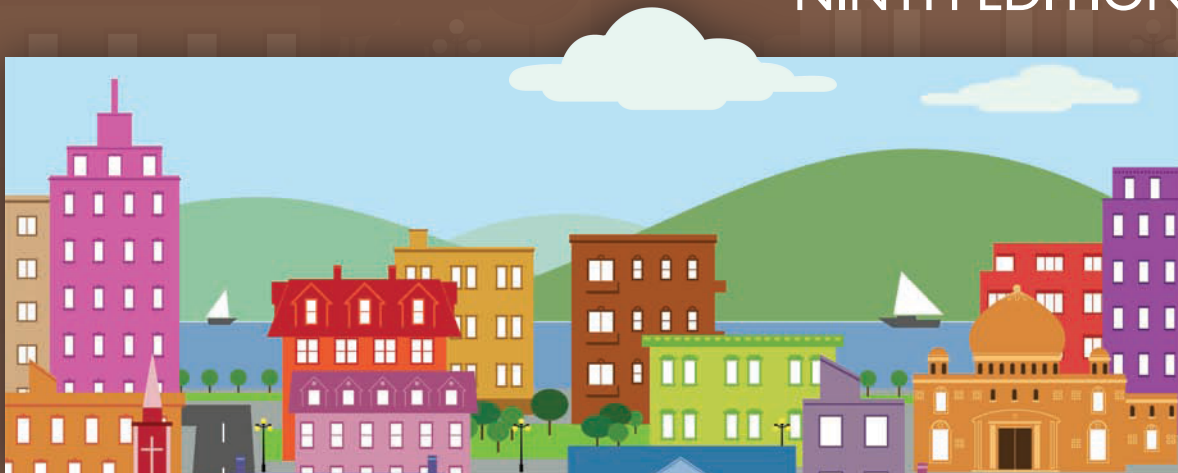


An Introduction to
**Community &
Public Health**

NINTH EDITION



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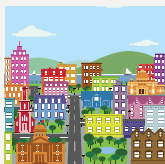
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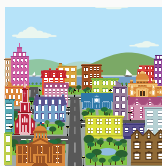
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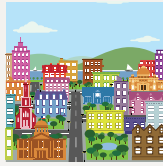
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PREFACE

As its title suggests, *An Introduction to Community & Public Health* was written to introduce students to community and public health. Our textbook combines the power of today's electronic technology, via the Internet, with a traditional textbook presentation. We believe that your students will find *An Introduction to Community & Public Health* easy to read, understand, and use. If they read the chapters carefully, respond to the chapter scenarios, and make an honest effort to answer the review questions and to complete some of the activities, we are confident that your students will gain a comprehensive introduction to the realm of community and public health. *An Introduction to Community & Public Health* incorporates a variety of pedagogical elements that assist and encourage students to understand complex community health issues. Each chapter of the book includes

- Chapter objectives
- Scenario
- Introduction
- Marginal definitions of key terms presented in boldface type
- Chapter summary
- Scenario analysis and response
- Review questions
- Activities
- References

Carefully selected figures, tables, boxes, and photos illustrate and clarify the concepts presented in the text. Select content in each chapter refers to the *Healthy People 2020* goals and objectives.

COMMUNITY AND PUBLIC HEALTH NAVIGATE 2 ADVANTAGE ACCESS

Introduction to Community & Public Health, Ninth Edition includes learning tools for students and teaching tools for instructors to further explore the chapter's content.

WHAT IS NEW TO THIS EDITION?

Although the format of this edition is similar to previous editions, much has changed. First, the content and statistics throughout the book have been reviewed and updated with the latest information. New tables, figures, boxes, and photographs have been added. Second, where possible, we have made change requested by the reviewers of the previous edition.

Here are the chapter-specific changes made to this edition:

- The major change to **Chapter 1** was a shortening of the history section of the chapter and placing more of the

information in table format. In addition, new information was added regarding influences on the health of a community, including the built environment, public health preparedness, the Affordable Care Act, opioid pain reliever abuse, and the impact of conflict on the health of people around the world.

