

MARY JO CLARK

COMMUNITY HEALTH
NURSING

4th Edition

Caring for Populations

Fourth Edition

COMMUNITY HEALTH NURSING

Caring for Populations

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*This book is lovingly dedicated to Phil the elder
and Phil the younger, who motivate me to
do the best I can, and to Elisabeth, who knows
how to fight the important battles.*

Thank you.

PREFACE

This book represents the lessons learned and the progress made in more than 100 years of community health nursing in the United States. The year 1993 marked the 100th anniversary of the founding of the Henry Street Settlement, the acknowledged beginning of modern American community health nursing. Since then, the work of community health nurses has led to better health for individuals, families, and population groups. In this book, I have tried to distill the wisdom of early pioneers and present-day practitioners to guide and direct future generations of community health nurses.

Locally, nationally, and globally, society is in greater need of community health nursing services than at any time since our beginning. Although expected longevity has increased significantly in the last century, quality of life has not kept pace for large segments of the world's population. Previously controlled communicable diseases are resurfacing and new diseases are emerging to threaten the public's health. Malnutrition is a fact of life for many people. Chronic physical and emotional diseases are taking their toll on the lives of large numbers of people. Substance abuse and societal violence are rampant, and more and more frequently environmental conditions do not support health. All of these are problems that community health nurses can and do help to solve.

Community health nurses must have the depth and breadth of knowledge that allows them to work independently and in conjunction with others to improve the health of the world's populations. In part, this improvement occurs through care provided to individuals and families, but it must occur on a larger scale through care provided to communities and population groups. *Community Health Nursing: Caring for Populations* provides community health nurses with the knowledge needed to provide care at all these levels. This knowledge is theoretically and scientifically sound, yet practical and applicable to society's changing demands. This book has been written to give students a strong, balanced foundation for community health nursing.

Community Health Nursing: Caring for Populations is written for all students in community health nursing

courses and provides a thorough introduction to all aspects of the specialty. The book is designed to prepare nurse generalists who can function in any setting, providing care to individuals, families, communities, and population groups.

Each unit in this fourth edition is introduced by the work of Veneta Masson. Her writing reflects some of the realities of day-to-day community health nursing practice. The following dialogue between nurse and client is excerpted from one of Ms. Masson's poems, "Christmas Eve at Maggie's," and portrays the sometimes differing perspectives of nurse and client. Throughout the text the poetry presents other intimate glimpses of individual clients and the profession for students to ponder.

Guess what today is Maggie.

*What is today? I prod
tense with expectation
as her fingers tighten
round her empty wallet*

Why, I reckon . . . Well, praise the Lord!

*It must be the first of the month
and my check come!*

No, Maggie, it's Christmas Eve.

I came to wish you Merry Christmas.

Sorry.

She fumbles with the stale debris

of yesterday's carry-out sandwich.

*That so? she says, wiping the wreath
of crumbs from her mouth.*

And here I thought it was the first of the month.

The overall approach of this book is to convey to nursing students at the beginning of the twenty-first century the excitement and challenge of providing nursing care in the community. As we begin a new era of community health nursing, I believe that well-educated community health nurses can provide a focal point for resolution of the global health problems presented above. Early community health nurses changed the face of society, and we can be a strong force in molding the society of the future.

I am convinced that when the bicentennial anniversary of American community health nursing occurs in 2093, community health nurses will be able to look back on the accomplishments of our second century with as much pride as the first.

Organization

This textbook is designed to present general principles of community health nursing and to assist students to apply those principles in practice. It is organized in six units. The first three units address general concepts of community health nursing practice and the last three examine the application of those concepts to specific populations, settings, and community health problems.

Unit I sets the stage for practice by describing the context in which community health nursing occurs. Readers are introduced to the concept of populations as recipients of nursing care and to the historical underpinnings and development of community health nursing as an area of specialty practice. Other chapters in this unit address the influences of the health care, political, economic, sociocultural, and environmental contexts that influence the health of populations and the practice of community health nursing.

Unit II examines community health nursing as a specialized area of practice, exploring its population focus and the attributes and features that make it unique. Standards for practice and typical roles and functions of community health nurses are also addressed. The second chapter in this unit provides several theoretical perspectives on community health nursing and discusses theoretical models applicable to population groups, as well as individuals and families, as recipients of care.

A unique feature of this textbook is the consistent use of the Dimensions Model of Community Health Nursing to structure the discussion of principles of practice. In Units III through VI, elements of the model are used to examine the processes used in community health nursing practice and the provision of care to selected populations, in specialized settings, and with specific community health problems. A change from the previous edition is the elimination of some redundancy in the use of the model across chapters; however, the model remains as an organizing framework for the chapters in these units, systematizing assessment in terms of the six dimensions of health (addressing relevant biophysical, psychological, physical environmental, sociocultural, behavioral, and health systems considerations) and framing nursing interventions in terms of primary, secondary, and tertiary prevention activities. This consistent approach permits students to readily identify commonalities and differences among processes, populations, settings, and problems.

Unit III presents common processes used in community health nursing. In each chapter, the elements of the Dimensions Model are applied to a specific process used by community health nurses. For example, in Chapter 10, students are acquainted with general principles of epidemiol-

ogy and then apply those principles in the context of the model to the process of health promotion for individuals, families, and groups of clients. Considerations in each of the six dimensions of health are examined in light of their influence on health promotion. Other processes examined in this unit include the health education, case management, and change, leadership, and group processes.

Unit IV examines community health nursing care provided to special population groups. In each chapter, students are assisted to apply principles of care to individuals and families, as well as to these populations as aggregates. For example, in Chapter 16, emphasis is placed on community health nursing care for individual children and their families as well as on strategies for improving the health of children as a population group. Similar approaches are taken to the other population groups addressed in the unit: families, communities, women, men, the elderly, and the homeless.

