ANNALS OF PUBLIC HEALTH NURSING

IN FLORIDA

DOLORES M. WENNLUND
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DOLORES M. WENNLUND
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PREFACE


THIS HISTORY CONCENTRATES ON THE EVOLUTION AND DEVELOPMENT OF PUBLIC HEALTH NURSING IN THE STATE BOARD OF HEALTH AND LATER THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES. IT IS ACKNOWLEDGED THAT THE CITIES AND COUNTIES HAD EMPLOYED NURSES TO PROVIDE COMMUNITY HEALTH CARE PRIOR TO THE STATE’S EMPLOYMENT OF THE FIRST TUBERCULOSIS NURSES. THIS HISTORY TRACKS THE PATH OF THE STATE AND LOCAL PARTNERSHIP IN PUBLIC HEALTH NURSING.

RESEARCH INTO THE EARLY HISTORY OF PUBLIC HEALTH NURSING IN EACH OF THE VARIOUS COMMUNITIES IS BEYOND THE RESOURCES OF THE AUTHOR AT THIS TIME. HOWEVER, NURSE HISTORIANS SHOULD FIND EXPLORATION OF CITY AND COUNTY RECORDS A RICH SOURCE OF INFORMATION ABOUT NURSING IN OUR STATE.
ACKNOWLEDGEMENTS

SPECIAL THANKS IS DUE TO MARY JANE RUMING WHO DID MUCH OF THE
LEG WORK IN COLLECTING COPIES OF THE OLD ANNUAL REPORTS WHICH
HAVE SET THE TONE OF THIS CHRONICLE OF PUBLIC HEALTH NURSING IN
FLORIDA. SHE, ALONG WITH SADIE READING, IONA PETTENGILL, GRACE
DONOVAN, AND MEMBERS OF THE NURSING AND QUALITY ASSURANCE OFFICE
STAFF HAVE ADVISED, EDITED, ADDED, AND CONTRIBUTED SO MUCH TO
THE WRITING OF THIS HISTORY. I AM PARTICULARLY GRATEFUL TO THOSE
NURSES IN THE COUNTY HEALTH UNITS WHO SHARED ANECDOTES AND
INFORMATION TO ENRICH THIS STORY.
THIS BOOK IS DEDICATED TO THOSE NURSES WHO HAVE SACRIFICED THEIR COMFORT AND SOMETIMES THEIR SAFETY TO FIND THOSE WHO NEED HELP IN ACHIEVING HEALTH AND TO OFFER THEM ASSISTANCE AND GUIDANCE IN THEIR QUEST.

AMERICA’s TWO GREATEST CONTRIBUTIONS TO PUBLIC HEALTH WERE THE PANAMA CANAL AND THE PUBLIC HEALTH NURSE.

WILLIAM H. WELCH, PAST PRESIDENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.
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CHAPTER ONE

THE BEGINNING
1914 - 1919

I HAVE BEEN ESPECIALLY IMPRESSED WITH THE PUBLIC HEALTH NURSES ACROSS OUR NATION, WHO FREQUENTLY GO WHERE NO ONE ELSE WILL GO, AND WHO SPEND HOURS WORKING TO OBTAIN MORE HEALTH CARE FOR THEIR PATIENTS. EDWARD M. KENNEDY.

AT THE TURN OF THE CENTURY, NURSES RECOGNIZED THE IMPACT OF ENVIRONMENTAL AND SOCIAL CONDITIONS ON THE HEALTH OF INDIVIDUALS ESPECIALLY MOTHERS AND CHILDREN. THEIR CONCERN WAS FORMALIZED THROUGH THE INITIATION OF THE HENRY STREET SETTLEMENT AND SCHOOL HEALTH SERVICES BY LILLIAN WALD AND THE ESTABLISHMENT OF VISITING NURSING SERVICES IN SEVERAL MAJOR CITIES IN THE NORTHEAST. MILK STATIONS WERE ESTABLISHED AS THE FORERUNNERS OF WELL CHILD CLINICS TO ENABLE THE NURSES TO EVALUATE THE CONDITIONS OF BABIES AND TO ASSESS THE PARENTING SKILLS OF THEIR MOTHERS. MILK WAS GIVEN TO THE FAMILIES TO GUARANTEE SOME NUTRITION. THE METROPOLITAN INSURANCE COMPANY SOON FINANCED HOME VISITING FOR THEIR POLICY HOLDERS RECOGNIZING THESE NURSING PREVENTIVE SERVICES AS AN ECONOMICALLY SOUND HEALTH AND SOCIAL SERVICE.

NURSES ENGAGED IN THESE ACTIVITIES FOUND THAT FURTHER EDUCATION IN SOCIAL STUDIES, HUMANITIES, AND A VARIETY OF SCIENCES WAS NECESSARY TO CARRY OUT THEIR WORK WITH FAMILIES IN THE COMMUNITY. IT WAS ALSO CLEARLY EVIDENT THAT DISEASE COULD ONLY BE PREVENTED THROUGH TEACHING THE PUBLIC TO PROTECT THEIR OWN HEALTH RATHER THAN TO DEPEND UPON REMEDIAL SERVICES AFTER THEY BECAME ILL. THIS PHILOSOPHY IS THE CORNERSTONE OF PUBLIC HEALTH AND IS SHARED BY ALL THE DISCIPLINES IN THIS SERVICE. NURSES WERE RECOGNIZED AS PRIMARY MEMBERS OF THE PUBLIC HEALTH TEAM. GRADUATE NURSES IN FLORIDA ORGANIZED IN 1912 TO FORM THE STATE NURSES ASSOCIATION. THE AIMS OF THE ASSOCIATION WERE TO RAISE THE STANDARD OF NURSING PRACTICE, TO EXCLUDE NURSES WHOSE CONDUCT WAS UNPROFESSIONAL, AND TO PROMOTE LEGISLATION REQUIRING STATE REGISTRATION.

DR. PORTER, THE FIRST STATE HEALTH OFFICER IN FLORIDA, HAD PUBLIC HEALTH NURSING IN MIND WHEN, IN 1906, HE PROPOSED AN EXPERIMENTAL APPROACH TO THE CONTROL OF TUBERCULOSIS WHICH CENTERED ON THE USE OF DISTRICT NURSES TO CARE FOR PATIENTS IN THEIR HOMES RATHER THAN TO HOSPITALIZE THEM. WHEN DESCRIBING
THE BEGINNING

THIS PROPOSAL IN HIS 1906 ANNUAL REPORT, HE STRONGLY EMPHASIZED PATIENT TEACHING AS FOLLOWS:

HOW TO LIVE HYGIENICALLY, THAT IS TO SAY: EAT PROPER FOOD, BE CLEANLY IN PERSONAL HABITS, DISPOSE OF SPUTUM ASEPTICALLY AND ABOVE EVERYTHING ELSE, TO HAVE AN ABUNDANCE OF PURE WHOLESALE AIR, IS SUPERCEEDING THE FORMER PRACTICE OF DRUG MEDICATION AND LESSENS THE BLEEDING OF THE PATIENT'S PURSE BY NOSTRUMS OF MANY KINDS WHICH FILL THE ADVERTISEMENT SHEETS OF THE DAILY PRESS AND TOO OFTEN THE PAGES OF SECULAR JOURNALS.

THE GRANT REQUEST FOR $10,000 WAS DENIED. IN 1913, THE GRANT REQUEST WAS SUBMITTED AGAIN AND THIS TIME IT WAS EXPANDED TO INCLUDE TEACHING THE FAMILY AS WELL AS THE PATIENT. IT WAS SUCCESSFUL. DR. PORTER DESCRIBED HIS NEED AS FOLLOWS:


THE FOLLOWING YEAR (1914), THREE DISTRICT NURSES WERE EMPLOYED, EACH NURSE WAS RESPONSIBLE FOR 20 TO 24 COUNTIES EXCLUSIVE OF THE LARGER CITIES WHICH HAD ALREADY TAKEN UP THE WORK UNDER THE DIRECTION OF LOCAL HEALTHBOARDS. DUE TO THE LARGE NUMBER OF APPLICANTS, THE NURSES WERE GIVEN A COMPETITIVE EXAMINATION TO DETERMINE THEIR CAPABILITY TO PROVIDE THE REQUIRED SERVICES. A BOARD WAS APPOINTED TO EVALUATE THE APPICANTS TO "OBTAIN THE BEST INFORMED IN THIS LINE OF WORK AND TO ELIMINATE FAVORITISM, FRIENDSHIP, OR POLITICAL PREFERMENT." THE FIRST THIRTEEN NURSES EMPLOYED BY THE STATE BOARD WERE DESCRIBED IN THE 1916 ANNUAL REPORT AS FOLLOWS: "(ONE COLORED) NINE ARE GRADUATES, ONE IS AN EXPERIENCED NURSE WHO HAS HAD SPECIAL COURSES, BUT WHO IS NOT A GRADUATE OF A GENERAL HOSPITAL. THE REMAINING THREE HAVE HAD LITTLE SPECIAL TRAINING, BUT THROUGH EXTENSIVE READING AND STUDY HAVE ACQUIRED A COMPREHENSIVE KNOWLEDGE OF PUBLIC HEALTH SUBJECTS."

THE GENERAL WORK ASSIGNMENT GIVEN TO EACH NURSE WAS AS FOLLOWS:
1. CONDUCT A HURRIED (6 TO 10 WEEKS) SURVEY OF THE DISTRICT LOCATING THE MOST HEAVILY INFECTED AREAS AND INTERVIEW ALL PHYSICIANS TO ENLIST THEIR COOPERATION.
2. INTERVIEW WOMEN'S CLUBS, TRADE ORGANIZATIONS AND OTHER COMMUNITY FACILITIES TO ASSIST THE NURSE TO LOCATE PATIENTS AND TO PROVIDE FINANCIAL HELP TO THE INDIGENT, WORK THROUGH THE SCHOOLS, AND DISTRIBUTE POSTERS AND OTHER EDUCATIONAL MATERIALS.
3. VISIT ALL KNOWN AND SUSPECTED CASES OF TUBERCULOSIS, REPORT THE PATIENT'S CONDITION, THE FINANCIAL CONDITION
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OF THE FAMILY, AND THE SANITARY CONDITION OF THE HOME; TEACH THE PATIENT AND FAMILY PREVENTIVE MEASURES TO CONTROL THE SPREAD OF THE DISEASE AS WELL AS CARE OF THE PATIENT TO IMPROVE HIS OR HER CONDITION; AND LASTLY TO PROVIDE SUPPLIES AS NEEDED.

DR. PORTER, IN HIS ANNUAL REPORTS, RECOGNIZED THAT THE NURSES EXPERIENCED EXTREME DIFFICULTY IN TRAVELING AS A RESULT OF RELATED TRAIN SCHEDULES, POORLY PREPARED FOOD IN CUT-OF-THE-WAY PLACES, AND UNCOMFORTABLE SLEEPING ACCOMMODATIONS AND MARVELED THAT THE NURSES ALWAYS FOUND THE PATIENT EVEN THOUGH IT TOOK A LONG WALK OR DRIVE OR ROWBOAT TRIP TO REACH THEIR DESTINATIONS.

DESPITE THIS CONCERN, THE NURSES REPORTED RESTRICTIONS ON AUTOMOBILE TRAVEL. MS. SHERMAN RECOMMENDED ALLOWANCE MADE, IF ONLY A LIMITED AMOUNT, FOR AUTOMOBILE HIRE AS THERE ARE PATIENTS IN SECLUDED DISTRICTS WHO HAVE NO PHYSICIAN AND IT IS IMPOSSIBLE TO GET A HORSE. IRENE FOOTE COMMENTED, SINCE ELIMINATING THE USE OF AUTOMOBILES, I CANNOT REFRAIN FROM SAYING THAT AUTOMOBILES FOR THE INDIVIDUAL WORKERS WILL BE THE ONLY WAY WE CAN CARRY ON THE VISITS IN A SATISFACTORY WAY TO ANY OF THE RURAL CASES OR COUNTRY SCHOOLS.

THE DISTRICTS ASSIGNED TO THESE THREE NURSES WERE SO LARGE THAT FREQUENT VISITS WERE NOT POSSIBLE AND OFTEN, AS THEY NOTED IN THEIR REPORTS, THEY HAVE FOUND THAT A PATIENT WHO HAD BEEN SEEN ON THE LAST VISIT HAD PASSED TO THE GREAT BEYOND. THE NURSES SOON BROADENED THEIR SERVICES TO ADDRESS THE OTHER HEALTH PROBLEMS THEY ENCOUNTERED IN THEIR PATIENTS AND FAMILIES ESPECIALLY REGARDING CHILD CARE. THE SIGNIFICANCE OF THE NURSES CONTRIBUTION TO THE CARE OF THE TUBERCULOSIS PATIENT AS WELL AS THE IMPROVEMENT OF HEALTH CONDITIONS FOR THEIR FAMILIES WAS READILY RECOGNIZED. IT WAS ALSO EVIDENT THAT THE WORKLOAD WAS TOO HEAVY. THEREFORE, THE STAFF WAS EXPANDED THE FOLLOWING YEAR TO SIX AND THEN IN 1916 TO THIRTEEN NURSES. EACH NURSE WAS ASKED TO SEND A WRITTEN REPORT TO DR. PORTER. EXCERPTS TAKEN FROM THEIR INDIVIDUAL REPORTS GIVE US A HINT OF THE SCOPE OF THEIR SERVICES AND THE CONDITIONS UNDER WHICH THEY WORKED.

FIND THE SANITARY CONDITIONS OF WEST TAMPA VERY BAD INDEED, MOSTLY DUE TO POORLY MANAGED BUCKET SYSTEMS AND THE KEEPING AND STABLING OF COWS IN THICKLY POPULATED PARTS OF TOWN. SHERMAN

IN MARION COUNTY THE WOMAN'S CLUB LABORED WITH ME TO SECURE A REPORT FROM EVERY DOCTOR IN THE COUNTY AS TO THE NUMBER AND LOCATION OF HIS TUBERCULOUS PATIENTS. YOU KNOW THE RESULT - WE HAD NOT ONE RESPONSE. WHILE THE PEOPLE WERE SLOW TO LEARN THE USES OF THE PUBLIC HEALTH NURSE, THEY ARE VERY WILLING. WHILE THE DOCTORS ARE NEGLIGENT IN REPORTING, THEY WILL MOST SURELY CALL US WHEN IN NEED...IN FACT, I HAVE HAD MORE CALLS THAN IT IS POSSIBLE TO ANSWER. SPENCER
THE BEGINNING

THE RESULTS SHOWN, AND ATTITUDE OF THE PEOPLE AT LARGE, PARTICULARLY THE MAJORITY OF PHYSICIANS, THE FIRST TWELVE MONTHS OF MY WORK WAS, TO SAY THE LEAST, DISHEARTENING, BUT I AM PROUD AND HAPPY TO SAY, A CHANGE HAS TAKEN PLACE, ESPECIALLY SO AMONG THE DOCTORS. I AM NO LONGER TREATED WITH INDIFFERENCE, AND THE WORK REFERRED TO AS A JOKE, BUT WITH RESPECT, AND AS A CO-WORKER, AN ALLEY, AND NOT A MIDDLESOME RIVAL. VOORHEES

IN MIAMI I FOUND THE INFANT DEATH RATE VERY HIGH, OF STILLBORN CHILDREN DELIVERED BY MIDWIVES....KEY WEST IS HOPELESS, UNTIL POLITICS ARE REMOVED FROM THE CONTROL OF ALL HEALTH CONDITIONS, IN A COMMUNITY WAY. WHEN A DAIRY OF 26 COWS IS PERMITTED TO EXIST IN THE MOST DENSELY POPULATED PART OF THE ISLAND, THEN NOTHING BUT THE STERN ARM OF THE STATE LAW WILL EVER REACH THEM....I HAVE ASKED THE ASSISTANCE OF THE CLUB WOMEN IN THE MATTER OF STIMULATING CITY COUNCILS IN PASSING HEALTH ORDINANCES, PARTICULARLY SCREENING OF OUTHOUSES AND STORES. I FIND THEM THE "POWER BEHIND THE THRONE" IN VERY MANY Instances ARE LAWS PASSED NOT FROM A SENSE OF DUTY ALWAYS, BUT RATHER TO LESSEN THE CONTINUED AGITATION OF THE CLUB WOMEN...ALTHOUGH THE WORK WAS PRIMARILY FOR THE ADVISE AND INSTRUCTION OF TUBERCULOUS PATIENTS, I HAVE NEVER BEEN ABLE TO REFRAIN FROM TRYING TO IMPROVE CONDITIONS THAT CAME TO MY ATTENTION. FOOTE

LAKE WORTH, PRIVY IN CENTER OF TOWN, DOORS AND VAULT OPEN AND NOT SCREENED. ALSO PEOPLE HERE CLAIM SEWAGE FROM WEST PALM BEACH IS LEFT ON THE BEACH AT LAKE WORTH AT LOW TIDE....I TOOK SWABS FROM THROATS OF 47 CHILDREN, FIVE OF WHICH WERE POSITIVE (IN RESPONSE TO A CASE OF DIPHTHERIA IN A HALLANDALE SCHOOL)ABOUT SEVENTY PERCENT OF THESE CHILDREN HAD ENLARGED TONSILS AND POSSIBLY ADENOIDs AND ABOUT THE SAME PERCENTAGE SUFFERING FROM HOOKWORM. ROACH

I HAVE INTERVIEWED CITY OFFICIALS, SUPERINTENDENTS OF PUBLIC INSTRUCTION, PRINCIPALS OF SCHOOLS AND OTHERS ALWAYS ENDEAVORING TO GET THEM MORE DEEPLY INTERESTED IN BETTER HEALTH AND SANITARY CONDITIONS. SCOTT.

I FIND THAT MANY OF THE PHYSICIANS DO NOT HELP AS MUCH AS THEY COULD DO, BY GETTING NAMES AND ADDRESSES OF CASES OF TUBERCULOSIS AMONG THE COLORED PEOPLE. THEY SAY THE NEGROES COME TO SEE THEM MAYBE ONCE OR TWICE, AND THEN THEY DO NOT SEE THEM AGAIN, AND THAT THEY DON'T FEEL LIKE BOTHERING WITH THEM ANYWAY, ETC. I TOLD ONE DOCTOR THAT I KNEW IT WAS DISCOURAGING, NOT TO HAVE THEM TAKE TREATMENT, AND NOT ANY MONEY TREATING MOST OF THEM, BUT IF THEY WOULD ONLY KEEP THEIR ADDRESSES AND NAMES, SO I COULD FIND THEM, FOR IT IS THE NEGRO AND THE IGNORANT WHITE PEOPLE THAT WE ESPECIALLY WISH TO LOCATE, SO WE CAN INSTRUCT THEM HOW TO PREVENT THE SPREAD OF THE DISEASE, ALSO HOW TO CARE FOR THEMSELVES, BUT SOME OF THE DOCTORS DO NOT TAKE THE INTEREST THEY SHOULD, THOUGH I HAVE GOTTEN ALONG NICELY SO FAR WITH ALL OF THEM. WHEELER
Annals of Public Health Nursing in Florida

The persistence of these nurses in the face of adversity as well as their passion to promote healthy living are testimonies to public health nurses and especially to these pioneers in Florida. Many of the difficulties they faced continue to confront the public health nurse today. Despite their successes, a newly appointed health officer cut the program when faced with budgetary constraints. However, these nurses demonstrated the benefits that can be derived from a public health nursing program focusing on patient teaching, community involvement, a generalized approach to care, and improvement of sanitary conditions. One of the nurses in particular, Irene R. Foote, had an exceptional grasp of the impact of politics and "big business" on the public's health and the delivery of health services. Her report in the 1917 annual report is highly recommended reading. Much of what she says could be said today and be very timely.

Although the state effort had died, the larger cities and counties continued to expand public health nursing activities using a variety of funding sources. Several counties had school nurses conducting school children examinations. Parent teacher associations were active in funding these activities. Jacksonville, the oldest city health department, had a city nurse on staff. St. Augustine and St. Johns County jointly employed a public health nurse in 1913. A black nurse was employed in 1916 by Ormond Beach and Daytona Beach with money provided by the city council, women's club, individuals and the Mary Beth Bethune Industrial School. By 1918, Hillsborough, Dade, and Pinellas counties had appointed visiting trained nurses. One county was completely districted with infant welfare stations to which the visiting nurse made scheduled visits, a prototype for the future.

The need for public health nurses became even more evident after their services were discontinued. The influenza pandemic that claimed so many lives throughout the world, swept through Florida in 1918. Over a four month period, there were close to 13,000 cases and more than 4,000 deaths. During this same year, the new bureau of education and child welfare, created to address the critical health needs of mothers and children, recognized the need for nurses to work with midwives and provide follow up visits to maternity patients. Limited state resources prevented any substantial efforts but the bureau did propose to invite local public health nurses to do the work "after they have proved themselves with some months of service, to become, on consent of their employing boards, members of this bureau at a very nominal addition to their regular salary."

To summarize this first decade of public health nursing, the value of these services were documented and appreciated. However, the existence of statewide nursing services were
SUBJECT TO THE WHIM OF THE STATE HEALTH OFFICER WHO DETERMINED THE ALLOCATION OF FISCAL RESOURCES. MEANWHILE, PUBLIC HEALTH NURSING CONTINUED TO DEVELOP AT THE LOCAL LEVEL WITH LITTLE DIRECTION OR SUPPORT FROM THE STATE BOARD OF HEALTH.
CHAPTER TWO

THE FORMATIVE YEARS
1920 - 1940


THOSE YEARS BETWEEN 1920 AND 1930 SAW THE SLOW AND UNEVEN DEVELOPMENT OF PUBLIC HEALTH NURSING THROUGHOUT THE STATE, IN BOTH URBAN AND RURAL AREAS. GRADUALLY THE STATE APPOINTED STAFF GREW INTO LEADERSHIP AND AUTHORITATIVE POSITIONS. INFORMATION ABOUT NURSING WAS NOT REGULARLY REPORTED DURING THE 1920'S RESULTING IN OCCASIONAL INCONSISTENCIES APPEARING IN THE NARRATIVES WRITTEN ABOUT THIS PERIOD. FOR EXAMPLE, WE DON'T KNOW EXACTLY HOW MANY MIDWIVES WERE PRACTICING, THE NUMBER OF PUBLIC HEALTH NURSES EMPLOYED BY THE STATE BOARD OF HEALTH VARIED FROM FIVE TO TEN. LASTLY, WE ARE NOT REALLY SURE ABOUT THE LENGTH OF RUTH METTINGER'S SERVICE DURING HER FIRST APPOINTMENT. DESPITE THESE QUESTIONS, THERE ARE MANY CLEAR AND UNCONTESTED EVENTS THAT OCCURRED DURING THIS DECADE AND THEY ARE REPORTED HERE.


DURING THIS PERIOD, STATE BOARD OF HEALTH NURSES, JOYCE ELY AND JULE GRAVES DEVOTED FULL TIME TO MIDWIFERY TRAINING AND CERTIFICATION; OTHER NURSES PROVIDED PARENT EDUCATION, COMMUNICABLE DISEASE CONTROL; AND GENERALIZED PUBLIC HEALTH NURSING. THOSE WERE THE DAYS OF SEGREGATION AND ONE BLACK NURSE
THE FORMATIVE YEARS

WAS USUALLY ON STAFF TO WORK WITH THE BLACK MIDWIVES. TRAVEL FOR
THE NURSES WAS DIFFICULT AND HAZARDOUS BUT PARTICULARLY FOR THE
BLACK NURSES SINCE THERE WERE FEW FACILITIES FOR THEM IN THE
RURAL AREAS.

THERE WERE FEW MATERNITY SERVICES IN THE STATE AND THEY WERE
CONCENTRATED IN THE LARGE CITIES. ETHEL KIRKLAND, A CERTIFIED
NURSE MIDWIFE AND CONSULTANT IN THE DIVISION OF NURSING, WHILE
NOMINATING JULE GRAVES FOR AN AWARD IN 1973, DESCRIBED THE
RESULTS OF A SURVEY BY THE STATE BOARD OF HEALTH CONDUCTED IN
1921, "6,000 PERSONS WERE DELIVERING BABIES AND WERE ISSUED
PERMITS TO PRACTICE". FEW OF THE MIDWIVES PRACTICING IN THE
STATE HAD ANY TRAINING. IN THE ABSENCE OF LEGISLATION REQUIRING
LICENSURE, THE BOARD OF HEALTH INSTITUTED THE REQUIREMENT FOR A
"CERTIFICATE OF FITNESS" TO ESTABLISH BASELINE STANDARDS FOR
PRACTICE. ABOUT 500 MIDWIVES WITHDRAW FROM PRACTICE AT THAT
TIME. KIRKLAND DESCRIBED CONDITIONS AS FOLLOWS:

CLASSES FOR MIDWIVES WERE HELD ANYWHERE POSSIBLE. SOME WERE
HELD IN THE COURTHOUSES, CHURCHES, SCHOOLS AND A FEW WERE
HELD IN UNDERTAKER PARLORS. TRANSPORTATION FOR MIDWIVES WAS
VERY POOR AND OFTEN TIMES THE PUBLIC HEALTH NURSES WOULD TAKE
THE MIDWIVES HOME AFTER CLASSES. MANY TIMES MIDWIVES WOULD
WALK 8 OR 10 MILES TO GET TO CLASS. THE MAJORITY OF THE
MIDWIVES PRACTICING HAD VISIONS THAT THEY WERE CALLED BY GOD,
HOWEVER, THE ECONOMIC FACTOR WAS THE MAIN REASON FOR THE LAY
MIDWIVES IN THE FIRST PLACE. MANY COUNTIES IN WEST FLORIDA
HAD NO PHYSICIANS.... MANY OF THESE MIDWIVES WERE PRESSED INTO
SERVICE BECAUSE THERE WAS NO ONE ELSE TO DELIVER THE BABIES.

IN ORDER TO BE GRANTED A CERTIFICATE, ACCORDING TO KIRKLAND,
THEY WERE TAUGHT THE FUNDAMENTALS OF CLEANLINESS SUCH AS
WASHING HANDS, PERSONAL HYGIENE, TO REPORT THE BIRTHS TO THE
LOCAL REGISTRAR, AND NOT TO INTERFERE WITH LABOR IN ANY WAY.
THE NURSES DISTRIBUTED SILVER NITRATE FOR THE BABIES EYES AND
STERILE CORD DRESSINGS AND CORD TIES TO THOSE PERMITTED TO
PRACTICE.

THE CITIES AND MORE DENSELY POPULATED COUNTIES WERE ALSO
INVOLVED IN IMPROVED MATERNAL AND CHILD HEALTH SERVICES. IN
ORANGE AND PINELLAS COUNTIES, FOR EXAMPLE, SPECIAL
DEMONSTRATIONS IN CHILD HEALTH WERE JOINTLY FUNDED DURING THE
SCHOOL YEAR BY THE U. S. PUBLIC HEALTH SERVICE, STATE BOARD OF
HEALTH, AND THE FLORIDA FEDERATION OF WOMEN'S CLUBS. ACTIVITIES
INCLUDED EXAMINATION OF SCHOOL CHILDREN, SPECIAL NUTRITION WORK
AND CHILD HEALTH CENTERS. IN ORANGE COUNTY, THE MEDICAL SOCIETY
CONTINUED THE PROJECT AT THE END OF THE SCHOOL YEAR USING
VOLUNTEER NURSES.

THE ROLLER COASTER RIDE CONTINUED. SEVERE BUDGET PROBLEMS
CONTINUED TO PLAGUE THE NEW BUREAU. THE BUREAU OF CHILD HYGIENE
AND PUBLIC HEALTH NURSING WAS TEMPORARILY ABOLISHED. MISS
METTINGER RESIGNED LEAVING A SKELETON STAFF OF FOUR NURSES WHO
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

HAD BEEN DISCHARGED BUT THEN LATER REHIRED. JOYCE ELY WAS SENT TO SCHOOL TO PREPARE FOR HER LEADERSHIP ROLE IN MIDWIFERY BECOMING THE FIRST LICENSED NURSE MIDWIFE IN FLORIDA. ON THE DEPARTURE OF MISS METTINGER AND THE REESTABLISHMENT OF A NURSING UNIT SHE WAS APPOINTED ACTING NURSING DIRECTOR OF THE DIVISION OF NURSING.

DURING THE 1920'S, THERE WAS A GRADUAL SHIFT IN THE BUREAU OF CHILD HYGIENE TOWARD PUBLIC HEALTH NURSING AND IN 1931 THE BUREAU WAS RENAMED THE DIVISION OF NURSING. IN 1932, THERE WERE NINE PUBLIC HEALTH NURSES EMPLOYED BY THE STATE BOARD OF HEALTH, STATIONED IN JACKSONVILLE, ARCADIOA, DEFUNIAK SPRINGS, FT. PIERCE, LAKE CITY, MADISON, MARIANNA, RUSKIN, AND STARKE. THE STATE CONTINUED TO PROVIDE SERVICES IN RURAL AREAS WHILE THE LARGER CITIES PROVIDED SERVICES WITH LOCAL FUNDING. DURING THIS DECADE, CONDITIONS FOR PUBLIC HEALTH NURSING IMPROVED CONSIDERABLY BUT ONLY AFTER GREAT EFFORTS WERE TAKEN BY THE STATE HEALTH OFFICER TO REVITALIZE THIS SERVICE.

DR. HANSON, APPOINTED STATE HEALTH OFFICER IN 1929, RECOGNIZED THE BENEFITS OF THE NURSING PROGRAM AND MADE SEVERAL ATTEMPTS TO REESTABLISH THE BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING. NOT EVERYONE AGREED WITH HIM ARGUING THAT THE SCOPE OF CHILD HYGIENE, BEGINNING WITH THE PRENATAL PERIOD AND EXTENDING TO 18 OR 21 YEARS OF AGE CONFUSES ADMINISTRATORS IN THE ASSIGNMENT OF ACTIVITIES AND INTRODUCES CONFLICT WITH THE BUREAU OF COMMUNICABLE DISEASE. AS A RESULT OF THIS DISPUTE, HE TOURED SEVERAL STATES (VIRGINIA, GEORGIA, TENNESSEE, AND ALABAMA) TO STUDY AND OBSERVE PUBLIC HEALTH ADMINISTRATION. HIS VISIT IN ALABAMA WAS LARGELY CONFINED TO A DISCUSSION OF NURSING ACTIVITIES. HIS FINDINGS WERE REPORTED IN THE 1932 ANNUAL REPORT:

THE PUBLIC HEALTH NURSING PROGRAM APPEARS TO VARY SOMEWHAT BUT IN PRINCIPLE IS COMPARATIVELY UNIFORM. THE CONSENSUS OF OPINION APPEARS TO BE THAT THERE SHOULD BE A DIVISION OR BUREAU OF PUBLIC HEALTH NURSING WITH AN INDIVIDUAL PROGRAM. PUBLIC HEALTH NURSING IS A SERVICE WHICH IS NEEDED BY NEARLY ALL BRANCHES OF THE HEALTH ORGANIZATION AND THE MOST EFFECTIVE PUBLIC HEALTH NURSING SERVICE WILL BE RENDERED WHERE THERE IS A DIVISION OF PUBLIC HEALTH NURSING WITH A CHIEF NURSE RESPONSIBLE DIRECTLY TO THE ADMINISTRATOR AND WHOSE DUTIES MAY BE SAID TO BE THOSE OF A DISBURSING OFFICER OF NURSING SERVICE.

IN THE ANNUAL REPORT OF THE FOLLOWING YEAR, DR. HANSON NOTES THE RETURN OF MISS ELY FROM EDUCATIONAL LEAVE AND DESCRIBES THE TEMPORARY SUSPENSION OF THE BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING ATTRIBUTING THE MARKED REDUCTION OF THE BUREAU TO ECONOMY AND FOR REORGANIZATION. ONLY THREE NURSES REMAINED TO CARRY ON MATERNITY AND INFANCY WORK AS WELL AS MIDWIFE CONTROL; ONE WAS ASSIGNED TO TUBERCULOSIS FOR TESTING CLINICS AND FOLLOWUP WHEN POSSIBLE. DR. HANSON REMARKS ABOUT THE URGENT NEED
THE FORMATIVE YEARS

FOR NURSING IN THE HOMES OF THE COLORED WITH ACTIVE TUBERCULOSIS SINCE THE TB RATE AMONG THIS GROUP WAS ALMOST FOUR TIMES AS HIGH AS THE white POPULATION. IN HIS 1932 ANNUAL REPORT, DR. HANSON REMARKED "THE MOST ACUTE NEED FOR VISITS BY THE PUBLIC HEALTH NURSE IS IN THE HOMES OF THE COLORED WHERE THERE ARE ACTIVE CASES OF TUBERCULOSIS. IT IS FOR LACK OF NURSING CARE AND PROPHYLAXIS THAT THE TUBERCULOSIS RATE AMONG THE COLORED IN FLORIDA IS 3.6 TIMES AS HIGH AS THE WHITE RATE."

THE THIRD NURSE WAS RETAINED TO PROVIDE PARENT EDUCATION AT THE REQUEST OF THE FLORIDA CONGRESS OF PARENTS AND TEACHERS. METTINGER, IN A SUBSEQUENT ANNUAL REPORT, DESCRIBES THE EXTENT OF THIS SERVICE AND PREPARATIONS FOR IT. FIRST, MISS ANNIE GABRIEL, THE NURSE CONSULTANT, SPENT A YEAR STUDYING CHILD PSYCHOLOGY AND PARENT EDUCATION. THE SCOPE OF THE TEACHING INCLUDED NUTRITION, BEHAVIOR, MENTAL HYGIENE AND PHYSICAL HEALTH. CLASSES WERE ORGANIZED ON A COUNTY WIDE BASIS WITH THE PARENT TEACHER ASSOCIATIONS ORGANIZING AND SCHEDULING THE CLASSES. THE FIRST SERIES, HELD IN ORANGE COUNTY HAD TWENTY-TWO GROUPS MEETING ONCE A WEEK FOR SIX WEEKS. THIS SCHEDULE WAS TOO HEAVY FOR THE INSTRUCTOR AND OTHER LOCALITIES WERE LIMITED TO NO MORE THAN FIFTEEN CLASSES PER WEEK. SPECIAL CLASSES WERE SCHEDULED FOR BLACK GROUPS. IN TAMPA, TWO GROUPS OF CUBANS WERE INSTRUCTED IN SPANISH THROUGH AN INTERPRETER. THE SESSION CONSISTED OF A BRIEF TALK BY THE NURSE FOLLOWED BY QUESTIONS AND ROUND TABLE DISCUSSIONS WHERE PARENTS WERE OFTEN ABLE TO MAKE HELPFUL SUGGESTIONS TO OTHERS. IN THE THREE YEARS OF MISS GABRIEL'S SERVICE, TWENTY-TWO COUNTIES HELD CLASSES AND ABOUT 10,000 PERSONS WERE ENROLLED.

BY THE CLOSE OF 1932, TWO OF THE FORMER NURSES WERE RESTORED TO DUTY. DURING THE PERIOD WHEN THE REPORT WAS WRITTEN, THERE WERE SIX NURSES ON DUTY, DIVIDED INTO FIVE MAJOR NURSING DISTRICTS WITH THE CHIEF NURSE HEADQUARTERED IN THE STATE BOARD OF HEALTH BUILDING. THE NURSES CONTINUED TO WORK CLOSELY WITH THE COMMUNITY INVOLVING THEM IN THEIR WORK AND CONDUCTING HEALTH FAIRS THAT PERSIST TO THIS DAY IN THE RURAL COUNTIES.

