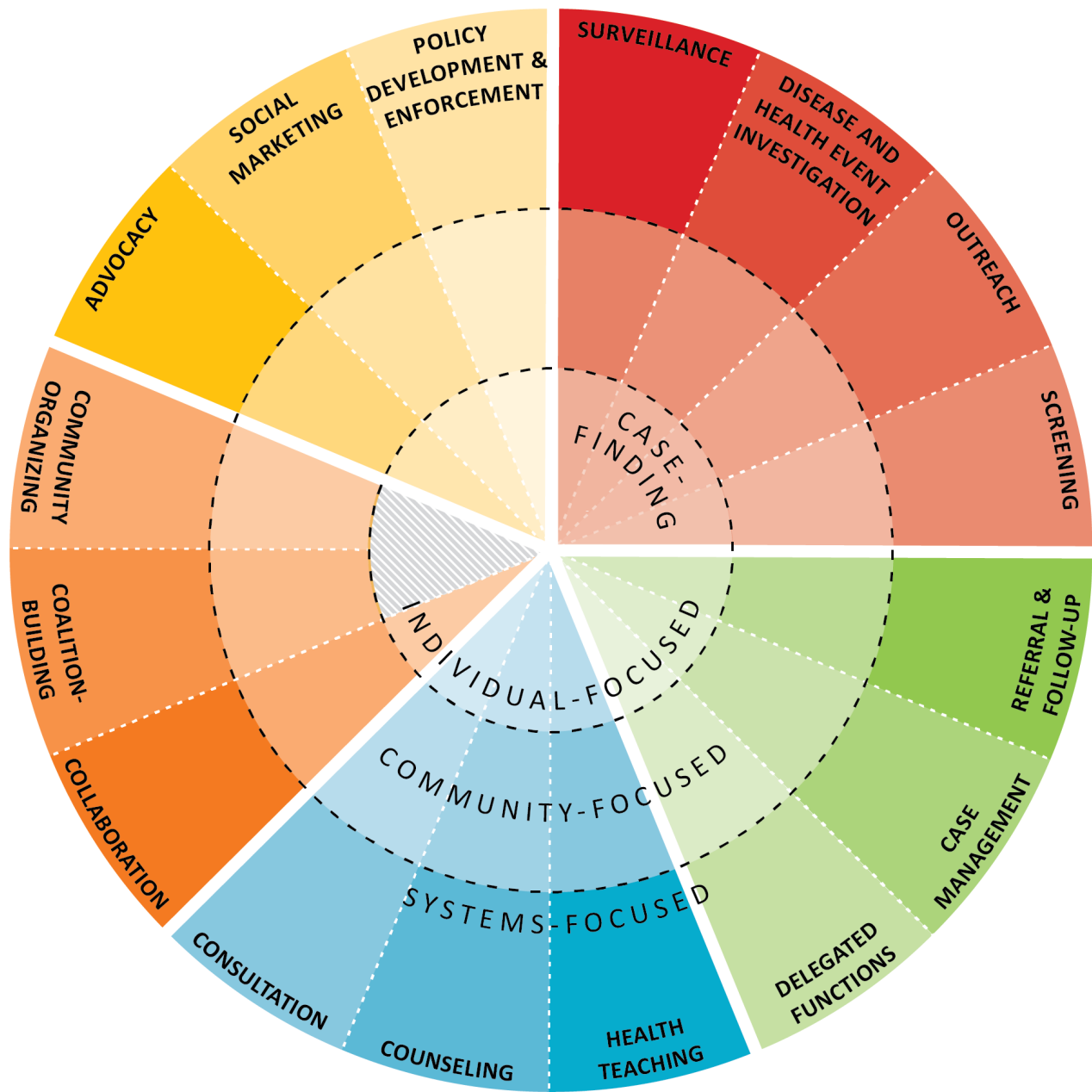


Public health interventions (population-based)



Public health interventions, defined

Interventions are actions that public health nurses take on behalf of individuals/families, communities, and systems, to improve or protect health status (Minnesota Department of Health, 2001, p. 1).

