

Chapter 2

Population Health Nursing: Yesterday, Today, and Tomorrow

Learning Outcomes

After reading this chapter, you should be able to:

1. Describe the contributions of historical figures who influenced the development of population health nursing.
2. Discuss the contributions of population health nurses to social and health care reform.
3. List significant historical events in the development of population health nursing in the United States.
4. Describe evidence for a shift in public health policy toward a greater emphasis on health promotion.
5. Describe events that are shaping current and future population health nursing practice.

I. Historical Roots

1. The roots of modern public health and population health nursing practice go far back in history
2. Over 5,000 years different cultural groups have developed a variety of approaches to dealing with common population health problems:
3. Ancient civilizations: supernatural beings and healers often functioned as priests of healing gods:
 - a) Ancient Greeks: spent time theorizing health and disease causation
 - b) Empedocles of Acragas: theory of imbalance among four “humors” (blood, yellow bile, phlegm, and black bile) as the cause of disease
 - c) Hippocrates: natural causation
 - d) Galen: humoral theory and elements of Hippocratic thinking
4. Nursing of the sick was primarily the function of the women of the family
5. The care was primarily palliative and only slightly related to today’s concept of nursing

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- Historical Roots

II. The Influence of Christianity

1. Fostered health care for particularly vulnerable populations such as lepers and the poor and expanded to other members of the population

A. The Early Christian Church

1. Emphasis on personal responsibility for the corporal and spiritual welfare of others
2. Growth of Christianity and charitable giving by Christians increased wealth of church:
 - a) Wealth used for organized care of the sick and needy through almshouses, asylums, and hospitals to all in need
3. First hospital (exclusively for care of the sick) was the Nosocomia, or “house for the sick,” in the 4th century

B. The Middle Ages (500–1500 A.D.)

1. Many of the health-promotive activities were abandoned
2. Care of the sick was often undertaken by women healers using herbal remedies
3. Crusades led to development of first hospitals (Holy Land)
4. Religious orders cared for the sick (after the Crusades):
 - a) Particular orders would focus on the care of specific groups or illnesses
5. Changes in social structure led to development of cities, which increased potential for spread of disease
6. Periodic epidemics led to establishment of some public health regulations (burials and quarantine)

III. Other Religious Influences

1. Other religious/cultural groups contributed to the health of populations (Jewish, Islam, Indian, e.g., Ayurveda)
2. Nursing established in Islam during 6th century

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- The Influence of Christianity
- The Early Christian Church
- The Middle Ages (500–1500 A.D.)
- Other Religious Influences

IV. The European Renaissance

1. Gave rise to the beginnings of scientific thought
2. Early recognition of social responsibility for health and welfare of population
3. Poor Law (England) in 1601:
 - a) Families financially responsible for the care of their aged and disabled members
4. Charity hospitals were established as early as 1851
5. Collection of vital statistics established
6. Nursing performed primarily by family members

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- The European Renaissance

V. A New World

1. Discovery and colonization of the American continents led to different health issues
 - a) Communicable disease and poor health habits, for instance, traveled across the oceans in both directions.
 - b) Native Americans devastated by disease (measles and smallpox)

C. The Colonial Period

1. Groups of colonists (religious orders) provided care for the sick and injured
2. Early hospitals linked to poor houses
3. Health status of the colonists was good:
 - a) Low population density and
 - b) Poor transportation reduced spread of disease
4. Health care was primarily a function of the family (typically the mother)

D. Early Public Health Efforts

1. Concern for sanitation and vital statistics (population growth)
2. Mandated the reporting of all births and deaths in Massachusetts and Plymouth colonies
3. Health was seen as a personal responsibility
4. Massachusetts (1797): legal authority to establish health services and regulations
5. Congress (1798): Act for Relief of Sick and Disabled Seamen:
 - a) Create hospitals for the care of members of the merchant marine
6. Nursing care remained a function of the family
7. Ladies' Benevolent Society Charleston, South Carolina (1813):
 - a) First organized approach to home nursing of the sick in the United States
 - b) Care focused on relieving suffering and providing material aid
8. Hebrew Female Benevolent Society Philadelphia (1819)
9. The Lying-in Charity for Attending Indigent Women in Their Own Home (1828):
 - a) Assisted poor women during and after delivery

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- A New World
- The Colonial Period
- Early Public Health Efforts