LARGELY DUE TO THE EFFORTS OF THE PUBLIC HEALTH NURSES, THE FLORIDA LEGISLATURE PASSED THE MIDWIFE LICENSURE ACT IN 1931 WHICH PROVIDED AN INSTRUMENT TO SUPERVISE AND CONTROL MIDWIFERY PRACTICE. MANUALS FOR STANDARDIZED PRACTICE AND TRAINING PROGRAMS WERE PROMPTLY MADE AVAILABLE. HOWEVER, THE ACT DID NOT HAVE ANY PENALTY CLAUSES WHICH WEAKENED CONTROL. DESPITE THIS DEFICIT, KIRKLAND NOTES THAT SKILLS WERE IMPROVED AND LIFELONG SUPERSTITIONS WERE PUT ASIDE SUCH AS "PLACING AN AX UNDER THE MATTRESS TO CUT LABOR PAIN OR THROWING SALT OVER THE LEFT SHOULDER TO EASE LABOR". IN 1933, IALLA MARY GOGGANS ARRANGED AND DIRECTED THE FIRST MIDWIFE INSTITUTE ON THE TALLAHASSEE CAMPUS OF FLORIDA A. & M. UNIVERSITY. THE PRESIDENT OF THE UNIVERSITY BECAME VERY INTERESTED IN THE MIDWIFE SITUATION PROVIDING HOUSING AND BOARD FOR EACH MIDWIFE FOR $1.00 PER WEEK.
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THE FEDERATION OF WOMEN’S CLUBS AND THE FLORIDA MEDICAL ASSOCIATION PROVIDED TRANSPORTATION FOR 254 MIDWIVES FROM 25 COUNTIES TO ATTEND THE INSTITUTE. THE MIDWIVES THEMSELVES WROTE PRAYERS, A CREED AND A SONG TO SUPPORT AND ENCOURAGE THEM IN THEIR QUEST FOR LEARNING. MANY SIMILAR MEETINGS WERE HELD DURING THE NEXT SEVERAL YEARS.

ALSO DURING 1931, THE FLORIDA LEGISLATURE PASSED CHAPTER 154, AN ACT ENABLING THE ESTABLISHMENT OF COUNTY PUBLIC HEALTH UNITS. THIS ACT DID NOT INCLUDE SPECIFIC LANGUAGE REQUIRING AN ORGANIZED NURSING SERVICE NOR DID IT DELINEATE PROFESSIONAL QUALIFICATIONS FOR PUBLIC HEALTH WORKERS. HOWEVER, THESE ISSUES WERE IMPLIED THROUGH REFERENCE TO A STAFFING REQUIREMENT INCLUDING A PHYSICIAN, A PUBLIC HEALTH NURSE, A SANITARIAN, AND A CLERK ALL PREPARED IN PUBLIC HEALTH APPROPRIATE TO THEIR DUTIES. THIS STAFFING REQUIREMENT APPLIED TO ALL COUNTIES. NO FUNDING WAS APPROPRIATED UNTIL 1939. HOWEVER, THE SOCIAL SECURITY ACT OF 1935 PROVIDED FUNDS FOR COUNTIES TO GET ORGANIZED AND HIRE STAFF.

IN 1934, RUTH METTENDER RETURNED AS THE DIRECTOR OF THE NEWLY ESTABLISHED BUREAU OF PUBLIC HEALTH NURSING. THESE WERE DEPRESSION YEARS AND MANY PEOPLE WERE SUFFERING. HOWEVER, NURSING RECOGNIZED AN OPPORTUNITY THROUGH THE FEDERAL EMERGENCY RELIEF ACT (FERA) WHICH MADE FEDERAL FUNDS AVAILABLE TO ENABLE A SIZEABLE INCREASE IN THE NURSING STAFF. ELEVEN SUPERVISORS AND 275 COUNTY NURSES WERE HIRED — WHAT AN EXCITING TIME THAT WAS! IT PROVED TO BE EVEN MORE EXCITING WHEN THE FUNDING WAS REDUCED AND THEN TERMINATED FOR A SHORT TIME. AT METTENDER’S REQUEST, THE FLORIDA STATE NURSES’ ASSOCIATION APPOINTED A COMMITTEE TO PLAN FOR THE NURSING ACTIVITIES OF THE RELIEF PROGRAM. DR. HANSON AND MISS CLARIBEL WHEELER OF THE NATIONAL LEAGUE OF NURSING EDUCATION ALSO ATTENDED THE MEETING. DISTRICT ASSOCIATIONS WERE ASKED TO WORK WITH SOCIAL SERVICE WORKERS TO IDENTIFY THE NUMBER OF NURSES ON RELIEF OR IN NEED OF RELIEF. BETWEEN 250 AND 300 NURSES HAD BEEN OUT OF WORK FOR LONGER THAN SIX MONTHS. THE NURSES EMPLOYED WERE SELECTED FROM THIS LIST. THE FERA SET ASIDE A DEFINITE AMOUNT OF MONEY EACH MONTH AND FIXED THE SALARIES THAT COULD BE PAID. NURSES WERE ASSIGNED TO 64 COUNTIES (THREE COUNTIES HAD DECLINED THE OFFER OF NURSING SERVICE). METTENDER STATES IN THE FIRST ANNUAL REPORT OF THE NEW BUREAU "EFFECTIVE FEBRUARY 1, ALL LOCAL NURSING PROJECTS WERE DISCONTINUED AND WERE PLACED UNDER A GENERAL STATE-WIDE NURSING PROGRAM DIRECTED BY THE STATE BOARD OF HEALTH". EACH NURSE WAS REQUIRED TO COMPLY WITH THE FLORIDA STATE REGISTRATION LAW AND WERE ALSO ASKED TO JOIN THEIR DISTRICT NURSES' ASSOCIATIONS. THIS REQUEST COULD NOT BE ENFORCED BECAUSE IT WAS NOT REQUIRED BY LAW.

STANDING ORDERS FOR NURSING MANAGEMENT OF ALL TYPES OF PATIENTS WERE WRITTEN FOR PUBLIC HEALTH AND SCHOOL NURSES. THEY WERE DEFINED AS "THOSE ORDERS FOR TREATMENT AND MEDICATION, ENDORSED
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BY EACH LOCAL MEDICAL ADVISORY COMMITTEE, TO BE USED ONLY WHEN THERE IS NO PHYSICIAN IN ATTENDANCE OR WHEN PREVIOUS ORDERS HAVE NOT BEEN LEFT BY THE ATTENDING PHYSICIAN; IN WHICH CASE, THEY SHOULD BE USED ONLY UNTIL IT HAS BEEN POSSIBLE TO COMMUNICATE WITH THE PHYSICIAN". ALMOST FIFTY YEARS LATER, THERE AROSE A SERIOUS DISPUTE ABOUT THE SCOPE OF PUBLIC HEALTH NURSING PRACTICE THAT ULTIMATELY RESULTED IN ENACTMENT OF LEGISLATIVELY DEFINED AUTHORITY FOR THE NURSE TO PROVIDE MEDICATIONS UNDER STANDING ORDERS.

MAJOR FOCUS OF THE NURSING SERVICE REMAINED IN MATERNAL AND CHILD HEALTH. HOWEVER, THE NURSING DIRECTOR, AWARE THAT FEDERAL FUNDING CAN BE REDUCED OR WITHDRAWN, ENCOURAGED THE NURSES TO ORGANIZE LOCAL COMMITTEES CALLED PUBLIC HEALTH NURSING COUNCILS WITH REPRESENTATIVES FROM ALL ORGANIZATIONS IN THE COMMUNITY. THEY WERE MEANT TO ACQUAINT THE COMMUNITY WITH THE SERVICES PROVIDED BY PUBLIC HEALTH NURSES AS WELL AS THE HEALTH NEEDS OF THE PEOPLE OF THAT COMMUNITY. THESE COUNCILS BECAME ADVOCATES FOR THE NURSES OFTEN HELPING TO SECURE SUPPLIES FOR THE CLINICS AND PROVIDING VOLUNTEER SERVICES, LOAN CLOSETS, AND OTHER AUXILIARY SERVICES. IN SOME COUNTIES, THE COMMISSIONERS WERE SO IMPRESSED THAT APPROPRIATIONS WERE MADE TO CONTINUE THE SERVICE WHEN FUNDING WAS CURTAILED AND IN SOME CASES, ESTABLISHED COUNTY HEALTH DEPARTMENTS. THIS WAS THE BEGINNING OF THE STATE - COUNTY PARTNERSHIP IN PUBLIC HEALTH.

MISS METTINGER WAS A STAUNCH SUPPORTER OF ADVANCED AND SPECIALIZED EDUCATION FOR PUBLIC HEALTH NURSES. WHEN FACED WITH THE EMPLOYMENT OF LARGE NUMBERS OF UNQUALIFIED PUBLIC HEALTH NURSES THROUGH THE FEDERAL EMERGENCY RELIEF ACT SHE NOTED "IT IS GENERALLY CONCEDED THAT HOSPITAL TRAINING IS NOT SUFFICIENT PREPARATION FOR PUBLIC HEALTH NURSING, BUT SINCE THIS PROJECT IS PRIMARILY FOR UNEMPLOYED GRADUATE NURSES RESIDING IN THE STATE AND IT WAS IMPOSSIBLE FOR PUBLIC HEALTH TRAINED NURSES TO BE SECURED, DISTRICT SUPERVISORS WITH PUBLIC HEALTH TRAINING AND EXPERIENCE WERE PLACED AT CENTRAL POINTS THROUGHOUT THE STATE TO ASSIST NURSES WITH THEIR PROGRAM AND TO INTRODUCE THE NURSES TO THE FIELD AND GIVE CONTINUOUS SUPERVISION." DR. SPOTO, THE DIRECTOR OF THE HILLSBOROUGH COUNTY HEALTH UNIT, SUPPORTED METTINGER'S POSITION COMPARING THE PUBLIC HEALTH NURSES TO THE INFANTRY IN AN ARMY AND RECOMMENDED THAT WELL QUALIFIED SUPERVISORS SHOULD BE AVAILABLE TO A NURSING STAFF OF FOUR OR MORE.

IN ORDER TO PREPARE THE FERA NURSES FOR THEIR WORK, TRAINING INSTITUTES WERE HELD. ONE HELD IN TAMPA HAD FIFTEEN COUNTIES IN SOUTHWEST FLORIDA REPRESENTED WITH SIXTY-FIVE NURSES ATTENDING. PUBLIC HEALTH ORGANIZATION, RECORDS, AND TECHNIQUES WERE CONSIDERED WITH AN EMPHASIS ON PATIENT TEACHING. SPECIALISTS FROM VARIOUS FIELDS PRESENTED TECHNIQUES TO BE USED, E.G. THELMA MCCORREL OF THE METROPOLITAN LIFE INSURANCE COMPANY DEMONSTRATED COMMUNICABLE DISEASE TECHNIQUES, ANNA GRACE WHITTLE DEMONSTRATED
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A COMPLETE RURAL SCHOOL INSPECTION, LYDIA HOLZSCHEITER DEMONSTRATED THE USE OF RECORDS, MARY MATTHEWS DISCUSSED THE PREGNATAL VISIT, AND JOYCE ELY DESCRIBED MIDWIFE SUPERVISION AND BAG INSPECTION.

DURING THIS DECADE, THERE WAS AMPLE EVIDENCE OF THE SCOPE AND NATURE OF PUBLIC HEALTH NURSING IN THE YEARS TO COME. AS ALREADY MENTIONED, THE EXTENDED SCOPE OF PRACTICE OF THE PUBLIC HEALTH NURSE CAME UNDER FIRE MUCH LATER. THE GROUNDWORK FOR OTHER PROGRAMS AND ISSUES WERE ALSO LAID. FOR EXAMPLE, A STATEWIDE SYSTEM OF SUPERVISION, AND LATER CONSULTATION, WAS ESTABLISHED; NURSE TRAINING INSTITUTES WERE BEGUN; QUALIFICATIONS FOR PUBLIC HEALTH NURSING PRACTICE AND STANDARDS OF PRACTICE WERE DESCRIBED AND INITIATED; AND ALSO, THE CONTROVERSY BETWEEN GENERALIZED AND SPECIALIZED PRACTICE CAME TO LIGHT. IN A SPECIAL ANNUAL REPORT TUBERCULOSIS IN GENERALIZED PUBLIC HEALTH NURSING PROGRAM METTINGER DESCRIBES THE SITUATION AS FOLLOWS:

UNTIL RECENT YEARS, A SPECIALIZED PROGRAM WAS USUALLY CONSIDERED WHEN A COMMUNITY PUBLIC HEALTH NURSING SERVICE WAS ORGANIZED. THIS MAY HAVE BEEN DUE TO THE FACT THAT ONE INDIVIDUAL, POSSIBLY THE CONTRIBUTOR OF THE LARGER PORTION OF THE NURSE'S SALARY, WAS PARTICULARLY INTERESTED IN INFANT WELFARE, OR PERHAPS THE TUBERCULOSIS ASSOCIATION WISHED TO EMPLOY A NURSE TO SPECIALIZE IN THIS PARTICULAR BRANCH OF NURSING.

IT IS NOW THE CONSENSUS OF OPINION THAT A GENERALIZED PUBLIC HEALTH NURSING PROGRAM NOT ONLY REDUCES THE COST, BUT MORE ADEQUATE SERVICE IS GIVEN. WITH ONE NURSE VISITING IN THE HOME, IT WOULD NATURALLY MAKE FOR LESS CONFUSION IN THE MINDS OF THE PARENTS. FURTHERMORE, THE NURSE CAN MAKE DEFINITE PLANS AND GIVE SOUNDER ADVICE.

NURSES TRAINED TO DO A GENERALIZED PROGRAM FIND IT IMPOSSIBLE TO IGNORE PROBLEMS WITH WHICH THEY ARE CONFRONTED EVEN THOUGH THEY ARE NOT DIRECTLY RESPONSIBLE FOR THEIR SOLVING. TUBERCULOSIS IS STILL A FAMILY PROBLEM, EVEN THOUGH WE NOW KNOW IT IS NOT A HEREDITARY DISEASE.

THE 1930'S WERE TRULY FORMATIVE YEARS. MANY OF THE STANDARDS THAT WERE SET IN THOSE DAYS ARE STILL APPLICABLE TODAY. MANY OF THE ISSUES THAT WERE SURFACED STILL PERSIST. IT IS TRULY A CONTINUALLY CHANGING AND CHANGELESS PRACTICE.
CHAPTER THREE

THE WAR YEARS
1941 - 1945

WE MUST DO EVERYTHING IN OUR POWER TO BECOME PROFICIENT; NOT ONLY KNOWING THE SYMPTOMS AND WHAT IS TO BE DONE BUT SO THAT WE CAN ALSO TRAIN OTHERS TO KNOW THE REASON. —FLORENCE NIGHTINGALE

THE COUNTRY WAS IN A DEEP RECESSION DURING THE EARLY PART OF THE 1930’s AND DID NOT FULLY RECOVER UNTIL AFTER WORLD WAR II. THESE WERE DIFFICULT TIMES FOR EVERYONE. DEPRIVATION EXAC TED A COST IN A PERSON’S HEALTH. THE TRUE COST WAS FOUND WHEN SO MANY YOUNG MEN WERE FOUND TO BE INELIGIBLE FOR THE DRAFT INTO MILITARY SERVICE BECAUSE OF DENTAL AND NUTRITIONAL DEFICITS. BECAUSE THE NEED FOR HEALTH CARE WAS SO GREAT, COMMUNITIES WERE EAGER TO ESTABLISH HEALTH DEPARTMENTS TO MEET THEIR MOST BASIC HEALTH CARE NEEDS, ESPECIALLY FOR WOMEN AND CHILDREN.

IN 1931, THE STATE LEGISLATURE HAD PASSED A LAW ENABLING THE VARIOUS COUNTIES TO ESTABLISH PUBLIC HEALTH DEPARTMENTS. TAYLOR COUNTY ESTABLISHED THE FIRST HEALTH DEPARTMENT IN 1930. BY 1940, THERE WERE 26 COUNTY HEALTH DEPARTMENTS; 45 IN 1946. FLAGLER COUNTY WAS ALONE IN ESTABLISHING ITS HEALTH DEPARTMENT BY REFERENDUM WITH A POPULAR VOTE OF 5:1 IN FAVOR OF A HEALTH DEPARTMENT. THE HAMILTON COUNTY SCHOOL BOARD WAS SO EAGER TO HAVE PUBLIC HEALTH SERVICES THAT THEY PROVIDED START UP FUNDS FOR THE HEALTH DEPARTMENT. THE SUCCESS OF THIS MOVEMENT THROUGHOUT THE STATE CAN BE LARGELY ATTRIBUTED TO THE EFFORTS OF THE PUBLIC HEALTH NURSES WORKING WITH COMMUNITY GROUPS AND CREATING SUCH A FAVORABLE RELATIONSHIP WITH THEM. THIS ACTIVITY ALSO CREATED OPPORTUNITIES FOR THE ADVANCEMENT OF AND INCREASE IN PUBLIC HEALTH NURSING SERVICES.

AS THEY ESTABLISHED HEALTH DEPARTMENTS, THOSE COUNTIES WITH EXISTING PUBLIC HEALTH SERVICES SUCH AS CITY HEALTH DEPARTMENTS OR SCHOOL NURSING SERVICES CONSOLIDATED WITH THOSE AGENCIES TO CREATE A SINGLE PUBLIC HEALTH AGENCY. DUVAL COUNTY WAS THE SOLE EXCEPTION WITH JACKSONVILLE MAINTAINING A SEPARATE CITY HEALTH DEPARTMENT. HOWEVER, CONSOLIDATION CREATED SOME DIFFICULTIES FROM TIME TO TIME. FOR EXAMPLE, A PUBLIC HEALTH NURSING SUPERVISOR IN HILLSBOROUGH COUNTY HEALTH UNIT WAS REPLACED WHEN THIS UNIT WAS UNITED WITH THE TAMPA CITY HEALTH DEPARTMENT. SHE WAS OFFERED A POSITION IN ANOTHER COUNTY AFTER A FAIR AND IMPARTIAL HEARING BY THE MERIT SYSTEM BUT CHOSE RETIREMENT INSTEAD.
NETTA KESSLER, NURSING DIRECTOR IN BROWARD COUNTY, TELLS OF THE LEAN YEARS IN THE EARLY DEVELOPMENT OF COUNTY HEALTH UNITS:

VERY SMALL BUDGETS WERE APPROPRIATED THEN AND SOMETIMES THE TAXES DID NOT COME IN AS THEY SHOULD. ON ONE OCCASION THE STAFF HAD TO GET SUPPORT OF THE COMMUNITY IN ORDER TO PAY THE SALARIES. WE WERE THREE MONTHS BEHIND IN PAY AND WE HAD TO EAT. DR. SCHWALB TALKED TO THE MEN’S CLUBS; MR. JOHNS, THE SANITARIAN, TO THE DAIRIES; AND I, TO THE WOMEN’S CLUBS. WE REALLY WERE TEACHING HEALTH EDUCATION EVEN THAT LONG AGO. BY TALKING TO THESE GROUPS, WE HAD AN EXCELLENT OPPORTUNITY TO TELL THEM ABOUT OUR WORK AND THEY SEEMED TO LISTEN ATTENTIVELY FOR THE MONEY WAS FORTHCOMING - $1500 OF IT - AND WE CONTINUED OUR WORK.

THE WAR YEARS WERE CHARACTERIZED BY RAPID CHANGE IN THE FIELD OF PUBLIC HEALTH NURSING. SERVICES HAD TO BE LIMITED, NON- NURSES WERE TAUGHT TO PERFORM NURSING PROCEDURES, AND THE NURSE EXTENDED HERSELF BY WORKING WITH GROUPS IN THE CLINICS RATHER THAN INDIVIDUAL FAMILIES IN THEIR OWN HOMES.

MILITARY DEVELOPMENT

THERE WAS A RAPID GROWTH IN DEMAND FOR NURSING SERVICES IN RESPONSE TO THE CREATION OF THE COUNTY HEALTH UNITS AND THE INCREASING NUMBERS OF CLINICS. THE DEMAND WAS FURTHER EXTENDED BY THE OPENING OF CAMP BLANDING IN 1941 IN NORTHEAST FLORIDA. THE NEEDS OF CIVILIANS AROUND A MILITARY POST SOON BECAME EVIDENT. METTINGER NOTES THAT IMMUNIZATIONS, PRENATAL SERVICES, AND INFANT AND PRESCHOOL CARE WERE PROVIDED BY PUBLIC HEALTH NURSES FROM THE SURROUNDING COUNTIES. THE NURSES WERE ASSIGNED TO THE POST AREA FOR TWO DAYS A WEEK. NURSING CONSULTANTS FROM THE CHILDREN’S BUREAU AND THE U.S. PUBLIC HEALTH SERVICE VISITED THE STATE TO ASSESS THE STATUS OF NURSING. FIVE LEND-LEASE NURSES FROM THE U.S. PUBLIC HEALTH SERVICE WERE ASSIGNED TO FLORIDA WITH THE UNDERSTANDING THAT THEY WOULD BE PLACED IN OR NEAR DEFENSE AREAS. PUBLIC HEALTH SERVICE (PHS) INFIRMARIES WERE ESTABLISHED IN PANAMA CITY AND KEY WEST. AN AGREEMENT WAS REACHED ASSURING THAT ONE OF THE PHS NURSES ASSIGNED TO EACH OF THE INFIRMARIES WOULD BE ATTACHED TO THE LOCAL COUNTY HEALTH UNIT AND WOULD DEVOTE HER TIME TO FIELD WORK IN ADDITION TO THE CLINIC SERVICE.

THE AWARENESS OF NURSING INVOLVEMENT IN DISASTER RELIEF TRIGGERED AN AMERICAN RED CROSS SPONSORED INSTITUTE ON THIS SUBJECT. MANY OF THE SOUTHERN STATES WERE REPRESENTED. ISSUES RELATED TO HAZARDS IN THE COMMUNITY, DIVISION OF RESPONSIBILITIES, AND INTERAGENCY COMMUNICATION AND COOPERATION WERE EXPLORED. THIS PLAN FORESAWED THE DISASTER RELIEF PROGRAMS THAT CONTINUE TO THIS DAY.
THE WAR YEARS

METTINGER WAS APPOINTED CHAIRMAN OF THE NATIONAL NURSING COUNCIL FOR WAR SERVICE AND ALSO STATE NURSE DEPUTY TO THE STATE EMERGENCY MEDICAL OFFICER. COUNCILS WERE SET UP TO RECRUIT STUDENT NURSES FOR THE CADET NURSE PROGRAM AND CARRY ON THE ACTIVITIES OF THE OFFICE OF CIVIL DEFENSE. NO INFORMATION ABOUT THE MILITARY SERVICES OF FLORIDA NURSES IS INCLUDED IN THE ANNUAL REPORTS. A REPORT FROM PALM BEACH COUNTY INFORMED US THAT MARY MATTHEWS, WHO LATER BECAME THE NURSING DIRECTOR IN PALM BEACH COUNTY HEALTH DEPARTMENT, WAS THE FIRST NURSE OFFICER TO GO OVERSEAS DURING WORLD WAR II. SHE WROTE A BIOGRAPHY CALLED "A NURSE CALLED MARY" ABOUT HER EXPERIENCES.

ALTHOUGH THERE WAS NO MENTION OF THE RESPONSE OF FLORIDA'S NURSES TO THE CALL TO MILITARY DUTY IN THE ANNUAL REPORTS, SUCH INFORMATION WAS PASSED ALONG BY WORD OF MOUTH. FOR EXAMPLE, SEVERAL NURSES WHO LATER BECAME STATE NURSING DIRECTORS SERVED IN THE MILITARY. ENID MATHISON WAS WITH THE ARMY NURSE CORPS IN VARIOUS POSTS IN THE U.S. AND THEN LATER IN THE PHILIPPINES AND IN JAPAN WITH THE ARMY OF OCCUPATION. DURING THAT DUTY HER SKILLS IN PUBLIC HEALTH WERE USED TO TEACH JAPANESE MOTHERS AND MIDWIVES MODERN MATERNITY CARE. SADIE READING WAS A CAPTAIN IN THE ARMY NURSE CORPS AND SERVED IN THE EUROPEAN THEATER OF OPERATION. ANOTHER ARMY NURSE WAS DOLORES WENNUNDLUND WHO SERVED IN THE SOUTH PACIFIC ON A VARIETY OF ISLANDS FINALLY REACHING THE PHILIPPINES. MARTHA LONG, LATER THE NURSING DIRECTOR IN HILLSBOROUGH COUNTY HEALTH DEPARTMENT, WAS IN THE NAVY DURING THE WAR. DOROTHY EBERSBACH, WHO LATER BECAME A SUPERVISOR IN HILLSBOROUGH COUNTY PUBLIC HEALTH UNIT, WAS A PILOT WHO FERRED PLANES FROM ONE POST TO ANOTHER FOR THE MILITARY. WOMEN PILOTS WERE NOT OFFERED MILITARY RANK AT THAT TIME. IN FACT, DURING THE EARLY DAYS OF THE WAR NURSES WERE GIVEN "RELATIVE RANK" BUT LATER THIS WAS AMENDED TO REGULAR RANK.

NURSING SERVICES

DURING THE WAR YEARS, 1942 TO 1945, MANY CHANGES IN THE MODE OF DELIVERY OF SERVICES WERE MADE AS A RESULT OF THE MARKEDLY INCREASED WORKLOAD. MANY NURSING ACTIVITIES WERE DELEGATED TO NON-NURSING PERSONNEL IN ORDER TO MEET PATIENT NEEDS. FOR EXAMPLE; LAY WORKERS WERE EMPLOYED TO DO FOLLOW-UP ON VENEREAL DISEASE PATIENTS. THE NURSES PROVIDED INSTRUCTION, ASSISTANCE AND OBSERVATION OF THE PRACTICE OF THESE WORKERS.

NURSING SUPERVISOR'S CONFERENCES WERE CALLED ANNUALLY AND SOMETIMES MORE OFTEN TO DEVELOP STANDARDS FOR SAFE PRACTICE. THE NURSES' ANXIETIES ABOUT DELEGATING SOME OF THEIR ACTIVITIES WAS REFLECTED IN THE AGENDA ITEMS OF THE CONFERENCES. CONCERN ABOUT THE EMPLOYMENT OF NURSES AIDES BECAME ONE OF THE ISSUES DISCUSSED.

FACING THE LIKELIHOOD OF REDUCTIONS IN SERVICE, PRIORITIES FOR HOME VISITING HAD TO BE ESTABLISHED. SELECTION OF MATERNITY
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

CASES FOR HOME VISITING WERE BASED ON CRITERIA SET BY THE U.S. PUBLIC HEALTH SERVICE;
1. MOTHERS WHO WERE PREGNANT FOR THE FIRST TIME.
2. THOSE WOMEN WHO HAVE HAD COMPLICATIONS WITH PREVIOUS PREGNANCIES.
3. THOSE WOMEN WHO ARE DEPENDENT UPON MIDWIVES FOR DELIVERY.
4. THOSE WHO ARE DELIVERED IN THEIR OWN HOMES.

PREVISIT PLANNING TO MEET THE HEALTH NEEDS OF THE ENTIRE FAMILY WERE EMPHASIZED ALONG WITH HEALTH EDUCATION. DURING 1943, PUBLIC EDUCATION ABOUT VENEREAL DISEASE WAS INAUGURATED AS WELL AS MOTHERS' CLASSES FOR SELF AND INFANT CARE. A LANDMARK ACTIVITY WAS INITIATED THROUGH THE ESTABLISHMENT OF "CHILD SPACING CLINICS" IN COUNTY HEALTH UNITS. ETHEL PETERS, A REPRESENTATIVE OF THE PLANNED PARENTHOOD FEDERATION OF AMERICA, CONDUCTED A SERIES OF INSTITUTES OUTLINING POLICIES, REASONS FOR THE SERVICE, AND THE NURSES' PART IN THE PROGRAM. NEEDLESS TO SAY, THIS PROGRAM WAS HANDLED VERY DISCREETLY.

OBSERVATION, SUPERVISION AND EDUCATION OF MIDWIVES, ESPECIALLY IN THE RURAL AREAS CONTINUED TO BE A MAJOR RESPONSIBILITY OF THE NURSING DIVISION. THERE WERE STILL DIFFICULTIES IN SECURING ADEQUATE MEDICAL CARE FOR MOTHERS EXPERIENCING COMPLICATED DELIVERIES OR IN NEED OF HOSPITALIZATION. SOME OF THE RESPONSIBILITIES FOR SUPERVISION OF THE LAY MIDWIVES WERE ALSO SHARED WITH THE COUNTY HEALTH UNITS. A NURSE MIDWIFE FROM BROWARD COUNTY, MARY REID, TOLD OF HER DISMAY WHEN SHE FOUND GROCERIES, STEWING NECK BONES AND SUCH IN THE MIDWIVES BAGS. SHE DESCRIBED HER TEACHING METHODS AS TALKS, DEMONSTRATIONS, AND PICTURES BECAUSE SO MANY OF THE MIDWIVES WERE UNABLE TO READ. SLOWLY SHE SAW THE RESULTS OF HER TEACHING AS THE MIDWIVES MADE GREATER USE OF SOAP AND WATER TO CLEAN THEMSELVES, THE MOTHERS AND THE BABIES. ATTENDANCE AT PRENATAL AND WELL CHILD CLINICS BEGAN TO IMPROVE AS WELL.


THE FIRST PUBLIC HEALTH NURSING MANUAL WAS PUBLISHED IN 1941. THE STATED PURPOSE OF THE MANUAL WAS TO PROMOTE "BETTER QUALIFICATIONS; SAFER TECHNIQUES; AND BETTER STANDARDS OF WORK" THE SUBJECT MATTER INCLUDED PERSONNEL POLICIES AND CONDITIONS OF WORK; MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS; EDUCATIONAL AND

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EXPERIENCE QUALIFICATIONS FOR COUNTY NURSING SUPERVISORS, PUBLIC HEALTH NURSES, AND JUNIOR NURSES; UNIFORM REQUIREMENTS AND NURSING BAG CONTENTS AND TECHNIQUES.

THE AMERICAN WAR COMMUNITY SERVICES ORGANIZATION WAS URGING COMMUNITIES TO ESTABLISH VISITING NURSE SERVICES FINANCED BY LOCAL COMMUNITY CHESTS. ACCORDING TO THE 1944 ANNUAL REPORT, JACKSONVILLE HAD THE NUCLEUS OF SUCH AN ORGANIZATION. THE NATIONAL ORGANIZATION OF PUBLIC HEALTH NURSING ASSISTED IN DEVELOPING THE VISITING NURSING SERVICE WITHIN THE CITY HEALTH DEPARTMENT AS A SPECIALIZED UNIT. IT WAS ESTABLISHED AS A COOPERATIVE VENTURE WITH SEPARATE STAFFS FOR EACH SERVICE, AND ONE NURSING DIRECTOR SERVING FOR BOTH THE VISITING NURSE SERVICE AND THE HEALTH DEPARTMENT. PLANS WERE MADE FOR SIMILAR PROGRAMS IN MIAMI AND PENSACOLA. THIS BECAME THE MODEL FOR THE DELIVERY OF HOME NURSING SERVICES THROUGHOUT THE STATE. THE MAJORITY OF THE COUNTY HEALTH UNITS SUBSEQUENTLY PARTICIPATED IN HOME NURSING.

EDUCATION

THE NEED FOR ADVANCED EDUCATION FOR PUBLIC HEALTH NURSES WAS BASED ON THE SCOPE OF SERVICES EXPECTED OF THEM AND THE INDEPENDENT NATURE OF THEIR PRACTICE. THEY WORKED ALONE, REMOTE FROM SUPERVISION AND DIRECTION AND EVEN COLLEGIAT ADVISE AND SUPPORT. THEY WERE EXPECTED TO RECOGNIZE AND MANAGE EARLY SYMPTOMS OF DISEASE AND COMMON ILLNESSES NOT SEEN IN HOSPITALS. THEY WORKED IN THE PATIENTS' MILIEU NOT THE MEDICAL SETTING. THEREFORE, THEY WERE GUESTS IN THE PATIENTS' HOMES AND HAD TO BE FAMILIAR WITH ETHNIC AND CULTURAL MORES SO THAT THEY DID NOT OFFEND THEIR PATIENTS/HOSTS. MORE IMPORTANTLY, THE NURSE HAD TO BE NON-JUDGMENTAL IN ORDER TO GAIN THEIR PATIENTS' CONFIDENCE AND THUS BE ABLE TO ENGAGE THEIR PATIENTS' INTERESTS AND WILLINGNESS TO FOLLOW THE NURSES' SUGGESTIONS. LASTLY, PUBLIC HEALTH NURSING DEPENDED ON THE COMMUNITY FOR FINANCIAL SUPPORT NOT PATIENT FEES FOR SERVICE. THEREFORE, THEY NEEDED KNOWLEDGE OF POLITICAL FORCES, COMMUNITY ORGANIZATION AND WAYS TO INVOLVE KEY PEOPLE TO ASSIST THEM TO REACH THEIR GOALS. KNOWLEDGE OF THIS SORT WAS NOT USUALLY INCLUDED IN THE NURSING CURRICULUM.

STANDARDIZED REQUIREMENTS FOR A PROGRAM OF STUDY IN PUBLIC HEALTH NURSING WERE ESTABLISHED BY THE NATIONAL ORGANIZATION OF PUBLIC HEALTH NURSING AND NURSING EDUCATION. THE QUALIFICATIONS ESTABLISHED BY THE FLORIDA STATE BOARD OF HEALTH WERE BASED ON THESE STANDARDS AND INCLUDED AN APPROVED PROGRAM OF PUBLIC HEALTH NURSING STUDY. AN APPROVED PROGRAM WAS ONE OF AT LEAST FOUR MONTHS DURATION AND PREFERABLY ONE ACADEMIC YEAR. IN ADDITION, THE NURSE MUST HAVE GRADUATED FROM AN ACCREDITED NURSING SCHOOL AND HAVE ONE YEAR OF PRACTICE UNDER A QUALIFIED NURSING SUPERVISOR IN A GENERALIZED PUBLIC HEALTH SERVICE. SUPERVISORS WERE REQUIRED TO COMPLETE THE ACADEMIC YEAR OF ACCREDITED PUBLIC HEALTH NURSING STUDY AND TWO YEARS OF
EXPERIENCE IN A GENERALIZED PUBLIC HEALTH NURSING SERVICE. NURSES WHO DID NOT MEET THESE QUALIFICATIONS WERE CLASSIFIED AS JUNIOR NURSES AND WERE REQUIRED TO WORK WITH A QUALIFIED PUBLIC HEALTH NURSE. DURING THIS PERIOD, NURSES HAD TO ATTEND OUT OF STATE UNIVERSITIES FOR CERTIFICATION AS A PUBLIC HEALTH NURSE. PEABODY, VANDERBILT, AND NORTH CAROLINA WERE THE MOST COMMONLY ATTENDED SCHOOLS BY FLORIDA NURSES. ADVANCEMENT OF THEIR EDUCATION IS A TESTIMONY TO THEIR COMMITMENT AND PERSISTENCE IN ACHIEVING THEIR GOAL, THAT IS, TO PROVIDE THE HIGHEST QUALITY OF CARE TO THEIR PATIENTS.

IN HER 1941 ANNUAL REPORT, METTINGER REITERATED HER PRECEPT "IT IS AN ACCEPTED PRINCIPLE THAT SPECIAL TRAINING IS NEEDED FOR NURSES ENTERING THE FIELD OF PUBLIC HEALTH."

METTINGER'S COMMITMENT TO HIGH QUALITY PUBLIC HEALTH NURSING SERVICE WAS UNWAVERING. DESPITE THE HEAVY WORKLOADS, THE EDUCATIONAL PROGRAM FOR THE NURSES WAS CONTINUED. IN 1942, FOUR SUPERVISORS WERE SENT TO THE UNIVERSITY OF NORTH CAROLINA FOR THREE WEEKS INTENSIVE TRAINING IN VENEREAL DISEASE CONTROL, THREE BLACK NURSES WERE GIVEN A SIX MONTH COURSE IN MIDWIFERY WITH THE INTENTION OF EVENTUALLY REPLACING ALL GRANNY MIDWIVES WITH NURSE-MIDWIVES. ARRANGEMENTS WERE MADE WITH UNIVERSITIES TO GIVE SCHOLARSHIPS TO SEVEN NURSES WHO WOULD NOT OTHERWISE HAVE BEEN ABLE TO TAKE THE COURSE. SOCIAL SECURITY FUNDED SCHOLARSHIPS WERE GIVEN TO MANY NURSES ALREADY EMPLOYED; THREE WERE SENT TO PEABODY COLLEGE, ONE TO THE UNIVERSITY OF PENNSYLVANIA, FIVE TO WILLIAM AND MARY, AND FIVE TO THE UNIVERSITY OF MISSOURI. IN ADDITION, OTHER NURSES TOOK SUMMER COURSES IN THE HOPE OF EVENTUALLY COMPLETING THE REQUIRED STUDIES. SPECIAL EFFORTS WERE MADE TO EMPLOY NURSES WHO WOULD BE ELIGIBLE FOR SCHOLARSHIPS AND MATRICULATION AT A UNIVERSITY OFFERING THE PUBLIC HEALTH NURSING PROGRAM.

