Chapter 1

Historical Exemplars in Nursing

Sandra B. Lewenson

Chapter Objectives

By the end of this chapter, you will be able to:

1. Explore the historical dimensions of nursing and primary health care.
2. Analyze a historical public health nursing initiative in relation to the contemporary principles of primary health care.
3. Reflect on the enduring role public health nursing has played in providing access to health care.

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Introduction

Long before the World Health Organization (WHO) defined primary health care in the 1978 *Declaration of Alma Ata*, nursing in the United States conformed to many of the principles found in that document. The ideals of health and social justice for all that permeate the definition of primary health care can be seen in the historical roots of public health nursing. Early 20th-century nursing pioneers long believed in the need to provide access to health care to all populations. These early pioneers, many part of the ever-expanding public health movement during that same period, sought collaborative relationships between and among nurses, physicians, dentists, philanthropists, and community activists. Although not all of health care history speaks to these holistic ideals rooted in early public health nursing experiences, many of these early "experiments"—for example, the American Red Cross Rural Nursing Service, later called the Town and Country (Buhler-Wilkerson, 1993)—demonstrated a concerted effort to provide populations in rural areas and small towns in America with access to quality health care services. Nurses, educated in the ideals of public health, led these early forays into what exemplifies the principles of primary health care today. They showcase what nurses and nursing leaders in the past saw as vital to the provision of care and can provide us today with important lessons.

Understanding nursing's past response to the health care needs of society requires study of the historical experiences of the profession, as well as acknowledgment of the evolutionary nature of health care. Noted contemporary nurse historians Fairman and D'Antonio (2013) explain that history helps us understand "continuity and change over time" (p. 346), especially when considering health care policy issues. Context and meanings change depending on interpretation and the orientation of the historian. Historian Joan Lynaugh's personal communication with Fairman and D'Antonio (2013) posits that all current issues have a past. This perspective helps us to see that matters like access to care, determinants of health, and social justice have a history that can offer meaning for us today and provide valuable evidence to guide contemporary practice. Knowledge of this history can help us as we struggle to understand nursing's role within the broader health care delivery system today, especially advocacy for and provision of primary health care services. For example, the current definition of the medical home calls for provision of continuous access to family-centered and culturally sensitive care (Keeling & Lewenson, 2013) and can be interpreted in a variety of ways by different professional groups. Physicians typically claim the leadership role in medical homes and are supported in these claims by insurance companies and politicians. Depending on the needs of the families served, however, other professional groups, such as nurses, may be better positioned to take on leadership and coordination of the care provided. During the early part of the 20th century, nurses had

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taken leadership roles in bringing both curative and preventive health care to families living in the community. These early historical nursing initiatives are valuable exemplars to aid our understanding of nursing in relation to primary health care (Keeling & Lewenson, 2013).

Historical Nursing Exemplar

This chapter examines a particular time in the early 20th century when community leaders in the rural upstate New York town of Red Hook sought to gain admittance into the newly formed American Red Cross Rural Nursing Service (renamed the Town and Country). In what was similar to today's concept of a medical home, the town of Red Hook applied to Town and Country to gain the nursing expertise this national organization offered to small towns and communities interested in providing access to care to their citizens. To understand Red Hook Nursing's 1916 application to Town and Country, a brief history of the origin of the American Red Cross's (ARC's) foray into the provision of access to rural health in America, as well as background on the community of Red Hook is provided. This illustrates how the actions of one community—Red Hook in Dutchess County—reflects the meaning used to describe primary health care today.

Background of Town and Country

Keeling and Lewenson (2013) refer to the start of the Henry Street Settlement in the Lower East Side of New York and the American Red Cross Town and Country when exploring the meaning of nursing's historical past in the provision of health care to underserved urban and rural populations. Both nurse-led initiatives were started by the public health nursing leader Lillian Wald, who transported public health nursing care (both curative and preventive) to populations that typically lacked access to care. In 1893, Wald began the Henry Street Settlement on the Lower East Side of New York City. She and her friend from nursing school, Mary Brewster, moved into the city's impoverished neighborhood that served as home to a diverse group of immigrants who settled in New York City in the late 19th and first half of the 20th century (Keeling & Lewenson, 2013). The settlement proved to be a place where "there has been a significant awakening on matters of social concerns, particularly those affecting the protection of children throughout society in general; and a new sense of responsibility has been aroused among men and women.… The Settlement is in itself an expression of this sense of responsibility" (Wald, 1915, p. v). The Henry Street Settlement successfully provided nursing services to the population, first in the Lower East Side of New York, and later throughout New York City. The Henry Street Settlement also served as a clinical site for educational postgraduate programs to prepare nurses in public health experiences, such as the one started at Columbia University's Teachers College (Lewenson, 2015).

