# Solution Manual for Population and Community Health Nursing 6th Edition Clark 0133859592 9780133859591 Link full download:

#### **Solution Manual:**

https://testbankpack.com/p/solution-manual-for-population-and-community-health-nursing-6th-edition-clark-0133859592-9780133859591/

#### **Test bank:**

https://testbankpack.com/p/test-bank-for-population-and-community-health-nursing-6th-edition-clark-0133859592-9780133859591/

### Chapter 2

# Population Health Nursing: Yesterday, Today, and Tomorrow

#### **Learning Outcomes**

#### After reading this chapter, you should be able to:

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

#### **I.Historical Roots**

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

#### **PowerPoint Slides**

Historical Roots

II.The Influence of Christianity

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

#### A. The Early Christian Church

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

1

Copyright © 2015 Pearson Education, Inc.

#### B. The Middle Ages (500–1500 A.D.)

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

#### III. Other Religious Influences

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

#### **PowerPoint Slides**

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

#### IV. The European Renaissance

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

#### **PowerPoint Slides**

• The European Renaissance

#### V.A New World

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

#### C. The Colonial Period

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

#### D. Early Public Health Efforts

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

#### **PowerPoint Slides**

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

#### VI. The Industrial Revolution

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

#### **PowerPoint Slides**

- The Industrial Revolution
- Table 2-1

#### VII. Nursing in War

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

c) Harriet Tubman

#### **PowerPoint Slides**

Nursing in War

#### VIII. District Nursing in England

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

#### **PowerPoint Slides**

District Nursing in England

#### IX. Visiting Nurses in America and the World

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

#### **PowerPoint Slides**

Visiting Nurses in America and the World

#### X.Nursing and the Settlement Houses

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

- b) Primary function of the visiting nurse was care of the sick in their homesc) Health education as a secondary focus

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

#### **PowerPoint Slides**

Nursing and the Settlement Houses

#### **XI.** Expanding the Focus on Prevention

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

#### **PowerPoint Slides**

• Expanding the Focus on Prevention

#### XII. Standardizing Practice

- The need to standardize population health nursing practice was recognized in both the United States and England
- 2. Early American attempts to standardize visiting nursing services included publications related to public health nursing and the development of a national logo by the Cleveland Visiting Nurse Association (VNA).

3. Chicago (1906) and Cleveland (1909) VNAs published newsletters titled *Visiting Nurse Quarterly* to aid attempts to standardize care

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

#### **PowerPoint Slides**

Standardizing Practice

#### **XIII. Educating Population Health Nurses**

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

#### **PowerPoint Slides**

• Educating Population Health Nurses

• Table 2-2

#### XIV. Federal Involvement in Health Care

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

#### **PowerPoint Slides**

Federal Involvement in Health Care

#### XV. The Latter Half of the 20th Century

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

- a) Identified the importance of biological, environmental, and lifestyle risks as determinants of health
- b) Recommended greater attention to the elimination of risks in each of these areas

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

#### **PowerPoint Slides**

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

#### XVI. The Present and Beyond

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

- d) Public Health Improvement Act of 2000e) Public health infrastructure in *Healthy People 2020*

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

#### **PowerPoint Slides**

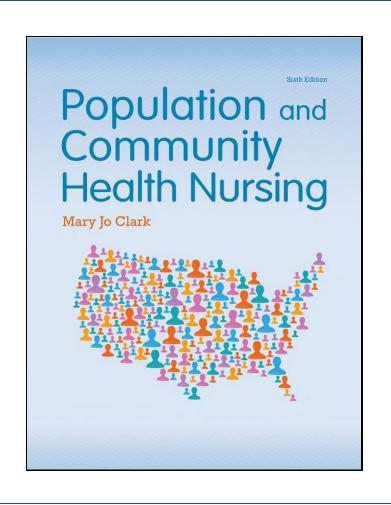
- The Present and Beyond
- Table 2-5

#### **Suggestions for Classroom Activities**

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

# Population and Community Health Nursing

SIXTH EDITION



# CHAPTER 2

Population Health Nursing: Yesterday, Today, and Tomorrow

### **Historical Roots**

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

### **Ancient Civilizations**

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

continued on next slide

### **Ancient Civilizations**

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

# Nursing Then

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

# The Influence of Christianity

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

# The Early Christian Church

 Emphasis on personal responsibility for the corporal and spiritual welfare of others continued on next slide

# The Early Christian Church

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

### The Middle Ages (500–1500 A.D.)

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

continued on next slide

# The Middle Ages (500–1500 A.D.)

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

### The European Renaissance

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

continued on next slide

### The European Renaissance

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

### A New World

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

### The Colonial Period

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

### Early Public Health Efforts

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

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

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

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

#### The Industrial Revolution

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

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

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

#### Nursing in War

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

### Nursing in War

#### Nursing in War

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

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

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

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

## Visiting Nurses in America and the World

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



## Visiting Nurses in America and the World

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

# Nursing and the Settlement Houses

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

#### Henry Street Settlement

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

#### Henry Street Settlement

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