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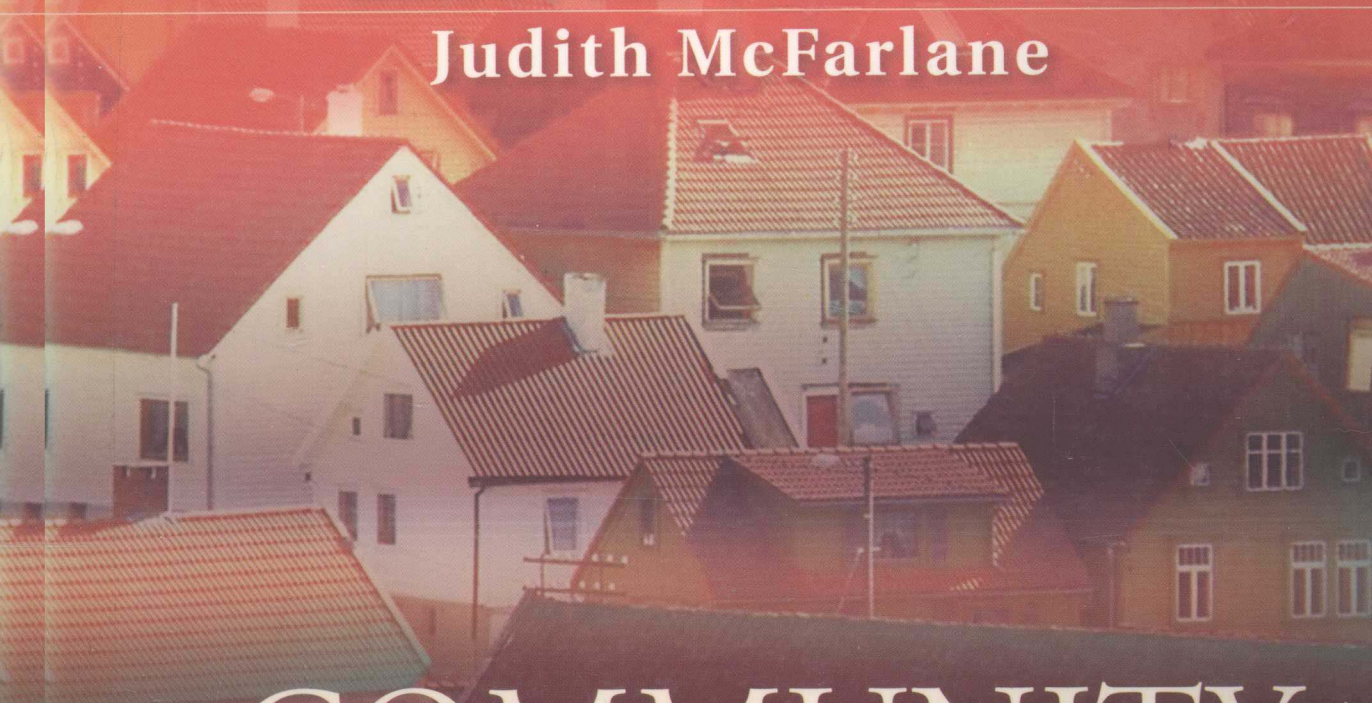

COMMUNITY AS PARTNER

THEORY AND PRACTICE IN NURSING

FIFTH EDITION

Wolters Kluwer Health | Lippincott Williams & Wilkins

thePoint

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Dedication

For inspiriting *Community as Partner*, we wish to acknowledge communities everywhere…
public health service areas;
rural villages;
shelters for battered women, the homeless, immigrants, migrants, and refugees;
workplaces;
faith groups;
schools…
and the nurses who work in partnership with them.

Community as Partner: Theory and Practice in Nursing is dedicated to you.

In Memoriam

We specially dedicate this fifth edition to the memory of our friend and contributor, Beverly Flynn.

Acknowledgments

Our colleagues who contributed to this edition have enriched both the book and our lives. Along with our families they have sustained this process and helped us to feel proud of our profession.

Community as Partner: Theory and Practice in Nursing could not have been written without the thoughts, critiques, and examples provided by our students and colleagues in public health.

The fine folks at Lippincott Williams & Wilkins, particularly Betsy Gentzler, have facilitated the process of doing this fifth edition so that it was an enjoyable experience.

We thank each of you.

Elizabeth T. Anderson
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Preface

This user friendly text is presented as a handbook for students and practicing nurses who work with communities to promote health. *Community as Partner* focuses on the essentials of practice with the community. Students will find this text helpful for the many examples of working with the community as partner. For over 20 years and four editions, this textbook has served undergraduate, RN to BS, and RN to MS students and graduate students alike as a framework for professional nursing practice in the community. Our intention is to keep the text basic and accessible to all who practice in the community. Using this text with distance education and virtual learning with Internet resources will enrich practice in any community.

