Community Nursing

Public Health Nursing

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Community Nursing

Introduction

Until the later part of the nineteenth century, health care for members of a family was provided at home, usually by female members of the immediate family or neighbors. For those families with money, private nurses were obtained. Only those without family, finances or those without whose conditions were so severe or had progressed to a stage beyond the expertise of the family or local community. As medical knowledge and technology expanded and required treatment within institutions such as hospitals care transitioned from home to institutions.

With the increased medical knowledge, the medical system assumed responsibility for health care. As cures were discovered for acute illnesses, deaths decreased from communicable diseases. The public started to believe that most health problems could be “fixed” by physicians – either with a prescription for medicine to swiftly cure the problem or a physical intervention such as surgery or physical medicine. Hospitals were no longer thought of as ‘places one went to die.’ Physicians preferred to care for acute illness within an institution. Patients were expected to ‘visit’ physicians in the office. Home visits by physicians became rare. As the cost of care increased health insurance benefits – and costs - expanded to cover care for acute illness.

Public Health Nursing

William Rathbone and Florence Nightingale

The beginning of public health nursing is thought to be in mid-1800s in London, England. William Rathbone (1819 -1902) was a Liverpool England philanthropist whose wife became ill. Rathbone hired a nurse, Mrs. Robinson to care for her at home until her death. Rathbone was grateful for the “comfort which a good nurse had been to my wife.” Rathbone then engaged Mrs. Robinson for a period of three months, to go into one of the very poor districts in Liverpool to “relieve suffering and teach them
the rules of health and comfort.” When Mrs. Robinson reported back to Rathbone about the extent of the suffering she found, he then tried to hire nurses to assist Mrs. Robinson; he found that all the trained nurses were fully engaged at the local hospitals. Rathbone then contacted Florence Nightingale who suggested training nurses at the Royal Infirmary which at that time had no facilities for training nurses.

Nurses were assigned specific geographic areas of London and were responsible for the health of the people living in that neighborhood – The name of this concept in England was District Nursing. District nurses provided care to the sick poor which included physical care, information in caring for their family and sources within the community that enabled them to improve their health. In particular, Nightingale said, "The work we are speaking of has to do with maintaining health by removing things which disturb it ... dirt, drink, diet, damp, and drains."iv

**Lillian Wald and the Henry Street Settlement**

**Introduction**

In the 1800s, the rise of industry and improvements in transportation, the country needed workers and the population of the United States grew as immigrants entered the country. From the 1820’s to 1910 nearly 30 million Immigrants came to the United States. Cities grew as majority of immigrants settled along the east coast in cities such as New York, Boston, and Philadelphia while some settled in interior cities such as Chicago and Cincinnati and Cleveland. The majority of the new immigrants were poor and while they needed housing, they could not afford the mansions that were built to house the wealthier industrialists. Space was at a premium; the result was the rise of the tenement; the object was to house a many people as possible.
In 1879 in New York, dumbbell shaped floor plan was designed allowing or an air-shaft in the middle with rooms on either side that allowed for increased number of occupants. While the air shaft was meant to provide the inner apartments with fresh air, many tenants used it as a garbage chute; rotting garbage giving the air a foul odor.

People were packed inside tenements; families – mother, father and children all lived in one room. Sanitary facilities such as water closets were shared; in the newer tenements water closets were indoors usually at the end of a hall while older tenements facilities were outside. The crowded apartments with their minimal sanitary facilities, ventilation and vermin issues became a public health hazard with a high incidence of typhus, scarlet fever, smallpox, typhoid fever and tuberculosis.

**Lillian Wald and the Henry Street Settlement**

Lillian Wald graduated from the New York Hospital School for Nurses in 1891. Her first position was as a nurse in an orphan asylum. Seeking further medical knowledge, she attended the New York Women’s Medical College. As a student she was asked to
give classes to immigrant women living in New York’s lower east side. During her class she was approached by a small boy, asking for help for his mother who was ill. The child led her to tenement where nine people lived. The mother, who had given birth several days before and had received no care after the birth and lay on a bed, seriously ill. Lillian sent for a physician and cared for the woman. She decided to leave medical school. In 1893 Lillian Wald and Mary Maud Brewster both graduates of the New York Hospital Training School for Nurses, decided to:

“live among their patients—mainly poor immigrants inhabiting Lower East Side tenements in New York City—providing not only nursing care but also "addressing nutritional needs, giving psychological support, and educating patients and families about sanitation and health." To this end, with the financial backing of Mrs. Solomon (Betty) Loeb and her son-in-law, banker Jacob Schiff, they formed the Henry Street Settlement in 1895.[i]
The Henry Street Settlement adapted a concept similar to “District Nursing” when they began sending nurses out into the community⁷.

