Viewpoint

Restore Community Nursing
By Robert Atkins
RESTORE COMMUNITY NURSING

Imagine a nurse for every census tract of the United States. We must transform nursing education to make that vision a reality.

BY ROBERT ATKINS

My mother was a registered nurse. From an early age, I remember neighbors knocking on the door of our suburban home in Cherry Hill, New Jersey, to ask her questions about a rash on their newborn, to have their blood pressure checked, or to discuss lab work results they had just received.

I followed my mother into nursing. My first job out of nursing school was at East Camden Middle School in Camden, New Jersey, one of the poorest cities in the United States. Tasked with the care of more than 600 students in grades five through eight, alongside numerous teachers and staff, I spent my days offering first aid, treating shortness of breath from asthma, and screening for hearing and vision problems. My scope also included collaborating with school and community partners to identify and assist students and families with food insecurity, housing instability, behavioral issues, and other socioeconomic challenges.

How my mother served our neighborhood and how I served a middle school is a model for smaller-scale, community nursing that should be replicated across the 84,000 census tracts that define the American landscape. Each tract, averaging 4,000 inhabitants, would be much healthier if it had a dedicated nurse sharing health information and collaborating with community partners to combat social isolation, housing instability, and food insecurity, and address other social determinants of health.

The evidence is clear on two points. First, such social factors have a greater influence on health outcomes than clinical care. Despite spending more per capita on health care than any other nation, the United States has dramatically worse health outcomes when compared with other affluent nations, in part because the social circumstances many Americans face leave them vulnerable. No health system can rely on hospitals alone to address basic social determinants of health. Second, the health of populations improves when nurses, the largest segment of our nation’s health-care workforce, work within communities to increase high school graduation and employment rates, access to parks and playgrounds, and other community health factors.

NURSE-EDUCATION REFORM

The nursing profession has a rich history deeply rooted in community care. However, more than half of nurses today work in hospitals. How did nurses go from providing direct care in communities to becoming hospital employees? Beginning in the 1930s and increasing after World War II, local, state, and federal governments promoted the construction of hospitals and the professionalization of medical care. Communities built more hospitals, and the beds of those hospitals were filled with people with diseases and illnesses who needed nursing care.

Hospitals had a growing need for workers trained to provide skilled care to patients with conditions that required technically complex treatment. Hospitals hired more nurses and became sites for hospital-based nursing training programs. While community colleges and universities eventually stepped in to provide nursing education—these institutions educate most nurses nowadays—they retained the model of nursing education that hospitals developed.

This history partially explains a twofold problem that US health care faces today. First, the United States is experiencing a shortage of nurses, especially nurses prepared to address the challenges faced by rural communities remote from hospitals. Equally troubling, nursing schools are turning away qualified applicants because they do not have enough seats. The nation needs more nurses than just those who wind up staffing hospitals.

There are more than five million registered nurses (RNs) in the United States, and the profession consistently ranks highest among the nation’s most trusted professionals. Yet we don’t have enough, as the COVID-19 pandemic underscored. Its disproportionate impact on the most vulnerable highlights the urgent need for census tract nurses, who can help construct care networks and provide a safety net for the most susceptible members of our society.

Nurses have an impressive history of actively engaging with communities to establish care networks to improve health. Lillian Wald (1867-1940), a trailblazing figure in public-health nursing and a visionary leader in the nursing profession, laid the foundation for such community-oriented care. In 1895, she established the Henry Street Settlement, a comprehensive care network designed to enhance the well-being of immigrants residing on the Lower East Side of New York. She coined the term public-health nurse and advocated for nurses to establish an “organic relationship with the neighborhood,” serving as the cornerstone for a universal service to the community. Her legacy continues today in such programs as the Nurse-Family Partnership, which delivers prenatal and...
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The challenge is to redesign nursing education to prepare for a future health system that nurtures communities and fosters a healthier, more resilient nation.

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