



**POPULATION-BASED
PUBLIC HEALTH
CLINICAL MANUAL**
THE HENRY STREET MODEL FOR NURSES
THIRD EDITION



Patricia M. Schoon
Carolyn M. Porta
Marjorie A. Schaffer



Praise for *Population-Based Public Health Clinical Manual: The Henry Street Model for Nurses*

“The foundational Henry Street Model continues to inspire and inform in this third edition of Population-Based Public Health Clinical Manual. This new edition has welcome updates, with the newest version of Henry Street Consortium Entry-Level Population-Based Public Health Nursing Competencies. Relationships among students, preceptors, and practitioners are reinforced and illustrated with individual and community-based examples. Ethical parameters are reiterated, and there’s a renewed emphasis on both national and global health. Revised tables throughout bolster the narrative. The scholarly and reflective updates from the previous edition assure the continuing value of this text to teachers, learners, and patients seeking healthier communities.”

–Mary W. Byrne, PhD, DNP, MPH, FAAN
Stone Foundation and Elise D. Fish Professor of Clinical Health Care for the Underserved
Columbia University School of Nursing and College of Physicians and Surgeons

“This book is well-organized, easy to read and understand, and full of critical information for success as a PHN. The elements included in each chapter make it unique among texts on public health nursing, as it is the most relevant to actual practice. The text provides links to other critical documents, such as the Standards of Public Health Nursing, Core Functions, and Sustainable Development Goals. The examples are specific and easy to follow, and the Notebook sections provide excellent summaries at a student’s level. I would recommend this book to faculty in any BSN program and to anyone who wishes to pursue a career in public health nursing.”

–Joy F. Reed, EdD, RN, FAAN
North Carolina Department of Health & Human Services
Division of Public Health

“In reviewing this text, I absolutely fell in love with the framework and the Henry Street Consortium model. This book showcases the essence of the public health nursing role and the noble history of the discipline. The content’s competency structure is perfect for education and clearly identifies experiences for students and teachers. Advocacy for population health is underscored as a public health nursing role and is grounded in the real world. The authors emphasize leadership and political impact and the core of what it means to be a public health nurse. The text portrays the distinct commitment to principles of social justice, which drives advocacy and taking action for what is right.”

–Pamela N. Clarke, PhD, MPH, RN, FAAN
Professor, Fay W. Whitney School of Nursing
University of Wyoming

“This third edition of Population-Based Public Health Clinical Manual: The Henry Street Model for Nurses supports the learning, knowledge, and professional development of public health nurses committed to making a difference in health worldwide. The book starts with a description of foundational public health nursing concepts, and each of the following chapters describes one core competency and its characteristics. The book’s content is based on the practice of public health nurses, making it an excellent resource for the student nurse, for the new public health nurse, for the practicing public health nurse, and for public health nursing faculty.”

–Kari Glavin, PhD
Professor and Head of Master and Postgraduate Studies
VID Specialized University
Oslo, Norway

“Relevant, current, timely, inspiring, rigorous, and compelling—this edition is an exceptional resource for those teaching, learning, and practicing public health or community health nursing. Thanks to the Henry Street Consortium and the authors who have brought this remarkable collaboration and uniquely powerful resource that serves the needs of academicians and practitioners alike. Lillian Wald would have loved this book.”

–Marla E. Salmon, ScD, RN, FAAN
Senior Visiting Fellow, Evans School of Public Affairs
Professor, Nursing, Global Health, and Public Health
University of Washington

“The third edition of Population-Based Public Health Clinical Manual: The Henry Street Model for Nurses is an excellent primer on public health nursing (PHN) practice and serves as a valuable resource for undergraduate students as well as PHN staff. This comprehensive and inspiring text invokes the timeless perspectives of public health nursing’s founder, Lillian Wald; builds on Minnesota’s rich tradition of PHN practice; and guides readers’ understanding of PHN cornerstone beliefs, values, and principles. The authors skillfully thread contemporary competencies, essentials, and standards into local and global practice scenarios with individuals and families, communities, and populations. They create a mind-set that challenges, questions, and encourages actions to promote the public’s health.”

–Pamela A. Kulbok, DNSc, RN, PHCNS-BC, FAAN
Professor Emerita
University of Virginia School of Nursing

“Population-Based Public Health Clinical Manual gives student nurses an outstanding introduction to public health nursing. It is also an excellent resource for both new and seasoned public health nurses. Public health nursing has changed greatly over the 38 years I have been practicing, and I am currently director of a health and human services agency. This manual provides resources for human services staff to help them understand what public health is about and how collaboration can make a difference for the populations we serve. I recommend this book for student nurses during their public health practicum and as a resource for local public health agencies.”

–Mary Heckman, BSN, RN, PHN
Deputy Director, Goodhue County Health and Human Services



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“We dedicate this third edition to Dr. Linda Olson Keller, DNP, RN, FAAN, whose vision and passion for public health nursing has inspired public health nurses worldwide to improve the health of populations. Her leadership led to the development of the Public Health Intervention Wheel, the Henry Street Consortium, and the Henry Street competencies. Her work has given public health nurses a confident voice in responding to the health needs of people where they grow, live, work, and play.”