This fifth edition continues the philosophy of the authors by strengthening the theoretical base with new chapters on introductory concepts, informatics, and infectious diseases and disasters. All other chapters have been revised and updated from the fourth edition. We continue with a series of chapters that takes the reader through the entire nursing process by using a real-life community as our exemplar. The urban example is enhanced and expanded throughout the remainder of the book by selected aggregates, including marginalized populations, which serve as exemplars of working with the community as partner as well.

PART 1: ESSENTIAL ELEMENTS FOR HEALTHY PARTNERSHIPS

Part 1 of the book describes content areas basic to the practice of community health nursing. The areas encompassed include theoretical foundations, epidemiology, environmental health, ethical quandaries, community empowerment, cultural competence, health policy, informatics, infectious diseases, and disasters. Emphasis is on theory-based practice, with those theories critical to community as partner described and explicated.

PART 2: THE PROCESS

Part 2 begins with a description of three selected models for practice. One, the community-as-partner model, then serves as a framework for the remaining chapters in this section. One sample community is used to illustrate each step of the nursing process for community health nursing practice. The chapters guide the reader through processes of community assessment; data analysis; formulation of a community nursing diagnosis; and the planning, implementation, and evaluation of a community health program. Emphasis throughout is on understanding the community as a dynamic system that is more than the sum of its parts and in continual interaction with the environment.

PART 3: PRACTICING WITH DIVERSE COMMUNITIES

Part 3 provides a number of examples in which nurses play a major role as partners in health promotion. Communities and aggregates in this section include refugees and immigrants; schools; faith communities; marginalized populations; the workplace; and the elderly.

POSTSCRIPT

An editorial describing some of the roots of public health nursing is reproduced at the end of the book as both a reminder of our past and a beacon for the future.

SPECIAL FEATURES

- **Learning Objectives** at the beginning of each chapter focus readers' attention on important chapter content.
- **Take Note** boxes highlight key concepts for readers as they go through the steps of the nursing process for a community.
- **Critical Thinking Questions** at the end of each chapter enable students to review and apply chapter content.
- **Further Readings** offer additional references on the chapter subject matter.
- **Internet Resources** provide updated links to valuable websites and online tools.

Elizabeth T. Anderson, DrPH, RN, FAAN
Judith McFarlane, DrPH, RN, FAAN

Contents

Part 1

Essential Elements for Healthy Partnerships

1

Community Health Nursing: Essentials of Practice

SHIRLEY HUTCHINSON,
ELIZABETH T. ANDERSON, AND
JANET GOTTSCHALK

Learning Objectives

This chapter initiates the conceptual basis of community as partner. As such, it introduces the key concepts of primary health care, public health, and population-based practice.

After studying this chapter, you should be able to:

- Connect the historical development of community health nursing to present-day issues.
- Describe factors influencing community health nursing in the 21st century.
- Explore the theoretical underpinnings of community health nursing practice.
- Analyze the nurse's role in promoting health.

Introduction

The 21st century is bustling with phenomenal opportunities and challenges for health care delivery and community health nursing. There is no better time to be a community health nurse. The discussion that follows represents some reflections on what we believe will characterize the practice of community health nursing in the 21st century. We use the term *community health nursing* to denote the practice of nursing by professional nurses who have been educated in the processes of population-based nursing and whose principal client is the aggregate community.

In the past, population-based nursing was referred to as public health nursing. Public health nurses usually worked in health departments. This text uses the term

community health nurse, which was adopted in recent years and intended to be more inclusive of population-based nursing practiced in a variety of community settings, including schools, worksites, shelters, health departments, and a multitude of others, some of which will be discussed in Part 3 of this text. You will encounter both terms, public health nursing and community health nursing, during your education and practice. Titles and practice settings are not as relevant as the nature of the practice itself. This chapter discusses the essence and diversity of that practice along with its theoretical underpinnings.

Until now the majority of your nursing education has focused on individual behavior. The theoretical basis for your nursing care has included knowledge about chemistry, physiology, pharmacology, and so on. Community health nursing, too, relies on that basic knowledge, but is also based on theories about populations. Hence, you will discover in subsequent chapters the concepts of epidemiology, demography, ethics, environment, culture, and policy. To understand why these theories are important to the community health nurse, let's begin with a bit of historical context.