DESPITE THE ACUTE SCARCITY OF NURSES AFTER THE WAR, EFFORTS CONTINUED TO ENCOURAGE NURSES TO FURTHER THEIR EDUCATION. STATE FUNDS WERE NOT AVAILABLE FOR THIS PURPOSE BUT NURSES TOOK ADVANTAGE OF BOLTON ACT FUNDS FOR THIS PURPOSE. HOWEVER, THERE REMAINED A GREAT NEED FOR FIELD TRAINING AND EXPERIENCE FOR THOSE NURSES ASSIGNED TO COUNTIES WITHOUT SUPERVISION AND WHO WERE NOT QUALIFIED IN PUBLIC HEALTH NURSING. TO MEET THIS NEED, A TRAINING CENTER WAS ESTABLISHED IN GAINESVILLE UNDER THE DIRECTION OF THE ALACHUA COUNTY HEALTH DEPARTMENT. SEVEN NURSES WERE ASSIGNED FOR A PERIOD OF TWO MONTHS DURING WHICH TIME THEY ATTENDED LECTURES AND PARTICIPATED IN FIELD EXPERIENCES. VANDERBILT UNIVERSITY SENT FOUR OF THEIR STUDENTS TO THE CENTER GRANTING FULL COLLEGE CREDIT FOR THE COURSE. TWO OF THESE NURSES REMAINED IN FLORIDA WITH THE COUNTY HEALTH UNITS.
STAFFING

IN 1942, THE U.S. PUBLIC HEALTH SERVICE INITIATED AN ANNUAL CENSUS OF NURSES WORKING IN PUBLIC HEALTH SETTINGS. AT THAT TIME, THERE WERE 161 NURSES EMPLOYED IN COUNTY HEALTH UNITS IN FLORIDA. APPROXIMATELY TWO-THIRDS MET THE QUALIFICATIONS OF THE STATE BOARD OF HEALTH. JANUARY 1, 1944 THERE WERE 272 NURSES AND 273 ON JANUARY 1, 1945. THIS COUNT INCLUDED NURSES EMPLOYED IN "UNORGANIZED" COUNTIES. IN 1946, THERE WERE 288 NURSES EMPLOYED INCLUDING THOSE WORKING IN INSURANCE COMPANIES AND IN INDUSTRIES. ONLY FORTY PERCENT MET THE QUALIFICATIONS AT THIS TIME.

PEARL MCIVER, CHIEF NURSE CONSULTANT IN THE U.S.PUBLIC HEALTH SERVICE, MET WITH THE STATE NURSING DIRECTORS IN THE SOUTHERN REGION TO ALERT THEM TO POTENTIAL POST WAR STRESSORS. THERE WAS CONCERN ABOUT THE ANXieties OF PRIVATE DUTY NURSES IN THE ANTICIPATION OF AN OVERFLOW OF NURSES RETURNING FROM ACTIVE DUTY WITH THE MILITARY.

THE NUMBER OF PUBLIC HEALTH NURSES WAS MAINTAINED THROUGH THE WAR YEARS BY UTILIZING THE SERVICES OF NURSES WHO WISHED TO BE NEAR THEIR HUSBANDS ASSIGNED TO MILITARY POSTS IN FLORIDA. MANY OF THESE NURSES HAD BOTH EXPERIENCE AND TRAINING IN PUBLIC HEALTH. AFTER V-J DAY, THESE NURSES RETURNED TO THEIR FORMER HOMES WHEN THEIR HUSBANDS WERE DISCHARGED FROM SERVICE. DIFFICULTIES WERE MET IN FILLING THE VACANCIES WITH QUALIFIED PUBLIC HEALTH NURSES. A LARGE MAJORITY OF THE RETURNING NURSE VETERANS WERE TAKING ADVANTAGE OF THE GI BILL OF RIGHTS AND RETURNING TO SCHOOL TO ADVANCE THEIR EDUCATION. OTHERS FOUND POSITIONS IN THE VETERANS ADMINISTRATION WHICH OFFERED GREATER COMPENSATION THAN THAT OFFERED IN PUBLIC HEALTH.

CONDITIONS IN WHICH THE PUBLIC HEALTH NURSES WORKED WERE OFTEN UNCOMFORTABLE AND DIFFICULT. FOR EXAMPLE, MARJORIE DEPEW, A SUPERVISOR IN BROWARD COUNTY PUBLIC HEALTH UNIT, DESCRIBED THE POMPANO HEALTH CENTER: "NO PLUMBING IN THE OFFICE BUILDING. THE PARKING LOT WAS UNDER WATER DURING THE RAINY SEASON. WE HAD PARKING METERS IN THE FRONT AND WE GOT PARKING TICKETS DAILY! THE BUILDING LEAKED AND MANY TIMES WE FOUND OURSELVES BAILING WATER FOR DEAR LIFE. THE CLINIC WAS CLUTTERED WITH OUR EQUIPMENT PLUS THAT OF COUNTY WELFARE. ROACHES WOULD COME OUT OF THE WALLS OF THIS OLD BUILDING. NO AIR CONDITIONING, OF COURSE!"

INADEQUATE SALARIES AND DISMAL WORKING ENVIRONMENTS CONTINUED TO BE PROBLEMS IN RECRUITING AND RETAINING PUBLIC HEALTH NURSES IN FLORIDA. DESPITE THE GLOWING TESTIMONIALS TO THEIR "DEDICATION" AND THEIR "CARING SERVICE TO PATIENTS" AND "WHAT WOULD WE DO WITHOUT THEM" BY POLITICIANS, BUREAUCRATS, AND OTHERS, THERE'S WAS LITTLE CHANGE IN THESE WORKING CONDITIONS OVER THE YEARS.
CHAPTER FOUR

THE GROWTH YEARS
1946 - 1963

PUBLIC HEALTH NURSING TODAY REFLECTS THE EFFORTS OF NURSING TO ADAPT TO A RAPIDLY CHANGING SOCIAL AND TECHNICAL WORLD AND AT THE SAME TIME TO AN EXPANDING PROFESSIONAL COMPETENCE, RUTH B. FREEMAN, PUBLIC HEALTH NURSING PRACTICE, 1963.

THE YEARS FOLLOWING WORLD WAR II FROM 1946 TO 1964 SAW STEADY AND CONTINUING GROWTH IN PUBLIC HEALTH PERSONNEL, SERVICES, AND PROGRAMS. HOWEVER, THESE INCREASES COULD NOT KEEP UP WITH THE POPULATION GROWTH. METTINGER NOTES IN HER 1946 ANNUAL REPORT THAT THE TENSION OF POST WAR YEARS HAS NOT DECREASED IN THE DIVISION OF PUBLIC HEALTH NURSING. THE LIMITATION PLACED ON THE PROGRAM BY THE LACK OF TRAINED PERSONNEL IS GREATER NOW THAN AT ANY PREVIOUS TIME. TO ADD TO THE PROBLEM, ORGANIZATIONAL CHANGES IN THE STATE BOARD OF HEALTH DOWNGRADED THE BUREAU OF PUBLIC HEALTH NURSING TO A DIVISION WITHIN THE BUREAU OF LOCAL HEALTH SERVICES. THIS MOVE DECREASED THE AUTHORITY OF THE NURSING DIRECTOR TO ASSIGN AND SUPERVISE THE NURSING CONSULTANT STAFF.


THE NURSES IN THE DIVISION OF NURSING HAD TO CAREFULLY PLAN AND COORDINATE THEIR VISITS WITH THE FIELD TECHNICAL STAFF NURSES TO AVOID DUPLICATION. A YEAR OR TWO AFTER THE FIELD TECHNICAL STAFF
UNIT WAS REASSIGNED TO THE BUREAU OF LOCAL HEALTH SERVICES (NOTED IN THE 1953 ANNUAL REPORT), THE FIELD NURSE CONSULTANTS WERE "LOANED" BACK TO THE DIVISION OF NURSING FOR SUPERVISION AND WORK ASSIGNMENTS. HOWEVER, BEFORE THE YEAR WAS OUT IT WAS NECESSARY TO RECALL ONE OF THE NURSES TO THE FIELD STAFF TO DEVELOP A NEW NURSING HOME LICENSURE PROGRAM. THIS CONSULTANT WAS FERN BRITT. SHE WORKED WITH CLAUDIUS WALKER, A SANITATION CONSULTANT, TO DEVELOP A PRELIMINARY SET OF NURSING HOME RULES AND REGULATIONS. AN ADVISORY COMMITTEE WAS APPOINTED. ENID MATHISON REPRESENTED THE DIVISION OF NURSING ON THIS MULTIDISCIPLINARY COMMITTEE. ULTIMATELY, THIS STAFF EVOLVED INTO A SPECIAL UNIT IN THE STATE BOARD OF HEALTH FOR THE LICENSURE AND CERTIFICATION OF HOSPITALS AND NURSING HOMES.

PROGRAMS AND SERVICES

CHILD HEALTH

IN 1946, A NURSE CONSULTANT ASSISTED THE BUREAU OF MATERNAL AND CHILD HEALTH (BMCH) IN CONDUCTING A SURVEY SPONSORED BY THE ACADEMY OF PEDIATRICS. SHE EXAMINED THE QUALITY OF CARE OF INFANTS IN 146 HOSPITALS AND 79 NURSING HOMES. AS A RESULT OF THIS SURVEY, SPECIALIZED TRAINING IN PEDIATRIC NURSING WAS FINANCED BY THE BUREAU AND OFFERED TO FOUR NURSES FROM DIFFERENT HOSPITALS AROUND THE STATE. WITH BMCH, THE PUBLIC HEALTH NURSE CONSULTANTS DEVELOPED LESSON PLANS FOR TEACHING MOTHERS CLASSES. THESE LESSON PLANS WERE DISTRIBUTED TO THE COUNTY NURSES TO BE USED AS GUIDES WHEN THEY TAUGHT MOTHERS' CLASSES.

CONCERN FOR THE HEALTH AND WELL BEING OF INFANTS AND CHILDREN CONTINUED THROUGHOUT THESE TWO DECADES. A PROJECT TO EXAMINE SCHOOL CHILDREN IN THE VARIOUS COUNTIES WAS INITIATED IN 1947 TO PROMOTE A CLOSER WORKING RELATIONSHIP BETWEEN TEACHERS AND NURSES. THIS IN TURN LED TO NURSES BEING INVITED TO PARTICIPATE IN THE BOARD OF EDUCATION PRESCHOOL CONFERENCES. IN 1951, THE NURSES EXPANDED THEIR SCHOOL HEALTH SERVICES TO INCLUDE EDUCATIONAL SERVICES AND COMMUNITY PARTICIPATION. BY 1953, THE DEPARTMENT OF EDUCATION, THE STATE BOARD OF HEALTH AND THE DIVISION OF NURSING MET TO CONSIDER JOINT ISSUES AND INTERESTS. BEGINNING IN 1959, OR THEREABOUTS, THE BOARD OF HEALTH AND THE BOARD OF EDUCATION JOINTLY DEVELOPED A SPECIAL CURRICULUM FOR A FOUR WEEK SUMMER COURSE FOR TEACHERS. THEY SPENT FOUR WEEKS IN COUNTY HEALTH DEPARTMENTS AND RECEIVED CREDIT TOWARD THEIR RECERTIFICATION. THE NURSING CONSULTANTS PLAYED A MAJOR ROLE IN DEVELOPING AND IMPLEMENTING THE COURSE. THIS PROGRAM PERSISTED UNTIL THE 1975 REORGANIZATION. HOWEVER, THE COLLABORATION BETWEEN EDUCATORS AND HEALTH PROFESSIONALS HAS CONTINUED TO THIS DAY.
MIDWIFERY


MS. ELY RETURNED TO THE TAMPA AREA TO CARE FOR HER AILING MOTHER. SHE CONTINUED TO GIVE NURSING CARE TO THE NEEDY ESTABLISHING A CLINIC IN RUSKIN WHICH IS NOW NAMED THE JOYCE ELY CLINIC IN HER HONOR. THE OTHER NURSE MIDWIFE CONCENTRATED MORE ON TRAINING INSTITUTES AND ONE-ON-ONE SUPERVISION OF HOME DELIVERIES. SHE TRAINED AND SUPERVISED HUNDREDS OF MIDWIVES AND ALSO PROVIDED INSERVICE EDUCATION FOR THE PUBLIC HEALTH NURSES WHO WORKED WITH THE MIDWIVES. BY 1963, A THREE WEEK TRAINING PROGRAM WAS ESTABLISHED COOPERATIVELY BETWEEN THE SEMINOLE COUNTY HEALTH DEPARTMENT AND THE MARIE FRANCIS MATERNITY HOME IN SANFORD. THERE WERE ONLY 200 MIDWIVES LEFT AT THIS TIME. TWELVE COUNTIES HAD NO MIDWIVES AT ALL.

TUBERCULOSIS

THE INTEGRATION OF NURSING SERVICES WITH OTHER PROGRAMS WAS A MAJOR THRUST DURING THIS PERIOD. PUBLIC HEALTH NURSES VISITED ALL PATIENTS DISCHARGED FROM THE TUBERCULOSIS HOSPITALS. THEY CHECKED COMPLIANCE WITH THE MEDICATION REGIMEN, ADHERENCE TO XRAY SCHEDULES AND PROVIDED INSTRUCTION IN DISEASE CONTROL. IN THE INTEREST OF THIS EFFORT, FIVE TUBERCULOSIS INSERVICE EDUCATION INSTITUTES WERE PLANNED WITH THE TUBERCULOSIS BUREAU. MEDICAL AND NURSING EXPERTS PRESENTED NEW TRENDS IN THE PREVENTION, CONTROL AND TREATMENT OF PATIENTS. MORE THAN 300 NURSES ATTENDED. THE NURSE CONSULTANTS ASSISTED COUNTIES IN SETTING UP CASE REGISTRIES AND PREPARING FOR CASE MANAGEMENT. FIVE COUNTY NURSES, SELECTED BY THE DIVISION OF NURSING WITH THEIR HEALTH OFFICERS' APPROVAL WERE GIVEN ADVANCED COURSES IN TUBERCULOSIS. THE COURSES WERE FUNDED BY THE TUBERCULOSIS BUREAU.

BY 1950, AN EXCHANGE VISIT PLAN WAS STARTED BETWEEN PUBLIC HEALTH NURSES AND TUBERCULOSIS SANITARIUM NURSES. EACH PUBLIC HEALTH NURSE WAS TO SPEND 48 HOURS IN THE SANITORIUM TO BECOME MORE FAMILIAR WITH THE CARE AND Routines OF THESE PATIENTS. LATER, THE INSTITUTIONAL NURSES RECIPROCATED BY SPENDING TIME WITH THE PUBLIC HEALTH NURSES TO BETTER UNDERSTAND THE LIVING
CONDITIONS OF THE PATIENTS AND THEIR FAMILIES. THE PROGRAM WAS VERY SUCCESSFUL AND CONTINUED FOR MANY YEARS.

MENTAL HEALTH


HOME CARE OF THE SICK

HOME NURSING WAS ANOTHER SERVICE PROGRAM THAT GREW TREMENDOUSLY DURING THIS PERIOD. THE VISITING NURSE SERVICE IN JACKSONVILLE STARTED IN 1944 AT THE URGING OF THE AMERICAN WAR COMMUNITY SERVICES ORGANIZATION. OTHER CITIES AND COUNTIES SOON STARTED SIMILAR PROGRAMS. BY 1950, DAYTONA BEACH ESTABLISHED THE FIFTH PROGRAM IN THE STATE. IN 1951, THE METROPOLITAN LIFE INSURANCE COMPANY ANNOUNCED THAT THEY WOULD DISCONTINUE THEIR HOME NURSING SERVICE IN 1953. LOCAL COMMUNITIES WERE URGED TO ESTABLISH ORGANIZATIONS TO ABSORB THE NURSES EMPLOYED BY METROPOLITAN. METTINGER STATED IN HER ANNUAL REPORT THAT THIS ORGANIZATION (METROPOLITAN) HAS OFFERED TO PAY THE SALARY AND TRAVEL OF ONE NURSE, BUT EACH COMMUNITY MUST MATCH THIS BY EMPLOYING ANOTHER NURSE, AND AGREE TO CONTINUE THE SERVICES OF BOTH NURSES. EMPHASIS HAS BEEN PLACED ON THE IMPORTANCE OF COORDINATED SERVICE WITH THE HEALTH DEPARTMENTS. THE HEALTH DEPARTMENTS HAVE OFFERED THEIR ASSISTANCE IN HAVING A COORDINATED SERVICE BY HOUSING THE NURSES, AND BY ALLOWING THE DIRECTOR OF NURSES TO ACT AS EXECUTIVE DIRECTOR OF THE PROPOSED VISITING NURSE ASSOCIATION. IT SHOULD BE NOTED THAT SEPARATE STAFFS WERE MAINTAINED FOR PUBLIC HEALTH NURSING AND CARE OF THE SICK.

IN 1955, SARASOTA COUNTY DEVELOPED THE FIRST COMBINATION HOME HEALTH SERVICE IN THE STATE. IN THIS ORGANIZATION, EACH NURSE
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

PROVIDED A GENERALIZED SERVICE IN HER COMMUNITY INCLUDING PUBLIC HEALTH AND CARE OF THE SICK. THE VISITING NURSE ASSOCIATION CONTRIBUTED TO THE SALARY OF THE NURSE THROUGH THE HEALTH DEPARTMENT. THIS ORGANIZATIONAL PATTERN WAS DEVISED TO AVOID DUPLICATION OF SERVICES. PREVIOUSLY, THE COORDINATED SERVICES HAD A COMMON DIRECTOR BUT SEPARATE STAFF FOR HOME NURSING AND PUBLIC HEALTH NURSING. IT WAS NOT UNCOMMON FOR TWO NURSES TO BE VISITING A HOME WHERE ONE FAMILY MEMBER MAY BE BEDBOUND AND ANOTHER HAVE A NEWBORN OR A COMMUNICABLE DISEASE.

A TIME STUDY WAS CONDUCTED IN TWO KEY COUNTIES IN 1957 TO DETERMINE NURSING NEEDS IN THE COMMUNITY, IDENTIFY STRENGTHS AND WEAKNESSES IN THE NURSING PROGRAM AND OFFER INDICATIONS IN HOW TO MEET THE NEEDS. DR. MARION FERGUSON, REGIONAL CONSULTANT FROM THE U.S. PUBLIC HEALTH SERVICE, PROVIDED CONSULTATION FOR THIS RESEARCH. SUBSEQUENT REPORTS OF THE DIVISION OF NURSING AND THE BUREAU OF LOCAL HEALTH SERVICES EXSTOLLED THE MERITS OF THE COMBINED NURSING SERVICE AND HIGHLIGHTED THE IMPORTANCE OF THE CITIZENS' ADVISORY COMMITTEES. CLOSE WORKING RELATIONSHIPS WITH LOCAL PHYSICIANS DEVELOPED AS THEY REFERRED PATIENTS FOR HOME NURSING CARE TO THE HEALTH DEPARTMENTS. LOAN CLOSETS FOR SICK ROOM EQUIPMENT WERE STARTED AND COMMUNITY VOLUNTEERS BECAME INVOLVED. A 1960 REPORT NOTES THAT HOSPITALIZATION TIME WAS REDUCED THROUGH EARLY DISCHARGE AND A CONTINUATION OF NURSING CARE AT HOME. CLAY COUNTY DEVELOPED THE FIRST CONTRACT FOR EARLY DISCHARGE OF MATERNITY PATIENTS IN WHICH CLINIC PATIENTS WERE DELIVERED IN THE HOSPITAL AND IF MOTHER AND BABY WERE NORMAL, DISCHARGED 24 HOURS POSTPARTUM FOR HOME CARE. AT THIS TIME, IN MOST HOSPITALS, MOTHERS STAYED AT LEAST FIVE DAYS POSTPARTUM IF NOT LONGER.

BY 1961, EVERY COUNTY HAD AN ORGANIZED HEALTH DEPARTMENT. SOME ORGANIZED IN GROUPS OF TWO OR THREE. NINE COUNTY HEALTH DEPARTMENTS WERE PROVIDING BEDSIDE SERVICES. THIS WAS IN ADDITION TO THOSE COUNTIES WHO HAD COMBINED OR COORDINATED SERVICES WITH THE LOCAL VISITING NURSE AGENCY. FEDERAL FUNDS BECAME AVAILABLE AT THE END OF THAT YEAR FOR THE EXTENSION OF HOME NURSING SERVICES AS QUICKLY AS COUNTIES COULD ORGANIZE THEM AND EMPLOY ADDITIONAL NURSES. A MANUAL WAS DEVELOPED OUTLINING PATTERNS FOR THE DEVELOPMENT AND ADMINISTRATION OF THIS SERVICE. MORE FEDERAL FUNDS WERE MADE AVAILABLE THE FOLLOWING YEAR. BY THE CLOSE OF 1962, THERE WERE 29 AREAS (A SINGLE COUNTY OR GROUP OF TWO OR MORE COUNTIES) WITH EXPANDED SERVICES AND 42 AREAS BY 1964. HEALTH DEPARTMENTS WERE EMPOWERED TO COLLECT FEES FOR HOME NURSING SERVICES TO PATIENTS ENROLLED IN SELECTED FEDERAL PROGRAMS SUCH AS MEDICAL ASSISTANCE TO THE AGED. COMMUNITY NURSING COUNCILS WERE INCORPORATED AS NON PROFIT BODIES TO ADMINISTER FEES COLLECTED FOR THE SERVICE. FEES WERE BASED ON ABILITY TO PAY AND NO ONE WAS DENIED CARE BECAUSE OF INABILITY TO PAY. BASED ON THE RESEARCH CONDUCTED IN 1957, A TIME AND COST STUDY METHOD WAS DEVISED BY DR. FERGUSON TO VALIDATE THE COST OF HOME NURSING FOR THOSE PATIENTS RECEIVING CARE UNDER THE MEDICAL
THE GROWTH YEARS

ASSISTANCE TO THE AGED PROGRAM. A TWO DAY CONFERENCE WAS HELD TO TRAIN DIRECTORS, SUPERVISORS AND SENIOR NURSES IN THE METHOD. THE AVERAGE COST PER NURSING VISIT WAS $5.62.

ADULT AND AGING

THE INTEREST IN HOME HEALTH GENERATED CONCERN ABOUT THE ELDERLY. PASCO COUNTY HEALTH DEPARTMENT CONDUCTED ONE OF THE FIRST MULTIPHASIC SCREENING PROGRAMS FOR THE ELDERLY. NURSING HOME INSPECTIONS AND REGULATION RESULTED IN AN ADDED RESPONSIBILITY FOR PUBLIC HEALTH NURSES WHEN THEY WERE ASSIGNED TO INSPECT AND EVALUATE THE CARE GIVEN IN THE NURSING HOMES IN THEIR AREAS. THEY ALSO WERE EXPECTED TO PROVIDE ASSISTANCE AND INSTRUCTION IN PROPER CARE AND PREVENTIVE HEALTH SERVICES FOR THE ELDERLY. IT WAS BECOMING INCREASINGLY EVIDENT THAT THE PUBLIC HEALTH NURSE WAS EXPECTED TO BE ABLE TO DO ANYTHING AND EVERYTHING.

CIVIL DEFENSE

THE LAST MAJOR SERVICE CHANGE OF THIS PERIOD REFLECTED THE ANXIETIES OF THE TIME. THE NURSING DIVISION DEVELOPED AN INSTRUCTIVE MANUAL ON THE NURSING ASPECTS OF ATOMIC WARFARE. THE MANUAL WAS APPROVED BY THE STATE MEDICAL DIRECTOR OF CIVIL DEFENSE. THE NURSE CONSULTANTS CONDUCTED COURSES ON THIS TOPIC ANNUALLY STARTING IN 1952. MORE THAN ONE THOUSAND NURSES ATTENDED THIS COURSE.

PROGRAM MANAGEMENT

THE INTENSE GROWTH IN SERVICES AND PROGRAMS CREATED A NEED FOR A MORE SOPHISTICATED SYSTEM OF MANAGEMENT. CENTRAL FILING SYSTEMS WERE DEVISED, RECORD SYSTEMS WERE EXAMINED AND REVISED AND MANUALS WERE UPDATED AND UPGRADED. HOWEVER, THIS WAS NO LONGER THE SOLITARY WORK OF DIVISION OF NURSING CONSULTANTS. RATHER, NURSE REPRESENTATIVES FROM A VARIETY OF COUNTIES WERE APPOINTED TO COMMITTEES TO ASSIST IN DEVELOPING THESE DOCUMENTS.

STAFFING

AS PREVIOUSLY NOTED, THE NURSING STAFF GREW MARKEDLY DURING THE POST WAR YEARS BUT COULD NEVER QUITE CATCH UP TO THE DEMAND CREATED BY THE INCREASES IN POPULATION AND SERVICES. METTINGER NOTES IN THE 1954 ANNUAL REPORT THAT THE ACCEPTED RATIO OF ONE PUBLIC HEALTH NURSE TO EACH 5,000 POPULATION HAS NEVER BEEN MET AND THE AVERAGE IS NOW APPROXIMATELY ONE TO 10,000 POPULATION. THE STANDARD CITED IN THIS QUOTE RELATED TO A PUBLIC HEALTH NURSING SERVICE THAT DID NOT INCLUDE BEDSIDE OR HOME NURSING. AS THE DEMAND FOR SUCH A SERVICE INCREASED, SO ALSO DID THE CONCERN FOR AN APPROPRIATE STAFFING STANDARD. IN THE 1957 REPORT, A RESEARCH TIME STUDY PROJECT DESCRIBED PREVIOUSLY STUDIED NURSING TIME SPENT IN VARIOUS PROGRAMS AND ACTIVITIES. THE GOALS WERE TO IDENTIFY COMMUNITY NEEDS, STRENGTHS AND WEAKNESSES IN
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

THE TOTAL NURSING PROGRAM AND UNCOVER WAYS TO MEET THE NEEDS. THE STANDARD RATIO WAS LATER EXTENDED TO ONE PUBLIC HEALTH NURSE TO EACH 2,500 POPULATION WHEN CARE OF THE SICK AT HOME WAS PROVIDED AS PART OF THE TOTAL NURSING SERVICE. BY 1964, TIME AND COST DATA SYSTEMS WERE INSTALLED IN ALL COUNTY HEALTH UNITS COLLECTING FEDERAL FUNDS FOR HOME NURSING SERVICES TO JUSTIFY THE CHARGES.

THROUGHOUT THIS GROWTH SPURT, THE STATE CONSULTANT STAFF REMAINED CONSTANT WITH ONE DIRECTOR, FIVE GENERALIZED CONSULTANTS, ONE MIDWIFE CONSULTANT, AND TWO CLERKS. SLOWLY THE STAFF EXPAND. TO MEET NEEDS. A NURSING SPECIALIST IN REHABILITATION WAS ADDED TO THE NURSING STAFF IN 1963. THIS CAME ABOUT AS A RESULT OF A GROWING INTEREST IN THIS RELATIVELY NEW SPECIALTY AND ALSO IN RESPONSE TO THE NEEDS OF THE VICTIMS OF THE POLIOMYELITIS EPIDEMIC THAT HAD RAGED THROUGH THIS COUNTRY SEVERAL YEARS PREVIOUSLY. THIS CONSULTANT CONDUCTED MANY TRAINING INSTITUTES FOR STAFF NURSES. IN ADDITION, THE NURSING CONSULTANT IN MENTAL RETARDATION DEVELOPED A CLOSER RELATIONSHIP WITH THE DIVISION OF NURSING BY ATTENDING STAFF MEETINGS, PLANNING CONFERENCES AND SUCH. THIS CONSULTANT WAS ORGANIZATIONALLY ASSIGNED TO THE BUREAU OF MATERNAL AND CHILD HEALTH. THE NURSING HOME CONSULTANT WAS ALSO ADDED TO THE DIVISION'S STAFF.

THIRTY-SIX PERCENT OF THE 347 PUBLIC HEALTH NURSES EMPLOYED IN FLORIDA IN 1954 HAD COMPLETED THE APPROVED ONE YEAR PROGRAM OF STUDY REQUIRED FOR QUALIFIED PUBLIC HEALTH NURSES. THIS COMPARED FAVORABLY WITH THE NATIONAL AVERAGE OF 35 PERCENT. A SURVEY CONDUCTED IN 1961 SHOWED THE FOLLOWING DATA ON THE EDUCATIONAL STATUS OF PUBLIC HEALTH NURSES IN FLORIDA:

<table>
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<tr>
<th>Education Level</th>
<th>Percent</th>
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<tr>
<td>Master's Degrees</td>
<td>4.6%</td>
</tr>
<tr>
<td>Bachelor's Degrees</td>
<td>23.8%</td>
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<tr>
<td>One Year Approved</td>
<td>11.0%</td>
</tr>
<tr>
<td>Less Than One Year</td>
<td>60.7%</td>
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EDUCATION

EMPHASIS ON QUALIFIED ACADEMIC PREPARATION FOR PUBLIC HEALTH NURSING CONTINUED THROUGHOUT THE POST WAR YEARS. SCHOLARSHIPS WERE PROVIDED BY THE STATE BOARD OF HEALTH FOR UNDERGRADUATE AND GRADUATE DEGREES IN NURSING OR IN PUBLIC HEALTH. IN ADDITION, MANY NURSE VETERANS TOOK ADVANTAGE OF THE G.I. BILL OF RIGHTS TO REACH THEIR ACADEMIC GOALS. MANY OF THE NURSES WHO ACHIEVED LEADERSHIP POSITIONS WERE ASSISTED BY THESE PROGRAMS. IN 1955, THE FLORIDA LEGISLATURE APPROPRIATED $200,000 FOR NURSING SCHOLARSHIPS TO MEET THE DEMAND FOR BETTER PREPARED NURSES. THIS WAS ACCOMPLISHED AT THE URGING OF THE FLORIDA NURSES ASSOCIATION. SEVEN PUBLIC HEALTH NURSES TOOK THE COMPETITIVE EXAMINATION REQUIRED TO SECURE A SCHOLARSHIP. NO INFORMATION WAS RECORDED REGARDING HOW MANY ACTUALLY RECEIVED A SCHOLARSHIP, IF ANY.
IN ADDITION TO ADVANCING THE EDUCATION OF STATE AND COUNTY EMPLOYED NURSES, EDUCATIONAL OPPORTUNITIES FOR FIELD EXPERIENCES AND OBSERVATIONS WERE ALSO OFFERED TO UNDERGRADUATE AND GRADUATE NURSING STUDENTS FROM UNIVERSITY AND HOSPITAL SCHOOLS OF NURSING. METTINGER MODESTLY DID NOT ADDRESS THE EXCELLENT REPUTATION SHE HAD BUILT FOR PUBLIC HEALTH NURSING IN FLORIDA. HOWEVER, THE NUMBERS OF STUDENTS FROM WELL KNOWN UNIVERSITIES, ESPECIALLY THE UNIVERSITY OF MICHIGAN AND THE UNIVERSITY OF NORTH CAROLINA, AND FROM FOREIGN COUNTRIES THAT BEAT A PATH TO HER DOOR SPEAKS FOR ITSELF. STUDENTS FROM CHILE, PAKISTAN, THAILAND, AND DENMARK ARE SOME OF THOSE COUNTRIES MENTIONED IN THE ANNUAL REPORTS.

IN 1950, THE FLORIDA BOARD OF EXAMINERS FOR NURSES RULED THAT STUDENT NURSES MUST HAVE A TWO WEEK ORIENTATION IN PUBLIC HEALTH NURSING AS A MINIMUM REQUIREMENT FOR LICENSURE AS A REGISTERED NURSE. EIGHT COUNTY HEALTH DEPARTMENTS, ONE CITY HEALTH UNIT, AND ONE VISITING NURSE SERVICE PROVIDED THIS EXPERIENCE FOR 134 NURSING STUDENTS IN PROGRAMS LASTING FROM THE MINIMUM TWO WEEKS TO TWO MONTHS. IT IS NEEDLESS TO SAY THAT THIS MUST HAVE CREATED A GREAT BURDEN ON THE STAFF AND RESOURCES OF THE AGENCIES. RELATIONSHIPS AMONG EDUCATORS AND PRACTITIONERS FLOURISHED. BY 1953, THE DIVISION HAD PARTICIPATED WITH NURSE EDUCATORS IN PLANNING THE PUBLIC HEALTH PROGRAM IN THE BASIC CURRICULUM. IN SOME INSTANCES, NURSES IN THE HEALTH DEPARTMENTS WERE ASKED TO GIVE LECTURES ON THE THEORY OF PUBLIC HEALTH NURSING AS WELL AS TO PROVIDE OBSERVATIONS AND EXPERIENCES. THIS COLLABORATION BETWEEN EDUCATORS AND PRACTITIONERS IN PUBLIC HEALTH NURSING HAS LASTED AND MATURER OVER THE YEARS INTO A CLOSE BOND OF COMMON INTEREST.

INSERVICE INSTITUTES WERE OFFERED ON A CONTINUING BASIS TO MEET THE CHANGING NEEDS AND METHODS OF PREVENTION AND CARE. THE SUBJECT MATTER OF THE INSTITUTES REFLECT THE CONCERNS OF THE TIMES SUCH AS POLIOMYELITIS, PREMATURE INFANT CARE, CANCER AND HOME CARE OF THE SICK. IT WAS EVIDENT IN A NUMBER OF REPORTS THAT THE PUBLIC HEALTH NURSES WHO HAD BEEN PROVIDING ONLY PREVENTIVE SERVICES FOR A NUMBER OF YEARS WERE QUITE UNCOMFORTABLE IN ANTICIPATING GIVING HOME CARE TO THE SICK. A PYRAMIDAL PATTERN OF TRAINING WAS ESTABLISHED TO MEET THIS CONCERN. THREE INSTITUTES WERE HELD TO PREPARE INSTRUCTORS WHO THEN WENT BACK TO THEIR COUNTIES AND HELD REFRESHER COURSES FOR THE STAFF NURSES.

A SURVEY OF PUBLIC HEALTH NURSING COMPETENCE WAS CONDUCTED BY THE DIVISION OF NURSING IN 1951. AS A RESULT, DISTRICT INSERVICE STUDY GROUPS WERE ENCOURAGED AND ESTABLISHED IN MANY AREAS PARTICULARLY IN THE RURAL AREAS. THIS EFFORT WAS ORGANIZED TO MEET THE NEEDS OF THE MANY NURSES WHO WORKED ALONE OR WITH VERY SMALL STAFFS IN THESE COUNTIES. METTINGER'S GOAL WAS FOR EVERY PUBLIC HEALTH NURSE IN THE STATE TO HAVE ACCESS TO A STUDY GROUP OR CLASS ONE-HALF DAY EACH MONTH. NURSES IN THE RURAL COUNTIES CONTINUE TO MEET FOR EDUCATIONAL PURPOSES TO THIS DAY.
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THE CONSULTANTS WERE NOT OVERLOOKED WHEN IT CAME TO INSERVICE EDUCATION. ONE ATTENDED THE MATERNITY CENTER ASSOCIATION IN NEW YORK FOR A THREE WEEK WORK CONFERENCE. ANOTHER ATTENDED A SHORT COURSE IN VENERAL DISEASE CONTROL.