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The success of the nurses at the Henry Street Settlement relied on collaborative community and political relationships. To make changes in health care policy, such as providing public health nurses in schools, Wald established relationships with community and political leaders and advocated the need for nurses to address the health care needs of schoolchildren (Lewenson & Nickitas, 2016). She successfully demonstrated the efficacy of public health nurses in city schools, which led to the integration of nursing services in municipal schools (Wald, 1915). Wald also lent her skills and expertise to the postgraduate program in public health that began in about 1912 at Teachers College at Columbia University. This program was designed to fulfill the additional educational requirement placed on any nurse who became a Red Cross Rural Public Health Nurse. It included both urban and rural public health experience and required collaboration with a variety of organizations, including Columbia, the Northern Westchester District Nursing Service, and other community settings (Lewenson, 2015; Wald, 1915).

Ideals of Social Justice Reflected

Wald's vision at Henry Street reflected many of the ideals of social justice promoted by the early 20th-century progressives, who were firmly rooted in the settlement house and other progressive era movements that sought equal rights and opportunities for all Americans (Drevdahl, Kneipp, Canales, & Dorcy, 2001). Jane Addams (1892), a leader in the settlement house movement and founder of the noted Hull House settlement in Chicago, explained, "The Settlement then, is an experimental effort to aid in the solution of the social and industrial problems which are engendered by the modern conditions of life in a great city." Wald's concept of a nurses' settlement, considered one of the first nursing settlement houses, reflected this philosophy. Her concepts of health care for all living in the community is something that we find in the late 20th- and early 21st-century ideals of primary health care.

Wald's vision to provide care to those living in urban centers expanded as she saw the need to provide this same care to rural populations throughout the country. Believing that nursing knowledge and skills legitimized nurses' work, Wald often spoke of the profession's role in social activism and social justice. Wald lived during a period of time when nursing's responsibility to social activism expanded in keeping with the national public health movement and other progressive era movements. In an address presented at the Red Cross convention in 1921, she described the changes she saw in nursing since 1893 when the term *public health nurse* was first applied to public health nurses and the collaborative role they played with others in the community. Wald (1921) explained,

> She has taken new vows and new obligations, and has expanded into something more important socially because her field, like her

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> education, has developed into the more comprehensive understanding of the relationship of herself and her profession to the physician, the hygienist, and the social worker. (p. 1)

In an address delivered earlier in 1913 at the newly formed National Organization of Public Health Nursing, Wald (1913) spoke of the

> prophets among the nurses and among the students of social movements who see the veil lifted, and who know that the great army of nurses is educating the people, translating into simple terms the message of the expert and the scientist. The visiting nurses throughout the country have been reinspired to dignify and to lay true values upon their service, coveting for themselves the privilege of relieving pain, and linking with that century-cherished prerogative of women, the new note of education and civic duty. (p. 925)

Organizing the ARC Town and Country

Best known for her work establishing the Henry Street Settlement where public health nurses provided primary health care services to families living in the urban setting, Wald sought to bring similar care to those living in rural areas and in small towns throughout the United States. Such services included classes in health and hygiene, bedside care in the home, pre- and postnatal care, school nursing, classes in parenting, and other community-based activities. She envisioned using an existing national organization, the American Red Cross (ARC), to provide the necessary structure whereby public health nursing could be distributed throughout the country (Dock, Pickett, Clement, Fox, & Van Meter, 1922; Lewenson, 2015; Wald, 1921).

What began in November of 1912 as a 1-year experiment, with funding from the Rockefeller Foundation, a committee of socially minded philanthropists, physicians from the Public Health Service, and public health nursing leaders established standards for the practice and education of nurses in rural settings. Nursing leaders Lillian Wald, Annie Goodrich, Jane Delano, and Fannie Clement provided the ARC committee with their progressive ideas about recruitment, salaries, and education of rural public health nurses. With Fannie Clement appointed as superintendent of this new organization, she and the rest of the committee called for additional educational experiences in rural and urban public health—typically not taught in the 3-year hospital-based nurse training programs—for all Town and Country nurses. This educational requirement set in motion the establishment of 4- and 8-month postgraduate programs around the country that offered nurses courses in both rural and urban public health. Most famous of those schools was the program started at Teachers College, Columbia University, in New York City in 1912 (Lewenson, 2015). Rural public health nurses needed more education because of the nature of their work in isolated settings, which required that they have, among other things, good

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communication skills in order to develop collaborative relationships in the diverse communities in which they served.