Lillian Wald called their enterprise Public Health Nursing. She is credited as coining the term "public health nurse" in 1893 for nurses who worked outside hospitals in poor and middle-class communities. These nurses not only provided physical care for patients with infectious diseases and acute conditions, but also recognized the importance of economic, environmental, and social circumstances in addressing these issues. The aims of the visit were to care for the sick, especially when the patient could not be sent to a hospital; teach the family how to care for the patient; and to protect the public from the spread of disease. This form of nursing was initially referred to by its English name - District Nursing - as the organization grew; the name was changed to Visiting Nurses. Visiting Nurse agencies were not for profit agencies usually part of the health departments of cities and towns.

"Our basic idea was that the nurse's peculiar introduction to the patient and her organic relationship with the neighborhood should constitute the starting point for a universal service to the region... We planned to utilize, as well as to be implemented by all agencies and groups of whatever creed which were working for social betterment, private as well as municipal. Our scheme was to be motivated by a vital sense of the interrelation of all these forces... We considered ourselves best described by the term 'public health nurses.' "[The Jewish Women’s Archive – Women of Valor]⁸

Fulmer writing in the American Journal of Nursing about the history of visiting in 1902, discussed what to name this service,
In adopting a name for any new society doing this work we would advise the use of the term “Visiting Nursing” as being more comprehensive than “District Nursing,” and as less cumbersome than “Instructional Visiting Nursing.”

The woman employed to do this work should be a graduate of a large general training-school, for she may care for many cases without the doctor in attendance, and she should know how to meet every emergency.

Nurses had to endure many hardships, like snowstorms, in order to work and reach patients. They worked for the Nurse's Settlement on Henry Street (later the Henry Street Settlement), established in 1895 by Lillian Wald to provide affordable nursing care on the communal level. Institution: Henry Street Settlement House, New York City

Conditions in New York, as in other large American cities gave rise to philanthropic and religious organizations sending nurses to visit the working poor and sick inside their homes. For example, in 1877 the Women’s Branch of the New York Mission and Tract Society hired the one of the first graduates of Bellevue Hospital. School of Nursing as a “Missionary Nurse” to go into the homes of the poor to bring comfort to many who have no one to minister to them. Public health nurses became the third area of employment for trained nurses. -at first the nurses were referred to as district nurses (the title used in England) then
renamed 'visiting nurses'. As nurses visited the tenement families, their nursing skills, along with their compassion, they earned the trust of the tenement resident. Gradually nurses became 'the most important figure in the modern public health movement."

"Early visiting nurse associations, as they were called, began as small undertakings in which a few wealthy "lady managers" financed and supervised the work of one or two nurses. In most associations the nurses worked six days a week, eight to ten hours a day, and were able to visit daily eight to twelve patients. The ailments they encountered were commonly infectious, often acute, and always complicated by the families' social and economic circumstances." Wilkerson, 1985

Fulmer provided a description of a typical day work of the visiting nurse:

In most organizations the visits of the nurse average from eight to twelve in one day, varying from a half hour to two hours each. A typical day in a large society—one will not be amiss—is as follows: The first visit was to a dying consumptive, where a bath and clean linen were given; the second, a bath and alcohol sponge to a man with typhoid; third, dressing a varicose ulcer on the leg of a woman who makes wrappers all day long at forty cents per dozen; fifth, baths and clean linen to a family of five, all ill with typhoid; reported case to Board of Health, arranged to send patients to hospital; two-hours' work required; sixth, maternity case: bathed mother and babe; received ten cents for service; seventh, took temperature and pulse of convalescing typhoid; arranged to send patient to country; eighth, bath to mother and daughter, both ill with consumption; new case, reported to Health Board; ninth, very sick babe; gave bath, furnished milk, and instructed mother; sent free doctor; tenth, man with locomotor ataxia; gave bath, made application to send patient to Home for Incurables.
Metropolitan Life Insurance Company Nurses

