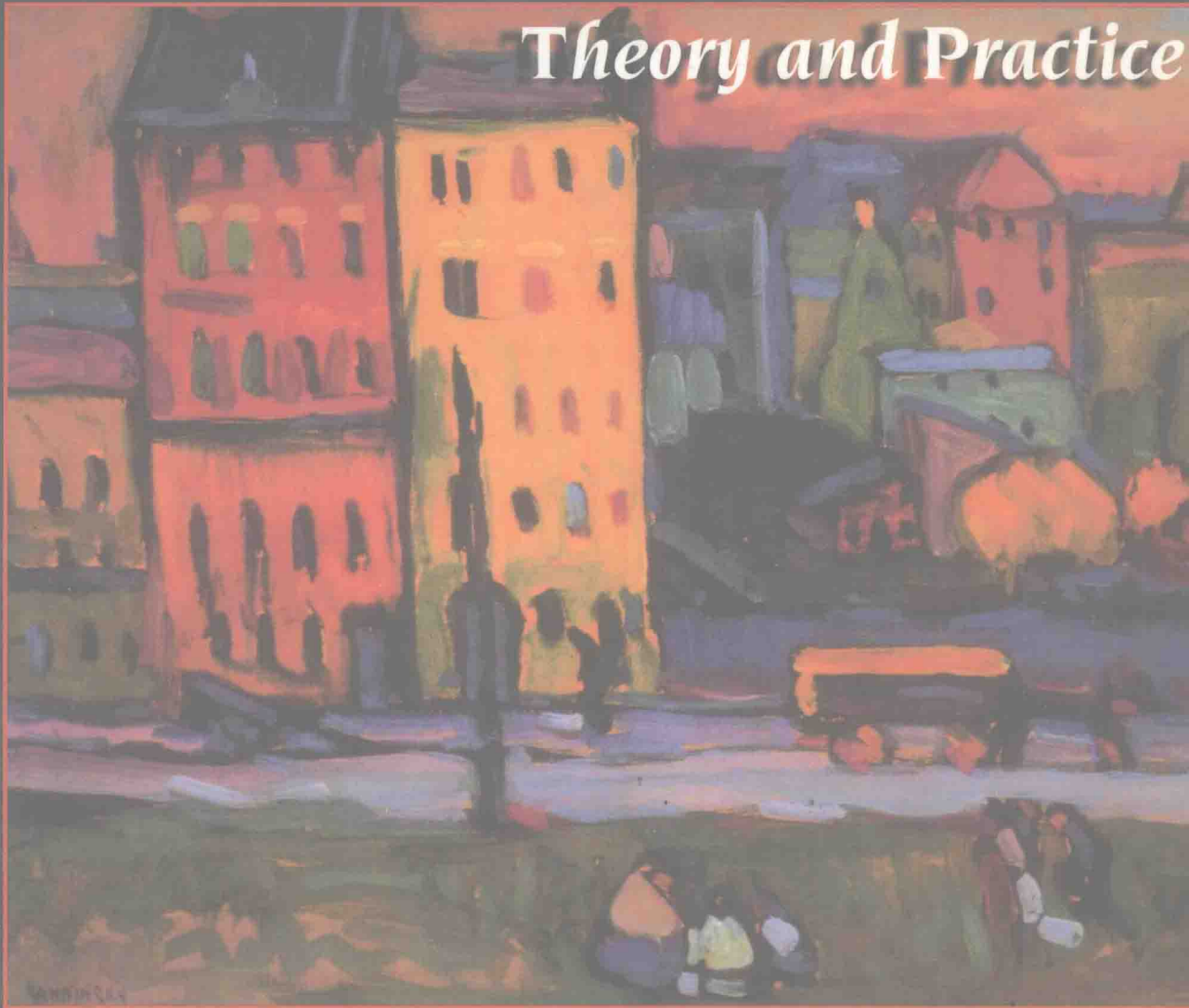




# Community Health Nursing



*Theory and Practice*



*Claudia M. Smith • Frances A. Maurer*

**2<sup>nd</sup>** Edition



## Contributors

**Karen Allen, Ph.D., R.N., C.A.R.N.**

Professor and Chair, Nursing Department,  
Andrews University, Berrien Springs, Michigan;  
President, The National Nurses Society on Addictions  
*Alcohol and Other Drug Addictions*