Unit V presents community health nursing practice in specialized settings such as the home, school, work, correctional, and disaster settings. Chapter 22, a new chapter in this edition examines the role of the community health nurse in official and voluntary agencies as specialized settings. The local health department is used as an exemplar of official agencies and parish or faith community nursing is the exemplar for community health nursing practice in a voluntary agency. In each of the chapters in the unit, students are guided in the use of the nursing process in the special practice setting. Consideration is given to factors influencing health in each of the six dimensions of health, and nursing interventions at the primary, secondary, and tertiary levels of prevention are discussed.

Unit VI focuses on community health nursing practice related to common population health problems such as communicable diseases, chronic physical and mental health conditions, substance abuse, and societal violence. Again, students are assisted to apply the nursing process to identify factors contributing to problems in each of these areas and in designing relevant nursing interventions at primary, secondary, and tertiary levels of prevention. Consideration is given to care of individuals and families with these problems as well as to resolving common community health problems at the population level.

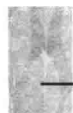


NEW FEATURES

- **New Chapter**, “*Care of Clients in Official and Voluntary Agencies*,” includes detailed discussion of parish nursing and its roles and functions as an exemplar of a voluntary health agency. Standards, functions, and services of community/public health nursing serve as a starting point for exploring an official health agency.
- **Cultural Considerations** highlight cultural factors that influence health, health care delivery, and community

health nursing practice. Readers are encouraged to examine the effects of their own cultural traditions, as well as those of clients, on health, illness, and nurse–client interactions.

- **Ethical Awareness** introduces readers to ethical dilemmas faced by community health nurses and assists them to apply principles of ethical decision making.
- **Healthy People 2010: Goals for the Population** provides a focus for health-related initiatives as well as a snapshot of the current state of health of the U.S. population.
- **Focus on Public Health Aspects of Terrorism** incorporates information related to the public health aspects of terrorism. For example, the concept of terrorism and types of terrorist activities and their health effects are introduced in the discussion of global health issues in Chapter 3. Chapter 10 incorporates information on the epidemiology of selected biological weapons. This information is expanded in Chapter 28 and Appendix B, both of which address control of communicable diseases. Finally, terrorist attacks as a form of disaster are addressed in Chapter 27.



HALLMARK FEATURES

Chapter Structure

Each chapter of *Community Health Nursing: Caring for Populations* includes:

- **Chapter objectives** that summarize important points and assist the reader in identifying key issues addressed in the chapter.
- **Key terms** that direct the reader's attention to critical issues addressed in the chapter.
- **Numerous tables and figures** that highlight important concepts and assist readers in their understanding.
- **Highlights** that summarize content and assist students to identify major points presented in the text.
- **Assessment Tips** that provide a series of questions to assist readers in tailoring their nursing assessment to the specific needs of the client population, setting, or health problem addressed in the chapter.
- **Critical Thinking in Research** boxes that stimulate readers to consider research related to chapter topics and to broaden their understanding of research principles and methods.
- **Case Studies** that assist the reader to apply the principles addressed in the chapter to community health nursing practice situations. Each case study is followed by questions designed to promote critical thinking in nursing practice.
- **Testing Your Understanding** is a feature that assists readers to evaluate their comprehension of concepts and principles presented in the chapter. These challenging review questions stimulate thought and dis-

cussion of important chapter concepts. Each question is followed by page references for a quick review of content addressed.

- **Think About It** poses thought-provoking questions to stimulate individual thought or class discussion on issues addressed in the chapter. These questions encourage the reader to go beyond the content presented and to examine related issues and application to their own areas of practice.
- **References** contained in each chapter present an up-to-date picture of principles and concepts related to the topic addressed. References provide a balanced view of community health nursing, exploring a variety of issues from several perspectives, and provide a wide range of supplemental material for the interested reader.
- **Full-color photographs** serve to bring home to readers the concepts discussed in the chapters while presenting a realistic picture of community health nursing practice.

Appendices

Several of the assessment tools contained in the Appendices of previous editions of the textbook, as well as additional tools previously contained in the *Community Health Nursing Handbook*, have been moved to the companion Web site for the fourth edition. This move was made to permit readers to download immediately usable assessment tools as desired. The remaining appendices present the reader with detailed information that supplements content in the chapters in the book.



COMPREHENSIVE TEACHING AND LEARNING PACKAGE

Companion Web Site

The companion Web site for the fourth edition of the textbook contains a variety of supplemental information and assessment tools that will be of immediate use to readers. The Web site includes the following new features:



<http://www.prenhall.com/clark>

- **Chapter outlines:** Detailed chapter outlines assist readers to organize their learning of chapter content and to easily refer back to important portions of the chapter.
- **Chapter objectives:** Chapter objectives assist readers in identifying key concepts contained in each chapter.
- **Key terms:** A list of key terms and audio glossary from the text are included to assist students to grasp basic concepts of community health nursing.