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The following Minnesota colleges, universities, health departments, and agencies are represented by Henry Street Consortium members:

Public Health Agencies

Anoka County Community Health & Environmental Services Department
Carver County Public Health Department
Chisago County Public Health Division of Health and Human Services
City of Bloomington Division of Public Health
Dakota County Public Health Department
Hennepin County Human Services & Public Health Department
Isanti County Public Health
Kanabec County Public Health
Metropolitan Area School Nurses
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Saint Paul-Ramsey County Public Health
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Colleges and Universities

Augsburg College
Bethel University
Crown College
Gustavus Adolphus College
Metropolitan State University
Minnesota State University, Mankato
Minnesota State University, Moorhead
St. Catherine University
University of Minnesota

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Foreword

More than a decade ago, I was pleased to lead a group of public health nurses in Wisconsin in designing a project that aimed to connect nurse educators and practitioners to improve public health nursing practice and education in our state. For inspiration and best practices, we needed to journey no farther than our neighboring state of Minnesota. We purposefully took a “follow-the-leader” approach in adopting or adapting many collaborative education and practice improvement strategies pioneered in Minnesota for our Linking Education and Practice for Excellence in Public Health Nursing (LEAP Project). Throughout the 6 years of the LEAP Project, we often looked to public health nursing leaders in Minnesota for guidance because they clearly understood the processes and challenges of academic-practice collaboration and of contemporary public health nursing practice and education. I clearly recall the “Minnesota-nice” generosity of the outstanding faculty and public health nurse members of the Henry Street Consortium in sharing their wisdom on academic-practice collaboration when we consulted with them during a groundbreaking international public health nursing conference held in St. Paul in 2011. In many ways, the Henry Street Consortium epitomizes the best of the best practices for academic-practice partnership and sustainable efforts toward improving public health education and practice.

Publication of the first edition of *Population-Based Public Health Clinical Manual* (2011), authored by members of the Henry Street Consortium, was an important milestone. Its creation demonstrated that magic happens when public health nurses in academic and practice settings work collaboratively. The first and second editions of this book offered a refined set of competencies for entry into contemporary, population-based public health nursing practice. The authors provided clear, practical, evidence-driven content and activities for teaching and learning the knowledge, skills, and values required for becoming a public health nurse in the 21st century. This book was truly a gift to public health nursing faculty, students, and preceptors across the United States and beyond because of its accessible format, applicability to contemporary practice, and clarity of language. It clearly fulfilled the need for a practical guidebook to public health nursing practice for students and novice nurses.

The legacy of excellence continues with the third edition, but in an entirely redesigned format in full color, making it easier to read and more engaging for students and other users. As a former public health nurse and a current public health professor, I think it offers exactly what is needed for readers seeking to teach or learn population-based public health practice. I am impressed with the use of a scaffolding approach that leads students to compare and contrast

new information and experiences about public health with what they have already encountered as students in acute care. I am enthused by the many opportunities for readers to apply and develop critical thinking skills, the essence of all knowledge professions. The highly regarded Public Health Intervention Wheel remains central as a core component of the population-based approach. It is refreshing and important that the authors do not expect that students and novice nurses will only be able or asked to work with individuals or families but also provide case examples, stories, and learning activities that support public health nursing interventions provided at the community and systems levels. The case examples and stories included are representative of contemporary practice, while the suggested active learning strategies align with contemporary pedagogy. Past users of this manual will be pleased with the new material in this edition, including a new competency on using principles and science of environmental health to promote safe and sustainable environments, theory applications showing how PHNs use frameworks to further public health, and the inclusion of the United Nations Sustainable Development Goals throughout the text.

While it is a great textbook for student nurses and nurses new to public health practice, this book could also be used in additional ways. First, faculty at the graduate level should find it useful in guiding curricular design for advanced practice public health nurses. Second, the examples that demonstrate the role of nurses as members of interprofessional teams practicing in public health settings make good interprofessional health education activities to help teach collaborative practice and leadership.

Collaboration between academia and practice, although increasingly common, remains challenging. The Henry Street Consortium is one of the finest examples of linking education and practice to improve public health nursing education and practice. The *Population-Based Public Health Clinical Manual*, Third Edition, is one of the best products I have seen that illustrates a successful and sustained academic-practice partnership. Although many community health textbooks are good, none is as clear, organized, practical, and relevant to population-based public health nursing clinical experiences as this one.

Students, teachers, and preceptors will find it the best guidebook for the journey toward becoming a public health nurse.

—Susan J. Zahner, DrPH, MPH, RN, FAAN
Associate Dean for Faculty Affairs
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Introduction

Up to this point in your nursing education, you have probably been immersed in learning how to provide nursing care to individuals and families with health concerns in institutional settings such as acute care and long-term care, and possibly in home care. This is what most of you envision as nursing and what you are passionate about. Now we are asking you to spread your wings and think about the community as your client and to use the word *client* instead of *patient*. You might be thinking, “This is not what I was planning to do in my nursing career—why am I here?” or “How can I provide nursing care to an entire community?” As you read this book, you will learn the answers to these questions. You will gain both knowledge and entry-level competencies in providing nursing care for an entire community, an at-risk population group in the community, or at-risk individuals and families in their homes or other community settings.

In today’s world, baccalaureate-prepared nurses are expected to be able to manage care for populations, whether in an institutional setting or a community setting. This book will help you learn how to do this in community settings. You are going to learn about and develop skills in entry-level competencies in population-based public health nursing practice. Whether you practice in the community during your nursing career is for you to decide. However, what you learn from reading this book and completing learning activities in your public health/community health nursing clinical will provide you with knowledge about the vast array of resources available in your community that provide support for the patients you see in the emergency department or clinic or discharge from the hospital or nursing home. It is a journey into the unknown, with many challenges and benefits.

