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## CHAPTER 1

# What Is Public Health and Public Health Nursing?

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*...while the district nurse is laboring with the individual, she should also contribute her knowledge towards the study of the large general conditions of which her poor patient may be victim. Many of these conditions seem hopelessly bad, but many are capable of prevention and cure when the public shall be stimulated to a realization of the wrong to the individual as well as to the society in general if such are to persist. Therefore, her knowledge of the laws that have been enacted to prevent and cure, and her intelligence in recording and reporting the general as well as the individual conditions that make for degradation and social iniquity are but an advance from her readiness to instruct and correct personal and family hygiene to giving attention to home sanitation and then to city sanitation, an advance from the individual to the collective interest (Wald, 1907, p. 3).*

### LEARNING OBJECTIVES

At the completion of this chapter, the reader will be able to

- Define the meaning of public health and public health nursing.
- Describe what is meant by the terms *care of the public* and *population-based care*.
- Describe national health initiatives.
- Examine the 10 essential public health services in relation to the core functions of public health practice.
- Examine the role of the public health nurse within the larger context of public health.

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## KEY TERMS

- ☐ Assure
  - ☐ Ensure
  - ☐ Core functions of public health
  - ☐ Essentials of public health
  - ☐ Health promotion
  - ☐ National health initiatives
  - ☐ Maintaining health
  - ☐ Preventing disease
  - ☐ Public health
  - ☐ Public health nursing
  - ☐ Risk reduction
- 

It never fails. Sit around a table discussing the health of the public or population-based care, and one frequently receives blank stares. What is **public health**? What does it mean when one speaks about the health of the public or population-based care? What is the role of the public health nurse within this larger framework? Who pays for public health? These questions need to be answered for those in practice, and this chapter provides answers to these questions, thus enhancing practitioners' working knowledge of the scientific discipline known as public health. Creating a professional nursing workforce that demonstrates a vigorous practice of integrating culturally congruent nursing actions based on evidence and recognizing the funding streams lay the groundwork for a strong public health infrastructure that will ultimately enhance and sustain the public's health.

### Public Health Defined

To fully understand the concept of public health, it is important to review the definitions put forth over time by those in practice. This exercise will assist the reader in knowing and understanding the important characteristics and features of this discipline.

"Public health work is as old as history," wrote J. Howard Beard in 1922. Beard's article, published in *The Scientific Monthly*, charts the early progress of public health starting with the early Egyptians, who filtered mud from the Nile River to create a

safer water source for citizens. Throughout history, the health of the public has been a concern for local and national governments and all members of society. The public health movement in the United States originated in Boston, Massachusetts, in the mid-1800s when Lemuel Shattuck's noted reports on the healthcare needs of the community became the "blueprint for American health organization" (Beard, 1922; Scheele, 1949, p. 293). A noted public health leader in the early 20th century, C. E. Winslow (1920), defined public health as follows:

*[T]he science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health. (p. 30)*

The definition of public health has changed over time.

In 1988, the Institute of Medicine (IOM) defined public health as "what we, as a society, do collectively to assure the conditions in which people can be healthy" (IOM, 1988, p. 1). Society collectively works together to provide services generally to a population to prevent disease and maintain health (Buttery, 1992). The Association of Schools and Programs of Public Health

(2016) website identifies that public health “protects and improves the health of individuals, families, communities, and populations, locally and globally” (para. 1). In 2003, the IOM published *The Future of the Public’s Health in the 21st Century*. This report was comprehensive in nature and spoke to partnerships; intersectoral collaboration; the strengthening of the public health infrastructure, including the building of our nation’s public health workforce; and an enhanced understanding of what we mean when we speak of community and population, along with an awareness of the shifting of our demographics represented by the aging of the population. Another IOM report, titled *For the Public’s Health: The Role of Measurement in Action and Accountability* (2010), looked at the critical importance of measurements in summarizing the impact that the health system has on the population, thus emphasizing the importance of outcomes. More recently, the IOM (2012) report *For the Public’s Health Investigating in a Healthier Future* challenges the nation to establish a “minimum package of public health services” through the delivery of basic public health programs that are flexible, coordinated, and seamless for populations where they live, work, and play. Although brief, this information serves as a template to remind us of the progressive steps we have taken over the decades.

## Populations

When one considers the preceding definitions of public health, one comes to understand that the discussion of health moves beyond the health of the individual, family, and community to the health of the population. For example, Hurricane Katrina hit the U.S. Gulf Coast, with particular destruction in Louisiana, on August 29, 2005. In the weeks that followed, healthcare professionals cared for individuals and their family members who were evacuees without shelter and who had suffered from physical and emotional distress. Brodie, Weltzien, Altman, Blendon, and Benson (2006) surveyed the experiences of the Hurricane Katrina evacuees. Their results provide valuable information for public health professionals, “highlighting challenges of effectively evacuating

cities’ most at-risk residents during a disaster and providing for long-term health needs of vulnerable populations in the aftermath” (p. 1407). The outcomes of this research also provided important guidelines for public health officials as they planned for future evacuations when disasters hit and discussed how to ensure the protection of the public during this evacuation. More recently, the high levels of lead discovered in the drinking water of Flint, Michigan, showed how the health of individuals, families, the entire population, and indeed the community were placed at risk (Kennedy, 2016). This occurred when Flint’s water source was changed from treated Detroit water to the untreated Flint River in 2014 without due diligence as to the safety of that water. Lead from the new source seeped into the water supply, as the pipes corroded as a result of this change, placing those who drank the water, especially those most vulnerable, at risk for elevated lead levels and related health problems, so much so that President Obama called for a natural state of emergency as a result of the widespread public health issue to all concerned that emerged (Kennedy, 2016). This public health issue demonstrates the link between public health, policy, advocacy, and the media.

The concept of caring for populations can be difficult to understand and perhaps serves as a barrier to the way nurses or other healthcare workers are educated and approach care. The noted 20th-century nursing leader Virginia Henderson, when questioned on how one may care for an aggregate or population, said, “I think it impossible to nurse an aggregate effectively until you have effectively nursed individuals and acquired considerable judgment as to what helps clients or patients prevent disease, cope with it, or die with dignity when death is inevitable” (Abrams, 2007, p. 384). The question, what and who is a population, has been raised many times in hopes of understanding what a population means and what it means to care for a population. Definitions of *populations* illustrate characteristics and features specific to the particular population. Examples of these population characteristics or features are further delineated by

Warner and Lightfoot (2014) as age, gender, risk factors, disease, time, and place of employment. The American Nurses Association (2013) expands on the definition of population as those “living in a specific geographic area (e.g., town, city, state, region, nation, multinational region)” (p. 3). An example may include the nurse working with individuals diagnosed with tuberculosis living in a particular state, or a nurse working with those incarcerated in a county prison system. These nurses work with the entire population and continually assess the health and wellness of the entire population within the specific environment that care is being rendered.

