



FIFTH EDITION REVISED REPRINT

Journey Across the Life Span

Human Development and Health Promotion

Polan and Taylor

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Birth is a beginning
And death a destination.
And life is a journey:
From childhood to maturity
And youth to age;
From innocence to awareness
And ignorance to knowing;
From foolishness to discretion
And then, perhaps, to wisdom;
From weakness to strength
Or strength to weakness
And often back again;
From health to sickness
And back, we pray, to health again;
From offense to forgiveness,
From loneliness to love,
From joy to gratitude,
From pain to compassion,
And grief to understanding
From fear to faith;
From defeat to defeat to defeat
Until, looking backward or ahead,
We see that victory lies
Not at some high place along the way,
But in having made the journey, stage by stage,
A sacred pilgrimage.
Birth is a beginning
And death a destination.
And life is a journey,
A sacred pilgrimage
To life everlasting.

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*In loving memory of my sisters Harriet and Joanne and my Mother.
My Journey continues with the addition of Jonah, Alexis, Miles, and Gemma.*

Elaine U. Polan

*In loving memory of my mother, Jemima,
and for the support of my husband and family.*

Daphne R. Taylor

Current trends indicate a need for changes in our health care system. The need is for a system that focuses on universal health care. This creates a need for emphasis on health promotion, maintenance, and restoration. In this new health delivery system, health care workers are expected to provide care to individuals in a variety of settings throughout their life span.

This textbook is designed to assist students in their study of the life cycle from conception to old age. Instead of having to read only certain sections of a core text or portions of a pediatric or maternity text, students can now see the complete presentation of growth and development across the life span. We hope this will be meaningful and will assist students in developing an appreciation for individuals in their struggle to maintain, promote, and restore health.

This edition has 14 chapters, each designed to make the book user-friendly. The last chapter deals with the topics of death, dying, and bereavement. The authors hope that readers will find comfort and guidance from this chapter when dealing with either personal or professional losses. A chapter outline, a list of learning objectives, and a list of key terms,

which are considered important to the reader's understanding of the material, precede each chapter. Helpful Hints boxes, a special feature used in this text, are designed to draw the reader's attention to important facts. Other pedagogical features include tables, boxes, illustrations, and photographs.

At the conclusion of each chapter, a chapter summary highlights key points, followed by one or more Critical Thinking exercises to increase awareness and to challenge thinking. Multiple-choice questions at the end of each chapter help students test their content understanding. Suggested readings that enable students to further explore and research topics of interest and Web sites can be found on Davis Plus.

We wish to point out that the names of persons used in Critical Thinking exercises and in case studies are fictional and that any resemblance to names of actual persons is coincidental.

It is our hope that students will find this text easy to read and applicable to clinical practice and personal growth.

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Healthy Lifestyles

Key Words

anxiety
apathy
disease prevention
emotions
empowerment
equilibrium
fight-or-flight response
general adaptation syndrome
health
health promotion
health restoration
holistic
life expectancy
malnutrition
nutrition
regression
stress
substance abuse
wellness

Chapter Outline

History of Health Care

Healthy People

Health Care Delivery

The Affordable Care Act

Types of Care Plans

Comparison of U.S. and Canadian

Health Care Systems

World Health Organization

The Concept of Health

Promoting, Maintaining, and

Restoring Health

Disease Prevention

Healthy Lifestyles

Nutrition

Causes of Obesity

Exercise

Mental Health

Anxiety

Stressors

Maladaptive Responses to Stress

A Healthy Self-Concept

Role of the Nurse in Health

Promotion

Summary

Critical Thinking

Multiple-Choice Questions

Learning Objectives

At the end of this chapter, you should be able to:

- Describe the history of health.
- Describe the model for the nation's health as proposed by *Healthy People 2020*.
- Describe the concept of health.
- List five healthy lifestyle practices.
- State the role of the practical nurse in health promotion.
- List two factors that interfere with people's abilities to change their personal habits.