ORIENTATION OF NURSES NEW TO PUBLIC HEALTH CONTINUED TO BE OFFERED IN GAINESVILLE AT THE ALACHUA COUNTY HEALTH DEPARTMENT. OVER THE YEARS, HUNDREDS OF NURSES WERE PREPARED IN THE PRELIMINARY THEORY AND METHODS OF PUBLIC HEALTH NURSING. THIS TRAINING SYSTEM WAS SO WELL REGARDED THAT A SECOND TRAINING CENTER WAS ESTABLISHED IN CLAY COUNTY AND LATER IN ESCAMBIA, PALM BEACH, AND POLK. CLAY COUNTY ALSO OFFERED SPECIALIZED TRAINING IN HOME NURSING SERVICES FOR THE SICK. MANY COUNTIES TOOK ADVANTAGE OF THE OPPORTUNITY TO UPDATE THEIR STAFF BEFORE VENTURING INTO THE HOME CARE PROGRAM. THE LARGER COUNTIES GENERALLY ORIENTED THEIR OWN STAFF BUT OCCASIONALLY IT WAS MORE ECONOMICAL TO SEND THEM TO A TRAINING CENTER. WHEN THE SANITARIAN DIVISION WAS ORGANIZED, THEY TOO SENT THEIR NEW EMPLOYEES TO THE GAINESVILLE TRAINING CENTER. SOME PHYSICIANS ALSO ATTENDED. THE CURRICULUM WAS ADAPTED TO MEET THE NEEDS OF THE VARIOUS DISCIPLINES.

SUPERVISORS' CONFERENCES


EXPECTED A RECIPROCAL INVITATION TO ATTEND THE HEALTH OFFICERS CONFERENCE. IT WAS FORTHCOMING.

INCREASING CONCERNS ABOUT APPROPRIATE AND ADEQUATE FIELD EXPERIENCES FOR BACCALAUREATE NURSING STUDENTS GENERATED THE CREATION OF THE SERVICE - EDUCATION FORUM. THIS FORUM PROVIDED A PLATFORM FOR THE NURSING SUPERVISORS AND THE EDUCATORS TO EXCHANGE INFORMATION AND DEVELOP A DIALOGUE TO ADDRESS THEIR QUESTIONS AND PROBLEMS.

A CHANGE OF COMMAND

CHAPTER FIVE

THRESHOLD OF CHANGE
1964 - 1974

THE WIND OF CHANGE IS BLOWING THROUGH THIS CONTINENT, AND WHETHER WE LIKE IT OR NOT, THIS GROWTH OF NATIONAL CONSCIOUSNESS IS A POLITICAL FACT HAROLD MACMILLAN, SPEECH IN CAPE TOWN, FEB. 3, 1960 TAKEN FROM RAWSON AND MINER’S THE NEW INTERNATIONAL DICTIONARY OF QUOTATIONS.

THE DECADE BETWEEN 1964 AND 1974 IS MARKED FOR ITS FOreshadowing OF THINGS TO COME. DR. SOWDER’S PROPHETIC SPEECH TO THE FLORIDA PUBLIC HEALTH ASSOCIATION IN 1964 DESCRIBED THE TENSIONS THAT WERE BEGINNING TO ARISE BETWEEN LOCAL HEALTH DEPARTMENTS AND THE STATE BOARD OF HEALTH. THESE TENSIONS AROSE, AT LEAST PARTLY, FROM THE INCREASED FEDERAL FUNDING MAKING IT POSSIBLE FOR COUNTY HEALTH DEPARTMENTS TO BY PASS THE STATE IN SEEKING FEDERAL GRANTS. LEGISLATORS WERE CONSIDERING ORGANIZATIONAL CHANGES WHICH VARIED FROM TOTAL STATE CONTROL TO TOTAL LOCAL CONTROL. SOME QUESTIONED WHY HEALTH PROFESSIONALS WERE NEEDED AT THE STATE LEVEL. IN 1969, THE DISSOLUTION OF THE STATE BOARD OF HEALTH AND ABSORPTION OF ITS RESPONSIBILITIES INTO THE NEWLY ESTABLISHED DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES (HRS) HERALDED MORE PROFOUND CHANGES TO BE MADE IN THE NEAR FUTURE. DURING THIS ORGANIZATIONAL CHANGE, THE DIVISION OF NURSING BECAME THE PUBLIC HEALTH NURSING SECTION AND THE DIRECTOR’S TITLE CHANGED TO ADMINISTRATOR.


POWER SHIFTS

YEARS OF CHANGE


A PROGRESS REPORT DATED 3 AUGUST, 1965 FROM THE ADVISORY COMMITTEE TO THE COUNTY HEALTH DEPARTMENT NURSES NOTES THAT ALL OF THE MEETINGS IN 1965 WERE DEVOTED TO THE MERIT SYSTEM NURSE CLASSIFICATION SERIES. THE COMMITTEE NEGOTIATED WITH THE MERIT SYSTEM STAFF FOR REVISIONS IN THE SERIES. SPECIAL EFFORTS WERE MADE TO UPGRADE THE CLASSIFICATION OF THE PUBLIC HEALTH NURSE GENERALIST. IT WAS CLEAR THAT PUBLIC HEALTH NURSES WERE CONTINUING THEIR ATTEMPTS TO EXPLAIN THE VALUE OF GENERALIZED NURSING TO THE PATIENT AND TO THE HEALTH CARE SYSTEM. THE NOTION THAT SPECIALIZATION IS BETTER WAS SO DEEPLY LODGED IN THE THINKING OF HEALTH CARE ADMINISTRATORS AND THE PUBLIC THAT REPETITIVE DEMONSTRATIONS OF THE POSITIVE IMPACT OF GENERALIZED CARE SEEMED TO LEAVE ONLY A FLEETING IMPRESSION.

THE ADVISORY COMMITTEE'S PROGRESS REPORT INCLUDED A LIST OF FACTORS FOR THE ESTABLISHMENT OF PROGRAM PRIORITIES TO BE INCLUDED IN A GUIDE FOR PROGRAM EVALUATION. THE COMMITTEE PLANNED TO DEVELOP THE GUIDE AT THE SUGGESTION OF THE SUPERVISORS' CONFERENCE. AT THIS POINT THE REPRESENTATIVES ON THE COMMITTEE FROM THE COUNTY HEALTH DEPARTMENTS HAD CHANGED. MABEL JOHANSSON, PALM BEACH COUNTY HEALTH DEPARTMENT, LILLIE REVELL, PASCO COUNTY HEALTH DEPARTMENT, AND LOTTIE OLIVER, SARASOTA COUNTY HEALTH DEPARTMENT WERE THE NEW MEMBERS. ENID MATHISON SERVED AS A RESOURCE PERSON TO THE COMMITTEE.

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40 YEARS UNDER ONE DIRECTOR. MORE ABOUT THIS LATER IN THIS CHAPTER.

DURING THE LEGISLATIVE SESSION OF 1974, SADIE READING, THE ASSISTANT ADMINISTRATOR, WAS ASSIGNED TO SERVE AS A LOBBYIST FOR THE DIVISION OF HEALTH WITH PARTICULAR ATTENTION ON PERSONAL HEALTH PROGRAMS. THIS WAS THE FIRST TIME THAT A NURSE SERVED IN THIS CAPACITY. IT PROVED TO BE VERY HELPFUL IN THE YEARS TO COME BECAUSE THE LEGISLATORS LEARNED TO TRUST THE INFORMATION GIVEN TO THEM BY NURSES AND NURSES BECAME MORE INFORMED ABOUT THE LEGISLATIVE PROCESS.

PROGRAMS AND SERVICES

FEDERAL LEGISLATION, FUNDING OPPORTUNITIES, AND DEMAND FOR ACCOUNTABILITY HAD A GREAT IMPACT ON PUBLIC HEALTH NURSING PROGRAMS AND SERVICES ESPECIALLY IN NURSING CARE OF THE SICK AT HOME, MATERNAL AND CHILD HEALTH, AND CHRONIC DISEASE CONTROL.

CARE OF THE SICK AT HOME

IN JANUARY AND FEBRUARY OF 1965, THE DIVISION GAVE TOP PRIORITY TO THOSE AGENCIES JUDGED TO BE READY FOR CERTIFICATION AS HOME HEALTH SERVICES PROVIDERS UNDER PUBLIC LAW 89-97, A COMPONENT OF THE MEDICARE ACT. AT THAT TIME IN FLORIDA, THERE WERE 42 VOLUNTARY NURSING ORGANIZATIONS INCORPORATED AS NONPROFIT BODIES PROVIDING NURSING CARE TO THE SICK AT HOME. OF THESE, 7 WERE INDEPENDENT VISITING NURSE ASSOCIATIONS AND THE REMAINING AGENCIES WERE COMBINED WITH COUNTY HEALTH DEPARTMENT SERVICES. A NUMBER OF COUNTY HEALTH DEPARTMENTS SECURED ENABLING ACTS FROM THEIR COUNTY COMMISSIONS SO THAT NURSES COULD COLLECT FEES FOR HOME NURSING SERVICES. IN OTHER COUNTIES, FEE COLLECTION WAS ADMINISTERED BY NONPROFIT UNITS OR ADVISORY BOARDS AND THE MONEY WAS DEPOSITED TO THE GENERALIZED, COMBINED NURSING SERVICE.

THE NURSING DIVISION DEVELOPED A SURVEY FORM TO DETERMINE THE READINESS OF AGENCIES FOR MEDICARE CERTIFICATION. THEY WERE EAGER TO HAVE THE AGENCIES PARTICIPATE IN THE FUNDING AS SOON AS IT WAS AVAILABLE. A MAJOR PORTION OF THE SURVEY DEALT WITH TIME AND COST STUDIES. SEVENTEEN COUNTIES HAD COMPLETED THE STUDY IN PREPARATION FOR FEDERAL FUNDING. THE RANGE OF TIME PER HOME NURSING VISIT WAS FROM 35 MINUTES TO 67 MINUTES. COST PER VISIT RANGED FROM $4.44 TO $6.79. THE MECHANICS OF ANALYZING AND SUMMARIZING THE TIME AND COST DATA WAS UNFAMILIAR AND DIFFICULT FOR SOME OF THE NURSES AND CLERICAL PERSONNEL IN THE COUNTY HEALTH DEPARTMENTS.

DR. SOWDER STRONGLY SUPPORTED HOME NURSING AND REASSURED THE NURSING DIRECTORS AND SUPERVISORS AT THE 1966 CONFERENCE THAT THEY COULD CALL THE STATE BOARD OF HEALTH FOR ADVICE WHEN NO PHYSICIAN WAS AVAILABLE FOR CONSULTATION. INCREASING NUMBERS OF PHYSICIANS WERE REFERRING PATIENTS FOR HOME HEALTH CARE. IN
YEARS OF CHANGE

ADDITION, ALL OF THE COUNTIES PROVIDED SERVICES TO PATIENTS ELIGIBLE FOR THE MEDICAL ASSISTANCE TO THE AGED PROGRAM. While the nurses were gratified to be able to care for so many who needed so much, they were also concerned about the heavy workloads and constraints on the preventive services. Fee collection and accounting for them also troubled many nurses. Long term conditioning of nurses and the public that nursing was a charitable act not a marketable service made them feel uncomfortable asking for money. They were also ill at ease about their responsibility in providing patients care that was only marginally safe to give at home. They also resented the ever increasing paperwork.

The consultants were spending a great deal of time advising and assisting local agencies, both official and voluntary, to prepare for the Medicare certification survey. After making one or more presurvey visits to prepare the county for the official survey, the consultant would then return to do the survey. This involved the completion of a lengthy questionnaire which required tangible evidence and documentation of the designated information and scrutiny of a sample of patient records. Some small counties failed to keep minutes of their meetings with county officials and representatives of other agencies and thus did not comply with the required conditions. This, despite the fact that they often had a close and effective interaction with these colleagues.

In Mathison’s 1967 annual report, she notes that:

An excessive amount of consultant time has been required this year in the home health services program. Six additional agencies have received certification as providers of service, making a total of 63 in the state. Much time has been spent in surveying, resurveying, attempting to interpret new regulations released by the fiscal intermediary and the social security administration, and assisting the agencies in doing cost and time studies to validate the cost of the services rendered. Thirty five agencies completed such studies in 1967. Consultants will be relieved of much of this detailed work by the recent employment of additional clerical personnel in the office of the home health services.

This proved to be wishful thinking. Helen Ann Bastonias was a fiscal assistant who was worth her weight in gold to the agencies in this state. She helped them set up accounting systems so that the necessary cost reports would be readily available when required. Bastonias represented the agency when the fiduciary agent challenged their costs. Turnover among these agents was very high and they generally had great difficulty in understanding the complexities of this service. Bastonias was usually, if not always, successful in winning these challenges.
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FOR THE HEALTH DEPARTMENTS AND THEY WERE NOT FORCED TO RETURN THOSE FUNDS THEY HAD ALREADY COLLECTED. HOWEVER, FOR SOME AGENCIES OR COUNTIES THAT WAS NOT ENOUGH. THEY STILL NEEDED INDIVIDUALIZED HELP BEFORE EVERY SURVEY.


ALTHOUGH THE NURSING DIVISION CARRIED THE MAJOR WORKLOAD OF THIS PROGRAM, ADMINISTRATION OF THE PROGRAM WAS TRANSFERRED TO THE BUREAU OF ADULT HEALTH AND CHRONIC DISEASE. THE NURSE COORDINATOR, DOROTHY HILDEBRAND, HER SECRETARY, AND LATER HELEN ANN BASTONIAS WORKED IN THIS OFFICE UNTIL 1972 WHEN THEY WERE TRANSFERRED BACK TO THE NURSING DIVISION. HILDEBRAND SERVED AS A SPECIALIZED CONSULTANT TO THE OTHER CONSULTANTS, SURVEYED ALL NON NURSING PROVIDERS, AND MADE THE FINAL RECOMMENDATION FOR CERTIFICATION TO THE SOCIAL SECURITY ADMINISTRATION ON ALL AGENCIES.

REFERRALS FOR HOME HEALTH SERVICES CONTINUED TO INCREASE BECAUSE OF THE SHORTAGE OF HOSPITAL BEDS AND THE SPIRALING COSTS OF HOSPITAL AND NURSING HOME CARE. A SMALL RESEARCH PROJECT WAS INSTITUTED TO STUDY THE CHARACTERISTICS OF PATIENTS REFERRED FOR PUBLIC HEALTH NURSING SERVICES AND TO DETERMINE THE EFFECTIVENESS OF THE SERVICES GIVEN. HOSPITAL RECORDS WERE REVIEWED AND PATIENTS AND PHYSICIANS WERE INTERVIEWED. MATHISON OFFERED SOME CONCERNS IN HER 1969 REPORT:

MANY PATIENTS WERE DISCHARGED EARLIER, THAN WAS FORMERLY SAFE, TO THIS SERVICE. PUBLIC HEALTH NURSES WERE GIVING CARE TO THE VERY ILL PEOPLE IN THE HOME, MANY REQUIRING TYPES OF EQUIPMENT AND PROCEDURES UNKNOWN TO NURSES WHO WERE GRADUATED A FEW YEARS AGO, FOR EXAMPLE, THE KIDNEY DIALYSIS MACHINE AND VARIOUS SUPPORTIVE AIDS TO EMPHYSEMA VICTIMS.

THOUGHTS ABOUT THE NEED FOR A SPECIALIZED STAFF FOR THIS TECHNOLOGICALLY ADVANCED PROGRAM WERE BEING CONSIDERED BUT NOT WITHOUT A SENSE OF LOSS ABOUT THE GENERALIZED, FAMILY CENTERED PROGRAM. THE INCREASING BURDEN OF MEETING THE CONDITIONS OF PARTICIPATION REQUIRED FOR MEDICARE CERTIFICATION CAUSED SOME
YEARS OF CHANGE

COUNTY HEALTH DEPARTMENTS TO RECONSIDER THEIR ROLE IN THIS PROGRAM. HILLSBOROUGH COUNTY HEALTH DEPARTMENT AND THE VISITING NURSE SERVICE WAS A COMBINED AGENCY. THEY DECIDED THE BURDEN WAS TOO GREAT AND SEPARATED INTO TWO AGENCIES IN 1973.

MATERNAL AND CHILD HEALTH

ONCE MORE, FEDERALLY FUNDED PROGRAMS STIMULATED CHANGE AND PROGRESS IN THE DELIVERY OF HEALTH SERVICES TO MOTHERS AND INFANTS. FLORIDA WAS FORTUNATE TO RECEIVE GRANT MONEY FOR FIVE MATERNAL AND INFANT CARE (MIC) PROJECTS. THESE PROJECTS INCLUDED PRENATAL CARE, DELIVERY, POSTPARTUM CARE, CONCEPTION CONTROL AND PREVENTIVE SERVICES FOR THE INFANT DURING THE FIRST YEAR OF LIFE. DADE, BROWARD, PALM BEACH, AND ORANGE COUNTY HEALTH DEPARTMENTS RECEIVED GRANTS ALONG WITH THE NORTH CENTRAL FLORIDA MIC, A CONSORTIUM OF 13 RURAL COUNTIES SERVED BY UNIVERSITY OF FLORIDA MEDICAL SCHOOL FACULTY AND PROJECT STAFF. THESE PROJECTS WERE INSTITUTED IN 1966 AND WERE HIGHLY SUCCESSFUL IN INCREASING ACCESS TO HEALTH CARE FOR DEPRIVED POPULATIONS. MIAMI'S JACKSON MEMORIAL HOSPITAL REPORTED IN 1968 THAT THE PERCENTAGE OF WOMEN WHO WERE ADMITTED FOR DELIVERY WHO HAD RECEIVED NO PRENATAL CARE DROPPED FROM 75% TO 22% IN THE FIRST TWO YEARS THAT THE PROJECT WAS OPERATIONAL. THE NORTH CENTRAL FLORIDA MIC USED PHYSICIANS, NURSE MIDWIVES, NURSES, AND OTHER PROFESSIONALS AS CIRCUIT RIDERS TO THE 13 RURAL COUNTIES IN THE PROJECT. PATIENTS WERE DELIVERED AT SHANDS HOSPITAL IN GAINESVILLE. THIS WAS A HARDSHIP TO THOSE PATIENTS LIVING IN THE COUNTIES FURTHEST FROM THE HOSPITAL. DESPITE THIS, THE PROJECT WAS LARGELY RESPONSIBLE FOR THE MARKED DECREASE IN THE NUMBER OF LAY MIDWIFE DELIVERIES IN THAT AREA. NEONATAL MORTALITY RATES IN FLORIDA DROPPED FROM MORE THAN 20 PER 1000 LIVE BIRTHS TO 10.7 PER 1000 LIVE BIRTHS IN THE TEN YEARS FOLLOWING THE INTRODUCTION OF THE MIC PROJECTS.

ANOTHER CHANGE THAT CAME ABOUT IN THE DELIVERY OF MATERNAL AND CHILD HEALTH SERVICES WAS THE USE OF THE NURSE IN AN EXPANDED ROLE AND THE PROMOTION OF THE USE OF NURSE PRACTITIONERS. MEDICAL FACULTY AT THE UNIVERSITY OF FLORIDA ENGAGED IN THE MIC PROJECT INSTRUCTED NURSES IN A MORE DEFINITIVE APPROACH TO PATIENT ASSESSMENT USING USING DIAGNOSTIC INSTRUMENTS. MATERNAL CARE, FAMILY PLANNING, AND WELL BABY CARE WERE INCLUDED IN THESE TUTORIALS. OVER THE YEARS THE NURSES PROVED TO BE ACCURATE IN THEIR ASSESSMENTS AND USING NURSES IN AN EXPANDED ROLE BECAME MORE COMMON. WHEN THE SCREENING PROGRAM FOR MEDICAID ELIGIBLE PRESCHOOL CHILDREN WAS INTRODUCED IN 1972, MANY COUNTIES ASSIGNED THE PROGRAM TO NURSES AND INDEED THE CHILD HEALTH ADMINISTRATOR IN THE DIVISION OF HEALTH RECOMMENDED THAT COURSE OF ACTION.

THROUGHOUT THE STATE, NURSES WERE INCREASINGLY CONCERNED WITH THE NUMBERS OF TEENAGE PREGNANCIES AND THE TREATMENT THAT THESE GIRLS WERE EXPOSED TO IN THE SCHOOL SYSTEM. THERE WAS GREAT CONTROVERSY ABOUT PROVIDING FAMILY PLANNING INFORMATION IN THE
SCHOOLS ON THE ONE HAND AND ON THE OTHER, EXPELLING PREGNANT TEENAGERS FROM SCHOOL AS MISCREANTS. THE NURSES WERE CAUGHT IN THE MIDDLE OF THIS DISPUTE. IN SOME COUNTIES, THE NURSES WERE SUCCESSFUL IN PROMOTING SPECIAL PROGRAMS FOR PREGNANT TEENAGERS IN THE SCHOOLS WITH THE TEENAGER REMAINING IN SCHOOL IN EITHER A SPECIAL CLASS OR A REGULAR ONE.

MIDWIFERY

A STEADY DECLINE IN LAY MIDWIVES CONTINUED DURING THIS DECADE WITH 191 LICENSED IN 1964 AND 57 LICENSED IN 1974. DESPITE THIS SHARP DECLINE, THE NURSING SECTION WAS ONLY TOO AWARE THAT IN SOME RURAL AREAS OF THE STATE THERE WERE NO ALTERNATIVES TO LAY MIDWIFE DELIVERIES. THE NURSING SECTION AND SUPERVISORS' CONFERENCE ADVOCATED THE DEVELOPMENT OF A NURSE MIDWIFERY SERVICE TO REMEDY THIS SITUATION. ALTHOUGH THE COUNTY HEALTH OFFICERS AND NURSES WERE IN AGREEMENT ABOUT THIS PLAN, THE BUREAU OF MATERNAL AND CHILD HEALTH CONTINUED TO PROVIDE STIPENDS TO LAY MIDWIFE TRAINEES. ANOTHER ASPECT OF THE LAY MIDWIFE ISSUE CENTERED ON SEVERAL REQUESTS FROM REGISTERED NURSES FOR A LAY MIDWIFE LICENSE. THESE NURSES HAD NO ADVANCED TRAINING IN THIS SPECIALTY. THE MIDWIFE CONSULTANT HAD BEEN STRONGLY DISCOURAGING NURSES WHO LACKED ADVANCED TRAINING IN MIDWIFERY FROM APPLYING FOR LICENSES AS LAY MIDWIVES. THE BUREAU DID NOT AGREE. THIS CONFLICT IN PHILOSOPHY CAME TO A HEAD IN AN EXCHANGE OF SHARPLY WORDED MEMORANDA BETWEEN THE BUREAU CHIEF AND THE NURSE ADMINISTRATOR. A STATEMENT PROPOSED BY THE BUREAU CHIEF REGARDING THE QUALIFICATIONS FOR THE PRACTICE OF NURSE MIDWIFERY DELETED THE TERM "CERTIFIED" AND READ AS FOLLOWS:

NURSE-MIDWIFE - A PERSON WHO IS CURRENTLY REGISTERED AS A PROFESSIONAL NURSE WITH THE FLORIDA STATE BOARD OF NURSING, AND WHO HAS GRADUATED FROM A SCHOOL FOR NURSE-MIDWIVES RECOGNIZED BY THE AMERICAN COLLEGE OF MIDWIVES OR WHO IS A GRADUATE NURSE WITH AT LEAST THREE YEARS SUPERVISED EXPERIENCE IN OBSTETRICAL NURSING AND RECOMMENDED BY 3 PRACTICING OBSTETRICIANS.

MATHISON'S RESPONSE DESCRIBED THIS AS AN UNSAFE PRACTICE WITHOUT REGARD FOR THE HEALTH OR WELFARE OF THE PATIENTS. THERE IS NO WRITTEN TRAIL OF THE RESULTS OF THIS EXCHANGE BUT NURSE MIDWIVES REGISTERED WITH THE NURSING SECTION WERE REQUIRED BY FLORIDA STATUTES TO BE CERTIFIED BY THE AMERICAN COLLEGE OF NURSE-MIDWIFERY. THE STATUTE ENABLING NURSE MIDWIFE PRACTICE IN FLORIDA WAS PASSED BY THE LEGISLATURE IN 1970. TWENTY WERE WORKING IN THE STATE AT THAT TIME IN HOSPITALS, COUNTY HEALTH DEPARTMENTS AND DOCTOR'S OFFICES. A NUMBER WERE TRAINED IN FOREIGN COUNTRIES WHERE NURSE MIDWIFERY WAS A MORE COMMON PRACTICE. IF THE NURSE MIDWIFE'S TRAINING DID NOT INCLUDE CONTRACEPTIVE TECHNIQUES, THEY WERE REQUIRED TO ATTEND A REFRESHER COURSE TO UPDATE THEIR SKILLS BEFORE THEY COULD BE LICENSED TO PRACTICE.
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A JOINT PRACTICE COMMITTEE OF THE FLORIDA NURSES ASSOCIATION AND THE FLORIDA MEDICAL ASSOCIATION EXAMINED THE ISSUES RELATED TO THE ROLE OF NURSE PRACTITIONERS AND THEIR RELATIONSHIP WITH PHYSICIANS. AS ONE MIGHT GUESS, THERE WAS NOT ALWAYS TOTAL AGREEMENT BUT NEITHER WAS THERE TOTAL OPPOSITION. THE FLORIDA NURSES ASSOCIATION ALSO HAD AN AD HOC COMMITTEE ON NURSE MIDWIFERY. THIS COMMITTEE ADDRESSED ISSUES RELATED TO PRACTICE AND QUALIFICATIONS. ONE MAJOR CONCERN WAS THE AVAILABILITY OF MALPRACTICE INSURANCE. IN THE MINUTES OF THIS COMMITTEE MEETING JANUARY 19, 1972, A CONVERSATION WITH A REPRESENTATIVE OF A MAJOR INSURANCE CARRIER NOTES THAT NO CLAIMS HAD EVER BEEN FILED BY A NURSE MIDWIFE OUT OF THE 12 TO 13 CLAIMS FILED MONTHLY BY NURSES. THESE MINUTES ALSO ENDORSE THE AMERICAN COLLEGE OF NURSE-MIDWIVES STATEMENT ON PRACTICE, I.E."THE AMERICAN NURSE-MIDWIFE ALWAYS FUNCTIONS WITHIN THE FRAMEWORK OF A MEDICALLY DIRECTED HEALTH SERVICE; SHE IS NEVER AN INDEPENDENT PRACTITIONER." WE HAVE HAD TO EAT A LOT OF CROW BECAUSE OF THESE LAST WORDS. PROponents OF LAY MIDWIferY USED THIS DEFINITION TO PICTURE THE NURSE MIDWIFE AS THE "STOOGE" OF THE DOCTOR.

ONCE MORE, FEDERAL MONEY HELPED TO GET A PROGRAM STARTED AND REMOVE SOME ROAD BLOCKS. A GRANT TO THE UNIVERSITY OF MISSISSIPPI TO DEVELOP NURSE MIDWIFERY SERVICES IN THE SOUTHEASTERN STATES PROMPTED THE CREATION OF A CONSORTIUM OF INTERESTED PARTIES TO GET TOGETHER AND PLAN A COURSE OF ACTION TO PROMOTE THESE SERVICES IN FLORIDA. A NUMBER OF POSITIVE STEPS WERE TAKEN. THE ADMINISTRATOR OF BETHESDA HOSPITAL IN PALM BEACH EMPLOYED SEVERAL NURSE-MIDWIVES TO DEMONSTRATE THE VALUE OF THIS SERVICE. MORE COUNTY HEALTH DEPARTMENTS EMPLOYED NURSE-MIDWIVES TO PROVIDE MATERNITY SERVICES. A DOCTOR AND NURSE-MIDWIFE TEAM WHO HAD BEEN IN PRIVATE PRACTICE ADDRESSED VARIOUS GROUPS OF HEALTH PROFESSIONALS DESCRIBING THE MUTUAL BENEFITS OF THEIR PARTNERSHIP AND ALLAYING CONCERNS ABOUT MEDICAL LIABILITY. THE COURSE OF ACCEPTANCE WAS NOT ALL THAT SMOOTH. COUNTY HEALTH DEPARTMENTS HAD TRADITIONALLY PROVIDED PREGNATAL AND POST NATAL CARE BUT PATIENTS WERE TRADITIONALLY REFERRED TO A HOSPITAL OR PHYSICIAN FOR DELIVERY. THIS PRACTICE WAS CHALLENGED IN LEON COUNTY WHEN THE HEALTH DEPARTMENT AND ITS DIRECTOR WERE SUED FOR ABANDONING PREGNANT PATIENTS BECAUSE THEY DID NOT DELIVER THE PATIENTS THEY ACCEPTED FOR MATERNITY CARE. IN OTHER PARTS OF THE STATE, WE WERE HEARING DISPARAGING REMARKS SUCH AS "WE WILL NOT TOLERATE SECOND RATE CARE". TOO OFTEN THESE COMMENTS CAME FROM THOSE WHO COULD TOLERATE PATIENTS HAVING NO CARE AT ALL. THIS WAS NOT AN EASY TIME FOR THE NURSE-MIDWIVES OR THEIR SUPPORTERS. THEY DESERVE MUCH CREDIT FOR STAYING THE COURSE WHILE NOT LOSING THEIR DECORUM, THEIR TEMPERS, OR THEIR SPIRIT.

ADULT HEALTH AND CHRONIC DISEASE

THE FEDERAL HEART, CANCER, AND STROKE PROGRAM, WHICH LATER BECAME THE REGIONAL MEDICAL PROGRAM, SPURRED THE ESTABLISHMENT
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

OR SPREAD OF SERVICES ADDRESSING THOSE HEALTH PROBLEMS. PUBLIC HEALTH NURSES WERE TAUGHT TO DO PAP SMEARS AND INCORPORATED THIS EXAMINATION IN THE PRENATAL AND FAMILY PLANNING PROGRAM SERVICES. THEY PARTICIPATED IN PUBLIC EDUCATION IN BREAST SELF-EXAMINATION THROUGHOUT THE STATE. CARDIOVASCULAR CLINICS WITH SPECIAL ATTENTION TO HYPERTENSION CONTROL WERE INSTITUTED IN MANY COUNTY HEALTH DEPARTMENTS. NURSES STAFFING THESE CLINICS TOOK SPECIAL PAINS TO TAKE ACCURATE BLOOD PRESSURE MEASUREMENTS. GERTRUDE LEE, THE HOLMES COUNTY NURSING DIRECTOR, PRESENTED A PAPER AT THE NATIONAL LEAGUE FOR NURSING CONVENTION IN NEW YORK CITY ON THE PROPER TECHNIQUE OF MEASURING THE BLOOD PRESSURE. HER PAPER WAS INFORMATIVE AND WELL RECEIVED AND HER SOFT SOUTHERN DRAWL WAS AN EVEN BIGGER HIT WITH THE AUDIENCE.

GLAUCOMA WAS IDENTIFIED AS A PUBLIC HEALTH PROGRAM AND THE NURSES WERE REQUESTED TO PARTICIPATE IN A SCREENING PROGRAM. SELECTED NURSES IN THE PARTICIPATING COUNTY HEALTH DEPARTMENTS WERE TRAINED TO MEASURE INTRAOCULAR PRESSURE. THESE NURSES WERE ASSIGNED TO THE ADULT HEALTH PROGRAMS AND WERE SUPERVISED BY NON NURSES. THEIR PRACTICE WAS LIMITED TO THE SCREENING PROGRAM. NURSING ADMINISTRATORS AT THE STATE AND COUNTY LEVELS WERE NOT PLEASED WITH THIS ARRANGEMENT.

SCHOOL HEALTH


IN THE 60’S, A JOINT PROGRAM SPONSORED BY THE DIVISION OF HEALTH AND THE DEPARTMENT OF EDUCATION OFFERED A COURSE FOR TEACHERS IN WHICH THE TEACHER HAD A FOUR WEEK FIELD EXPERIENCE IN THE LOCAL HEALTH DEPARTMENT. CREDIT FOR THE COURSE WAS GRANTED AND COULD BE USED FOR THE TEACHER’S RECERTIFICATION. HEALTH EDUCATION, NURSING, AND SANITATION WORKED TOGETHER TO DEVELOP AND TEACH THE
YEARS OF CHANGE

COURSE. LONG LASTING RELATIONSHIPS WERE ESTABLISHED BETWEEN THE PERSONNEL OF THESE TWO DEPARTMENTS. THIS PROGRAM WAS LOST DURING THE HRS REORGANIZATION.


ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

RECORDS AND INFORMATION SYSTEMS

IN 1957, NURSES HAD WON A SEAT ON THE STATE BOARD OF HEALTH RECORDS COMMITTEE. THE SUPERVISORS CONFERENCE APPOINTED A NURSING RECORDS COMMITTEE TO KEEP THEIR HEALTH RECORDS REPRESENTATIVE INFORMED OF NURSING RECORD ISSUES. BOTH COMMITTEES WORKED ON REVISIGN CLINICAL RECORDS AND ACTIVITY REPORTING FORMS. THE NURSING RECORDS COMMITTEE WAS USED AS A RESOURCE BY THE HEALTH RECORDS COMMITTEE AND WROTE INSTRUCTIONS FOR 31 FORMS INCLUDED IN THE RECORDS MANUAL. THE NURSES COMMITTEE URGED THAT COUNTY HEALTH DEPARTMENTS USE ONLY THE APPROVED FORMS AND NOT PRINT THEIR OWN RECORDS. EVERY ONE AGREED WITH THE CONCEPT BUT GENERALLY IGNORED IT. IN 1964, THE NURSING COMMITTEE ATTEMPTED TO REVISE THE EFFICIENCY REPORT SO THAT IT WOULD RELATE TO THE ACTUAL WORK PERFORMED. THE PERSONNEL OFFICE DENIED THIS REQUEST STATING THAT IT WAS THE SOLE PREROGATIVE OF THE MERIT SYSTEM.

IN THE LIGHT OF EVER INCREASING DEMANDS TO JUSTIFY COSTS FOR NURSING SERVICES, THE PROBLEM ORIENTED RECORD WAS DEVELOPED TO MEET THIS NEED. IN 1971, A TEAM OF CONSULTANTS AND UNIVERSITY FACULTY PUT ON WORKSHOPS AROUND THE STATE TO INTRODUCE THIS METHOD OF RECORDING. ALMOST TWENTY YEARS LATER, AFTER MANY MORE WORKSHOPS, SEMINARS, MEMORANDA, AND SUCH, THE PROBLEM ORIENTED RECORD WAS STILL NOT USED UNIVERSALLY.

DURING THIS SAME PERIOD, MANUAL REPORTING OF ALL ACTIVITIES WAS BECOMING MORE AND MORE BURDENSome. THE DATA WAS NOT READILY ACCUMULATED, ANALYZED, OR USED TO FORECAST TRENDS OR DESCRIBE SERVICES. PINELLAS COUNTY HAD DEVELOPED A COMPUTERIZED SYSTEM TO REPORT THEIR NURSING SERVICES. WILCOX, THE NURSING SECTION ADMINISTRATOR WAS IMPRESSED WITH THE IDEA OF AN AUTOMATIC SYSTEM AND SUCCESSFULLY SECURED A FEDERAL GRANT TO DEVELOP A NURSING INFORMATION SYSTEM. AN ADVISORY COMMITTEE OF NATIONWIDE LEADERS IN PUBLIC HEALTH NURSING AND WASHINGTON BASED COMPUTER SPECIALISTS GUIDED US IN THE DEVELOPMENT OF A COMPREHENSIVE INFORMATION SYSTEM THAT INCLUDED DATA ON SERVICES PROVIDED IN THE CLINIC, HOME, OR SCHOOL. ALTHOUGH THE SYSTEM WAS CALLED THE NURSING INFORMATION SYSTEM, IT WAS DESIGNED TO ALSO CAPTURE ACTIVITIES PERFORMED BY ANY HEALTH PROFESSIONAL THROUGH A SIMPLE CODING CHANGE. POLK COUNTY HEALTH DEPARTMENT PARTICIPATED AS THE PILOT TEST SITE. READING DID THE LION’S SHARE OF THE WORK ON THIS NEW SYSTEM INCORPORATING INPUT FROM ALL THE PROGRAM AREAS. SHE EVEN TOOK CARE OF ONE OF THE WASHINGTON FELLOWS WHEN HE DEVELOPED APPENDICITIS DURING ONE OF HIS FIELD VISITS. LATER, WENNLUND PRESENTED A PAPER ON THE SYSTEM TO A REGIONAL NATIONAL LEAGUE FOR NURSING MEETING. SHE ALSO PROVIDED CONSULTATION TO THE HAWAII HEALTH DEPARTMENT IN SETTING UP THEIR SYSTEM. MANY COPIES OF THE SYSTEM WERE MADE AVAILABLE ON REQUEST TO A VARIETY OF STATE AND LOCAL HEALTH AGENCIES.