Henderson’s concern about nursing populations versus nursing individuals may stem from her concern about the division in health care that separates the care of populations from the care of individuals. Henderson asked, “Should we have one category of health workers treating disease and another preventing it? Or should we all be trying primarily to prevent disease, and, even while treating it, to be helping the victim to prevent a recurrence?” (Abrams, 2007, p. 384). Henderson’s words challenge nurses to give careful consideration to what is involved in practice in terms of the process and the strategies that must be implemented for positive health outcomes whether they are working with individuals, families, communities, or populations. These processes and strategies include health promotion and protection, risk factor identification, early detection and treatment, as well as restorative care. The important point to remember is that at whatever health point the individual, family, community, or population is at health promotion care is always essential care. **Table 1-1** gives examples of how the implementation of the specific public health intervention or education may vary depending on whether the focus is on individuals, families, populations, or communities.

## Prevention

*Preventing disease and maintaining health* are important strategies for public health along with emphasis on *health promotion* and *risk reduction*. To understand these concepts fully, public health nurses can turn to

the historic work of Leavell and Clark (1965), who note, “The ultimate objectives of all medical, dental, and public health practice, whether carried out in the office, the clinic, the laboratory, or the community-at-large, are the promotion of health, the prevention of disease, and the prolongation of life” (p. 14).

According to Leavell and Clark’s (1965) seminal work, there are three levels of prevention. The first level, *primary prevention*, includes interventions designed to promote health via health promotion strategies to specifically protect the individual and the population from disease “by providing immunizations and reducing exposure to occupational hazards, carcinogens, and other environmental health risks” (Greiner & Edelman, 2006, p. 17). These interventions take place before the presence of disease and disability, in the period known as the *prepathogenesis period*. The second level of prevention, which occurs in the period of pathogenesis, takes place once disease is present. Interventions include screening activities and early treatment to prevent the consequences of advanced disease, such as disabilities. Finally, the third level of prevention includes rehabilitation intervention strategies. “This is more than stopping a disease process; it is also the prevention of complete disability. . . . Its positive objective is to return the affected individual to a useful place in society and make maximum use of his remaining capacities” (Leavell & Clark, 1965, p. 26).

Today, public health nursing activities in primary, secondary, and tertiary prevention have evolved and take into consideration the idea that health is not linear. In fact, if a person requires tertiary rehabilitative services, health promotion strategies are still important. The question raised by Henderson speaks to this nonlinear approach and encourages public health nurses to think about providing care for disease while simultaneously promoting health.

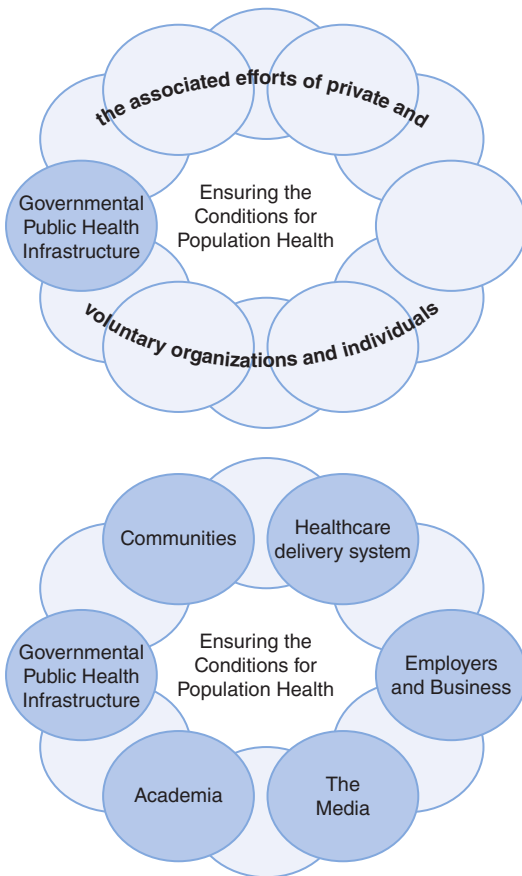
## Interprofessional and Intersectorial Work

The definitions of public health thus far given demonstrate the collective nature of public health and the need for multiple disciplines to work together

**Table 1-1 Examples of the Educational Interventions for Individuals, Families, Populations, and Communities**

	Individual	Family	Population	Community
	Refers to the individual, who may be part of a family, a population, and live in a community.	Refers to a family system, which may be defined as any or all individuals who live in what they consider a family system.	Refers to a defined number of people.	Refers to individuals, families, populations, and organizations (for-profit and not-for-profit) that may or may not share the same ideas, values, beliefs, and/or physical location, and may or may not intervene and network with each other.
Lyme disease prevention and early detection programs	Target the client (e.g., young adult gardeners) and provide education about Lyme disease, its cause, and methods of prevention, such as pulling socks over pants and wearing repellent. This education can be provided in a pamphlet and placed in areas where individuals may pick it up and read it, such as pharmacies and gardening supply stores.	Target families and provide education for caretakers of children about the cause of Lyme disease and methods of prevention. This information may be developed and delivered in magazines available in primary care practitioner offices or at organizations such as Boys and Girls Clubs of America.	Targeted population education about Lyme disease. This information may be developed and delivered on signs in high risk areas (such as hiking trails) or in special service announcements on the radio or via the use of technology and social media.	A healthy community ensures that a hiking trail in their geographical area is clear of brush and that appropriate signs are posted warning of high-risk areas. A healthy community will also ensure that funding is available to sustain these endeavors.
Child car seat prevention programs	Target the child, using developmentally appropriate play strategies that illustrate use of child car seats and booster seats.	Target caretakers (e.g., parents, grandparents, day care workers), educating them about the importance of using child car seats, with pamphlets and videos in preschools.	Targeted population education through the use of billboards or other forms of or message delivery via technology highlighting the importance of appropriate use of child car seats.	A healthy community will have strong organizations that provide programs to support use of child car seats. For example: a local hospital may stage a drive-through child car seat safety check; a fire department may install safety car seats for newborns.