**Mary L. Beachley, M.S., R.N., C.E.N.**

Director, Office of Hospital Programs, Maryland  
Institute for Emergency Medical Services Systems  
(MIEMSS), Baltimore, Maryland  
*Nursing in a Disaster*

**Penny Simpson Brooke, A.P.R.N., M.S., J.D.**

Professor and Assistant Dean, University of Utah  
College of Nursing, Salt Lake City, Utah  
*Legal Context for Community Health  
Nursing Practice*

**Angeline Bushy, R.N., C.S., Ph.D.**

Professor, Bert Fish Endowed Chair, Community Health  
Nursing, University of Central Florida, Daytona Beach,  
Florida  
*Rural Health*

**Marcia L. Cooley, Ph.D., R.N.C.S.-P.**

Director of Crisis Response Systems, Matrixx Mental  
Health Alliance, Prince George's County, Silver Spring,  
Maryland  
*A Family Perspective in Community Health Nursing;  
The Nursing Process and Families; Multiproblem  
Families*

**Roslyn Pollack Corasaniti, R.N., M.S., C.R.R.N.**

Former Clinical Instructor, University of Maryland  
School of Nursing, Department of Community Health  
Nursing; Training and Development Specialist, Kernan  
Hospital, Baltimore, Maryland  
*Rehabilitation Clients in the Community*

**Maria Ebert Hardinger, A.B., B.S., M.S.**

Faculty Associate, University of Maryland School  
of Nursing, Baltimore; Training and Development  
Specialist, Wound Care Consultant, Kernan Hospital of  
the University of Maryland Medical System, Baltimore,  
Maryland  
*Rehabilitation Clients in the Community*

**Gail Ann DeLuca Havens, R.N., Ph.D., C.S.**

Assistant Professor of Nursing, The Pennsylvania State  
University School of Nursing, College of Health and  
Human Development, University Park, Pennsylvania

**Gail L. Heiss, B.S.N., M.S.N.**

Nurse Manager, Managed Care, Ambulatory Clinics, VA  
Maryland Health Care System, Baltimore, Maryland  
*Health Promotion and Risk Reduction  
in the Community; Screening and Referral;  
Health Teaching*

**Gayle C. Hofland, R.N., C., M.S.N.**

Assistant Professor, Department of Nursing, Dickinson  
State University, Dickinson, North Dakota  
*Communicable Diseases*

**Kathryn Hopkins Kavanagh, Ph.D., R.N.**

Coordinator, Northern Arizona University Nursing  
Program on Navajo-Hopi Reservations, Northern  
Arizona University—Nursing, Sage Memorial Hospital,  
Ganado, Arizona  
*The Relevance of Culture and Values for Community  
Health Nursing*

**Joan E. Kub, R.N., Ph.D.**

Assistant Professor, Johns Hopkins University School  
of Nursing, Baltimore, Maryland  
*School Health*

**Frances A. Maurer, R.N., C., M.S.**

Community Health Nursing Educator and Consultant  
*The U.S. Health Care System; State and Local Health Departments; Financing of Health Care: Context for Community Health Nursing; The Relevance of Culture and Values for Community Health Nursing; Community Assessment; Community Diagnosis, Planning, and Intervention; Communicable Diseases; Violence: A Social and Family Problem; Teenage Pregnancy; Elderly Persons in the Community*

**Paula Milone-Nuzzo, R.N., Ph.D., F.A.A.N.**

Associate Professor and Chair, Master's Program,  
 Yale University School of Nursing, New Haven,  
 Connecticut  
*Home Health Care*

**Maggie T. Neal, Ph.D., R.N.**

Education and Research Consultant, Laurel, Maryland  
*Epidemiology: Unraveling the Mysteries of Disease and Health*

**Janet Primomo, Ph.D., R.N.**

Associate Professor, University of Washington, Tacoma,  
 Tacoma, Washington  
*Environmental Issues: At Home, at Work, and in the Community*

