

PUBLIC HEALTH NURSING: A PARTNER FOR HEALTHY POPULATIONS

For more than 100 years, public health nursing has been a vital force in protecting and promoting health and preventing disease and injury. Working in a variety of settings, from schools and workplaces to homes and community centers, public health nurses collaborate with community leaders to identify community health issues and with other health care providers to improve community health. Although health issues have changed during the past century, public health nursing continues to be a critical resource for protecting and promoting the health of the entire population.

Public Health Nursing: A Partner for Healthy Populations highlights the connection between nursing and the practice framework provided by the three core public health functions (assessment, policy development, and assurance) and the ten essential public health services, which include mobilizing community partnerships to identify and solve health problems, enforcing laws and regulations that protect health and safety, and researching for innovative solutions to health problems.

The book describes the Public Health Nursing Practice Model of the Association of State and Territorial Directors of Nursing, which links nursing practice with the core public health functions and essential public health services. The model serves as a tool to demonstrate the scope of public health nursing practice, the expanding role of public health nurses, and the focus on the health of entire populations.

A valuable resource for public health nurses, community health nursing educators, and public health leaders, *Public Health Nursing* defines the ten essential public health services and lists specific activities of public health nurses related to each service. In addition, the authors share inspiring examples of how public health nurses from around the United States have acted resourcefully, in partnership with social workers, health educators, environmentalists, epidemiologists, and others, to provide these essential services to those who need them.

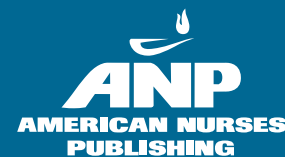
Public Health Nursing provides a historical review of public health nursing as a foundation for understanding nursing roles as they pertain to population health and discusses the competencies required by public health nurses as they shift to stronger emphasis on population health. The authors also take a look at the challenges that lie ahead for the profession and list additional resources for information on public health nursing.

PUBLIC HEALTH NURSING

A Partner for Healthy Populations



*Association of State and Territorial
Directors of Nursing*



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THE ASSOCIATION OF STATE AND TERRITORIAL Directors of Nursing (ASTDN), an affiliate of the Association of State and Territorial Health Officials (ASTHO), comprises public health nursing leaders who represent the 50 states, the District of Columbia, and the five territories of the United States. ASTDN's mission is to provide a peer forum for public health nursing leadership, recognizing the authority as well as the responsibility of the government in protecting and promoting the health of the public. In carrying out its mission, ASTDN formed the Committee on Essential Public Health Services. This committee was charged with writing this publication to articulate public health nursing practice in relation to the core public health functions and essential public health services. The members of the committee are as follows:

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Chapter
ONE



Introduction

THE AMERICAN NURSES ASSOCIATION DEFINES professional nursing as “the diagnosis and treatment of human responses to actual or potential health problems” (ANA 1980). Professional nursing is therefore consistent with the mission of public health to define and intervene in real and potential areas that affect the health status of communities. Nurses understand the determinants of health and the effects of behavior, biology, environment, and the health care system on the health status of individuals and communities. Although the tools and skills required for appropriate care of persons are not identical to those required for communities, the conceptual framework is applicable to both. The nursing profession’s interest has always been in improving the health status of individuals, families, and communities, as well as the entire population.

This book, *Public Health Nursing: A Partner for Healthy Populations*, serves as a guide and tool for the expanded role of public health nursing as it relates to population health. It may be used for orientation, recruitment, and curriculum development or to support the contemporary role of public health nursing in the evolving

health care system. The publication focuses on three primary audiences: frontline public health nurses, community health nursing educators, and public health leaders.

The public health nurse serving individuals, groups, families, and entire communities can use this book as a means to highlight the connection between nurses’ current activities and the practice framework provided by the core public health functions and essential services. The intent is for public health nurses to look beyond their current base of practice to a stronger focus on the health of the population, partnerships, and common strategies.

Community health nursing educators who are preparing future public health nurses are encouraged to incorporate the core public health functions and essential services into the theory and practice components of the curriculum. This effort, combined with a strong collaboration with public health nursing leadership, will strengthen the integration and application of contemporary population health concepts into practice.

Future public health leaders must develop a greater understanding of the potential contribution

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that each member of the multidisciplinary public health team can bring to the process of responding to the health care challenges of the twenty-first century. This century will bring a greater blending of roles among public health care professionals, and this book will facilitate the translation of role functions common to all public health leaders.

Following this introduction, Chapter 2 provides a historical review of public health nursing as a foundation for understanding nursing roles as they pertain to population health. Chapter 3 describes the Public Health Nursing Practice Model of the Association of State and Territorial Directors of Nursing (ASTDN), showing how the model links nursing theory and practice concepts to the core public health functions and to the ten essential public health services. In 1988, the core public health functions—assessment, policy development, and assurance—were delineated in the Institute of Medicine report entitled *The Future of Public Health* (IOM 1988). The ten essential public health services, enumerated by the Public Health Functions Steering Committee in fall 1994,

build on the public health core functions. The Public Health Functions Steering Committee, which coordinated the Public Health Functions Project, was co-chaired by the Assistant Secretary for Health and the Surgeon General and was composed of the Public Health Service agency heads and the presidents of many national public health organizations. In helping public health nurses to understand the links among nursing practice, public health concepts, and population health, the ASTDN model serves as a tool to demonstrate the scope of public health nursing practice, the expanding role of the public health nurse, and the focus on the health of entire populations.

Chapter 4 presents case examples for each of the ten essential public health services, providing the reader with a practical application of the model. The competencies, skills, and abilities required by public health nurses as they shift to a stronger emphasis on population health are discussed in Chapter 5. Chapter 6 discusses the challenges that lie ahead for public health nursing. References and additional resources are presented in Chapters 7 and 8, respectively.

Chapter
TWO



Roots of Public Health Nursing

THE MISSIONS OF PUBLIC HEALTH AND NURSING are rooted in the promotion of health and the prevention of disease, injury, and disability. The services provided by public health nurses have focused on preserving, protecting, and improving the health of populations through activities that improve the environment, encourage lifestyle and behavior change, and assure access to care.

For more than 100 years, public health nursing has been a vital force in this country's health care system. Protecting the public's health, promoting health, and preventing disease and injuries have always been the goals driving public health nursing practice.

At the turn of the century, public health nurses, in partnership with environmentalists, epidemiologists, and other public health specialists, attacked the threats of diphtheria, smallpox, cholera, and other communicable diseases. Public health nurses worked with neighborhood, community, and city leaders to educate people about the proper procedures for ensuring sanitary conditions and safe food and water, as well

as other disease-prevention practices. The history of public health nursing demonstrates support for population-based approaches to community health. Although the health issues have changed during the past century, public health nursing continues to be a critical resource for protecting and promoting the health of the entire population.