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MENTAL HEALTH

PUBLIC HEALTH NURSES CONTINUED TO ATTEND ORIENTATION SEMINARS IN THE SUNLAND CENTERS FOR THE MENTALLY RETARDED. THIS HELPED THEM TO COUNSEL FAMILIES WHO HAD FAMILY MEMBERS SO AFFLICTED. THE PATIENTS DISCHARGED FROM THE STATE MENTAL HOSPITALS WERE REFERRED TO THE COUNTY HEALTH DEPARTMENTS FOR MEDICATION FOLLOW-UP. THIS WAS A TROUBLESOME ACTIVITY IN THE SENSE THAT VERY LITTLE INFORMATION ABOUT THE PATIENT WAS SHARED BY THE STATE HOSPITAL AND THE NURSE WAS EXPECTED TO GIVE A SUPPLY OF MEDICATIONS TO THE PATIENTS. THE POTENTIAL FOR MEDICATION ERROR WAS GREAT AND FOLLOW UP ON THE PATIENT'S PSYCHIATRIC CONDITION WAS MARGINAL AT BEST. THIS PROGRAM WAS DISCONTINUED IN MOST HEALTH DEPARTMENTS UNLESS A MENTAL HEALTH WORKER WAS ON STAFF.

EDUCATION

CONTINUING EDUCATION COMMITTEE


THE NURSING SECTION RECEIVED TWO FEDERAL GRANTS IN SUCCESSIVE YEARS TO CONDUCT A ONE WEEK COURSE IN ADMINISTRATION IN COOPERATION WITH THE UNIVERSITY OF FLORIDA AND A ONE WEEK COURSE IN SUPERVISION WITH FLORIDA STATE UNIVERSITY.

ORIENTATION

DURING THIS TEN YEAR PERIOD, MORE THAN 70 NURSES NEW TO PUBLIC HEALTH HAD BEEN ORIENTED IN THE TRAINING CENTERS. ORANGE, PALM
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

BEACH, POLK AND LATER ESCAMBIA COUNTIES, BECAME TRAINING CENTERS. THE LARGER, URBAN COUNTIES GENERALLY ORIENTED THEIR OWN STAFF. NURSES WHO HAD TO LEAVE HOME TO ATTEND AN ORIENTATION COURSE RECEIVED A STIPEND FOR THEIR EXPENSES IN ADDITION TO THEIR SALARY. THE STIPEND WAS RAISED FROM $14.00 PER DIEM TO $17.00 IN 1970. BY THE END OF THIS DECADE THE COURSE WAS REDUCED FROM EIGHT WEEKS TO SIX WEEKS.

TRAINING FOR ADVANCED PRACTICE

THE NATIONWIDE PUSH FOR NURSES TO ASSUME A BROADER AND ADVANCED ROLE IN HEALTH WAS NOT IGNORED IN FLORIDA. DR. BEVERLY BOWNES, A SPEAKER AT THE 1971 C.A.S.E. CONFERENCE, DESCRIBED HER PROGRAM AT VANDERBILT UNIVERSITY WHICH PREPARED "FAMILY NURSE CLINICIANS" TO PROVIDE PRIMARY CARE. THE PROGRAM WAS ONE YEAR IN LENGTH AND REQUIRED A BACHELOR'S DEGREE. OTHER UNIVERSITIES WERE PREPARING NURSE PRACTITIONERS IN A VARIETY OF SPECIALTY PROGRAMS. THE UNIVERSITY OF FLORIDA HAD STARTED A PHYSICIAN'S ASSISTANT PROGRAM AS WELL.

ALTHOUGH THERE REMAINED SOME SKEPTICISM ABOUT THE EXPANDING ROLE OF NURSES, IT WAS FELT THAT THE PRESSURE OF THE GROWING WORKLOAD WOULD HELP TO REDUCE RESISTANCE. A TRAINING PROGRAM TO PREPARE FAMILY PLANNING NURSE PRACTITIONERS WAS INITIATED IN JACKSONVILLE UNDER THE JOINT SPONSORSHIP OF UNIVERSITY HOSPITAL AND THE DIVISION OF HEALTH. THE DIRECTOR WAS A CERTIFIED NURSE MIDWIFE AND THE PROGRAM INCLUDED FOUR MONTHS OF DIDACTIC AND PRACTICAL EXPERIENCES FOLLOWED BY EIGHT MONTHS OF SUPERVISED PRACTICE IN THEIR COUNTY HEALTH DEPARTMENT. ADMISSION TO THE PROGRAM WAS LIMITED TO EXPERIENCED PUBLIC HEALTH NURSES WITH WRITTEN ASSURANCE FROM THEIR HEALTH OFFICER THAT THEY WOULD BE PERMITTED TO PRACTICE IN THE EXTENDED ROLE FOLLOWING THE COMPLETION OF THE COURSE. FOUR SESSIONS OF THE COURSE WERE HELD AND THEN IT WAS INTERRUPTED FOR SEVERAL MONTHS WHILE A NEW NURSE MIDWIFE DIRECTOR WAS RECRUITED. QUARTERLY CONFERENCES WERE HELD TO EVALUATE THE PROGRAM AND THE NURSES ATTENDING BY THE JOINT HOSPITAL AND DIVISION OF HEALTH COMMITTEE.

GRADUATE STUDENT FIELD EXPERIENCES

STUDENTS FROM GRADUATE NURSING PROGRAMS CONTINUED TO COME TO FLORIDA FOR EXPERIENCE IN ADMINISTRATION. READING WAS APPOINTED AN ADJUNCT ASSISTANT PROFESSOR TO THE FACULTY OF THE UNIVERSITY OF MICHIGAN. LATER, WENNLUND WAS APPOINTED TO A SIMILAR POST IN THE UNIVERSITY OF FLORIDA. EXCHANGES WITH THE GRADUATE STUDENTS WAS ALWAYS MUTUALLY REWARDING. THE DIVISION OF HEALTH CONTINUED TO PROVIDE SCHOLARSHIPS TO PROMISING PUBLIC HEALTH WORKERS FOR ADVANCED STUDY. MANY NURSES, WHO LATER ACHIEVED LEADERSHIP POSITIONS WERE RECIPIENTS OF THESE AWARDS. IT WAS TO THEIR ADVANTAGE AND ALSO TO THE ADVANTAGE OF THE PUBLIC HEALTH SYSTEM TO RECOGNIZE AND CULTIVATE THE TALENTS OF OUR STAFF.
STAFFING

THIS WAS A TUMULTUOUS TIME FOR STAFFING ISSUES. SHORTAGES OF NURSES, A GROWING TREND TOWARD DIVERSIFIED STAFF, AND INCREASING SERVICE DEMANDS KEPT THE NURSING ADVISORY COMMITTEE AND THE NURSING SECTION BUSY RECOMMENDING REVISIONS OF CLASSIFICATIONS FOR NURSES AND SALARY RANGES. MEETINGS HELD WITH THE MERIT SYSTEM STAFF IN 1965 TO NEGOTIATE CHANGES MET WITH SOME SUCCESSES. MINUTES OF THE ADVISORY COMMITTEE DESCRIBED THEIR ACHIEVEMENTS AS FOLLOWS:

(1) UPGRADING OF PHN II STARTING SALARY TO $400.00 MONTHLY
(2) SELECTIVE CERTIFICATION OF NURSES WITH DEGREES FOR SUPERVISORY POSITIONS,
(3) INCLUSION OF POSITION OF GENERALIST IN THE PHN III CLASS INSTEAD OF LIMITING THIS TO SPECIALIST ONLY

THE FLORIDA NURSES ASSOCIATION PROPOSED SALARY INCREASES FOR NURSES TO THE STATE LEGISLATURE AND THE SUPERVISORS CONFERENCE ENDORSED THIS PROPOSAL. IN 1968, THE CAREER SERVICE COUNCIL REPLACED THE MERIT SYSTEM COUNCIL. WRITTEN RULES AND REGULATIONS REGARDING ALL PERSONNEL MATTERS WERE DISTRIBUTED TO ALL UNITS THROUGHOUT THE STATE ADMONISHING ALL THAT THE SYSTEM WILL BE UNIFORM FOR ALL. THIS STRICT UNIFORMITY OPENED THE DOOR FOR NURSING SUPERVISORS TO BE INCLUDED IN THE BARGAINING UNIT WHEN THAT ISSUE CAME INTO QUESTION.

IN ADDITION TO CLASSIFICATION AND SALARY PROBLEMS, THE MINUTES OF THE SUPERVISORS CONFERENCES SHOWED GREAT CONCERN ABOUT THE CHANGING PATTERNS OF NURSING STAFFS AND SERVICES. THE ADVISABILITY OF HOLDING EVENING AND NIGHT CLINICS WAS DISCUSSED ALONG WITH WAYS TO REDUCE HOME VISITS BY INCREASING THE HEALTH ASSESSMENT AND DATA COLLECTION DURING CLINIC VISITS. THOUGHTS ABOUT HIRING PART TIME NURSES FOR SPECIAL CLINICS WERE AIRED. A STAFFING SURVEY REPORT INDICATED THAT SMALL COUNTIES WERE EMPLOYING AIDES TO AUGMENT THEIR NURSING STAFFS; MEDIUM COUNTIES WERE USING COMMUNITY HEALTH WORKERS, HOME HEALTH AIDES, AND CLINIC AIDES SOMETIMES USING THESE FOLKS INTERCHANGEABLY. A FEW LARGER COUNTIES HAD EMPLOYED LICENSED PRACTICAL NURSES.

THE EMERGENCE OF THE NURSE PRACTITIONER ON COUNTY HEALTH DEPARTMENT STAFFS LED TO SOME INTERESTING DEVELOPMENTS IN RELATIONSHIPS WITH OTHER NURSES AS WELL AS WITH PHYSICIANS. IN SARASOTA COUNTY, A PEDIATRIC NURSE PRACTITIONER WAS SUBJECTED TO LENGTHY QUESTIONING BY A PRIVATE PEDIATRICIAN. HER WORK WAS CLOSELY OBSERVED AND HER CLINICAL FINDINGS TESTED. SHE CAME THROUGH WITH FLYING COLORS AND HELPED TO SET A POSITIVE ATMOSPHERE IN OTHER NURSE PRACTITIONER SETTINGS.

THE FAMILY PLANNING NURSE PRACTITIONERS PREPARED IN THE DIVISION OF HEALTH APPROVED PROGRAM WERE GENERALLY WELL RECEIVED SINCE THEY HAD BEEN SELECTED BY THE EXECUTIVES OF THEIR INDIVIDUAL HEALTH DEPARTMENTS. HOWEVER, SOME NURSES RESISTED THE GREATER AUTHORITY OF THE NURSE PRACTITIONERS IN CASE MANAGEMENT.
PARTICULARLY WHEN THEY HAD TO FOLLOW THE “ORDERS” OF THE NURSE
PRACTITIONER. ON THE OTHER HAND, SOME NURSE PRACTITIONERS WERE
OVERBEARING AND OFFICIOUS IN EXECUTING THEIR ROLES. THIS WAS
CLEARLY A TIME FOR PATIENCE AND FORBEARANCE.

CLASSIFICATION OF NURSES IN SPECIALIZED ROLES BECAME A BIT MORE
COMPLICATED AFTER THE INCLUSION OF NURSE PRACTITIONERS. A PUBLIC
HEALTH NURSE SPECIALIST CLASS WAS ESTABLISHED BY THE PERSONNEL
DIVISION AT THE RECOMMENDATION OF THE NURSING SECTION.
QUALIFICATIONS FOR THIS CLASS WERE BASED ON THE REQUIREMENTS FOR
SUCCESSFUL COMPLETION OF THE FAMILY PLANNING NURSE PRACTITIONER
COURSE I.E. A MINIMUM OF FOUR MONTHS DIDACTIC STUDY AND EIGHT
MONTHS OF SUPERVISED PRACTICE. THESE REQUIREMENTS SCREENED OUT
SOME NURSES WHO HAD PREVIOUSLY BEEN CONSIDERED SPECIALISTS SUCH
AS THE “TB” NURSES, THE GLAUCOMA NURSES, AND THOSE WHO HAD TAKEN
SHORT COURSES IN SPECIALTY AREAS. THE NURSE-MIDWIVES ALSO WERE
CLASSIFIED AS SPECIALISTS ALTHOUGH THE NURSING SECTION HAD
REQUESTED A SPECIAL CLASS FOR THEM. THEY FELT THAT THEIR
TRAINING WAS MORE EXTENSIVE AND THEIR RESPONSIBILITIES GREATER
THAN THE OTHER SPECIALISTS. NONE OF THESE SITUATIONS WERE MAJOR
CONFLICTS BUT THEY ADDED TO THE OVERALL TENSIONS OF THE PERIOD.

STAFF SHORTAGES AND RECRUITMENT PROBLEMS CONTINUED TO CREATE
DIFFICULTIES IN THE DELIVERY OF NURSING SERVICES. THE MAJOR
STAFFING PROBLEMS WERE FOUND IN THE URBAN AREAS. STUDIES OF THE
RECRUITMENT PROBLEM SHOWED THAT COMPETITIVE AGENCIES’ SALARIES
WERE CONSIDERABLY HIGHER THAN THOSE PAID TO PUBLIC HEALTH
NURSES. A DIFFERENTIATED PAYMENT SCALE WAS INTRODUCED WHICH HAD
SEVERAL WAGE LEVELS BASED ON THE DEGREE OF DIFFERENCE BETWEEN
PUBLIC HEALTH NURSING SALARIES AND THOSE OF THE LOCAL
COMPETITION. NURSES WORKING IN THOSE COUNTIES WITH LARGE CITIES,
ESPECIALLY IN SOUTHEAST FLORIDA, RECEIVED THESE RAISES CALLED
GEOGRAPHIC DIFFERENTIALS. SOME RURAL COUNTIES LYING CLOSE TO
URBAN CENTERS LOCATED IN ANOTHER COUNTY DID NOT RECEIVE THE
GEOGRAPHIC DIFFERENTIAL ALTHOUGH THEY TOO COMPETED FOR STAFF
WITH THE LARGE URBAN AGENCIES. AROUND 1972, THE NURSES IN POLK
COUNTY WENT OUT ON STRIKE. THEY WERE NOT INCLUDED IN THE PAY
DIFFERENTIAL WHICH WAS GIVEN TO NURSES IN THE TWO ADJOINING
COUNTIES, HILLSBOROUGH AND ORANGE, BUT THEY WERE SEVERELY
UNDERSTAFFED AND OVERWORKED. WILCOX AND CONLEY KENNISON OF THE
DEPARTMENT OF ADMINISTRATION PERSONNEL OFFICE MEDIATED THE
ACTION BUT ONLY AFTER A LONG AND FRUSTRATING MEETING WITH THE
ANGRY NURSES. THE NURSES WENT BACK TO WORK BUT DID NOT RECEIVE
THE DIFFERENTIAL PAY DESPITE REPEATED APPLICATIONS AND
DOCUMENTATION OF THE REQUIRED CONDITIONS.

IN 1974, THE NURSING DIRECTOR IN NASSAU COUNTY RETIRED. A NEWLY
APPOINTED HEALTH OFFICER REQUESTED A WAIVER OF THE ACADEMIC
REQUIREMENTS FOR THIS POSITION (A BACHELOR’S DEGREE IN NURSING
OR RELATED FIELD) SO THAT SHE COULD APPOINT A NURSE WHO DID NOT
MEET THE TRAINING AND EXPERIENCE REQUIREMENTS FOR THE POSITION.
THE REQUEST WAS DENIED BY THE STATE HEALTH OFFICER WITH THE
YEARS OF CHANGE

RECOMMENDATION FROM THE STATE NURSING DIRECTOR. POLITICAL
PRESSURE WAS BROUGHT TO BEAR AND BITTER EXCHANGES BETWEEN THE
PRINCIPALS FOLLOWED. WHILE MEETINGS WERE BEING PLANNED TO
OVERCOME THE IMPASSE, THE CHIEF OF LOCAL HEALTH SERVICES SIGNED
THE WAIVER REQUEST AND FURTHER DISCUSSION WAS MOOT. SOON AFTER
THIS UNFORTUNATE EVENT, THE DIRECTOR OF THE PERSONNEL DIVISION
(WHO HAD BEEN THE ARBITRATOR DURING THE POLK COUNTY WALKOUT)
ELIMINATED ALL ACADEMIC REQUIREMENTS FOR ALL OF THE NURSING
CLASSES BEYOND THE INITIAL SCHOOLING FOR REGISTRATION AS A
NURSE. WILCOX RESIGNED AS A RESULT OF THIS ACTION. DR. SOWDER
RETIRED SHORTLY AFTER AS HE HAD PLANNED. THIS PERSONNEL DECISION
WAS CHALLENGED UNSUCCESSFULLY BY DR. PRATHER AND MS. WENNLUND
WHO HAD BOTH BEEN APPOINTED AFTER THIS EPISODE. THE DECISION AS
DESCRIBED BY THE PERSONNEL DIRECTOR WAS BASED ON THE PREMISE IF
ONE PERSON CAN DO IT, ANYONE CAN. SUBSEQUENTLY, A NATIONAL
TESTING SERVICE SPECIALIZING IN CREDENTIALING PUBLIC HEALTH
ADMINISTRATORS WAS USED TO ESTABLISH QUALIFICATIONS FOR STATE
AND COUNTY NURSING DIRECTOR AND CONSULTANT POSITIONS. WENNLUND
AND SEVERAL COUNTY NURSING DIRECTORS TOOK THE TEST TO SET AN
EXAMPLE FOR OTHERS. STUDIES ON THE TEST RESULTS CONDUCTED
SEVERAL YEARS LATER SHOWED THAT MASTER'S PREPARED NURSES SCORED
THE HIGHEST GRADES, BACHELOR'S PREPARED NURSES, WITH TWO
EXCEPTIONS, PASSED THE TEST AND WITH FEW EXCEPTIONS, THOSE
NURSES WITH LESS THAN A BACHELOR'S DEGREE FAILED TO PASS THE
TEST.

THE LAST BLOW TO NURSES' ESTEEM DURING THIS TEN YEAR PERIOD WAS
A DECISION BY PERSONNEL THAT ALLEGEDLY CAME FROM THE FEDERAL
DEPARTMENT OF LABOR TO DECLARE NURSES AS NON-EXEMPT EMPLOYEES
WHO MUST KEEP RECORDS OF THEIR WORKING HOURS AND BE PAID FOR
OVERTIME OR GIVEN TIME BACK WITHIN THE WEEK. THE NURSES WERE
INFURIATED TO BE CLASSIFIED AS LABORERS RATHER THAN
PROFESSIONALS. THE NURSES IN BREVARD COUNTY REFUSED TO KEEP TIME
RECORDS. THE STATE NURSING DIRECTOR, WHILE AGREEING IN PRINCIPLE
WITH THEIR ANGER AND WORKING TO CHANGE THIS CLASSIFICATION,
HOPED THAT THEY WOULD USE THIS OPPORTUNITY TO GET PAID FOR ALL
THE SERVICE THAT NURSES HAD BEEN GIVING GRATUITOUSLY. WHEN THE
STATE HAD TO PAY OVERTIME FOR ALL THE NURSES WHO WERE ASSIGNED
TO THE "SWINE FLU" CLINICS, THE CLASSIFICATION CHANGED. IT
SHOULD BE NOTED THAT WENNLUND HAD TO CONVINCE SOME DECISION
MAKERS THAT THE SWINE FLU WAS NOT REALLY A STATEWIDE CRISIS, IN
WHICH CASE NO ONE WOULD HAVE TO BE PAID OVERTIME.

CONFERENCES

SUPERVISOR'S CONFERENCE

THE MAJOR COMMITTEES OF THE SUPERVISOR'S CONFERENCE WERE KEPT
VERY BUSY DURING THIS PERIOD. THE ADVISORY COMMITTEE WAS NOT
ONLY INVOLVED IN THE VARIOUS PERSONNEL ISSUES AND CONFLICTS
DEVELOPING POSITION DESCRIPTIONS AND PROPOSING QUALIFICATIONS
FOR THE NEW AND EXISTING POSITIONS TO THE NURSING SECTION AND TO
PERSONNEL BUT WAS ALSO CALLED UPON TO SERVE AS A SEARCH COMMITTEE FOR THE STATE NURSING SECTION ADMINISTRATOR WHEN ENID MATHISON RETIRED. CHANGES IN THE STATE LEADERSHIP WAS PARTICULARLY UNBALANCING TO THE NURSING COMMUNITY CONSIDERING THE MANY THREATS AND DIFFICULTIES WITH WHICH THEY HAD TO CONTEND. THE DEPARTURE OF DR. WILCOX WAS VERY DISAPPOINTING BECAUSE THE NURSES WERE SO PROUD TO BE REPRESENTED BY A DOCTORALLY PREPARED NURSE.

AS PREVIOUSLY NOTED, THE CONTINUING EDUCATION COMMITTEE MET FREQUENTLY AND WORKED HARD TO PROVIDE DIRECTION TO THE EVOLVING AND CHANGING ROLES AND RESPONSIBILITIES OF PUBLIC HEALTH NURSES. THEY PRODUCED A VARIETY OF MANUALS AND GUIDES THAT HELPED NURSES THROUGHOUT THE NATION AS WELL AS THOSE IN FLORIDA. SADIE READING WAS THE LEADER OF THIS GROUP AND MUCH CREDIT GOES TO HER FOR MAINTAINING THE EQUILIBRIUM OF NURSES THROUGH THESE TROUBLESOME TIMES. SHE WAS THE ASSISTANT ADMINISTRATOR OF THE NURSING SECTION AND SERVED AS ACTING DIRECTOR AFTER MATHISON'S RETIREMENT AND AGAIN AFTER WILCOX' RESIGNATION. SHE REPEATEDLY REFUSED CONSIDERATION FOR APPOINTMENT TO THE TOP POSITION TO THE CHAGRIN OF THOSE WHO ADMIRED HER SO MUCH.


YEARS OF CHANGE

CLOSURE OF A PERIOD

NINETEEN SEVENTY FOUR SAW THE APPOINTMENT OF A NEW HEALTH OFFICER, DR. CHARLTON PRATHER, A NEW NURSING ADMINISTRATOR, DOLORES WENNLUEND, AND A NEW CHIEF OF THE BUREAU OF LOCAL HEALTH OFFICERS, DR. JOHN MCGRARY. THIS TEAM, ALONG WITH THE OTHER BUREAU CHIEFS AND SECTION ADMINISTRATORS JOINED TOGETHER TO ADDRESS THE MULTITUDE OF PUBLIC HEALTH PROBLEMS AS WELL AS THE ORGANIZATIONAL STRUCTURE OF THE DIVISION OF HEALTH. THERE WERE OMINOUS SIGNS THAT MORE CHANGE WOULD COME AND WE TRIED TO PREPARE FOR THEM. THIS MARKED THE END OF A PERIOD OF ADMINISTRATIVE AUTONOMY OF PUBLIC HEALTH SERVICES IN FLORIDA. RUTH METTINGER PASSED AWAY IN 1968 AND WAS SORELLY MISSED BY THE PUBLIC HEALTH COMMUNITY.
CHAPTER SIX
REORGANIZATION AND RELOCATION

DAYS OF ANGUISH
1975 -1976

THERE IS VERY LITTLE DOUBT THAT THE PRESENT ORGANIZATIONAL
STRUCTURE OF THE DEPARTMENT ENCOURAGES THE ARBITRARY
PIGEONHOLING OF CLIENTS, DISCOURAGES COMMUNICATION AND THE
POLLING OF RESOURCES AMONG DIVISIONS, AND CREATES COSTLY
DUPICATION OF EFFORT. FURTHER THIS "CONFRONTATION" OF
DIVISIONS FRUSTRATES ATTEMPTS BY THE PRIVATE SECTOR AND
OTHER STATE AND LOCAL GOVERNMENTAL ENTITIES TO ACQUIRE
KNOWLEDGE OF AND TAP THE COMPREHENSIVE SERVICES AVAILABLE
WITHIN THE DEPARTMENT. LOUIS DE LA PARTE, PRESIDENT PRO
TEM OF THE FLORIDA SENATE.

THE REORGANIZATION OF THE DEPARTMENT OF HEALTH AND REHABILITATIVE
SERVICES (HRS) WAS AMONG THE FIRST ORDER OF BUSINESS OF THE 1975
FLORIDA LEGISLATURE. IMPATIENT WITH THE LACK OF PROGRESS TOWARD
SERVICE INTEGRATION AND WHAT WAS PERCEIVED TO BE APPEASEMENT OF
THE DIVISION DIRECTORS, THE LEGISLATURE LITERALLY DISASSEMBLED
THE EXISTING ORGANIZATION. ELEVEN SERVICE DISTRICTS WERE
ESTABLISHED, EACH HEADED BY A DISTRICT ADMINISTRATOR WHO HAD
LINE AUTHORITY OVER ALL SERVICE DELIVERY IN HIS OR HER DISTRICT.
THE SIZES OF THE DISTRICTS WERE BASED ON POPULATION VARYING FROM
ONE COUNTY TO SIXTEEN COUNTIES. THE DISTRICT ADMINISTRATORS
REPORTED TO THE ASSISTANT SECRETARY OF OPERATIONS. THE PROGRAM
DIVISIONS, WHICH HAD PREVIOUSLY EXERCISED LINE AUTHORITY OVER
THEIR RESPECTIVE SERVICES WERE DESIGNATED TO OPERATE IN A STAFF
CAPACITY TO THE ASSISTANT SECRETARY FOR PROGRAM PLANNING. THE
DUTIES OF THE PROGRAM OFFICES ARE DESCRIBED IN THE LAW AS
FOLLOWS:

A. IDENTIFICATION OF CLIENT NEEDS;
B. INTRA-PROGRAM POLICY DEVELOPMENT;
C. SHORT-TERM AND LONG-TERM INTRA-PROGRAM PLANNING;
D. INTRA-PROGRAM STANDARDS SETTING, MONITORING, AND QUALITY
   CONTROL;
E. INTRA-PROGRAM STAFF DEVELOPMENT, TRAINING AND TECHNICAL
   ASSISTANCE PROGRAMS;
F. ADVISING THE ASSISTANT SECRETARY FOR PROGRAM PLANNING
   AND DEVELOPMENT AND OTHERS WITHIN THE DEPARTMENT, UPON
   REQUEST, ON ISSUES WITHIN THEIR AREAS OF EXPERTISE.
G. ACTING AS LIAISON WHEN ASSIGNED BY THE ASSISTANT
   SECRETARY FOR PROGRAM PLANNING AND DEVELOPMENT TO OTHER
   GOVERNMENTAL AGENCIES AND THE PUBLIC ON PROGRAMMATIC
   ISSUES;
H. DEVELOPING STATE PROGRAM PLANS;
I. DEVELOPING RESOURCE FORECASTS AND WORKING WITHIN THE
DAYS OF ANGUISH

STATE ON COMMUNITY RESOURCE DEVELOPMENT;
J. QUALITY CONTROL;
K. STATEWIDE SUPERVISION OF THE ADMINISTRATION OF SERVICE PROGRAMS, AND
L. ANY OTHER PROGRAM PLANNING AND DEVELOPMENT DUTIES ASSIGNED BY THE SECRETARY.

SPECIFIC REFERENCE TO THE DUTIES OF THE HEALTH PROGRAM OFFICE WERE DEFINED AS:
THE RESPONSIBILITIES OF THIS OFFICE ENCOMPASS ALL HEALTH PROGRAMS OPERATED BY THE DEPARTMENT, INCLUDING COUNTY HEALTH DEPARTMENTS, INCLUDING THE REVIEW AND COORDINATION OF DEPARTMENTAL HEALTH SERVICES, AS WELL AS THE INSURANCE OF AN ACCEPTED LEVEL OF QUALITY.

THE ACT ALSO AMENDED THE COUNTY HEALTH DEPARTMENT ENABLING LAW (CHAPTER 154.01 F.S.) BY ADDING THE FOLLOWING PHRASE, "THERE SHALL BE CLINIC CARE AND HEALTH CARE DELIVERY PROGRAMS WHERE THERE IS A DEMONSTRATED NEED FOR SUCH SERVICES"

IN ADDITION TO DISMANTLING THE ORGANIZATION, THE CUSTOMARY TERMS USED IN BUREAUCRATIC LANGUAGE WERE DENIED TO US. THE ACT EXPRESSLY FORBIDE THE USE OF "BUREAU" AND "SECTION" SUBSTITUTING "OFFICE" AND "PROGRAM". WE WERE NOT ONLY CONFUSED AND RUDDERLESS BUT ALSO NAMELESS. IF THE ENTIRE PUBLIC HEALTH FAMILY WAS A PROGRAM OFFICE, THEN, PRAY, WHAT SHOULD THE REST OF US BE CALLED? WE ORGANIZED OURSELVES INTO THREE MAJOR UNITS: DISEASE CONTROL, PERSONAL HEALTH, AND ENVIRONMENTAL HEALTH. NURSING ALONG WITH NUTRITION, FAMILY HEALTH (MATERNAL CHILD HEALTH AND FAMILY PLANNING), AND DENTAL WERE ENCOMPASSED IN PERSONAL HEALTH. THE CLASSIFICATION GIVEN THE PROGRAM HEADS WAS PROGRAM SUPERVISOR. THE POSITION OF ASSISTANT WAS ALSO VERBOTEN SO READING WAS CLASSIFIED AS A SUPERVISING CONSULTANT RATHER THAN THE ASSISTANT NURSING ADMINISTRATOR. OUR EGOS WERE SORELY BRUISED FOR THESE ACTIONS SEEMED TO BE DELIBERATELY DESIGNED TO BRING US DOWN A PEG OR TWO.

SEVERAL OF THE PUBLIC HEALTH UNITS WERE ASSIGNED TO THE ASSISTANT SECRETARY OF OPERATIONS. THIS INCLUDED LABORATORIES, VITAL STATISTICS, LICENSURE AND CERTIFICATION, THE TUBERCULOSIS HOSPITAL, AND ALL COUNTY HEALTH DEPARTMENTS. THE HOME HEALTH PROGRAM WAS TRANSFERRED TO THE LICENSURE AND CERTIFICATION PROGRAM. MANY OF OUR STAFF IN BUDGETS, PLANNING, PERSONNEL, AND OTHER SUPPORT SERVICES WERE TRANSFERRED TO EITHER ADMINISTRATION OR OPERATIONS. ONE OF THE MORE PAINFUL LOSSES WAS THE TRANSFER OF ALL SANITARY ENGINEERING PERSONNEL TO THE DEPARTMENT OF ENVIRONMENTAL REGULATION. THIS LOSS ERODED THE CONCEPT OF THE INTERACTING ROLES OF ENVIRONMENTAL AND PERSONAL HEALTH THREATS WHICH COULD BE REDUCED OR ELIMINATED BY A COMPREHENSIVE PUBLIC HEALTH APPROACH.
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THE SCOPE OF THE REORGANIZATION LAW AND THE MASSIVE VOLUME OF NEW PATHWAYS TO BE DEVELOPED UNLEASHED A TORRENT OF PAPER EXCHANGES AND MEETINGS. WHERE PREVIOUSLY COMMUNICATION WITH OUR COLLEAGUES WITHIN OR OUTSIDE THE DIVISION WAS SIMPLE, DIRECT, AND SELF DIRECTED, NOW ALL COMMUNICATIONS HAD TO MEET SPECIFIC FORMATS AND ROUTING REQUIREMENTS. COMMUNICATION WITH PERSONS IN OTHER UNITS WAS DISCOURAGED OR SOMETIMES NOT PERMITTED. THERE WERE ENDLESS REQUESTS FOR DATA AND SERVICE DESCRIPTIONS OFTEN IN FORMATS THAT WERE UNFAMILIAR AND AWKWARD FOR THE PUBLIC HEALTH FAMILY. OUR COLLEAGUES WERE PERPLEXED BY OUR METHODS AND OUR PHILOSOPHY. MANY OF THE DEPARTMENT'S PROGRAMS CONTRACTED FOR SERVICES AND DID NOT DELIVER THEM DIRECTLY. THE FACT THAT MANY OF THE HEALTH PERSONNEL WERE LICENSED TO PRACTICE A PROFESSION CONFOUNDED THEM. WE WERE REFERRED TO AS TECHNICIANS (I GUESS BECAUSE WE COULD DO SOMETHING BESIDE TALK OR WRITE ABOUT IT).

THERE WAS A PERSONAL TOLL EXACTED BY THIS UPHALEVAL. A TEMPORARY LIAISON OFFICE (AND LISTENING POST) WAS ESTABLISHED IN TALLAHASSEE. DR. PRATHER, OLIVER BOORDE, RUSSELL JACKSON, AND DR. DELMAR MILLER, THE DENTAL PROGRAM SUPERVISOR STAFFED THE OFFICE. DR. MILLER SUFFERED A MASSIVE HEART ATTACK AND WAS OUT OF COMMISSION FOR SOME TIME. WENNUND WAS THEN ASSIGNED TO THE TALLAHASSEE OFFICE. WE ALL SEEMED TO TRAVEL ENDLESSLY BETWEEN JACKSONVILLE AND TALLAHASSEE. ANOTHER OF OUR PROFESSIONAL STAFF, ONE OF THE ENVIRONMENTAL HEALTH ENGINEERS SUFFERED A FATAL HEART ATTACK ON THE ROAD. WE WERE NOT THE ONLY ONES UNDER SUCH PRESSURE. SUDDEN ILLNESS WAS NOT UNCOMMON AND THE 911 CREW KNEW THE HRS ADDRESS WELL. THIS WAS AN UNHEALTHY TIME FOR HRS EMPLOYEES.

RELOCATION

AS IF REORGANIZATION WAS NOT ENOUGH, WE ALSO HAD TO MOVE FROM A FAMILIAR AND COMFORTABLE SETTING AND FIND SPACE TO WORK AND TO LIVE. RELOCATION WAS A MAJOR PROBLEM FOR SOME WHO HAD FAMILIES AND ROOTS IN JACKSONVILLE. WE LOST SOME EXPERIENCED PUBLIC HEALTH PROFESSIONALS AT THIS TIME WHO CHOSE TO RETIRE OR RESIGN.

THE JACKSONVILLE LEGISLATIVE CAUCUS REALIZED THAT THEY WERE ABOUT TO LOSE A LOT OF VOTERS. THEY BEGAN TO AGITATE AGAINST THE MOVE. WHEN THE DELEGATION CAME TO VISIT DR. PRATHER IN HIS NEW OFFICE, THEY REALLY BECAME INCENSED. THE HEALTH PROGRAM OFFICE WAS SITUATED IN THE LOADING AREA BEHIND HUGE METAL BARRIERS. MANY OF THE PROGRAMS HAD ALREADY MOVED BUT NOT ALL OF THEM. THE TUBERCULOSIS PROGRAM, VITAL STATISTICS, THE LABORATORY, THE LIBRARY, AND PART OF LICENSURE AND CERTIFICATION WERE STILL IN JACKSONVILLE. THE HOME HEALTH PROGRAM HAD BEEN REASSIGNED TO LICENSURE AND CERTIFICATION. HILDEBRAND, THE PROGRAM SUPERVISOR HAD ALREADY MOVED TO TALLAHASSEE BUT HER STAFF OF NURSE CONSULTANTS AND SECRETARIES WERE STILL IN JACKSONVILLE. THE MOVE WAS STOPPED SUMMARILY. ALTHOUGH THIS MET THE PERSONAL NEEDS OF SOME OF THE STAFF, IT DID LITTLE TO IMPROVE EFFICIENCY AND
EFFECTIVENESS OF SERVICE OR MAINTAIN THE LITTLE COHESIVENESS LEFT IN PUBLIC HEALTH. IN YEARS TO COME, THIS SEPARATION WAS DETRIMENTAL TO UNIFIED PLANNING AND ADMINISTRATION.