Through the Henry Street Settlement, Wald was able to mobilize a wide variety of resources including donations of medicine, food, bedding, and cab fares. Loans were arranged and housing subsidies obtained, Education included health education, job training as well as a kindergarten for children. In 1909 Lillian Wald convinced the Metropolitan Life Insurance Company that it should cover nursing care as a means of reducing death rates among its members. By 1916, visiting nurse services were available to more than 90% of Metropolitan policyholders (10.5 million) across 2,000 U.S. and Canadian cities. It became the first national insurance for home-based care.

Pittman, writing in the American Journal of Nursing special feature published in July 2019, suggests a return to the model used by Lillian Wald nurses working side by side with social workers at the intersection of medicine and society. Furthermore, Pittman states: the” traditional medical model alone will not achieve health equity”. xiii,

Public Health Nursing

Public health nursing is 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. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice.” xiv
As part of the developing public health nursing movement, nurses, specializing in tuberculosis contributed to the movement to control and eradicate the disease. In 1903, Dr. Osler, professor of medicine, at Johns Hopkins appointed nurse Reba Thelin to devote her time to the home care and instruction of tuberculosis patients in Baltimore. Sachs wrote that:

The trained tuberculosis nurse, in her relation to physician and patient, has a much greater sphere of activity, than in any other branch of medical work. In no other case is she as equal a partner of the medical man as in supervising the treatment of a tuberculous patient, as without her the application of a proper method of treatment is frequently impossible and the services of the physician are almost useless.

The management of a tuberculosis case at home presents the following two essential problems: first, protection of other members of the family from possible infection; second, arranging the quarters and the daily routine of the patient.

**Prevention and Health Promotion Services**

Visiting nurses, seeing the need began adding preventive tasks to their traditional responsibilities of caring for the sick at home. The nurse was a respected and trusted health professional who knew the human body and the bodies’ reaction to external
conditions and to the hygienic conduct of life. By 1910, the majority, of the large urban visiting nurse associations had initiated preventive programs for school children, infants, mothers, and patients with tuberculosis. A major concern was funding for these new programs. In order to fund these new programs, methods to finance them needed to be found. Those managing the programs settled on two methods – the joint venture and demonstrations. Joint ventures were formed with the VNA supplying the nurses while another voluntary organization provided the money. Demonstrations were small programs– similar to ‘pilot’ programs - where the program was initiated on a small scale.

By 1912, the growth of public health nursing services was so rapid that national standards were needed. A joint committee of two national organizations was appointed with Lillian Wald as chairperson and Mary Gardener as secretary who wrote a summary of the growing opportunities in public health nursing to over 1000 agencies that employed visiting nurses and invited them to send representatives to a meeting held in conjunction with the American Nurses Association and the national League of Nursing Education. At the June 1912 convention, the National Organization of Public Health Nurses (NOPHN) was formed with Wald as its first president. The first public health nurse for the U.S. Public Health Service was appointed in 1913. NOPHN became the first nursing organization to open an office and hire a full-time executive director, Ella Crandall. In 1920 the American Public Health Association (APHA) established the Public Health Nursing (PHN) section which held its first meeting in 1922. In 1923 the PHN became a regular section of APHA. In 1922 Crandall wrote a historical sketch discussing the rise and recognition of public health nursing:

..collective self-consciousness among Public Health Nurses still lagged, and the first recognition came from others rather than themselves that they were becoming an American institution. This has been most flattering and perhaps most authoritatively voiced by Dr. William Welch, who has said publicly that America's two great contributions to the public health and sanitation of the world are the Panama Canal and the public health nurse. Because of this failure to realize the meaning of events, public health nurses worked for several years longer, pretty much detached from and unfamiliar
with the larger aspects of the steadily developing public health programme which (though growing in sharply orientated and independent sectors) was inevitably moving toward a great coordinated national plan. There is no room here for criticism of those pioneers. An unforeseen call for help in strange fields of service had been courageously answered. Almost universally these forerunners of a great new army of workers were not only struggling, day by day, with immediate human needs, but they were trying to solve big problems involving new technique, records, clinical and social knowledge; and new associations and obligations. Finally, it may be said, that public health nurses found themselves through their own accumulating and shared experience. “… “It becomes necessary to retrace our steps a little to get back to other trails along which the history of public health nursing has been traveling in the past few years. We left the pioneer nurses struggling in their own localities, pretty much alone, often baffled, but frequently contributing more than they or their co-workers knew, to the particular field of public health in which they were working.” … “Finally, let me remind you, my friends, that as in this brief sketch, so throughout the history of public health nursing (though it has run the gamut of health visitor, health teacher, social worker, and even health inspector) it has its foundation first last, and always in nursing.”

