs to serve as a liaison, link, or intermediary between health/social services and the community
- Role includes providing outreach, community education, informal counseling, social support, and advocacy

Resource: Community Health Worker Toolkit(CDC)  
<https://www.cdc.gov/dhdp/pubs/toolkits/chw-toolkit.html>

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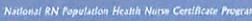
### Integration of C/Public Health into Population Health Nurse Role Development

- Community/Public Health Nursing Competencies (Quad Council Coalition: AHNE, ACHNE, APHN & APHA-PHN)
- Competencies for Population Health Professionals (Public Health Foundation)
- C/Public Health Nurse - Population Health Nurse Collaboration
  - C/Public health and population health nurses work to improve the health of communities by promoting health, preventing disease, and advocating for policies that support health and well-being

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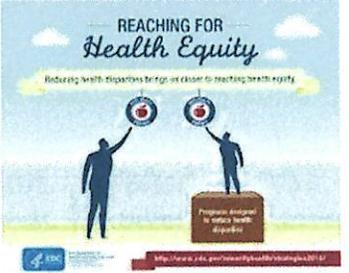
Advancing Health Equity to Improve the Health of Population  
The Importance of Social Determinants

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**Health Disparities**  
The differences in incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific populations.

**Health Care Disparities**  
The difference in the preventive, diagnostic or treatment services offered to people with similar health conditions.





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**Health Equity**  
Everyone has a fair and just opportunity to be as healthy as possible.

- Requires removing obstacles to health
  - Poverty
  - Discrimination and related consequences including powerlessness
  - Lack of access to good jobs with fair pay
  - Quality education
  - Housing
  - Safe environments
  - Health care





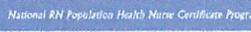
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**Implicit Biases**

“associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race or gender”

(FitzGerald and Hurst – Implicit bias in healthcare professionals: A systematic review. BMC Medical Ethics (2017) 18:19 DOI 10.1186/s12910-017-0179-8.)



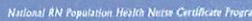


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**Health Care Equity**

Providing care that does not vary in quality by personal characteristics such as ethnicity, race, gender, geographic location, socioeconomic status and other identity





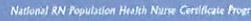
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**Implicit Bias**

- It's a subconscious human trait that frequently interferes with the best nursing practices
- Recognizing inherent bias means that you understand you might have certain feeling about populations, appearances, or mannerisms that you need to address so you can provide the best possible care



**Resource:** Healthy Nurse | Healthy Nation  
<https://engage.healthnursehealthynation.org/blogs/B/4288>

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### One Size Does Not Fit All

**Equality**  
Everyone gets the same — regardless if it's needed or right for them.

**Equity**  
Everyone gets what they need — understanding the barriers, circumstances, and conditions.

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### Race and Racism

**Racism**  
“an organized social system in which the dominant racial group based on an ideology of inferiority, categorizes and ranks people into social groups called “races” and uses its power to devalue, disempower, and differentially allocate valued societal resources and opportunities to groups defined as “inferior”.”  
— Future of Nursing Report 2020-2030, Ch. 2.

- Structural
- Cultural
- Discrimination

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**EQUALITY:**  
Everyone gets the same — regardless if it's needed or right for them.

**EQUITY:**  
Everyone gets what they need — understanding the barriers, circumstances, and conditions.

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### Structural Racism

Racism that is embedded into laws, policies, and institutions and provides advantages to the dominant group while oppressing, disadvantaging or negating other racial groups.

- Residential segregation
- Criminal justice system
- Public education system
- Immigration policy

*Structural Racism is the most important way racism impacts health*

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### Social Factors Impacting Health Equity

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### Cultural Racism

The instillation of the ideology of inferiority in the values, language, imagery, symbols, and unstated assumptions for the larger society.

- Implicit bias
- Medical mistrust
- Avoidance of the health care system

*Implicit Bias contributes to medical mistrust and health care avoidance*

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### Discrimination

Occurs when people or institutions treat racial groups differently with or without intent, and this difference results in inequitable access to opportunities and resources

- Triggers emotional and physiological reactions
- Associated hypervigilance can negatively impact health
- Microaggressions – brief, common place verbal, behavioral, environmental indignities

*Discrimination is the most researched form of racism*



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### Access to Education

- Lower income families often live in school districts that are resource poor
- Strong correlation between education and morbidity/mortality
- Lower education attainment = higher rates of chronic disease
- Less than high school education impacts life expectancy



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### Income & Wealth

- Level of Wealth is associated with health outcomes
- Higher wealth associated with lower mortality, higher life expectancy, slower declines in physical functions
- Significant health differences between income levels below 100% and above 200% Federal Poverty Level
- Low income correlates with higher rates chronic disease, obesity and smoking
- Income impacts safety and quality of neighborhoods and schools
- This disadvantage accumulates over a person's lifetime; can persist for generations

2023 Federal Poverty Guidelines (Coverage Year 2024)							
# in Household	100%	138%	150%	200%	250%	300%	400%
1	\$14,580	\$20,112	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,722	\$27,154	\$29,160	\$38,880	\$48,570	\$58,320	\$77,760
3	\$24,864	\$34,196	\$36,450	\$48,240	\$60,075	\$71,820	\$95,640
4	\$29,998	\$41,182	\$43,740	\$57,600	\$72,075	\$86,640	\$114,720
5	\$35,132	\$48,168	\$50,970	\$67,200	\$84,075	\$100,800	\$133,440
6	\$40,266	\$55,154	\$58,170	\$76,800	\$96,075	\$115,680	\$153,120
7	\$45,400	\$62,140	\$65,370	\$86,400	\$108,075	\$130,560	\$173,760
8	\$50,534	\$69,126	\$72,510	\$96,000	\$120,075	\$145,440	\$193,440