HISTORY OF HEALTH CARE

Early civilization was concerned with health and diseases. Illness was often attributed to natural and supernatural forces. Sometimes illness was thought to be the result of some evil wrongdoing. Diseases were often warded off by incantations, magic, or charms or with the use of herb concoctions. At times drastic measures were taken to rid the body of demons, such as beating, torturing, or starving the sick. Other cures relied on magic and folk remedies. Even primitive surgery existed before the advent of Greek medicine. In about the sixth century BC medical schools were established in Greece. Hippocrates was the first physician to believe that treatment should be based on the belief that nature has a strong healing component. Diet, exercise, and hygiene became important to treatment.

Throughout the Middle Ages medicine and religion were interwoven. Plagues and epidemics killed millions of people. Understanding of disease processes did not occur until the development of bacteriology, which took place in the 19th century. Louis Pasteur, Robert Koch, and Joseph Lister are some of the important scientists who made a significant impact contributing to the scientific understanding of health and disease during this time. During the 20th century a major cause of death was infectious diseases, but environmental improvements in sanitation, water, and food supply helped to further improve the quality of life. Between the years 1936 and 1954, the discovery and use of vaccines and antibiotics further reduced the number of deaths from infectious diseases.

Despite all the improvements toward limiting the incidence and numbers of deaths from infectious diseases, several diseases surfaced and reappeared in the 20th century. Diseases such as tuberculosis and measles have resurfaced, and new infectious diseases such as HIV, AIDS, Ebola virus, and drug-resistant strains of organisms (*Staphylococcus aureus*, *Streptococcus pneumoniae*, and *Salmonella*) have become the current health challenges facing the population today.

Many other achievements have contributed to longevity and health. Improvements and advancements in maternal care have led to decreases in maternal and infant mortality rates. Better nutrition, better hygiene, and improved technology have also greatly reduced the risks to both mothers and infants during the first year of life. Still, the issue of access to health care for all remains a concern. Great numbers of childbearing women do not seek

any medical care during pregnancy, increasing the risk for both themselves and their infants.

Other areas of improvement include recognition of the risks associated with tobacco use, genetic counseling, motor vehicle safety, and advances in diagnosis and treatment for heart disease and strokes. Improvements in the workplace regarding safety and job-related hazards have helped further reduce mortality rates. The mortality (death) rate today is lower than at any other time in history.

Healthy People

For three decades, the U.S. Department of Health and Human Services has published a 10-year agenda for improving the nation's health called *Healthy People*. *Healthy People* provides the scientific base for a 10-year projection that addresses national health care goals and objectives. The first volume published was *Healthy People 2000*, and the aim was to reduce health disparities among Americans.

Building on the objectives first identified, *Healthy People 2010* was published and continued its belief in a systematic approach to improving health. *Healthy People 2010* identified two major national health goals. The first goal was to increase the quality and years of a healthy life. **Life expectancy** is the average number of years a person is expected to live. Life expectancy has increased from 47.3 years at the beginning of the 20th century to nearly 77 years today. *Healthy People 2010* sought not only to extend life expectancy but also to improve the quality of life. The second goal was to eliminate the health disparities among persons that exist according to gender, race, ethnicity, education, income, disability, location, and sexual orientation. Regardless of differences, this initiative was dedicated to making certain that all persons in our nation have equal access to fulfilling their health care needs.

Healthy People 2020, launched in December 2010, continues the tradition with a 10-year agenda that promotes health and disease prevention services aimed at improving the health of all Americans. *Healthy People 2020* promotes collaboration across communities to disseminate health information needed to empower the individual to make decisions about his or her health. The outcome of these preventative health strategies is also continuously measured and evaluated.

The overarching goals of *Healthy People 2020* are to improve the quality of life of all Americans and keep them free of preventable diseases, disability, injury, and premature death. Equity in

health care and the elimination of disparities among different groups will improve the health of all Americans. An emphasis must also be placed on a good quality of life and healthy behaviors at all stages of development across the life span for all individuals.

The health indicators spotlight the major health priorities for the nation. The Leading Health Indicators are listed in Box 1.1.

HEALTH CARE DELIVERY

The U.S. health care system in the 19th and early 20th centuries was dominated by physicians and hospitals. In these early times there was a close relationship between patient and doctor. Physicians set fees, billed, or collected payments. Often physicians adjusted fees based on the patient's ability to pay. For many years the American Medical Association (AMA) fought against having any third party interfere or come between the patient and physician regarding any medical matter.