- **Multiple-choice questions:** Multiple-choice review questions are provided for each chapter to assist readers to evaluate their comprehension of chapter content. Answers and rationale are provided for questions posed.
 - **Challenge Your Knowledge:** The *Challenge Your Knowledge* feature presents readers with thought-provoking short essay questions that test and expand comprehension of important concepts presented in each chapter. These questions assist students in the application of principles of community health nursing in practice.
 - **Expanding Your Perspective:** This feature presents summaries of full-text articles that assist readers to examine a topic in more depth or additional case studies that promote the application of theoretical principles to practice. Links to several full-text research articles are provided related to selected chapters in the text. These articles present research studies related to the content in relevant chapters. Each article summary is followed by questions that assist the reader to evaluate the study and the applicability of findings to community health nursing practice in their own locations.
- Case studies assist readers in applying principles presented in the chapter to actual community health nursing practice. Each case study is followed by questions to stimulate thought on the part of the reader; potential answers to these questions are provided.
- **Assessment tools:** Assessment tools provided on the Web site include those previously included in the appendices to the text as well as several additional tools from the *Community Health Nursing Handbook*. Some new assessment tools are included as well. Tools are based on a consistent assessment format and address considerations in each of the six dimensions of health (biophysical, psychological, physical environmental, sociocultural, behavioral, and health system) as they affect the health status of specific population groups or in specific settings.
 - **Web links:** Web links are provided to additional sources of information related to chapter topics.
 - **Information updates:** This feature provides periodic updates on information that changes more frequently than a textbook can be revised (for example, immunization schedules, new epidemiologic information for selected conditions). Updated incidence and prevalence maps for selected conditions are also included.

INSTRUCTOR'S RESOURCE CD-ROM

The *Instructor's Resource CD-ROM* includes the following features:

- **Detailed chapter outlines** that pinpoint the main issues discussed in each chapter.
- **Learning objectives** that provide instructors with student goals for each chapter.
- **Key terms** and definitions provided in the core text.
- **PowerPoint slides** for each chapter that can be used to structure class presentations.
- **Suggested teaching strategies** that actively involve students and help bring community health nursing practice to life.
- **Discussion topics** that will evoke active student participation in the classroom. The topics presented can also be used for out-of-class activities by students.
- **Answers to case study questions** presented in the text that allow for their use as examinations or for class discussion.
- **Test questions** in multiple-choice format that test students' grasp of content provided in each chapter. Answers and rationale are also provided.
- **Discussion guides** for the *Critical Thinking in Research*, *Cultural Considerations*, and *Ethical Awareness* features that allow faculty members to make the most effective use of these features to expand students' knowledge and understanding.

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- **Sara Kolb** and her colleagues, who expended multiple roles of film to get the perfect parish nursing center picture.

Thank you for a highly educational experience!

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CREDITS

The poetry that introduces each unit in this textbook is from *Rehab at the Florida Avenue Grill* by Veneta Masson. Veneta is a community health nurse and nurse practitioner who brings the insights of compassion to her work with underserved populations in Washington, D.C. *Rehab at the Florida Avenue Grill* was published by Sage Femme Press in 1999, and is available from Window on Nursing, P.O. Box 1253, Olney, MD 20830-1253. Mary Jo Clark and Prentice Hall express our appreciation to the poet for her heartfelt expressions of nursing in the community and for her generosity in permitting us to reprint her work.

Historical photographs used in Chapter 2 were provided courtesy of the Visiting Nurse Association of Boston. Mt. Auburn Hospital provided great assistance with sites and locations for specific photographs. Other photographs are the work of Al Dodge of Boston, Sara Kolb of the St. Philip of Jesus Ministeria de Salud, San Antonio, Texas, and the author.

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xxii Preface

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Guide to Key Features

CHAPTER OBJECTIVES

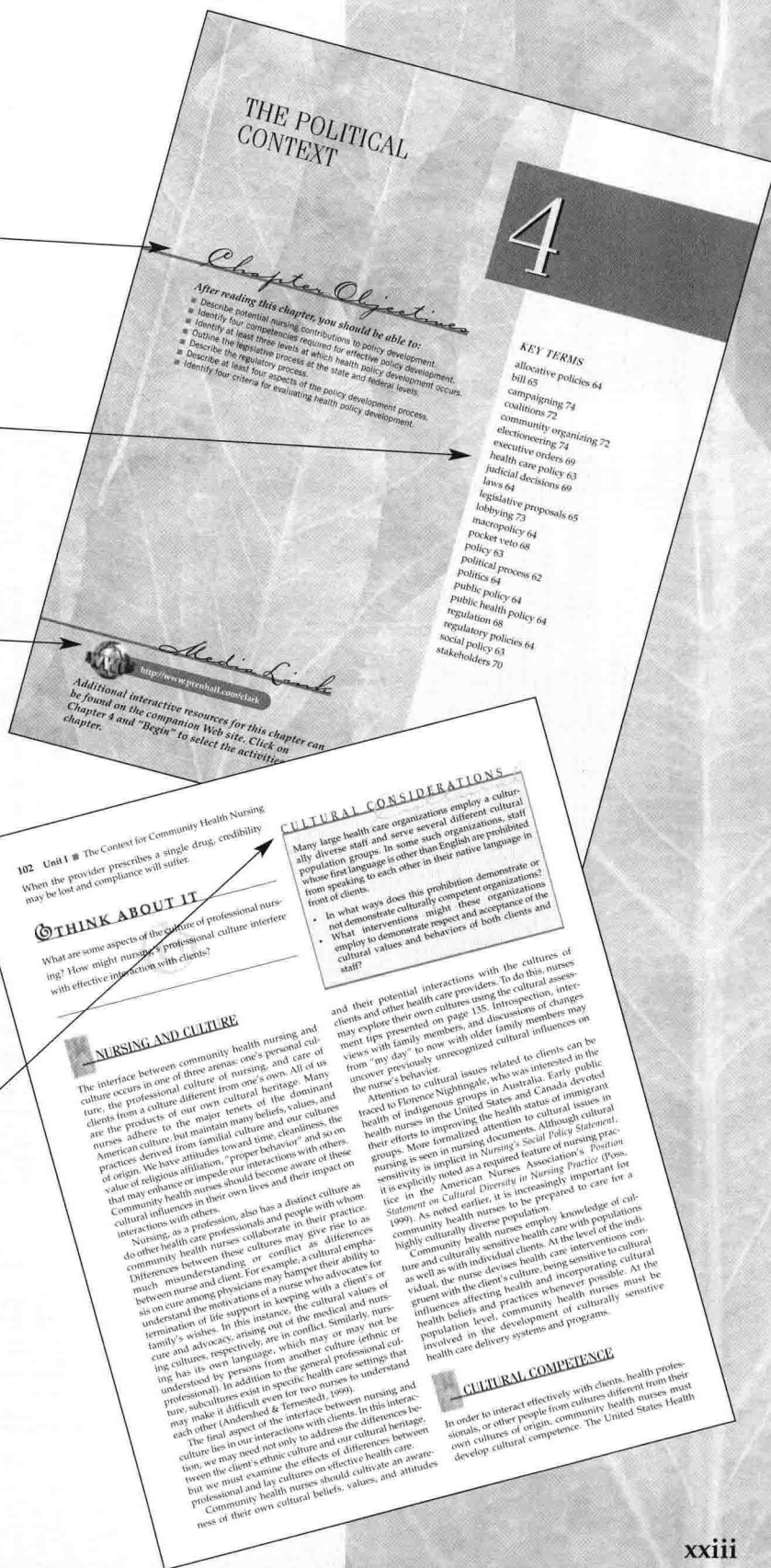
Chapter objectives identify essential learning concepts, stimulate thought, and assist readers in reviewing chapter content.