**Donna A. Raimondi, R.N., M.S.**

Faculty Associate, University of Maryland School  
 of Nursing; Manager, Training and Development,  
 Kernan and Deaton Hospitals, Baltimore, Maryland  
*Rehabilitation Clients in the Community*

**Mary K. Salazar, Ed.D., R.N., C.O.H.N.-S.**

Associate Professor, Director, Occupational Health  
 Nursing Program, School of Nursing, University of  
 Washington, Seattle, Washington  
*Environmental Issues: At Home, at Work, and in the Community*

**Alwilda Scholler-Jaquish, R.N., M.N., M.S., Ph.D.**

Associate Professor, School of Nursing, Texas Tech  
 University Health Sciences Center, Lubbock, Texas  
*Homelessness in America*

**Claudia M. Smith, R.N., C., M.P.H.**

Assistant Professor, University of Maryland School  
 of Nursing, Baltimore, Maryland  
*Responsibilities for Care in Community Health Nursing; Origins and Future of Community Health Nursing; The Home Visit: Opening Doors for Family Health; The Nursing Process and Families; Community Assessment; Community Diagnosis, Planning, and Intervention; Evaluation of Nursing Care with Communities*

**Kathryn Smith, R.N., M.N.**

Assistant Clinical Professor, University of California,  
 Los Angeles, School of Nursing; Adjunct Assistant  
 Professor of Clinical Nursing, University of Southern  
 California Department of Nursing; Director, Los Angeles  
 Medical Home Project for Children with Special Health  
 Care Needs, Los Angeles, California  
*Children in the Community*

**Shirley A. Steel, R.N., M.S.**

Community Health Clinical Instructor, Johns Hopkins  
 University School of Nursing, Baltimore, Maryland;  
 Retired Coordinator, Office of Health Services,  
 Baltimore County Public Schools, Towson, Maryland  
*School Health*

**Anita J. Tarzian, Ph.D., R.N.**

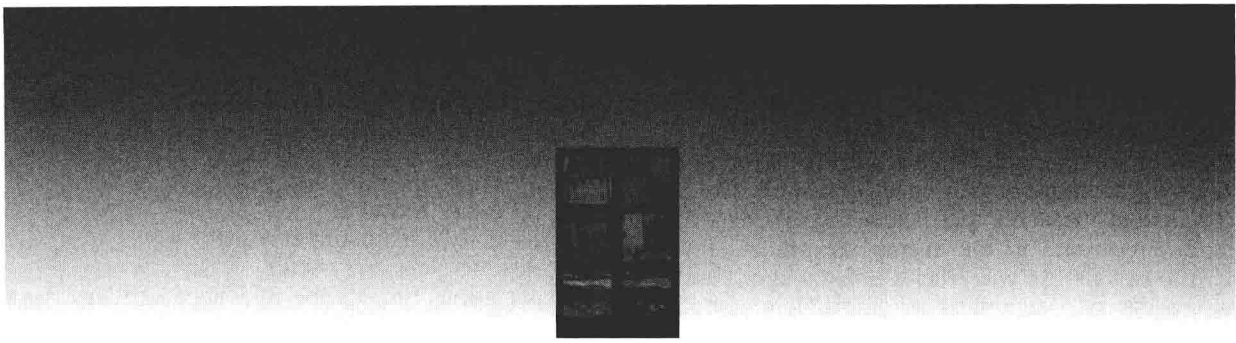
Research Associate, Maryland Healthcare Ethics  
 Committee Network, Baltimore, Maryland  
*Epidemiology: Unraveling the Mysteries of Disease and Health*

**Lois Stevens Walden, R.N., A.A.Ed., B.S.N.**

Community Nurse Educator, Northwest Hospital Center,  
 Randallstown, Maryland  
*Health Promotion and Risk Reduction in the Community*

**Sister Marie Seton Walsh, SSND, R.N., B.S.N., B.A.Ed.**

Community Nurse Educator, Community Services  
 Department, Northwest Hospital Center, Randallstown,  
 Maryland  
*Screening and Referral*



## Preface

When the first edition of this text was published, we had just celebrated the 100th anniversary of modern community health nursing in the United States. As this second edition is published, we anticipate the arrival of the 21st century, which brings both practical and symbolic implications for the future of community health nursing. Anniversaries and transitions offer time to reflect on the past and present, as well as to clarify directions and strategies for the future. Among our historic roots are ethical values, commitments, principles, theories and concepts, experiences, models for nursing and health care delivery, and research findings that inform our nursing practice. The health care system is undergoing dramatic change. This second edition explores our history and present practice, and contemplates our future.