**Figure 1-1** The intersectoral public health system.

Reprinted with permission from *The Future of the Public's Health in the 21st Century*. (2003). by the *National Academy of Sciences*, Courtesy of the National Academies Press, Washington, DC.

in ensuring the health of the public. **Figure 1-1** is a visual depiction of this.

The IOM speaks to this collective endeavor as a process that must involve multiple individuals from various disciplines and multiple organizations. "The concept of a public health system describes a complex network of individuals and organizations that have the potential to play critical roles in creating the conditions for health. They can act for health individually, but when they work together toward a health goal,

they act as a system—a public health system" (2003, p. 28). The IOM further describes participants as actors in the public health system. Actors include the governmental public health infrastructure, such as local and state departments of health; the healthcare delivery system; academia; and communities. In turn, communities may include schools, religious organizations, and other not-for-profit organizations, just to name a few. Businesses and corporations are considered important actors because they too play a role in influencing population health with regard to the working conditions and healthcare-recognized primary health care as a major strategy for achieving health for all. Those involved in the media are important actors in the public healthcare system. Consider the impact that the media can have with its ability to reach populations through the various media streams. Furthermore, the layperson in the community also has a role in the intersectoral public health system as an essential active participant and collaborator. Ultimately, public health system actors, with their integrative and participatory roles, serve as a reminder of the historic Declaration of Alma-Ata International Conference (1978) that recognized primary health care as a major strategy for achieving health for all. At this historic international conference, participants expressed a need for all governments and other international organizations to engage in actions that would ensure the implementation of primary health care around the world. The Declaration of Alma-Ata International Conference (1978) described and explained primary health care as follows:

*[R]equires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation, and control of primary health care, making fullest use of local, national, and other available resources; and to this end develops through appropriate education the ability of communities to participate. (para. 12)*

Public health fits within a primary healthcare philosophical paradigm, whereby elements of population-based care, community orientation,

social justice, shared decision-making, collaboration, and access to and equity of healthcare services for all exists (Truglio-Londrigan & Lewenson, 2017).

### Assure and Ensure the Public's Health

Public health providers **assure** the health and well-being for individuals, families, communities, and populations by **ensuring** and guaranteeing the achievement of health through the development of specific policy and laws. Working together as actors is important, but the ability to assure and ensure the health of the public is critical. How does one assure and ensure the health of the public? The involvement of the government, as an actor in the intersectorial public health system, is important in this regard. The IOM (2003) speaks to this very issue:

*In the United States, the government's responsibility for the health of its citizens stems, in part, from the nature of democracy itself. Health officials are either directly elected or appointed by democratically elected officials. To the extent, therefore, that citizens place a high priority on health, these elected officials are held accountable to ensure that the government is able to monitor the population's health and intervene when necessary through laws, policies, regulations, and expenditure of the resources necessary for the health and safety of the public. (p. 101)*

The public cannot be healthy without strong governmental support to assure and ensure the protection of its citizens, access to health care and essential health services, and the ongoing maintenance and expansion of a strong infrastructure. The government does not do this on its own but plays a role as a broker of services by negotiating appropriate collaborations between and among those actors in intersectorial work (World Health Organization [WHO], 2008). Late-19th and early-20th-century public health nursing leaders—such as Lillian Wald and Mary Brewster, who began the Henry Street Settlement in the Lower East Side of New York City—recognized the need to garner government support for their efforts to improve the health of the immigrant population that flooded the streets

of New York during this period. As they visited the homes of the families in the community, Wald and Brewster's public health nurses wore official badges showing endorsement by the New York Board of Health (Buhler-Wilkerson, 2001). Wald, along with the other public health nurses, continued to advocate for playgrounds for children in the community, school nurses in the public schools, and votes for women as a means of ensuring the public's health (Lewenson, 2007). Suffragist and public health nurse Lavinia Dock equated the ability to vote with the ability to improve health. In an early issue of the *American Journal of Nursing*, Dock (1908) asks nurses to consider the value of the women's vote, saying, "[T]ake the present question of the underfed school children in New York. How many of them will have tuberculosis? If mothers and nurses had votes, there might be school lunches for all those children" (p. 926).

### Service

Finally, the definitions of public health mention the types of services to be provided—for example, the importance of education as a service. Providing services to a population can be approached in many ways. This text, for example, features the application of the Minnesota Department of Health population-based public health nursing practice intervention wheel model. This model contains 17 intervention strategies or services that are population-based and can be applied to different levels or focused areas of practice, including individuals, families, communities, and systems. Presently this model is referred to as the intervention wheel or simply the wheel (Keller & Strohschein, 2016).

The definitions of public health presented in this chapter highlight certain key characteristics and features. **Box 1-1** presents an overview of these key characteristics and features that are further explained in later chapters.

## Public Health Nursing

Public health nurses play a central role in supporting the health of the public. Chapter 2 is dedicated to the history of public health nursing, showing the



### Box 1-1 Overview of Key Characteristics and Features of Public Health

Population-based  
Health Promotion and Preventing Disease  
Maintaining Health  
Inteprofessional and Intersectorial Work  
Assure and Ensure  
Population-focused Services

development of this role over time. *Public health nursing*, a term first coined in the late 19th century by nursing leader Lillian Wald (Buhler-Wilkerson, 1993), included the roles of health visitor, health teacher, social worker, and even health inspector (Crandall, 1922, p. 645). Crandall wrote that these roles evolved based on the rich foundation of nursing (Crandall, 1922). This strong nursing background continues today as public health nursing serves the health of the public.

In a statement originally published in 1996, the American Public Health Association, Public Health Nursing Section (2013) defined public health nursing as:

*...the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention and attending to multiple determinants of health. ...this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. (para. 2)*

The Missouri Department of Health and Senior Services (2006) developed a public health nursing manual where public health nursing is defined as “the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (p. 8). The manual further describes public health nursing practice as being a systematic process that includes an assessment of the population, families, and individuals; the development of a plan with the

defined community along with an implementation of that plan; the evaluation of that plan to determine its effectiveness and the impact on the population; and finally, based on the outcomes, the development of local and national policy to assure and ensure the health of the population is ensured. More recently, the American Nurses Association (2013) defined public health nursing as a practice that “focuses on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness; prevent disease, disability, and premature death; and improve neighborhood quality of life” (p. 2).