KEY TERMS

Key terms list the important vocabulary covered in each chapter. At the point of definition within the chapter, each term is set in boldface type.

MEDIA LINK

Icon integrated throughout the book which directs students to additional online content.



CULTURAL CONSIDERATIONS

This special feature points out cultural considerations relevant to chapter content, presenting cultural information or posing questions related to cultural influences on health and health care delivery that assist readers to apply cultural concepts in clinical practice.

164 Unit I ■ The Context for Community Health Nursing

ETHICAL AWARENESS

Legislation aimed at preventing exposure to second-hand smoke in public places has been criticized because it infringes on the rights of individuals to decide for themselves whether, when, and where they will smoke. What approaches to ethical decision making would support such legislation? What approaches would support the rights of smokers to self-determination? Which position would you support? Why?

An example of tertiary control measures at this level might include political activity to mandate standards that prevent the recurrence of a leak at a nuclear power plant or to pass a bond issue to renovate a drinking water with sewage. Other possible tertiary preventive interventions by community health nurses are presented in Table 7-4. In addition to political activity and other measures that help to protect the environmentally conscious behaviors in personal and professional lives, some of these measures are summarized below.

EVALUATING ENVIRONMENTAL MEASURES

Community health nurses are also involved in evaluating the effectiveness of environmental control measures.

HIGHLIGHTS

Personal and Professional Environmental Protection Strategies

- Avoid unnecessary driving or gasoline consumption by combining trips or carpooling.
- Install water-conserving bathroom and kitchen fixtures.
- Reduce power use to minimum requirements by turning off appliances, computers, and so on when not in use; engage in family activities during off-peak use of lights; run major appliances with energy-conscious models; use cold water to wash clothes; wash hours, replace worn-out and hang them to dry; use full loads of clothing and hang them to a landfill.
- Use grass clippings and fallen leaves as mulch rather than burning them or taking them to a landfill.
- Dispose of hazardous wastes appropriately.
- Use environmentally safe household cleaning products.
- Use of aerosol sprays.
- Use of recycled goods.
- Promote smoking.

ETHICAL AWARENESS

This new feature presents an ethical dilemma or issue related to the chapter that stimulates student thought on the course or courses of action they might take in a similar practice situation.

166 Unit I ■ The Context for Community Health Nursing

TABLE 7-5 Sample Questions for Evaluating Primary, Secondary, and Tertiary Prevention of Environmental Hazards (continued)

ENVIRONMENTAL HAZARD	PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
Air pollution	Has the level of pollutants in ambient or indoor air been reduced? Has the incidence of diseases due to air pollution declined?	Have individuals with diseases due to air pollution received adequate diagnostic and treatment services?	Has further contamination of ambient or indoor air been prevented?
Water pollution	Has the number of exposures to polluted water been reduced? Has the incidence of diseases due to polluted water declined?	Have individuals with diseases due to water pollution been adequately treated?	Have recurrent episodes of diseases due to water pollution been prevented? Has recontamination of water by pollutants been prevented?

HEALTHY PEOPLE 2010

GOALS FOR THE POPULATION

Status of Selected National Objectives Related to Environmental Health

Objective	Target	Status
■ 8-1. Reduce the proportion of people exposed to harmful air pollutants (1997)		
Ozone	0%	43%
Particulate matter	0%	12%
Carbon monoxide	0%	18%
Nitrogen dioxide	0%	5%
Sulfur dioxide	0%	2%
Lead	0%	<1%
■ 8-5. Increase the proportion of people receiving safe drinking water from community water systems (1995)	95%	73%
■ 8-6. Reduce waterborne disease outbreaks (1987-1996 average)	2	6
■ 8-7. Reduce daily per capita water withdrawals (1995)	90.9 gal	101 gal
■ 8-11. Eliminate elevated BLLs in children (1991-1994)	0	44%
■ 8-13. Reduce pesticide exposures resulting in visits to health care facilities (1997)	13,500	27,156
■ 8-15. Increase recycling of municipal solid waste (1996)	38%	27%
■ 8-18. Increase the proportion of homes tested for radon (1998)	20%	17%
■ 8-22. Increase the proportion of pre-1950s homes tested for lead-based paint (1998)	50%	16%
■ 8-23. Reduce the proportion of substandard homes (1995)	3%	6.2%
■ 8-29. Reduce the global burden of disease deaths due to poor water quality, sanitation, and personal/domestic hygiene (1990)	2.1 mil	2.6 mil

Source: U.S. Department of Health and Human Services. (2000). *Healthy people 2010* (Conference edition, in two volumes). Washington, DC: Author.