By 1913, the successful outcomes of this first year of experimentation by the ARC Rural Nursing Service (as it was then called) included "ten affiliated associations, appointment of a nurse for supervisory work in the Metropolitan Life Insurance Company, the establishment of Teachers College course for rural nurses"(Minutes of the Fourth Meeting of the Committee on Rural Nursing, October 22, 1913). Renamed Town and Country after that first year, the service increased its scope to include small towns and rural communities. Nurses recruited to serve in these remote settings received additional education in all aspects of rural health, including courses in communication skills. These rural nurses needed expertise to negotiate with community leaders to facilitate health care services using whatever may already have existed within the community, such as a school board, a physician, or a visiting nurse service. Collaboration and coalition building were the hallmarks of rural public health nurses' ability to be successful in their work. These additional skills also set them apart from others in the profession and often created difficulty in the recruitment of nurses to rural settings.

Whether in urban or rural settings, public health nurses were part of a larger mission to help the immigrant population that came to America in the late 19th and early 20th century become "Americanized." In helping the immigrant learn how to become more "American," public health nurses helped immigrant populations live healthier lives and protected the rest of the citizens from illnesses that some believed would be spread by ignorance and poverty. Rose M. Ehrenfeld (1919), State Director of Tubercular Nursing, wrote about the evolution of public health nursing in the early part of the 20th century, and her words reflect the thinking of the day. Although not taking into account the issues related to diversity that nurses discuss in the 21st century, Ehrenfeld's ideas resonate with the ideals of primary health care:

> Public Health Nursing has become one of the strongest forces for Americanization, reaching into the homes and teaching foreign mothers how to interpret sanitary codes and to obey quarantine laws; how to select and use American foodstuffs with regard to nutritive value; how to raise the babies according to American customs and the demands of American climate. It represents the field of work that is reaching some of the "90 per cent of the sick outside institutions" with nursing care in their homes. It is extending to the masses pre-natal, tuberculosis, school, industrial, communicable disease and general community nursing; and, in so doing, represents the most important single factor in our national effort to check the slaughter of innocents by the kaiser of ignorance. It represents the instrument by which democracy's latest vision, namely, "equal opportunity for

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> health," is being practically applied and by which the light of modern science and the warmth of human sympathy are being spread into every corner of the world. (p. 18)

The Red Hook Nursing Association and the ARC Town and Country

In the historical example described here, we see how one rural community in upstate New York worked together as a community toward admission into the ARC Town and County between 1915 and 1917. Over 1 year's worth of correspondence between Mary Gerard Lewis, Corresponding Secretary of the Red Hook Nurses Association Nursing Committee, with Fannie Clement, the Superintendent of the Town and Country, illuminates one community's effort to develop a relationship with this national organization. Town and Country offered this community (and others like it) an opportunity to link an educated rural public health nurse with their community's effort to provide access to health care.

Description of the Red Hook Community

The town of Red Hook in the northwest part of Dutchess County in New York lies 85 miles north of the New York City metropolitan area (J Five Homes Realty, 2010). The area surrounding Red Hook included the villages of Annandale, Rhinebeck, Barrytown, and Poughkeepsie, all part of Dutchess County. The United States census shows the population in Red Hook in 1910 as 3,705 and in 1920 as 3,218. Rhinebeck had a population of 3,532 in 1910 and 2,770 in 1920. Poughkeepsie, one of the largest cities in the county, had a population of 27,936 in 1910, and 35,000 in 1920 (Zimm, Corning, Emsley, & Jewell, 1946, p. 355). The small towns seemed to show a decrease in population between 1910 and 1920, but the city of Poughkeepsie increased in size.