THERE WERE TWO OTHER PARTS OF THE PUBLIC HEALTH FAMILY THAT WERE LOST. ONE, THE BOARD OF HEALTH WAS ABOLISHED WITHOUT A GESTURE OF THANKS OR RECOGNITION. DR. PRATHER WAS QUICK TO APPOINT AN ADVISORY COUNCIL AUTHORIZED UNDER THE LAW AND INVITED SOME OF THE BOARD MEMBERS TO JOIN. THE OTHER FEATURE THAT WE LOST WAS THE EMPLOYEE HEALTH SERVICE WHICH WE OFFERED TO OUR EMPLOYEES. IT WAS JOINTLY SPONSORED BY A NUMBER OF THE OFFICES AND WAS VERY EFFECTIVE IN REDUCING UNNECESSARY SICK DAYS AND HELPED TO REDUCE COSTS FOR STAFF NEEDING REPEATED FOLLOW UP FOR CHRONIC CONDITIONS. WE WERE ADMONISHED FOR PROVIDING THIS SERVICE AND PROHIBITED FROM CONTINUING IT.

THE DISTRICT OFFICES

THE LAW STATES "EACH DISTRICT ADMINISTRATOR SHALL HAVE DIRECT LINE AUTHORITY OVER ALL DEPARTMENTAL PROGRAMS ASSIGNED TO THE DISTRICT"... "EACH DISTRICT ADMINISTRATOR MAY APPOINT A DISTRICT PROGRAM MANAGER FOR HEALTH SERVICES" ... "THERE MAY BE PROGRAM SUPERVISORS IN EACH DISTRICT WHO SHALL SERVE IN A LINE CAPACITY TO THE DISTRICT ADMINISTRATOR OR HIS DESIGNEES" ... "PERSONNEL OF HEALTH UNITS ... SHALL BE EMPLOYED BY THE BOARD OF COUNTY COMMISSIONERS; PROVIDED, HOWEVER, THAT NO SUCH PERSONNEL SHALL BE EMPLOYED BY THE BOARD OF COUNTY COMMISSIONERS UNLESS SUCH PERSONNEL SHALL BE APPROVED BY THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES. ... SUCH EMPLOYEES SHALL ENGAGE IN THE PREVENTION OF DISEASE AND PROMOTION OF HEALTH IN COOPERATION WITH AND UNDER THE SUPERVISION OF THE DEPARTMENT."

THESE CHANGES CREATED A SHARP DEPARTURE FROM THE DELIVERY OF PUBLIC HEALTH SERVICES AS PRACTICED IN THE COUNTIES. THE HEALTH OFFICER, A PHYSICIAN, HAD BEEN ULTIMATELY CHARGED WITH THE RESPONSIBILITY OF CONTROLLING DISEASE AND PROTECTING THE PUBLIC'S HEALTH. HE OR SHE WAS HELD ACCOUNTABLE TO THE COUNTY COMMISSION FOR THE EFFICIENT AND SUCCESSFUL EXERCISE OF THIS RESPONSIBILITY AND TO THE STATE FOR MEETING LEGISLATIVE AND PROFESSIONAL STANDARDS. UNDER THE AMENDED LAW, THE HEALTH OFFICER WAS NO LONGER CHARGED WITH CONTROLLING PREVENTABLE AND COMMUNICABLE DISEASE AND EDUCATING THE PUBLIC IN METHODS OF SANITATION AND HYGIENE AS REQUIRED IN THE PREVIOUS LAW.

THE DISTRICTS WERE SLOW TO MOVE INTO THE HEALTH ARENA. HEALTH PROFESSIONALS WERE REPEATEDLY URGED TO JUST DO THEIR OWN THING. THEY DID JUST THAT. MEANWHILE, FOLKS FROM THE OTHER PROGRAMS WERE LINING UP FOR POSITIONS IN THE DISTRICTS. SOME NURSE CONSULTANTS SENT IN APPLICATIONS FOR A VARIETY OF POSITIONS BUT THEY NEVER RECEIVED AN ANSWER OR ACKNOWLEDGEMENT. A NURSE DIRECTOR COMMENTED THAT THE PUBLIC HEALTH NURSES WERE HAVING DIFFICULTIES IN MAKING REFERRALS BECAUSE THE CONTACT PEOPLE IN
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OTHER AGENCIES WERE NOT AVAILABLE ANYMORE. IT TOOK SOME TIME BEFORE HEALTH PROFESSIONALS MOVED INTO SOME OF THE HIGHER LEVELS OF THE DISTRICT ADMINISTRATION.

FIELD CONSULTATION

UNDER THE 1975 HRS REORGANIZATION ACT, THE MAJOR RESPONSIBILITY OF THE HEALTH PROGRAM OFFICE WAS TO SET STANDARDS FOR PUBLIC HEALTH SERVICES BUT WITHOUT THE AUTHORITY TO ENFORCE THEM. THE STATE PUBLIC HEALTH CONSULTANTS REMAINED UNDER THE JURISDICTION OF THE STATE HEALTH OFFICE BUT MANY WERE HOUSED IN THE DISTRICT OFFICES. A PROGRAM OFFICE TEAM (MCGARRY, PREVIOUSLY CHIEF OF LOCAL HEALTH SERVICES, MORRISON, ENVIRONMENTAL HEALTH AND WENNLUND) VISITED THE DISTRICT ADMINISTRATION STAFFS TO EXPLAIN THE ROLE OF THE CONSULTANTS AND OUR METHOD OF PROVIDING QUALITY ASSURANCE OF PUBLIC HEALTH SERVICES THROUGH THESE PROFESSIONALS. MOST OF THE REGIONAL OFFICES THAT HAD HOUSED THE CONSULTANT STAFFS INCLUDED AT A MINIMUM, ENVIRONMENTAL HEALTH, NURSING AND NUTRITION CONSULTANTS. THE DISTRICTS WERE DESIGNATED ACCORDING TO POPULATION SIZE RESULTING IN A RANGE OF ASSIGNED COUNTIES FROM ONE TO SIXTEEN. THE CONSULTANTS MAJOR UNIT OF WORK WAS THE COUNTY HEALTH DEPARTMENT. IN ORDER TO EQUALIZE THEIR WORKLOAD. SOME CONSULTANTS WERE RESPONSIBLE FOR COUNTIES IN MORE THAN ONE DISTRICT. THESE MULTIPLE CHAINS OF COMMAND PRESENTED EVERY OPPORTUNITY FOR CONFUSION AND CONFLICT. FEW OF THE COUNTY HEALTH OFFICERS OR NURSING DIRECTORS FULLY ANTICIPATED THE IMPACT OF THESE CHANGES ON THEIR MODE OF OPERATION.

THE CONSULTANTS HOUSED IN THE DISTRICT OFFICES SOON BECAME PAWNS IN THE POWER STRUGGLE BETWEEN THE DISTRICTS AND THE PROGRAM OFFICE. THOSE ASSIGNED TO MORE THAN ONE DISTRICT WERE IMMERSED IN THE STRUGGLE AMONG THE DISTRICTS. AFTER SEVERAL YEARS OF THIS STRESSFUL AND UNPRODUCTIVE ORGANIZATIONAL PATTERN, THE CONSULTANT POSITIONS WERE TRANSFERRED TO THE DISTRICTS CREATING POSITIONS IN EVERY DISTRICT WITH ONE EXCEPTION WHEREIN THE POSITION WAS SHARED BETWEEN TWO DISTRICTS. THIS HAS RECENTLY BEEN AMENDED SO THAT EACH DISTRICT HAS AT LEAST ONE NURSE CONSULTANT.

THE STATE NURSING DIRECTOR WAS SELDOM CONSULTED REGARDING JOB DESCRIPTIONS OR ROLE EXPECTATIONS OF THE NURSING CONSULTANTS NOR EVEN IN THE SELECTION OF CANDIDATES FOR NEW OR VACANT POSITIONS. SUPERVISION WAS PROVIDED BY A VARIETY OF HEALTH OR ADMINISTRATIVE PERSONNEL, MANY OF WHOM WERE UNFAMILIAR WITH THE PRACTICE AND QUALIFICATIONS OF NURSES IN CONSULTANT POSITIONS. SOME WERE NOT EVEN KNOWLEDGEABLE ABOUT PUBLIC HEALTH PRINCIPLES AND PRACTICE. THIS WAS A TRYING TIME FOR THOSE CONSULTANTS WHO HAD PREVIOUSLY SERVED WITH THE HEALTH OFFICE.

THE WHEELS OF REORGANIZATION MOVED SLOWLY BUT INEXORABLY TOWARD THE TOTAL BUREAUCRATIZATION OF PUBLIC HEALTH. THERE WERE MULTIPLE LAYERS OF ACCOUNTABILITY AND BARRIERS PLACED BETWEEN
THE EXPERTISE AT THE STATE LEVEL AND THE SERVICE DELIVERY SYSTEM. COMMUNICATION WAS REGIMENTED AND CONVOLUTED.

TWO QUOTES COME TO MIND WHEN REFLECTING ON THIS PAINFUL PERIOD IN THE HISTORY OF PUBLIC HEALTH NURSING: WOODROW WILSON, IN HIS BOOK, THE NEW FREEDOM, STATES "THERE WAS A TIME WHEN CORPORATIONS PLAYED A MINOR PART IN OUR BUSINESS AFFAIRS, BUT NOW THEY PLAY THE CHIEF PART, AND MOST MEN ARE THE SERVANTS OF CORPORATIONS."
AGES BEFORE THIS EVENT, HERODOTUS, IN HIS HISTORIES DESCRIBED THE DILEMMA OF THE HEALTH PROFESSIONAL IN HRS DURING REORGANIZATION, "THIS IS THE BITTEREST PAIN AMONG MEN, TO HAVE MUCH KNOWLEDGE BUT NO POWER".
CHAPTER SEVEN

MEANWHILE - THE WORK GOES ON
1975 – 1979

ALL PROGRESS IS PRECARIOUS, AND THE SOLUTION OF ONE
PROBLEM BRINGS US FACE TO FACE WITH ANOTHER PROBLEM.
MARTIN LUTHER KING, JR.

ALTHOUGH THE REORGANIZATION BILL PREOCCUPIED OUR MINDS AND OUR
TIME, THE FLORIDA LEGISLATURE PASSED SOME LAWS THAT HAD GREAT
SIGNIFICANCE FOR NURSING. THE NURSE PRACTICE ACT WAS AMENDED TO
ENABLE THE ADVANCED PRACTICE OF NURSE PRACTITIONERS AND MANDATED
CONTINUING EDUCATION CREDITS FOR LICENSE RENEWAL; PUBLIC
EMPLOYEES WERE PERMITTED TO BE REPRESENTED IN COLLECTIVE
BARGAINING; LICENSURE WAS PROVIDED FOR PRIVATE HOME HEALTH
AGENCIES; AND IN 1977, THE FLORIDA LEGISLATURE PASSED THE
GERIATRIC NURSE CLINIC ACT.

THE HEALTH PROGRAM OFFICE ORGANIZATION

IN KEEPING WITH DECISIONS MADE BY THE DIVISION OF HEALTH
MANAGEMENT TEAM PRIOR TO HRS REORGANIZATION, THE HEALTH PROGRAM
OFFICE ORGANIZED INTO THREE MAJOR PARTS: DISEASE CONTROL;
ENVIRONMENTAL HEALTH; AND PERSONAL HEALTH. DISEASE CONTROL
INCORPORATED COMMUNICABLE AND NON-COMMUNICABLE PREVENTABLE
DISEASE PROGRAMS, EPIDEMIOLOGY, AND VETERINARY MEDICINE. WHAT
WAS LEFT OF ENVIRONMENTAL HEALTH AFTER THE TRANSFER OF
ENGINEERING TO THE DEPARTMENT OF ENVIRONMENTAL REGULATION
REMAINED INTACT. PERSONAL HEALTH INCLUDED: DENTAL, FAMILY
PLANNING, MATERNAL AND CHILD HEALTH, MIGRANT HEALTH, NURSING,
AND NUTRITION. THE DIRECTORS OF DISEASE CONTROL AND PERSONAL
HEALTH WERE PHYSICIANS. DR. PRATHER AND THE THREE MAJOR PROGRAM
DIRECTORS BECAME THE EXECUTIVE DECISION MAKING TEAM.

THE HEADS OF THE SUBORDINATE PROGRAMS WERE CLASSIFIED AS PROGRAM
SUPERVISORS AND FORMED A WORK GROUP TO RESPOND TO THE MULTIPLE
REQUESTS FOR INFORMATION ABOUT THE PUBLIC HEALTH PROGRAMS. THIS
GROUP BECAME VERY COHESIVE AND PRODUCED SOME VERY FINE
DOCUMENTS. THEY DEVELOPED MISSION STATEMENTS AND POSITION PAPERS
WHICH WOKE TOGETHER THE SERVICES OF THE PUBLIC HEALTH PROGRAMS
AND DISCIPLINES INTO A UNIFORM SYSTEM THAT HAD NOT BEEN
ACCOMPLISHED BEFORE. NURSING PLAYED A MAJOR ROLE IN THIS
EVOLVING SYSTEM SINCE THE NURSE'S ORIENTATION HAD NOT BEEN
PROGRAMMATIC BUT RATHER PATIENT, FAMILY, AND COMMUNITY CENTERED.
THE PARTICIPANTS IN THIS GROUP DEVELOPED RESPECT FOR EACH
OTHER'S CONTRIBUTION TO THE TOTAL PUBLIC HEALTH PROGRAM.
ULTIMATELY, AS THE STAFF AND WORKLOAD INCREASED, THE MAGIC OF
THE SUPERVISORY PLANNING GROUP ERODED AND FADED AWAY.
DESPITE THE GREAT UNCERTAINTY THAT THE NURSING PROGRAM STAFF FELT ABOUT THEIR JOBS AND THEIR SERVICES, THEY CONTINUED TO WORK VERY HARD TO PROVIDE TECHNICAL ASSISTANCE TO THE COUNTY NURSES AS REQUESTED AND TO DEVELOP POSITION STATEMENTS AND DESCRIPTIONS OF THEIR PROGRAMS AND THEIR WORK. IN WENNLUND'S 1977 ANNUAL REPORT, SHE NOTES:

DEVELOPMENT OF MATERIALS AND PROGRAMS FOR IMPROVING NURSING SERVICES WAS REPEATEDLY PREEMPTED BY LEGISLATIVE, DEPARTMENTAL, OR PROGRAM DEMANDS FOR MORE DESCRIPTIVE MATERIAL. AN EXTRAORDINARY AMOUNT OF TIME WAS SPENT ATTEMPTING TO DEFINE, DESCRIBE, AND ENUMERATE ACTIVITIES PERFORMED BY PROFESSIONAL HEALTH CARE PROVIDERS. HOWEVER, THAT TASK IS NOT EASILY ACCOMPLISHED SINCE THERE IS A JUDGMENTAL SELECTION OF ACTIVITIES EXERCISED BY THE PROFESSIONAL THAT IS BASED ON INSIGHTS GAINED THROUGH EXTENSIVE AND SPECIALIZED STUDY, RESEARCH, AND PRACTICE. SUCH INSIGHTS DO NOT READILY LEND THEMSELVES TO SIMPLISTIC HOW-TO-STEPS. NOR DO THE HOW-TO-STEPS PROVIDE THE NECESSARY INSIGHTS TO PROVIDE SAFE AND COMPETENT HEALTH CARE.

ZERO-BASED BUDGETS AND MANAGEMENT BY OBJECTIVES WERE TIME CONSUMING EXERCISES AND WERE REQUIRED AS STANDARD OPERATING PROCEDURES. THE VOLUME OF PAPERWORK WAS ALMOST OVERWHELMING. EVERYONE PUT IN MANY HOURS OF OVERTIME WORK.

BECAUSE NURSING HAD A PIECE OF ALMOST EVERY ACTION IN PUBLIC HEALTH EXCEPT ENVIRONMENTAL HEALTH, OUR ASSIGNMENTS TO DESCRIBE AND COST OUT EACH SERVICE PERFORMED BY A PUBLIC HEALTH NURSE WERE EXTRAORDINARILY LENGTHY AND INVOLVED. WE DISCOVERED THAT NO ONE HAD CLAIMED ADULT HEALTH. WHEN THE DIRECTOR OF DISEASE CONTROL WAS APPROACHED TO FIND OUT IF HE WANTED THE PROGRAM, HE DECLINED. THE PERSONAL HEALTH DIRECTOR DID LIKewise. THERE WERE NO FUNDS WITH THIS PROGRAM. SO NURSING DEVELOPED THE MANUAL AND THE PERFORMANCE STANDARDS FOR THAT PROGRAM ALONG WITH SO MANY OTHERS. MANUALS AND PERFORMANCE STANDARDS WERE REQUIRED OF EVERY SINGLE PROGRAM IN WHICH WE WERE INVOLVED. WE ALSO HAD THE RESPONSIBILITY OF WRITING SELECTED CHAPTERS FOR THE MANUALS OF MANY OTHER PROGRAMS. MEANWHILE, THE NEEDS OF THE PUBLIC WERE INCREASING ALONG WITH THE DEMAND FOR SERVICES.

COLLECTIVE BARGAINING

THE FLORIDA LEGISLATURE GRANTED PUBLIC EMPLOYEES THE RIGHT OF ORGANIZATION AND REPRESENTATION REQUIRING ALL LEVELS OF GOVERNMENT TO NEGOTIATE WITH DULY CERTIFIED BARGAINING AGENTS. THE LAW PROHIBITED STRIKES BY PUBLIC EMPLOYEES AND ESTABLISHED A PUBLIC EMPLOYEES RELATIONS COMMISSION (PERC) TO ASSIST IN RESOLVING DISPUTES BETWEEN EMPLOYEES AND EMPLOYERS.

THE FLORIDA NURSES ASSOCIATION (FNA) PETITIONED FOR CERTIFICATION TO REPRESENT NURSES AS THEIR COLLECTIVE BARGAINING AGENT. HEARINGS WERE HELD TO DETERMINE THE NUMBER OF
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REPRESENTATIVE AGENTS WHICH WOULD BE ACCEPTED IN THE STATE. THERE WERE LARGE NATIONAL UNIONS THAT WANTED A SINGLE AGENT TO REPRESENT ALL PUBLIC EMPLOYEES. THIS WAS GENERALLY CONSIDERED TO BE ADVANTAGEOUS TO THE STATE SINCE THERE WAS ONLY ONE GROUP WITH WHICH TO DEAL. LAW ENFORCEMENT AND NURSING MADE A STRONG CASE FOR SEPARATE REPRESENTATION. WENNlund SPENT AN ENTIRE DAY ON THE WITNESS STAND DEFINING AND DESCRIBING NURSES' DUTIES AND RESPONSIBILITIES. THE MANAGERIAL ROLE OF THE SUPERVISOR WAS A CONTROVERSIAL ISSUE. THE FNA WANTED TO INCLUDE ALL NURSES EXCEPT THE NURSING DIRECTORS. THIS CONCEPT WAS GENERALLY CONTRADICTORY TO STANDARD LABOR PRACTICE. HOWEVER, THE DEPARTMENT OF ADMINISTRATION WAS SPECIFIC IN THEIR WRITTEN INSTRUCTIONS REGARDING SALARIES AND CONDITIONS OF WORK. FURTHERMORE, EVIDENCE SHOWED THAT NURSING SUPERVISORS DID NOT HIRE AND FIRE PERSONNEL. THEREFORE, THE PERC DETERMINED IN FAVOR OF INCLUSION OF ALL NURSES EXCEPT DIRECTORS. THEY ALSO INSTRUCTED THE FNA TO REPRESENT ALL HEALTH CARE PROFESSIONAL PROVIDERS. THE ENVIRONMENTAL HEALTH WORKERS WERE EXCLUDED DESPITE THEIR EFFORTS TO BE REPRESENTED BY THE FNA. THE EXCLUSION WAS BASED ON THE PREMISE THAT THEY DID NOT PROVIDE "HANDS ON" CARE. WHILE A STRUGGLE BETWEEN NURSES AND PHYSICIANS WAS ENSUING REGARDING THE CONTROL OF THE NURSE PRACTITIONER'S PRACTICE, THE STATE EMPLOYED PHYSICIANS WERE REPRESENTED BY THE FNA. THESE WERE INDEED STRANGE AND WONDROUS TIMES.

PROGRAMS AND SERVICES

MATERNAL AND CHILD HEALTH

SUDDEN INFANT DEATH HAD BEEN A GROWING CONCERN AMONG HEALTH PROFESSIONALS AND OTHERS. THESE SAD OCCASIONS WERE SOMETIMES POORLY HANDLED CAUSING FURTHER GRIEF TO THE PARENTS. THERE HAD TO BE A DELICATE BALANCE BETWEEN ACCEPTING THE EVENT AS AN UNAVOIDABLE DEATH AND MAINTAINING A HEALTHY SKEPTICISM REGARDING THE POSSIBILITY OF NEGLECT OR FOUL PLAY. A SMALL UNIT WAS ESTABLISHED WITH FEDERAL GRANT MONEY TO TRAIN A PUBLIC HEALTH NURSE IN EACH COUNTY TO SERVE AS A RESOURCE PERSON. THE NURSE WOULD BE THE CONTACT PERSON OFFERING ASSISTANCE TO LAW ENFORCEMENT AND MEDICAL EXAMINERS.

MEDICAID SCREENING OF PRESCHOOL CHILDREN WAS PROGRESSING AS PLANNED. THEN A NURSE FROM THE MEDICAID OFFICE WAS ASSIGNED TO MONITOR THE PROCEDURE. A VARIETY OF PROCEDURAL PROBLEMS WERE IDENTIFIED AND CORRECTED. ONE OF THE RESULTS FROM THIS REVIEW WAS A JOINT ENDEAVOR BY NURSING AND NUTRITION TO IMPROVE ACCURACY IN ANTHROPOMETRIC MEASUREMENT.

THE REORGANIZATION ACT HAD EMPHASIZED THE INTEGRATION OF SERVICES AMONG PROGRAMS AND COLOCATION OF SERVICE SITES. SOME DISTRICTS INTERPRETED THIS TO MEAN THAT ALL THE CHILDREN IN THEIR FACILITIES SHOULD RECEIVE MEDICAL CARE FROM THE COUNTY HEALTH UNITS. SOME SCORES OF CHILDREN FROM A DETENTION CENTER
MEANWHILE - THE WORK GOES ON

WOULD BE SITTING IN THE CLINIC WAITING ROOM WITHOUT APPOINTMENTS OR ANY FOREWARNING. THESE CONDITIONS WERE NEGOTIATED ON A CASE BY CASE BASIS.

SCHOOL HEALTH

A PROGRAM MANUAL AND PERFORMANCE STANDARDS FOR THE DELIVERY OF SCHOOL HEALTH SERVICES WERE DEVELOPED. EACH SCHOOL DISTRICT AND COUNTY HEALTH UNIT WERE REQUIRED TO SUBMIT A JOINTLY APPROVED PLAN TO THE HEALTH PROGRAM OFFICE FOR REVIEW AND APPROVAL EACH YEAR. THE DEPARTMENT OF EDUCATION PARTICIPATED IN THE SITE VISITS AND PLAN REVIEWS AND APPROVALS.

ANOTHER AREA OF CHILD HEALTH SERVICES THAT BECAME A PUBLIC HEALTH CONCERN WAS THE EARLY IDENTIFICATION OF ScoliOSIS IN SCHOOL CHILDREN. WORKING WITH THE CHILD HEALTH SUPERVISOR AND THE FLORIDA MEDICAL ASSOCIATION A STANDARD FOR EXAMINATION AND SCHEDULING WAS DEVELOPED. THE SCREENING EXAMINATION COULD BE PERFORMED BY NON PROFESSIONALS. HOWEVER, THIS TASK OFTEN FELL TO THE SCHOOL NURSE.

MIDWIFERY

ACCORDING TO WENNLUND'S REPORT ON MIDWIFERY PUBLISHED IN 1979:
THE COALESCEANCE OF INTERESTS IN NATURAL CHILDBIRTH, PARENT/INFANT BONDING, AND WOMEN'S LIBERATION FIRED BY HIGH COSTS FOR MEDICAL CARE AND POOR INSURANCE COVERAGE FOR MATERNITY CARE ERUPTED INTO A HOME BIRTH MOVEMENT AND INTEREST IN MIDWIFERY. DURING THE EIGHTEEN MONTH SPAN FROM 1977 TO THE MIDDLE OF 1979, MORE THAN 70 INQUIRIES WERE RECEIVED IN THE NURSING PROGRAM OFFICE AND AMONG THESE WERE 54 REQUESTS FOR APPLICATIONS FOR LAY MIDWIFE LICENSES.

THERE WAS INCREASING EVIDENCE OF PERSONS PRACTICING MIDWIFERY WITHOUT A LICENSE. THE MEDIA REPORTED A VARIETY OF STORIES ABOUT HOME BIRTHS AND GENERALLY IN A POSITIVE LIGHT. OTHER STATES WERE HAVING SIMILAR DIFFICULTIES. ONLY FOURTEEN STATES ISSUED MIDWIFE LICENSES AND HALF OF THESE HAD A VARIETY OF RESTRICTIONS.

NINE APPLICATIONS FOR LICENSURE HAD BEEN RECEIVED IN THE NURSING OFFICE BETWEEN 1976 AND 1979. APPLICANTS FOR MIDWIFE LICENSES WERE GIVEN A WRITTEN AND ORAL TEST AND THEN INTERVIEWED BY A NURSE CONSULTANT, AN OBSTETRICIAN, AND A MATERNITY NURSING PROFESSOR. FOUR APPLICANTS WERE LICENSED AND THE REMAINING WERE DENIED LICENSES.

THE NURSE-MIDWIFE CONSULTANT RECEIVED A FELLOWSHIP FROM THE WORLD HEALTH ORGANIZATION TO STUDY MIDWIFERY IN SEVERAL EUROPEAN COUNTRIES: ENGLAND, THE NETHERLANDS, DENMARK, AND YUGOSLAVIA. HER REPORT HIGHLIGHTED SOME SIGNIFICANT DIFFERENCES BETWEEN MIDWIFERY AS PRACTICED IN EUROPE AND THAT PRACTICED IN FLORIDA. MIDWIVES IN EUROPE HAD FORMAL TRAINING LASTING FROM ONE AND
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ONE-HALF YEARS TO FOUR YEARS. THE PATIENT WAS ASSIGNED TO THE CAREGIVER ACCORDING TO MEDICAL CRITERIA WITH THE MIDWIFE SERVING THOSE WITH SIMPLE UNCOMPLICATED PREGNANCIES. THE MIDWIFE WAS PART OF THE ORGANIZED HEALTH SYSTEM AND EACH PATIENT HAD ACCESS TO ALL MEMBERS OF THE HEALTH TEAM: A PHYSICIAN, A NURSE MIDWIFE AND A LAY MIDWIFE.

PUBLIC HEALTH NURSES WERE ASKED TO MAKE HOME VISITS TO EVALUATE THE CONDITION OF THE MOTHER AND INFANT AFTER A HOME BIRTH ATTENDED BY A LAY MIDWIFE. SOME OF THE NURSES WERE RELUCTANT TO DO THIS FEELING THAT SOMEHOW THEY WOULD OVERLOOK SOMETHING OR PUT THEIR NURSING LICENSE IN SOME KIND OF JEOPARDY. TRAINING SESSIONS WERE OFFERED TO HELP THE NURSES FEEL MORE CONFIDENT IN THIS ROLE. THE MIDWIFERY RULES AND PRACTICE MANUAL WERE REVISED AND UPDATED INCLUDING THE ROLE AND RESPONSIBILITY OF THE PUBLIC HEALTH NURSE IN VISITING AFTER HOME BIRTHS.

IN OCTOBER 1979, THE STATE ATTORNEY IN ST. AUGUSTINE CHARGED A WOMAN WITH PRACTICING MIDWIFERY WITHOUT A LICENSE. LOCAL PHYSICIANS HAD COMPLAINED WHEN THEY TREATED MOTHERS OR INFANTS WITH HEALTH PROBLEMS IN THE EMERGENCY ROOM. THEY HAD BEEN DELIVERED BY THE ACCUSED AND DEVELOPED COMPLICATIONS. THE JUDGE DECLARED THE 1931 STATUTE UNCONSTITUTIONAL STATING THAT "DELEGATION OF ITS LICENSING POWER BY THE LEGISLATURE TO THE STATE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES VIOLATED STATE CONSTITUTION ARTICLES 2 AND 3 ON LEGISLATIVE POWERS." IN THE COMING DECADE, WE FACED A FLURRY OF LAW SUITS.

MEANWHILE, THE NUMBERS OF NURSE-MIDWIVES CONTINUED TO INCREASE. HEALTH DEPARTMENTS GENERALLY FOUND IT MORE EFFICACIOUS TO CONTRACT WITH A LOCAL HOSPITAL TO PROVIDE NURSE-MIDWIFERY SERVICES FOR OUR MATERNITY PATIENTS. THE MATERNAL AND INFANT PROGRAM IN NORTH CENTRAL FLORIDA CONTINUED TO FLOURISH. A NEW FEDERAL INITIATIVE ENTITLED IMPROVED PREGNANCY OUTCOME (IPO) FUNDED A PROJECT IN LEE COUNTY. NURSE-MIDWIVES PROVIDED ANTE AND POST PARTUM CARE IN THE HEALTH DEPARTMENT CLINICS. HOWEVER, IT TOOK SEVERAL YEARS TO SECURE HOSPITAL PRIVILEGES FOR THEM. THE "SECOND RATE MEDICINE" SYNDROME WAS STILL ALIVE AND WELL IN SOUTH FLORIDA.


HOME HEALTH SERVICES

AFTER PASSAGE OF THE HOME HEALTH AGENCY LICENSURE ACT, HOME VISITING BY PUBLIC HEALTH NURSES DECLINED MARKEDLY. A TRENDS
MEANWHILE - THE WORK GOES ON

REPORT ISSUED IN 1977 SHOWED 470,000 HOME VISITS IN 1973 AND 345,000 IN 1975 DESPITE AN INCREASE IN POPULATION AND SERVICES DEMANDS. THE PRIVATE AGENCIES HAD TAKEN ALMOST ALL OF THE MEDICARE AND PRIVATE PAY PATIENTS. WHEN THE PATIENT'S SERVICE COVERAGE WAS EXHAUSTED, THEN THEY REFERRED THE PATIENT TO THE HEALTH DEPARTMENT OR THE VISITING NURSE ASSOCIATION. COMPETITION AMONG THE PRIVATE AGENCIES WAS INTENSE SOMETIMES EVEN FIGHTING OVER PATIENTS IN THE PATIENT'S HOSPITAL ROOM. ETHICS WERE QUESTIONABLE IN SOME OF THESE AGENCIES. FOR EXAMPLE, ONE HIRED A NURSE TO WRITE MEDICARE SUITABLE RECORDS FOR ALL PATIENTS REGARDLESS OF DIAGNOSIS OR CARE GIVEN. MANY WERE RUN BY NON HEALTH PROFESSIONALS.

THE SITUATION WAS SO BAD THAT SENATOR LAWTON CHILES HELD HEARINGS IN FLORIDA TO DETERMINE WAYS TO REMEDY THE PROBLEMS. WENNLUND TESTIFIED AT THOSE HEARINGS AND LATER WAS INVITED BY SENATOR CHILES TO TESTIFY BEFORE THE U.S. SENATE SELECT COMMITTEE ON AGING REGARDING ALTERNATIVES TO HOSPITAL AND NURSING HOME CARE.

BEFORE THE END OF THE 1970'S, MOST OF THE HEALTH DEPARTMENTS HAD DROPPED OUT OF THE MEDICARE PROGRAM AND CONFINED THEIR HOME VISITING FOR THE SICK TO EMERGENCY KINDS OF SITUATIONS. THIS DECLINE CONTRIBUTED TO THE WITHDRAWAL FROM A FAMILY/COMMUNITY CENTERED PUBLIC HEALTH NURSING PRACTICE.

ADULT HEALTH

AS THE NEW CUSTODIAN OF ADULT HEALTH, THE NURSING OFFICE PREPARED A PROGRAM MANUAL AND DESCRIPTIVE DOCUMENTS TO BE INCLUDED IN THE "CORE" MANUAL AS WELL AS ITEMS FOR THE COMPUTERIZED DATA SYSTEM (PAR) WHICH WAS IN A PREPARATORY STAGE. THE "CORE" MANUAL WAS A COMPREHENSIVE DESCRIPTION OF ALL HEALTH PROGRAM OFFICE PROGRAMS, INCLUDING COST AND WORK UNIT ESTIMATES. BY THIS TIME, YOU MUST BE TIRED OF AND CONFUSED BY THE REPEATED USE OF THE TERMS "PROGRAM" AND "OFFICE". YOU ARE EXPERIENCING THE SAME PROBLEMS THAT WE HAD AT THAT TIME SINCE THESE WERE THE ONLY TERMS PERMITTED TO US.

IN 1977, HRS' REQUESTS FOR LEGISLATIVE PROPOSALS, CALLED TARGETS FOR OPPORTUNITY (TOPS) DESIGNATED THE NURSING OFFICE TO PREPARE A PROPOSAL FOR AMBULATORY MEDICAL CARE. IN A SENSE, IT WAS THE FORERUNNER OF PRIMARY CARE. HOWEVER, IT DID NOT GO ANYWHERE IN THE LEGISLATURE THAT YEAR.

THE 1977 FLORIDA LEGISLATURE PASSED A BILL ENTITLED "GERIATRIC NURSE CLINIC ACT". THIS ACT PROVIDED FOR THE ESTABLISHMENT OF COMMUNITY CLINICS IN NURSING HOMES TO BE RUN BY A GERIATRIC NURSE PRACTITIONER OR A PHYSICIAN'S ASSISTANT. THE BILL HAD BEEN PROMOTED BY A NURSE PRACTITIONER INTERESTED IN THIS KIND OF SERVICE. IT WAS PREPARED WITHOUT CONSULTATION WITH THE STATE NURSING OFFICE OR NURSING HOMES. THE FLORIDA MEDICAL ASSOCIATION
OPPOSED THE BILL ON PRINCIPLE. NEGOTIATIONS RESULTED IN THE INCLUSION OF THE PHYSICIAN’S ASSISTANT IN THE BILL. THERE WAS VIGOROUS LOBBYING ON BOTH SIDES OF THIS BILL AND IT ULTIMATELY PASSED.

THE NURSING OFFICE WAS DESIGNATED TO WRITE THE RULES REQUIRED TO PUT THIS LAW IN OPERATION. A COMMITTEE COMPOSED OF REPRESENTATIVES OF THE INTERESTED PARTIES WAS APPOINTED TO ASSIST IN DRAFTING THE RULES. THE RULE WAS PROMULGATED JANUARY 5, 1978 AS CHAPTER 10D-29 LAWS OF FLORIDA AFTER A PUBLIC HEARING. THE RULES WERE AMENDED IN 1978 TO CLARIFY THE CERTIFICATE OF NEED REQUIREMENT FOR CONTINUED LICENSURE OF A NURSING HOME OFFERING THIS SERVICE. REPORTS TO THE LEGISLATURE WERE SENT ANNUALLY NOTING THAT NOT A SINGLE NURSING HOME HAD APPLIED FOR PERMISSION TO PROVIDE THIS SERVICE. WENNULD’S ANALYSIS OF THE PROBLEM WAS DESCRIBED IN A STAFF SUMMARY DATED MARCH 4, 1981:

THE LACK OF APPLICATIONS TO PROVIDE THIS SERVICE MAY BE RELATED TO THE STATUTORY REQUIREMENT THAT THESE CLINICS BE IN NURSING HOMES AND ALSO THAT NURSING SERVICES ARE NOT REIMBURSEABLE IN GOVERNMENTAL AND PRIVATE INSURANCE PLANS UNLESS PRESCRIBED BY A PHYSICIAN. THEREFORE, SERVICE TO PROVIDE HEALTH ASSESSMENTS OR COUNSELING TO FIND OUT IF MEDICAL CARE WAS NEEDED WOULD NOT BE FUNDED. THESE FACTORS MAY BE A DETERRENT TO NURSES’ INTEREST IN ESTABLISHING GERIATRIC NURSE CLINICS.

IT SHOULD BE NOTED THAT SENATOR GORDON HAD INTRODUCED A BILL ENABLING DIRECT REIMBURSEMENT OF NURSE PRACTITIONERS AND NURSE-MIDWIVES IN 1978. HOWEVER, THE BILL FAILED TO PASS.