What the reader may glean from this is that public health nursing by definition mirrors the general definitions of public health, with an emphasis on the systematic process that nurses use to do their work. This process is the nursing process. Therefore, throughout this text, the reader will note that the nursing process is the guiding framework for assessing the population, diagnosing the needs of the population, planning interventions based in evidence using the intervention wheel, implementing those strategies, and ultimately evaluating outcomes of the population. The preceding definitions of public health nursing also stipulate how results of the process are used to influence and direct the current healthcare delivery system, therefore making assurances to the public when results and outcomes are positive that these outcomes will be sustained over time. The readers of this text will find it useful to access *The Public Health Nursing: Scope and Standards of Practice* (American Nurses Association, 2013). This document serves as a detailed outline of the role and expectations of the public health nurse. This document is also helpful in that it serves as a guide and offers direction for the public health nurse’s professional and noble practice.

## Public Health Now

For centuries, diseases such as the Black Death, leprosy, smallpox, tuberculosis, and influenza terrorized the population with extraordinary death tolls. Similarly, for centuries it was assumed that nothing could be

done about these little-understood outbreaks because they were a message from the supernatural that was, in some way, dissatisfied with humans. Since these earlier times, the scientific discipline of public health has made remarkable strides, noted by the decrease in communicable diseases along with the marked improvements in sanitation efforts (Beard, 1922).

In recent years, communicable and infectious diseases such as the Ebola virus have experienced a resurgence, along with a renewed cry to strengthen the public health infrastructure in the United States. Problems such as chronic illnesses; obesity; a health-care system in which the cost of care is still out of control despite attempts at curbing costs, coupled with populations who continue to experience limited access to available care; health disparities; the stripping of the environment; rising mental health issues; and violence of all types clearly inform public health professionals of the need for a call to action.

### Ten Essential Public Health Services

Historically, public health professionals have responded to the call to action by making changes and progress in meeting the needs of the public. One outcome was the development of the 10 essential public health services by the Public Health Functions Steering Committee (U.S. Department of Health and Human Services [DHHS] Public Health Service, 1994). This steering committee included representatives from U.S. Public Health Service agencies and other major public health organizations. Over the years, minor revisions have led us to the more recent 10 **essentials of public health** that provide a guiding framework for the responsibilities of local public health systems and the foundation for strategy-building toward a healthy, integrated public health system capable of ensuring the health of the public. **Box 1-2** presents these 10 essential public health services, which include the key characteristics and features noted in the previous definitions of public health.

### Three Core Functions

Each of these 10 essential services falls under one of the three core functions of public health:

#### Box 1-2 The Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Reproduced from U.S. Department of Health and Human Services. Public Health Service. (1994a). The public health workforce: An agenda for the 21st century. A report of the Public Health Functions Project. Retrieved from <http://www.health.gov/phfunctions/pubhlth.pdf>; Centers for Disease Control and Prevention. (2014). The public health system and the 10 essential public health services. Retrieved from <http://www.cdc.gov/nphsp/essentialservices.html>

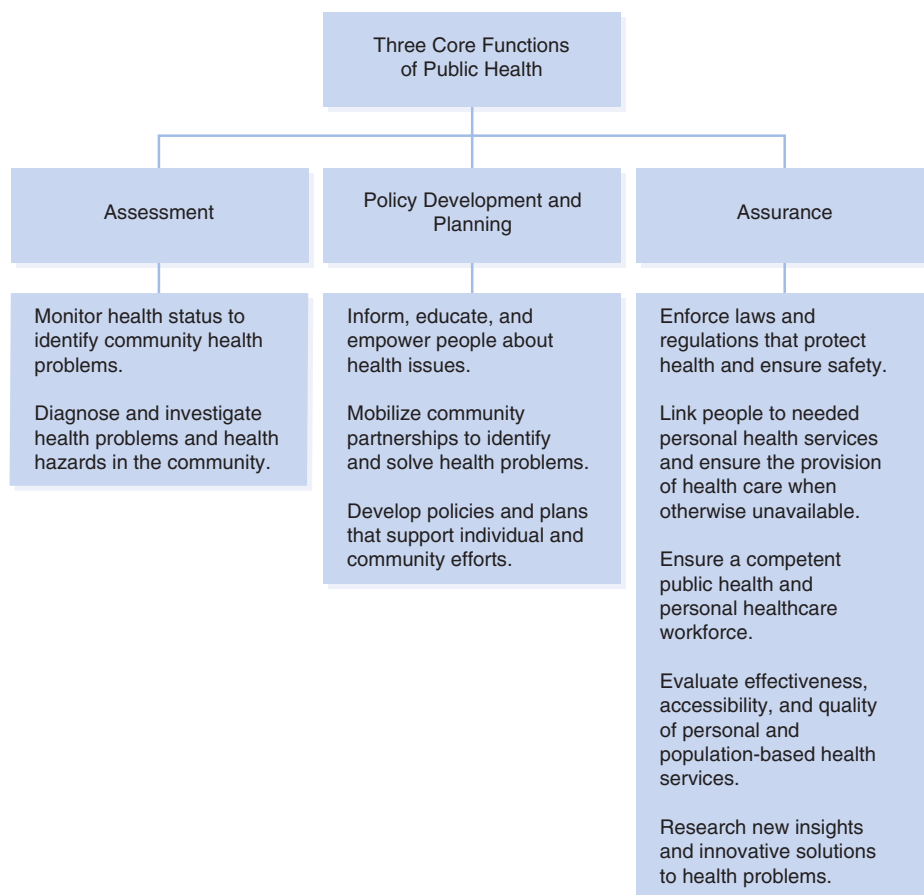
assessment, policy development, and assurance (Center for Disease Control and Prevention [CDC], 2015; IOM, 1988). To assess the health of the population for early identification of health problems and/or other potential problems, a public health agency must collect and analyze data systematically. The policy development function means that public health agencies serve the public by developing public health policies, based on evidence, for the correction of issues

or problems. Finally, assurance requires that public health agencies provide services directly or through other private or public agencies. In addition, assurance guarantees services for those unable to afford them. These three core functions guide the public health professional in the development, implementation, and evaluation of various public processes that assist in meeting the healthcare needs of the public (**Figure 1-2**).