VI. The Industrial Revolution

1. Poor nutrition contributed to increased incidence of a variety of diseases (especially tuberculosis)
2. Many preventable illnesses and deaths among poor children
3. Concept of social responsibility for public health began to take root
4. National health insurance was element of Theodore Roosevelt's election platform in 1912
5. Report of the Massachusetts Sanitary Commission:
 - a) Marks the beginning of public health practice as we know it today
6. Great strides were made in fledgling science of epidemiology
7. Development of vaccines for communicable diseases (**variolation**)
8. Establishment of the American Public Health Association (APHA) (1872):
 - a) Oldest and largest association of public health professionals in the world
 - b) Focus on development of standards and policies that promote population health
 - c) Public Health Nursing Section
9. Developed to provide leadership in population health nursing practice, policy development, and research

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- The Industrial Revolution
- Table 2-1

VII. Nursing in War

1. Nurses actively involved in war efforts from the time of the crusader orders
 - a) Florence Nightingale
 - b) Mary Seacole
2. Spanish American War
 - a) Anna Maxwell: "American Florence Nightingale"
3. American Civil War: 2,000 nurses cared for the sick and wounded
 - a) Dorothea Dix (also initiated prison reform)
 - b) Clara Barton
 - c) Harriet Tubman

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- Nursing in War

VIII. District Nursing in England

1. Florence Nightingale
 - a) Founder of modern hospital nursing
 - b) Instrumental in the development of population health or district nursing
2. Elizabeth Frye (1840)
 - a) Founded the Institution of Nursing Sisters in London:
 - 1) Train lower-class women to provide care to the sick poor
 - 2) Also actively involved in attempts by reformers to improve conditions in British prisons
3. William Rathbone, a Quaker philanthropist, instituted professional home care for sick poor in Liverpool in 1859
4. Florence Lee, report published in 1875:
 - a) Recommended the employment of educated women for district nursing services
 - b) Led to the formation in 1876 of the Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor

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- District Nursing in England

IX. Visiting Nurses in America and the World

1. Women's Branch of the New York City Mission first employed trained nurses to provide home visiting services in 1877:
 - a) 'Missionary nurse' provided nursing care and religious instruction for the sick poor
 - b) Motivated by beliefs that poverty was a result of moral deficiency
2. Visiting Nurses Associations provided in-home care to the sick without religious overtones. By 1890, there were 21 visiting nursing organizations in the United States
3. Victorian Order of Nurses (VON) in 1897 (Canada); Bush Nursing Associations in 1910 (Australia)
4. International Council of Nurses was founded in 1899

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- Visiting Nurses in America and the World

X. Nursing and the Settlement Houses

1. Settlement movement based on the belief that educated persons could promote learning, morality, and civic responsibility in the poor by living among them and sharing certain aspects of their poverty.
2. Lillian Wald and Mary Brewster founded Henry Street Settlement
3. Henry Street Settlement:
 - a) Considered the first American public health nursing agency
 - b) Incorporation of modern concepts of population health nursing
 - c) Redefined the basic principles of home care
 - d) Access to the services of a nurse should be determined by the client and not based on a decision by a physician
 - e) Site of first Negro conference—lead to NAACP
4. Lillian Wald:
 - a) Coined the term *public health nurse*
 - b) Primary function of the visiting nurse was care of the sick in their homes
 - c) Health education as a secondary focus

5. Margaret Sanger, Clara Barton, and Dorothea Dix:
 - a) Promoted social change
 - b) Margaret Sanger's contributions to contraceptive services
6. Henry Street model used to establish additional settlement houses

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- Nursing and the Settlement Houses

XI. Expanding the Focus on Prevention

1. Metropolitan Life Insurance Company:
 - a) Begun at instigation of Lillian Wald
 - b) Evidence that public health nursing reduced mortality
 - c) Great success and expanded nationwide
2. Health promotion and illness prevention expanded to other population groups:
 - a) Mothers and young children
 - b) School-age
 - c) Employees
 - d) Rural population
3. Nurses worked actively to improve social conditions affecting health:
 - a) First White House Conference on Children was held in 1909
 - U.S. Children's Bureau was established in 1912 to address issue of child labor
4. School nursing, began in London in 1893; introduced in the United States (1902) by Lillian Wald:
 - a) Early focus on preventing the spread of communicable diseases and treating ailments
 - b) High level of school absenteeism due to illness
 - c) Great success in reducing sickness
 - d) Concept spread to other parts of the country and to Canada
5. First rural nursing service established in 1896 in Westchester County, New York
6. Red Cross established the Rural Nursing Service in 1912
7. Mary Breckenridge:
 - a) Pioneer nurse of rural nursing
 - b) Initiated the Frontier Nursing Service (FNS) (1928) in the remote areas of rural Appalachia; primary focus provided midwifery services
8. Led to midwifery services among Native American and Negro populations
9. Occupational health nursing began in 1895 (Vermont)
10. Hospice movement, initiated in London in 1967 by Cecily Saunders:
 - a) Established in the United States (1974) by Florence Wald in 1974
11. Worldwide Palliative Care Alliance was formed in 2007 to address end-of-life issues at the global level

