

COMMUNITY HEALTH NURSING

PROMOTING HEALTH
OF AGGREGATES,
FAMILIES, AND INDIVIDUALS



FOURTH
EDITION

STANHOPE • LANCASTER

Community Health Nursing

Promoting Health of Aggregates, Families, and Individuals

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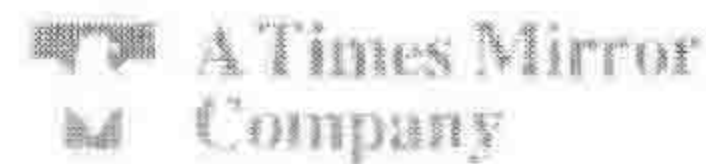
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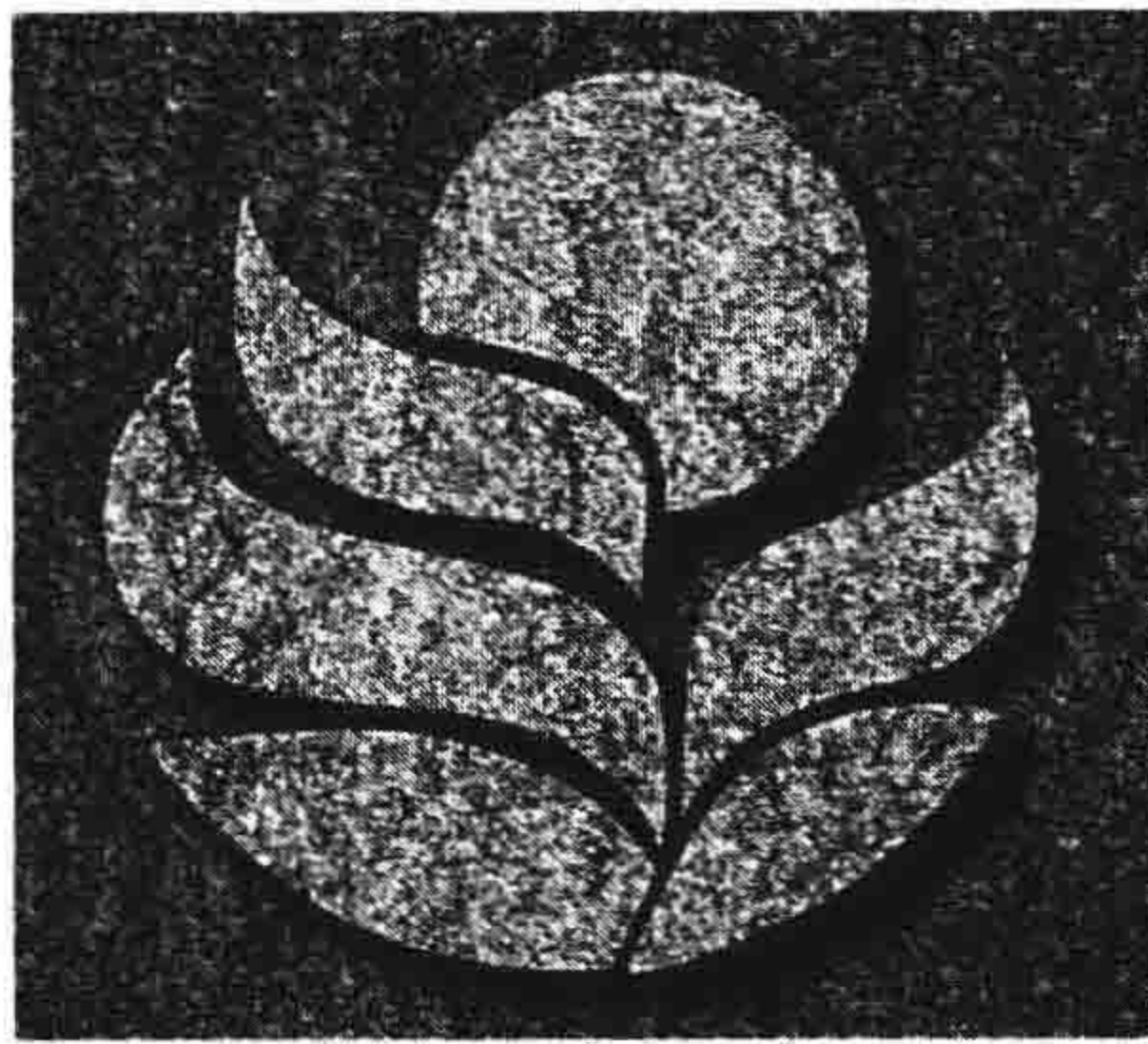
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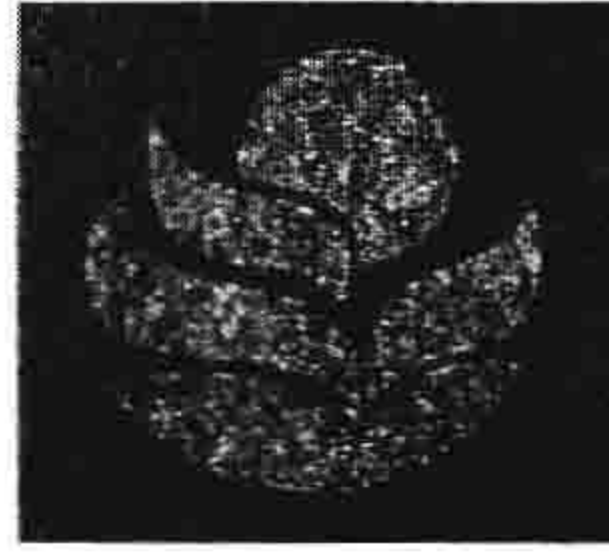
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This edition of the text is dedicated to all the faculty, students, and public health and community health nurses who have used the text to benefit student learning and to promote the health of client aggregates. Your comments and suggestions through three editions of the text have been helpful to us in trying to make the content appropriate and applicable to education and practice. Through the years we have heard what you have said to us, and we hope you find your suggestions reflected in subsequent editions. My family and friends continue to be an invaluable support, especially the Smokie Mountain Boy, Patti, Sam, and Glenn. Thanks for understanding my limited availability for social events. A special thanks to Kerrie Schnapf and Peg Teachey for trying to assist me in getting projects completed. They have a monumental task. Jeanette, I am happy to be able to say that you are my friend.