DORIS GLICK, A NURSE CONSULTANT SPECIALIST IN ADULT HEALTH HAD BEEN ADDED TO THE NURSING OFFICE STAFF. SHE WAS VERY ACTIVE IN ALL THE ADULT HEALTH ASSIGNMENTS AND ALSO CONDUCTED A NUMBER OF WORKSHOPS THROUGHOUT THE STATE TO IMPROVE NURSING AND MEDICAL SKILLS IN THE DETECTION AND MANAGEMENT OF HYPERTENSION. SHE WORKED WITH THE AGING PROGRAM OFFICE IN DEVELOPING LICENSURE RULES FOR ADULT CONGREGATE LIVING FACILITIES AND SERVED AS A RESOURCE PERSON TO THAT STAFF IN MANY OF THEIR PROGRAMS.

CHEMOTHERAPY FOR CANCER PATIENTS WAS OFTEN A GREAT HARDSHIP FOR PERSONS LIVING IN RURAL AREAS. ATTEMPTS TO ESTABLISH A HOME VISITING PROGRAM TO GIVE CHEMOTHERAPY TO THESE PATIENTS WERE NOT SUCCESSFUL. DESPEITE MEETINGS WITH ONCOLOGISTS AND THE REPRESENTATIVE FROM THE AMERICAN CANCER SOCIETY AND A SUCCESSFUL PILOT IN THE PANHANDLE, WE LACKED THE FUNDS AND THE STAFF TO GET THAT EFFORT OFF THE GROUND.

ANOTHER ADULT HEALTH PROJECT ACCOMPLISHED DURING THIS PERIOD, WAS THE DEVELOPMENT OF A CURRICULUM IN REHABILITATIVE TECHNIQUES FOR LONG TERM CARE PERSONNEL. THIS ENDAVOR CAME TO US THROUGH THE ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING.
Meanwhile - The Work Goes On

Ten states had been selected to compete for a grant from the U.S. Public Health Service Division of Aging. Florida's grant proposal was selected. A contract was arranged with a group of nurse practitioners to develop a multilevel curriculum that could be used with all personnel from aides to registered nurses. The curriculum was submitted and accepted with high praise. However, the Division of Aging had no funds to print the document for distribution.

Administration of Medications

The administration of medications by public health nurses had been subject to question throughout the history of public health nursing in the state. Standing orders for treatment of minor health problems such as worm infestations or head lice and for the treatment of a presumptive diagnosis of venereal disease were used as the legal basis for nurses to administer medications in settings where no physician was immediately available. The premise was that there was a reasonable likelihood that the patient would not return for care if treatment was not given immediately. No untoward incidents had ever been reported so the practice was tolerated but remained a source of concern to the nursing directors in counties and the state.

The administration of medications to the mentally ill patients discharged from mental hospitals created another questionable practice. Nurses expressed concern for their professional liability in administering medications to patients about whom there was no diagnostic or treatment information except for a medication order. The practice gradually waned after the 1975 reorganization although some counties maintained a "mental health" position for several years.

The board of nursing had been citing the state hospitals for permitting nursing aides to give medications. A policy statement permitted aides to give prepackaged oral medications. However, in practice, aides went well beyond this policy. The attorney general, in response to a complaint by the board of nursing, allowed that any opening in the body cavity could be considered oral. The assistant secretary of operations in HRS requested the nursing office to prepare a position statement regarding the administration of medications by aides. The problem was made even more complex by the pharmacists who were offering courses for aides in medication administration. In addition, the aides in the state hospitals were not directly supervised by the registered nurse. A visit to one state hospital showed that the medications were prepared by pharmacy aides and given by patient care aides. The prepackaged dosage consisted of a container holding all the medications for the day. The nursing position paper pointed out the hazards of this practice to the safety of the patients. Problems related to the division of responsibility
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IN MEDICATIONS, I.E., PRESCRIPTION, DISPENSING, AND ADMINISTRATION WOULD INCREASE OVER TIME.

ANOTHER AREA OF CONCERN AND QUESTION IN ADMINISTRATION OF MEDICATIONS WAS THE MEDICARE REGULATION WHICH LIMITED THE HOME HEALTH AIDES' ROLE IN MEDICATION ADMINISTRATION TO THAT OF ASSISTING THE PATIENT TO TAKE A PRESCRIBED MEDICATION. THE NATURE AND EXTENT OF "ASSISTING" WAS NOT PRECISELY DEFINED. CONSEQUENTLY, IT WAS SUBJECT TO MANY AND VARIED INTERPRETATIONS.

EDUCATION

ORIENTATION

THE ORIENTATION MANUAL WAS COMPLETELY REVISED INTO A MODULAR, SELF DIRECTED, INDEPENDENT STUDY CURRICULUM IMMEDIATELY PRIOR TO THE 1975 REORGANIZATION. IN FACT, IT WAS DELIVERED TO THE PRINTER ON JUNE 30TH, THE LAST DAY THAT WE EXISTED AS A NURSING SECTION IN THE DIVISION OF HEALTH. THE REGIONAL MEDICAL PROGRAM PRINTED THE DOCUMENT FOR US. KATHRYN ROBESON, PROFESSOR EMERITUS OF PUBLIC HEALTH NURSING IN THE UNIVERSITY OF MICHIGAN WAS THE CHIEF AUTHOR. AN ADVISORY COMMITTEE COMPOSED LARGELY OF DEANS OF NURSING SCHOOLS IN OUR UNIVERSITIES WAS APPOINTED TO GUIDE AND REVIEW THE WORK. THE DEANS LEARNED A LOT ABOUT THE EDUCATIONAL NEEDS IN PUBLIC HEALTH NURSING WHILE WORKING WITH US ON THIS DOCUMENT. THE INDEPENDENT STUDY APPROACH WAS USED BECAUSE IT WAS BECOMING MORE AND MORE DIFFICULT FOR COUNTIES TO SEND NEW EMPLOYEES OFF TO A COURSE IN PUBLIC HEALTH NURSING AS THE WORKLOAD CONTINUED TO GROW. THIS DOCUMENT WAS A BIG HIT WITH OUR COLLEAGUES IN OTHER STATES. SOUTH DAKOTA MADE 110 COPIES OF IT SINCE WE COULD NOT SELL OR DISTRIBUTE IT AFTER REORGANIZATION.

THE REORGANIZATION INTO DISTRICTS COMPROMISED THE TEACHING CENTERS BECAUSE THE DISTRICTS REFUSED TO SEND THEIR PERSONNEL OUT OF DISTRICT FOR TRAINING. THE NURSE CONSULTANTS WORKED DILIGENTLY TO MAINTAIN SOME SEMBLANCE OF TRAINING FOR NURSES NEW TO PUBLIC HEALTH BUT MANY DISTRICT FOLKS DID NOT UNDERSTAND THE NEED FOR THIS. BY 1978, THE NURSING OFFICE PREPARED A SEVEN DAY DIDACTIC COURSE FOR NURSES WITHOUT PUBLIC HEALTH PREPARATION AND REQUIRED TWELVE HOURS OF SUPERVISED CLINICAL PRACTICE AND INDEPENDENT STUDY. THIS ABBREVIATED COURSE WAS NOT FORMALLY EVALUATED BUT IT MET SOME OF THE NEEDS OF NEW NURSES EMPLOYED IN COUNTY HEALTH DEPARTMENTS.

CONTINUING EDUCATION

THE NEED FOR MORE ADVANCED SKILLS IN PHYSICAL ASSESSMENT WAS RECOGNIZED AS NURSES WERE ASKED TO PERFORM THIS SERVICE MORE FREQUENTLY. NEWER GRADUATES OF BACCALAUREATE PROGRAMS WERE TAUGHT THESE SKILLS DURING THEIR BASIC EDUCATION. NURSES WHO HAD BEEN PRACTICING FOR SOME TIME NEEDED TO LEARN THE APPROPRIATE USE OF DIAGNOSTIC TOOLS AND TECHNIQUES. THE NURSING OFFICE SENT
MEANWHILE - THE WORK GOES ON

OUT A REQUEST FOR PROPOSALS TO THE NURSING SCHOOLS. SEVERAL SATISFACTORY PROPOSALS WERE SUBMITTED AND A STATEWIDE PROGRAM TO UPDATE ASSESSMENT SKILLS WAS INSTITUTED.

THE NURSE PRACTICE ACT AS AMENDED IN 1975 REQUIRED CONTINUING EDUCATION CONTACT HOURS FOR RENEWAL OF NURSING LICENSES. THE NURSING OFFICE APPLIED FOR AND RECEIVED A CONTINUING EDUCATION PROVIDER NUMBER. READING PARTICIPATED AS A MEMBER OF AN ADVISORY COMMITTEE TO THE BOARD OF NURSING IN WRITING THE CONTINUING EDUCATION RULES.

THE SCHOLARSHIP PROGRAM WHICH HAD FUNDED SO MANY PERSONS IN LEADERSHIP POSITIONS IN PUBLIC HEALTH WAS DISCONTINUED AFTER REORGANIZATION. THE STATE PROVIDED SIX HOURS OF ACADEMIC CREDIT FOR ALL STATE EMPLOYEES. HOWEVER, THIS NEVER SUBSTITUTED FOR THE SCHOLARSHIP SYSTEM IN PREPARING PERSONNEL FOR LEADERSHIP POSITIONS.

STAFFING

THE TESTING PROGRAM FOR APPOINTMENT TO ADMINISTRATIVE OR CONSULTANT POSITIONS IN PUBLIC HEALTH NURSING WAS EVALUATED BY THE NATIONAL TESTING CENTER IN 1977. TEST RESULTS SHOWED SIGNIFICANT DIFFERENCES BETWEEN THE SCORES OF CANDIDATES FROM UNIVERSITY PROGRAMS WHEN COMPARED TO COMMUNITY COLLEGE OR DIPLOMA GRADUATES. DESPITE THE SUCCESS OF THE TEST IN DEMONSTRATING PUBLIC HEALTH ADMINISTRATION SKILLS, A NEWLY APPOINTED SECRETARY OF THE DEPARTMENT OF ADMINISTRATION SUMMARILY DISCONTINUED THE TESTING PROGRAM.


THE WICHE PROJECT

WENNVLUND HAD PARTICIPATED ON AN ADVISORY COMMITTEE FOR THE DEVELOPMENT OF STAFFING MODELS SPONSORED BY THE WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION. THE STATE MODEL WAS ADAPTED FOR USE IN FLORIDA TO BETTER DETERMINE OUR STAFFING NEEDS AND TO OFFER STAFFING STANDARDS AS REQUIRED BY THE DEPARTMENT. AN ANALYSIS OF PUBLIC HEALTH NURSE STAFFING IN 1977 SHOWED THAT LESS THAN A THIRD OF THE STANDARD WAS MET ON A STATEWIDE BASIS. THE FORMAT WAS ADAPTED FOR USE BY EACH COUNTY.
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THE NURSE CONSULTANTS ASSISTED THEM IN CALCULATING THEIR NEEDS. THESE DATA WERE USED AS A BASELINE FOR QUALITY ASSURANCE REVIEWS. IN SPITE OF THIS ACUTE NURSING SHORTAGE, WORK DEMANDS CONTINUED TO INCREASE.

IN OCTOBER 1976, THERE WERE 1201 NURSING POSITIONS IN THE COUNTY HEALTH UNITS. CLOSE TO 70 PERCENT WERE STAFF POSITIONS AND 14 PERCENT WERE SUPERVISORY. THE REMAINDER WERE AUXILIARY STAFF POSITIONS. THERE WAS A 12 PERCENT VACANCY RATE. THE HIGH PERCENTAGE OF SUPERVISORS IS ATTRIBUTED TO THE RATIOS OF NURSE TO SUPERVISOR IN THE RURAL COUNTIES WITH VERY SMALL STAFFS.

ACCORDING TO THE 1977 TRENDS REPORT "THE SALARIES OF PHNs ARE NOT COMPETITIVE WITH OTHER EMPLOYEE PAY SCALES. A COMPARISON OF STARTING SALARIES IN 11 COUNTIES IN 9 DISTRICTS SHOWS THAT STATE SALARIES ARE SURPASSED IN EVERY INSTANCE". THE STRUGGLE FOR RECRUITMENT IS NOW EQUALLED BY THE STRUGGLE TO RETAIN EXPERIENCED PUBLIC HEALTH NURSES. ALTHOUGH STAFF TURNOVER WAS AT AN ALL TIME HIGH, IT WAS TOO DIFFICULT TO HIRE AND PROMOTE STAFF WITHIN THE DISTRICT PERSONNEL FRAMEWORK.

CONFERENCES


THE ASSAULT ON STATE PUBLIC HEALTH NURSING DIRECTORS SEEMED TO HAVE NO END. IN 1976, ASTHO WROTE TO ASTDN STATING THAT THEY PLANNED TO ABOLISH ASTDN. THE NURSES RESPONDED THAT THEY WOULD CONTINUE WITHOUT ASTHO. THE ISSUE WAS QUIETLY RESOLVED THE FOLLOWING YEAR AND NOW JOINT ASTHO/ASTDN MEETINGS ARE HELD PERIODICALLY.

THE DEFINITION AND SUPPORT OF PRIMARY CARE WAS AN EMERGING CONCERN OF THE ASTDN MEMBERSHIP. NO CLEAR RESOLUTION OF THE ISSUE WAS REACHED. HOWEVER, THEIR WAS NO QUESTION OF SUPPORT FOR NURSING'S LEADERSHIP ROLE IN THE DELIVERY OF HEALTH CARE. THERE WAS A GROWING CONCERN ABOUT IMPROVING THE CLINICAL AND DIDACTIC PREPARATION OF PUBLIC HEALTH NURSES. A POSITION STATEMENT ON IDENTIFYING THE COMPETENCIES NEEDED TO PRACTICE SATISFACTORY PUBLIC HEALTH NURSING WAS DEVELOPED AND CIRCULATED. WHILE IT WAS NOT EXPLICIT IN ESTABLISHING THE BACCALAUREATE DEGREE AS THE
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MINIMUM PREPARATION FOR PUBLIC HEALTH NURSING, THERE WERE BROAD IMPLICATIONS THAT THIS WAS THE CASE. THE TERM COMMUNITY HEALTH NURSE WAS BEGINNING TO APPEAR IN THE ASTDN REPORTS. THERE WAS SOME CONTROVERSY ABOUT THE SUBSTITUTION OF THAT TERM FOR PUBLIC HEALTH NURSE.

THE END OF THIS DECADE

THE CLOSE OF 1979 SAW A NEW STATE HEALTH OFFICER. EFFORTS ON THE PART OF SOME HEALTH PROFESSIONALS TO PROMOTE LEGISLATION CREATING A SEPARATE DEPARTMENT OF HEALTH RESULTED IN AN ATMOSPHERE OF DISTRUST IN THE UPPER ECHELONS OF HRS. DR. PRATHER WAS FORCED OUT OF HIS LEADERSHIP POSITION AND WAS APPOINTED A DISTRICT HEALTH OFFICER. DR. JAMES HOWELL WAS APPOINTED STATE HEALTH OFFICER. WHILE HEALTH WAS UNSUCCESSFUL, THE VOCATIONAL REHABILITATION PROGRAM WAS SUCCESSFUL IN GETTING OUT OF HRS.

THE DENTAL PROGRAM, WITH THE SUPPORT OF THE PUBLIC HEALTH ADVISORY COMMITTEE, WAS TRANSFERRED FROM THE PERSONAL HEALTH PROGRAM TO A SEPARATE PROGRAM. NURSING'S ATTEMPT TO DO LIKewise DID NOT SUCCEED. HOWEVER, WE WERE NOT WITHOUT ACTION. THE NURSING OFFICE HAD MOVED FOUR OR FIVE TIMES WITHIN BUILDING ONE OF THE HRS COMPLEX. WE WERE BECOMING QUITE EXPERT AT PACKING BUT SOMETHING ALWAYS GOT LOST ALONG THE WAY.

PRIOR TO REORGANIZATION, THE NURSING SECTION HAD AN ADMINISTRATOR, AN ASSISTANT ADMINISTRATOR, AND EIGHT NURSING CONSULTANT POSITIONS WITH ONE VACANCY. TWO SECRETARIES AND A CLERK TYPIST PROVIDED THE NECESSARY SUPPORT. IN ADDITION TO THE GENERALIZED NURSING SERVICE, THE ADMINISTRATOR ALSO WAS RESPONSIBLE FOR THE HOME HEALTH SERVICES UNIT. THE STAFF IN THAT UNIT CONSISTED OF THE NURSE COORDINATOR, A NURSE CONSULTANT POSITION (CAHILL), A NURSE SUPERVISOR, A FISCAL ASSISTANT, AND A SECRETARY. AFTER REORGANIZATION HOME HEALTH SERVICES WAS TRANSFERRED TO LICENSURE AND CERTIFICATION. THERE WERE THREE CONSULTANTS (DONOVAN, GLICK, AND PETTENGILL) AND TWO SECRETARIES IN THE NURSING PROGRAM CENTRAL OFFICE WITH THE ADMINISTRATOR AND ASSISTANT. THREE CONSULTANTS WERE ASSIGNED TO TECHNICAL ASSISTANCE UNITS HOUSED IN THE DISTRICTS: WYMAN IN DISTRICT IV; VAUSE IN DISTRICT VI; AND JONES IN DISTRICT VII. IT WAS MORE DIFFICULT TO CALL ON THE SPECIALTY AREAS THAT THESE NURSES HAD PREVIOUSLY PROVIDED.

THE CONSULTANT FIELD TEAMS HAD BEEN EXPANDED TO INCLUDE REPRESENTATIVES FROM A NUMBER OF HEALTH PROGRAM OFFICE PROGRAMS. THEY WERE RETITLED HAMLET. IF THAT WAS AN ACRONYM, MEMORY FAILS TO DEFINE IT. COMPLAINTS WERE BEING HEARD THAT COMMUNICATION WAS IMPEDED, REPORTS WERE DOCTORED OR NOT PASSED ALONG. THE "WE/ THEY" SYNDROME WAS STILL HARD AT WORK.
CHAPTER EIGHT

THE EIGHTIES

PERSEVERANCE IS MORE PREVALENT THAN VIOLENCE; AND MANY THINGS WHICH CANNOT BE OVERCOME WHEN THEY ARE TAKEN TOGETHER, YIELD THEMSELVES UP WHEN TAKEN LITTLE BY LITTLE. PLUTARCH, "LIFE OF SARTORIUS", IN PARALLEL LIVES.


HRS RESPONDED TO THE NATIONAL INITIATIVE BY APPOINTING A NUMBER OF COMMITTEES TO REDEFINE PREVENTIVE SERVICES. THESE COMMITTEES WERE COMPOSED OF PERSONS REPRESENTING DIFFERENT PROGRAMS AND DIFFERENT DISCIPLINES. FEW OF THE DISCIPLINES REPRESENTED WERE HEALTH RELATED. THE PRODUCTS OF THESE COMMITTEES WERE OFTEN IRRELEVANT OR FOREIGN TO THE COMMONLY ACCEPTED MEANING OF TERMS USED TO DEFINE PREVENTIVE SERVICES BY THE PUBLIC HEALTH COMMUNITY.

FEDERAL FUNDING UNDERWENT A MAJOR CHANGE. CATEGORICAL GRANTS, WHICH HAD CONTRIBUTED TO THE PATTERN OF PROGRAM ORGANIZATION IN STATE HEALTH DEPARTMENTS, WERE LUMPED TOGETHER INTO BLOCK GRANTS. THE MAJOR BLOCK GRANTS WHICH INFLUENCED NURSING SERVICES WERE THE MATERNAL-CHILD HEALTH AND THE PREVENTIVE BLOCK GRANTS. THE AVAILABILITY OF CONSULTATION AND ASSISTANCE FROM THE FEDERAL AGENCIES WAS CONSIDERABLY REDUCED.

THE EIGHTIES

CHANGE WAS CONSTANT DURING THIS PERIOD. THE NURSING OFFICE MOVED SEVERAL MORE TIMES. WE HAD OCCUPIED EVERY FLOOR IN BUILDING ONE AND NOW WE MOVED TO BUILDING EIGHT RESIDING ON THE FIRST FLOOR WHICH WAS VERY CROWDED, THEN TO THE THIRD FLOOR, THEN BACK TO BUILDING ONE. THE STATE HEALTH OFFICER'S POSITION WAS VACATED AND FILLED FIVE TIMES DURING THIS TEN YEAR STRETCH WITH DR. HOWELL SERVING TWO DIFFERENT TERMS AND DR. PRATHER RETURNING FOR A SECOND TERM. IN 1982, THERE WAS A MARKED FISCAL CRISIS AND HUNDREDS OF POSITIONS WERE DELETED IN HRS. FORTUNATELY, HEALTH WAS SPARED FOR THE MOST PART. THE MOST DAMAGING CUT WAS THE CLOSING OF THE PUBLIC HEALTH LIBRARY AND THE HOLDINGS DISPERSED TO SELECTED STATE UNIVERSITY LIBRARIES. THIS WAS A MAJOR LOSS TO THE PUBLIC HEALTH COMMUNITY WHO USED THE LIBRARY'S RESOURCES EXTENSIVELY FOR RESEARCH AND TRAINING.

EARLY IN THIS DECADE, THERE WAS A PUBLIC REFERENDUM FOR A CONSTITUTIONAL REVISION WHICH INCLUDED PROVISION FOR A SEPARATE DEPARTMENT OF HEALTH. POLITICKING WAS FIERCE DURING THE PREPARATION OF THE REFERENDUM. IN ADDITION TO OPPOSING POSITIONS ON THE QUESTION, THERE WAS ALSO A DIFFERENCE OF OPINION REGARDING WHETHER THE SEPARATE DEPARTMENT OF HEALTH ISSUE SHOULD STAND ALONE OR SHOULD BE INCLUDED IN A COMPREHENSIVE PACKAGE OF PROPOSED CHANGES. THE DECISION WAS MADE TO INCLUDE IT IN THE PACKAGE. THE REFERENDUM WAS DEFEATED. ONE POSITIVE FEATURE OF THESE ATTEMPTS TO RECOGNIZE HEALTH AS MORE THAN A SOCIAL SERVICE WAS THE INCREASING ACCORD BETWEEN THE FLORIDA NURSES ASSOCIATION AND THE FLORIDA MEDICAL ASSOCIATION. WE CAPITALIZED ON THIS ACCORD A LITTLE LATER IN THIS DECADE.

ORGANIZATIONAL CHANGES

THIS WAS THE MOST UNKINDEST CUT OF ALL. SHAKESPEARE, JULIUS CAESAR.

IN 1982, DR. HOWELL, THE STATE HEALTH OFFICER, WAS PROMOTED TO DEPUTY SECRETARY OF HRS. DR. KING WAS APPOINTED STATE HEALTH OFFICER. HE WAS ON LEAVE FROM THE U.S. PUBLIC HEALTH SERVICE AND WAS WARMLY WELCOMED IN FLORIDA. HE HAD FIELD EXPERIENCE IN COUNTY PUBLIC HEALTH CLINICS AND WAS MARRIED TO A NURSE. WE WERE NOT PREPARED FOR HIS DECISION TO DO AWAY WITH THE NURSING OFFICE WITHIN SIX MONTHS OF HIS APPOINTMENT. THREE NURSE CONSULTANTS AND THE ASSISTANT NURSING DIRECTOR WERE TRANSFERRED TO PROGRAMS. CLARA ALLEN, THE MENTAL HEALTH NURSING CONSULTANT RESIGNED. THE NURSING DIRECTOR WAS LEFT WITHOUT PROFESSIONAL OR SECRETARIAL STAFF AND WAS MOVED TO AN OFFICE IN THE ADMINISTRATIVE SUITE. HEALTH OFFICERS AND NURSING DIRECTORS THROUGHOUT THE STATE CALLED AND WROTE TO PROTEST THIS ACTION BUT TO NO AVAL.

THE NURSE CONSULTANTS NO LONGER HAD GENERALIZED NURSING RESPONSIBILITIES BUT WERE EACH ACCOUNTABLE ONLY FOR THE ISSUES RELATED TO THE RESPECTIVE PROGRAMS TO WHICH THEY WERE ASSIGNED. MARGARET AWAD WAS A SUPERVISOR IN DISEASE CONTROL MANAGING
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HYPERTENSION, DIABETES, AND OTHER PREVENTABLE CHRONIC DISEASES. CHARLOTTE BOORDE WAS RESPONSIBLE FOR SCHOOL HEALTH SERVICES IN THE MATERNAL AND CHILD HEALTH PROGRAM. IONA PETTENGILL WAS ALSO TRANSFERRED TO MATERNAL AND CHILD HEALTH AND WAS RESPONSIBLE FOR MANAGING THE MIDWIFERY PROGRAM. THIS PROGRAM WAS A POLITICAL HOT POTATO AND REQUIRED EXTRAORDINARY PATIENCE AND TACT ON THE PART OF ITS MANAGER. PETTENGILL MET THESE REQUIREMENTS SUPERBLY. MARY JANE RUNNING WAS TRANSFERRED TO THE OFFICE OF PROGRAM DEVELOPMENT. HOWEVER, SHE RETAINED HER TITLE AND CLASSIFICATION AS THE ASSISTANT STATE NURSING DIRECTOR. THIS STRENGTHENED THE LINKAGE BETWEEN THAT OFFICE AND THE NURSING DIRECTOR.

THE NURSING SERVICES DIRECTOR WAS STILL RESPONSIBLE FOR THE DELIVERY OF ALL PUBLIC HEALTH NURSING SERVICES BY VIRTUE OF HER CLASSIFICATION IN THE STATE CAREER SYSTEM. PERMISSION WAS GRANTED BY DR. KING TO APPOINT A PUBLIC HEALTH NURSING COUNCIL TO PROVIDE A CONDUIT FOR INFORMATION TO AND FROM THE COUNTY HEALTH DEPARTMENTS REGARDING CHANGES IN HEALTH CARE NEEDS AND DELIVERY SYSTEMS. THE COUNCIL MET QUARTERLY AND WAS COMPOSED OF CENTRAL OFFICE AND DISTRICT CONSULTANTS AND NURSING DIRECTORS FROM MEDIUM AND LARGE COUNTIES FROM VARIOUS PARTS OF THE STATE. THIS COUNCIL BECAME THE ADVISORY COMMITTEE ON NURSING.

THE COUNCIL IDENTIFIED ISSUES AND MADE PROPOSALS TO REMEDY PROBLEMS. FOR EXAMPLE, THE STATE HAD EMPHASIZED THE PROGRAMMATIC APPROACH WHEN THE FEDERAL AGENCY ABANDONED IT. THERE WERE MANY NON-SERVICE ORIENTED PROGRAM SPECIALISTS WHO CONTINUOUSLY MONITORED THESE PROGRAMS. THEY HARANGUED THE NURSING DIRECTORS TO INCREASE SERVICES IN "THEIR PROGRAM." THE SPECIALIST DID NOT HAVE THE ABILITY TO PROVIDE TECHNICAL ASSISTANCE NOR THE UNDERSTANDING OF THE BROAD SERVICE DELIVERY FOR WHICH NURSES ARE RESPONSIBLE OR THAT "THEIR PROGRAM" MAY BE A LOW PUBLIC HEALTH PRIORITY. REPORTS WERE DISTRIBUTED THAT WOULD SOMETIMES REFLECT NEGATIVELY ON THE COUNTY PUBLIC HEALTH UNITS. DISTRICT ADMINISTRATIVE PERSONNEL WOULD CRITICIZE THE COUNTY WHEN A REPORT OF THIS NATURE WAS RECEIVED. THIS ONLY CONTRIBUTED MORE TO THE STRAINED RELATIONSHIPS AMONG THE COUNTIES, DISTRICTS, AND THE STATE. AFTER THE COUNCIL'S IDENTIFICATION OF THIS ISSUE, THERE WAS INCREASED CONSIDERATION OF THE INTEGRATION OF SERVICES.

THE COUNCIL WORKED ON A NUMBER OF PRODUCTS. AMONG THEM WERE:
- REVISIONS OF THE PUBLIC HEALTH NURSING MANUAL INCLUDING THE UNIVERSAL PRECAUTIONS FOR INFECTION CONTROL;
- AN IDEAL CLASSIFICATION SYSTEM FOR THE NURSING SERIES INCLUDING A CHANGE BACK TO THE TITLE "PUBLIC HEALTH NURSE" RATHER THAN "COMMUNITY HEALTH NURSE";
- MODEL PROTOCOLS FOR NURSE PRACTITIONERS;
- POSITION PAPERS ON THE PUBLIC HEALTH NURSE'S ROLE IN DISASTER RELIEF; AND,
- A POSITION PAPER ON THE NURSE'S ROLE IN DOING PELVIC EXAMINATIONS ON PATIENTS WITH VENEREAL DISEASES.
THE COUNCIL BECAME WELL KNOWN FOR ITS WORK AND WAS HIGHLY REGARDED BY OTHERS IN THE STATE HEALTH OFFICE. IT UNQUESTIONABLY HELPED TO FILL THE VACUUM LEFT BY THE TRANSFER OF THE NURSING CONSULTANT STAFF.

PROGRAMS AND SERVICES

DISTRICT REVIEWS

THE DISTRICT REVIEW SYSTEM BEGAN HUMBLY WITH EACH SERVICE PROGRAM RESPONSIBLE FOR MONITORING ONE PROGRAM OBJECTIVE. NURSING WAS ASSIGNED TO MONITOR TEACHING SELF BREAST EXAMINATION IN FAMILY PLANNING CLINICS. THE MONITORING WAS ACCOMPLISHED ALMOST TOTALLY BY REVIEWS OF DATA AND REPORTS FROM THE DISTRICT CONSULTANTS WHO MADE SITE VISITS TO VERIFY THE DATA.

BY 1982, A UNIT HAD BEEN CREATED IN THE HEALTH PROGRAM OFFICE ADMINISTRATIVE WING TO ADDRESS PROGRAM SUPPORT SERVICES. MEMBERS OF THIS UNIT HAD BEEN VISITING THE DISTRICTS AND THE COUNTIES TO AUDIT THEIR PROGRAMS. HOWEVER, THIS TEAM DID NOT INCLUDE LICENSED HEALTH PROFESSIONALS AND THUS WAS NOT QUALIFIED TO EVALUATE THE QUALITY OF THE PROFESSIONAL SERVICES GIVEN IN THE COUNTY PUBLIC HEALTH UNITS BUT COULD ONLY QUANTIFY THE AMOUNT OF SERVICE PROVIDED. MARY JANE RUNNING WAS TRANSFERRED TO THIS ADMINISTRATIVE UNIT WHEN THE NURSING OFFICE WAS ABOLISHED. SHE WAS PUT IN CHARGE OF DISTRICT REVIEWS AND SOON HAD CONVERTED THE SYSTEM TO A QUALITY ASSURANCE PROGRAM. THE DISTRICT REVIEW TEAM WAS EXPANDED TO INCLUDE REPRESENTATIVES OF THE MEDICAL, NURSING, AND NUTRITION PROFESSIONS ALONG WITH PHARMACISTS, LABORATORY TECHNOLOGISTS AND BUSINESS ADMINISTRATORS. RECORD REVIEWS BECAME A MAJOR FEATURE OF THE REVIEW TO DETERMINE THE QUALITY OF CARE PROVIDED. THE STATE HEALTH OFFICER AND THE STATE NURSING SERVICES DIRECTOR USUALLY ACCOMPANIED THE TEAM. GRADUALLY, AS THE COUNTIES BECAME MORE FAMILIAR WITH THE SYSTEM, THEY BECAME MORE COMFORTABLE GOING THROUGH THE REVIEW PROCESS. HOWEVER, IT TOOK QUITE AWHILE TO ALLAY THOSE "WE/THEY" FEELINGS.

CHILD HEALTH


THE NURSING CHILD ASSESSMENT SATELLITE TRAINING (NCAST) WAS THE CENTERPIECE FOR IMPROVING THE HEALTH OF HIGH RISK MOTHERS AND INFANTS. A REPORT FROM DADE COUNTY DESCRIBES IT "NCAST PROVIDES
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THE MOTHER WITH A NEW UNDERSTANDING OF HER INFANT, THE RECIPIカル NATURE OF THEIR COMMUNICATION AND HER ROLE AS THE ADAPTER OF THE INFANT'S ENVIRONMENT'. WHILE PUBLIC HEALTH NURSES HAD BEEN ASSESSING INFANTS' HEALTH AND COUNSELING MOTHERS ABOUT THEIR CARE, THE NCAST SYSTEM WAS HIGHLY STRUCTURED MAKING IT EASIER TO MEASURE AND REPORT CHANGES IN THE MOTHER - INFANT RELATIONSHIP. SELECTED NURSES FROM FLORIDA WERE SENT TO SEATTLE, WASHINGTON (THE UNIVERSITY OF WASHINGTON DEVELOPED AND MONITORED THIS SYSTEM) TO BE TRAINED AS INSTRUCTORS. THEY, IN TURN, RETURNED AND TAUGHT THE PUBLIC HEALTH NURSES. FUNDS FOR A STATE WIDE SYSTEM WERE NOT AVAILABLE BUT SEVERAL AREAS CONDUCTED THEIR OWN TRAINING SESSIONS. DADE AND POLK COUNTY INVESTED TIME AND MONEY IN PREPARING NURSES TO PROVIDE THE NCAST PROCESS IN THEIR CHILD CARE PROGRAMS. FLORIDA STATE UNIVERSITY AND THE UNIVERSITY OF SOUTH FLORIDA BOTH INCORPORATED THIS SYSTEM OF ASSESSMENT AND INTERVENTION IN THEIR CHILD HEALTH CLASSES. DESPITE THE POSITIVE RESULTS OF THIS INTENSIVE LEVEL OF CARE, THE LENGTHY TIME REQUIRED TO USE THE SYSTEM EFFECTIVELY PRECLUDED ITS USE EXCEPT IN EXTRAORDINARY CIRCUMSTANCES. THE LACK OF FUNDING TO EMPLOY THE ADDITIONAL NURSING STAFF TO IMPLEMENT THE PROGRAM WAS A MAJOR DETERRENT.

THE EPIDEMIC OF COCAINE USE BECAME A PUBLIC HEALTH NURSING PROBLEM WHEN INCREASING NUMBERS OF INFANTS WERE BORN TO COCAINE USING MOTHERS. THE INFANTS PRESENTED BOTH PHYSIOLOGICAL AND SOCIAL PROBLEMS. DETERMINATION OF WHICH AGENCY SHOULD HAVE RESPONSIBILITY IN FOLLOWING THESE FAMILIES WAS SETTLED WHEN HRS SECRETARY COLEMAN ISSUED A STATEMENT THAT THE PUBLIC HEALTH NURSE WOULD MAKE HOME VISITS ON ALL "COKE BABIES". PROTOCOLS FOR REFERRAL, HOME VISITING, AND REPORTING TO AND WORKING WITH CHILD ABUSE WORKERS AND SOCIAL WORKERS WERE DEVELOPED BY A COMMITTEE OF REPRESENTATIVES FROM THE MEDICAL, NURSING, SOCIAL WORK, AND CHILD PROTECTION OFFICES. NURSES WERE OFTEN EXPOSED TO VERY HAZARDOUS SITUATIONS WHEN VISITING THESE FAMILIES. BUT AS IS CUSTOMARY WITH PUBLIC HEALTH NURSES, THE SAFETY AND HEALTH OF THE PATIENT SUPERCEDED THEIR OWN SAFETY.

LICENSE OF DAY CARE CENTERS WAS THE RESPONSIBILITY OF THE CHILDREN AND YOUTH PROGRAM OFFICE. SINCE MANY COUNTY HEALTH UNITS HAD BEEN INSPECTING AND LICENSING THESE CENTERS IN ACCORD WITH LOCAL ORDINANCES, COORDINATION OF THESE EFFORTS NEEDED TO BE WORKED OUT. THE CHILD HEALTH NURSING CONSULTANT WORKED WITH STAFF FROM CHILDREN AND YOUTH IN DEVELOPING THE STANDARDS FOR DAY CARE CENTERS AND A SYSTEM WAS ARRANGED WHEREBY THE PUBLIC HEALTH NURSES' INSPECTIONS WERE USED FOR LICENSURE WHEN A LOCAL ORDINANCE WAS IN EFFECT.