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- Expanding the Focus on Prevention

XII. Standardizing Practice

1. The need to standardize population health nursing practice was recognized in both the United States and England
2. Early American attempts to standardize visiting nursing services included publications related to public health nursing and the development of a national logo by the Cleveland Visiting Nurse Association (VNA).
3. Chicago (1906) and Cleveland (1909) VNAs published newsletters titled *Visiting Nurse Quarterly* to aid attempts to standardize care

4. ANA and the Society for Superintendents of Training Schools for Nurses (1911) met to consider the need for standardization; second meeting held in 1912:
 - a) The result of this second meeting was the formation of the National Organization for Public Health Nursing (NOPHN)
 - b) NOPHN:
 - 1) Provided for stimulation and standardization of public health nursing
 - 2) First professional body in the United States to include lay membership
 - 3) Influential in maintaining population health nursing services at home during World War I
 - 4) Provided advisory services regarding postgraduate education for public health nursing in colleges and universities
 - 5) Incorporated into the NLN in the 1950s
5. Lead to creation of the public health section of the Canadian Association of Trained Nurses (1920)
6. ANA developed *Standards of Community Health Nursing Practice* (1986)
7. Continued attempts made to standardize the functions and competencies of population health nurses:
 - a) Culminated in the Quad Council's 2003 adoption of the public health nursing competencies

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- Standardizing Practice

XIII. Educating Population Health Nurses

1. The Goldmark Report, *Nursing and Nursing Education in the United States*, published in 1923:
 - a) Dealt with nursing education in general and pointed out need for advanced preparation for public health nursing
 - b) Recommended that nursing education take place in institutions of higher learning
 - Yale University School of Nursing and the Frances Payne Bolton School of Nursing at Western Reserve University opened in 1923
2. Need for special postgraduate courses in public health nursing:
 - a) Instructive District Nursing Association of Boston (1906)
 - b) Teachers' College of Columbia University (1910) offered the first course in public health nursing in an institution of higher learning
 - c) NLN curriculum document (1927), *A Curriculum for Schools of Nursing*, emphasized need for specific training for public health nursing
3. Alabama became the first state to approve public health nurse employment by government agencies (1907)
4. The Brown Report of 1948, *Nursing for the Future*:
 - a) Reemphasized the need for nurses to be educated in institutions of higher learning to prepare them to meet population health needs
5. ANA (1964) formally defined the public health nurse as a graduate of a baccalaureate program in nursing
6. Pew Health Professions Commission report, *Critical Challenges: Revitalizing the Health Professions*, (1995):
 - a) Reinforced baccalaureate education as the entry level for population-based practice
7. Today, master's and doctoral programs with a population health nursing focus exist, including recently developed Doctor of Nursing Practice Programs with an aggregate focus

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- Educating Population Health Nurses
- Table 2-2

XIV. Federal Involvement in Health Care

1. In 1912, the need for a permanent national agency responsible for the country's health was recognized:
 - a) The U.S. Public Health Service (USPHS) was created out of the reorganization of the Marine Hospital Service
 - b) Federal legislation created the office of the Surgeon General and mandated federal involvement in health promotion.
2. Creation of the Department of Health, Education, and Welfare (1953):
 - a) Reorganized in 1980 to create the present Department of Health and Human Services (DHHS)
3. Congress passed the Sheppard–Towner Act (1921):
 - a) Aid state and local agencies to meet health needs of mothers and children
 - b) Provided monies to enhance visiting nurse services
4. National Institutes of Health (1930):
 - a) Meet need for health care research to address the health needs of mothers and children and other special groups led to the development of the National Institute for Nursing Research (NINR)
5. Federal government became even more active in health and social welfare programs after Great Depression
6. Social Security Act (1935):
 - a) Later established the Old-Age and Survivors Insurance (OASI, better known as Social Security) to improve the financial status of the elderly
7. World War II also influenced health care delivery:
 - a) The growth in health insurance was further influenced by the 1954 inclusion of premiums as legitimate tax deductions
 - b) Blue Cross hospitalization insurance was initiated at this time under the leadership of the American Hospital Association
8. Hill–Burton Act (1946):
 - a) Finance hospital construction in underserved areas
 - b) Further strengthened the national emphasis on curative rather than preventive care
 - c) Widened the gap between bedside nursing and health promotion and prevention
9. Hospitals became a major focus for health and illness care