## Healthy People 2020

The three core functions of public health and the 10 essential public health services provide the foundation for the health agenda for the nation, known as **Healthy People**. Healthy People 2020 is a continuation of previous initiatives that began in 1979 when the report *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* was

**Figure 1-2** Three core functions of public health.



Modified from Institute of Medicine. (1988). *The future of public health*. Washington, DC: National Academies Press; U.S. Department of Health and Human Services. (1994b). *The public health workforce: An agenda for the 21st century*. Washington, DC: US Government Printing Office; Centers for Disease Control and Prevention. (2015). *Core functions of public health and how they relate to the 10 essential services*. Retrieved from [http://www.cdc.gov/nceh/ehs/ephli/core\\_ess.htm](http://www.cdc.gov/nceh/ehs/ephli/core_ess.htm).

released, which provided national goals for reducing premature deaths and preserving independence for older adults. Healthy People 2020 “provides science-based, 10-year national objectives for improving the health of all Americans” (U.S. DHHS, 2010a, para. 1). It was unveiled on December 2, 2010, and represents the ongoing work of public health through the systematic use of overarching goals, topics, and objectives that facilitate action facilitated by a vision and mission.

## VISION AND MISSION

The vision and mission of the Healthy People initiative provides the direction in terms of where we wish to go as a nation regarding the health of our people and what we are going to do to get there. **Box 1-3** includes the vision and mission of Healthy People 2020. The vision statement is critical because it creates the point on the horizon to which all stakeholders set their sights in their combined efforts to achieve

public health. The mission of Healthy People 2020 is to identify how the vision is realized. It essentially guides the action of the stakeholders.

## OVERARCHING GOALS

The earlier Healthy People 2010 included two goals: (1) to increase the quality of years of healthy life and (2) to eliminate health disparities. The first goal also addressed life expectancy, defined as “the average number of years people born in a given year [were] expected to live based on a set of age-specific death rates” (U.S. DHHS, 2000, p. 8). This goal speaks to the need for not only extending life but also for improving the quality of those years lived. The second goal addressed the health disparities evident among various U.S. demographic groups, including groups based on “gender, race or ethnicity; education or income; disability; geographic location; or sexual orientation” (U.S. DHHS, 2000, p. 11). An awareness of the existence of these disparities and others are still evolving; however, its importance is seen in Healthy People 2020, as it is highlighted as one of the four foundational health measures (U.S. DHHS, 2010a, para. 6).

Today, Healthy People 2020 is presented as four overarching goals, presented in **Box 1-4**. The overarching goals were developed with a twofold purpose: to develop the objectives and to assist the stakeholders in their work to achieve the stated objectives. See Box 1-4 to view these overarching goals.

### Box 1-3 Healthy People 2020 Vision and Mission

**Vision:** A society in which all people live long, healthy lives.

**Mission:** Healthy People 2020 strives to:

- Identify nationwide health-improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

U.S. Department of Health and Human Services. (2010a). Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <http://www.healthypeople.gov/2020/about/default.aspx>

### Box 1-4 Healthy People 2020: Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages

U.S. Department of Health and Human Services. (2010a).

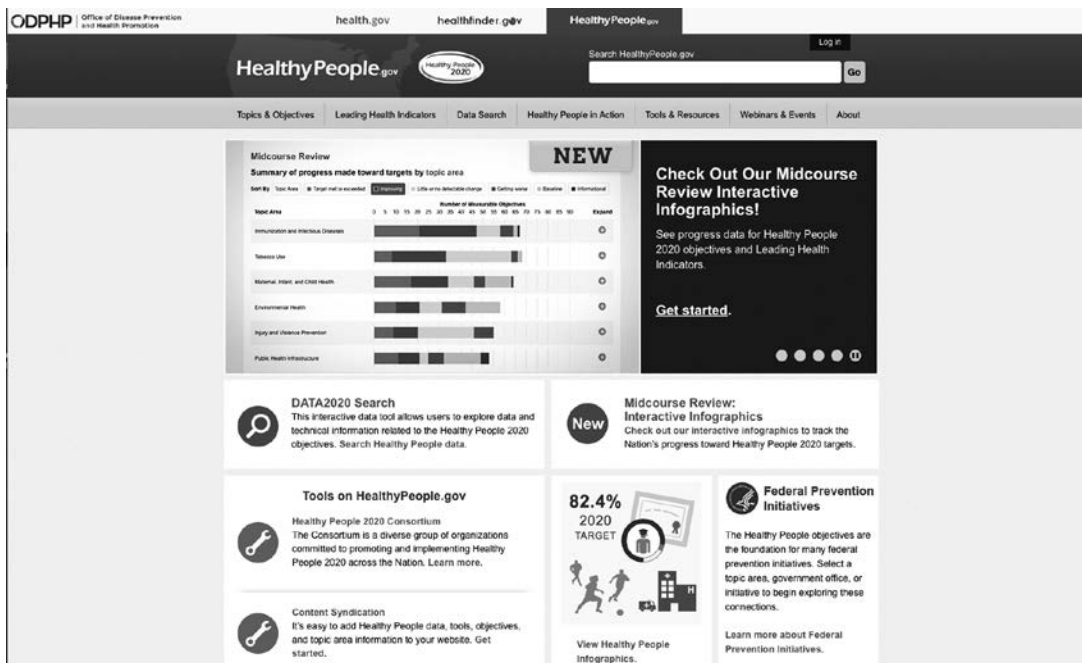
## TOPICS AND OBJECTIVES

Healthy People 2020 includes 46 topic areas, each with important information such as an overview, goals, objectives, interventions, and resources as well as national snapshots (U.S. DHHS, 2010b). Public health nurses can use Healthy People 2020 as a tool to create health initiatives to address public health concerns. Suppose a public health nurse conducts an assessment and identifies tobacco smoking as a major problem in the adolescent population they serve. An understanding of the population-based issue and the corresponding etiology is critical for public health nurses and their partners to develop initiatives to create a balanced healthcare system in which health parity rather than health disparity is the rule.

In this particular situation, the public health nurse will link into the Healthy People main web

page (see **Figure 1-3**) and then click into the Topic and Objective tab. The topic and objectives list in Healthy People 2020 is extensive, but a quick glance down the page will take the public health nurse to the topic area of Tobacco Use. Once the public health nurse clicks into the Tobacco Use topic area, they will see four tabs along the top of the screen: overview, objective, interventions and resources, and national snapshot (see **Figure 1-4**). Each of these separate tabs provides valuable information for the public health nurse and others involved in the collaborative effort to address tobacco use in the adolescent population. The overview tab provides specific information about the topic area, including why preventing tobacco use is important and a framework for ending tobacco use, as well as other important information (see Figure 1-4).