Concern for public health can be traced to rules of primitive tribes for the burial of bodily waste away from water supplies. This history extends to biblical times in the first written laws related to public health found in Leviticus. The first public health laws in North America were enacted in response to the unsanitary conditions of the cities in the colonial period. Over the years, public health has successfully integrated social, economic, and biological principles into a cohesive discipline.

Nursing's first leader, Florence Nightingale, founded modern nursing on the public health tenet that modifying the environment could enhance health. Her pioneering text, *Notes on Nursing: What It Is and What It Is Not*

(Nightingale 1859), the first book on nursing, includes topics such as ventilation and warming, the “health” of houses, noise, light, food, and cleanliness. Nightingale studied how people lived and behaved, and she considered relevant to nursing practice all factors that affected the health of the patient and the public. She expounded the fundamental science of public health “epidemiology” as she studied disease patterns and their causes among groups of people. Later, Clara Barton applied these principles while caring for Union soldiers during the American Civil War and was credited with helping to reduce mortality rates among the troops.

Lillian Wald, founder of the Henry Street Settlement in 1898, first used the term “public health nurse” in describing visiting nurses who provided direct care to the sick in their homes. The nurses not only cared for the ill, but also taught families basic hygiene, sanitation, and health practices. It was apparent that the well-being of the families depended on a healthy environment. Wald believed that patients primarily needed nursing care and should have direct access to nurses, who could then refer patients for medical care if necessary. Wald synthesized the body of knowledge from public health sciences and professional nursing theories to improve the health of the entire community.

Florence Nightingale, Clara Barton, and Lillian Wald are remembered and hailed for their contributions to the significant improvement in the health of specific populations. Public health nurses practicing today should also recognize the exceptional and courageous efforts of these three women in influencing and changing social awareness and political policies. Challenged by social adversity, these pioneers changed the social context of care and the community consciousness. They played a critical role in identifying health issues for the public and used the political process to change policies

to assure healthy people in healthy communities. That is their legacy.

Over the years, funding sources have affected the direction of public health nursing. The Children’s Bureau, established in 1912, and the Shepherd Towner Act, passed in 1921, provided money for health services for infants and children. The U.S. Department of Agriculture’s Women, Infants and Children program provides financial support for food supplements and nutrition education for high-risk pregnant and breast-feeding women and for infants and children. For many years, the Centers for Disease Control and Prevention has provided grants for the prevention of communicable disease and, more recently, for chronic disease prevention. Although public health nursing is a specialty in itself, such categorical funding, with its inherent limitations, has caused further specialization within public health nursing.

In addition, as funding allocations permitted public health professionals to care for patients without adequate health insurance, much of public health nursing’s focus was directed toward assuring access to care by providing clinical services. The need for clinical services will continue because of the increased demand for serving disenfranchised populations such as the homeless, undocumented aliens, and other uninsured groups. Yet, in recent years several factors have necessitated a return to basic public health nursing. The most significant of these factors has been the emergence and reemergence of communicable diseases and the threat of drug-resistant organisms; changes in the structure, function, and funding of the entire health care system; and the increased awareness of the relationship between lifestyle and disease.

Although the terms “core public health functions” (assessment, policy development, and assurance) and “essential services” are relatively new to public health nursing, public health

nurses have performed these functions and services for more than 100 years. Public health nurses have played key roles in conducting community assessments and investigating health problems and hazards in the community through the door-to-door approach, as well as more scientific and formal methodologies to determine health status. As advocates for the health of individuals, families, and groups, public health nurses have always spoken out on health issues and worked with community leaders to improve

the environment, access to care, and quality of health care.

The Public Health Nursing Practice Model of the Association of State and Territorial Directors of Nursing, discussed in the next chapter, links the past with the future. The legacy of public health nursing, which has roots in serving entire populations, provides the foundation for a renewed emphasis on population health, which public health nursing can and should fulfill in the future.

Chapter
THREE



Public Health Nursing Practice Model

THE ASSOCIATION OF STATE AND TERRITORIAL Directors of Nursing (ASTDN) developed the Public Health Nursing Practice Model (Figure 1) to assist public health nurses, public health nursing educators, and public health nursing leaders in conceptualizing the links among nursing practice, public health concepts, and population health. Specifically, the model links nursing to the core public health functions and essential services.

The model is a framework illustrating how public health nurses practice, perform core public health functions, and deliver essential services. The model also highlights the expanding role of the public health nurse and enhances the environmental component of public health nursing.