During the early 20th century, the population surrounding Red Hook included millionaire landowners, many of whom built large estates along the Hudson River that bordered the town. These estates, usually 300 to 400 acres or more, provided a source of employment for others living in the community. O'Neill Carr (2001) wrote that "many of the estate owners, following the tradition of their class in the 19th and early 20th centuries, sought to 'improve' the lives of their workers, and the surrounding community, primarily through religion and education" (p. 45). Names of wealthy families like Astor, Chanler, Aldrich, and Delano were connected to these estates and supported the tradition of social support to the community. The rest of the population of Red Hook and its environs included farmers and tenants of those farms who worked the land for their livelihood. Other groups worked in the county's industries, which included growing tobacco, cocoa, and violets as well as

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other seasonal industries like fishing and apple farming (Allen, 1925; State Charities Aid Association, 1915). The ethnic background of the community was mostly of German descent.

State Charities Aid Association 1915 Study

Most of the towns and villages in Dutchess County, except Rhinebeck, lacked the health care services many in the community believed were needed. Rhinebeck, the village next to Red Hook, established the Thompson House District Nursing Service in 1902 with only one nurse hired to care for their surgical, medical, obstetrical, and tuberculin cases (Waters, 1912). The Thompson House District received funding from Thomas Thompson, who had left more than $1 million in trust for the "relief of poor seamstresses and shop girls" in the towns of Brattleboro, Vermont, and Rhinebeck, New York (Waters, 1912, pp. 224–225). Out of this fund, hospitals and community nursing services were built in these two towns by 1912.

This early experience with a public health nurse in Rhinebeck showed the efficacy of using a public health nurse. Yet the people living in Dutchess County still lacked sufficient access to health care, both in the home and in hospitals (State Charities Aid Association, 1915; Weber, 1917). The health care organizations that existed worked in separate spheres; "their work was often unrelated and left important gaps to be filled" (Weber, 1917, p. 7). Concern for this lack of services led the State Charities Aid Association (1915) to conduct a study of the kinds of illnesses the population at large experienced and what kind of care was available to them. They selected four towns—Rhinebeck, Standford, Milan, and Clinton—as representative of the rural communities of Dutchess County (see **Figure 1-1**).

With the exception of Rhinebeck, the 1915 study found few if any of the towns in Dutchess County had access to a public health nurse or to rural physicians (State Charities Aid Association, 1915, p. 9). A door-to-door canvas of the families living in these four towns was made to see what kinds of sicknesses the families experienced, and how they addressed the care when sick. The study also showed the role that the rural public health nurse could play in care at home, in the hospital, or in the environment. For example, the study examines the environmental conditions that could lead to poor health, such as how many of the families they visited still maintained the "old-fashioned" privy vault and the use of private wells. The 1915 report noted, "It is to be observed in this connection that an epidemic in the village furnished 17 out of 29 cases of typhoid found by the investigator" (State Charities Aid Association, 1915, p. 9). The idea that environmental hazards related to draining the private privy into the water supply contributed to sickness and the health of the public is a concept still relevant today in primary health care.

The results of this study were used by the communities in Dutchess County to organize a Dutchess County Health Association in June 1916

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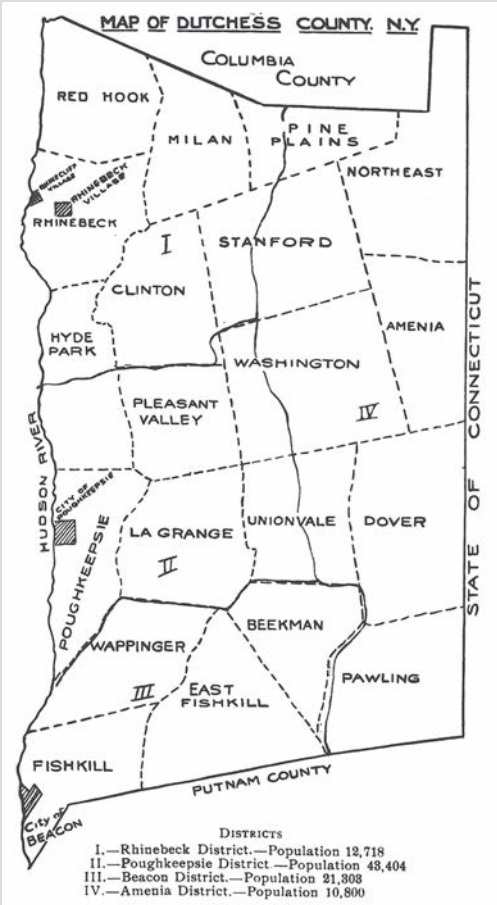
Figure 1-1