Developing competencies (skills, abilities, knowledge) that will help you become a great public health nurse takes more than mere access to or internalization of information and experiences from other people. The tools and resources presented in this manual are important; however, it is the individual—the hands, heart, and mind—who must use the tools to care and positively influence. Lillian Wald used the tools that were available to her, and when something wasn’t readily available, she fought to gain access. She was driven by something deep and profound. She was grounded in the

lived experiences of those she was working to serve. She acted with purpose that might have begun with caring but was fueled by the relationships she established with the sick, the impoverished, and the needy.

Nursing, especially public health nursing, can be overwhelming. The needs of individuals, families, and communities can appear insurmountable. The idea for this book originated from a shared recognition by public health nursing faculty, agency staff, and preceptors that public health nursing courses and clinical experiences are difficult for students and faculty alike. It has been well established that clinical faculty struggle with finding enough enriching experiences for students. Often, one student is placed in a school-based experience, another student is placed with a local public health agency, and yet another might be placed in a correctional setting. On the one hand, this diversity in settings and opportunities facilitates chances for students to learn from one another as they share and reflect. On the other hand, this diversity also challenges faculty to ensure that all students are learning about and growing in all the core competencies. It can also be confusing for students who have difficulty adapting clinical learning expectations to diverse settings and who might not have a nursing instructor or public health nursing preceptor with them during their clinical experiences.

The Henry Street Consortium (HSC), a group of public health nursing faculty from diverse schools of nursing and public health nurses employed in health departments, schools, and nonprofit community agencies, has been meeting regularly since 2001 to support rich, positive learning experiences for public health nursing students. The HSC developed a set of entry-level public health nursing competencies that all participants agreed to use in developing curriculum and clinical learning experiences. These HSC competencies have been informed by key public health nursing standards and guidelines, including the Quad Council core competencies (Quad Council of Public Health Nursing Organizations, 2011), the scope and standards of public health nursing (American Nurses Association, 2013; American Public Health Association, Public Health Nursing Section, 2013), and the core functions and essential services of public health (Essential Public Health Services Work Group of the Core Public Health Functions Steering Committee

Membership, 1994). Companion documents have included clinical guidelines and a menu of potential learning activities based on the competencies and recognized public health nursing interventions (Minnesota Department of Health, Division of Community Health Services, Public Health Nursing Section, 2001). What had been missing, however, was a manual or guide for students and faculty to develop the skills necessary for effective entry-level public health nursing practice. We wanted to create a manual that would speak to students in an understandable, meaningful way and that would also address student concerns about practicing nursing in the complex and often disorganized community environment. We needed to prepare future public health nurses for population-based practice. We hoped to motivate students to excel in their public health nursing clinical experiences and to engage in activities that facilitate learning and, in direct care, the health promotion of diverse individuals, families, communities, and populations. We sought to encourage students to think, think, think—to use their minds to grapple with moral and ethical dilemmas and complex health needs, disparities, and inequities.

This third edition is guided by an updated set of the HSC *entry-level, population-based public health nursing competencies*, which include a new environmental health competency (HSC, 2017). The third edition retains the strengths of the original manual, including chapter narratives, case studies, evidence-based examples of the competencies in action, and numerous suggestions for reflection, application, and hands-on learning in your own clinical setting. Evidence examples have been updated with recent publications that demonstrate the growth of public health nursing evidence in the US and globally. Theory application examples, a new feature, are found in most chapters. We have given attention to strengthening the global relevance of the manual, with inclusion of examples of the United Nations Sustainable Development Goals. Some chapters have undergone significant revisions to fit the needs of the student learner and the practicing nurse. Some interactive and online content was purposely moved from the manual to the Instructor's Guide to facilitate use of the materials.

For the Student Nurse:

- You have chosen a career as a nurse, and some of you might become public health nurses. This clinical manual has been developed to serve as a tool you can use as you develop competencies and experience what it means to be a public health nurse.
- The knowledge and skills you acquire in your public health nursing course will enhance your effectiveness as a nurse, regardless of your employment setting. This manual helps you identify the public health principles that guide care for individuals, families, communities, populations, and systems. You will recognize and gain appreciation for public health's promotion of health and

well-being and the prevention of disease and illness. You will also become aware of public health nursing's overarching commitment to addressing health disparities and inequities with strategies that improve the well-being of individuals, families, communities, and systems.

- This manual will help you learn who public health nurses are, what they do, and what makes a public health nurse effective. It leads you through the critical, or core, competencies that you need to develop.

For the New Public Health Nurse:

- This manual provides an opportunity to orient yourself to the core competencies you are expected to demonstrate as a new public health nurse.
- As part of an orientation process, this manual offers opportunities for reflection on a range of issues, challenges, and ethical dilemmas that you will likely experience in one way or another during your initial months of employment.
- Such competencies as assessment, collaboration, communication, and leadership are abilities that all new public health nurses should possess; this manual offers you the opportunity to work through some of these broader competencies using public health nursing case studies and evidence from the literature.
- Additional competencies focus on developing critical relational nursing abilities such as establishing caring relationships; demonstrating nonjudgmental acceptance of others; committing to social justice principles; and holistically undertaking the nursing process of assessment, planning, intervention development, implementation, and evaluation.
- The collaboration of practicing public health nurses and public health nursing faculty to develop this manual has contributed to the high relevance of examples, practical applications, and discussion of each competency contained therein.

