A MESSAGE FROM THE PRESIDENT

by Sandy Collins, RN, BSN

At our conference in May, we joined with colleagues from across the state to celebrate the achievements and work of the public health nurses. We were inspired by recognized nurse leaders, Anna Bissonnette and Linda Olson Keller, and exchanged ideas on how to collaborate and improve our nursing practice. The evaluations were excellent and provided important feedback for future topics and interests. I’d like to thank the conference planning committee, MPHA, and the DPH for their assistance in providing such a wonderful day, and encourage members to become involved in planning next year’s conference.

At the state level, MAPHN has been invited to participate on a number of advisory committees and councils including the DPH Flu Pandemic Preparedness Committee, MPHA Planning Committee for APHA 2000 Convention, DEP and DPH Local Council and Local Institute, and MWRA Public Health Advisory Committee.

With four other state organizations (MA Health Officers Association, MA Environmental Health Association, MA Association of Health Boards, and MA Public Health Association, we have formed a Coalition for Local Public Health. This coalition was formed to improve public health at the local level. It has enabled MAPHN to meet with area legislators including Representative Harriette Chandler, Chair of the Health Care Committee, to discuss community health needs in the commonwealth. We have discussed the lack of financial and technology resources, the need for additional staffing including public health nurses, and strategies for improving public health at the local level. To help educate those in state government, MAPHN, with the other members of the coalition, will be present at the Statehouse on October 6th "Public Health Recognition Day.” Each organization will have a table and will educate those in government about our roles and the invaluable job done by those working in public health at the local level.

MAPHN continues to advocate for public health nurses and has provided valuable advice to Board of Health members and directors on how to approach finance committees and residents to justify the need to fund new public health nursing positions.

(continued on page 2)
President's Message Continued

I'm delighted to report that our numbers are growing and new positions are being created.

We continue to work on many projects including:
- Developing a directory of public health nurses who are working in municipal settings
- Creating an orientation manual and training for new nurses
- Establishing standards of care and practice
- Gathering data on the employment of public health nurses across the state
- Establishing and growing local MAPHN chapters

Please contact us if you have time to help with any of these ongoing projects and we encourage you to talk to your colleagues about joining MAPHN and attending local meetings. We look forward to working with all of you!

Board Member Is Massachusetts Representative to ASTDN

Vicki Soler, RN, M.Ed., the newest member at large for MAPHN, is Director of Community Outreach and Prevention for the Communicable Disease Control (CDC) Bureau of the Massachusetts Dept. of Public Health. She assists the Bureau of Administration with planning, development, and evaluation of community collaboration and partnerships to improve the prevention and control of communicable disease in the state.

Vicki will spearhead efforts to strengthen the Bureau's relationship with nurses working in public health by facilitating networking, training, and technical assistance efforts with Bureau programs. She is also the representative to the Association of State and Territorial Directors of Nurses (ASTDN), a national organization. The mission of the ASTDN is to provide a peer forum for public health nursing leadership, recognizing the authority as well as the responsibility of the governmental role in protecting and promoting the health of the public. As the representative, she brings information to a national forum about public health nursing in the Commonwealth, and from the national and regional meetings about the direction and roles of public health nursing to the Department and the MAPHN.
The Principles That Guide Us As Public Health Nurses
By: Kaydee Schmidt, RN, MS, MPH

"Seek those in need by being in the community. Visit people where the live to understand the conditions that effect their health. Stress prevention by teaching people how to promote their own health of their families. Respect each person as an individual without judgment using every means possible to promote health and strengthen families."

Written by Lillian Wald in 1893, who at the age of 26, began making home visits to families in the Lower East Side of New York, immigrants with great need and little access to care. She was the first to call herself a Public Health Nurse. After 100 years and incredible changes in health care and nursing, her principles still guide us.

Population Based Public Health Nursing Interventions: A Model From Practice
By Kaydee Schmidt, RN, MS, MPH

Those who attended the Annual Public Health Nursing Conference in May had the opportunity to hear Linda Olsen Keller, RN, MS, Consultant with the Minnesota Department of Public Health, present the framework for Public Health Nursing practice in Minnesota. Linda's presentation was energizing and the content received great reviews because it had direct relevance and applicability to the practice of PHNs in Massachusetts. The framework model documents how the work of PHNs directly effects health outcomes using actual examples from PHN practice. Linda and her colleagues have published their work in "Public Health Nursing, Vol.15, No.3, Population-Based Public Health Nursing Interventions: A Model from Practice", which was distributed at the conference. A copy can be obtained by sending a self addressed, stamped envelope to Sandy Collins, Westford Board of Health, 55 Main Street, Westford, MA 01886.

