

applying your degree to public health practice

academic nurse leader



Academic Nurse Leader Checkpoint

Are you dedicated to nursing?

Do you prefer to apply your nursing skills to broader populations rather than individual patients?

Do you welcome the challenge of training others to follow in your footsteps, contributing to the health of populations?

Does interacting with people from a wide array of other disciplines excite you?

If so, read on

A TRUE TALE

When she was three, Kristine Gebbie, DrPH, RN, told her family she was going to be a nurse, and she never wavered from that conviction. She attended St. Olaf College's nursing program in Northfield, Minnesota, which she felt gave her a broad preparation for her profession.

At the University of California in Los Angeles, Dr. Gebbie added a master's degree in community mental health to her credentials. For several years, she worked and taught nursing hospital management in Los Angeles and St. Louis, but soon found that she was so committed to disease prevention that hospital work, though deeply rewarding for some health professionals, just wasn't for her. "Personally, the challenges of impacting individual health through contributing to the health of populations seemed more tantalizing than the day-to-day hospital responsibilities I was dealing with," says Dr. Gebbie. In 1978, an advertisement for a position commissioned by the state of Oregon to run the state public health system caught her eye. She applied, and three months later became the director of public health for the State of Oregon.



Kristine M. Gebbie, DrPH, RN

Dr. Gebbie spent 11 years in Oregon. In 1989, she went to Washington State for four years to help set up a new state public health department, and then to Washington, D.C., where she was the first Director of the National AIDS Policy Office of the White House and Senior Consultant on Public Health Initiatives to the Office of Public Health and Science.

Dr. Gebbie arrived in New York City in 1995 to be an Associate Professor of Nursing at the Center for Health Policy at the Columbia University School of Nursing, a position she currently holds.

A colleague once asked Dr. Gebbie why she left nursing to go into public health. "Actually, I never left nursing," she answered, explaining that she brought her nursing background to public health practice. "I think that's an important message for all health professionals. When you choose public

health, you do not quit being a nutritionist, or a social worker, or a pharmacist, or a physician or a nurse. Your commitment to caring for people is still paramount — you simply are applying it to broader populations instead of individual patients.”

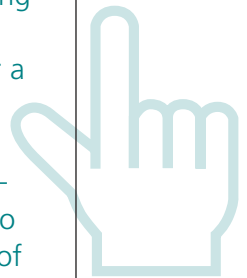
Professionals in public health

Today, nearly any health-related discipline interacts with the field of public health in one way or another. Nurses comprise one of the largest single groups of professionals practicing public health. Others include environmentalists and physicians, social workers, nutritionists, pharmacists, dentists, laboratory specialists, epidemiologists and biostatisticians. There are vast differences in the training and expertise of public health professionals, differences determined not just by their specialties, but also by the settings in which they choose to practice.

Dr. Gebbie suggests the easiest and optimal way for professionals to successfully transition from clinical practice into public health is to obtain supplementary training. There is a movement afoot — known as “uniform credentialing” — to provide comprehensive, basic public health education to all health professionals, without requiring them to return to school for a master’s in public health (MPH). Professionals also can enhance their skills in public health through distance-learning formats, web-based learning, continuing education courses and on the job.

As opposed to one-on-one clinical practice, public health practitioners are trained to look not so much at individuals, but at populations with shared health care needs. By treating the populations, they treat the individuals en masse. When treating individuals directly, public health practitioners look at how they fit into a population’s health-need profile. “If a nurse has been classically trained in working with mothers and babies in a hospital clinic, and then chooses, without public health training, to work in a community child health program, she may have some difficulty understanding and appreciating the concepts of birth

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“A typical day is anything but typical. It could vary from simulations of bioterrorist events, to working with research colleagues from around the world, to coping with a food borne disease outbreak. The diversity is both a challenge and a reward.”

Kristine
Gebbie,
DrPH, RN

rates and high risk or vulnerable populations,” Dr. Gebbie says. Still, there are many vacancies for public health nurses, and often the only specific educational requirement for a position is a degree in nursing, preferably the Bachelor of Science (BSN). Holders of two-year associate nursing degrees (ADNs) should add the additional two years needed for a full four-year degree if they want to enter public health nursing, according to Dr. Gebbie. “But then the ADN holder has the advantage of taking courses in public health in those two later years.”