Marcia Stanhope

No one of us succeeds in the goals for our lives and careers without the support, encouragement, and friendship of many caring people. As I reflect back over my many years in nursing, I realize there have been many family and friends who have inspired, urged, and prodded me to achieve as much as was humanly possible. Special thanks to my parents, Howard and Glada Miller, who simply thought nothing was impossible and who were always so pleased by my accomplishments no matter how large or small. Over the years, my husband, Wade, and my daughters, Melinda and Jennifer, have been tremendous sources of inspiration and collegueship. While I am indebted to many, three people stand out as caring, giving, and supporting over time: Virginia Jarratt, my first dean; Marcia Stanhope, friend and colleague through four editions of this text; and Brenda Belcher, my assistant and “right-hand woman.” Thanks to each of you for being such a wonderful friend and supporter.

Jeanette Lancaster



Visiting Nurse, by P. Buckley Moss
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Foreword

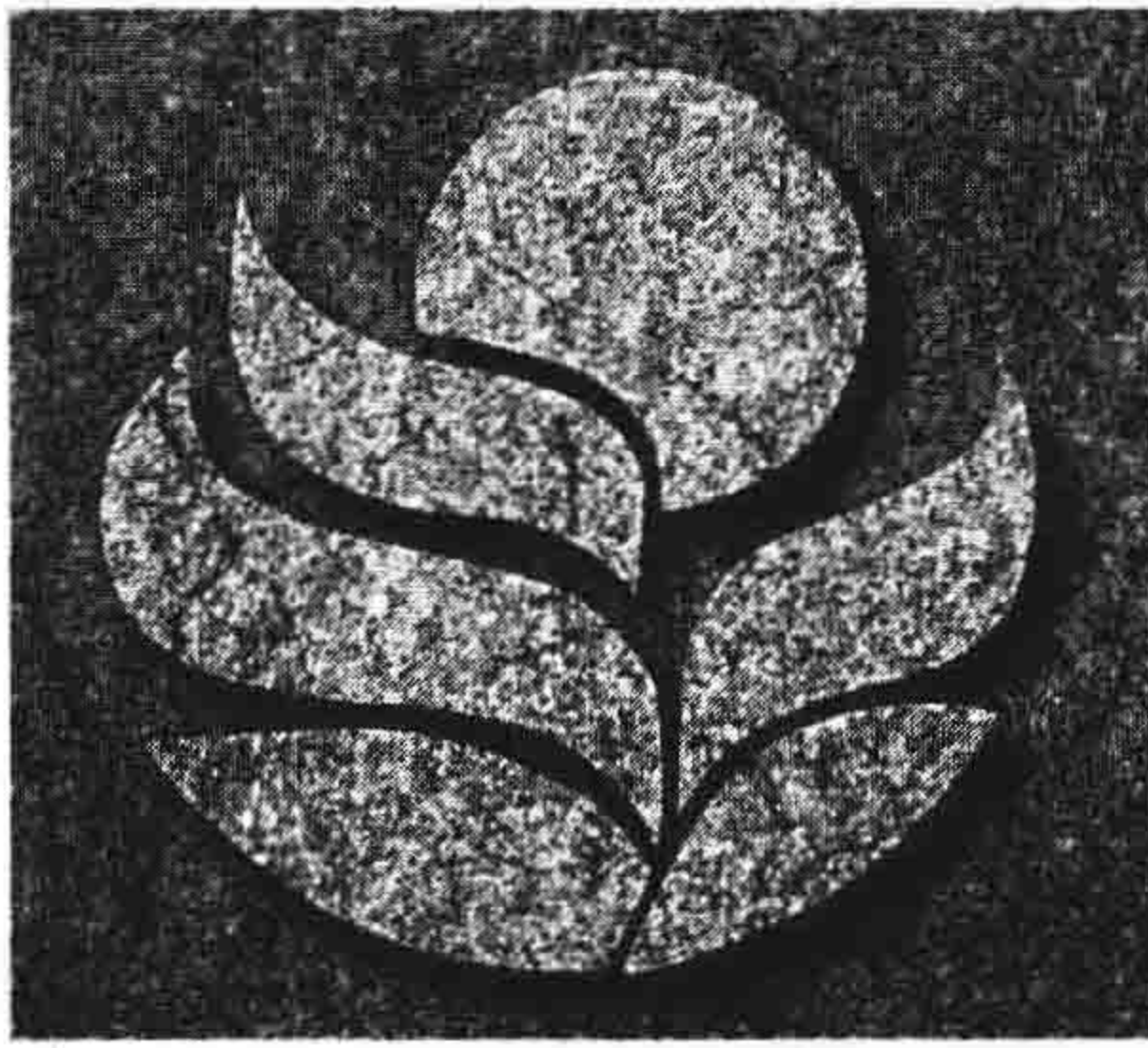
The challenge of today's nursing educator is the preparation of the practitioners and leaders of the future. Rather than focus on giving lectures and providing "content," the model of the effective educator is increasingly being conceptualized as that of a "coach" whose expertise is directed to assessing the needs of students and identifying resources and opportunities that they can use in addressing their learning needs. Although a wide range of materials and experiences may be useful in assisting students to meet their goals, the need for a progressive, authoritative, and readable textbook persists. Stanhope and Lancaster's fourth edition of *Community Health Nursing: Promoting Health of Aggregates, Families, and Individuals* remains a compelling choice.