For Public Health Nursing Faculty/Preceptors:

- This manual is a tool to help ensure that your students are equally exposed to core entry-level competencies and a foundational level of knowledge with respect to public health nursing. To ensure that all students receive the same foundational knowledge and skill development, regardless of clinical setting, clinical faculty might choose to assign a particular competency chapter to all students to ensure common ground. Other faculty might decide instead to assign different competencies to different students, depending on the scope of their individual clinical experience.

Organization of the Manual

This manual begins with a description of foundational public health nursing concepts followed by a chapter on evidence-based public health nursing interventions. The next 12 chapters are each devoted to one core competency. The elements found in each competency chapter are outlined in the following table. A final chapter summarizes the practice of public health nursing and how this practice is consistent with expectations that baccalaureate degree nurses practice population-focused care.

In summary, this manual appreciates public health nursing tradition and encourages adoption of innovative, future-thinking practice. Lillian Wald, the founder of public health nursing, was not bound by the traditions or limitations of nursing practice in her era. She challenged, questioned, and acted. She perpetuated change and demanded that attention be given to the public health needs of children, families, and communities. She used every available asset and resource to combat poverty and disease,

and when a resource didn't exist, she created one. She used evidence of the realities and challenges she saw to inform her solutions and strategies.

Today's public health nurse should do no less and has a growing base of evidence upon which to advocate for the health of those being served—evidence that ranges from a child's story to the results of a randomized controlled trial. We hope this manual promotes greater appreciation of what is expected from public health nurses and what makes them effective. We hope the manual's emphasis on evidence-based practice facilitates greater efforts by public health nurses to document effectiveness while continuing to appreciate, not minimize, the value of diverse sources of evidence. The path toward becoming an effective nurse starts with you—with your interest and determination to embrace what it means to be a nurse and, for some of you, a public health nurse. A commitment to figuring out nursing, or public health nursing, will take you on a journey that teaches, models, informs, changes, and challenges. Finally, we hope this book finds its way into your open hands, open heart, and open mind.

Chapter Element	Description of the Element
Chapter Narrative	A new case study is included in each chapter to provide the reader with real-life scenarios experienced by student nurses or new public health nurses that address principles, the public health nursing process, and challenges that are relevant to the core competency.
Notebook	A table at the start of each competency chapter lists the competency, its components, and useful definitions of key chapter concepts.
Evidence Examples	These examples provide the reader with summaries of research studies and other evidence-based practice sources that are relevant to the competency. These also offer a sense of the level of evidence available for each competency.
Theory Application	These theory examples provide students with opportunities to understand how mid-range theories may be applied to clinical practice.
Healthy People 2020	Online Healthy People 2020 activities are integrated into chapters.
United Nations Sustainable Development Goals	Examples of the Sustainable Development Goals provide students with examples of how these global goals are implemented in global, national, and local settings.
Activities	Learning activities interwoven throughout the text offer opportunities for readers to reflect on and engage with key ideas.
Ethical Considerations	This section of each competency chapter applies ethical principles to a common dilemma that public health nurses might face. Three ethical frameworks are used: rule ethics (principles), virtue ethics (character), and feminist ethics (reducing oppression).
Key Points	This section summarizes the main ideas of each chapter.
Reflective Practice	This section often provides a conclusion to the case study or additional questions for the reader to consider.
Application of Evidence	This section poses questions for students to consider that reflect major concepts and competencies presented in the book.
References	All references cited in each chapter are listed at the end of each chapter.

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PART I

Foundational Concepts for Public Health Nursing Practice

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Introduction to Public Health Nursing Practice

■ Patricia M. Schoon

with Marjorie A. Schaffer and Jill Timm

“Abby will soon be starting her public health nursing clinical and is struggling with the idea of practicing nursing outside the hospital. She is talking about public health clinicals with Alberto and Sia at lunch. “I can’t imagine myself out in someone’s home, or in a school, or in a community center or public health agency. I’m not sure I know what I’m supposed to do. I also wonder how I will be respected without scrubs or my uniform. Is it really true that one of the most important skills in public health is listening and that sometimes that is all that you do? I feel like I should be doing something more.”

Alberto responds, “My friend, Zack, had public health last semester. He said that it was interesting to consider listening as its own intervention. It was hard to not jump in and ‘teach’ immediately. He often wanted to do more. After a while, he started to get comfortable and also started to understand the benefits of really trying to understand the perspectives of clients in the community.”

Sia comments, “I worry about all of this too. I was talking with Jen, a friend of mine who took public health last year. She said that on her first home visit, she went with her public health nursing preceptor. This gave her a chance to get a sense for the family’s needs and possible interventions.”

Abby says, “I am really worried about being out alone. I wonder what the neighborhood where my family lives will be like and whether I will be safe.”

Sia states, “I’m also curious about the various public health nursing roles that we may be able to observe or do. It seems like the field is so broad and there are so many things to consider.””

ABBY’S NOTEBOOK

USEFUL DEFINITIONS

Client: A client (syn. patient) is the individual/family, community, population or subpopulation, or system that is the public health nurse’s focus of care.

Community: A community can refer to (a) a group of people or a population group, (b) a physical place and time in which the population lives and works, or (c) a cultural group that has shared beliefs, values, institutions, and social systems (Dreher, Shapiro, & Asselin, 2006, p. 23).

Health Determinants: Health determinants are factors that influence the health of individuals, families, and populations. Health determinants can potentially have a positive (protective factors) or negative (risk factors) influence on health.