As new schools of public health open, even experienced public health professionals are considering additional training to either extend their existing knowledge or to learn new skills. Dr. Gebbie cites three competencies that have recently emerged in response to perceived voids in the public health system: informatics, law and genetics. The field of public health informatics has grown rapidly to keep up with advances in information technology. Public health relies increasingly on sophisticated computer systems, which provide such tools as automatic reporting of notifiable conditions and dissemination of data from and among health surveillance investigations. There is currently a need for accelerated development of systems that facilitate communication among public health personnel at all levels, so that data can be used appropriately and efficiently.

Professional needs in the public health arena are not confined to the field of medicine, therapeutics and sociology. Public health law is another burgeoning field. “The laws and regulations that govern public health also need to be looked at carefully,” Dr. Gebbie says. “In many cases, regulations and statutes are woefully out-of-date, and review is essential.” A large and diverse array of laws and government policies affect public health directly and indirectly, such as those that regulate food safety, clean water, land use and childhood immunizations. Training to provide new competencies in public health law is being developed for attorneys who are part of the public health workforce, or who act as independent consultants for health departments.

Know any molecular biologists? Dr. Gebbie points out that there are public health career options for these professionals as well. Genetics and genomics have entered the public health spotlight as a result of the completion of the first phases of the human genome project (HGP). Public health professionals wonder how and to what extent this genetic knowledge can improve their

ability to practice prevention in the community. For example, how do genetic determinants contribute to the occurrence of a particular disease category or endpoint? Do given diseases cluster in families or in a certain community? How do we obtain and utilize individual genetic information without compromising basic rights to privacy? Detailed knowledge of gene structures may lead to answers to many such questions, and public health practitioners are now identifying ways to take advantage of geneticists' work.

As the field of public health expands, another issue under discussion in public health circles is how to identify competencies for a specific job. Dr. Gebbie calls *credentialing* “the primary way to identify practitioners who



are truly competent in a given area.” She adds, “This is not to say a practitioner can’t be perfectly good at epidemiology without having an epidemiology degree. But such a degree makes it so much easier to be confident in that person’s competency.” A new type of credentialing is currently under discussion. “This credentialing would certify that a professional understands what population-based practice means, knows at least minimally how to use

epidemiology and other data to understand a community’s health status, and knows about effecting prevention on a broad scale,” says Dr. Gebbie. At present, no procedure or certification process satisfies verification of these requirements other than the MPH degree itself.

“Uniform credentialing,” as the process is known, still remains a concept. Progress made thus far has taken a great deal of collaboration among federal agencies such as the Centers for Disease Control and Prevention (CDC) and professional organizations such as the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO) and various schools of public health, to determine the best way to credential public health personnel. Still, questions remain. What kind of examination should be required? What kind of work experience is sufficient? Who actually determines whether a certificate should be issued? These organizations have



successfully identified and codified a list of core public health competencies, a clear benefit to any public health employer seeking a method to identify qualified workers. Some of the competencies and skills deemed necessary for the effective delivery of essential public health services are:

- *Analytic/Assessment* — defines a problem and uses data to determine an effective solution
- *Policy Development/Program Planning* — develops and translates policy into plans and programs
- *Communication* — communicates effectively, both in writing and orally, and grasps how the media communicates information
- *Cultural Competency* — is sensitive to persons from diverse cultural, racial and socioeconomic backgrounds as well as persons of all ages and lifestyle preferences
- *Community Dimensions of Practice* — identifies how public and private organizations operate within a community
- *Basic Public Health Sciences* — understands the health status of populations and factors contributing to health promotion and disease prevention
- *Financial Planning and Management* — uses human relations skills for management and motivation of personnel, and knows how to develop and present a budget
- *Leadership and Systems Thinking* — creates a culture of ethical standards within organizations and communities, promotes team and organizational learning and contributes to development, implementation and monitoring of organizational performance standards

Teamwork

With so many diverse professions and backgrounds contributing to the public health landscape, it's no wonder that effective teamwork is one of the hallmarks of public health excellence. And for Dr. Gebbie, the dynamic interdisciplinary nature of the field is one of its most stimulating attributes. Over the near term, the increasing number of diverse professionals who play many roles within the system will likely add greater dimension and effectiveness to the public health field.