This latest edition of what has become a classic resource in the field of community health nursing maintains the strengths of the three previous editions and incorporates new material to deal with current health problems and management strategies. In one single volume the user has access to guidance from acknowledged experts and leaders in community health nursing, who consider a wide range of topics from the history of the field and conceptual foundations to models for program planning and evaluation. In addition, contemporary epidemics and concerns such as AIDS, adolescent pregnancy, substance abuse, and homelessness are addressed as are the latest approaches to advocacy, nursing diagnosis, and case management in community-based services.

The provision of high quality, direct care nursing service to individuals is the heart of nursing, but for a profession that aspires to make a difference, a focus that is limited to direct care clinical concerns at the individual level is not a sufficient response to the present and future health care needs of the nation. If nursing is to have a positive and significant impact, its practitioners must become seriously involved in structuring the political agenda and adopting strategies to deal with promoting health and providing health care services at the community level. With the aging of the population, the growing recognition that the ever increasing cost of medical care must be slowed, and the introduction of capitated managed care, it has never been more important to focus attention on community-based, population-focused approaches to health promotion and disease prevention. For those who seek to understand the elements and strategies inherent in such practice, which is the essence of community health nursing, and for those who seek to prepare for the challenges and rewards that go with it, Stanhope and Lancaster's text continues to be the resource of choice.