Throughout this text, emphasis is placed on the core of “what a community health nurse needs to know” to practice effectively in the context of a world, nation, society, and health care system that are ever changing. This text is intended for baccalaureate nursing students taking courses related to community health nursing, including R.N.s returning for their baccalaureate degrees. Beginning practitioners in community health nursing will also find much useful information.

Changes in the delivery and financing of health care services impact professional practice as well as individuals, families, populations, and communities. Therefore in this edition we explore past and present efforts at health service and funding reform, critique progress toward stated reform goals, and identify current and future areas of concern for health care providers and communities.

Unlike 100 years ago, the major causes of death in the United States today are not communicable diseases. Rather, the causes today are chronic diseases, such as heart disease, cancer, stroke, pulmonary diseases, and diabetes, and, at all ages, injury. Much of the premature death and disability is preventable through control of environmental and personal risk factors. Health promotion and prevention have been historic aims of community health nursing.

Today, the National Health Objectives for the year 2010 identify measurable targets for reduction in death and disability. Because community health nurses are in the forefront of helping families and communities identify and reduce their risk factors, the ***Healthy People 2010 objectives and progress toward goal attainment are included in all appropriate chapters.***

Health and illness are unevenly distributed among people. The relevance of population-focused nursing emerges when the unmet health needs of various aggregates and groups are recognized. For example, numbers of homeless, chronically mentally ill, and poor children are increasing. The poor have higher rates of illness, disability, and premature death. The cost of health care and absent or inadequate health insurance coverage combine to also increase the numbers of medically indigent, such as survivors of accidental head and spinal trauma. This text explores the commitments and activities of **community health nursing in improving the health of such vulnerable families, groups, and populations.** Research studies are used throughout to illustrate the success of nursing interventions with vulnerable populations in communities.

To identify the health-related strengths and problems of a community, it is necessary to assess the demographic and health statistics of the community’s population and to explore the existing community structures, functions, and resources. In this text we stress the importance of developing partnerships with community members, present a **community assessment tool**, with several case studies showing its application, and discuss varied perspectives for planning and evaluating nursing care within communities. The tool is applied with both **geopolitical and phenomenological communities.**

Community health nurses recognize that much of a person’s health attitudes and behavior is learned initially in his or her own family. **Family-focused health promotion and prevention** is an important community health nursing strategy. As was true in prior centuries, some families today experience multiple problems with unhealthy envi-



ronments, disabled or chronically ill members, developmental issues, breakdowns in family communication, and weak support systems.

The text reflects the increasing demand for community health nursing in **home health care for the ill**. Hospital cost-containment measures that began in the 1980s have resulted in a decrease in the average length of stay of patients in hospitals. As was true 100 years ago, families today are caring for ill members at home and are requiring assistance from community health nurses. In response to client needs, newer structures of nursing care delivery also have emerged, including hospice and medical daycare centers. Family-focus and care for clients in their daily settings—homes, schools, and worksites—are traditional aspects of community health nursing. Knowledge of community health nursing helps us recognize the importance of caring for the family caregivers as well as for ill family members and of strengthening community support services.

The community health nurse's involvement with **contemporary public health problems**—addictions, sexually transmitted diseases (including HIV/AIDS), and violence—is thoroughly covered. Teen pregnancy is explored as a health risk for adolescents and their infants. Toxic substances in home, work, and community environments are identified as special health risks.

Changes in the age composition of our country's residents poses concerns related to the ratio of dependent persons. More elderly persons and, in selected subpopulations, more children make up the population. Special emphasis is given in the text to a discussion of the support networks with which community health nurses work as they provide **nursing care with elderly people, children, and persons with disabilities**.