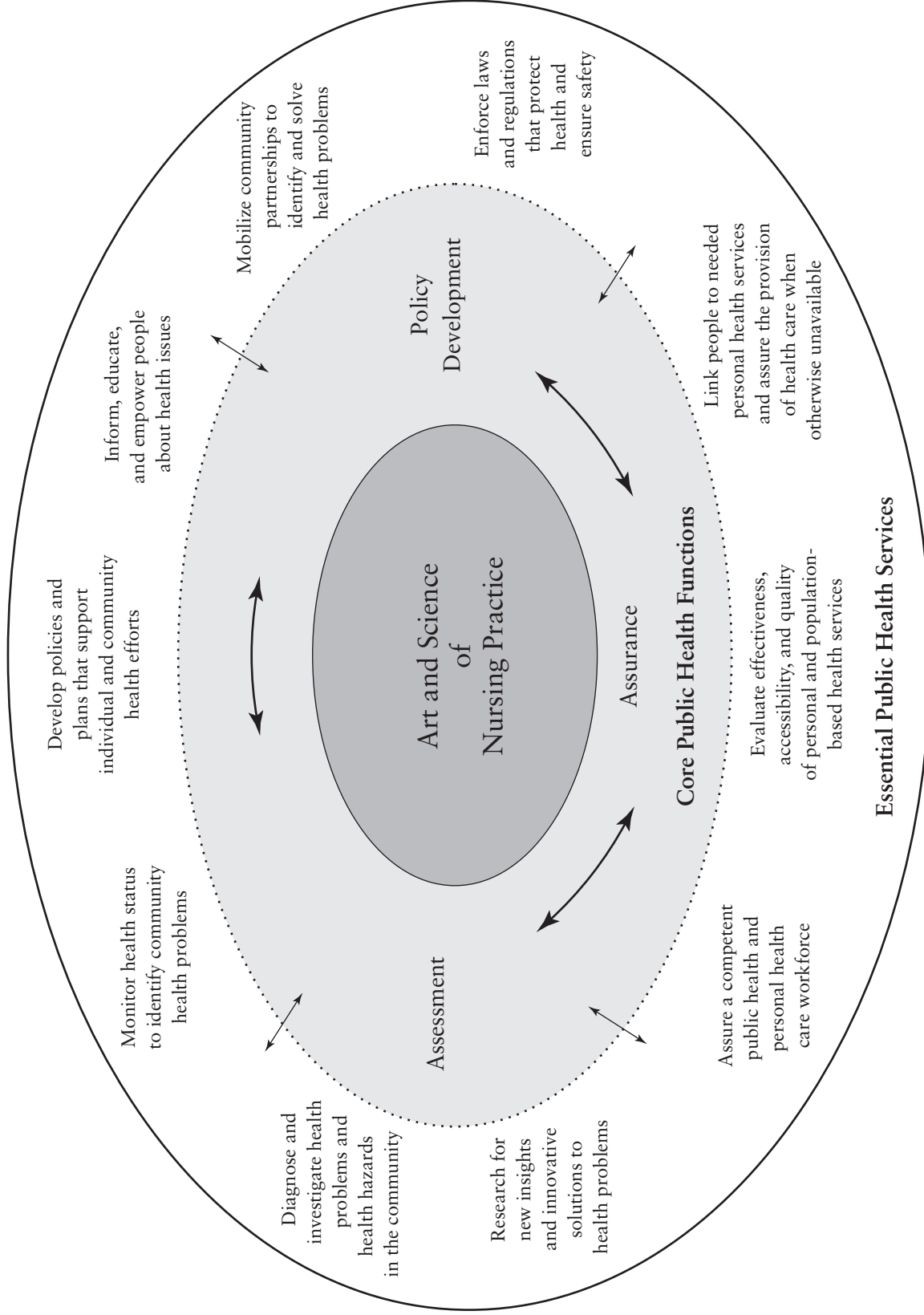
Public health nurses have traditionally been key members of the multidisciplinary team working to achieve public health's mission to protect and promote health and prevent disease and injury. In partnership with others, public health nurses help build healthy communities. They interact with individuals and populations in various

settings, such as inner cities, municipalities, neighborhoods, schools, and rural districts.

The model illustrates that the daily role of public health nurses represents practice, performance of the core public health functions, and the delivery of essential services. Basic nursing education, which centers on care of individuals and families, provides a foundation for population health practice. Assessment of the health status of individuals, identification of problems and assets, plans to improve health and the provision of specific interventions, and evaluation of their effects are steps all nurses recognize. Parallels can be drawn between the nursing process and the core public health functions of assessment, policy development, and assurance.

The core of the model, the art and science of nursing practice, embraces the basic premise of using a holistic approach in the delivery of public health nursing practice. Public health nurses are familiar with the American Nurses Association definition of nursing as “the diagnosis and treatment of human responses to actual or potential

FIGURE 1. ASTDN Public Health Nursing Practice Model



health problems” (ANA 1980), and they consistently use the nursing process and critical thinking as a basis for their public health nursing care. The nursing process components of assessment, diagnosis, planning, intervention, and evaluation are linked with public health concepts to derive what is uniquely called public health nursing.

The ASTDN model engenders fluidity between nursing practice, core public health functions, and the essential services. The activities performed to fulfill the core public health functions and essential services include all of the elements of the nursing process. The public health nurse, for instance, may use the assessment portion of the nursing process to collect information about a real or potential health threat. At the same time, the data collected may also be used to justify the diagnosis of a real or potential public health problem. Specific nursing activities can be linked to any one or more of the essential services.

ART AND SCIENCE OF NURSING PRACTICE

Based on theory and practice concepts, nursing is both an art and a science. Nursing provides a dynamic framework to influence the health status of individuals, families, groups, and communities because of its special emphasis on prevention. The public health nurse brings a unique perspective to the process of assessing individuals as well as communities. This perspective represents total health and well-being (physical, mental, social, spiritual, and environmental). Nursing combines critical thinking and creative problem solving with the processes of assessment, planning, intervention, and evaluation to achieve health outcomes.

Assessment is the collection and analysis of relevant data to evaluate health status and to identify problems, opportunities, needs, and assets. Planning requires collaborative goal setting and mapping strategies to achieve those goals.

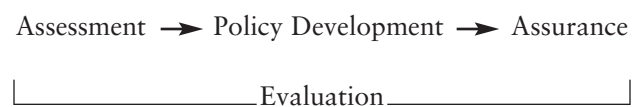
Intervention involves carrying out a plan of care in partnership with the client based on priority of need. Evaluation entails determining the effectiveness of the interventions and changing the plan as indicated. The practice of nursing and the core public health functions are both forms of analytical thinking and the scientific process.

CORE PUBLIC HEALTH FUNCTIONS

The middle ring of the model (Figure 1) represents the core public health functions. In 1988, the Institute of Medicine report *The Future of Public Health* (IOM 1988, excerpted by permission of the publisher) stated that public health was in a state of “disarray” and recommended that public health agencies across the country concentrate on building their capacity to fulfill the core functions of assessment, policy development, and assurance. These three functions have been defined as the government role in health and are linked by continuous evaluation (see Figure 2).

- **Assessment** encompasses all the activities involved in the concept of community diagnosis, such as surveillance, identifying needs, analyzing the causes of problems, collecting and interpreting data, case finding, monitoring and forecasting trends, research, and evaluation of outcomes.
- **Policy development** occurs as the result of interactions among many public and private organizations and individuals. It is the process by which decisions about problems

FIGURE 2. Government Role in Health



Reprinted, by permission, from *The Future of Public Health* (IOM 1988).

are made, goals and the proper means for reaching them are chosen, conflicting views about solutions are handled, and resources are allocated.

- **Assurance** provides services necessary to reach agreed-upon goals by encouraging private sector action, by requiring it, or by providing services directly. The assurance function in public health involves stimulating the implementation of legislative mandates as well as maintaining statutory responsibilities.

The practice of nursing and the core public health functions provide a framework for organizing, delivering, and evaluating interventions aimed at improving health. The essential public health services delineate and clearly describe the core public health functions.

ESSENTIAL PUBLIC HEALTH SERVICES

The outer ring of the model (Figure 1) represents the essential public health services. Since the Institute of Medicine's landmark 1988 report on public health, there has been considerable effort among public health professionals to define the core public health functions in ways more meaningful to public health professionals and the public. In 1994, the Public Health Functions Steering Committee adopted the framework *Public Health in America*, which enumerated the following ten essential public health services (DHHS 1997):

- Monitor health status to identify community health problems.

- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Since the early 1990s, public health professionals have exerted great effort to articulate the needs of the future public health workforce in relation to the essential services. A 1997 report of their collaborative efforts entitled *The Public Health Workforce: An Agenda for the 21st Century* was released by the U.S. Department of Health and Human Services (DHHS 1997). This publication cites analytical skills, communication skills, policy development and program planning skills, and cultural skills for each of the essential public health services. These competencies are generic in nature and relevant to the entire public health workforce.

Chapter FOUR



Nursing Activities for Each Essential Service

THIS CHAPTER DEFINES THE TEN ESSENTIAL public health services, lists specific activities of public health nurses related to each service, and provides two or more examples from actual practice for each service.

The essential public health services are relevant to the roles of all public health professionals. Rarely do public health nurses perform these services without the involvement of other members of the multidisciplinary public health team, such as social workers, health educators, nutritionists, environmentalists, and epidemiologists. In fact, effective resolution of most public health problems requires the unique skills of each individual member of the public health team. The examples cited in this chapter emerge from the combination of the nursing process and the essential services and are taken from the actual practice of public health nurses across the United States. However, any of the public health professions could cite similar examples of how the essential services might apply to or are carried out by members of that profession.

In addition, it is important to note that these essential services do not occur as discrete entities

operating in isolation from one another. Just as one would not collect data on the health status of individual clients without acting on that information, one would not monitor the health status of a community to identify health problems without addressing the problems identified. On the basis of the data gathered, the nurse and other public health colleagues might perform such public health services as mobilizing community partnerships, developing policies and plans, or linking people to needed personal health services.

MONITOR HEALTH STATUS

Monitor health status to identify community health problems: Using data from a variety of sources, public health professionals should be able to assimilate, organize, and interpret those data on behalf of the community. In monitoring health status, public health nurses

- Participate in community assessment,
- Identify subpopulations at risk for disease or disability,

- Collect information on interventions to special populations,
- Define and evaluate effective strategies and programs, and
- Identify potential environmental hazards.

Two examples follow.

Using Community Assessments to Rank Local Health Issues

Every two years local health departments are required to perform a community assessment and report results of the assessment to the state in a standardized format. The public health nurse and other members of the multidisciplinary team collect data through such means as statistical reports, local data sources, windshield surveys, structured focus groups, and interviews. They then compile and analyze the data and share it with a community coalition; the coalition ranks in priority order a list of problems and health issues for its community. Through the state report, these data become a part of the state public health agency's development of legislative priorities and at the local level may be used to develop the budget and establish partnerships within and outside the coalition to address priority issues.

Targeting Specific Risks of Minorities

As a member of a community-based team, a public health nurse worked with a range of community organizations, civic groups, and individuals to study risk factors for heart disease in the community. Although heart disease was determined to be the major cause of death for the entire community, an increased risk was identified in the African-American community. After assessing the available services and programs targeting that population, a decision was made with the community to work with the African-American churches in a program to promote a "heart

healthy diet." The community also supported the construction of walking trails and bike paths on a large tract of park land in a predominantly African-American neighborhood to provide a safe area for physical activity. The churches also sponsored a "Walk to Jerusalem" campaign to promote walking among the target population.

DIAGNOSE AND INVESTIGATE

Diagnose and investigate health problems and health hazards in the community: Whenever there is a deviation from the norm, an outbreak, a disease cluster, or any unusual health-related event, public health teams should be prepared to diagnose the situation and investigate the cause. In providing this essential service, public health nurses

- Understand and identify determinants of health and disease,
- Apply knowledge about environmental influences on health,
- Recognize multiple causes of or factors in health and illness, and
- Participate in case identification and treatment of persons with communicable disease.

Two examples follow.

Containing Viruses Through Community Education

As a member of the disease surveillance team, a public health nurse helped to identify a significant increase in the number of hepatitis A cases in a community. One case was linked to a day care center and another to an intermediate grade school. The press and several anxious parents made inquiries. The public health team consulted with the state epidemiologist and called a community meeting to inform parents about plans to intervene and to answer their questions. The team collaborated with child day care centers, school administrators, teachers, lab

personnel, members of the local restaurant association, and other community leaders. A community education campaign to help prevent further transmission of hepatitis A was conducted.

Instructing Parents in Child Safety Seat Use

A public health nurse served on a local task force to review data on each child fatality occurring in her community. After several meetings in which individual cases were reviewed, she asked the group to look at commonalities and trends in the cases. Most child fatalities were related to automobile accidents, and further analysis revealed that fatalities were usually associated with improper use of child safety seats that resulted in failure to protect children during accidents. The task force, including the nurse, worked with local law enforcement agencies to establish a program to stop cars carrying young children, assess whether child safety seats were being used correctly, and teach the appropriate use if they were not.

INFORM, EDUCATE, AND EMPOWER

Inform, educate, and empower people about health issues: At a minimum, public health professionals should inform communities and advise health practitioners so they can make appropriate and informed decisions. In informing and educating people, public health nurses

- Develop health and educational plans for individuals and families in multiple settings;
- Develop and implement community-based health education;
- Provide regular reports on the health status of special populations in clinic settings, community settings, and groups;
- Advocate for and with underserved and disadvantaged populations;

- Assure health planning that includes primary prevention and early intervention strategies; and
- Identify population health behaviors and maintain successful intervention strategies through reinforcement and continual funding.

Two examples follow.

Providing Sex Education in Collaboration with Parents and Teachers

A public health nurse working in a well-child clinic was frequently asked questions about sexuality that reflected a dearth of knowledge by young persons and their parents. Aware of the sensitivity of the subject, the nurse partnered with other health professionals to conduct focus groups with parents to define different ways to address the lack of knowledge about sexuality. They agreed that parent-child sex education would meet the needs of families and remove the community's fears about unrestricted education. The group approached the local school board and local parent-teacher associations. The school board agreed to sponsor a series of age-appropriate, parent-child classes on sexuality, which included normal growth, development, and decision making about engaging in sexual activity, with emphasis on the young people's abilities to make appropriate decisions about who touches their bodies under what circumstances. Because many parents believed that teaching the topic was the parents' and not the school's responsibility, the school also sponsored classes for parents in how to talk to their children about sexual issues, emphasizing role play and skill practice in talking with children of different ages.

Organizing Support Groups for Abused Women

A public health nurse working in a family planning clinic noticed that many of her female Hispanic clients showed signs of physical abuse.