Health Status: Health status refers to the level of health or illness and is the outcome of the interaction of the multiple health determinants. Health status indicators, also called global measures of population health, include birth, longevity, and death rates (mortality); illness (morbidity) patterns; perception of wellness and life satisfaction; level of independence; and functional ability.

(continues)

ABBY'S NOTEBOOK**USEFUL DEFINITIONS** *(continued)*

Holistic Nursing: Holistic nursing is defined as “all nursing practice that has healing the whole person as its goal and honors relation-centered care and the interconnectedness of self, others, nature, and spirituality; focuses on protecting, promoting health and wellness...” (Dossey & Keegan, 2016, p. 3).

Levels of Prevention: The levels of prevention comprise a health-intervention framework applied to the stages of health and disease for individuals and groups (Leavell & Clark, 1958; Stanhope & Lancaster, 2008). The levels of prevention are (a) primary—the prevention of disease and promotion of health; (b) secondary—early diagnosis and treatment; and (c) tertiary—limiting of negative effects of disease and restoring of function.

Population: A population is defined as the “total number of people living in a specific geographic area.” A subpopulation (syn. group or aggregate) “consist[s] of people experiencing a specific health condition; engaging in behaviors that have potential to negatively affect health; or sharing a common risk factor or risk exposure, or experiencing an emerging health threat or risk” (American Nurses Association [ANA], 2013, p. 3).

Population-Based Practice: Population-based practice focuses on the population as a whole to determine its priority needs (Minnesota Department of Health [MDH], 2001).

Public Health: Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole (World Health Organization [WHO], n.d.).

Public Health Nursing: Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice (American Public Health Association [APHA], Public Health Nursing Section, 2013, p. 1).

Social Determinants of Health: The social determinants of health are the conditions in which people are born, grow, live, work, and age. The distribution of money, power, and resources at the global, national, and local levels shape these circumstances. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries (Modified from WHO, 2013).

System: A system is an institution or organization that exists within one or multiple communities.

Practicing Nursing Where We All Live

Public health nursing care is provided to individuals, families, communities, and populations through a population-based lens that enables nurses to view their clients within the context of the community in which they and their clients live. All aspects of the client's life are considered as public health nurses (PHNs) carry out the nursing process. PHNs practice in their communities, where they can make a difference in the lives of their families, the people they serve, and their communities on a daily basis.

As you practice nursing in a variety of clinical settings, you will become aware that the health of people in your families, neighborhoods, and communities affects everyone in the community both socially and economically. As you read this chapter, consider the concepts presented from both your personal and professional perspectives. As nurses, you are all citizens of the world and have civic and

professional responsibilities to promote health and provide for a safe environment.

In the case study at the beginning of the chapter, Abby and her friends are concerned about providing nursing care in the community. It is difficult for nursing students to think about practicing nursing outside the acute and long-term care settings. Many of the skills that nursing students learn in the acute or long-term care setting (e.g., IV therapy, medication administration, tube care) are part of the delegated medical functions of nursing practice, which, by necessity, are priorities when caring for acutely ill, frail, and elderly individuals. In the community setting, most of what PHNs do is part of the independent practice of nursing (e.g., teaching, counseling, coordinating care), as the focus of public health nursing practice is primary prevention. Components of public health nursing can be practiced in any setting, although they are most often practiced in the

community. Not all nursing practiced in the community can be described as public health nursing. For example, home care and hospice care, both very important areas of nursing, are practiced in the community and exhibit components of public health nursing but are not traditionally categorized as public health nursing. As you work through this book and engage in nursing activities, think about how you are integrating the components of public health nursing into your nursing practice. Also, think about how you practice nursing where you live and what your civic and professional responsibilities are to promote the health of your community.

Public Health

The practice of public health nursing includes components of public health and is a part of the broader field of public health. It is important to understand the nature and scope of public health practice. Public health practice focuses on protecting and promoting the health of entire populations. This practice includes the prevention of disease and injury and the promotion of the social conditions and lifestyles that maintain health and prolong life.

Public health professionals monitor and diagnose the health concerns of entire communities and promote healthy practices and behaviors to ensure that populations stay healthy. The World Health Organization uses the term “global public health” to recognize that, as a result of globalization, forces that affect public health can and do come from outside state boundaries. Responding to public health issues now requires paying attention to cross-border health risks, including access to dangerous products and environmental change (WHO, n.d.). PHNs need to take a global perspective about the nature of population health threats and issues when practicing in the community.

Public Health Nursing

Public health nursing combines the theory and practice of nursing and public health. Public health nursing, like nursing practice everywhere, involves the interaction of the nurse and client; the health of the client; the influence of the home, healthcare, and community environment; and the nursing care provided. One of the unique features of public health nursing is that the client can be an individual or family, a group of people, or a whole community. The client could also be a system within the community (e.g., a school, church, or community health or social service agency). PHNs work to improve population health at the local, state, national, and international levels (ANA, 2013; APHA, 2013). Public health nursing goals are to promote and preserve the health of populations and the public, prevent disease and disability, and protect the health of the community as a whole.