In the early part of the 19th century some individuals had medical insurance from their trade union, fraternal order, or some commercial carrier. This sickness insurance, as it was first known, was simple coverage for lost time during sickness or injury. Years later this coverage was extended to include workers' dependents and others. Before World War I there was some impetus toward compulsory health insurance following the initiative taken by several European countries. "Industrial" policies were sold by Metropolitan Life and Prudential Life Insurance Companies. This early form of health insurance was low cost but provided for only a small

lump sum at the time of death to cover final medical expenses and the cost of funeral and burial.

The Great Depression, which started in 1929, changed the financial security of hospitals and physicians. The AMA continued to protest the concept of health insurance, recommending that "persons save for the time of sickness." In 1935 the Social Security Act was passed by Congress. This act established federal aid to states for public health and assistance. The Social Security Act became the foundation for the growth of Medicare and Medicaid legislation in 1965. Many factors influence the financing of the health care system today, including providers, employers, purchasers, consumers, and politicians. Controlling the rising costs and making provisions for the estimated 48 million Americans who are underinsured or uninsured are the two most pressing concerns today.

The Affordable Care Act

The U.S. health care delivery system is one of the most complicated and expensive systems in the world. Despite its sophistication, this system has been unable to adequately address the need for universal coverage. On March 21, 2010, the first step in realizing health care reform took place with the passing of President Barack Obama's reform bill. The goal was to offer health insurance to the millions of Americans who are uninsured and improve the coverage of those who have insurance.

The main objectives of the Affordable Care Act (ACA) are to move away from a focus on illness and toward a focus on prevention and wellness, with the goal of creating a more equally accessible system for the population. The act also emphasizes improving the quality of care, improving patient care outcomes, accountability, and cost reduction.

The ACA will be phased in over several years. The major change is an expansion of Medicaid coverage, which will begin in 2014. Most of the population will then be covered by Medicaid and by the Children's Health Insurance Program (CHIP). The federal government will pay 100% of the cost for the delivery of care from 2014 to 2016 and 90% thereafter.

Some of the important provisions are as follows:

- Families are eligible for certain preventive health services at no cost.
- Insurance companies are no longer able to refuse health insurance to individuals with pre-existing health conditions.
- Uninsured children will be covered by their parents insurance until age 26.

BOX

1.1 Leading Health Indicators

- Access to health care
- Clinical preventive services
- Environmental quality
- Immunization
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Oral health
- Overweight and obesity
- Physical activity
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco use

- All companies with 50 or more employees must provide health insurance.
- State health care exchange programs will be created to allow consumers who are not covered by their employer or other types of entitlement programs to shop for health insurance coverage.

Types of Care Plans

Current health care delivery in the United States is provided by both public and private sector organizations. These organizations own and operate health care delivery facilities. Payment for care is traditionally through health care insurance, the majority of which is provided by the government and the rest by private businesses. The government agencies that pay for health care are Medicaid, Medicare, CHIP, and the Veterans Health Administration (VHA). Other individuals pay private insurance companies, and 15% to 16% of Americans remain uninsured.

Traditionally, a person entered the health care setting and contracted directly with a health care provider. The provider was then paid a fee for service. In the 1970s, managed health care grew from the belief that costs could be contained by managing health care service delivery. Managed health care has become the dominant form of health care service in the United States today. Under this system a primary care provider (PCP) is assigned to provide basic health care services. The primary health care provider is a physician, nurse, or physician's assistant. The aim of this system is to reduce the numbers of hospital admissions, costly procedures, and referrals.

Health maintenance organizations (HMOs) became the managed care structures responsible for the financing, organization, and delegation of services for their members. The HMO provides a plan that has the provider assume some of the financial risks and uses primary providers as the gatekeepers.

Preferred provider organizations (PPOs) established a network of providers that deliver services to the private sector for a discounted fee. The patient assumes the financial burden rather than the provider. Those patients wishing to use providers outside the network can do so but will pay extra. For the PPO to make payment, the PPO must provide prior approval of visits to specialists or for hospitalization. Other plans are available that mimic features found in HMOs and in individual choice systems. In these plans, known as point-of-service (POS) plans, providers are paid a preset payment based on membership or a risk-based

system. Individuals may also choose their own provider at their own financial risk.