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Preface

For a long time, the health care system in the United States, especially the public health system, has been in trouble. It has been widely accepted that a good health care system should address cost, quality of care, and access to health care. In recent years, considerable time and attention have been devoted to what is called "health care reform." In truth, what is actually being reformed is the way in which medical care is organized, financed, and delivered. Still lacking is a commitment to the actual reformation of the entire health care system.

Despite the fact that more money is spent per capita in the United States for health care than in any other country, Americans are not the healthiest of all people. Life-style continues to play an enormous role in morbidity and mortality. For example, half of all deaths in the United States are attributed to tobacco, alcohol, illicit drug use, diet and activity patterns, microbial agents, toxic agents, firearms, sexual behavior, and motor vehicle accidents. Over the years, the most significant improvements in the health of the population have come from advances in public health such as improved sanitation, food pasteurization, refrigeration, immunizations, and the emphasis on personal life-style and environmental factors that affect health.

The need to focus our attention on health promotion, life-style factors, and disease prevention led to the development of a healthy public policy for the nation. This policy was designed by a large number of people representing a wide range of groups interested in health. The policy is reflected in the document *Healthy People 2000*, which identifies a comprehensive set of national health promotion and disease prevention objectives.

The most effective disease prevention and health promotion strategies designed to change personal life-styles are developed by the establishment of partnerships between government, business, voluntary organizations, consumers, and healthcare providers. These partnerships aim to reduce health disparities among Americans by targeting care to children, minorities, elderly, and the uninsured; to increase the healthy life-

span of Americans; and to achieve access to preventive services. The overall goal is to develop healthy communities. The development of healthy communities requires commitment from individuals, families, the communities themselves, and society through the development of health policy that supports better health care, the design of improved health education, and the financing of strategies to alter health status.

What does this mean for community health nursing? Because people do not always know how to maximize their health status, the challenge of nursing is to be a catalyst for change. Community health nursing is a practice that is continuous and comprehensive. Directed toward all age groups, community health nursing takes place in a wide variety of settings and includes health education, maintenance, restoration, coordination, management, and evaluation of care of individuals, families, and aggregates, including communities.

To meet the demands of a constantly changing health care system, nurses must be visionary in designing their roles and identifying their practice areas. To do this effectively, the nurse must understand concepts and theories of public health, the changing health care system, the actual and potential roles and responsibilities of nurses and other health care providers, the importance of health promotion and disease prevention orientation, and the necessity to involve consumers in the planning, implementation, and evaluation of health care efforts.



Since its initial publication 12 years ago, *Community Health Nursing* has achieved wide acceptance and popularity among community health nursing students and nursing faculty in baccalaureate, BSN-completion, and graduate programs. The text was written to provide nursing students and practicing nurses with a comprehensive source book that provides a foundation for designing community health nursing strategies for individuals, families, and aggregates, including communities. The unifying theme for the book is the integration of health promotion and disease prevention concepts into the multifaceted role of the community

health nurse. The prevention focus emphasizes traditional public health practice with increased attention to the effects of the internal and external environment and life-style on health.

ORGANIZATION

The text is divided into seven sections. *Part One*, Perspectives in Health Care Delivery and Community Health Nursing, describes the historical and current status of the health care delivery system both domestically and internationally.

Part Two, Influences on Health Care Delivery and Community Health Nursing, addresses specific issues and societal concerns that affect community health nursing practice.

Part Three, Conceptual Frameworks Applied to Community Health Nursing Practice, provides conceptual models for community health nursing practice, and selected models from nursing and related sciences are also discussed.

Part Four, Issues and Approaches in Aggregate Health Care, examines managing the health care of groups in the community.

Part Five, Issues and Approaches in Family and Individual Health Care, presents risk factors and health problems for families and individuals throughout the lifespan.

Part Six, Vulnerability: Predisposing Factors, covers specific health care needs and issues for populations at risk, such as the homeless and the poor.

Part Seven, Community Health Nursing: Roles and Functions, examines diversity in the role of community health nurses and describes the rapidly changing roles, functions, and practice settings.