Inquiring about the signs and establishing personal trust proved difficult when working through an interpreter. The nurse searched for another nurse fluent in Spanish who could gain the trust of the Hispanic women in order to begin a support group to assist the women in realistically assessing their options. Many of the women relied on their abusive spouses or partners for translation and information about access to resources, thus increasing their dependence on their abusers. Once a bilingual nurse began offering support group sessions, word spread through the Hispanic community and many women participated.

MOBILIZE PARTNERSHIPS

Mobilize community partnerships to identify and solve health problems: Public health practitioners have a responsibility to provide information and develop possibilities so that groups will want to take action to improve or protect health. In mobilizing partnerships, public health nurses

- Interact regularly with many providers and services within each community,
- Convene groups and providers who share common concerns and interests in special populations,
- Provide leadership to prioritize community problems and develop interventions, and
- Explain the significance of health issues to the public and participate in developing plans of action.

Two examples follow.

Partnering with Businesses to Assure Employee Health

In partnership with a local seafood processing business in the coastal area of a state, public health nurses from a county health department

managed a health clinic at the plant three days a week. Plant employees were not docked for their time while receiving services in the clinic. Services included immunizations, family planning, and management of hypertension and diabetes. These services were also made available to employees' families. In the five years since this partnership was formed, the business has documented reductions in health claims, decreased absences, and higher productivity.

Delivering Primary Care to Homeless Persons at Risk

Public health nurses involved in HIV/AIDS prevention counseling in an inner-city health department became concerned about the lack of primary health care for many of their clients who were HIV negative but lived on the streets. When interacting with those individuals, they frequently noted signs of ear infection, infected cuts, cough and sore throat, and other "minor" health problems. The health department was unable to serve these people because it no longer offered primary care. Working in partnership with several local pharmaceutical companies and collaborating with the physicians, nurse practitioners, and physician assistants from the two local hospitals, the public health nurses established a free clinic open two nights each week for three hours in a vacant store in the downtown area.

DEVELOP POLICIES AND PLANS

Develop policies and plans that support individual and community health efforts: Public health professionals should take the lead in creating and organizing commitments to action that will elevate the whole community to a higher level of health. In developing policies and plans, public health nurses

- Participate in community and family decision making,

- Provide information and advocate for the interests of special groups in program development,
- Develop programs and services to meet the needs of high-risk populations as well as members of the broader community,
- Participate in disaster planning and mobilization of community resources in emergencies, and
- Advocate for appropriate funding for services.

Three examples follow.

Working with Communities to Reduce Tobacco Use

The local health department worked closely with the local board of health to review the results of surveys showing a high percentage of teenagers who used tobacco products. A community coalition was formed of teens, parents, teachers, private industry representatives, representatives from the local chamber of commerce, private physicians, public health nurses, other public health staff, and other community leaders. The coalition developed a community education campaign aimed at reducing tobacco use among teens. The coalition also developed strategies to support a local smoking ordinance in public buildings, including schools.

Finding Creative Ways to Break Language Barriers

A public health nurse who worked in a family planning clinic became increasingly frustrated because Hispanic clients who came to the health department for service had to rely on a child to serve as an interpreter. The nurse felt uncomfortable using the child to ask the mother about her health

as it related to contraception. She brought this problem to the attention of the health director. He approached the county commissioners about funding for interpreters, but the commissioners claimed that the Hispanic clients who did not speak English were in the United States illegally and should be deported. The clinic then requested reimbursement funding from the state Medicaid agency to hire interpreters; the agency stated that interpreter services came under quality care provision and could not be separately reimbursed. Finally, after talking with nursing colleagues in the emergency room at the local hospital, the public health nurse realized that this was a shared problem. Working with the health director and other staff from the health department and the hospital, the two agencies formed a partnership, wrote a grant to a private foundation, and obtained funds to hire interpreters to be shared by the two agencies.

Improving Disaster Planning

As a result of problems encountered in mass shelters during a hurricane, the public health nurses in one community approached the county about revising its disaster plan. Among the problems the nurses identified were (a) people who had been discharged prematurely from hospitals because of an anticipated shortage of medical personnel discovered that their homes had been evacuated and ended up in a mass shelter that lacked the resources to care for them, and (b) people were taken to shelters without the medications and supplies used to care for them at home. The nurses suggested incorporating into the plan the designation of hospital wings as special needs shelters and the distribution by all home health agencies in the area of a checklist for home health patients to use before going to a shelter. They also joined a statewide coalition working to change the rules for long-term care facilities to allow the admission of additional patients beyond the facilities' legal capacity during a disaster.

ENFORCE LAWS AND REGULATIONS

Enforce laws and regulations that protect health and ensure safety: Public health practitioners have a responsibility to ensure that lives are not threatened by the actions of other individuals or organizations. In enforcing laws and regulations, public health nurses

- Regulate and support safe care and treatment for dependent populations such as children and the frail elderly,
- Implement ordinances and laws that protect the environment,
- Establish procedures and processes that ensure competent implementation of treatment schedules for diseases critical to public health, and
- Participate in the development of local regulations that protect communities and the environment from potential hazards and pollution.

Two examples follow.

Developing Immunization Programs to Comply with New Requirements

In response to the national measles outbreak that occurred between 1989 and 1991, state legislation was passed that required all children entering sixth grade to show documentation of having received two doses of measles, mumps, and rubella vaccines (MMR), the first one given on or after the first birthday and the second at least one month later. A public health nurse who worked as the immunization coordinator for the area began a proactive, collaborative, community campaign to ensure that all the children entering sixth grade would be protected from measles by receiving this vaccine and be in compliance with the new law. She developed and coordinated a campaign among the state immunization pro-

gram, local school systems, and local health clinics to conduct mass immunization clinics offering the required second dose of vaccine to all fifth graders enrolled in both public and private schools. She recruited the parent-teacher associations, a local newspaper, and a metropolitan children's hospital to assist with informing and educating the community about this new requirement and the availability of immunization services. In addition, she continued to conduct these clinics every year for the next four years to ensure continued compliance. Since the enactment of the legislation, the number of children requiring the second MMR has decreased. Because parents are now aware of this requirement, children receive the second MMR dose at an earlier age, and adequate immunization levels for preschool children have increased. The nurse coordinated an audit to measure current compliance of sixth-grade students with the immunization requirement. The results will be used to evaluate the school's compliance with the law.