Public health nursing practice is considered population-based because it starts by focusing on the population as a

whole to determine the community’s priority health needs (Minnesota Department of Health [MDH], Public Health Nursing Section, 2000, 2001; MDH, Center for Public Health Nursing, 2003). PHNs in a variety of work settings can carry out population-based practice. To be population based, public health nursing practice should meet five criteria:

1. Focus on entire populations possessing similar health concerns or characteristics
2. Be guided by an assessment of population health status that is determined through a community health assessment process
3. Consider the broad determinants of health
4. Consider all levels of prevention, with a preference for primary prevention
5. Consider all levels of practice (individual/family, community, system) (MDH, 2001, pp. 2–3; MDH, 2003)

PHNs work in homes, clinics, schools, jails, businesses, religious organizations, homeless shelters, camps, hospitals, visiting nurse associations, health departments, and Indian reservations. Public health nursing is defined by its goals, not by its setting. Although public health nursing is considered a specialty area of practice, its standards include expectations for entry-level baccalaureate nursing graduates. Even at the entry level, PHNs are expected to function as change agents and to help shape the healthcare system to meet the public health needs of the 21st century. This leadership expectation for public health nursing practice is implicit in the American Nurses Association’s *Public Health Nursing: Scope and Standards of Practice* (ANA, 2013). The American Public Health Association (APHA) definition of public health nursing, “the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (APHA, 2013, p. 2), implies the importance of the scientific knowledge base for PHN practice.

Definition of Public Health Nursing Practice

Up to this point in your nursing education, you have focused on nursing care of individuals and families. Public health nursing is population based and focuses on population health. “Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health” (APHA, 2013, p. 1). While public health nursing practices include primary, secondary, and tertiary prevention, the focus is on primary prevention.

As students, you have already learned about nursing core concepts that also shape public health nursing, which include (Keller, Strohschein, & Schaffer, 2011):

- Care and compassion
- Holistic and relationship-centered practice
- Sensitivity to vulnerable populations
- Independent nursing practice

This book also introduces you to additional public health core concepts that shape public health nursing, which include (Keller et al., 2011):

- Social justice
- Population focus
- Reliance on epidemiology
- Health promotion and prevention
- The greater good
- Long-term commitment to community

Evolution of Public Health Nursing

In this chapter, you will read about how nurses practice public health nursing in the community, and you will consider how important nurses are to the health of communities at the local, national, and international levels. It is important to mention two key founders of public health nursing. Since the time of Florence Nightingale, the first public health nurse, nurses have always been essential participants in improving and maintaining the health of individuals, families, and communities. Nightingale, who started her nursing career in 1850, provided leadership for the health of vulnerable populations by advocating for changes in the organizations and communities that were responsible for providing healthcare (Selanders & Crane, 2012). Nightingale focused on managing the environment of those who needed care, whether it was on the Crimean War battlefields or working with the London poor. Her concerns about the impact environmental conditions had on health and her work to advocate for healthful environments is as relevant today as it was in the 1800s (Davies, 2012). Lillian Wald, the founder of modern-day public health nursing, founded the Henry Street Settlement in 1893 to provide nursing services to the indigent citizens of New York. In 1903, Wald, in collaboration with Metropolitan Life, started the first insurance reimbursement for nurse home visiting and demonstrated its effectiveness (Abrams, 2008; Buhler-Wilkerson, 1993). The Henry Street Settlement House continues to provide health and social services today.

Public health nursing in the United States developed out of a need to provide nursing services to individuals and families who had unmet health needs, and started with Clara Barton, who founded the American Red Cross as a response to the needs of injured and ill Civil War soldiers

in 1881 (Kulbok, Thatcher, Park, & Meszaros, 2012; Kub, Kulbok, & Glick, 2015; see Figure 1.1). PHNs saw themselves not only as caregivers but also as advocates for those living in unhealthy conditions and experiencing unmet health-care needs. Care of the ill soon expanded to care of those at risk for poor health and to populations and entire communities. Disease prevention and health promotion for vulnerable or at-risk populations in diverse settings became a second focus.

Until the late 1960s, PHNs working for governmental public health agencies generally provided services to two at-risk populations: mothers and children, and adults living at home with chronic diseases and disabilities. When Medicare legislation was enacted in 1966, home care became a covered service, and private agencies began to offer home care services (see Chapter 7). Many public health agencies renewed their commitment to the goals of health promotion, disease prevention, and protection and risk reduction, and they stopped providing home care to adults with chronic diseases and disabilities. PHNs increased their efforts to address the social determinants of health, which are discussed later in this chapter. Today, public health nurses often work with community groups as well as individuals and families. Community engagement, population-based advocacy, collaboration with other community agencies and groups, and community organizing are all part of the scope of practice of public health nurses (see Chapters 2, 5, and 10). At the same time, nurses practicing in a variety of non-traditional public health settings (e.g., home care, hospice, faith-based nursing, institutional and insurance care coordination and care management, etc.) use public health nursing principles and public health interventions in their practice.

Emerging threats to public health require a dramatic shift in the focus of healthcare, public health, and public health nursing. ANA (2013, p. 2) has identified six 21st-century threats that form a context for the current and future directions of public health nursing practice:

1. Reemergence of communicable disease and increasing incidence of drug-resistant organisms
2. Environmental hazards
3. Physical or civic barriers to healthy lifestyles (e.g., food “deserts”)
4. Overall concern about the structure and function of the healthcare system
5. Challenges imposed by the presence of modern public health epidemics, such as pandemic influenza, obesity, and tobacco-related diseases and deaths
6. Global and emerging crises with increased opportunities for exposure to multiple health threats

Nursing continues to expand its leadership role in healthcare in all settings, but in public health nursing, that leadership role often takes place in the community, including in the public policy-making arena (ANA, 2003, 2013).