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- Federal Involvement in Health Care

XV. The Latter Half of the 20th Century

1. Social Security Act (1966) was amended to create the Medicare program:
 - a) Address the health care needs of older Americans
2. Medicaid was instituted in 1967
3. Comprehensive Health Planning Act of 1966 and the National Health Planning and Resources Development Act of 1974:
 - a) Acknowledging the growing demand for health care
 - b) Recognizing the differing abilities of certain areas of the country to meet those needs
 - Both efforts failed
4. *Extending the Scope of Nursing Practice* report (1971):
 - a) Provided additional support for the use of nurses in expanded capacities
 - b) Subsequent legislation has led to increased use of nurse practitioners in variety of settings
5. The Lalonde Report, *New Perspectives for the Health of Canadians*, was published in Canada in 1974:
 - a) Identified the importance of biological, environmental, and lifestyle risks as determinants of health
 - b) Recommended greater attention to the elimination of risks in each of these areas

- c) Marked the initial shift away from a treatment paradigm to a health promotion focus at the national level
6. Declaration of Alma-Ata (1978):
 - a) Call for access to primary health care for all
7. Behavioral Risk Factor Surveillance System (BRFSS):
 - a) Involves periodic surveys of U.S. public to determine trends in specific health behaviors and health indicators
8. WHO's *Global Strategies for Health for All by the Year 2000*, published in 1981, and *Ottawa Charter for Health Promotion (1986)*:
 - a) Both focused on social, economic, and political reform and empowerment as strategies for improving the health of the world's populations
 - b) Reinforced in the *Jakarta Declaration on Health Promotion into the 21st Century*
9. Late 20th century regarding public health reform:
 - a) Focused more on health care financing and the organization of services than on changes in social conditions affecting health
10. Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982:
 - a) Profound effect on health care and population health nursing
 - b) Passed in an effort to reduce Medicare expenditures,
 - c) Led to the development of diagnosis-related groups (DRGs)
 - 1) A mechanism for prospective payment for services provided under Medicare
11. Public health practice, including population health nursing:
 - a) Being restructured due to 1988 Institute of Medicine report, *The Future of Public Health*
 - 1) Report identified the three core functions of public health
12. Recent events beginning to bring increased funding for public health efforts:
 - a) Terrorism
13. Nursing Interventions Classification (NIC):
 - a) Could have a significant impact on population health nursing
 - b) Categorize nursing services and facilitate their direct reimbursement
 - c) Direct reimbursement for nursing services under managed care
14. Nursing Outcomes Classification (NOC):
 - a) Allow nurses to document the effectiveness of intervention

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- The Latter Half of the 20th Century
- Table 2-3
- Table 2-4

XVI. The Present and Beyond

1. Eradication of smallpox:
 - a) Prompted discontinuation of vaccination:
 - 1) Generation of Americans vulnerable to use of smallpox as a mechanism of bioterrorism:
 - i. Prompted plans for preventive immunization of persons at greatest risk and mass immunization campaigns in event of an attack
2. PHNs need to reemerge as social activists to maintain a balance for concerns of health of populations globally:
 - a) Shift to greater emphasis on health promotion and illness prevention in national and international health policy
 - b) U.S. national health objectives
 - c) Center for Nursing Research (Later NINR)
 - d) Public Health Improvement Act of 2000
 - e) Public health infrastructure in *Healthy People 2020*

- f) Affordable Care Act:
- 1) Provision of affordable health care through new consumer protections against denial of coverage due to preexisting conditions and removal of lifetime limitations on coverage
 - 2) Support for the Medicare program, particularly for drug costs
 - 3) Provision of insurance assistance for small business owners through tax credits
 - 4) Inclusion of preventive services in coverage