A regular column featuring the concepts Linda presented and examples from practice is planned for the newsletter. To start off, the visual presentation of the framework for public health practice from Minnesota has been inserted in the newsletter. On the reverse side of the model are the practice assumptions of PHNs at the Boston Public Health Commission as adapted from the Practice Assumptions of Minnesota.

"If you would like to submit an example from your practice to appear in the newsletter call Kaydee Schmidt, (617) 534-5665 or email Kaydee_Schmidt@BPHC.org.

Latex Allergy In Public Clinic Setting
By: Anne Fitzgerald, RN, BSN

We want to ensure the health and safety of clients and staff in our upcoming flu clinic. Allergy/sensitivity to latex products is becoming a serious consideration when screening clients before administering immunizations.

The National Institute for Occupational Safety and Health (NIOSH) lists the following reactions to latex proteins in products:

- Irritant contact dermatitis, skin rash, itching, hives (not true allergy)
- Type IV Chemical sensitivity, itchy eyes, nasal stuffiness, sneezing, coughing, wheezing, and asthma.
- Type I: True allergic immediate response most severe collapse, shock, anaphylaxis triggered by IGE antibody reaction. Emergency measures must be taken to administer Epi Pen and antihistamines if able, activate EMS service.

The only effective diagnostic test is Radioallergosorbent (RAST), which identifies specific antigen.

Cross sensitivity to bananas, avocado, and pineapple may be early indicators of the reactions.

Preventive measures include decreasing or eliminating exposure to dust, powder of gloves, frequent hand washing after use with gloves, substitute with other non latex products.

As public health professionals we are at risk for developing sensitivity/allergy to latex. Estimates range from 1 – 6% of total US population are affected and 8 –12% of 11 million health care workers in the US. Total disability and job loss from latex allergy have resulted in a major Boston hospital.

Resources: NIOSH Bulletin 1997 (1-800-35NIOSH), MDPH Occupational Surveillance Program 1-617-624-5637
Public Health Nurses Viewed As Resource On New Safe Drinking Water Act
By: Thomas Lee at MWRA

Over the next few weeks, household throughout the state will be receiving drinking water Consumer Confidence Reports. This is the first of the annual reports that Congress has mandated in the Safe Drinking Water Act, because consumers have a right to know.

As public health nurses you should be prepared to answer drinking water health related questions based on the information your patients will be receiving.

The Massachusetts Water Resource Authority which provide over 700,000 households in 46 communities with drinking water, would like to provide you with detailed information about its drinking water. To receive a copy of the report please call MWRA Waterworks Department at (617) 242-5323, or visit their website at www.mwra.com. For non-MWRA communities, please contact your local water department.

MWRA’s “Report to Consumers On Drinking Water” presents important source, testing, treatment, and health information on the drinking water people receive from their tap.

The data in the report is based on the constant testing-hundreds of samples each week for some parameters - routinely performed on the water in the reservoirs and in the pipes. The testing results for MWRA water are truly excellent and many of the improvements made by MWRA to the water supply system are clearly demonstrated. At the same time, the report very carefully describes how people with special health needs should manage their concerns over water, just as they would over food or any other consumables. It also reminds people who live in older houses with lead in the plumbing system, of the precautions they should take to be safe and sure.

New Influenza Drug
By Charlotte E. Stepanian, BS, RNC

GlaxoWellcome received approval from the FDA for tier new inhalation medication, zanamivir (Relenza), the first approved for both the A and B strains. It is indicated for adults and adolescents 12 years old and older who have been symptomatic for no more than 2 days. It was noted to be less effective when patients were afebrile and with mild symptoms. It had not been shown to be effective in high-risk populations. Early fall is projected for its entrance into the U.S. market.

Source: Online InteliHealth Professional Network 7/28/99

On the Lighter Side

WANTED

People to work long hours with frequent mandatory overtime. Few holidays and weekends off. Must be able to keep massive amounts of paperwork up to date while making split-second, life or death decisions. Must be immune to verbal abuse and able to neutralize the occasional physical assaults. Must display patience, kindness, understanding and caring even when personal life is coming apart at the seams. Must show no aversion to blood, vomit, oozing infections or human wastes. Salary in no way commensurate with knowledge and ability. Only those interested in dealing with depressing situations on a daily basis need apply.

Submitted by Andrea Penney, RN, BSN

EDITOR

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Population-based systems-focused interventions focus on creating change in organizations, policies, laws and structures. The focus is not directly on individuals or communities but on the systems that serve them. Because these systems ultimately impact individuals, changing the systems represents a cost-effective and long-lasting way to impact individuals. The ultimate outcomes of systems-focused interventions are changes in the population’s health status/capacity.