“Ideally, there should be a fluid back and forth movement of practitioners across functions, so that a visitor can walk into a medium-sized health department, watch the multidisciplinary staff going about their daily business and, with a few exceptions, find it difficult to determine who is in what profession,” says Dr. Gebbie. “The person running the epidemiology program may have been originally trained as a veterinarian. The department head for the family planning outreach program may have originally been trained as a pharmacist. The organizer of the epidemiological investigation of a food-borne outbreak may have originally been trained as a nurse.”

Working together as a team is the key to getting things done. “Not all of us learned terribly well from our basic education how to work together. We tended to be so busy just learning our specialties that we didn’t pay much attention to what other people were doing. When you get into public health practice, you really do have to learn how to interact with people from all other disciplines, respect what they bring to the table, be proud of what you bring, and know how to put all the pieces together in new and different ways.” Dr. Gebbie uses her friends who were trained in medicine and pharmacy as an example of such teamwork. “When we sit together, tossing around ideas about what we would like to do to perfect the world of public health, you might not guess who does what from listening to what each of us says, just because we’ve become so much more knowledgeable about our respective fields. But, if you listen very closely, you start hearing both distinct professional perspectives and how we are able to pull those perspectives together to make a whole that we think works exceptionally well. Or as the old saying goes, ‘the whole is more than the sum of its parts.’”

A day in the life

New research models, bioterrorism, team-building skills, food-borne disease — all of these and many more can play a role in a “typical” day on the job for Dr. Gebbie. “I suppose you might say my day, in varying increments, is one of practice, education and research,” says Dr. Gebbie. “It’s truly a mixture of responsibilities, the proportions of which depend on whether it is primarily a teaching day or a research day.” A teaching day may find Dr. Gebbie preparing a lecture or instructing doctoral students how to think in new ways about research. Likewise, a research day involves meeting with the team to plan for various projects, “involving esteemed experts from across the country.”

The day of a public health nurse working in the field would be vastly different. She would probably spend at least part of the day in a public health clinic, providing immunizations, examining children or diagnosing sexually transmitted diseases. She might spend part of her day seeing patients in non-clinic settings — a community center, a church basement, a shopping center or even a person’s home. A public health nurse, during a typical week, participates in at least one group education event, such as an HIV prevention lecture at a high school, a prenatal class at the community center or a blood pressure screening at a senior citizen’s meeting place. There is enormous demand for public health nurses to go out into the community as speakers, Dr. Gebbie says. “These days, there are simply not enough nurses to go around.”



career at a glance

Kristine M. Gebbie, DrPH, RN

1997–Present	Associate Professor, Director of Doctoral Studies & Director Center for Health Policy, Columbia University School of Nursing
1994–1999	Senior Advisor Public Health Functions, Office of Public Health and Science, U.S. Department of Health and Human Services
1993–1994	National AIDS Policy Coordinator The White House
1989–1993	Secretary of Health State of Washington
1978–1989	Administrator Health Division, Oregon Department of Human Resources (equivalent to state health commissioner)
1976–1978	Assistant Director St. Louis University Hospitals
1972–1977	Assistant Professor St. Louis University School of Nursing
1974–1976	Director Ambulatory Care, St. Louis University Hospitals
1968–1971	Instructor/Lecturer UCLA School of Nursing

PUBLIC HEALTH TRAINING

Is a degree in public health necessary to practice public health? Many of the professionals profiled in this book have gained their skills through on the job training and not necessarily through master's or doctoral degree programs. These professionals are making a significant difference in the public's health in the U.S. and throughout the world. It should be noted, however, that further and higher education continue to be of high importance to bettering a lifetime of experiential learning. It is true that some capabilities can only be inculcated through experience, but it is equally true that other strengths and abilities require formal instruction. As your career advances and you become fascinated with new subject matter encountered in your work, it is likely — but again, not absolutely required — that you will seek masters, doctorates and certifications requiring additional training.