NEW TO THIS EDITION

Numerous new chapters have been included in the fourth edition of *Community Health Nursing* to ensure that the text remains a complete and comprehensive resource:

- ◆ Chapter 4, International Health Care, compares and contrasts health care systems in the United Kingdom, Canada, Sweden, and Cuba and discusses major world health problems.
- ◆ Chapter 16, Community Health Nursing in Rural Environments, discusses current health status and specific health needs of rural populations.
- ◆ Chapter 17, Health Promotion Through Healthy Cities, describes the history and future of the international healthy cities movement and provides insight on how to better care for people in urban settings.
- ◆ Chapter 18, Nursing Centers, describes the services provided by this emerging community setting and discusses the populations they serve.
- ◆ Chapter 20, Disaster Management, discusses the role of the community health nurse in disaster response and preparedness.

- ◆ Women's Health and Men's Health are discussed in two separate chapters (Chapters 28 and 29) to focus on the unique health concerns of each group.
- ◆ Chapter 25, Family Health Risks, and Chapter 26, Family Health Assessment, provide strategies for identifying risks and assessing health status of families.
- ◆ The new Part Six, Vulnerability: Predisposing Factors, includes new chapters on Poverty (Chapter 33), Teen Pregnancy (Chapter 34), and Migrant Health Issues (Chapter 35) to provide a better understanding of these at-risk aggregates.

Additional new features include the following:

- ◆ Focused information on providing "culturally competent care" to aggregates, families, and individuals in Chapter 7, Cultural Diversity and Community Health Nursing Practice.
- ◆ *Healthy People 2000* objectives, and community health nursing interventions designed to obtain them, incorporated in appropriate chapters throughout the text.
- ◆ Eye-catching color illustrations and an open, colorful design to make the book more inviting and "user-friendly" for both students and instructors.

PEDAGOGY

Each chapter is organized for easy use by students and faculty. Chapters begin with an **outline** to alert students to the structure and content of the chapter. Also at the beginning of the chapter are **objectives**, which guide student learning and assist faculty in knowing what students should gain from the content. **Key terms** are identified at the beginning of the chapter and defined either in the chapter or in the glossary to assist the student in understanding unfamiliar terminology. Each chapter includes a "**Did You Know?**" box to provide students with a fact of interest and lend insight into the topic of the chapter. "**What Do You Think?**" boxes present a controversial issue about the chapter topic and are designed to stimulate debate and discussion. **Research Briefs** in each chapter illustrate the use and application of the latest research findings in community health and nursing. **Clinical Applications** at the end of each chapter provide the reader with an understanding of how to apply chapter content in the clinical setting through the presentation of a case situation. **Key Concepts** provide a summary in list form of the most important points made in the chapter. The **Critical Thinking Activities** stimulate student learning by suggesting a variety of activities that encourage both independent and collaborative effort. The **Bibliography** offers both references used to develop chapter materials and additional readings to expand the student's knowledge of the chapter topics.

TEACHING AND LEARNING PACKAGE

A number of ancillaries have been developed to assist instructors and students in the teaching and learning

process. These include an instructor's resource manual (which includes 75 transparency masters) and test bank, a computerized test bank, an eight-part community health nursing video series, and a quick reference to community health nursing.