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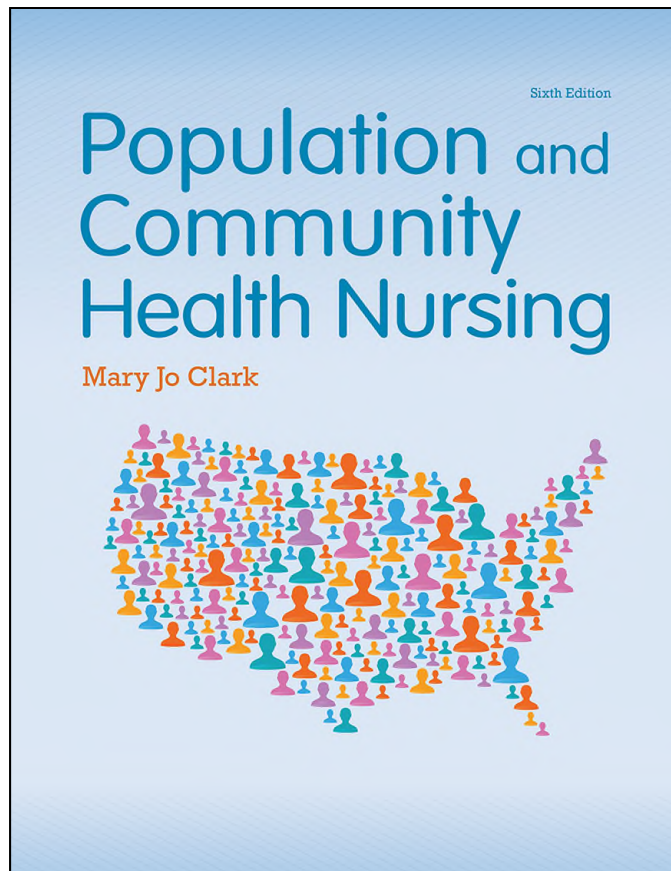
- The Present and Beyond
- Table 2-5

Suggestions for Classroom Activities

1. Have students select and research one of the historical figures or time periods and provide a brief presentation to the class on how that person or period of time influenced the development of population health nursing.
2. Divide students into groups to research and present in poster format the efforts, significant contributions, and other notable accomplishments of the early nursing leaders in social and health care reform.
3. Assign students to research and bring in pictures or articles of local historical population health events. What have been some of the milestones in the local area?
4. Select examples from the 1980, 1990, 2000, 2010, and 2020 U.S. national health objectives. Working in pairs or larger groups, have students discuss the changes evident in the specific objectives, and explain to the class how the health promotion and illness prevention focus has evolved.
5. Invite a public health representative to class to discuss the impact of AIDS, SARS, and potential terrorist attacks on the U.S. public health infrastructure.

Population and Community Health Nursing

SIXTH EDITION



CHAPTER 2

Population Health Nursing: Yesterday, Today, and Tomorrow

Historical Roots

- Over 5,000 years different cultural groups have developed a variety of approaches to dealing with common population health problems

Ancient Civilizations

- Supernatural beings and healers often functioned as priests of healing gods
 - Ancient Greeks
 - Health and disease causation
 - Empedocles of Acragas
 - Theory of imbalance among four "humors" (blood, yellow bile, phlegm, and black bile) as the cause of disease

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Ancient Civilizations

- Supernatural beings and healers often functioned as priests of healing gods
 - Hippocrates
 - Natural causation
 - Galen
 - Humoral theory and elements of Hippocratic thinking

Nursing Then

- Primarily the function of the women of the family
- Primarily palliative

The Influence of Christianity

- Fostered health care for particularly vulnerable populations such as lepers and the poor
- Expanded to other members of the population

The Early Christian Church

- Emphasis on personal responsibility for the corporal and spiritual welfare of others

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The Early Christian Church

- Increased wealth of church
 - Used for organized care via almshouses, asylums, and hospitals to all in need rather than personal care of sick and poor
 - First hospital: Nosocomia or "house for the sick"

The Middle Ages (500–1500 A.D.)

- Care of the sick by women healers using herbal remedies
- Crusades led to development of first hospitals
- Religious orders cared for the sick

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The Middle Ages (500–1500 A.D.)

