Quad Council Learning Institute
Vignettes & Discussion Questions

The Quad Council Learning Institute held on October 30, 2011, included lively discussion about how public health nursing is being influenced by the Patient Accountability and Affordable Care Act and the Institute of Medicine, /Future of Nursing/ report. Vignettes from PHN practice reflecting various public health nursing roles were used to stimulate discussion about knowledge and skills required for the future, alignment of PHN with health reform, and engagement of PHN in achieving recommendations of the /Future of Nursing/ report. In response to requests, the vignettes and discussion questions are available for your use.
Vignette #1 Public Health Nurse Member of a Health Equity Team

A public health nurse (PHN) in a local health department is a member of a “Health Equity Team.” Her work on the team started with a project to “capture the voice” of the community that included a participatory photo mapping project with neighborhood youth to identify their feelings about their neighborhood and perceptions of safety. A community supper was organized where the youth presented their findings. The team also contacted stakeholders and residents about their dreams for their neighborhood and a set of recommendations for policy-makers will be presented soon. The PHN and the team are also working on a bike equity program in collaboration with a community group that refurbishes bikes and give them to youth in exchange for volunteer service or academic extra credit hours. Other Health Equity Team activities include GIS mapping of alcohol outlet density and education of African American barber shop owners to screen and refer patrons with hypertension.

“It’s definitely not clinical nursing,” the public health nurse stated. “Our focus is on community-based activities that promote and protect the health of populations. The literature shows that where you live impacts your health. Place matters. This is public health trying to intervene as far upstream as possible. We are looking at prevention.”


Reflect with colleagues on the vignette above and the presentation you just heard. The discussion questions below might help stimulate your conversation.

1) Do public health nurses have the knowledge and skills needed to do this kind of work?

2) In what ways does this contemporary example of PHN work align with health reform and the future of nursing as promoted by the ACA and IOM Future of Nursing report?

3) What aspects of ACA and the IOM Future of Nursing report must be addressed or implemented to help support PHNs doing this type of work better?

Based on your discussion, what insight, idea, or plan will you take back to your practice setting?
**Vignette #2: PHN Director of Chronic Disease Prevention**

A public health nurse works in a leadership position at the state level in chronic disease prevention. She recently led a team that surveyed all the major private benefits plans in the state to determine how they were planning to implement the required provisions in ACA for covering all US Preventive Services Taskforce A and B recommendations at no cost sharing for consumers. She and her team are working on policy and system interventions to improve the consistency with which benefit plans are interpreting and implementing the Taskforce recommendations.

“I am a strong advocate for trying to move public health nurses to focus more on health systems policy and environmental change, and to focus less on direct service delivery,” the Director of Chronic Disease Prevention stated. “Public health nurses have a unique opportunity to use both their clinical and public health knowledge to make a big impact in this area.”

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Vignette #3: Public Health Nursing Dental Caries Education for Children at Risk Using an Evidence Based Intervention

A Department of Nursing faculty member, who recently completed her Doctor of Nursing Practice in Public Health Nursing for her capstone scholarly project, identified an evidence-based intervention for children at risk for dental caries (fluoride varnish) and created a plan for improving the implementation of this intervention in primary care practices in her area. Supported by a Bright Futures grant, she went to group health care practices during lunchtime and provided 1 hour education sessions to nurses and physicians on how they could implement fluoride varnish treatment simply, efficiently, and cost-effectively during well-child visits. She was able to reach 130 nursing staff and 25 physicians during her project. Her 6 month follow-up revealed all but one practice had begun to implement fluoride varnish treatment as part of the well-child and immunization visits.

“Using a ‘pharmaceutical marketing model’ was a cost-effective method to educate a large number of health care providers on implementing a new preventive treatment for high risk children,” reported the DNP student. “This experience was an excellent example of future-oriented public health nursing.”