### Level of Learner

This book is intended as a basic text for baccalaureate students in community health nursing. It is appropriate for basic baccalaureate students, R.N.s returning for baccalaureate degrees, and baccalaureate graduates who are new to community health employment.

Additionally, the text can benefit R.N.s without baccalaureate degrees who are changing their practice settings because of health care system changes. For example, in some places, R.N.s with strong technological medical-surgical or pediatric skills are being employed in home care. This text can be used by them, their supervisors, and/or in-service education directors to provide background information, especially in relation to the context of practice, family-focused care, home visiting, and scope of community resources.

The text has a descriptive focus, including both changes in practice historically and the relative magnitude of community health nursing problems and solutions today. The text also is structured to promote further inquiry related to each subject and to connect information with examples of practice. Thus, the text includes abstractions and concepts, as well as questions and examples, to promote critical thinking and application of the information.

We are pleased with student comments about the strengths of the first edition and have maintained these positive characteristics in the second edition.

- Text is very readable
- Writing style maintains interest
- Tables are clear and useful
- Explanations discuss the relevance of ideas to practice
- Examples show practical application
- Each chapter is self-contained without the need to refer to the appendices

This text builds on prerequisite knowledge and skills related to application of the nursing process, interpersonal relationships, and nurse/client communication skills. Other prerequisites are knowledge of human development, basic concepts of stress and adaptation, and nursing care with individuals. While a basic general systems language is used with family and community theory, terms are defined for those who have not had formal instruction in these concepts.

### Organization of Text

The text is organized into seven units. Unit I, *The Role and Context of Community Health Nursing Practice*, describes the ethical commitments underlying community health nursing practice as well as the scope and context of community health nursing practice. We explore how the structure and function of our complex health care system and legal, economic, and cultural factors influence communities and community health nursing practice.

Unit II, *Family as Client*, presents a broad theory base related to family development, structure, functioning, and health. A family assessment tool is provided and sources for additional tools are identified. Specific case studies demonstrate the application of the nursing process with families. Special emphasis is given to working with families in crisis and "multiproblem" families.

Nurses with baccalaureate degrees belong to one of a few professions whose members learn to care for people at home as a part of their educational experiences. Many nurses without baccalaureate degrees who desire to transfer from hospital to home care settings must learn on the job. Consequently a chapter is devoted to home visiting, the fastest growing facet of community health nursing.

Unit III, *Community as Client*, presents the community and population approach that is unique to community health nursing. Epidemiology is the science used to study the distribution of health and illness among human populations. We introduce epidemiological statistics and methods. Current epidemiological data that describe patterns of death, disability, and illness within the United States are presented for age groups throughout the lifespan and for ethnic and/or racial minorities. Varieties of tables and figures are presented to demonstrate the way in which population and epidemiological data are published for use by community health nurses.

Communities may be characterized as geopolitical or phenomenological (communities of belonging). Assessment tools are presented for each type of community and case examples provided to illustrate the application of the nursing process with communities. Numerous measures for evaluating the outcomes of community health nursing programs are discussed. Additionally, process and management evaluations are examined.

Last in this unit, nursing care in community disasters is explored.

Unit IV, *Tools for Practice*, develops three strategies for population-focused intervention used frequently by community health nurses:

- Health promotion and risk reduction
- Screening and referral
- Health teaching

Specific tools are included that can be used to help individuals identify risk factors for illness and identify more healthful personal behavior. Detailed instructions are provided for conducting health screening. Also included are the current recommended schedules for health screening for males and females of various age groups. These specific practice skills may be applied with individuals, families, and populations.

Unit V, *Contemporary Problems*, focuses on contemporary problems encountered in community health nursing practice. Demographic and epidemiologic data help identify populations most at risk for specified health problems. A chapter is devoted to each of the following:

- Communicable disease, including HIV and AIDS
- Family violence
- Alcohol and drug addiction
- Teenage pregnancy

Homelessness is explored in depth, as are societal and personal factors contributing to homelessness; psychological and family stress related to homelessness; and health risks of the homeless. A unique model presents nursing interventions appropriate for three levels of homelessness.