- Development of cities increased potential for spread of disease
- Periodic epidemics led to establishment of some public health regulations
 - Burials and quarantine

The European Renaissance

- Beginnings of scientific thought
- Recognition of social responsibility for health and welfare of population
- Poor Laws (England) enacted in 1601
 - Families responsible for the care of aged and disabled members

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The European Renaissance

- Charity hospitals established
- Collection of vital statistics initiated
- Nursing performed primarily by family members

A New World

- Different health issues
 - Communicable disease and poor health habits
 - Native Americans devastated by disease (measles and smallpox)

The Colonial Period

- Early hospitals linked to poor houses
- Health status of the colonists was good
 - Low population density
 - Poor transportation and limited mobility
- Care provided by the mother

Early Public Health Efforts

- Concern for sanitation and vital statistics
- Mandated reporting of all births and deaths in Massachusetts and Plymouth colonies
- Health was seen as a personal responsibility

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Early Public Health Efforts

- Massachusetts (1797)
 - Legal authority to establish health services and regulations
- Congress (1798)
 - Act for Relief of Sick and Disabled Seamen
 - Created hospitals for merchant marines
- Nursing care remained a function of the family

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Early Public Health Efforts

- Ladies' Benevolent Society of Charleston, South Carolina (1813)
 - First organized approach to home nursing
 - Relieving suffering and providing material aid

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Early Public Health Efforts

- Hebrew Female Benevolent Society of Philadelphia (1819)
- The Lying-in Charity for Attending Indigent Women in Their Home (1828)
 - Assisted poor women during and after delivery

The Industrial Revolution

- Increased incidence of a variety of diseases (especially tuberculosis)
- *Report of the Massachusetts Sanitary Commission*
 - Marks the beginning of public health practice
- Development of vaccines
- Establishment of the APHA (1872)

TABLE 2-1 Significant Public Health Events Prior to the 20th Century

Date	Event
1347	Quarantine first instituted in Ragusa, Italy.
1797	Jurisdiction to establish local boards of health first granted in Massachusetts.
1798	Marine Hospital Service, forerunner of the U.S. Public Health Service, created.
1854	Contaminated water demonstrated to be the cause of cholera by John Snow.
1869	State-funded medical insurance instituted for German workers. First modern state board of health established in Massachusetts.
1872	American Public Health Association established.
1876	Specific bacteria first isolated by Koch and Pasteur.
1888	Immune serum first used to prevent diphtheria.

Nursing in War

- Crimean War
 - Florence Nightingale
 - Roman Catholic and Protestant nursing sisters
 - Mary Seacole
- Spanish American War
 - Anna Maxwell: "American Florence Nightingale"

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Nursing in War

- American Civil War
 - Dorothea Dix (also initiated prison reform)
 - Clara Barton
 - Harriet Tubman
 - Sojourner Truth

District Nursing in England

- Florence Nightingale
- Founder of modern hospital nursing
- Instrumental in development of district nursing

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District Nursing in England

- William Rathbone
 - Supported district nursing services
- Elizabeth Frye
 - Founded Institution of Nursing Sisters in London
 - Trained lower-class women to provide care to the sick poor
 - Involved in attempts to improve conditions in British prisons

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District Nursing in England

- Florence Lee, report published in 1875
 - Recommended employment of educated women for district nursing services
 - Led to the formation in 1876 of the Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor

Visiting Nurses in America and the World

- Women's Branch of the New York City Mission first employed trained nurses to provide home visiting services in 1877
- 21 visiting nursing organizations in the United States (1890)

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Visiting Nurses in America and the World

- Victorian Order of Nurses (VON) in 1897 (Canada)
- Bush Nursing Associations in 1910 (Australia)
- International Council of Nurses founded in 1899

Nursing and the Settlement Houses

- Settlement movement based on the belief that educated persons could promote learning, morality, and civic responsibility in the poor by living among them and sharing certain aspects of their poverty
- Lillian Wald and Mary Brewster founded Henry Street Settlement

Henry Street Settlement

- Considered the first American public health nursing agency
- Incorporated modern concepts of population health nursing
- Redefined basic principles of home care
- Client determined access to services of a nurse

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Henry Street Settlement

- Site of first Negro conference—led to the establishment of NAACP
- Model used to establish other settlement houses

Lillian Wald

- Coined the term *public health nurse*
- Primary function of the visiting nurse was care of the sick in their homes
 - Health education as secondary focus

Margaret Sanger, Clara Barton, and Dorothea Dix

- Promoted social change
- Margaret Sanger: contraceptive services for women
- Clara Barton: established American Red Cross

Expanding the Focus on Prevention

- Metropolitan Life Insurance Company home visiting services to policy holders
- Care expanded to other population groups
 - Mothers and young children
 - School-age youngsters
 - Employees
 - Rural population