1915 Map of Dutchess County



Reproduced from State Charities Aid Association. (1915). Sickness in Dutchess County, New York: Its extent, care, and prevention (Book No. No. 136) (pp. 1–119). New York, New York: State Charities Aid Association. Retrieved from https://babel.hathitrust.org/shcgi/pt?id=mdp.39015068561045;view=1up;seq=1

(Weber, 1917, p. 7), the same year that Red Hook explored establishment of their own Town and Country chapter of the ARC and the Red Hook Nursing Association. Town and Country supported the growth of individual town chapters, while also recognizing the value of one organizing chapter within the whole county. Clement (1916b) wrote to Lewis, noting that a Dutchess County chapter of the ARC already existed. In her letter, Clement wrote that even though the Dutchess County chapter existed and had a public health nurse, she still supported Red Hook and Annandale's effort to

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establish their own chapter and obtain their own rural public health nurse for their community. She suggested that the town chapter could be part of the larger chapter in the county but assured Lewis that the town would maintain control of the visiting nurse.

> Should it be possible to organize a Chapter in Annandale that might have direct charge of the visiting nurse work, it would be advisable to connect such a Chapter with the County organization so that in time of calls for relief the County Chapter with its various branches could act as the central organization. (Clement, 1916b)

Clement also responded to Lewis's letter regarding the county's plans for a tuberculosis nurse to work in the county. Clement (1916b) wrote,

> I shall be glad to learn more about the county plans for a tuberculosis nurse for as you say, it would be splendid to correlate the entire nursing activity of the County under the one organization. Various branches could be established in other sections through the county aside from Annandale and a visiting nurse might be supported in a number of districts on a plan similar to the one carried on by the Westchester District Nursing Association.

The Dutchess County Health Association seemed to be an outgrowth of the *Sickness in Dutchess County* report, published in September 1915. Although connections among the Dutchess County Health Association, Town and Country, and the Red Hook Nursing Association are not clearly delineated in these historical documents, some links seem to have existed. For example, Mrs. Richard Aldrich, one of the community organizers of the Red Hook Nursing Association, was also listed as the vice president of the citizens group that formed the Dutchess County Health Organization. Mrs. Richard Aldrich, whose name prior to her marriage was Margaret Livingston Chanler, was a lifelong resident of the town and a community leader with a history of volunteerism and support for the nascent nursing profession. In her younger years, she was a volunteer during the Spanish-American War, operating a field hospital in Puerto Rico, and later helped nursing pass a legislative bill in Washington, D.C., creating the Women's Army Nursing Corps at the turn of the century (personal communication, Wint Aldrich, January 27, 2015). In her community work in Red Hook, she referred to the State Charities Aid health survey as being an important impetus for the community to plan for a rural public health nurse. Her use of the data, as well as its use by others, illustrated an abiding interest in health care outcomes and access to that care for the population living in this rural section of New York (Chanler Aldrich, 1916).

Ideals of Primary Health Care Exemplified by Action

Red Hook's actions to establish much-needed nursing services in their community reflect today's ideals found in primary health care. Using current

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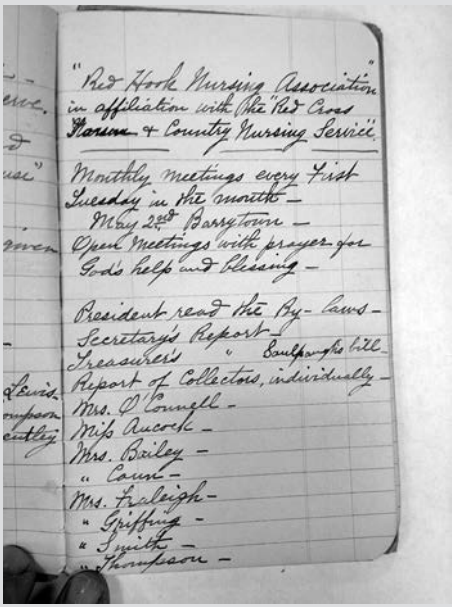
terms, community action, collaboration and coalition building, shared decision making, access to care, and community health education are just some of the activities the people of Red Hook undertook as they planned for and implemented public health nursing services in their community.