Official and voluntary public health agencies operate at the state, federal, and local levels. Health promotion, disease prevention, and education are key aspects of these agencies.

Comparison of U.S. and Canadian Health Care Systems

The health care systems of Canada and the United States are often compared. The two countries had somewhat similar systems until the 1970s, when Canada reformed its health care system into a group of socialized insurance plans that offered coverage to all Canadian citizens. This system is publicly funded and covers preventive medical treatment through primary care physicians, hospitals, dentists, and other providers.

Most Canadians qualify for coverage regardless of medical history, income, and standard of living. Statistics indicate that Canadians have a longer life expectancy and lower infant mortality rate than Americans. Many factors are believed to have contributed to these statistics, including different racial makeup, alcoholism, and obesity rates. Similarities also exist between the countries, including health care costs that are rising faster than the rate of inflation.

World Health Organization

The World Health Organization (WHO) is part of the United Nations and exists at the international level. It is concerned with worldwide health promotion, including disease prevention, early detection of disease, and treatment. The WHO also strives to improve access to health care in some local communities, as a lack of access impacts all aspects of a person's physical, mental, and social health. The organization coordinates global health care efforts against public health threats, such as the severe acute respiratory syndrome (SARS) and H1N1 (swine flu) outbreaks, and emergencies that require humanitarian aid. The WHO monitors global health care issues, such as the re-emergence of infectious diseases like tuberculosis and others, as increased international travel and commerce may contribute to the spread of such diseases.

THE CONCEPT OF HEALTH

Today's nurse must be knowledgeable about what constitutes health because one of the primary goals of nursing is to assist the individual in achieving

the highest level of health. In 1947 the WHO defined **health** as “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.” The authors here attempt to define for the reader a concept of health that is **holistic** in its approach. That is, we consider health to include not only physical aspects, but also psychological, social, cognitive, and environmental influences. Physical health is influenced by our genetic makeup, which includes all the characteristics that people inherit from their parents. These characteristics not only include physical features, but also may encompass genetic weaknesses or disease. Genetic inheritance is further explored in Chapter 6. Psychological health refers to how a person feels and expresses emotions. Social health, however, deals with everyday issues of economics, religion, and culture and the interactions of people living together. Cognitive health encompasses a person’s ability to learn and develop. Environmental concerns include such issues as water and air quality, noise, and biochemical pollution.

Throughout this text we refer to specific developmental theorists to support the holistic view of growth and development. These theorists include Freud (psychoanalytic theory), Erikson (psychosocial theory), Piaget (cognitive theory), Maslow (human needs theory), and Kohlberg (moral theory). The holistic approach to health, which recognizes individuals as whole beings, promotes consideration of all aspects of a person’s life. This approach helps the practical nurse to understand each person and attach significance, value, and meaning to each life. The holistic view further helps identify similarities and differences among people, allowing decision making from the person’s own unique perspective. Positive nursing outcomes using the holistic approach emphasize patient independence and maximize potential.

Throughout this text we use the terms **health** and **wellness** synonymously. We believe that health, from the holistic perspective, is a balance of internal and external forces that leads to optimal functioning (Table 1.1). True health produces a state in which individuals are able to meet their needs and interact with their environments in a mutually beneficial manner. Healthy individuals exhibit effective coping patterns and experience a certain degree of comfort and pleasure in their activities. Health may be visualized on a scale or continuum (Fig. 1.1). One end of the continuum depicts optimal health or wellness, whereas the other end shows disease, total disability, or death. *Disease* refers to an imbalance between the internal and external forces. Individuals find that,

TABLE

1.1 A Holistic Model of Health

Internal Forces	External Forces
Body systems	Culture
Mind	Community
Neurochemistry	Family
Heredity	Biosphere



FIGURE 1.1 Exercise at all ages helps maintain health.

throughout the life cycle, health is not static but dynamic and can move backward and forward from a state of wellness to illness or disease.

Traditionally, health care has focused on an illness model, in which the primary role of the nurse is to relieve pain and suffering. Today, disease prevention is evolving as an area of nursing concern. This change places new demands on the practical nurse, emphasizing his or her role in patient education and health promotion throughout all stages of the life cycle.

PROMOTING, MAINTAINING, AND RESTORING HEALTH

Health promotion means health care directed toward the goal of increasing one’s optimal level of