The Association of Public Health Nurses (APHN) began as the Association of State and Territorial Directors of Nursing (ASTDN) in 1935 as an advisory group of state
health department nurses. The Association of Public Health Nurses (APHN) was formed on July 1, 2012. The association was formerly the Association of State & Territorial Directors of Nursing (ASTDN). ASTDN was created in 1935 as an advisory group of state health department nurses. Over the years the membership was expanded to include public health nurses at all levels and others interested in public health nursing. xxi

Maternal Child Nursing

The Children’s Bureau xxii is the first federal agency within the U.S. Government—and in fact, the world—to focus exclusively on improving the lives of children and families. This was the culmination of 9 years of effort on the part of many citizens and organizations to persuade the Congress to incorporate into the fabric of the Federal Government an agency whose responsibility would be to call to the Nation’s attention the conditions affecting the lives of children. xxiii

Since its creation by President Taft in 1912, the bureau has tackled some of our nation’s most pressing social issues, including:

- Infant and maternal death
- Child labor
- Orphanages
- Child health and recreation
- Delinquency and juvenile courts
- Family economic security
- Abused and neglected children
- Foster care

In November 1921, US Congress passed the National Maternity and Infancy Protection Act, also called the Sheppard-Towner Act. The Act provided federal funds to states to establish programs to educate people about prenatal health and infant welfare. Advocates argued that it would curb the high infant mortality rate in the
US. xxiv With this Act, attention turned to expanding nursing care, the aim was to build on the visiting nurse services model to reduce infant and maternal mortality through prevention and health promotion. The program stimulated the organization of state health departments sent public health nurses into homes to teach better health practices and established a network of free nurse-staffed clinics.

In 1928 President Herbert Hoover called a conference on child health and protection with the intent to study the present status of health and well being of children. Major concerns were: “the general condition of oversupply of poorly prepared and under supply of well-prepared nursing which affected the quality of pediatric nursing as well as all other branches of nursing”. xxv In 1930 two reports resulted from that conference were important to nurses (1) Subcommittee on Nursing and (2) that of the Subcommittee on Obstetric teaching and Education of nurses and nursing attendants. The committee’s recommendations included improvement of educational standards for nursing students, the improved distribution of medical and nursing service as well as hospital l facilities in rural areas; full time official county, district or municipal health organizations and better supervision for public health nurses working rural districts. xxvi

The subsequent Public Health Title VI of the Social Security Act of 1935 went far beyond: through state grants, it strengthened and extended state health organizations; accelerated the growth of local health services; provided funds for the recruitment, training and supervision of public health personnel; and promoted the expansion of services in research, prevention, treatment, and control of pressing health problems. xxvii

The Children’s Bureau conducted research and reviewed laws related to child welfare. The Children’s Bureau continues its work today. (See Links Page 25).

**Industrial – Occupational Health Nursing**

In 1892 Ada Stewart, graduated from the Waltham, Mass. Hospital School of Nursing and moved to Vermont. At that time Fletcher Proctor, president of the Vermont Marble Company in Sunderland Falls (now Proctor Village), was thinking about hiring a professional nurse to give health guidance to the families in his employ-and
emergency treatment for the many accidents that occurred in those days in his quarries and mills. In 1895 Miss Stewart became the first Industrial Nurse in the United States.

Miss Stewart, thought of her work as social service among those of all nationalities who made up the town population acting as a District Nurse, made her rounds using a horse and buggy, latter she used a by cycle to make her rounds. At first, Miss Stewart was resented but as the folk found out how useful she could be in time of trouble, she was welcomed. She visited local schools. The teachers usually asked her "to make some remarks," so she talked to the children –on hygiene and first aid each week – becoming the first school nurse in Vermont. Her ministrations were a success and the Vermont Marble Company in 1986 built the Proctor hospital for their employees and other residents. Miss Stewart was the first matron.