Community Action

On December 17, 1915, Fannie F. Clement, Superintendent of the Town and County sent a letter to Mary Gerard Lewis, corresponding secretary of the newly formed nursing committee from Annandale (a hamlet in the town of Red Hook), acknowledging Lewis's earlier inquiry sent to Jacob Schiff, philanthropist and on the board of the ARC, about the new rural public health nursing service called Town and Country (Clement, 1915). Schiff had forwarded Lewis's request for information to Clement, assuring Lewis that Clement would send both the application and a questionnaire for her to fill out in order to place the appropriate public health nurse in her town (see **Figure 1-2**). Clement also thanked Lewis, in her response, for offering her home to the Red Cross nurse to live as well as "in starting what would

Figure 1-2

Barrytown Minutes of Red Hook Nursing Association, May 2, 1916


"Red Hook Nursing Association"
in affiliation with the "Red Cross
~~Nurse~~ + Country Nursing Service"

Monthly meetings every First
Tuesday in the month –
May 2nd Barrytown –
Open meetings with prayer for
God's help and blessing –

President read the By-Laws –
Secretary's Report –
Treasurer's " Bailey's bill –
Report of Collectors, individually –
Mrs. O'Connell –
Miss Aucock –
Mrs. Bailey –
" Cone –
Mrs. Traleigh –
" Griffing –
" Smith –
" Thompson –

Reproduced from Red Hook Association, "Minutes of Meeting in Annandale" dated June 2, 1916, Box 362.104 R Box Red Hook Nursing Association, Scrapbook, 1916-1917. Adriance Memorial Library, Poughkeepsie, New York.

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be a Community Center or a Neighborhood House for the surrounding country" (Clement, 1915).

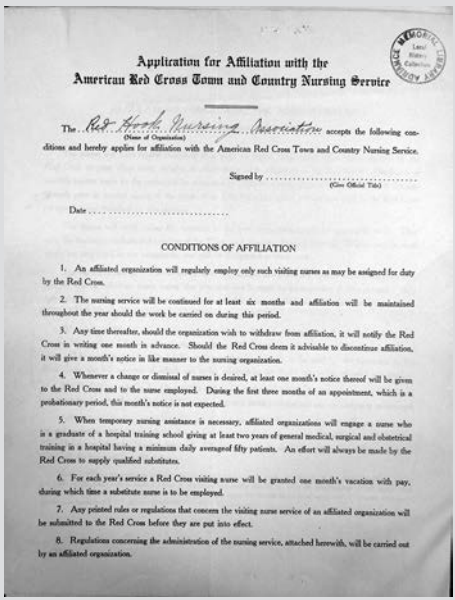
Collaboration and Coalition Building

The citizens of Red Hook recognized that a concerted community effort was needed to bring public health nursing into their community (**Figure 1-3**). On February 11, 1916, the *Tivoli Times* published an article explaining the plan to start a nursing service and inviting the whole community to a planning meeting. The article stressed community support for this venture stating that "if this project is to succeed, the public must co-operate" (Red Cross rural nursing service, 1916). The nursing association would be responsible to care for those chronically ill in their community, as well as provide access to health care in a local dispensary. The minutes reflected these ideas, noting that "chronic cases to be visited by visiting nurse daily—whenever called" (Minutes of the Red Hook Nursing Association, April 4, 1916).

The nursing committee met monthly on every first Tuesday of the month to discuss the plans to establish a Red Hook Nursing Association

Figure 1-3

Unsigned Application for Affiliation with the American Red Cross Town and Country Nursing Service and Red Hook Nursing Association



Application for Affiliation with the
American Red Cross Town and Country Nursing Service

The Red Hook Nursing Association (Name of Organization) accepts the following conditions and hereby applies for affiliation with the American Red Cross Town and Country Nursing Service.

Signed by ..... (Give Official Title)

Date .....

CONDITIONS OF AFFILIATION

1. An affiliated organization will regularly employ only such visiting nurses as may be assigned for duty by the Red Cross.

2. The nursing service will be continued for at least six months and affiliation will be maintained throughout the year should the work be carried on during this period.

3. Any time thereafter, should the organization wish to withdraw from affiliation, it will notify the Red Cross in writing one month in advance. Should the Red Cross deem it advisable to discontinue affiliation, it will give a month's notice in like manner to the nursing organization.

4. Whenever a change or dismissal of nurses is desired, at least one month's notice thereof will be given to the Red Cross and to the nurse employed. During the first three months of an appointment, which is a probationary period, this month's notice is not expected.