- In **Chapter 2**, new information has been included on the World Health Organization (WHO)'s new sustainable development goals, changes to the organization of the U.S. Department of Health and Human Services, the work of the Centers for Disease Control and Prevention (CDC), and an introduction to the Whole School, Whole Community, Whole Child (WSCC) model.
- **Chapter 3** includes an updated list of notable epidemics in the United States, expanded information on avian influenza that includes H7N9, a simplified section on rates, and a simplified analytic study section that now only includes a basic overview of observational and experimental studies.
- **Chapter 4** has been retitled "Communicable and Noncommunicable Diseases: Prevention and Control of Diseases and Health Conditions." Chapter 4 now includes an example of information that may be needed to prevent the transmission of a disease (measles) using the new edition of the American Public Health Association (APHA)'s *Control of Communicable Diseases Manual*, information about how the communicable disease model (the epidemiology triangle) can be adapted for noncommunicable diseases, and new information on active and passive immunity.
- **Chapter 5** includes expanded discussions on evidence-based practice, the socio-ecological perspective, and CDC's *Framework for Program Evaluation*. The chapter also includes two new boxes—one on the increased emphasis on needs assessment and the other on sources of evidence.
- The school health education chapter—**Chapter 6**—includes a new scenario, an introduction to the *Framework for the 21st Century School Nursing Practice*, a detailed discussion on the Whole School, Whole Community, Whole Child (WSCC) model, and core competencies for school-based health centers (SBHCs).
- **Chapter 7**, in addition to being updated throughout, includes new information about the impact of the Affordable Care Act on family planning, and preconception health care and counseling, which are relatively new foci for pregnancy health; information was also added on barriers to prenatal care and the importance of nutrition and vitamin supplementation during pregnancy. A brief review was included on the recent outbreak of measles at Disneyland in California, and a discussion was added about

- vaccine safety and nonvaccination due to religious and philosophical exceptions, which affect vulnerable populations.
- **Chapter 8** has been updated with the most recently available data regarding the health of adolescents, young adults, and adults. New information has been added on the leading cause of death and the impact of the Family Smoking Prevention and Control Act on the authority of the U.S. Food and Drug Administration to regulate the manufacturing, distribution, sale, labeling, advertising, and promotion of tobacco products to protect public health.
 - The title of **Chapter 9**, along with other terminology in the chapter, has been changed from “Elders” to “Older Adults” to better describe those who are aged 65 years and older. In addition, information on the demography of aging in the United States has been streamlined, more connections have been made between older adults and community health programming and services, and the information on impairments and chronic conditions has been expanded.
 - **Chapter 10** has been revised and updated to include new data in 16 tables and figures presented in the chapter. In addition, a new section has been included on the “Social Determinants of Health and Racial and Ethnic Disparities in Health” and the section on “Equity in Minority Health” has been expanded.
 - The revision of **Chapter 11** includes new information on the relationship of mental health to general health, outpatient commitment—a practice designed to reduce risk of self-harm and protect the public, new law enforcement policies regarding how to handle people with mental health crises, a summary of supported employment services as a component of psychiatric rehabilitation, and details on the integrative medical–mental health approach to care.
 - **Chapter 12** features a new scenario and new sections have been added on electronic or e-cigarettes, abuse of opioid pain relievers, and the move by some states to legalize the use of marijuana for medical or recreational use.
 - **Chapter 13**, which combines the structure and function of health care delivery in the United States, includes new data throughout. In addition, new information has been added on Federally Qualified Health Centers, the National Quality Strategy, accountable care organizations, patient-centered medical homes, pay-for-performance (P4P), and comparison of select health systems throughout the world. Information about the changes to the Affordable Care Act since its inception in 2010 includes the three challenges to the law that reached the U.S. Supreme Court.
 - **Chapter 14** has been thoroughly revised and updated. New information has been included about mold as an indoor pollutant, runoff and lead as water pollutants, complex disasters, the Zika virus, and emergency preparedness and response. In addition, a new box on the Flint, Michigan drinking water crisis has been included.
 - A new scenario has been created for **Chapter 15**. In addition, the discussion on “Community Approaches to the Prevention of Unintentional Injuries” has been expanded. The discussion of firearms on college campuses has been updated and a new definition of intimate partner violence is introduced.
 - **Chapter 16** has been updated with the most recently available nonfatal and fatal workplace injury statistics from the Bureau of Labor Statistics. The section on agricultural safety and health, particularly as it relates to families and children, has been updated and expanded. Regarding workplace-acquired respiratory disorders, the alarming increase in cases of progressive massive fibrosis, a lethal form of coal workers’ pneumoconiosis occurring in certain coal mining regions, is discussed. The worksite health promotion discussion has been expanded to include descriptions of worksite health and wellness promotion programs, work–life balance approaches, and the CDC’s Total Worker Health policies, programs, and practices.

HOW TO USE THIS BOOK

Chapter Objectives

The chapter objectives identify the knowledge and competencies that students need to master as they read and study the chapter material, answer the end-of-chapter review questions, and complete the activities. To use the objectives effectively, students should review them before and after reading the chapters. This will help students focus on the major knowledge points in each chapter and facilitate answering the questions and completing the activities at the end of each chapter.