Population-based community-focused interventions focus on creating changes in community norms, attitudes, awareness, standards, or practices. They are directed toward groups of persons within the community or occasionally toward all persons in the community. Community-based interventions are measured in terms of how much of the defined “community” has received services. The ultimate outcomes of community-focused interventions are changes in the population’s health status/capacity.

Population-based individual-focused interventions focus on creating changes in knowledge, attitudes, beliefs, skills, practices, and behaviors in individuals, either singly of in families, classes, or groups. They are person-to-person interventions. Persons receive these individual services because they are identified as belonging to a population-at-risk. The ultimate outcomes of individual-focused interventions are changes in the population’s health status/capacity.
Boston Public Health Commission
Public Health Nursing
Draft 5/98

POPULATION-BASED
PUBLIC HEALTH
PRACTICE

Population-based public health services are interventions aimed at disease prevention and health promotion that shape a community's overall profile.

Public health interventions are population-based; that is, they improve the health status of entire identified populations.

Public health determines the health status of the community, identifies populations potentially affected (or at risk) for a problem, and then based on the epidemiology of the problem, plans, implements, and evaluates public health interventions.

Population-based interventions emphasize health promotion and prevention of health problems and may be directed at the individual, community, or systems level, depending on how the problem may best be addressed.

Public health interventions should occur at the level(s) - systems, community or individual - that are the most appropriate, effective and efficient ways to prevent or reduce the problem. The most powerful public health solutions often are combinations of intervention strategies of all three levels.

1Adapted from Public Health Interventions - Examples from Public Health Nursing. Minnesota Department of Health, Division of Community Health Services, Section of Public Health Nursing, October 1997, Pages 7-9.

Resources For Public Health Nurses

Websites Addresses For Public Health Nursing

Public Health Association Related Sites
APHA: www.apha.org
APHA, Public Health Nursing Section: www.apha.org/science/sections/aphaphn
Assoc. of State & Territorial Health Officials: http://astho.org
Health Resources & Services Administration: www.hrsa.org
HRSA, Bureau of Health Professions (BHP) www.hrsa.gov
HRSA, BHP, Division of Nursing: http://158.72.83/bhp/dn/dn.htm
NACCHO: www.naccho.org

CDC Related Sites
Center for Disease Control Communicable Disease Information: www.cdc.gov
Immunization information: www.immunofacts.com
National Immunization Program: www.cdc.gov/nip
National Technical Information Service: www.ntis.gov
Public Health Training Network: www.cdc.gov/phrn
American Social Health Association website for information on STDs: www.ashastd.org
American Lyme Disease Foundation: www.aldf.com
National Institute of Occupational Safety: www.cdc.gov/niosh

Nursing Related Sites
Clara Barton: www.greatwomen.org/barton.htm
Lillian Wald: www.jwa.org/exhibit98/wald/lwfram0.htm
www.greatwomen.org/index.html
Florence Nightingale: www.florence-nightingale.co.uk/
www.dnai.com/~borneo/nightingale/

MPHA www.mphaweb.org
MA. Nurses Association: www.massnurses.org
American Nurses Association: wwwانا.org
Sigma Theta Tau International Honor Society of Nursing: www.stti.iupui.edu/

Massachusetts Sites
Massachusetts Home Page: www.magnet.state.ma.us/
Department of Public Health: www.magnet.state.ma.us/dph
Division of Registration: www.magnet.state.ma.us/reg/home

Miscellaneous Sites of Interest
American Cancer Society: www.cancer.org
American Academy of Nurse Practitioners: www.aanp.org,
(multiple links to health/nursing related sites
Asthma and Allergy Resource Page: www.cco.caltech.edu/~wrean/resources.html
Federal Legislative Information on the Internet: http://thomas.loc.gov
Medical Information search on the web: www.medscape.com
National Public Health Performance Standards Program:
Http://www.phppo.cdc.gov/dphs/nphpsp
Http://www.phppo.cdc.gov/dphs/healthy-people-2010
Http://www.schoolnurse.com

List Serve (free of charge): PHNURSES@u.washington.edu-public health nursing discussion and information group is an open, unmoderated discussion list designed to provide discussion and exchange of information among nursing professionals who provide public health services, and other interested partites.
To subscribe, send an e-mail to listproc@washington.edu and state, “Subscribe PHNURSES” and your name.
Calendar