HEALTHY PEOPLE 2010: GOALS FOR THE POPULATION

Tables present relevant Healthy People 2010 objectives as well as information on the current status of related objectives for 2000.

Chapter 15 ■ Care of Communities 337

Control Programs

One of the same programs described as primary preventive measures may also be employed in secondary prevention designed to alleviate existing health problems. When a community or target group is already experiencing a high rate of sexually transmitted diseases (STDs), education on the transmission and prevention of STDs would be a secondary preventive measure. The intent of the program is to control an existing problem (high rate of STDs), rather than prevent a problem from arising.

The kind of secondary prevention programs planned for a given community or target group varies with the nature of the problems identified in the assessment. For example, if child abuse is prevalent in the community, parent classes for abusive parents would be an appropriate secondary preventive measure. Similarly, if there is a high rate of hypertension among group members, clinics could be established to screen for, diagnose, and treat this problem. In another community, a program to enforce seat belt legislation could be used as a secondary preventive measure for a high rate of motor vehicle accident fatalities.

Tertiary prevention programs for communities or target groups are designed to prevent complications of identified problems or prevent the recurrence of a problem. For example, if a community is experiencing an epidemic of measles, mass immunization programs to control the epidemic would be used as a secondary preventive measure. When the epidemic is under control, a program designed to maintain immunity levels among communities would be a tertiary preventive measure.

CRITICAL THINKING IN RESEARCH

Healey (1998) conducted a study to determine the prevalence and characteristics of tobacco use in three counties in Pennsylvania. He examined the extent of cigarette use in children under 18 years of age and the age of onset of cigarette use as well as gender differences in cigarette use. He also noted the extent of continued cigarette use among children. Study findings were used to provide the impetus for two community initiatives to reduce the prevalence of tobacco use among children in the area.

- What other kinds of prevalence data might be used as a catalyst for community action?
- How might you go about obtaining similar data related to another health behavior (e.g., bicycle helmet or seat belt use)?
- Who would you involve in participatory community-based research related to your topic? Why would you include these people in your research team?
- To whom should your findings be disseminated? Why? How would you go about disseminating your findings to these individuals or groups?

HIGHLIGHTS

Diseases, Test, and Target Group Considerations in Screening

Disease Considerations

- The disease affects a sufficient number of people to make screening cost-effective.
- The disease is relatively serious.
- An effective treatment is available for the disease.
- The preclinical period is sufficient to allow treatment before symptoms occur.
- Early diagnosis and treatment make a difference in terms of outcome.

Test Considerations

- The screening test is sensitive enough to detect most cases of the disease.
- The screening test is specific enough to exclude most other causes of positive results.
- The screening test costs little, is easy to administer, and has minimal side effects.

Target Group Considerations

- The target group is identifiable.
- The target group is accessible.

CRITICAL THINKING IN RESEARCH

This feature presents a potential research question or findings of a study related to chapter content to assist readers to incorporate research findings and methodology into everyday practice in community health nursing.

CASE STUDIES

Case studies allow students to apply concepts and principles addressed in the chapter to realistic practice situations.

TESTING YOUR UNDERSTANDING

Review questions test the reader's understanding of concepts and principles addressed in each chapter. Page references are provided to direct readers to related content in the chapter.

ASSESSMENT TIPS

Assessment tips direct the reader in health assessment with particular clients and specific population groups.

THINK ABOUT IT

Think About It questions stimulate thought and discussion beyond the content of the chapter to permit more in-depth exploration of selected concepts and issues.

The effects of intervention at the aggregate level can be assessed in terms of the accomplishment of national health objectives. The current status of selected objectives related to men's health is presented on page 434. Information about objectives related to men's health is available on the Healthy People 2010 Web site, which may be accessed through links provided on the companion Web site for this book.

Chapter 18 ■ Men as Aggregate 435
Men have a variety of health care needs that they may or may not acknowledge. Community health nurses can be actively involved in encouraging men to seek health care as needed. They may also provide direct services to male clients, particularly with respect to education for primary prevention.

APPLYING YOUR KNOWLEDGE IN PRACTICE

CASE STUDY

Caring for the Adolescent Male

You are a community health nurse working with a hypertensive, diabetic, middle-aged single mother for the past year. Her 17-year-old son has had hand surgery and has been added to your caseload for wound and cast care. On your next meeting with the mother, you discover that she is very upset about her son's behavior. He broke his hand when he punched a wall in a fit of anger, and the necessary care has hurt the family's very limited finances. The mother reports that she believes her son is drinking, and she is ex- cald angry and upset about this because her ex-husband had deserted the family largely because of his own alcohol abuse. While the mother answers a phone call, you attempt to speak to the son. He seems wary but does concede he punches walls when angry. His view at present is that "It's no big deal—the cast will handle it." When asked about alcohol, he replies, "It's what we do—a little doesn't hurt anyone." "It's you begin to address the risks involved in this behav-

- What psychological and sociocultural dimension factors may be influencing the son's behavior? Are these typical or atypical of men in general? Of adolescent boys?
- What actual and potential health issues are raised by the lifestyle of the son and his past and present family situation?
- What primary interventions are indicated for the health risks present in the son?
- What secondary interventions are indicated for the health concerns affecting the son?
- How should the nurse respond to the client's denial and anger?
- How might the nurse's interventions be evaluated?