The profession evolved with the growth of industry around the beginning of the 20th century as factories employed nurses to combat the spread of infectious diseases like tuberculosis. 1911 brought the first approved worker’s compensation legislation.

Public Health Nursing – School Nursing

School nursing is a vital part of public health nursing. The role of the school nurse has been seen by the general public as providing episodic care – think band-aids after a fall- to individual children, and skilled care to chronically ill and medically fragile children. However, the true value of school nursing is in health promotion and illness prevention as school nurses engage in population health practices such as screening; prevention of communicable disease through hygiene and immunization; prevention of injuries; and promoting health through education.

School Nursing

In 1897, New York City hired 150 physicians to inspect students for common contagious diseases such as head lice, impetigo and tuberculosis. Children were sent home with a note stipulating the pupil could not attend school. Nurses working at Henry Street Settlement realized that medical inspection by the physician was
“deficient from the standpoint of the child, in that it excluded him, but did not advise nor treat him, neither was he looked after.” Their practical suggestion was that a nurse should work with the physician, carry out his orders for the treatment of simple cases, without excluding them from school. More serious cases should be followed by a visiting nurse in their home. As a result Lillian Wald offered to supply a nurse for one month without cost. Miss L. L. Rogers was selected to initiate this service. The experiment began on October 1, 1902. In her first month Rogers treated 893 students, made 137 home visits, and helped 25 children who had received no previous medical attention recover and return to school.

Nurses from the Henry Street Settlement visited families treating the affected child and educating their families. Community organizations helped children who remained out of school not due to illness, but to lack of food or clothing. The nurses also sought out the many older children who stayed home caring for younger siblings while parents worked. Within six months, absenteeism fell by 90 percent, and the school board agreed to supply funds for 27 nurses. By 1914, there were close to 400 nurses in the schools of New York City. Other towns followed quickly; Los Angeles hired its first in 1904.

As a school nurse Miss Rogers advocated for wellness and illness-prevention programs, and encouraged teachers to present lessons in hygiene, nutrition and physical development. She also implemented dental and hearing screenings in the schools. She developed formal protocols for individual diseases and rigorous documentation of nursing interventions to bolster evidence that school nurses were effective. first textbook for school nurses in 1917 The School Nurse: A Survey of the Duties and Responsibilities of the Nurse in Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children.
Rural Public Health Nursing Service
(Later) Town and Country Nursing Service

When asked to consider the work of American Red Cross Nurses, many think of their work in disasters, support to the military, epidemics and blood drives. However, the Red Cross also pioneered rural health nursing.

Lillian D. Wald, a pioneer of public health nursing for her entire life realizing the poor health care conditions found in rural communities with isolated farms and sparsely populated communities approached the National Res Cross Society with their resources for assistance.

In 1912 the American Red Cross formed the Rural Nursing Service which focused on providing nursing services to those living on farms or in isolated communities throughout the United States. Funding was assisted by a gift of $100,000 by Joseph Schiff, a financier and $1000 annually by Mrs. Whitelaw Reid. The salary of the nurses was paid for by the communities they served.

The American Red Cross demonstrated how effective nurses, properly trained and supervised, could be in providing broad-based county-wide health care to rural communities. By 1930, there were 636 rural nursing services administered entirely by the Red Cross or in partnership with county health units; from 1919 to 1930, the Red Cross operated 2,972 generalized public health nursing services throughout the country but, by policy, transferred the programs to local agencies as they developed and were able to assume these responsibilities.

Public Health Nursing – Clinics and Community Health Departments

The concept of community health centers in the United States is thought to have started with infant milk stations in New York City. Nathan Straus, co-owner of
Macy’s, after making a fortune, devoted himself to making life better for New York’s poor tenement dwellers. He also turned his sights toward what was dubbed the “white peril,” the raw, bacteria-ridden milk city children routinely drank—milk Straus and many experts believed was linked to New York’s high childhood mortality rate (two of Straus’ own kids had died young).