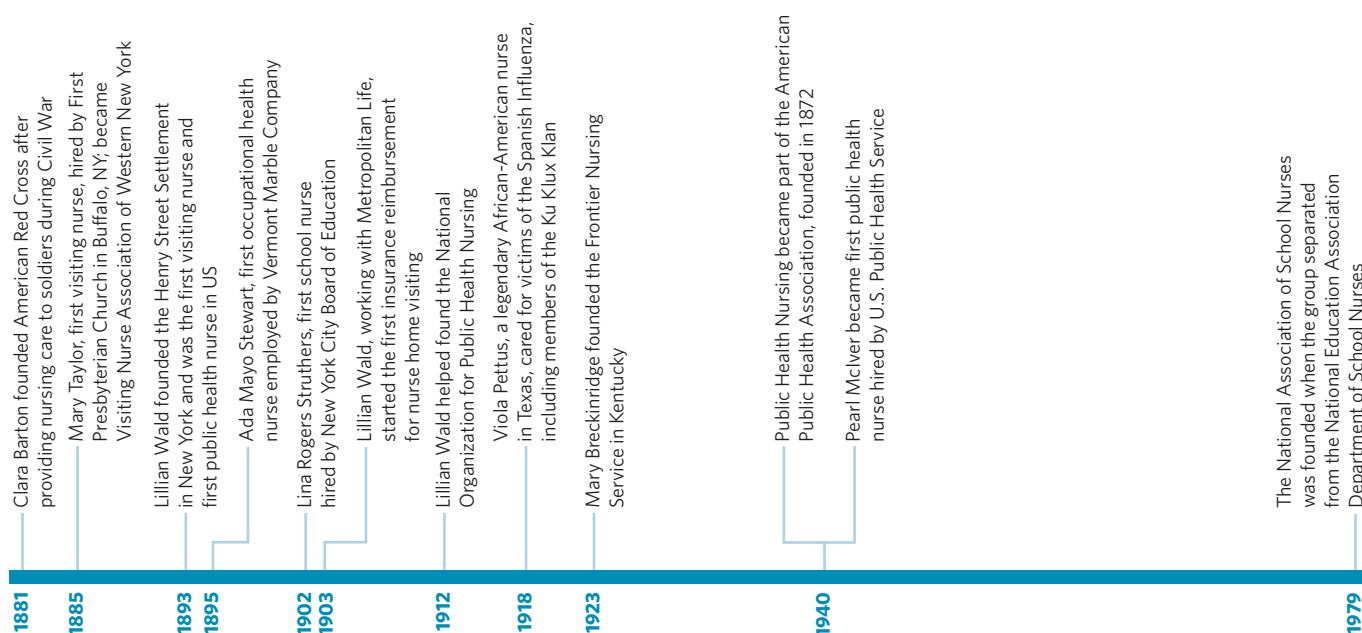


FIGURE 1.1 Public Health Nursing in the United States

Sources: Abrams, 2008; Buhler-Wilkerson, 1993; Kub, Kulbok, & Glick, 2015; Visiting Nurses Association of Western New York, n.d.

A key principle to keep in mind is that PHNs must place more importance on goals related to the public good than goals for the benefit of individuals in the social and economic systems (see Chapter 13 for a discussion of social justice and Chapter 14 for a discussion of public health nursing leadership).

“I still don’t really understand how we are going to factor in community or environmental needs when we are working with individuals.” Albert sighs.

Sia responds, “What I remember from our public health theory class this morning is that even though we are meeting people in their homes, we have to take into account the home environment and the community. Our instructor also talked about public health nurses having a responsibility to improve the health of the public at the local, national, and international levels. She mentioned that this idea can be overwhelming for nursing students and suggested that we focus on what we could do to improve the health of individuals and families as a way to help improve the health of our community. She used the term ‘glocal,’ which means to think global, but act local.”

Abby adds, “Maybe we should read more about this in our textbook and look at some of the websites suggested.”

“Good idea,” says Sia.

Cornerstones of Public Health Nursing

The Cornerstones of Public Health Nursing (Minnesota Department of Health [MDH], Center for Public Health Nursing, 2007) provide the foundation for population-based nursing practice (Keller et al., 2011). The Cornerstones reflect the values and beliefs that guide public health nursing practice, and they are also closely related to the ANA Principles of Public Health Nursing Practice (ANA, 2013), as represented in Table 1.1.

These Cornerstones are reflected in PHNs’ daily practice when they:

- Organize their workload and schedule based on priority health needs of clients and community
- Take time to establish trust when visiting families in their homes
- Carry out holistic assessments of individuals and families within the context of culture, ethnicity, and communities
- Use evidence-based practice from nursing and public health sciences to select appropriate and effective interventions
- Collaborate with other members of the healthcare team
- Make critical decisions about the needs of their clients and the selection, implementation, and evaluation of interventions based on their professional knowledge and professional licensure

TABLE 1.1 Cornerstones of Public Health Nursing and Related ANA Principles of PHN Practice