A chapter on environmental issues at home, at work-sites, and in geopolitical communities identifies specific health risks. Responsibilities of occupational health nurses are included.

Unit VI, *Support for Special Populations*, discusses three vulnerable populations: persons with disabilities, children, and elderly persons. Prevalence of health problems, common nursing interventions, and importance of community support services are discussed.

Unit VII, *Settings for Community Health Nursing Practice*, describes school, home health agencies, and rural communities as settings for community health nursing practice. Each chapter includes either a day or a week in the life of a community health nurse to help students experience the reality of working in that setting. In this second edition, community health nursing in local health departments and in state health departments are discussed in a single chapter, which appears in Unit I.

## Changes to the Second Edition

In this edition, we have added or expanded content on:

- The role of state health departments
- Local health departments and emphasis on public-private partnerships
- Cultural competency
- A model of family nursing in community health
- Examples in the family and community units to promote application of learning
- Nursing interventions and communication with families
- Examples of epidemiologic studies and their application in public health practice
- Primary health care model
- Emerging problems with communicable diseases
- Aged-based tools for addictions screening
- Health problems of older children and adolescents
- Environmental aspects of school health
- Hospice care

Throughout the text we have updated the following:

- Demographic statistics
- Epidemiological statistics
- Initiatives to improve access to health care
- Effects of managed care
- Current research findings
- References and recommended readings
- Community resources including WEB sites and e-mail addresses when available

## Chapter Organization to Promote Learning

Each chapter has the following features: •

- Outline
- Focus Questions
- Chapter narrative
- Key Ideas
- Learning by Experience and Reflection
- References
- Suggested Readings

The majority of chapters also present one or more of the following features to aid learning:

- Case Study
- Application of the Nursing Process
- Community Resources
- Ethics in Practice

**Focus Questions** at the beginning of each chapter and **Key Ideas** at the end help the reader focus on the material presented. The questions encourage the reader to approach learning from the perspective of inquiry. Key Ideas summarize the important ideas.

**Case Studies or Applications of the Nursing Process** encourage application of the chapter material. Most chapters provide an example of the nursing process being applied with a family or community or a case study in which the chapter concepts may be applied.

**Learning by Experience and Reflection** in each chapter is designed to foster student learning through inquiry and a variety of ways of knowing—empirical knowledge and logic, interpersonal learning experiences, ethics, and greater awareness of personal preferences (aesthetics). Guidelines may promote reflection and self-awareness, observation, analysis, and synthesis. Each chapter includes guidelines for learning appropriate to most students as well as suggestions for those who are interested in further evaluation and creativity.

**Community Resources** appear in many chapters throughout the book, especially those in Units V through VII. Addresses and phone numbers allow the reader to contact national resources or their regional and local chapters to obtain further information and materials.

**Suggested Readings** have been selected with the level of student in mind. Some readings expand on concepts and tools of practice mentioned in the chapter. Where possible, other readings provide descriptions of community health nursing programs or nurses' experiences related to their professional practice.

Where appropriate, epidemiological data are presented to describe the magnitude of the health problems and the populations in which they occur more frequently.

**Ethics in Practice** is a special feature of chapters in Units V and VI. A situation involving a community health nurse is used to identify ethical questions, related ethical principles, and the actions of the specific nurse. These situations provide the opportunity for student/faculty dialogue to explore one's own ethical decision-making. Several of the situations demonstrate the tension between the rights of individuals and the rights of the public at large; other situations depict competing values.