5. When temporary nursing assistance is necessary, affiliated organizations will engage a nurse who is a graduate of a hospital training school giving at least two years of general medical, surgical and obstetrical training in a hospital having a minimum daily averaged fifty patients. An effort will always be made by the Red Cross to supply qualified substitutes.

6. For each year's service a Red Cross visiting nurse will be granted one month's vacation with pay, during which time a substitute nurse is to be employed.

7. Any printed rules or regulations that concern the visiting nurse service of an affiliated organization will be submitted to the Red Cross before they are put into effect.

8. Regulations concerning the administration of the nursing service, attached herewith, will be carried out by an affiliated organization.

Reproduced from American Red Cross Town and Country Nursing Service and Red Hook Nursing Association.

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and its affiliation with Town and County. Names listed in the meeting minutes included men and women from a variety of professions that committed time, energy, and money to support this venture. Community leaders Margaret Chanler Aldrich, Dr. C. A. Prichard (identified as the president of the committee), Mr. O. D. Lewis, Rev. J. Parks, and Mary Gerard Lewis (identified as the corresponding secretary) and other men and women in the community served in one capacity or another (Minutes of the Red Hook Nursing Association, May 2, 1916).

The minutes of these monthly meetings also reflected the larger community's input into the establishment of the Red Hook Nursing Association, especially in the organization of fundraising events. The minutes identified the various fundraising drives that would support the Red Hook Nursing Association and subsequent affiliation with Town and Country. For example, all families in the Red Hook Township would be given an "opportunity to subscribe" to the "R. H. N. A." (Minutes of the Red Hook Nursing Association, April 4, 1916). Families could buy subscriptions (usually one or two dollars) that gave them membership for the services of the Red Hook Nursing Association and supported hiring of the public health nurse. Those who had not yet subscribed would be sent cards with a follow-up from one of the members of the nursing committee. Various community members volunteered to collect the subscriptions from the families living in their village within the town of Red Hook. Other organizations held fundraising events, including "bag sales," "a strawberry festival," and a "camp fire girl's bake sale" (Minutes of the Red Hook Nursing Association, undated and unpaginated page in the brown minutes book). "Fetes" like the one given by Margaret Chanler Aldrich on May 27, 1916, on her estate, Rokeby, raised more than $300 (Red Hook Association, Minutes of Meeting in Annandale, June 2, 1916).

Shared Decision-Making

Shared decision-making could be found in the way that the Red Hook Nursing Association nursing committee called for the town to come together and participate in raising funds. Chanler Aldrich was especially vocal in her support of the development of Town and Country in Red Hook. In addition to her fundraising activities, Chanler Aldrich also wrote several letters to the editor in the *Tivoli Times* in support of her cause. She asked the community to participate in at least a Dollar Subscription drive so that the town could provide the much-needed services of the Red Cross rural visiting nurse. Without a rural visiting nurse, she felt that "Dutchess County will lag behind in business development, its girls and boys must accept modern life without modern safeguards, and our population will become few and weak. Our doctors cannot be our nurses" (Chanler Aldrich, 1916). Chanler Aldrich, along with other community leaders, saw the link between a healthy population and a better way of life for the population. And everyone, in all classes and walks of life, had a stake in health care.

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Access to Care Through Affiliation

The nursing committee sought affiliation with the ARC and completed the necessary documents sent to them by Clement. The application included information about the town and their needs, and explained the requirements that they would need to meet. Nurses' salary, housing, and additional education requirements were all part of the application process and agreed to by the community. Community mass meetings about the affiliation were planned throughout 1916 and advertised in the local paper, the *Tivoli Times*. One such meeting was planned for Saturday afternoon, February 19, at 3:00 P.M. at the Masonic Hall. Miss Clement was to travel from Washington, D.C., to this town to explain more about the work of rural public health nurses. To ensure attendance, Mr. Harris Crockwell volunteered to take "a load of 20 persons for $4 to the meeting if they can be gotten together" (Red Cross rural nursing service, 1916). With use of the local media, including information about the monthly meetings and the plans for affiliation, the communities within the Red Hook Township banded together. The wealthier members along with those who could afford the price of the subscriptions were part of the effort to establish nursing services in their community.