Isolating and Treating Communicable Disease

One of the students at a local school was diagnosed with tuberculosis (TB). The school principal notified the local health department, and a TB outbreak team was formed. The public health nurse worked closely with the epidemiologist and took a leading role in handling the contact investigation and interviews with the families. The nurse visited the school, the homes of the families involved, work sites, and other locations to interview the people with whom the student had contact. Arrangements were made for the contacts to be screened, which involved skin testing, clinical assessment, review of health histories, and x-rays. The source case identified was an elderly grandparent who refused to be treated. The TB team exhausted all possible approaches to convince him to accept treatment.

After various inducements from the local lung association, including weekly angel food cakes (his favorite dessert) and fishing bait for his favorite pastime, and the suggestion that he work with the team to receive directly observed therapy in the home failed, the decision was made to secure a court order for quarantine.

ASSURE PROVISION OF CARE

Link people to needed personal health services and assure the provision of health care when otherwise unavailable: Public health professionals must work to link people to the services they need, while recognizing that when other resources are not available, it will be the public health system that fills the gap. Public health nurses

- Provide clinical preventive services to certain high-risk populations;
- Establish programs and services to meet special needs;
- Recommend clinical care and other services to clients and their families in clinics, homes, and the community;
- Provide referrals through community links to needed care;
- Participate in community provider coalitions and meetings to educate others and to identify service centers for community populations; and
- Provide clinical surveillance and identification of communicable disease.

Two examples follow.

Providing Prenatal Care and Instruction

Lack of a physician to deliver babies at the local hospital required expectant parents to drive forty-nine miles for prenatal care, birth preparation classes, and delivery services. The public health

nurse identified increasing numbers of farm families who did not participate in birth preparation classes. On the basis of family assessments, she knew that transportation, clinic hours, and distance from caregivers limited the families' access to well-baby care. She collaborated with other community partners to start a well-child clinic in the local health department, and she engaged a birthing instructor to provide instruction on a regular basis in the community. A local quilting society agreed to provide a handmade coverlet for each baby whose parents completed the parenting classes.

Acting Creatively in Desperate Situations

The adult protective services agency in a small rural town called the local public health nurse about a young man with end-stage AIDS whom they were about to jail—not because he had broken any laws, but because he was homeless and no one saw an alternative. He had no income, and because he was homeless and had no address, he could not receive any benefits. The public health nurse convinced officials to give her a week to find suitable and affordable housing for this man. The nurse recruited three volunteers, each of whom was HIV positive. She then located a condemned house and negotiated with its owner an agreement of free rent if the house was repaired. The local dump delivered a large dumpster to the house and picked it up after it was filled twice with debris from the yard. Pieces of piping found strewn in the yard were used to rebuild indoor plumbing. A local home building supplier donated a small hot water heater. The damaged roof was covered with a tarpaulin and tacked down with boards. The broken and loose windows were covered with plastic. Three days later, officials from adult protective services inspected and approved the dwelling as safe. Because the man now had a home and an address, he soon began receiving Social Security and Medicaid benefits and began paying a \$10 per

month down payment on the cost of the repairs that had been made to his new home. Thus, during the six months before his death, he had a better quality of life, due in large part to the efforts of a creative and resourceful public health nurse.

ASSURE A COMPETENT WORKFORCE

Assure a competent public health and personal health care workforce: Preparing the public health workforce is key to assuring that those who give care to individuals and families and those who work toward the health of the whole population have the skills, knowledge, and abilities to do their jobs well. Public health nurses

- Participate in continuing education and preparation to assure competence;
- Define and support proper delegation to unlicensed assistive personnel in community settings;
- Establish standards for performance;
- Maintain patient record systems and community documents;
- Establish and maintain procedures and protocols for patient care; and
- Participate in quality assurance activities such as record audits, agency evaluations, and clinical guidelines.

Two examples follow.

Assuring Quality Care Through Education Partnerships

Public health nursing leaders from the county health departments of a rural area collaborated with a university in assuring that public health nurses received quality preparation for providing women's health care. This university-based program was taught by certified nurse midwives in

private practice and included a 40-hour clinical preceptorship. The curriculum integrated content recommended by the Childbirth Education Association with public health practice standards covering family planning, sexually transmitted diseases, and maternal health. This program prepared public health nurses to fulfill the expected competencies for serving women's health needs not only within public health clinics, but also in case management roles with private medicine. This program is taught three times a year and undergoes continuous evaluation and revision to meet the changing needs, and plans are under way for the university to provide continuing education programs on selected women's health issues.

Continuing Education Through Distance Learning

A state public health nurse consultant convened focus groups with public health nurses across the state to identify cancer education needs. Additional training in performing clinical breast examinations was the central need identified. The state nurse consultant arranged with a university for distance learning teleconferences at eight locations throughout the state. The use of distance learning technology has helped reach hundreds of public health nurses in a rural state and saved scarce travel dollars. Clinical skills sessions featured practice breast examinations with volunteer models. Approximately 285 nurses received this training. This approach to training was so well received by the public health nurses that a series of Public Health Nursing Rounds was developed in collaboration with state consultants from family planning, sexually transmitted disease, and HIV/AIDS agencies. Each of these satellite programs included presentations by experts in their respective areas, as well as on-site clinical skills practice sessions supervised by group facilitators.

tors. Each program has been approved for continuing education contact hours.

EVALUATE HEALTH SERVICES

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Public health practitioners must constantly evaluate the effectiveness of both individual- and population-centered health services. In evaluating health services, public health nurses

- Collect data and information on community interventions,
- Identify unserved and underserved populations in communities,
- Review and analyze data on the health status of communities,
- Participate with communities in assessing services and outcomes of care, and
- Identify and define enhanced services required to manage the health status of complex populations and special risk groups.

Two examples follow.

Assuring Quality Care Through Statewide Monitoring

A public health nurse with the state health department had oversight responsibility for contracts totaling millions of dollars with hospitals throughout the state that provided high-tech outpatient and inpatient care for high-risk maternal and neonatal clients. This public health nurse, a certified nurse practitioner, monitored each hospital's performance for quality outcomes and enforced high-risk standards of care and contract requirements for each hospital. This oversight was a critical component of the statewide network aimed at assuring that the health care for high-risk newborns was effective and accessible and conformed to quality standards.

Developing Quality Assurance Initiatives

A team of public health nurses developed a comprehensive quality assurance (QA) initiative for evaluating the quality of public health nursing practice. The initiative addressed nursing practice under nurse protocol for populations with cancer, HIV/AIDS, sexually transmitted diseases, tuberculosis, women's health needs, hypertension, diabetes mellitus, and immunization needs. Components of the QA package included credentialing; training and education; competency-based clinical practice; compliance with the state nurse practice act; storage, handling, and labeling of drugs; and management of drug reactions. Methodologies for administering the QA tool included review of clinical records; review of training and education records and documentation; direct observations of clinical nursing practice; and nurse interviews and observations related to drug storage, handling, and labeling. The tool has been pilot tested and plans are under way to complete a baseline evaluation of quality services throughout the entire state.