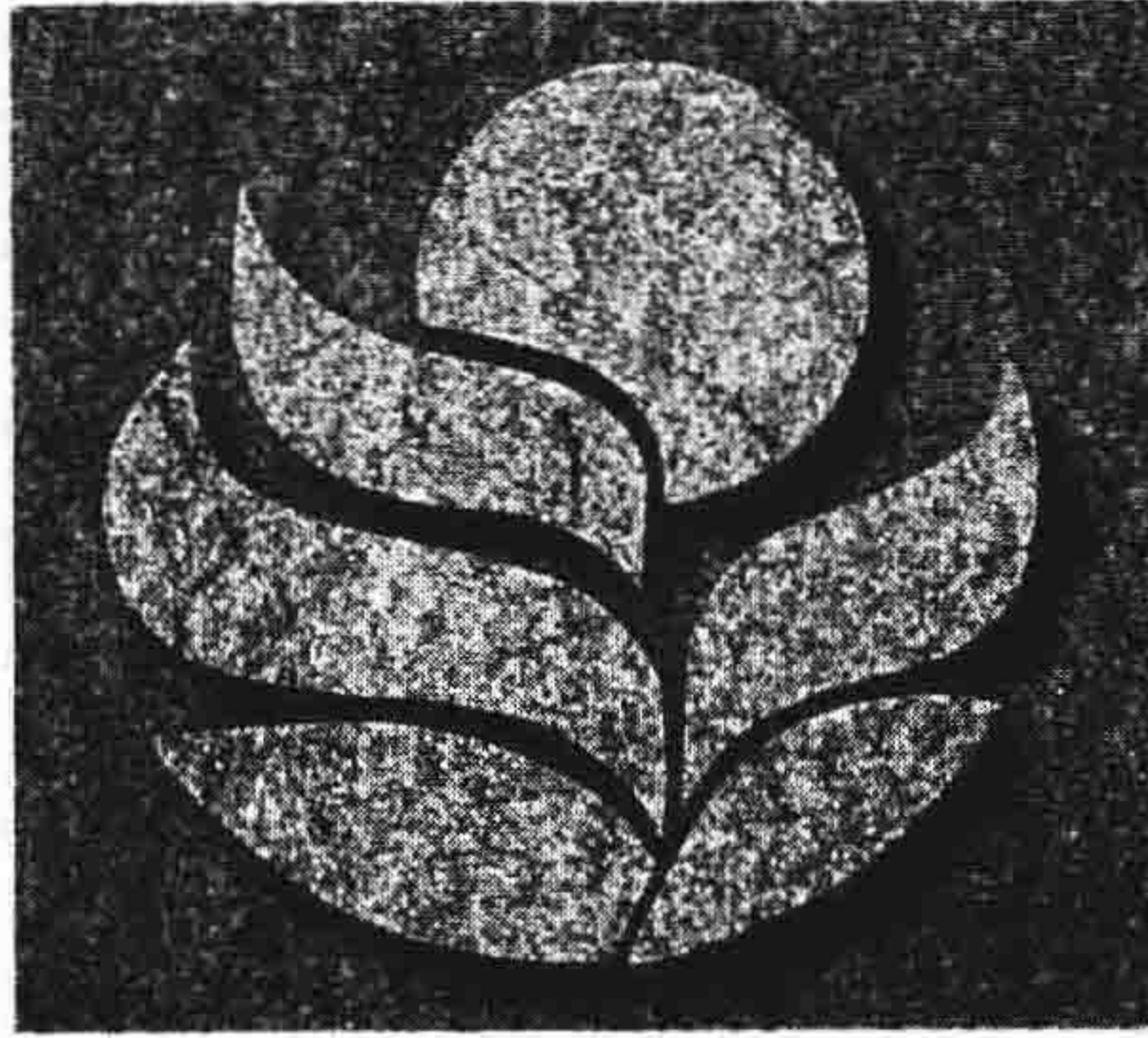
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Student Preface

Despite the fact that more money is spent per capita on health care in the United States than in any other country, Americans are not the healthiest of all people. One-half of all deaths in the United States can be attributed to tobacco, alcohol, illicit drug use, diet and activity patterns, toxic agents, sexual behavior, microbial agents, firearms, and motor vehicle accidents. Over the years, health promotion and disease prevention efforts, such as those outlined in the government document *Healthy People 2000*, have yielded the most significant improvements to this trend. With a goal of improving the nation's health while keeping costs down, government, business, voluntary organizations, consumers, and health providers are viewing health promotion and disease prevention strategies as critically important to the future of health care.

What Does This Mean For You, the Student Nurse?

To face the challenges of a changing health care system, you will need to take a close look at practice areas you may not have considered when you enrolled in nursing school. You will need to understand public health and the changing dynamics of the health care system. You will need to know your role as a nurse and the role of other health care providers. But most important, you will need to know the importance of health promotion and disease prevention strategies and the importance of involving your client, the consumer, in the planning, implementation, and evaluation of these efforts.

Community Health Nursing: Promoting Health of Aggregates, Families, and Individuals, fourth edition is the re-

source you will need to guide you through the future of nursing with confidence.

KEY FEATURES

What You Need to Know

You will not find another community health nursing text with both the depth and breadth of information of *Community Health Nursing*. The text covers traditional community health nursing topics such as community assessment and epidemiology, as well as contemporary issues such as substance abuse and AIDS.

Vulnerable Populations Coverage

This edition of *Community Health Nursing* includes a new Part Six on vulnerable populations—that is, aggregates at risk. The homeless, migrant workers, pregnant teens, and other vulnerable groups are approached with an eye on health promotion and disease prevention to help you better understand their unique problems and health care needs.

Readable and Student-Friendly

Each chapter has been carefully written and edited with you, the student, in mind. An eye-catching, colorful design and several learning aids have been added to make your learning experience enjoyable and worthwhile.