For households with more than 8 eat \$5,140 for each additional person. Source: MicroHealth. Eligibility for premium tax credits for 2024 based on 2023 guidelines. FPL = Federal Poverty Level

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### Housing Instability

- **Stability**
  - Residential instability increases risk of teen pregnancy, early drug use and depression in youth
- **Quality & Safety**
  - Lead exposure
  - Substandard conditions
    - i.e., water leaks, poor ventilation, air quality
- **Affordability**
  - Lack of affordable housing = difficulty paying rent/utilities
  - More likely to have a usual source of health care, postpone needed treatment
- **Neighborhood**
  - Availability of resources = better health
    - i.e., Public transportation, transportation to one's job, grocery stores with nutritious foods, safe spaces to exercise



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### Access to Health Care

Needed:

- Promoting and maintaining health
- Preventing and managing disease
- Reducing unnecessary disability and premature death

Includes:

- Health Insurance Coverage
- Availability of health care providers and services



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### Food Insecurity

- Lack of resources to purchase adequate food to maintain health
- Low-income neighborhoods have limited sources of health food
  - i.e., lack of supermarkets, food deserts
- Most research on effects of food security focused on children
  - Birth defects, cognitive & behavioral problems, higher hospitalization rates, poorer general health, poor oral health



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### Environment & Climate Change

Environmental conditions affect the health of everyone

- Low income & People of Color at greater health risk
- Hazards
  - air pollution, chemical exposure, poor water quality
- Natural Disasters/Climate Change
  - More likely to live in a high-risk area for natural disasters
  - Less resilient housing
  - Less capacity to move



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### Figure 1 Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Stress
Medical bills	Playgrounds	Higher education			
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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### Social Determinants

*"Social determinants of health include the conditions in the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks."* – Kaiser Family Foundation

*"The conditions in which people are born, work, live and age and the wider set of forces and systems shaping the conditions of daily life including economic policies and systems, development agendas, social norms, social policies and political systems."* – The World Health Organization

*"Non-medical factors influencing health related knowledge, attitudes, beliefs and behaviors"* – Future of Nursing Report, 2020-2030

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### Achieving Health Equity means improving health at both the population and individual levels

Population Level = Addressing SDoH

Individual Level = Addressing Social Need



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### Social Needs (NASEM, 2019)

*"Individual level nonmedical acute resource needs related to SDoH such as housing, reliable transportation, strong support system at home, that must be met for individuals to achieve good health outcomes and for communities to achieve better health."*

*"Person centered concept that incorporates each person's perceptions of his or her own health-related needs, which therefore vary among individuals."*

Unmet social needs describe factors that prevent people from experiencing positive health outcomes

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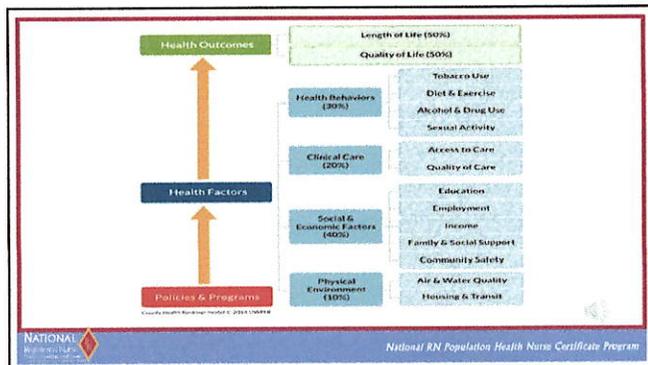
### Redefining Health

#### Social Determinants of Health

- SDoH have been described as "the causes of the causes"
- Provide a framework for understanding root causes that contribute to an individual's health, the reasons health disparities exist and how health equity is achieved by all people regardless of socioeconomic status
- Reflect a commitment to nursing's social mission to advocate for social justice and health equity
- Moves beyond defining health in terms of medical care

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### Next Steps

- Watch the set of videos
- Review the posted Resources.
- Download any you would like to keep.
- Take the Test Your Knowledge Self-Assessment Quiz
- When you're ready move onto the next topic

• Questions? Let me know:  
 • [Kelly.kruse@nationalrn.com](mailto:Kelly.kruse@nationalrn.com)  
 • (608) 437-6035 cst

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### Social Determinants Impact Everyone

- Not something an individual can have or not have
- Not positive or negative (although often portrayed negatively)
- In advancing health equity, it is important to remember that there are social factors that confer health benefits to certain populations and cause harm to others
  - Economic stability can confer health benefits while economic instability can create health risks and challenges

**In a public health emergency social factors become even more visible and require a rapid response**

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### Call to Action

**"A nation cannot fully thrive until everyone—no matter who they are, where they live, or how much money they make—can live their healthiest possible life, and helping people live their healthiest life is and has always been the essential role of nurses. Nurses have a critical role to play in achieving the goal of health equity..."**

— Future of Nursing Report 2020-2030: Charting a Path to Achieve Health Equity

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