RESEARCH FOR SOLUTIONS

Research for new insights and innovative solutions to health problems: Public health professionals must constantly keep abreast of new knowledge to advance understanding and increase effectiveness in improving and protecting health. In researching, public health nurses

- Implement nontraditional interventions and approaches to effect change in special populations,
- Participate in the collection of information and data to improve the surveillance and understanding of special problems,
- Develop collegial relationships with academic institutions to explore new interventions,
- Participate in early identification of factors detrimental to the community's health, and

- Formulate and use investigative tools to identify and affect care delivery and program planning.

Two examples follow.

Instituting Farm Safety Programs

In five rural counties in an agricultural region, public health nurses managed and participated in farm safety programs by targeting farm wives and children. The public health nurses conducted health assessments and community surveys and taught groups of farm wives about preventing skin cancers and using farm safety techniques. Children received training through farm safety camps. Documented outcomes have shown a reduction in injuries and savings of lives and limbs.

Reducing Mortality Through Screening

A public health nurse was responsible for management and evaluation of a statewide newborn screening program. She collaborated with state program managers from two other states and with a physician from a local university to track a cohort of infants who were diagnosed through newborn screening with sickle cell disease. Public health nurses were instrumental in locating many of the infants and getting the survey information submitted. Results of the survey showed a decrease in mortality from sickle cell disease when newborns were screened. Implications for program planning and implementation reinforced the need to confirm the diagnosis earlier and provide appropriate and more timely preventive treatment. A major conclusion was that newborn screening reduces mortality; therefore, newborn screening must be population based so as not to miss infants with a treatable disorder.

Chapter
FIVE



Building Capacity Through Competency

BY BEING RESPONSIVE TO THE CHANGING health needs of the community, public health nursing has developed as its trademark the capacity and flexibility to shift its focus of practice. Today, public health nurses predominantly provide clinical and personal health services to individuals and families, but increasingly they are being called on to focus on population health.

Public health nurses work with community leaders to identify community health issues through health assessments, surveys, and focus groups. They work closely with a variety of health care providers, including private physicians; diverse community groups; and individuals to improve the community's health. They work in a variety of community settings, including schools, industries, homes, clinics, community-based organizations, and other public settings where members of the community gather. Public health nurses are known and trusted by community members as advocates for their health.

The potential for public health practice to assure healthy communities depends to a great extent on the skills and abilities of the public health workforce. As change in health care delivery in the United States continues at a rapid rate, public health nursing needs to strengthen its capacity for population health services. The challenge is to develop this capacity in a manner that builds on the strengths of the current workforce, yet expands the knowledge base and skills so that they become an effective force for dealing with contemporary and emerging issues within a rapidly changing society. Basic nursing skills provide a solid and significant base on which new skills and expertise can be developed to work in partnership with others to benefit the health of populations.

The transition from a predominantly personal health and clinical-based practice to a population health practice can be facilitated by

- Identifying current models of population health using the core public health functions and essential public health services as a framework,

- Collaborating with local schools of public health and schools of nursing to design population health educational programs,
- Participating in the national network of public health professionals engaged in developing the competencies for the future public health workforce, and
- Developing educational programs based on the competencies outlined in the documents described in this chapter and those listed in the references and additional resources.

By summarizing resources for developing public health nursing competencies, this chapter will help guide public health nurses in successfully meeting the challenges of their expanded role in public health care today. The resources discussed in the following sections reflect contemporary thinking on the competencies that are important to public health.

DEFINITION AND TRAINING NECESSARY

In March 1996, the Public Health Nursing Section of the American Public Health Association (APHA) published *The Definition and Role of Public Health Nursing* (APHA 1996, excerpted by permission of the publisher) (an update of the 1980 statement). The preamble states that it “has been developed to describe the roles of public health nursing and to provide a guide for public health nursing practice in the evolving health care system.” The statement describes the public health nurse as “a nursing professional with educational preparation in public health and nursing science with a primary focus on population level outcomes.” Public health nursing is defined as “the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health science.” The bachelor of science in nursing degree is the basic training for

public health nursing, although “many nurses currently perform public health activities based on skills acquired through experience.” “All public health nurses should have a background in the social and behavioral sciences, epidemiology, environmental health, current treatment modalities, and health care delivery options in order to fully understand health policy....”

In addition to the work of APHA, the Association of Community Health Nursing Educators (ACHNE) developed three sets of competencies related to community health nursing for baccalaureate nursing education programs (ACHNE 1990), master’s level nursing education for advanced community health nursing practice (ACHNE 1991), and doctoral education in community health nursing (ACHNE 1993).

ROLE AND EXPECTATIONS

The Association of State and Territorial Directors of Nursing (ASTDN) has been concerned for many years with identifying the competencies and skills needed by public health nurses. In 1980, ASTDN developed a position paper to clarify for providers, educators, and consumers the role and expectations of this group of professional nurses. Based on the American Nurses Association (ANA) definition of community health nursing as the “synthesis of nursing practice and public health practice applied to promoting and preserving the health of populations” (ANA 1986), the document identified competencies in the areas of assessment, planning, implementation, and evaluation for the public health nurse’s role in serving individuals, families, and communities. In addition, the document identified competencies related to the application of epidemiologic methods because of the critical role of epidemiology in controlling diseases in all settings (ASTDN 1980, ANA 1985).

In 1993, the Quad Council of Public Health Nursing Organizations, a coalition representing nursing leadership in practice and academia com-

posed of ANA, APHA, ACHNE, and ASTDN, developed a consensus document entitled *Public Health Nursing in a Reformed Health Care System* (Quad Council of Public Health Nursing Organizations 1993). This document was developed in the context of the national debate on health care reform and attempted to clarify public health nursing's position that a strong public health system with adequate and appropriate funding should be an essential part of any system for the future. It reaffirmed that the goal of population practice was to promote healthy communities and integrated the renewed public health functions with the practice of nursing. It identified the required competencies for public health nurses in the three core functions specified in the 1988 Institute of Medicine report, *The Future of Public Health* (IOM 1988):

- Assessment (sample competency: “evaluate changing health behaviors and patterns that have the potential to place people at risk”).
- Policy development (sample competency: “participate in health policy development as advocates for the needs of children, families, groups, and communities”).
- Assurance (sample competency: “work to implement continuous quality improvement for health care systems in the community”) (Quad Council of Public Health Nursing Organizations 1993).

