M any challenges influence the overall health of communities. Infectious diseases, such as tuberculosis, can spiral out of control in many urban settings. Children’s health and well-being are still threatened by preventable diseases, environmental toxins, violence, accidents, and injuries. Unequal access to health care and insurance coverage has notably increased morbidity and mortality among infants, pregnant women, and other vulnerable populations.

Amid these challenges, all nurses can improve health outcomes and expand the infrastructure for monitoring and managing diseases. In traditional public health settings, community health nurses work to ensure that expectant and new mothers have the resources to appropriately care for themselves and their children. They can be found in the WIC Program (the Special Supplemental Nutrition Program for Women, Infants, and Children) administering well-baby assessments, vaccinations, and newborn screenings, as well as in lead abatement programs managing the care of children with lead poisoning.

Community health nurses are valued for their adaptability and willingness to provide care in many settings, including community health clinics, churches, homeless shelters, and schools. These nurses provide comprehensive care to patients within their homes, at organized events such as health fairs, and at agencies and institutions serving people who have particular health needs. Advanced practice nurses in communities improve access to care and lower costs at nurse-managed clinics on college campuses and at primary and secondary schools. They develop and implement corporate wellness programs, thereby supporting the health and productivity of employees and their organizations.

Nurses in community health work with diverse partners and providers to address complex challenges in the community. Nowhere is this more evident than in current efforts to identify, reach, and treat people living with HIV and AIDS and in efforts to help the elderly effectively manage their chronic health problems and remain at home.

The Public Health Security and Bioterrorism Response Act of 2002 added a new dimension to the public health professional’s role. It catapulted community health nursing to the center of emergency response plans that would provide mass prophylaxis and contain and manage biochemical threats. Community health nurses, especially those in public health settings, are now considered first responders—a role that traditionally belonged to law enforcement and emergency response professionals. In the event of a public health threat, community health nurses will organize and administer immediate care.

Community or public health nurses may specialize in areas such as home care; case management; clinical, school, or corporate nursing; or pharmaceutical sales. Community health nurses with advanced degrees can also find opportunities in higher education and clinical research. The skills needed for these diverse areas can vary, but at a minimum, nurses should have a bachelor’s degree and sound clinical experience. Some public health settings have relaxed their minimum requirements in response to the nursing shortage. Nurses who choose traditional public health or home care should have a broad understanding of health issues and be comfortable with autonomy, change, and uncertainty.

Nurses entering this specialty must highlight not only their clinical skills, but also their critical thinking, advocacy, and analytical abilities. Communities are dynamic, and nurses must adapt to be able to provide patients with whatever care they need. The pay for community health positions can be lower than that for similar positions at major health facilities; however, many community positions require few, if any, weekend or holiday hours.

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