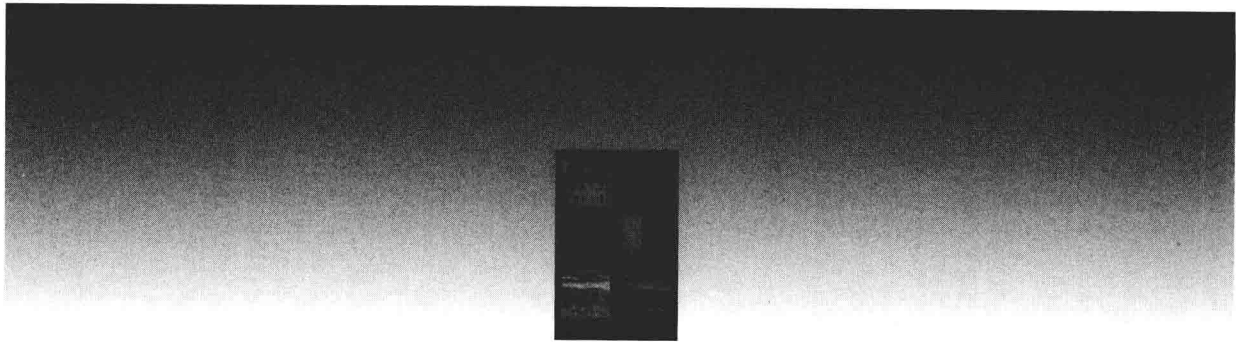
### **Ancillary Package**

An **Instructor's Manual** for qualified faculty accompanies the text. The manual includes

- Critical thinking exercises that correspond to the textbook Case Studies
- Short answers to chapter Focus Questions
- Teaching suggestions related to the textbook Learning by Experience and Reflection content

A new **ExaMaster computerized test bank** of over 700 multiple-choice questions is also available free to adopters of the textbook. Contact your local W.B. Saunders representative to request these ancillaries.

**Claudia M. Smith**  
**Frances A. Maurer**



## *Acknowledgments*

Many people have contributed to our exploration of community health nursing practice: colleagues, former faculty and mentors, and clients. We are especially indebted to community health nursing students with whom we have worked over the years. They have provided the inspiration for exploring community health nursing from empirical, experiential, ethical, and critical perspectives.

We are grateful for our relationships with community health graduates and community health nurses who have taught us much. We especially thank the community health nurses with the Maryland Department of Health and Mental Hygiene, Anne Arundel County Health Department, and Prince George's County Health Department, who are friends and colleagues.

Without the contributors and their expertise, this book could never have been written. They have shared their knowledge, beliefs, experiences, and visions. Our conscientious reviewers affirmed our strengths; challenged us when we were unclear, inaccurate, parochial, or too narrow in our focus; and made constructive suggestions.

Dr. Theresa Nagy and Ms. Mary Rees provided technological computer support for the second edition. Without their expertise, we would have been unable to interface multiple word processing contributions into a single product.

Our families have continued to extend their support to this second endeavor. They have pitched in to shop, cook, and organize holiday events without our contributions. Claudia Smith's husband and partner, Tony Langbehn; parents, Claude and Gerry Smith; and parents-in-law, Gene and Fran Langbehn, continue to understand the time required by this endeavor and, above all, take pride in our accomplishment. Fran Maurer's husband Dick, daughter Jennifer Maurer, and sister Mary Rees have each provided resources, understanding, and humor which encouraged our pursuit of a sterling second edition.

Terri Wood, Nursing Editor for this edition, was enthusiastic, confident, and creative, and displayed a strong sense of design. To make this text as up to date as possible, she advocated for inclusion of *Healthy People 2010* objectives once the production cycle had begun. Ilze Rader, Editor for the first edition, provided encouragement and critical feedback, crucial to initiating this edition. Ms. Annette Ferran, our developmental editor, was conscientious in helping us transfer our vision to final reality. Editorial Assistants Ms. Marie Thomas and Ms. Cathy Ott handled the nitty gritty with humor and goodwill. The copy editing, art, and production staff at W.B. Saunders transformed our manuscripts into a coherent publication.

Thank you.



## NOTICE

Nursing is an ever-changing field. Standard safety precautions must be followed, but as new research and clinical experience broaden our knowledge, changes in treatment and drug therapy become necessary or appropriate. Readers are advised to check the product information currently provided by the manufacturer of each drug to be administered to verify the recommended dose, the method and duration of administration, and the contraindications. It is the responsibility of the treating physician, relying on experience and knowledge of the patient, to determine dosages and the best treatment for the patient. Neither the publisher nor the editor assumes any responsibility for any injury and/or damage to persons or property.

THE PUBLISHER

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