- **Surveillance** is “an ongoing, systematic collection, analysis and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice” (World Health Organization, 2018).
- **Disease and health event investigation** systematically gathers and analyzes data regarding threats to the health of populations, ascertains the source of the threat, identifies cases and others at risk, and determines control measures.
- **Outreach** locates populations of interest or populations at risk and provides information about the nature of the concern, what can be done about it, and how to obtain services.
- **Screening** identifies individuals with unrecognized health risk factors or asymptomatic disease conditions in populations.
- **Case-finding** locates individuals and families with identified risk factors and connects them to resources.
- **Referral** makes a connection to necessary resources to prevent or resolve problems or concerns. **Follow-up** assesses outcomes related to the utilization of the resources.
- **Case management** is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet client needs. It uses communication and available resources to promote safety, quality of care, and cost-effective outcomes.
- **Delegated functions** include: 1) direct care tasks a registered professional nurse carries out under the authority of a health care practitioner, as allowed by law, and 2) direct care tasks a registered professional nurse entrusts to other appropriate personnel to perform.
- **Health teaching** involves sharing information and experiences through educational activities designed to improve health knowledge, attitudes, behaviors, and skills (Friedman, Cosby, Boyko, Hatton-Bauer, & Turnbull, 2011).
- **Counseling** involves establishing an interpersonal relationship at an emotional level, with the goal of increased or enhanced capacity for self-care and coping.
- **Consultation** seeks information and generates optimal solutions to perceived problems or issues through interactive problem-solving.
- **Collaboration** enhances the capacity to promote and protect health for mutual benefit and a common purpose. Collaboration involves exchanging information, harmonized activities, and shared resources (National Business Coalition on Health, 2008).
- **Coalition-building** helps promote and develop alliances among organizations or constituencies for a common purpose. It builds links, solves problems, and/or enhances local leadership to address health concerns.
- **Community organizing** is “the process by which people come together to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the objectives they want to accomplish” (Center for Community Health and Development at the University of Kansas, 2017).
- **Advocacy** is the act of promoting and protecting the health of individuals and communities “by collaborating with relevant stakeholders, facilitating access to health and social services, and actively engaging key decision-makers to support and enact policies to improve community health outcomes” (Ezeonwu, 2015, p. 123).
- **Social marketing** is a process “that uses marketing principles and techniques to change target audience behaviors to benefit society as well as the individual” (Lee & Kotler, 2016, p. 9).
- **Policy development** places health issues on decision-makers’ agendas, establishes a plan of resolution, determines needed resources, and results in laws, rules and regulations, ordinances, and policies. **Policy enforcement** compels others to comply with the laws, rules, regulations, ordinances, and policies created in conjunction with policy development.

Public health practice levels

Public health interventions are population-based if they consider all levels of practice. The three inner rings of the model represent this concept. The inner rings of the model are **systems-focused**, **community-focused**, and **individual/family-focused**.

A population-based approach considers intervening at all possible levels of practice. Interventions may be directed at the entire population within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk.

- **Systems-focused population-based practice:** Changes organizations, policies, laws, and power structures. The focus is not directly on individuals and communities but on the systems that impact health. Changing systems often impacts population health in a more effective and lasting way than requiring change from every individual in a community.
- **Community-focused population-based practice:** Changes community norms, attitudes, awareness, practices, and behaviors. This practice level is directed at entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population actually changes.
- **Individual/family-focused population-based practice:** Changes knowledge, attitudes, beliefs, practices, and behaviors of individuals and families. This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population at risk.

References

- Center for Community Health and Development at the University of Kansas. (2017). *Community Toolbox. Strategies for Community Change and Improvement: An Overview*. Retrieved from <https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/overview/main>
- Ezeonwu, M. C. (2015). Community health nursing advocacy: A concept analysis. *Journal of Community Health Nursing*, 32(2), 115-128. doi:10.1080/07370016.2015.1024547
- Friedman, A. J., Cosby, R., Boyko, S., Hatton-Bauer, J. & Turnbull, G. (2011). Effective teaching strategies and methods of delivery for patient education: A systematic review and practice guideline recommendations. *Journal of Cancer Education*, 26, 12-21. doi 10.1007/s13187-010-0183-x
- Lee, N. R. & Kotler, P. (2016). *Social marketing: Influencing behaviors for good*. Thousand Oaks, CA: Sage Publications, Inc.
- Minnesota Department of Health. (2001). *Public health interventions: Applications for public health nursing practice*.
- National Business Coalition on Health. (2008). *Community health partnerships tools and information for development and support*. Retrieved from <https://stacks.cdc.gov/view/cdc/42398/Share>
- World Health Organization. (2018). *Public health surveillance*. Retrieved http://www.who.int/immunization/monitoring_surveillance/burden/vpd/en/

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