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Expanding the Focus on Prevention

- White House Conference on Children was held in 1909
- U.S. Children's Bureau was established in 1912 to address the issue of child labor
- School nursing introduced in the U.S. (1902) by Lillian Wald

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Expanding the Focus on Prevention

- First rural nursing service established in 1896 in Westchester County, New York
- Red Cross established the Rural Nursing Service in 1912

Mary Breckenridge

- Pioneer nurse of rural nursing
- Initiated the Frontier Nursing Service
 - Midwifery services
- Midwifery services also provided by others among Native American and Negro populations

Hospice Movement

- Initiated in London in 1967 by Cicely Saunders
- Established in the United States in 1974 by Florence Wald
- Worldwide Palliative Care Alliance was formed in 2007

Standardizing Practice

- ANA and the Society for Superintendents of Training Schools for Nurses (1911) met to consider the need for standardization of public health nursing; second meeting held in 1912
 - Formation of the National Organization for Public Health Nursing (NOPHN)

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Standardizing Practice

- Creation of the public health section of the Canadian Association of Trained Nurses (1920) as similar effort
- ANA developed *Standards of Community Health Nursing Practice* (1986)
 - Quad Council's 2003 adoption of the public health nursing competencies
 - Standards revised most recently in 2013

Educating Population Health Nurses

- The Goldmark Report, *Nursing and Nursing Education in the United States*, published in 1923
 - Need for advanced preparation for public health nursing
 - Nursing education to take place in institutions of higher learning

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Educating Population Health Nurses

- First schools of nursing
 - Yale University School of Nursing
 - Frances Payne Bolton School of Nursing at Western Reserve University (1923)

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Educating Population Health Nurses

- Teachers College of Columbia University (1910)—first postgraduate course in public health nursing
- The Brown Report of 1948, *Nursing for the Future*
 - Reemphasized the need for nurses to be educated in institutions of higher learning to meet population health needs

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Educating Population Health Nurses

- ANA (1964) formally defined the public health nurse as a graduate of a baccalaureate program in nursing

Nursing in Official Public Health Agencies

- Alabama, the first state to approve public health nurse employment by government agencies (1907)

Federal Involvement in Health Care

- USPHS
- Office of the Surgeon General
- Department of Health, Education, and Welfare (1953)
 - Reorganized in 1980 to create DHHS

Sheppard-Towner Act (1921)

- Aid state and local agencies to meet health needs of mothers and children
- Provided monies to enhance visiting nurse services

Federal Health Programs

- National Institutes of Health (1930)
 - NINR
- Social Security Act (1935)
 - Later established OASI, that is, Social Security

Hill–Burton Act (1946)

- Finance hospital construction in underserved areas
- Curative rather than preventive care
- Hospitals became major focus for health and illness care

The Latter Half of the 20th Century

- Social Security Act (1966) amended to create Medicare
- Medicaid was instituted in 1967

Extending the Scope of Nursing Practice Report (1971)

- Use of nurses in expanded capacities
- Legislation has led to increased use of nurse practitioners in a variety of settings

The Lalonde Report *New Perspectives for the Health of Canadians* 1974

- Identified the importance of biological, environmental, and lifestyle risks as determinants of health
- Recommended greater attention to the elimination of risks in each of these areas
- Marked initial shift away from treatment paradigm to health promotion at national level

Declaration of Alma-Ata (1978)

- Call for access to primary health care for all

Global Health Strategies

- WHO's *Global Strategies for Health for All by the Year 2000* (1981)
- *Ottawa Charter for Health Promotion* (1986)
 - Social, economic, and political reform and empowerment to improve health of world's populations
 - Reinforced in the *Jakarta Declaration on Health Promotion into the 21st Century*

Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982

- Profound effect on health care and population health nursing
- Reduce Medicare expenditures
- Led to development of diagnosis-related groups (DRGs)