Straus was convinced that the discoveries of Louis Pasteur offered the best hope for a remedy to the milk problem,” states the Jewish virtual library. So in 1893 he built his own pasteurization plant on East Third Street, then opened 18 milk stations in the city, “which sold his sterilized milk for only a few cents and made free milk available to those unable to afford even that.”
Home Health Care

Definitions:

Home Health Care

Home health care is “that component of a continuum of comprehensive health care whereby health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health, or of maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness.”

Home Health Nursing

Home Health Nursing is a specialty. Home health care nursing is defined as “the delivery of specialized nursing care services in the home healthcare setting.”

Home Health Care Agencies

Home Health care Agencies are organizations that employ the healthcare professionals – such as nurses - sent to the home. They must be licensed by the state. Home Health Agencies may be non profit, such as a Visiting Nurse Agencies or for profit owned by a business or corporation. (May be referred to as a proprietary agency as property owned by individuals or businesses.)

Home Care Agencies

Home care refers to any services that help to keep an individual safe and comfortable in their own home – without requiring any specific healthcare treatments provided by the home care aide.. In general services are usually paid out of pocket.
Before the late 1960’s, home health nursing in the United States was largely provided by visiting nurse associations and publicly funded nursing divisions of governmental health agencies. On July 30, 1965, President Lyndon B. Johnson signed into law legislation that established the Medicare and Medicaid programs. Medicare is authorized under Title XVIII of the Social Security Act to provide health insurance to people age 65 and older, regardless of income or medical history. Medicare was also for some younger people with disability status as determined by the Social Security Administration, as well as people with end stage renal disease and amyotrophic lateral sclerosis. Medicaid is authorized under title XIX of the Social Security Act. The need for health care services had always been present, now, with Medicare and Medicaid to help pay for these services, the number of home health care agencies grew.

According to Benefield, under the current Medicare reimbursement guidelines, Medicare is defined as illness care. Medicare is an intermittent service; providing care for an acute illness or a flare-up in a chronic illness. It is not designed to provide maintenance care or to meet long term the activities of daily life needs of patients. These needs were expected to be provided for the patient by either their family or a home care agency - funded through long term care insurance, by the patient, or if the patient is a veteran or the spouse of a veteran there is a VA benefit called “Pension with Aid and Attendance.”

**Balanced Budget Act (1997)**

The Balanced Budget Act signed into law by the President on August 5, 1997 contains the largest reductions in federal Medicaid spending in Medicaid since 1981. The legislation was projected to achieve gross federal Medicaid savings of $17 billion over the next five years and $61.4 billion over the next ten years. After the legislation's offsetting increases in Medicaid spending were accounted for, the legislation is estimated to achieve net federal Medicaid savings of $7.3 billion over the next five years and $36.9 billion over the next ten years.
The BBA enabled states to require most Medicaid beneficiaries to enroll in managed care organizations (MCOs) that only do business with the Medicaid program without obtaining a waiver from the Secretary of HHS. The legislation established a new child health block grant, through which $20.3 billion in new federal funds will be made available to states over the next five years for the purpose of reducing the number of uninsured low-income children.

**Links**

Additional Information about Lillian Wald and the Henry Street Settlement

[https://www.americannursinghistory.org/public-health-nursing](https://www.americannursinghistory.org/public-health-nursing)

**History of Rural Nursing in North Carolina**

[https://nursinghistory.appstate.edu/nc-public-health-nursing](https://nursinghistory.appstate.edu/nc-public-health-nursing)

Public health nursing began in North Carolina as benevolent societies, civic organizations and groups of public minded citizens hired nurses to home visit the sick poor in their communities. According to Mary Lewis Wyche, in her book The History of Nursing in North Carolina, Amelia Lawrason was the first public health nurse to practice in NC.

Consider the following example from the career of Lydia Holman

“A notable exception to the pattern of nurses being hired by benevolent associations and local governments to provide some measure of public health, home health and school nursing was the work of Lydia Holman of Mitchell County

“In a 1915 report to her supporters, Holman describes some of her activities as teaching classes in hygiene and nutrition, working to control epidemics of chicken pox, scarlet fever, measles and camp itch, holding an immunization campaign against typhoid and distributing donated toothbrushes and toothpaste while teaching the importance of dental health in the community. In addition to her nursing work, Holman established a small lending library, kept a demonstration garden so local people could learn to grow a wider variety of fruits and vegetables to supplement their diets and distributed
hundreds of donated toys at Christmas time to local children ….