Public Health Nursing in a Reformed Health Care System also defined the public health nurse's role in providing primary care by highlighting critical activities such as immunizations, provision of treatment to individuals with tuberculosis, and home visits to improve pregnancy outcomes.

TENETS

To clarify the nature of public health nursing and to serve as a guide to differentiate public health

nursing from other community-based nursing practices, the Quad Council of Public Health Nursing Organizations prepared a white paper, *The Tenets of Public Health Nursing* (Quad Council of Public Health Nursing 1997). The white paper listed the following guidelines for public health nurses:

- The process of population-based assessment, policy development, and assurance is systematic and comprehensive.
- In all processes partnerships with representatives of the people are essential.
- Primary prevention is given priority.
- Creating healthy environmental, social, and economic conditions in which people live guides selection of intervention strategies.
- The practice incorporates an obligation to actively reach out to all who might benefit from an intervention or service.
- The dominant concern is for the greater good of all of the people or the population as a whole.
- The wise stewardship and allocation of the available resources is supported in order to gain the maximum population health benefit from the use of those resources.
- The health of the people is most effectively promoted and protected through collaboration with members of other professions and organizations.

The research completed in preparing the white paper was used to develop the *Scope and Standards of Public Health Nursing Practice* (ANA 1999), which delineates the unique characteristics of public health nursing practice by examining the tenets of public health nursing and establishes the standards of care and professional performance of public health nursing practice.

SKILLS REQUIRED

In the fall of 1994, the Public Health Functions Steering Committee, with members from a variety of public health organizations, including APHA and the Association of State and Territorial Health Officials, of which ASTDN is an affiliate, adopted the ten essential public health services. The committee then identified the competencies and skills necessary to carry out each essential service. These competencies are grouped according to skills in analysis, communication, cultural knowledge, financial planning and management, policy development and program planning, basic public health sciences, and additional areas in which skills are needed because of the changes in the health care system (DHHS 1997).

In the fall of 1995, ANA conducted a study to determine the skills needed by RNs to transition to different (nonhospital) practice settings (ANA 1996). For example, the study identified independence, flexibility, the ability to adjust when things do not go as planned, the ability to act when a physician is not available, recognition that the nurse does not control the patient's setting, and the ability to teach and counsel patients and their families as necessary skills for nurses transitioning to home care.

CHALLENGES AND OPPORTUNITIES

In July 1996, Kristine Gebbie, DrPH, RN, FAAN, with support from the Robert Wood Johnson Foundation, convened public health nursing leaders from across the country “to brainstorm the potential best ways to describe the current challenges to public health nurses, and ways to respond with effective development opportunities”

(Gebbie 1996, excerpted by permission of the publisher). The group identified the context for current public health nursing practice before identifying the skills most needed by currently practicing public health nurses. The brainstorming sessions produced the following list of needed skills—a mix of skills that are critical and should be addressed quickly and skills that require attention over a longer period of time:

- Epidemiology;
- Skills to impact change organization;
- Measurement of health status and organizational change;
- How people connect to organizations;
- Environmental health;
- Policy;
- Negotiation, collaboration, communication, advocacy;
- Data analysis, statistics;
- Health economics;
- Interdisciplinary teams;
- Program evaluation;
- Coalition building;
- Population-based principles, interventions;
- Politics of health;
- How to build on differences, diversity; and
- Quality improvement approach.

Dr. Gebbie continues to work with many public health professional disciplines to identify workforce development needs and training opportunities.

Chapter
SIX



Challenges Ahead

AS PUBLIC HEALTH NURSES ACROSS THE country expand the focus of their roles to a greater emphasis on population-focused care, they face significant challenges. The first challenge will be to find a way to successfully make this transition without sacrificing the quality of care currently being provided. In many places, public health nurses will need to continue to provide the excellent clinical care to individuals and families that they have been providing. Decisions will have to be made about which and how many nurses will shift to a different and broader role and in what time frame the transition will occur. Decisions will also need to be made concerning on which of the essential services nurses will focus. Will they need to maintain both clinical and population-focused skills? If so, how will that be done most effectively? Each state or public health jurisdiction will need to make these decisions in a manner that is consistent with the strategic plan for public health in its area. In addition, public health nurses are part of the multidisciplinary team, and their evolving roles should complement those of other public

health professionals. New relationships will need to be developed as responsibilities and the focus of services evolve.

A second challenge will be to determine how services will be evaluated after the shift to a greater population-focused practice; that is, performance indicators for the essential services need to be developed and refined. Performance indicators must evaluate both the resulting health status of the population and the infrastructure of the public health system. Although indicators of health status, such as morbidity and mortality rates, are already available and being used, additional indicators focusing on quality of life may need to be added. In addition, completely new indicators of infrastructure, addressing the areas of structure and policies, skills of the workforce and other resources, information and communications, and community involvement, will need to be developed. For example, new indicators might include a management information system that allows for tracking service delivery and associated costs, the extent to which groups representing all ethnic groups in a community are involved

in helping to determine public health goals and strategies, and the percentage of staff in a local agency who have appropriate academic preparation. The draft entitled *Healthy People 2010 Objectives* (DHHS 1998) includes for the first time a goal of “insuring that the public health infrastructure at the federal, state, and local levels has the capacity to provide essential public health services.” One associated objective is “to increase the proportion of state and local public health agencies that meet performance standards for the essential public health services” (DHHS 1998). It is hoped that inclusion of this goal will serve as a catalyst to the work of developing the necessary indicators.

Finally, the challenge for public health nursing leaders will be to instill confidence in the public health nursing staff that population-focused care builds on skills they already possess. Nursing leaders need to help staff recognize the extent to which they are already performing some of the essential services. This change in focus will merely require staff to enhance or expand the

nursing process skills of assessment, planning, implementation, and evaluation they have always used. Nursing leaders must also assure that staff have opportunities through continuing education and experience to learn and further develop the enhanced skills needed to move toward a greater emphasis on population-focused care. All of the examples presented in Chapter 4 of this book come from actual practice, so it is clear that there are already many public health nurses who are incorporating one or more of the essential services into their practice. The change will be more a matter of degree or emphasis than a complete switch to something new.

During the past 100 years, the public health nursing profession has changed with the changing needs of the public. As new issues of consumer advocacy, quality oversight, outcome measurement, and cost control emerge, public health nursing will draw on its legacy and work in partnership with other public health professionals to help build healthier communities for the future.

Chapter
SEVEN



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Chapter
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