Chapter Objectives


After studying this chapter, you should be able to:

1. Explain the concept of diversity as it describes the American people.
2. Discuss the impact of a more diverse population in the United States as it relates to community and public health efforts.
3. Summarize the importance of the 1985 landmark report, *The Secretary’s Task Force Report on Black and Minority Health*.
4. List the racial and ethnic categories currently used by the U.S. government in statistical activities and program administration reporting.
5. State some limitations related to collecting racial and ethnic health data.
6. Discuss selected sociodemographic characteristics of minority groups in the United States.
7. List and describe the six priority areas of the Race and Health Initiative.
8. Explain the role socioeconomic status plays in health disparities among racial and ethnic minority groups.
9. Define cultural and linguistic competence and the importance of each related to minority community and public health.

Scenarios

Short scenarios are presented at the beginning of each chapter. The purpose of these scenarios is to bridge the gap between your students' personal experiences and ideas discussed within the chapter. The chapter content will enable your students to propose solutions to the community or public health problem posed in the scenario.

Scenario



Joan is 18 years old and a recent high school graduate. She lives in a small town of about 2,700 people. Most of the town's residents rely on a larger city nearby for shopping, recreation, and health care. Joan had dated Dave the past 2 years, but there was never any talk of marriage. Just before graduation she learned that she was pregnant. At Thanksgiving, just as she was completing her seventh month of pregnancy, she went into premature labor. An ambulance rushed her to the emergency room of the hospital in the nearby city for what became the premature birth of her baby. While Joan was in recovery, doctors determined that her baby was not only premature, it also appeared to have other "developmental abnormalities." When asked whether she had received any prenatal care, Joan replied, "No, I couldn't afford it; besides, I didn't know where to go to get help."

Introduction

Each chapter begins with a brief introduction that informs the reader of the topics to be presented and explains how these topics relate to others in the book.

Introduction

Creating a health profile of Americans requires a clear understanding of the health-related problems and opportunities of all Americans. Elsewhere in the text we discussed the role of descriptive epidemiology in understanding the health of populations. In describing the personal characteristics of a population, age is the first and perhaps the most important population characteristic to consider when describing the occurrence of disease, injury, and/or death in a population. Because health and age are related, community and public health professionals look at rates for specific age groups when comparing the amount of disease between populations. When they analyze data by age, they use groups that are narrow enough to detect any age-related patterns, which may be present as a result of either the natural life cycle or behavioral patterns. Viewing age-group profiles in this manner enables community and public health workers to identify risk factors for specific age groups within the population and to develop interventions aimed at reducing these risk factors. Health promotion and disease prevention programs that are successful in reducing exposure to such risk factors within specific age groups can improve the health status of the entire population.

Marginal Definitions

Understanding the key terms helps drive stronger comprehension of the core knowledge and competencies contained within the chapter. These terms are presented in **boldface** type in the text and defined in the margin. Before reading each chapter, we suggest that students review the chapter's key terms in preparation for encountering them in the text. The boldfaced terms also appear in the glossary at the end of the book.

Fetal alcohol syndrome (FAS) a group of abnormalities that may include growth retardation, abnormal appearance of face and head, and deficits of central nervous system function, including mental retardation, in babies born to mothers who have consumed heavy amounts of alcohol during their pregnancies

Chapter Summary

At the end of each chapter are several bulleted points that review the major concepts contained in each chapter. These provide a great way to review knowledge and comprehension of the material.

Chapter Summary

- Adolescence and young adulthood (10–24 years old) and adulthood (25–64 years old) are the most productive periods of people's lives. Although most people enjoy good health during these years, there is substantial room for improvement.
- The overall health status of these age groups could be improved by reducing the prevalence of high-risk behaviors (e.g., cigarette smoking, excessive alcohol consumption, and physical inactivity), increasing participation in health screenings, institutionalizing preventive health care, and making environments more health-enhancing in our society.
- Approximately 75% of adolescent and young adult mortality can be attributed to motor vehicle crashes, other unintentional injuries, homicide and legal intervention, and suicide.
- Adolescents and young adults remain at considerable risk for STD morbidity.
- College students are at considerable risk for STDs due to unprotected sexual activity and the use of alcohol and other drugs.
- Mortality rates for older adults (45–64 years old) have declined in recent years, but cancer is still the overall leading cause of death, followed by cardiovascular disease.
- Reductions in deaths from cardiovascular diseases in adults have been substantial, but health problems resulting from unhealthy behaviors—such as smoking, poor diet, and physical inactivity—can be reduced further if environments are created to help support healthy behaviors (e.g., increased access to fruits and vegetables, the creation of more walkable communities, etc.)
- No matter how the health of adolescents and young adults and adults in the United States is broken down and described, it can be summarized by saying that the health of Americans in these age groups has come a long way in the past 50 years, but there is still room for improvement.