TESTING YOUR UNDERSTANDING

- What are the major considerations in assessing the biophysical, psychological, physical environmental, sociocultural, behavioral, and health system factors influencing men's health? (pp. 414–425)
- What are some of the factors that contribute to adverse health effects for gay, bisexual, and transgender men? (pp. 423–429)
- Identify at least four areas for primary prevention with male clients. How might the community health nurse be involved in each? (pp. 430–432)

- What are the major secondary prevention considerations for male clients. Give an example of at least one community health nursing intervention related to each consideration. (pp. 432–433)
- Identify areas of emphasis in tertiary prevention for male clients. How might the community health nurse be involved in each? In what kinds of situations might tertiary prevention be required? (pp. 433–434)

How might health nurses meet the needs of gay men?

ASSESSMENT TIPS

ASSESSING MEN'S HEALTH

Biophysical Considerations

- What is the man's age? Has he accomplished the developmental tasks relevant to his current and previous developmental stages? Has the man achieved sexual maturity?
- Does the man have any existing physical health problems?
- Does the man have any existing physical health problems?

Psychological Considerations

- What is the extent of stress in the client's life? How effective are his coping strategies?
- Is the man depressed? Is he suicidal? Does the man have a history of mental illness? Signs of PTSD?
- What are the signs of mental illness? Signs of PTSD?

Physical Environmental Considerations

- Where does the man live? Is he exposed to safety or environmental health hazards?

Sociocultural Considerations

- How does the man deal with conflict? What is the quality of interpersonal interactions?
- Is the man a victim or perpetrator of family violence?
- What is the extent of the man's social support network?

Behavioral Considerations

- What are the man's typical behavior patterns? How do they affect his health?
- Is the man sexually active? What is his sexual orientation? Is he comfortable with his sexual identity? Does he engage in unsafe sexual practices? Is he sexually active? What is his sexual orientation? Is he comfortable with his sexual identity? Does he engage in unsafe sexual practices? Is he sexually active? What is his sexual orientation? Is he comfortable with his sexual identity? Does he engage in unsafe sexual practices?

Health System Considerations

- How does the man define health? What is his attitude to health and health care? What is his usual source of health care? To what extent does he utilize health care services? Does he engage in preventive health care practices?
- How does the man finance health care?
- What is the reaction of health care providers to the gay, bisexual, or transgender client? How does this reaction influence attitudes toward and use of health care services?

THINK ABOUT IT

In what ways were you socialized into gender roles? How closely do your internalized gender roles conform to those expected of society? What problems, if any, has gender created in your life?

Men may also have a stronger psychological need than women to see themselves as healthy and even invulnerable. Because men tend to value strength and endurance more than women, they are more likely to of frailty. An example of this state of mind can be seen in the male post-myocardial infarction client who resumes shoveling snow against the recommendations of health professionals and his family, and who continues it despite the return of the now-familiar angina. As a result of this need for strength in his self-image, the male client minimizes the importance of the problem. Consequently, when shoveling snow causes further angina, he may seek health care less readily and use it less effectively than would a female client in a similar situation. Conversely, it should be noted that male values of strength and endurance do not always adversely affect a male client's health. Some men who value strength actually may be more motivated to exercise and maintain a higher level of general fitness and to seek preventive

Psychological Considerations
Two related elements of the psychological dimension are of concern to community health nurses caring for men. These elements include socialization, stress, and coping abilities, as well as suicide as an outcome of ineffective coping. Men, like women, have several basic psychological needs. These include the needs to know and be known to others.

Socialization, Stress, and Coping

Men, like women, have several basic psychological needs. These include the needs to know and be known to others.

the guidelines, agency procedures and protocols, or elements of clinical pathways. The federal Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research [AHCPR]) has developed practice guidelines for several problems relevant to home health nursing. Current guidelines include those related to pressure ulcer prevention and treatment and cardiac rehabilitation. Prior guidelines include those for acute pain management, early HIV infection, benign prostatic hyperplasia, cancer pain management, unstable angina, heart failure, otitis media with effusion, quality mammography, acute low back pain, poststroke rehabilitation, smoking cessation, and early Alzheimer's disease (Agency for Healthcare Research and Quality, 2001). Because of recent developments in treatment, these prior guidelines are no longer considered current, but may be of interest to home health nurses anyway. Current and prior guidelines may be accessed through the AHRQ Web page for this book.

Agency procedures and protocols and clinical pathways may also be used as guides for planning nursing interventions during a home visit. Clinical pathways were addressed in detail in Chapter 12. Clinical pathways may differ from agency to agency and should be tailored to the goals and resources of the particular agency (Peers & McKee, 1998). Components of clinical pathways are summarized below.

HIGHLIGHTS

Characteristic Elements of Clinical Pathways

Scope: The extent of the client episode to which the pathway is applicable (e.g., only home care services, or a continuum of care from hospital to home care).

Condition: The health problem or condition to which the pathway applies (e.g., pregnancy or congestive heart failure).

Activity categories: Activities required in the care of typical clients with the specific condition, may be more or less detailed, but ideally reflects activities for which reimbursement is sought.

Outcomes: Expected outcomes of care for the client and family.

Format: The way in which activities are organized and presented in the pathway (e.g., in a linear form, by treatment day or visit, by discipline).

Documentation: Use of the pathway itself to document interventions, in which case the pathway becomes part of the client's permanent record.

Adapted with permission from Peers, D. A., & McKee, T. (1998). *Transforming home care: Quality and data management*. Gaithersburg, MD: Aspen.