The learning aids in *Community Health Nursing* are designed to help you get the most out of each chapter and help you tackle concepts and issues central to community health nursing. The following pages graphically display the features you will find most helpful.

Throughout each chapter, **Key Terms** will appear in bold-faced type the first time each is used for quick and easy reference.

The **Did You Know?** boxes are brief facts of interest that provide food for thought and discussion. Research has proven that we learn more by interacting in a community of learners than we learn by studying in isolation. So, we encourage you to respond to these boxes in a discussion with at least one other student.

Issues and Approaches in Aggregate Health Care

cooperation is needed to ensure that the goal of health for all by the year 2000 is reached.

Health promotion had become a key strategy for the goal of health by the time the *Ottawa Charter for Health Promotion* was adopted in 1986. This charter provided a clear definition of health promotion and the framework for the Healthy Cities movement (*Twenty Steps for Developing a Healthy Cities Project*, 1992; Ashton, 1992). *Health Promotion* was officially defined as the "process of enabling people to take control over and to improve their health" (*Ottawa Charter for Health Promotion*, 1986, p.1). This is accomplished through enabling community members to increase control over and assume more responsibility for health; mediating between public, private, voluntary, and community sectors; and advocating on behalf of people powerless to make the necessary changes to promote health.

Five elements make up the strategic framework provided by the Charter and are listed in order of priority for health promotion action. The elements include building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. Healthy public policy refers to public policy for health that is based on an ecological perspective and multisectoral and participatory strategies (Pederson, Edwards, Kelner, Marshall, & Allison, 1988). Healthy public policy is future oriented and deals with local health problems as well as global health issues. In contrast, medical policy is mainly concerned with the existing medical care system and use of technology and biomedical science to treat disease. Creating supportive environments refers to physical, political, economic, and social systems that will support the community's health. Strengthening community action refers to promoting the community's capacity, ability, and opportunity to take appropriate action to protect and improve the health of the community. Developing personal skills is helping people develop the lifestyle skills they need to be healthy. Reorienting health services refers to changing the focus of health services toward primary health care, health promotion, disease prevention, and community-based care.

The CITYNET-Healthy Cities process is an adaptation of the European and Canadian models of Healthy Cities in the United States. The nine step **CITYNET**

process includes the following: building the partnership for health, obtaining community commitment, developing the Healthy City Committee, developing leadership in Healthy Cities, assessing the community, community-wide planning for health, community action for health, providing data-based information to policy makers, and monitoring and evaluating Healthy City initiatives (Rider, Flynn, Yuska, Ray, & Rains, 1993).

The assumptions that professionals have about communities shape the implementation of the Healthy Cities process. Rothman and Tropman (1987) propose three distinct models of community practice: locality development, social planning, and social action. Locality development is a process-oriented model that emphasizes consensus, cooperation, and building group identity and a sense of community. Social planning stresses rational-empirical problem solving, usually by outside professional experts. The authors note that social planning does not focus on building community capacity or fostering fundamental social change. Social action, on the other hand, aims to increase the problem-solving ability of the community along with concrete actions to correct the imbalance of power and privilege of an oppressed or disadvantaged group in the community (Minkler, 1990). Although it is argued that these models of community practice are not mutually exclusive, efforts generally can be categorized within one.

Arnstein (1969) depicted a ladder of citizen participation with the lower levels of participation as manipulation, therapy, and informing. The higher levels of participation include partnership, delegated power, and citizen control.

Community participation in health decisions is more effective in promoting healthy public policy than decision-making by outside professional experts.

These models of community practice can be summarized as top-down and bottom-up approaches. In a top-down approach, experts and health professionals take the lead in identifying community health problems and implementing programs with little input from individuals for whom these programs are being planned. A bottom-up approach utilizes broad-based community problem solving that includes health professionals, local officials, service providers, and other community members including those at risk for health problems.

Implementing the steps of the CITYNET-Healthy Cities process will enable nurses to gain an understanding of the linkages between health, community, and the policy process. Benefits to the community include increased access to services and improved health status, thus promoting equity in health.

The **What Do You Think?** box in each chapter will challenge you to examine a controversial issue about the chapter content. Use these boxes to generate discussions with other students. As you encourage the opinions of others and express opinions of your own on these relevant topics, the chapter material truly becomes your own in terms of knowledge.