Scenario: Analysis and Response

Following the chapter summary, students are provided with an opportunity to respond to the scenario presented earlier in the chapter. The content presented in the chapter will help the students to formulate their responses or solutions.

Scenario: Analysis and Response

1. What are the primary reasons that Annie stated Dayna might have developed diabetes?
2. Comment on the attitudes of Annie and Connor about Dayna's recent diabetes diagnosis. Do you agree with Connor that the only way for Dayna to be healthy is to move away from the neighborhood where she lives? Why or why not?
3. If you were a community health worker in this urban community that has limited places where residents can purchase healthy food and safely exercise outside, what could you do to help adolescents like Dayna?
4. Do high schools have an obligation to develop prevention programs, including offering physical activity opportunities at school, to keep students healthy? Why or why not?
5. Say you were friends with Annie. She got so concerned with Dayna's health problem that she wanted to take action, especially to figure out how to help the local corner store that Dayna visits every day offer healthy foods for her. She thought that maybe she would do an online search to see if there are any corner stores that offer healthy foods and how they do it. You told her that you would help her see if there is anything on the Internet. Go online and use a search engine (e.g., Google, Bing) and enter "healthy corner stores." What did you find that might be of help to Annie?

Review Questions

Review questions at the end of each chapter provide students with feedback regarding their mastery of the chapter's content. The questions reinforce the chapter objectives and key terms.

Review Questions

1. Why is it important for community and public health workers to be aware of the significant health problems of the various age groups in the United States?
2. What ages are included in the following two age groups: adolescents and young adults and adults? What are the ages of the two subgroups of adults?
3. Why are the number of adolescents and young adults, living arrangements, and employment status such key demographic characteristics of young people in regard to community health? Briefly summarize the data available on these characteristics.
4. What are the leading causes of death for adolescents and young adults, and for adults?
5. What are the Youth Risk Behavior Surveillance System (YRBSS) and the Behavioral Risk Factor Surveillance System (BRFSS), and what type of data do they generate?
6. What are the behaviors that put each of these cohorts—adolescents, college students, and adults—at greatest risk, and how does a person's environment impact these behaviors?
7. How would you summarize the health profile of the two cohorts (adolescents and young adults and adults) presented in this chapter?

Activities

The activities at the end of each chapter provide an opportunity for students to apply new knowledge in a meaningful way. The activities, which are presented in a variety of formats, should appeal to the varying learning styles of students.

Activities

1. Obtain a copy of the most recent results of the Youth Risk Behavior Surveillance System (YRBSS) and the Behavioral Risk Factor Surveillance System (BRFSS) for your state. Review the data presented, and then prepare a two-page summary on the "Health Behavior Profile of the Adolescents, Young Adults, and Adults" of your state.
2. Obtain data presenting the 10 leading causes of death according to age and race for the age groups presented in this chapter. Review the data, and prepare a summary paper discussing conclusions that can be drawn about race, the leading causes of death, and age.
3. Interview a small group (about 10) of adults (aged 45–64) about their present health status. Ask them questions about their health behavior and health problems. Then, summarize the data you collect in writing and compare it to the information in this chapter on this age group. How are the data similar? How do they differ?
4. Pick either adolescents and young adults or adults, and write a two-page paper that presents ideas on how the health profile of that age group can be improved in your state.

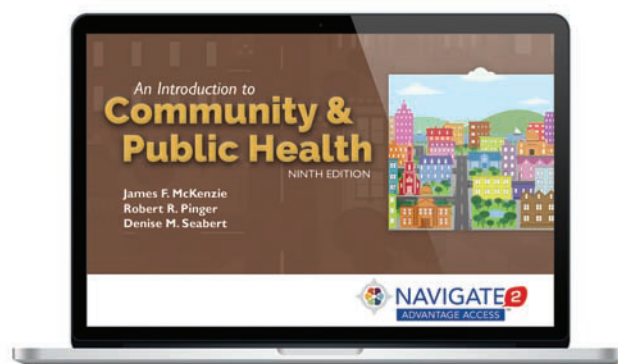
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- Instructor's Manual

Navigate also provides a dashboard that reports actionable assessment data.



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