Chapter 21 ■ Care of Clients in the Home Setting 513

The activities planned reflect the nurse's assessment of health care needs and the factors influencing them. In the previous example, referral to a Head Start program may provide assistance with child care, but only if the children involved are of the right ages. If the youngsters are of school age, the appropriate nursing intervention might be to help the father explore the possibility of an after-school program, if one is available, or have the children go home with the parents of a friend until the father can pick them up after work.

Nursing activities can focus on both health promotion and resolution of health-related problems. For example, the community health nurse might provide the parents of a toddler with anticipatory guidance regarding toilet training or assist parents to discuss sexuality with their preadolescent child. Other positive interventions might focus on providing adequate nutrition for a young child or promoting a healthy pregnancy for the pregnant female. Specific interventions employed by the nurse include referral, education, and technical procedures. For example, the nurse might refer a family to social services for financial assistance, teach a mother about appropriate nutrition for the family, or check a hypertensive client's blood pressure. The actions selected should be geared to achieving the goals and objectives established, taking into account the constraints and supports in the individual client situation.

Obtaining Necessary Materials

One aspect of planning the home visit that does not apply to many of the other processes discussed in this unit is obtaining materials and supplies that may be needed to implement planned interventions. Because the nurse is going to be in the client's home, one cannot assume that necessary supplies will be available there. If the nurse plans to engage in nutrition education, he or she might want to leave a selection of pamphlets with the client to reinforce teaching. If planned activities involve weighing a premature infant, the nurse will want to take along a scale. Equipment and supplies may also be needed for other procedures such as dressing changes, catheterizations, injections, and blood pressure assessment of one or more clients. Frequently does a physical assessment of the home visit, additional equipment such as a stethoscope, percussion hammer, tongue blade, flashlight, and ophthalmoscope will need to be obtained prior to setting out for the visit.

Planning Evaluation

As with every other process employed by community health nurses, the planning phase of the home visit process concludes with plans for evaluation. The effective process criteria to be used to evaluate client outcomes are derived from the outcome objectives determined for the visit. Because the outcome of nursing interventions undertaken during a home visit may not be immediately apparent, the nurse needs to develop both long-term and short-term evaluative criteria. Short-term

HIGHLIGHTS BOXES

Highlights boxes summarize important concepts presented in the chapter and assist the reader in identifying key principles.



ADDITIONAL ONLINE RESOURCES

RESOURCE LINKS

Special icons refer the reader to the companion Web site where links to other sources of information are provided.

ASSESSMENT GUIDE LINKS

Special icons refer the reader to the companion Web site to obtain printable assessment guides specific to a given population, setting, or health problem.

SUMMARIES OF FULL-TEXT ARTICLES

Icons refer the reader to the companion Web site to review summaries of selected full-text articles that provide more detailed information or another perspective on chapter content.

CONTENTS

Preface xvii

Unit I

THE CONTEXT FOR COMMUNITY HEALTH NURSING

1

CHAPTER 1 ■ The Population Context

3

DEFINING POPULATIONS AS A FOCUS FOR CARE	4
DEFINING THE HEALTH OF POPULATIONS	5
PUBLIC HEALTH PRACTICE	6
Goals of Public Health Practice	6
Core Public Health Functions	6
Outcomes of Public Health Practice	7
The Interface Between Public Health and Medicine	7
OBJECTIVES FOR POPULATION HEALTH	8

CHAPTER 2 ■ The Historical Context

15

HISTORICAL ROOTS	16
THE INFLUENCE OF CHRISTIANITY	16
The Early Church	16
The Middle Ages	16
THE EUROPEAN RENAISSANCE	17
A NEW WORLD	17
The Colonial Period	17
Early Public Health Efforts	17
THE INDUSTRIAL REVOLUTION	18

DISTRICT NURSING IN ENGLAND	20
VISITING NURSES IN AMERICA	21
NURSING AND THE SETTLEMENT HOUSES	21
EXPANDING THE FOCUS ON PREVENTION	23
STANDARDIZING PRACTICE	25
EDUCATING COMMUNITY HEALTH NURSES	26
FEDERAL INVOLVEMENT IN HEALTH CARE	26
THE PRESENT AND THE FUTURE	29

CHAPTER 3 ■ The Health System Context

35

HEALTH CARE DELIVERY IN THE UNITED STATES	36
The Popular Health Care Subsystem	36
The Complementary/Alternative Health Care Subsystem	37
The Scientific Health Care Subsystem	37
The Personal Health Care Sector	37
The Population Health Care Sector	37
LEVELS OF HEALTH CARE DELIVERY	39
The Local Level	39
The State Level	41
The National Level	42
INTERNATIONAL COMPARISONS	46
Locus of Decision Making	46
Expenditures	47
Funding Mechanisms	47
Autonomy	48
Coverage and Access	49
Health Outcomes	49
Consumer Satisfaction	50
GLOBAL HEALTH CARE	52

viii Contents

International Health Agencies	53
<i>Multilateral Agencies</i>	53
<i>Bilateral Agencies</i>	53
Global Health Issues	54
Cooperating for Global Health	57

CHAPTER 4 ■ The Political Context 61

NURSING AND POLICY DEVELOPMENT	62
Stages of Nursing Involvement in Policy Development	62
Nursing Contributions to Policy Development	62
Barriers to Nursing Participation in Policy Development	63
Effects of Nursing Involvement in Policy Development	63
Competencies Required for Effective Participation	63
HEALTH CARE POLICY	63
AVENUES FOR POLICY DEVELOPMENT	64
Legislation	64
Regulation	68
Administrative and Judicial Decisions	69
THE POLICY DEVELOPMENT PROCESS	69
<i>ASSESSING THE POLICY SITUATION</i>	69
<i>PLANNING HEALTH CARE POLICY</i>	70
<i>STRATEGIES FOR IMPLEMENTING POLICY</i>	71
<i>EVALUATING POLICY DEVELOPMENT</i>	75