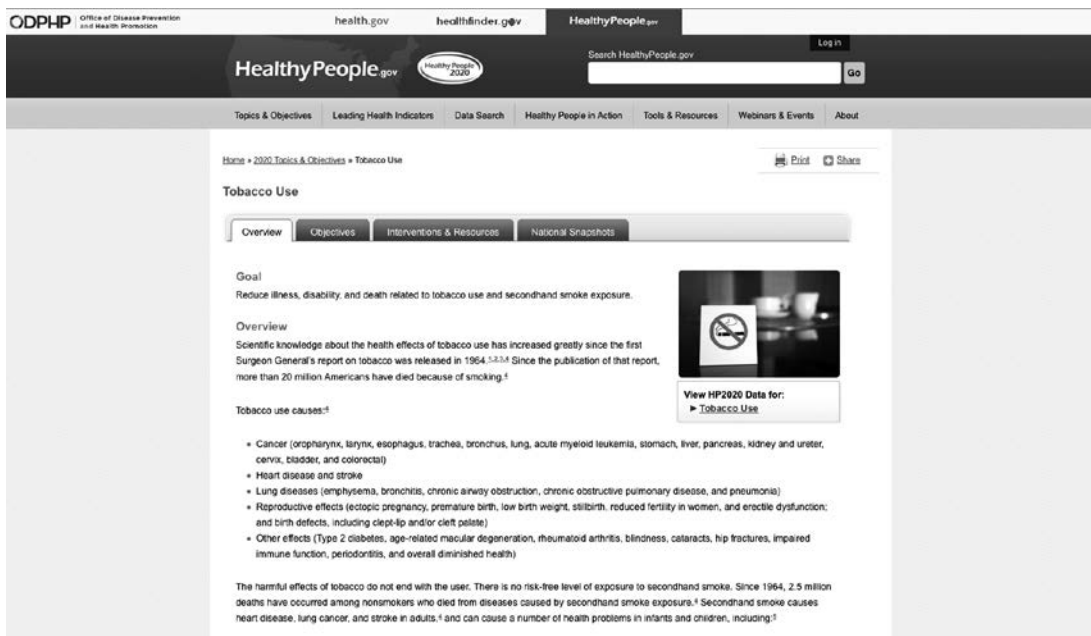
**Figure 1-3** Main page of Healthy People 2020.



U.S. Department of Health and Human Services. (2010c). Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <https://www.healthypeople.gov>



**Figure 1-4** Healthy People 2020 topics and objectives: Overview.



Reproduced from U.S. Department of Health and Human Services. (2010d), Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

The objective tab presents the 21 objectives (see **Figure 1-5**). Two of the objectives specifically address the adolescent population: Tobacco Use—Objective 2: Reduce tobacco use by adolescents, and Tobacco Use—Objective 3: Reduce the initiation of tobacco use among children, adolescents, and young adults. Each of these objectives contain subobjectives. As the public health nurse enters into each of these objectives, they will see baseline, target, target-setting method, data source, and other pertinent information. It is important for the reader to note that Healthy People 2020 is a living document and, as such, changes continually with new evidence, stakeholder interest, and participants.

Finally, the interventions and resources and the national snapshots tabs offer the public health nurse direct links to clinical recommendations for evidence-based community intervention strategies and consumer information (see **Figure 1-6** and **Figure 1-7**).

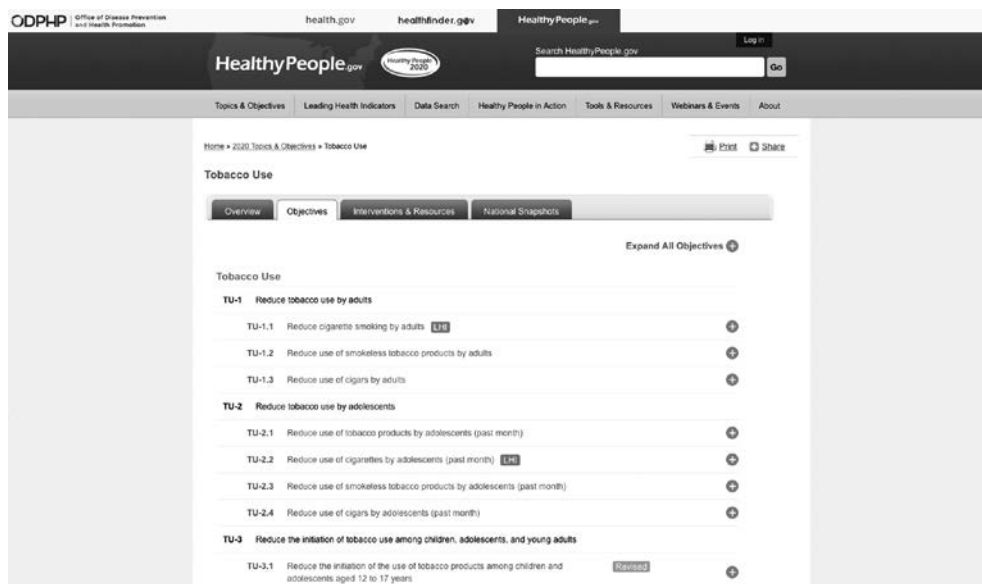
## FOUR FOUNDATIONAL HEALTH MEASURES

The final component of the Healthy People initiative is the Four Foundational Health Measures. These foundational measures include General Health Status, Health-Related Quality of Life and Well-Being, Determinants of Health, and Disparities. These foundational health measures are identified as way to measure what progress is being made toward the achievement of the overarching goals.