Community Health Education

Fannie Clement wrote to Mary G. Lewis encouraging her to invite other rural Town and Country nurses to meet with the Red Hook community. These Town and Country nurses could inform the community about the kind of work that was done by rural public health nurses. In a letter sent by Clement to Lewis on January 4, 1916, she suggested that Lewis contact the Town and Country affiliate in Purchase, New York, located in nearby Westchester County. Miss Esther Harrison was the rural Red Cross nurse assigned to Purchase, and she could share her experiences at the meeting and show the "moving picture film" that had been developed by the ARC to illustrate the work of rural public health nurses (Clement, 1916a). On January 31, 1916, Caroline S. Read, president of the Purchase Nursing Association, wrote back to Lewis informing that Miss Harrison, their rural public health nurse, would be able to speak to the her group. Read wrote, however, that a time would need to be arranged in the future because at the present Miss Harrison's time was "very full with epidemics of measles and grippe" (Read, 1916). Miss Harrison, as Read wrote, held the trust of the community because she was "a very practical and vigorous worker as well as sympathetic." She also noted that Harrison was "not a good speaker, being shy and unable to speak very loud," but if the audience was not too large and they asked interesting questions, Miss Harrison would "forget herself and have wonderful accounts to give of the peoples' gratitude and willingness to follow as soon as they understand." By March 1916, Harrison's load must have lightened because she eventually met the community at a mass meeting and shared her stories. Harrison spoke of how she had to win the support of those in the Westchester community. She successfully gained their support

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when the community could see the care she provided to those who were ill and in her work with children in the schools (Address delivered at Red Cross meeting, 1916). Those who were unable to attend the mass meeting could read her speech, titled "Difficulty Attracting Rural Public Health Nurse," which was published in the *Tivoli Times*.

Attracting nurses with advanced postgraduate work to work in geographically isolated settings was challenging to Town and Country from its inception (Lewenson, 1915). To ensure the hiring of a permanent visiting nurse in Red Hook, Clement (1916a) wrote early on in the planning stage that at least 6-months' salary had to be guaranteed and at least 3 months' had to be deposited in the bank. In addition, a central location for the nurses' residence was important so that the nurse would be "within easy access to the greatest number of families." With the location in mind, the nursing committee also had to figure in the kind of transportation the visiting nurse would need that would give her the most access. Clement (1916c) wrote, "Your nurse, I am sure, will need a horse and buggy to visit her cases or else a horse, and then it will not make such a great deal of difference as to where she is located." With a plan to hire someone by June 1, 1916, the pressure to raise sufficient funds to support this venture was evident, prompting Clement to ask, "Have you tried to get each church to give a supper or some entertainment for the benefit of the nursing fund?" The Red Hook community eventually collected enough funds, and in the fall of 1916 (a few months past the June date) they hired the Town and Country nurse Margaret E. Ruba as their rural public health nurse (District nurse now engaged, n.d.). Clement (1916d) announced the establishment of Red Hook's new nursing service in the November 1916 edition of the *American Journal of Nursing* along with the expansion of other communities throughout the United States.

Health Care Outcomes

Outcomes of Ruba's early days in Red Hook were described in the December 8, 1916, edition of the *Tivoli Times*, noting that her examinations of children in school in four of the districts within Red Hook successfully identified problems with 184 children out of a total of 261 children. Some of the deficits she found in her assessment included dental and vision problems, enlarged tonsils, nasal obstruction, or other deformities. The aim of the Red Hook Nursing Association was to correct these problems. Within a short time, Ruba had made a total of 131 home visits and given 16 health-related talks to a variety of schools, organizations, and businesses (Large field for our Red Cross nurses' work, 1916). Her success led the town to consider hiring an additional rural nurse as well as to participate more fully in the Red Cross nursing service.

The war in Europe by this time had led several health care providers, nurses and physicians alike, to leave their communities and serve in the war effort. The necessity for a healthy population became even more apparent

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as the need for more public health nurses rose during this period. When the Red Hook Nursing Association began, local health care needs required ongoing vigilance by the community to continue on its trajectory of providing for a healthier population for all in the community.

Conclusion

The ARC Town and Country offered Americans a model of care that today we might call primary health care. The Red Hook community in Dutchess County successfully navigated the application process to this national organization, ultimately providing access to care to those living in the community. Affiliation with Town and Country illustrates how the early 20th-century ideals held by progressive community leaders and public health nursing activists informed and improved the health of their communities then, as they do for us today.

Chapter Activities

1. Explore the history of early public health initiatives in rural and urban communities and show how they relate to primary health care.
2. Discuss nursing leadership in primary health care in the United States from a historical perspective.

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