CHAPTER 5 ■ The Economic Context 79

HEALTH-RELATED ECONOMIC TRENDS	81
Rising Health Care Costs	81
For-Profit Shift	82
Funding Public Health Services	82
Welfare Reform	83
ECONOMIC EFFECTS ON HEALTH	83
Poverty and Health	83
Diminished Access to Care	83
REIMBURSEMENT MECHANISMS	84
FINANCING HEALTH SERVICES	85
Client Payment	85
Third-Party Payment	86
<i>Types of Health Insurance</i>	86
<i>Sources of Health Insurance</i>	88
EFFECTS OF FINANCING MECHANISMS	94
FUTURE DIRECTIONS	95

CHAPTER 6 ■ The Cultural Context 99

RACE, CULTURE, AND ETHNICITY	101
CULTURE AND HEALTH	101
NURSING AND CULTURE	102
CULTURAL COMPETENCE	102
Characteristics of Cultural Competence	103
Barriers to Cultural Competence	103
<i>ASSESSING CULTURAL INFLUENCES ON HEALTH AND HEALTH CARE</i>	104
<i>PLANNING CULTURALLY COMPETENT CARE AND CARE DELIVERY SYSTEMS</i>	136
<i>EVALUATING CULTURAL COMPETENCE</i>	139

CHAPTER 7 ■ The Environmental Context 147

ENVIRONMENT AND HEALTH	148
Public Health and Ecological Perspectives	148
Ecological Issues	148
<i>Deforestation, Desertification, and Loss of Biodiversity</i>	148
<i>Global Warming</i>	149
<i>Ozone Depletion</i>	149
<i>Planetary Toxification</i>	149
<i>Overpopulation</i>	150
Environmental Public Health Issues	150
<i>Physical Hazards</i>	150
<i>Biological Hazards</i>	154
<i>Chemical and Gaseous Hazards</i>	155
COMMUNITY HEALTH NURSING AND ENVIRONMENTAL HEALTH	158
<i>ASSESSING ENVIRONMENTAL HEALTH IN COMMUNITIES</i>	158
<i>PLANNING TO IMPROVE ENVIRONMENTAL HEALTH</i>	160
<i>EVALUATING ENVIRONMENTAL MEASURES</i>	164



Unit II

COMMUNITY HEALTH NURSING AND ITS THEORETICAL FOUNDATION 169

CHAPTER 8 ■ Community Health Nursing 171

POPULATION-FOCUSED NURSING	172
TRENDS IN COMMUNITY HEALTH NURSING PRACTICE	173

TENETS OF COMMUNITY HEALTH NURSING	174
STANDARDS FOR COMMUNITY HEALTH NURSING PRACTICE	174
ATTRIBUTES OF COMMUNITY HEALTH NURSING	175
Population Consciousness	175
Orientation to Health	175
Autonomy	175
Creativity	176
Continuity	176
Collaboration	176
Intimacy	176
Variability	176
SKILLS FOR COMMUNITY HEALTH NURSING	177
ROLES AND FUNCTIONS OF COMMUNITY HEALTH NURSES	177
Client-Oriented Roles	177
Caregiver	178
Educator	178
Counselor	178
Referral Resource	179
Role Model	179
Advocate	180
Primary Care Provider	181
Case Manager	182
Delivery-Oriented Roles	182
Coordinator/Care Manager	182
Collaborator	183
Liaison	183
Population-Oriented Roles	183
Case Finder	184
Leader	184
Change Agent	185
Community Developer	185
Coalition Builder	185
Researcher	186

CHAPTER 9 ■ Theoretical Foundations for Community Health Nursing

189

THEORETICAL MODELS ADAPTED FOR COMMUNITY HEALTH NURSING	190
Neuman's Health Systems Model	190
Community-as-Partner Model	191
COMMUNITY HEALTH NURSING MODELS	191
The Dimensions Model of Community Health Nursing	192
The Dimensions of Health	192
The Dimensions of Health Care	194

<i>The Dimensions of Nursing</i>	195
Florida Atlantic University Community Nursing Model	196
Pender's Health Promotion Model	197
The Public Health Nursing Interventions Model	200
Public Health Nursing Model	200



Unit III

PROCESSES USED IN COMMUNITY HEALTH NURSING

207

CHAPTER 10 ■ Epidemiology and Health Promotion

209

BASIC CONCEPTS OF EPIDEMIOLOGY	210
Causality	210
Theories of Causation	210
Criteria for Causality	211
Risk	212
Rates of Occurrence	213
Mortality Rates	213
Morbidity Rates	214
THE EPIDEMIOLOGIC PROCESS	215
Defining the Condition	215
Determining the Natural History of the Condition	215
Identifying Strategic Points of Control	216
Designing, Implementing, and Evaluating Control Strategies	216
EPIDEMIOLOGIC INVESTIGATION	217
Descriptive Epidemiology	217
Analytic Epidemiology	217
Experimental Epidemiology	217
EPIDEMIOLOGIC MODELS	218
The Epidemiologic Triad	218
Host	218
Agent	218
Environment	220
The Web of Causation Model	220
Dever's Epidemiologic Model	221
Human Biological Factors	221
Environmental Factors	222
Lifestyle Factors	223
Health System Factors	223
EPIDEMIOLOGY AND HEALTH PROMOTION	223