As the years went by progress came to western North Carolina, including Mitchell County. A few physicians moved into the area and were upset by the breadth of Holman’s work and had her arrested for practicing medicine without a license. Holman later wrote about the experience this way:

“It was nicely done. He [the arresting officer] read his warrant and said “Now, Miss Holman, don’t let it worry you … It will cost you every cent of fifty dollars, and I would not do it. There ain’t no reason why you should pay anything”. I took the man’s advice and spent the whole day waiting for the people in the courthouse to decide what was to become of me. The Solicitor read a very nice little piece of scripture and dismissed the case … After court, twenty mountain men or more took credit for having the case thrown out. Then they came to assure me, all the neighbors and people I had never heard of, that I should go on with the work … they would be quite willing to hire teams and come to my defense.” (An informal report, 1915).

She did continue with her work. By the 1920s, state and federal monies were starting to become available for public health work and Holman was put in charge of administering these funds in Mitchell County.”

https://nursinghistory.appstate.edu/nc-public-health-nursing

National Association for Home Care & Hospice (NAHC)  https://www.nahc.org/

The National Association for Home Care & Hospice (NAHC) is the largest and most respected professional association representing the interests of chronically ill, disabled, and dying Americans of all ages and the caregivers who provide them with in-home health and hospice services. NAHC is a trade association that represents the nation’s 33,000 home care and hospice organizations.

Home Care and Hospice Hall of Fame 
https://www.nahc.org/about/home-care-hospice-hall-of-fame/
Tales from the Nation’s Top Home Care and Hospice Nurses

The 50 nurses we feature here are the winners of our Nurse Recognition Program, and they know how to seize those teachable moments to change lives.


Children's Bureau

https://www.acf.hhs.gov/cb  History  https://www.acf.hhs.gov/cb/about/history

History of the Children's Bureau (presentation) - In September 2007, Dr. Cecelia Tichi, then Chair of Modern Culture in the John W. Kluge Center at the Library of Congress, presented "Justice, Not Pity: Julia Lathrop, First Chief of the U.S. Children's Bureau.

References

i However, chronic disease rates began to rise for conditions associated with poor health habits, and altered life styles, inadequate nutrition, smoking, physical inactivity and stress. Rates of heart disease, cancer, obesity, diabetes and emotional diseases began to rise.


iii Ibid


v For further information on Lillian Wald see https://www.americannursinghistory.org/public-health-nursing on our website americannursinghistory.org.

vi Jewish Womenof Valor https://jwa.org/womenofvalor/wald


viii Ibid From the picture archive on the website,


xi Wilkerson, Karen Buehler, Public Health Nursing: In Sickness or in Health? AJPH October 1985, Vol. 75, No. 10

xii Ibid

xiii Pittman, Patricia Special Feature Rising to the Challenge Re-Embracing the Wald Model of Nursing American Journal of Nursing, Vol. 119 No. 7 July 2019 p. 46


xvii Ibid


xix http://dla.library.upenn.edu/dla/ead/ead.html?id=EAD_upenn_bates_MC83
Crandall, Ella P., AN HISTORICAL SKETCH OF PUBLIC HEALTH NURSING 1 The American Journal of Nursing, Vol. 22, No. 8 (May, 1922), pp. 641-645

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Ibid


Ibid

Hanink, Profiles in Nursing Lina Rogers, the First School Nurse Providing healthcare to keep kids in school https://www.workingnurse.com/articles/lina-rogers-the-first-school-nurse

San Diego County Office of Education School Nursing 2013

The textbook may be accessed online using Google Books


https://redcrosschat.org//05/13/national-nurses-week-red-cross-archives/

The following year the name was changed to “The Town and Country Nursing Service to include small towns without any visiting nurse service.


The definition of Visiting Nurse Agencies (VNA) and Home Health Agencies is somewhat blurred; VNA’s tend to be ‘lumped’ into the category of Home Health Agencies.

Yelena Friedman, MLS, *Mapping the literature of home health nursing*, J Med Libr Assoc 94(2) Supplement 2006. E 49