October

October 12, 1999
10:00 AM
“Screening Guidelines for the Patient at Increased Risk for Breast Cancer and Role of Magnetic Resonance Imaging”
Speaker: Dr. Carolyn M. Kaelin
Sponsored by DPH and Breast Cancer Research Lecture Series and Brigham and Women’s Hospital
Location: Harvard Institutes of Medicine, Conf. Room 109
For More Information Contact Mary Beth Curley at 617-624-5463

November

November 8 – 10, 1999
MHOA 32nd Annual Conference
Sheraton Hyannis Resort
Nurses Day is on Nov 8th!
CEUs
For More Information Contact Ruth Clay at 781-665-1857

December

December 15, 1999
3:00 – 5:00 PM
MA. Prevention Center Training Series
MassCHIP
Greater Lawrence Family Health Center, Lawrence
For More Information Call the Lawrence Prevention Center at 1-800-LIVEWELL

MAPHN Offers Fall Education Session

*ABCs of Viral Hepatitis*
by Barbara Ochester, RN, COHN and Nurse Consultant, Vaccine Management Division, Smith-Kline Beecham

When: October 20, 1999
6:30pm
Where: Wyndham – Westborough
5400 Computer Drive
Westborough, MA 01581

Sponsored by SmithKline Beecham

Free Dinner, Wine and Beer

CEU’s OFFERED

Reservations Required Call 978- 692-5525 by October 15, 1999
News From DPH...

The Role of the Public Health Nurse in Communicable Disease Prevention and Control

By: Tim Broadbent, MPA, Director of Disease Surveillance, Division of Epidemiology and Immunization.

Public Health Nurses at local boards of health have a crucial role in the prevention and control of communicable diseases. The continued successful control of communicable diseases depends on the following:

- Maintaining the communicable disease surveillance system
- Follow-up of disease reports
- Control of outbreaks
- Enforcement of isolation and quarantine regulations
- Ensuring treatment
- Provision of immunizations
- Assurance of safe and sanitary conditions
- Effective communication/collaboration with health care providers

These activities help protect the safety of the public, many of them are mandated by statute and regulations and require clinical assessment and intervention.

Clinical intervention provided by public health nurses and other health care practitioners is critical to infection control at the community level. Broad and comprehensive training of nurses includes clinical evaluation, case management, epidemiology, community health and health education. These skills are essential for:

- Assessment
- Diagnosis
- Development of care plans
- Administration of medications and vaccines
- Disease investigation
- Interpretation of signs, symptoms and laboratory results
- Provisions of health care advice and information
- Formulation of disease control and guidelines and strategies
- Implementation of guidelines and strategies
- Evaluation

While we try to cope with an often insufficient public health infrastructure, we must keep focus critical and essential activities. Failure to do this results in increased morbidity and mortality, the spread of communicable disease and compounding of cost and suffering that occurs when basic disease prevention is no longer effective.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Freq</th>
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<tbody>
<tr>
<td>Amebiasis</td>
<td>47</td>
<td>Hepatitis A</td>
<td>55</td>
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<tr>
<td>Bebesiosis</td>
<td>19</td>
<td>Hepatitis B-Acute</td>
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<tr>
<td>Campylobactor</td>
<td>771</td>
<td>Hepatitis B-Chronic</td>
<td>734</td>
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<tr>
<td>Cryptosporidiosis</td>
<td>27</td>
<td>Pertussis</td>
<td>272</td>
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<tr>
<td>E. Coli 0157:H7</td>
<td>114</td>
<td>Salmonellosis - N/Typhoid</td>
<td>797</td>
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<tr>
<td>Giardiasis</td>
<td>418</td>
<td>Salmonellosis - Typhoid</td>
<td>14</td>
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Regular Membership is open to any current or formerly employed public health nurse including members of currently existing regional public health nurses groups. An associate membership is available to individuals who desire to join and support the Association but do not meet the requirements of regular membership. Associate members may not vote or be a representative on the Board of Directors.

Dues for regular and associate members are $25.00 payable by July 1st of each year.

Membership Application  (Please Fill Out Completely)

Name: ___________________________

Job Title: _________________________

Please Indicate Whether You Want To Receive Mailings At Home Or At Work  H____  W____

Home Address

Work Address

Phone  Work_______________________  Home__________________________

E-mail___________________________  Fax___________________________

Membership--Regular  ______  Associate___________

DPH region_______________________

Committee Interest:  □ Newsletter  □ Legislation  □ Standard Care  □ Conference  □ PR

□ Nominating  □ Orientation.

Make checks payable to: MAPHN, Inc  50 Billericia Road, Chelmsford, MA  01824

Mass. Assoc. of Public Health Nurses, Inc
50 Billericia Road
Chelmsford, MA 01824

Let's Join Together