REFLECTIONS ON THE PAST

As we move forward into the 21st century, reflecting on the historical contributions of community health nurses is both instructive and inspirational. Examining our roots allows us to take the best from the past in order to shape the future. Community health nurses can gain motivation and direction from the work of Lillian Wald, Lavinia Dock, and Margaret Sanger who "make up nursing's 'distinguished history of concern. . . for social justice'" (Bekemeier & Butterfield, 2005, p. 153) and who, more than 100 years ago, ". . . grew indignant from witnessing the destructive health outcomes of institutionalized poverty and of gender and ethnic inequalities" (Bekemeier & Butterfield, 2005, p. 153). Observing rapid industrialization, large concentrations of people moving into cities, unsanitary environmental conditions, poor housing, poverty, misuse of child labor, infectious diseases, and short life expectancy, Lillian Wald and Mary Brewster were moved to action. Together, they founded the Henry Street Settlement House in New York City. There they lived and worked among the people, teaching hygiene practices, visiting the sick in homes, and crusading for better health care in all aspects of the community. Lillian Wald recognized the intertwining of health status, environmental sanitation, and social and political forces. Her work targeted the root causes of ill health, which meant that she had to take on institutions, politics, and social policy to effect change for improvement of the community's health. Lillian Wald had an exceptional ability to inform and convince people of the need for social change (Backer, 1993). Wald first coined the term public health nursing and is regarded as the "mother of public health nursing" in the United States. Her contributions include establishing nursing schools, advocating for better housing, working to

change child labor laws, teaching preventive practices, advocating occupational health nursing, and improving the education of public health nurses, to name a few (Coss, 1989).

With the discovery of antibiotics in the 1940s and vaccines for mass immunizations in conjunction with tremendous improvements in environmental sanitation, the United States experienced a considerable decline in morbidity and mortality due to communicable diseases. According to the Centers for Disease Control and Prevention (CDC), public health is credited with adding 25 years to the life expectancy of people in the United States. In addition, the CDC has identified ten great achievements of public health in the 20th century that have contributed to this increase in longevity (CDC, 1999). These achievements are listed in Box 1-1. Public health nurses were at the forefront of ensuring that these great achievements were carried out in the community.

Beginning in the 1960s, as communicable diseases declined, attention turned to prevention of chronic diseases and related risk factors such as cigarette smoking and dietary fat. Community health nurses working in health departments focused attention on screening, case finding, home visiting to individual clients, and health education activities related to disease prevention. This trend continued into the early 1980s when the focus of health shifted somewhat to health promotion, prompted by the Health for All era established by the World Health Organization (WHO, 1978). However, the 1990s were marked by considerable emphasis on clinical care and high-tech medicine as ways to increase life span in the United States. Health departments began to emphasize clinical care, such as prenatal care, family planning, treatment of communicable diseases, and immunizations, particularly for citizens without access to basic preventive services. The 1990s can also be characterized as the era in which the high cost of health care in the United States became a major concern of policymakers.

BOX 1–1

Ten Great Public Health Achievements in the 20th Century

1. Immunizations
2. Improvements in motor vehicle safety
3. Workplace safety
4. Control of infectious diseases
5. Decline in deaths from heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco as a health hazard

Centers for Disease Control and Prevention. (1999). Ten great public achievements—United States, 1900–1999. *Morbidity and Mortality Weekly Report, 48*(12), 241–243.

In recent years, official agencies have become more involved in direct clinical care, and community health nursing has focused on clinical and illness care or "clinic" roles and functions, assigning less importance to family- and community-focused roles and functions. This shift was primarily in response to the reimbursability of clinical services. Now public health is shifting back to its "roots" and is focusing more on disease prevention, health promotion, and assurance that care is provided, rather than providing one-on-one care. To respond to the challenges facing community health nursing in the future, we must understand the changes occurring in health care delivery, including directions for population-based health.

COMMUNITY HEALTH IN THE UNITED STATES: THE EMERGING SCENE

Past debates about health care reform largely ignored the contributions of population-based community health, concentrating almost entirely on clinical care, with the exception of immunizations. Mechanisms to deliver and pay for illness care are driving current health care system changes. The debate really ought to be about what can be done to make our population the healthiest rather than how we can best pay for illness. Some elected officials have been reluctant to fund health promotion services at the levels needed, but it takes excellent health promotion to minimize the cost of illness care. Health promotion results in wellness. Community health in the 21st century must offer integrated services and activities that focus on minimizing threats to health, promoting wellness, and then focusing on illness management. This fact will become more apparent as managed care organizations gain more experience and realize that the key to their profits is investment in health promotion services. These managed care organizations are already turning more dollars toward health education and wellness activities of members.

Clearly, to advance community health nursing, a focus on the core functions of public health (Institute of Medicine, 1988) and the ten essential public health services (Association of State and Territorial Directors of Nursing, 2000) is imperative. The three core functions include 1) regular and systematic community assessment; 2) policy development; and 3) assurance that necessary services will be provided. The ten essential public health services can be used as a guide to ensure comprehensive community health nursing practice. These essential services are listed in Table 1-1 and are accompanied by selected nursing activities as examples of each service. These essential services comprise an impressive list, and each service can be used to direct community health nursing practice in a diversity of settings.