## HEALTHY PEOPLE MOVEMENT IN ACTION

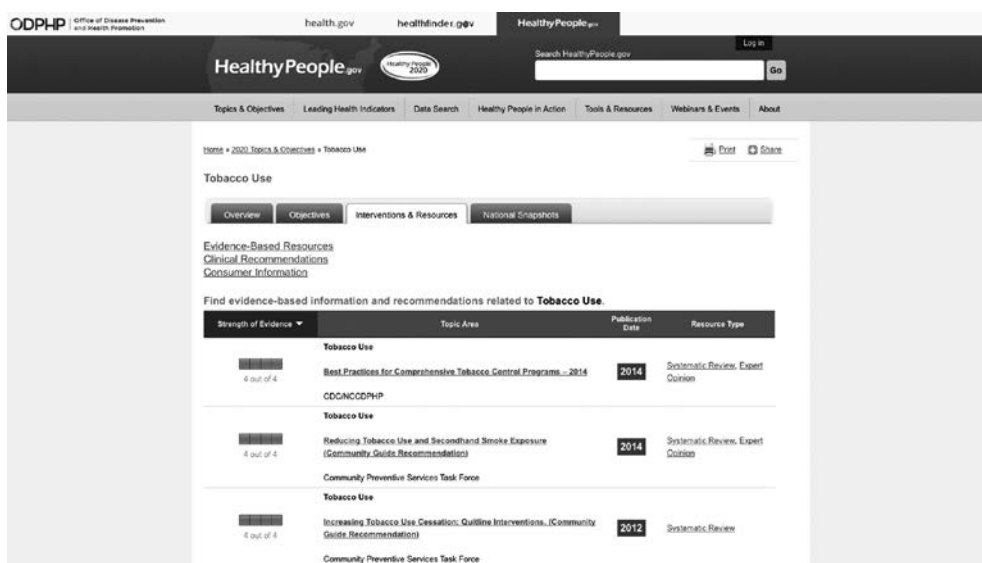
The Healthy People initiative serves as a guide for healthcare professionals and their partners as they decide collectively what types of health initiatives to engage in and how to implement and evaluate these initiatives. These partners are central to the success of the Healthy People 2020 agenda: “Addressing the challenge of health improvement is a shared responsibility

**Figure 1-5** Healthy People 2020 topics and objectives: Objective.

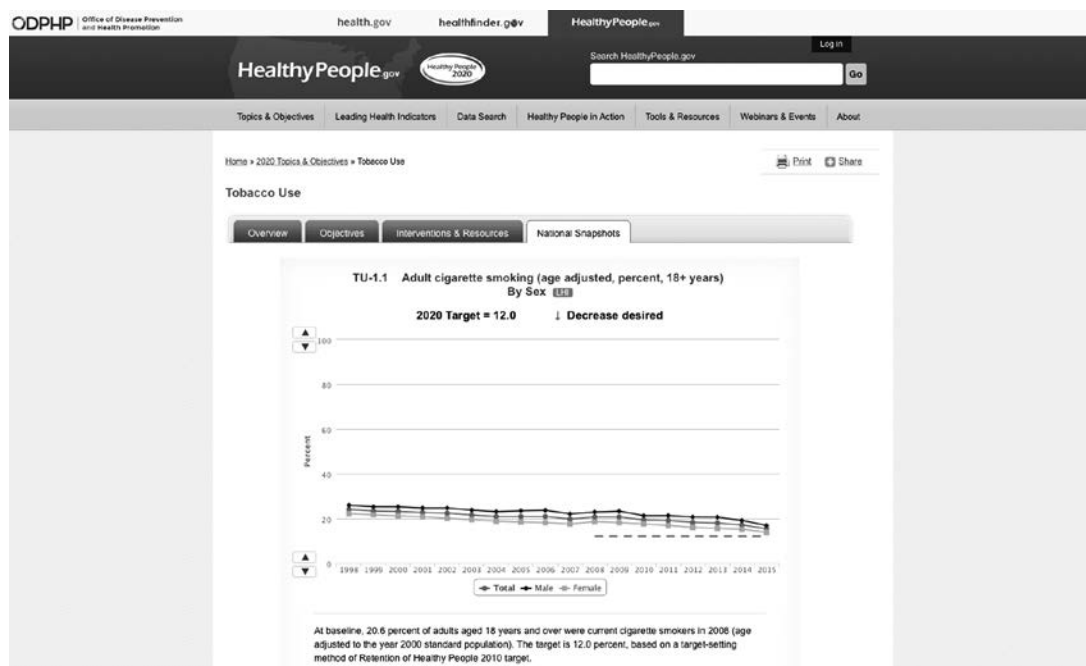


Reproduced from U.S. Department of Health and Human Services. (2010e). Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>

**Figure 1-6** Healthy People 2020 topics and objectives: Interventions and resources.



Reproduced from U.S. Department of Health and Human Services. (2010f). Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/ebrs>

**Figure 1-7** Healthy People 2020 topics and objectives: National Snapshots

Reproduced from U.S. Department of Health and Human Services. (2010g). Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/national-snapshot>

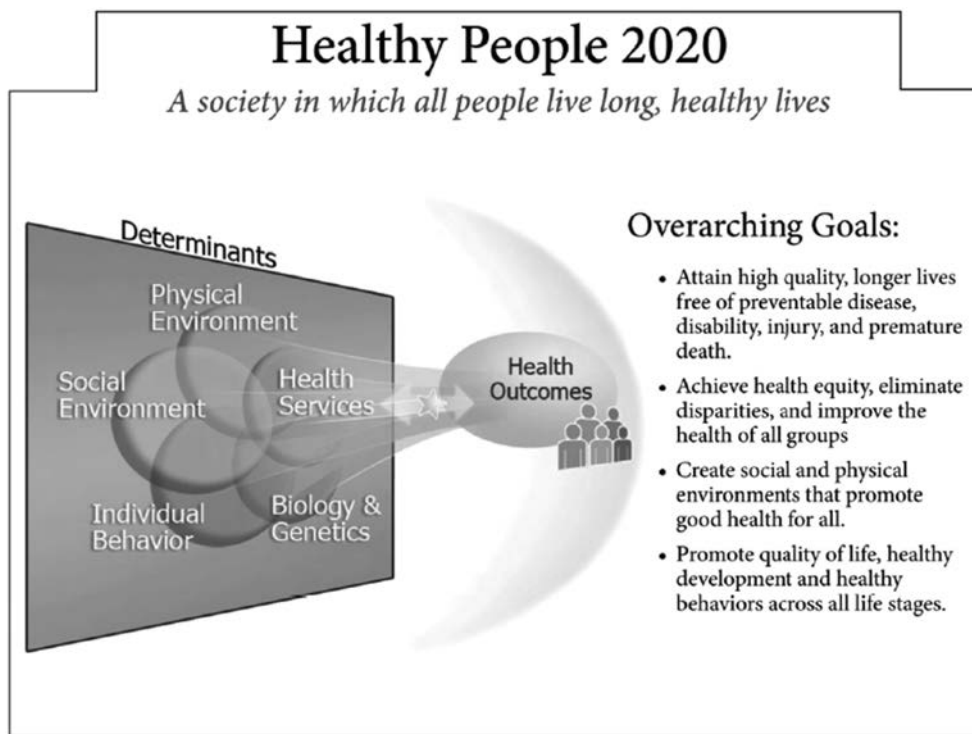
that requires the active participation and leadership of the federal government, states, local governments, policymakers, healthcare providers, professionals, business executives, educators, community leaders, and the American public itself” (U.S. DHHS, 2000, p. 4). This resonates with the need mentioned earlier for interprofessional and intersectoral collaborative work. Public health nurses are important actors in this collaborative work and have historically been present in public health initiatives.