TABLE 2-4 International Events Influencing Public Health

Date	Event
1902	Pan-American Health Organization (PAHO) founded.
1919	Health Organization of the League of Nations established.
1948	World Health Organization (WHO) established.
1977	Smallpox eradicated worldwide.
1979	Call for access to primary care for all established in Declaration of Alma-Ata.
1981	Need for primary health care emphasized by World Health Organization report, <i>Global Strategies for Health for All by the Year 2000</i> .
1986	Prerequisites to and strategies for achieving health for all identified in <i>The Ottawa Charter for Health Promotion</i> .
1988	WHO goal for poliomyelitis eradication set.
1992	WHO goal for integration of hepatitis B vaccination into childhood immunization programs set.
1993	Global emergency declared by WHO in response to worldwide incidence of tuberculosis.
1994	Goal of measles elimination established by WHO Region of the Americas.
1998	Concepts of global health promotion reinforced in <i>Jakarta Declaration on Health Promotion into the 21st Century</i> .
2000	World Health Report 2000, <i>Health Systems: Improving Performance</i> , published.
2001	United Nations General Assembly Special Session on HIV/AIDS held.
2002	European Region of WHO declared polio-free. WHO goal of reducing worldwide measles mortality by 50% established.

The Present and Beyond

- Eradication of smallpox
- U.S. national health objectives
- Center for Nursing Research (later NINR)
- Public Health Improvement Act of 2000
- *Healthy People 2020*

Affordable Care Act

- Protections against denial of coverage due to preexisting conditions
- Removal of lifetime limitations on coverage
- Support for the Medicare program, particularly drug costs

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Affordable Care Act

- Insurance assistance for small business owners through tax credits
- Preventive services included in coverage

TABLE 2-5 Worldwide Public Health Achievements, 2001–2010

Focus Area	Achievements
Child mortality	<ul style="list-style-type: none"> • Decrease of 2 million deaths in children under 5 years of age from 77 deaths to 62 deaths per 1,000 live births
Vaccine-preventable diseases	<ul style="list-style-type: none"> • 2.5 million deaths prevented each year in children under 5 years of age • 78% decline in measles mortality • Decrease in the number of countries with endemic poliomyelitis from 20 to 4 • Fewer than 1,500 cases of poliomyelitis in 2010 • Global coverage with a third dose of DTP vaccine increased from 74% to 82% • Global coverage with hepatitis B vaccine increased to 70% • Global coverage with Hib vaccine increased to 38% and 130,000 pneumonia and meningitis deaths prevented
Safe water and sanitation	<ul style="list-style-type: none"> • Increase in the proportion of the world's population with access to improved drinking water sources from 83% to 87% • Increase in the proportion of the world's population with access to improved sanitation from 58% to 61%
Malaria prevention and control	<ul style="list-style-type: none"> • Increased annual funding for prevention in endemic countries from \$100 million to \$1.8 billion • Reduction in annual number of cases to 225 million • 21% decrease in malaria deaths
HIV/AIDS prevention and control	<ul style="list-style-type: none"> • Annual number of new infections dropped from 3.1 million to 2.6 million • Annual AIDS-related deaths decreased to 1.8 million • Antiretroviral therapy (ART) provided to 5.25 million persons in low- and middle-income countries

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TABLE 2-5 Worldwide Public Health Achievements, 2001–2010

Focus Area	Achievements
Tuberculosis control	<ul style="list-style-type: none">• 20% increase in case detection and treatment success rates• Declining incidence and prevalence in every region worldwide
Control of neglected tropical diseases	<ul style="list-style-type: none">• Annual number of dracunculiasis cases reduced to 1,797 with probable global eradication by 2012• Elimination of new cases of onchocercal blindness in all 13 regions of the Americas, with transmission completely interrupted in 8 regions• 9.5 million cases of filariasis prevented and 32 million disability-adjusted life years averted
Tobacco control	<ul style="list-style-type: none">• WHO Framework Convention on Tobacco Control adopted by 168 countries• 50% of the world's population protected from second-hand smoke in health care and educational facilities (but only 5% in all public places)• Population covered by comprehensive smoke-free laws increased from 3.1% to 5.4% from 2007 to 2008
Global road safety	<ul style="list-style-type: none">• 36% reduction in annual traffic-related fatalities in Europe• 2009 adoption of UN General Assembly resolution initiating 2011–2020 Decade of Action for Road Safety
Preparedness and response to global health threats	<ul style="list-style-type: none">• Adoption of the 2005 International Health Regulations• Increased global laboratory and epidemiologic capacity• Development of 21 new field epidemiology training programs• Most rapid and effective response to a global pandemic ever in relation to the H1N1 influenza epidemic in 2009, with vaccine development within 20 weeks of virus detection and deployed in 86 countries

Based on: Global Public Health Achievements Team. (2011). Ten great public health achievements—Worldwide, 2001–2010. *Morbidity and Mortality Weekly Report*, 60, 814–818.