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Vignette # 4: The Public Health Nursing Role in Communicable Disease Control

In Massachusetts, response to a highly contagious disease like measles takes a multi-disciplinary approach. The incident described here involved coordinated efforts by the diagnosing physician, other clinical staff, local and state epidemiology and public health nursing staff, as well as community partners, including workplace leadership, public transportation officials and the media.

A 32 year old from India arrived in a large metropolitan city in Massachusetts in the spring of 2006. After working in a large corporate office building for several days, using public transportation and living in an area hotel, he presented to a local urgent care center with a rash and a 2 day history of fever, cough, coryza and conjunctivitis. He had no history of receiving MMR vaccine. A clinical diagnosis of measles was made. State and local public health officials were notified. Control measures were immediately put in place, including evaluation of measles immunity among staff and patients in the health care setting where he presented, in his workplace, as well as at community locations he visited during his infectious period. Advisories and alerts were prepared and distributed. Multiple vaccination clinics were held in a variety of community and workplace settings. Surveillance activities led to investigation of 150 suspect measles cases, with a resultant 18 confirmed cases of measles. At a cost of over $200,000, twelve thousand doses of MMR vaccine were distributed for outbreak control. Thirty one communities and seventeen health care facilities were affected by exposure to the index or secondary cases.

Non-immunized and under-immunized persons continue to be a source of concern. Investigation of communicable disease in adults can be complicated, expensive and labor intensive. Public health nurses play a very important role in all aspects of response to communicable disease outbreaks.

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**Vignette #5: PHN Case Manager in a Local Health Dept. Assists an at Risk Expectant Mother**

A PHN Case Manager who works in a local health department in a suburban area of a metropolitan region receives referrals on at-risk pregnant women from the Local Health Dept (LHD) maternity clinic for under-insured and un-insured individuals and families. The referrals are for issues that could adversely affect the pregnancy such as depression, extreme poverty, domestic violence, health-related complications.

The PHN Case Manager receives a referral for “Sonja”, a young woman from El Salvador who was diagnosed with gestational diabetes. Through the computerized scheduling system, the PHN Case Manager notes Sonja’s next clinic appointment and meets with her. She explains Sonja’s condition and the possible adverse effects on her or her baby’s health, as well as explaining the plan of care for Sonja. She discusses Sonja’s upcoming appointments for additional blood glucose testing, but after reviewing Sonja’s health history, she notes that Sonja works late at night, and is concerned she might not make her 7 am appointment. Sonja explains she was too hesitant to tell the clinic staff that she would not be off work in time and had planned to just skip the appointment. The PHN Case Manager talks to the laboratory staff who perform the testing, and they agree that Sonja can come at 8 am instead of 7 am. She sets up a home visit with Sonja to discuss the glucose tests, as well as any other questions or concerns.

At the home visit, the PHN Case Manager brings the results of Sonja’s glucose tests, and some pregnancy health education materials. After a longer interview, she learns Sonja has no English proficiency, is undocumented, works at night for a cleaning company, and rents a bedroom in an apartment with 5 other adults. They discuss the glucose testing results, and the PHN Case Manager asks about Sonja’s diet. She learns Sonja has little money for food, and often eats fried fish and soda that her roommate brings home from her job at a fast food restaurant. She helps Sonja design a healthy eating plan, and sets up an appointment with the county’s Women, Infants, and Children nutrition assistance program (WIC) to be able to purchase healthier food. They discuss Sonja’s plan for her baby. Sonja says she is hesitant to breast feed, since she is told it’s too hard. She also plans to have the baby sleep in her bed, since she does not have money for a crib. The PHN Case Manager provides Sonja some breastfeeding materials and enrolls her in a class, and tells Sonja she will be sure to provide breastfeeding coaching at their future home visits. She enrolls Sonja in a Spanish-language childbirth class at the county community center, and makes a note to call the local chapter of a SIDS prevention group to obtain a portable crib for Sonja. She also enrolls her in a state-sponsored car seat safety class, where she obtains a car seat. She also notices Sonja is having tooth pain, and sets up an appointment at an upcoming free dental clinic at a church.

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