The Healthy People 2020 website is interactive and a powerful tool for all stakeholders.

The graphic model, portrayed in Healthy People 2020, is shown in **Figure 1-8**. The graphic model portrays the determinants of health and includes physical environment, health services, social environment, individual behavior, biology, and genetics.

Although this model does not pictorially display policymaking as one of the concentric circles, policymaking is described as a determinant of health on the website (U.S. DHHS, 2010a). The authors of this text expanded the graphic model for Healthy People 2020, including this additional determinant of policymaking. They developed the visual depiction called the process model for Healthy People 2020 that readers can view on the inside front cover of this text.

The multiple components of the process model depict the entire Healthy People process, not just the determinants of health as outlined in the Healthy People graphic model. The outcome of this model is the promotion and improvement of the health of the general public as well as the potential for policy change to assure and ensure the sustainability of the specific change for health.

**Figure 1-8** Screenshot of the graphic model for Healthy People 2020.

U.S. Department of Health and Human Services. (2010h). Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <https://www.healthypeople.gov/2020/About-Healthy-People>

### Application to Communities

How do public health nurses apply and use Healthy People 2020 for a community of interest? Public health nurses and their partners can apply *Healthy People in Healthy Communities*. The U.S. DHHS (2001) presented this document in an attempt to enlist communities to apply the Healthy People initiatives to ensure a healthy population locally. A healthy community is defined as “one that embraces the belief that health is more than merely an absence of disease; a healthy community includes those elements that enable people to maintain a high quality of life and productivity” (U.S. DHHS, 2001, p. 1).

To become a healthy community and to implement Healthy People 2020, the public health nurse

and members of the community must work together using multiple strategies. One such strategy is to use MAP-IT, a mnemonic for mobilize, assess, plan, implement, and track (U.S. DHHS, 2001). MAP-IT is a broader application of the nursing process. In addition to assessment, diagnosis, planning, implementation, and evaluation, the MAP-IT process includes the critical step of mobilization, which sets the stage for coalition, collaboration, and shared decision-making to occur. The process model depicted on the inside front cover of this text also presents the MAP-IT process and demonstrates how it is aligned with the entire process model. The first step in MAP-IT is to mobilize. One way to mobilize a group is through partnering with others and developing a coalition.

Truglio-Londrigan (2015) notes, “This coming together to work together leads to the notion of making decisions together. Working together in groups, therefore, allows individuals or organizations to come together to work toward a goal and ultimately achieve their vision via shared decision-making” (p. 142). In this case, the vision is a healthier community.

The next step in the MAP-IT technique is to assess the community of interest. Chapter 3 contains detailed information on assessment of a community and population. There are a number of ways to assess a community, both quantitatively and qualitatively. What is important is that assessment is the collection of data to identify the priority needs of the community. Those who have been mobilized, including the community participants, must look at the data collected and identify whether the issues are in line with one or more of the topic areas listed in Healthy People 2020. If yes, the community members can then use Healthy People 2020 as a guide for the development of initiatives. If the issue is not identified as a topic area in Healthy People, the systematic process is still valuable for the achievement of positive health outcomes.

Once an issue is identified, the mobilized group moves on to the third step, the development of the plan. The plan takes into consideration resources such as funding, people, technology, methods of communication, and time. It is critical that those involved work with the topic areas and the objectives, with particular emphasis on the baseline, target, target-setting method, and data source for the identified topic area of need. Specific steps need to be developed, along with time frames and the clear identification of who is responsible for which portions of the plan. It is very important to include the community participants in the development of this plan, as being inclusive accounts for the various social, political, economic, and cultural factors that affect the plan. Successful plans are culturally congruent with the values, the beliefs, and the needs of the population and are based in evidence. Plan development uses the intervention strategies found on the intervention wheel.

Once the plan is identified, the next step in the MAP-IT technique is to implement the plan. Again, clear communication between and among all members

is important so that every member knows who is responsible for which activities. For this communication to be effective, one must remember, “There is no ‘power over’ in a coalition, only ‘power with.’ . . . This requires equal empowerment of all members of the coalition in order for the members to communicate and work together” (Truglio-Londrigan, 2015, pp. 152–153). The application of technology to reach populations is critical to consider in the implementation phase, and the technology applied must be appropriate for the population in question. Methods for tracking progress during the implementation process are also important to consider.

The final step in the MAP-IT technique is to track progress and evaluate movement toward the outcomes. What was the original baseline? Was the target reached? Sharing success is critical. If there is a need to improve, then all members of the group, including community members, must analyze what transpired. Were the initial data collected correctly? Was the plan accessible and appropriate? What changes need to be made? How will the new plan be implemented and evaluated? These are just some questions that should be asked. As mentioned, the MAP-IT strategy is presented in the Healthy People 2020 process model located on the inside front cover of this text. It is placed there to enhance clarity for users.

Public health nurses must become familiar with the Healthy People 2020 website, especially the Implementing Healthy People 2020 tab, which offers guidelines and resources for the MAP-IT process.

## Conclusion

This chapter serves as a guiding framework. It discusses public health and the nation’s agenda to achieve a society in which people live long and healthy lives (U.S. DHHS, 2010a). This framework demonstrates how to incorporate the public health nursing agenda into the nation’s agenda. Chapter 3 uses this guiding framework to design the Public Health Nursing Assessment Tool. Later chapters are based on the intervention wheel strategies, which serve as a template for action for the profession and are models by which public health nurses can guide their own practice.



## Additional Resources

**U. S. Department of Health and Human Services/Healthy People 2020 at:** <https://www.healthypeople.gov/>

**U. S. Department of Health and Human Services/Healthy People in Healthy Communities at:** <http://www.healthypeople.gov/2010/default.htm>

**Healthy Campus 2020 at:** <http://www.acha.org/healthycampus/>

**Center for Disease Control and Prevention About Healthy Places at:** <http://www.cdc.gov/healthyplaces/about.htm>

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