In addition, a term that is discussed frequently is *outcomes management*. Professionals are queried as to what measures they can offer to document improvements in health and well-being. Outcomes measures are being used to determine operating budgets in a number of institutions. Outcomes management is in the future of community health and, consequently, community health nursing.

TABLE 1-1
Essential Public Health Services and Selected Nursing Activities

ESSENTIAL PUBLIC HEALTH SERVICES	SELECTED NURSING ACTIVITY
1. Monitor health status to identify community health problems.	Participate in community assessment; identify potential environmental hazards.
2. Diagnose and investigate health problems and hazards in the community.	Understand and identify determinants of health and disease.
3. Inform, educate, and empower people about health issues.	Develop and implement community-based health education.
4. Mobilize community partnerships to identify and solve health problems.	Explain the significance of health issues to the public and participate in developing plans of action.
5. Develop policies and plans that support individual and community health efforts.	Develop programs and services to meet the needs of high-risk populations as well as members of the broader community.
6. Enforce laws and regulations that protect health and ensure safety.	Regulate and support safe care and treatment for dependent populations such as children and the frail elderly.
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.	Establish programs and services to meet special needs.
8. Ensure a competent public health and personal health care workforce.	Participate in continuing education and preparation to ensure competence.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	Identify unserved and underserved populations in communities.
10. Research new insights and innovations solutions to health problems.	Participate in early identification of factors detrimental to the community's health.

Association of State and Territorial Directors of Nursing. (2000). *Public health nursing: A partner for healthy populations.* Washington, DC: American Nurses Association.

Community health nurses have acted to improve the health outcomes of Americans and will participate in outcomes evaluation of community health practice. The National Public Health Performance Standards Program is a partnership effort to develop structure, process, and outcome standards by which public health practice will be judged in the future. Measurement tools are being developed and tested at the local and state levels (CDC, 2006). Quality improvement, accountability, and increased scientific basis for population health practice are among the goals of public health outcomes evaluation. The essential community health services (listed in Table 1-1) will serve as the basis for developing specific outcomes measures.

COMMUNITY HEALTH NURSING PRACTICE

To describe community health nursing more clearly, a group of four nursing organizations met (Quad Council of Public Health Nursing Organizations, 1999). The four organizations were called The Quad Council and consisted of the American Nurses Association, Council of Community, Primary, and Long-Term Care; American Public

Health Association—Public Health Nursing Section; Association of Community Health Nurse Educators; and Association of State and Territorial Directors of Nursing. Their definition of the scope of public health nursing practice is quoted below:

> *Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences (American Public Health Association, Public Health Nursing Section 1996). Public health nursing is a population-based, community-oriented nursing practice. The goal of public health nursing is the prevention of disease and disability for all people through the creation of conditions in which people can be healthy.*
>
> *Public health nurses most often partner with nations, states, communities, organizations, and groups, along with individuals, in completing health assessment, policy development, and assurance activities. Public health nurses practice in both public and private agencies. Some public health nurses may have responsibility for the health of a geographic or enrolled population, such as those covered by a health department or capitated health system, whereas others may promote the health of a specific population, for example, those with HIV/AIDS.*
>
> *Public health nurses assess the needs and strengths of the population, design interventions to mobilize resources for action, and promote equal opportunity for health. Strong, effective organizational and political skills must complement their nursing and public health expertise (Quad Council of Public Health Nursing Organizations, 1999, p. 2).*

In addition, The Quad Council explicated the eight tenets of public health (community health) nursing practice to advance the goal of promoting and protecting the health of the population (Box 1-2). We can use these tenets to guide our

BOX 1–2

The Eight Tenets of Public Health (Community Health) Nursing

1. Population-based assessment, policy development, and assurance processes are systematic and comprehensive.
2. All processes must include partnering with representatives of the people.
3. Primary prevention is given priority.
4. Intervention strategies are selected to create healthy environmental, social, and economic conditions in which people can thrive.
5. Public health nursing practice includes an obligation to actively reach out to all who might benefit from an intervention or service.
6. The dominant concern and obligation is for the greater good of all of the people or the population as a whole.
7. Stewardship and allocation of available resources supports the maximum population health–benefit gain.
8. The health of the people is most effectively promoted and protected through collaboration with members of other professions and organizations.

Quad Council of Public Health Nursing Organizations. (1999). *Scope and Standards of Public Health Nursing Practice*. Washington, DC: American Nurses Association, pp. 2–4.