Cornerstones of Public Health Nursing	ANA Principles of Public Health Nursing Practice
Focuses on the health of entire populations	The client or unit of care is the population.
Reflects community priorities and needs	The primary obligation is to achieve the greatest good for the greatest number of people or the population as a whole (also related to the social justice cornerstone).
Establishes caring relationships with communities, systems, individuals, and families	NA
Is grounded in social justice, compassion, sensitivity to diversity, and respect for the worth of all people, especially the vulnerable	A public health nurse is obligated to actively identify and reach out to all who might benefit from a specific activity or service.
Encompasses mental, physical, emotional, social, spiritual, and environmental aspects of health	Public health nursing focuses on strategies that create healthy environmental, social, and economic conditions in which populations may thrive.
Promotes health through strategies driven by epidemiological evidence	Optimal use of available resources and creation of new evidence-based strategies is necessary to ensure the best overall improvement in the health of the population. Primary prevention is the priority in selecting appropriate activities.
Collaborates with community resources to achieve those strategies but can and will work alone if necessary	Public health nurses collaborate with the client as an equal partner. Collaboration with other professions, populations, organizations, and stakeholder groups is the most effective way to promote and protect the health of the people.
Derives its authority for independent action from the Nurse Practice Act	NA

Sources for Cornerstones: Keller et al., 2011; MDH, Center for Public Health Nursing, 2007

Source for ANA Principles: ANA, 2013, pp. 8–9

Activity

Keep a log of your nursing activities. Reflect on how you have demonstrated the cornerstones of public health nursing in your clinical activities.

“Abby is spending the day with her PHN preceptor. Her preceptor receives a referral to visit a family who just moved into the community and is homeless. The PHN knows that a health priority for her community and agency is to improve the health of homeless populations, particularly those in the population with young children. Recent data on the health needs of her county demonstrate that young children in homeless families have higher rates of malnutrition

and developmental delays. Abby’s PHN preceptor modifies her home-visiting plan for the day so that she can make an initial visit to this family at the local family homeless shelter. The family speaks Spanish but the PHN does not, so she arranges for an interpreter to accompany them on the visit to this family. The PHN has Abby gather information about local homeless shelters and food banks to take to the visit and has her get some bus passes for the family to use when they go to different agencies to apply for assistance. The PHN also brings along important phone numbers so that she can assist the family with follow-up regarding their application for cash assistance. After her busy day with her PHN preceptor, Abby discusses her visit to the homeless family with Alberto and Sia that evening. Their instructor has challenged them to identify the Cornerstones of Public Health Nursing found in their clinical visits that day.”

Holistic Foundations of Public Health Nursing

Public health nursing and holistic nursing practice have common roots. Florence Nightingale, who believed in care that focused on unity, wellness, and the interrelationship of human beings and their environment, is considered to be one of the first holistic nurses. She is known for her global vision, leadership, and advocacy (Beck, 2010; Dossey & Keegan, 2016; Selanders & Crane, 2012). Lillian Wald was as concerned about the health of the indigent of New York as she was about their social welfare, the tenement environment in which they lived, and the cultural and political environment that needed to change in order to improve the health of her clients and her community (Buhler-Wilkerson, 1993). Both Nightingale's and Ward's nursing practices have informed contemporary holistic public health nursing practice.

A contemporary nursing theory that reflects the synthesis of nursing and public health and reflects holistic public health nursing practice is Watson's Theory of Human Caring, in which the nurse and the client exist within a caring-healing environment. Watson was greatly influenced by the practice of Florence Nightingale and built upon Nightingale's work in emphasizing the "curative factors" of disease and illness, embracing the wholeness of the individual. The Theory of Human Caring reflects an expansive sharing process that changes the self, others, the culture, and the

environment; respects the beliefs of others; and recognizes and is open to unexpected life events (Parker & Smith, 2010; Watson, 2008, p. 34, 2010). Some of the public health nursing theoretical perspectives that you will find in later chapters reflect this synthesis of public health nursing and holistic nursing into holistic public health nursing practice.

Scope and Standards of Public Health Nursing Practice

All professional nurses, regardless of their clinical areas of practice, have a scope of practice. A *scope of practice* refers to the boundaries of safe and ethical practice (see Chapter 6 for a discussion of the scope of practice of public health nursing) and depends on four components: educational preparation, credentials, state licensure law, and clinical or employer role description. A PHN's job description is a good measure of the nurse's scope of practice.

Professional nurses are also guided by standards of practice developed by their professional nursing organizations. One nationally accepted set of standards for public health nursing is the American Nurses Association (ANA) publication *Public Health Nursing: Scope and Standards of Practice* (2013); Table 1.2 lists these standards. Specific criteria for operationalizing these standards and measuring performance are included in the publication.

TABLE 1.2 Standards of Public Health Nursing Practice and Professional Performance

Standards of Public Health Nursing Practice

Standard 1. Assessment: The public health nurse collects comprehensive data pertinent to the health status of populations.

Standard 2. Population Diagnosis and Priorities: The public health nurse analyzes the assessment data to determine the diagnosis or issues.

Standard 3. Outcomes Identification: The public health nurse identifies expected outcomes for a plan specific to the population or issues.

Standard 4. Planning: The public health nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation: The public health nurse implements the identified plan.

Standard 5A. Coordination of Care: The public health nurse coordinates care delivery.

Standard 5B. Health Teaching and Health Promotion: The public health nurse employs multiple strategies to promote health and a safe environment.

Standard 5C. Consultation: The public health nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

Standard 5D. Prescriptive Authority: Not applicable.

Standard 5E. Regulatory Activities: The public health nurse participates in the application of public health laws, regulations, and policies.

Standard 6. Evaluation: The public health nurse evaluates progress toward the attainment of outcomes.

Standard 7. Ethics: The public health nurse practices ethically.

(continues)