CHILD ABUSE AND NEGLECT REPORTING WAS A LEGAL RESPONSIBILITY FOR ALL LICENSED HEALTH PROFESSIONALS. NURSES WORKED WITH TEACHERS, SCHOOL HEALTH COUNSELORS, HRS ABUSE WORKERS AND OTHERS TO EXPEDITE THE REPORTING SYSTEM AND CLARIFY ROLE RESPONSIBILITIES. THE NUMBERS OF CHILD ABUSE AND NEGLECT REPORTS ESCALATED.
MARKEDLY DURING THIS DECADE.

SCHOOL HEALTH


LATER ON, THE SPOTLIGHT SHONE ON THE SCHOOL HEALTH POPULATION. THE INCREASING NUMBER OF TEENAGE PREGNANCIES WAS GETTING A LOT OF MEDIA ATTENTION. IT WAS A NATIONAL PROBLEM AND FLORIDA WAS NO EXCEPTION. STUDIES OF SCHOOL BASED CLINICS STAFFED BY NURSE PRACTITIONERS WERE SHOWING SOME POSITIVE RESULTS IN OTHER PARTS OF THE COUNTRY. A PILOT WAS STARTED IN GADSDEN COUNTY AND BEGAN TO SHOW SOME EARLY PROMISE OF EFFECTIVE RESULTS. CHILDREN WERE REQUIRED TO HAVE PARENTAL CONSENT TO ATTEND THE CLINIC. A COMPREHENSIVE ARRAY OF SERVICES WERE OFFERED INCLUDING FAMILY PLANNING. IT WAS NOT LONG BEFORE A MILITANT GROUP OBJECTED TO THE CLINIC WITH MUCH MEDIA ATTENTION. AS A RESULT, THE GOVERNOR PROHIBITED LOCATING SCHOOL BASED CLINICS ON SCHOOL GROUNDS. THE GADSDEN CLINIC WAS RELOCATED ACROSS THE STREET FROM THE SCHOOL.

TOWARD THE END OF THE ‘80’S, STILL ANOTHER SCHOOL HEALTH INITIATIVE WAS ESTABLISHED. COUNTIES SUBMITTED PLANS FOR A COMPREHENSIVE SCHOOL HEALTH SERVICE AND COMPETED WITH EACH OTHER FOR FUNDING A NUMBER OF DEMONSTRATION PROJECTS. MANY OF THESE PLANS WERE BUILT AROUND A FULL TIME SCHOOL HEALTH AIDE IN EACH SCHOOL UNDER THE TECHNICAL SUPERVISION OF THE PUBLIC HEALTH NURSE. THE ROCKY ROAD TOWARD A COMPREHENSIVE SCHOOL HEALTH SERVICE STIMULATED A NUMBER OF SCHOOL DISTRICTS TO HIRE THEIR OWN NURSES AND PROVIDE THEIR OWN SCHOOL HEALTH SERVICE.

MATERNITY

A SMALL GRANT WAS RECEIVED TO PREPARE A VIDEO TAPE ON NATURAL FAMILY PLANNING. THE VIDEO WAS DISTRIBUTED TO THE COUNTY HEALTH UNITS FOR USE WITH PATIENTS REQUESTING THIS FORM OF BIRTH CONTROL.

INFANT MORTALITY AND MORBIDITY WERE CLOSELY CORRELATED TO LOW BIRTH WEIGHT AND PREMATURE DELIVERY. DR. MAHAN, THE MEDICAL CONSULTANT TO THE MATERNITY PROGRAM AT THE TIME AND LATER THE
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STATE HEALTH OFFICER, INITIATED A PROTOCOL FOR THE PREVENTION OF PREMATURE DELIVERY. THE PROTOCOL INCLUDED A SYSTEM OF EXAMINATION, TREATMENT, AND FOLLOW UP FOR THOSE PATIENTS FOUND TO BE AT RISK. PUBLIC HEALTH NURSES GAVE A HIGH PRIORITY TO THOSE PATIENTS MAKING HOME VISITS AS NEEDED. THE POPULAR NAME GIVEN THE PROTOCOL WAS THE "CREASY" METHOD NAMED FOR A PHYSICIAN WHO HAD USED THIS SYSTEM TO PREVENT PREMATURE DELIVERIES. THE INCREASED NUMBER OF NURSE-MIDWIVES AND MATERNAL HEALTH NURSE PRACTITIONERS IN THE COUNTY HEALTH UNIT CLINICS EXPEDITED THE IMPLEMENTATION OF THIS PROGRAM.

MIDWIFERY

BY 1980, THERE WERE ONLY 25 LICENSED LAY MIDWIVES IN FLORIDA. VITAL STATISTICS REPORTS OF BIRTH ATTENDANTS GROUPED LAY AND NURSE MIDWIVES TOGETHER MAKING IT DIFFICULT TO GET PRECISE COUNTS OF THE NUMBER OF DELIVERIES ATTENDED BY LAY MIDWIVES. HOWEVER, ASSUMPTIONS WERE MADE THAT THE MAJORITY OF HOME BIRTHS WERE BY LAY MIDWIVES AND THE MAJORITY OF HOSPITAL BIRTHS ATTENDED BY MIDWIVES REFLECTED THE NURSE-MIDWIVES. ALL MIDWIFE ATTENDED BIRTHS COMPRISED LITTLE MORE THAN TWO AND ONE-HALF PERCENT OF ALL BIRTHS. HOWEVER, THIS PERCENTAGE HAD INCREASED FROM ONLY ONE PERCENT IN 1975. THE NUMBER OF BIRTH ATTENDANTS LISTED AS "OTHER" (WHICH USUALLY MEANT AN UNLICENSED MIDWIFE) WAS ALSO INCREASING AND CAUSING CONCERN FOR THE HEALTH AND SAFETY OF THOSE MOTHERS SEEKING HOME BIRTHS.

A NUMBER OF SUITS WERE FILED BY THE STATE ATTORNEYS IN SEVERAL COUNTIES CHARGING UNLICENSED PERSONS DELIVERING BABIES WITH VIOLATION OF THE LICENSURE ACT. IN MOST OF THESE CASES, THERE HAD BEEN GROSS MISHANDLING OF THE LABOR AND DELIVERY RESULTING IN DEATH OF THE INFANT OR SERIOUS DAMAGE TO THE MOTHER OR INFANT. THE PRIOR FINDING THAT THE LAW WAS UNCONSTITUTIONAL WAS AN OBSTACLE TO THE SUCCESSFUL COMPLETION OF THESE CASES. THERE WAS A GREAT DEAL OF MEDIA COVERAGE OF THESE EVENTS.

A BILL TO AMEND THE LICENSURE ACT WAS PASSED BY THE FLORIDA LEGISLATURE WHICH STIPULATED THE TRAINING REQUIREMENTS AND PRACTICE CONSTRAINTS RELATED TO MIDWIFERY PRACTICE. DIFFICULTIES HAD BEEN ENCOUNTERED IN APPROVING SOME TRAINING PROGRAMS BECAUSE THE FACULTY WERE NOT CONSIDERED TO BE QUALIFIED. AN ADVISORY COMMITTEE WAS APPOINTED TO REVIEW THE ISSUES AND TO DEVELOP THE RULES FOR THE FLORIDA ADMINISTRATIVE CODE TO ENFORCE THE LAW. THE ATMOSPHERE AT THE COMMITTEE MEETINGS WAS OFTEN ADVERSARIAL AND EMOTIONAL. IT WAS A VERY DIFFICULT TASK BUT EVENTUALLY AGREEMENT WAS REACHED AND THE RULES PROMULGATED. THE FOLLOWING YEAR, LICENSURE OF LAY MIDWIVES WAS BROUGHT BEFORE THE LEGISLATURE AGAIN AND THIS TIME THE LAW WAS AMENDED TO LIMIT LAY MIDWIFERY TO THOSE WHO WERE ALREADY LICENSED OR WERE ENROLLED IN AN APPROVED TRAINING PROGRAM. ALL OTHERS MUST BE CERTIFIED NURSE-MIDWIVES.
IN 1983, PETTENGILL WAS ASSIGNED RESPONSIBILITY FOR THE PROGRAM. REVIEW OF CASE RECORDS, INVESTIGATION OF COMPLAINTS, PREPARATION FOR LAW SUITS, AND WRITING ANNUAL REPORTS KEPT HER VERY BUSY. IN ADDITION TO THAT, SHE REVISED THE LICENSURE EXAMINATION AND LICENSURE RENEWAL PROCEDURES AND EXAMINED 16 APPLICANTS FOR LICENSURE. THE REPEATED APPEARANCE OF MIDWIFERY ISSUES ON THE LEGISLATIVE DOCKET CREATED MULTIPLE REQUESTS FROM LEGISLATORS, THEIR STAFF AIDES AND NEWS REPORTERS FOR INFORMATION ABOUT THE PROGRAM.

EACH LEGISLATIVE SESSION DEALING WITH THE MIDWIFE ISSUE WAS SUBMERGED IN EMOTIONAL RHETORIC ON BOTH SIDES OF THE QUESTION. AUDIENCES WERE FILLED WITH NEW MOTHERS AND INFANTS. DURING THIS PERIOD, HRS LOBBYIST SPOKE FOR THE DEPARTMENT RATHER THAN THE PROGRAM PERSONNEL. IT WAS DURING THESE HEARINGS THAT THE HRS SPOKESMAN DEFINED NURSE-MIDWIVES AS THOSE WHO HAVE TO "WORK UNDER THE DOCTOR" WHILE LAY MIDWIVES COULD FUNCTION INDEPENDENTLY. THIS STATEMENT WAS REPEATED MANY TIMES AND IT NEVER CEASED TO IRK.

ADULT HEALTH AND AGING SERVICES

GOVERNOR GRAHAM HAD APPOINTED A COMMITTEE ON AGING TO ADDRESS THE HEALTH AND SOCIAL NEEDS OF THE ELDERLY IN FLORIDA. THIS COMMITTEE WAS COMPOSED OF LEGISLATORS, HOSPITAL ADMINISTRATORS, UNIVERSITY ADMINISTRATORS AND FACULTY, AND OTHER COMMUNITY LEADERS. THE HRS AGING OFFICE WORKED WITH THE COMMITTEE AS STAFF SUPPORT. WENNCLUD, AWAD, AND DR. SANDRA SCHOENFISCH, A NURSING CONSULTANT IN DISEASE CONTROL, WORKED CLOSELY WITH AGING STAFF ON A VARIETY OF COMMON ISSUES. IN 1984, A SMALL SUM OF MONEY WAS IDENTIFIED AS AVAILABLE IN THE PREVENTIVE SERVICES BLOCK GRANT. A PROPOSAL HAD TO BE SUBMITTED WITHIN A DAY OR TWO TO GET THE MONEY. WHEN ASKED IF THERE WAS ANYTHING WE COULD DO WITH ABOUT $200,000, WENNCLUD PROPOSED INITIATING A PILOT PROGRAM FOR PREVENTIVE HEALTH SERVICES FOR THE ELDERLY. THERE WAS SUFFICIENT DEMOGRAPHIC DATA AVAILABLE TO IDENTIFY TWO COUNTIES WITH A HIGH PROPORTION OF ELDERLY PEOPLE BELOW THE POVERTY LEVEL. A PROGRAM WAS PROPOSED USING A PUBLIC HEALTH NURSE, A NUTRITIONIST, AND A CLERK TO VISIT CONGREGATE MEAL SITES, COMMUNITY SENIOR CITIZEN CENTERS, AND OTHER PLACES WHERE THE ELDERLY GATHER. THE PROGRAM OFFERED A COMPREHENSIVE SCREENING PROGRAM, AN IN DEPTH HEALTH HISTORY, AND A MEDICATION REVIEW. THE PROGRAM WAS POPULAR WITH THE OLDER PEOPLE AND SOON RECEIVED BROAD COMMUNITY SUPPORT. THE SERVICE WAS ALSO OFFERED TO PERSONS WHO WERE HOMEBOUND AND IDENTIFIED BY COMMUNITY AGENCIES. THE FUNDING WAS INCORPORATED INTO THE ANNUAL BLOCK GRANT BUT DID NOT INCREASE AS SERVICES EXPANDED. ONE OTHER COUNTY WAS ADDED TO PROVIDE PREVENTIVE SERVICES TO THE HOMEBOUND ONLY. THIS WAS A RURAL COUNTY AND THE NEED FOR HOME HEALTH SERVICES WAS SO DESPERATE THAT THE HEALTH UNIT STAFF WERE SOON SWAMPED WITH REQUESTS FOR CARE WHICH COULD NOT BE ADEQUATELY MET BECAUSE OF THE LIMITED RESOURCES IN THE COUNTY.
SCHOENFISCH TOOK THE LEAD IN PROVIDING TECHNICAL ASSISTANCE AND GUIDANCE TO THE PROJECT STAFFS. SEVERAL ATTEMPTS TO INSTITUTIONALIZE THIS VERY SUCCESSFUL PROGRAM THROUGH THE STATE BUDGET SYSTEM FAILED. THE BUDGET REQUESTS WERE CHANGED TO REFLECT THE INTEGRATION OF INTEREST AND PROGRAMS OF THE VARIOUS HRS OFFICES. HOWEVER, THE PREVENTIVE SERVICES FOR THE ELDERLY WAS ALWAYS A LITTLE LOWER ON THE PRIORITY LIST BECAUSE THE ELDERLY WERE NOT REALLY A HIGH PRIORITY IN HEALTH NOR WERE PREVENTIVE HEALTH SERVICES BY NURSES AND NUTRITIONISTS HIGH PRIORITIES IN AGING. HOWEVER, SEVERAL PAPERS ON THE PROJECT WERE PRESENTED AT THE AMERICAN PUBLIC HEALTH ASSOCIATION AND AN EVALUATION WAS CONDUCTED WHICH WAS VERY POSITIVE AND SUPPORTIVE. IT CONTINUES AS A POPULAR AND SUCCESSFUL PROGRAM ALTHOUGH STILL LIMITED TO TWO RURAL COUNTIES.


INFECTIOUS DISEASES

OUTBREAKS OF MEASLES IN THE SCHOOLS OCCURRED SEVERAL TIMES DURING THIS DECADE DESPITE THE AVAILABILITY OF IMMUNIZATIONS. THERE WERE SEVERAL POSSIBLE REASONS. REACTIONS TO VACCINES HAD RECEIVED EXTENSIVE MEDIA COVERAGE AND PARENTS WERE FEARFUL ABOUT SUBJECTING THEIR CHILDREN TO THE VACCINES. A CHANGE IN THE IMMUNIZATION SCHEDULE FOR MEASLES RESULTED IN SOME INFANTS BEING LESS THAN FULLY IMMUNIZED BECAUSE THEY HAD BEEN VACCINATED TOO YOUNG. THEN THERE WERE THE SURGES OF REFUGEES WHO CAME TO FLORIDA FROM CUBA, HAITI, VIETNAM, AND CAMBODIA. MANY OF THESE
CHILDREN WERE NOT IMMUNIZED. THE NURSES HAD TO REVIEW THE HEALTH
RECORDS OF ALL THE SCHOOL CHILDREN TO DETERMINE THOSE WHO WERE
NOT IMMUNIZED. NUMEROUS CLINICS WERE HELD TO IMMUNIZE THOSE
CHILDREN.

THE INCIDENCE OF SYPHILIS AND GONORRHEA CASES INCREASED
THROUGHOUT THE PERIOD. THE CLASSIFICATION OF VENEREAL DISEASES
WAS BROADENED TO INCLUDE A WIDE RANGE OF GENITAL CONDITIONS.
AFTER MANY YEARS OF NURSES' LACK OF INVOLVEMENT IN THE PROGRAM,
THEY WERE BECOMING MORE INVOLVED AGAIN. THIS WAS PARTLY DUE TO
THE INCREASED NUMBERS OF CHILDREN WITH VENEREAL DISEASE AND
CONGENITAL SYPHILIS. ALSO, THE NURSES' WORKLOAD IN PATIENT
ASSESSMENT WAS INCREASED TO INCLUDE HISTORY, OBSERVATION, AND
TESTING FOR CHLAMYDIA, WARTS, HERPES, AND OTHER SUCH CONDITIONS
IN ADDITION TO THE TRADITIONAL VENEREAL DISEASES.

A NEW AND FRIGHTENING DISEASE APPEARED DURING THE 80'S - AIDS
AND HIV INFECTIONS. DURING THE EARLY YEARS OF THE EPIDEMIC,
PEOPLE'S FEAR OF "CATCHING" AIDS FROM THE AIDS PATIENTS WAS A
MAJOR PROBLEM ADDRESSED BY THE PUBLIC HEALTH NURSE. SCHOOLS
REFUSED TO PERMIT HIV INFECTED STUDENTS TO REMAIN IN THE
CLASSROOM. NURSING HOMES REFUSED TO ADMIT AIDS OR HIV INFECTED
PATIENTS. PUBLIC HEALTH NURSES COUNSELED BOTH PATIENTS AND THEIR
CARETAKERS. UNIVERSAL PRECAUTIONS TO PREVENT THE SPREAD OF
INFECTIOUS DISEASES WERE INSTITUTED AND INCLUDED IN MANUALS,
PROCEDURE BOOKS, AND OTHER INSTRUCTIONAL MATERIALS. MANDATORY
AIDS CONTINUING EDUCATION WAS REQUIRED BY LAW FOR RENEWAL OF
LICENSES OF MANY DIFFERENT PROFESSIONALS WHO MAY COME IN CONTACT
WITH HIV INFECTED BLOOD. SPECIAL SCREENING, DIAGNOSTIC, AND
TREATMENT CLINICS WERE ESTABLISHED STATEWIDE.

THE INCIDENCE OF TUBERCULOSIS INCREASED ALONG WITH THE INCIDENCE
OF AIDS. ONLY ONE HOSPITAL REMAINED IN THE STATE TO CARE FOR THE
INCALCITRANT TUBERCULOSIS PATIENT. MANY OF THE IN-PATIENTS ARE
DRUG ABUSERS OR ALCOHOLICS WHO ARE UNLIKELY TO FOLLOW THROUGH
WITH A MEDICATION REGIMEN.

HOME HEALTH SERVICES

THERE WERE FEW COUNTY PUBLIC HEALTH UNITS THAT WERE CERTIFIED TO
PROVIDE HOME HEALTH SERVICES UNDER THE MEDICARE PROGRAM.
HOWEVER, REPORTS WERE BEING RECEIVED ABOUT THE NUMBERS OF NON
MEDICARE ELIGIBLE PATIENTS AND MEDICAID PATIENTS WHO WERE NOT
RECEIVING NEEDED CARE. A SURVEY OF THE COUNTY PUBLIC HEALTH
UNITS SHOWED THAT THEY WERE WILLING TO PROVIDE THE CARE OF THE
SICK AT HOME IF THERE WAS SUFFICIENT STAFF AND FUNDING. IN 1986,
A PROPOSAL WAS DEVELOPED AND SUBMITTED TO THE CERTIFICATE OF
NEED OFFICE REQUESTING APPROVAL TO SEEK CERTIFICATION OF THE
STATE OFFICE TO PROVIDE HOME HEALTH SERVICES TO INDIGENT AND
MEDICAID CLIENTS ONLY. WE WERE LOOKING TO SPARE THE INDIVIDUAL
COUNTIES THE ONEROUS PAPER WORK INVOLVED IN THE CERTIFICATION
PROCESS. OUR PLAN WAS TO TAKE ONE DOLLAR FOR EACH CLAIM
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SUBMITTED TO FINANCE THE STAFF NEEDED IN THE STATE OFFICE. THE PRIVATE AND VOLUNTARY HOME HEALTH AGENCIES WERE OPPOSED TO THIS PLAN AND IT WAS DENIED.


CIVIL DEFENSE


HRS DISTRICT AND COUNTY ADMINISTRATORS APPOINTED PUBLIC HEALTH NURSES TO WORK IN THE SPECIAL CARE SHELTERS WHERE PERSONS WITH ACUTE MEDICAL NEEDS AND TECHNOLOGICALLY ADVANCED TREATMENTS WERE REQUIRED. THE PUBLIC HEALTH NURSES WHO DID NOT HAVE EXPERIENCE WITH THIS EQUIPMENT EXPRESSED CONCERN FOR PATIENT SAFETY AND FOR THEIR OWN LIABILITY. A COMMITTEE OF RED CROSS AND LOCAL HEALTH UNIT REPRESENTATIVES WAS APPOINTED AND CHAIRMED BY THE STATE NURSING DIRECTOR. A POSITION PAPER WAS WRITTEN DEFINING THE PUBLIC HEALTH NURSES ROLE IN PREVENTION DURING DISASTERS. HOWEVER, THOSE NURSES WHO WERE EXPERIENCED IN THE MANAGEMENT OF ACUTELY ILL PATIENTS WERE ENCOURAGED TO OFFER THEIR SERVICES IN THE SPECIAL CARE SHELTERS.

COMING TO THE SHELTERS. ALL OTHER HRS WORKERS WERE GIVEN ADMINISTRATIVE LEAVE INCLUDING THOSE COMMUNITY HEALTH NURSES ASSIGNED TO CHILDREN’S MEDICAL SERVICES AND MENTAL RETARDATION. THE DISASTER PREPAREDNESS COMMITTEE QUICKLY AGREED THAT THE PUBLIC HEALTH NURSES SHOULD BE REIMBURSED FOR THEIR TIME AND THAT ALL PERSONNEL HAD A ROLE TO PLAY DURING DISASTERS. GUIDELINES WERE DEVELOPED FOR THE COUNTY HEALTH UNITS TO ASSIST THEM IN DEVELOPING DISASTER PREPAREDNESS PLANS WITH EQUITABLE STAFF ASSIGNMENTS.

ADMINISTRATION OF MEDICATIONS


OTHER STATES WERE FACING THE SAME KIND OF PROBLEMS IN THEIR HEALTH DEPARTMENTS, PARTICULARLY, GEORGIA, NORTH CAROLINA, AND WASHINGTON. WORD WAS CIRCULATING AROUND THE STATE THAT THE PHARMACISTS WERE GOING TO "GET A NURSE". THE NURSES WERE THREATENED WITH THE LOSS OF THEIR LICENSES TO PRACTICE. THE NURSING LEADERSHIP AT CASE CONFERENCE DECIDED TO STOP THE PRACTICE ON MAY 1ST (I.E. WITHIN SIX WEEKS). WORD ABOUT THIS DECISION GOT BACK TO TALLAHASSEE VERY QUICKLY. MORE MEETINGS WITH NO AGREEMENTS! WENNLUND PREPARED A COST ESTIMATE ON PROVIDING PHARMACY SERVICES IN THE MORE THAN 300 CLINICAL SITES. DOCTORS WERE AVAILABLE PART TIME BUT NOT FULL TIME IN MANY OF THESE SITES BUT THAT DID NOT RESOLVE THE PROBLEM OF CARING FOR PATIENTS WHO NEEDED TREATMENT WHEN NO PHYSICIAN WAS AVAILABLE. PHARMACISTS ASSIGNED TO THE DISTRICTS WOULD HELP TO DISPENSE DRUGS FOR THE PRIMARY CARE CLINICS BUT THIS WAS NOT THE ANSWER TO THE MEDICATION QUESTION. THE COST OF CONTRACTING WITH PHARMACISTS OR HIRING THEM FOR THE MANY SITES IN WHICH THEY WOULD BE NEEDED WAS PROHIBITIVE. ALSO, THEY WERE NOT LIKELY TO
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DISPENSE A DRUG ON THE REQUEST OF A NURSE. THERE WERE ALREADY SQUABBLIES ABOUT NURSE PRACTITIONERS ORDERING DRUGS. THE ONLY SOLUTION SEEMED TO BE IN LEGISLATION. WENNLUDE PREPARED A BILL PROPOSAL AUTHORIZING PUBLIC HEALTH NURSES TO "ISSUE" DRUGS UNDER SPECIFIC CONDITIONS AND MEDICAL PROTOCOLS. THE BILL LANGUAGE WAS AMENDED TO SUBSTITUTE THE WORDS "ORDER AND DELIVER" FOR "ISSUE". A PHARMACIST CHAIREH THE LEGISLATIVE COMMITTEE WHICH HEARD THE BILL. WE DID NOT TAKE THIS AS A VERY GOOD SIGN. HOWEVER, THE FLORIDA MEDICAL ASSOCIATION SUPPORTED THE BILL AND IT PASSED FIRST TIME AROUND. SO NOW THE NURSES COULD DO LEGALLY WHAT THEY HAD BEEN DOING FOR THE PAST 80 YEARS WITHOUT INCIDENT. OTHER STATES GOT ON THE BANDWAGON USING THE FLORIDA LAW AS THE BASIS FOR THEIR LEGISLATIVE ACTION.

RECORDS

THE QUALITY ASSURANCE PROCESS EMPHASIZED THE NEED FOR IMPROVED RECORD SYSTEMS. CHANGES IN THE FAMILY STRUCTURE, MULTIPLE NAMES IN ONE HOUSEHOLD AND THE PROVISION OF INDIVIDUALIZED PRIMARY CARE MADE THE FAMILY FOLDER OBSOLETE. AN INCREASING NUMBER OF COUNTIES WERE CHANGING THEIR RECORD SYSTEMS. THE FLORIDA LEGISLATURE HAD MANDATED THE USE OF THE PROBLEM ORIENTED RECORD (POR) IN STATE INSTITUTIONS. THE PROBLEM CLASSIFICATION AND INTERVENTION SYSTEM DEVELOPED BY THE OMAHA VISITING NURSE ASSOCIATION WAS INTRODUCED IN WORKSHOPS HELD AROUND THE STATE ENCOURAGING THE USE OF THE POR IN PUBLIC HEALTH FACILITIES. THE STATE HEALTH OFFICE RECORD COMMITTEE WAS COMPOSED OF A MULTIDISCIPLINARY GROUP WHICH EXAMINED THE MANY FORMS USED IN THE PUBLIC HEALTH RECORD SYSTEM. MANY COUNTIES HAD DEVELOPED THEIR OWN FORMS TO MEET SPECIAL NEEDS. THE FIRST PROBLEM ENCOUNTERED BY THE COMMITTEE WHEN INITIATING WORK ON A PROBLEM ORIENTED FORMAT WAS THE DEFINITION OF A PROBLEM. THE PHYSICIANS WANTED TO LIMIT THE FIELD TO MEDICAL DIAGNOSES WHILE THE NURSE AND NUTRITIONIST MEMBERS WANTED A BROAD FIELD INCORPORATING BEHAVIORAL, ENVIRONMENTAL, AND SOCIAL PROBLEMS AS WELL AS MEDICAL.

MARILYN MAUD, A QUALITY ASSURANCE NURSING CONSULTANT, WAS ASSIGNED THE RESPONSIBILITY FOR IMPROVING THE STATEWIDE RECORD SYSTEM. WORKING CLOSLEY WITH THE COMMITTEE AND DISTRICT AND COUNTY PERSONNEL, NEW FORMS WERE DEVELOPED FOR ALL THE PERSONAL HEALTH PROGRAMS. SHE WROTE A MANUAL FOR THE ESTABLISHMENT AND USE OF A CENTRALIZED POR RECORD SYSTEM AND OFFERED ASSISTANCE AND CONSULTATION TO THE COUNTIES AS THEY SET UP THE SYSTEMS. THE LARGER COUNTIES HAD ALREADY STARTED ON SUCH SYSTEMS BUT THIS WAS QUITE A DEPARTURE FROM THE OLD FAMILY FOLDER FOR SOME OF THE RURAL COUNTIES. A POLICY WAS PROMULGATED BY THE STATE HEALTH OFFICER REQUIRING THE USE OF STATE APPROVED FORMS IN THE COUNTY PUBLIC HEALTH UNIT. ALTHOUGH THE NURSE LEADERS, THROUGH C.A.S.E. CONFERENCE, DIRECTOR'S MEETINGS, AND THE COUNCIL, HAD REPEATEDLY RECOMMENDED A STATEWIDE UNIFORM RECORD SYSTEM, IT WAS DIFFICULT FOR SOME TO GIVE UP "THEIR" SYSTEM AND FORMS.

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THE EIGHTIES

ANOTHER FEATURE OF CLINIC MANAGEMENT WAS THE "PATIENT FLOW ANALYSIS". THIS WAS A COMPUTERIZED SYSTEM DESIGNED TO ANALYZE PATIENT-STAFF CONTACT TIME DURING CLINIC VISITS. IT WAS FIRST USED IN THE FAMILY PLANNING CLINICS AND LATER BROADENED TO USE IN ALL TYPES OF CLINICS. THE SYSTEM WAS DEVELOPED BY FEDERAL STAFF IN THE CENTERS FOR DISEASE CONTROL AND THAT UNIT PROVIDED CONSULTATION AND TECHNICAL ASSISTANCE TO THE STATES AS THEY ADOPTED THE PROCESS. TERENCE BROADWAY, A NURSING CONSULTANT, MANAGED THE ADOPTION OF THE SYSTEM IN THE COUNTY PUBLIC HEALTH UNITS. THE ANALYSES WERE HELPFUL TO COUNTIES IN IDENTIFYING BOTTLENECKS IN CLINIC OPERATIONS.

STAFFING


THIS REPORT ALSO SHOWED THE EDUCATIONAL PREPARATION OF NURSES WORKING IN PUBLIC HEALTH SETTINGS. ONLY 26 PERCENT OF THE FLORIDA PUBLIC HEALTH NURSES HAD COMPLETED PUBLIC HEALTH NURSING PREPARATION. CLOSE TO THREE PERCENT HAD GRADUATE DEGREES, 19.5 PERCENT HAD BACCALAUREATE DEGREES AND 3.7 PERCENT OF THE NURSES WITH ASSOCIATE DEGREES OR DIPLOMAS HAD COMPLETED A ONE YEAR APPROVED PROGRAM. NATIONAL AVERAGES SHOWED OVER 43 PERCENT OF THE PUBLIC HEALTH NURSES WERE PREPARED IN PUBLIC HEALTH. THIS INFORMATION CONTRIBUTED TO THE LEGISLATURE'S PROFESSIONAL EDUCATION COMMITTEE'S RECOMMENDATION FOR IMPROVING THE ACADEMIC PREPARATION OF PUBLIC HEALTH NURSES.

PERSONNEL ISSUES CONTINUED TO CREATE PROBLEMS FOR THE COUNTY NURSING DIRECTORS. THE DISTRICT PERSONNEL OFFICES EXERCISED EXTENSIVE CONTROL AND EXCESSIVE PAPERWORK WHEN CONDUCTING ANY EMPLOYMENT OR PROMOTIONAL ACTIONS. THERE WAS LITTLE CONSISTENCY IN THE METHODS USED OR THE DECISIONS MADE FROM ONE DISTRICT TO ANOTHER. THEREFORE, THE NURSING DIRECTORS WERE UNABLE TO LEARN WAYS TO RESOLVE PROBLEMS FROM ONE ANOTHER.

THE TERM "COMMUNITY HEALTH NURSE" HAD BEEN SUBSTITUTED FOR "PUBLIC HEALTH NURSE" SO THAT A COMMON NURSING CLASSIFICATION SERIES COULD BE USED FOR THOSE NURSES IN PUBLIC HEALTH, CHILDREN'S MEDICAL SERVICES (CMS), AND ANY OTHER HRS NURSE
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

WORKING OUTSIDE AN INPATIENT FACILITY. PUBLIC HEALTH NURSES WERE NOT PLEASED WITH THIS DECISION BUT THEY WENT ALONG WITH IT. IT WAS NOT LONG BEFORE INEQUITIES IN THE SERIES APPEARED. PERSONNEL CLASSIFIED CMS NURSES AS SPECIALISTS BECAUSE THEY ONLY SERVED CHILDREN. PUBLIC HEALTH NURSES WERE GENERALISTS BECAUSE THEY SERVED IN A VARIETY OF PROGRAMS. SPECIALISTS WERE DEEMED MORE ADVANCED THAN GENERALISTS AND WERE THUS CLASSIFIED AT A HIGHER SALARY LEVEL. IT WASN'T LONG BEFORE PUBLIC HEALTH NURSES READY FOR PROMOTIONS SOUGHT POSITIONS IN CMS. THIS LEFT THE COUNTIES SPENDING TIME AND MONEY IN RECRUITING, ORIENTING, AND TRAINING NEW STAFF WHO LEFT WHEN THEY HAD ENOUGH EXPERIENCE TO PROVIDE AN EFFICIENT SERVICE. UNDERSTANDABLY, THERE WAS A GROUND SWELL OF RESENTMENT.

OTHER INEQUITIES WERE DISCOVERED FROM TIME TO TIME. FOR EXAMPLE, POPULATION BASES USED FOR THE CLASSIFICATION OF COUNTY PROGRAM DIRECTORS VARIED AMONG THE DISCIPLINES WITH ENVIRONMENTAL HEALTH DIRECTORS RECEIVING A HIGHER CLASS THAN THE NURSING DIRECTORS. COMMUNITY HEALTH NURSING CONSULTANTS WERE CLASSIFIED ONE GRADE LOWER THAN THE R. N. CONSULTANT. NO RATIONAL REASONS WERE OFFERED FOR THESE DISCREPANCIES. IN FAIRNESS TO THE PERSONNEL DIVISION IN THE DEPARTMENT OF ADMINISTRATION, IT MUST BE STATED THAT THEY WERE CRITICALLY UNDERSTAFFED AND OVERWORKED. FURTHERMORE THEY COULD NOT BE BLAMED FOR THE LACK OF COHESION AMONG THE VARIOUS GROUPS. UNDERSTANDING THE NUANCES IN DIFFERENTIATING AMONG THE PROFESSIONAL CLASSES IS DIFFICULT AT BEST.

IN 1984, A PERSONNEL OFFICER IN CHARGE OF CLASSIFICATION IN THE DEPARTMENT OF ADMINISTRATION ASKED THE PUBLIC HEALTH NURSING COUNCIL TO PREPARE AN IDEAL CLASSIFICATION SYSTEM. THE COUNCIL RECOMMENDED THE RESTORATION OF THE PUBLIC HEALTH NURSE TITLE FOR THOSE NURSES QUALIFIED TO PROVIDE PREVENTIVE CARE IN THE COMMUNITY. THEY ALSO DEFINED AND DESCRIBED THE ROLE OF THE NURSE GENERALIST RECOMMENDING A HIGHER CLASSIFICATION FOR THIS CLASS. THE THIRD RECOMMENDATION WAS THE ESTABLISHMENT OF A CLASS FOR NURSE COORDINATORS WHO WERE RESPONSIBLE FOR PROGRAM MANAGEMENT BUT DID NOT HAVE STAFF ASSIGNED TO THEM FOR SUPERVISION. THE CAREER SERVICE SYSTEM DID NOT RECOGNIZE THE SUPERVISION OF PROGRAMS OR CLINICS WITHOUT REGULAR STAFF ASSIGNMENTS IN THE SUPERVISORY CLASS. NURSES HAD BEEN WORKING IN THIS ROLE BUT A GOOD DEAL OF CREATIVITY WAS NECESSARY IN DEVELOPING THE ORGANIZATIONAL CHARTS USED TO JUSTIFY THEIR CLASSIFICATION AS A SUPERVISORS. THIS WAS THE ONLY CLASS EQUAL TO THEIR LEVEL OF RESPONSIBILITY.


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MISINFORMATION WERE COMMON. SOME NURSING DIRECTORS PERCEIVED THE FLORIDA NURSES ASSOCIATION IN AN ADVISORY POSITION DESPITE THE SUCCESSFUL NEGOTIATIONS ACCOMPLISHED EACH YEAR. MAJOR ADVANCES WERE MADE IN NURSES' SALARIES ALTHOUGH THE PUBLIC SECTOR COULD NEVER CATCH UP TO THE HIGHLY FLEXIBLE PRIVATE EMPLOYER.

THE STATE NURSING DIRECTOR WORKED DILIGENTLY TO MEET DEPARTMENTAL DEMANDS FOR PERFORMANCE APPRAISAL STANDARDS AND WORKLOAD STANDARDS. THE DEVELOPMENT OF A STATE/COUNTY CONTRACT SYSTEM REQUIRED FORECASTING THE NUMBERS AND TYPES OF SERVICES TO BE RENDERED AND THE NUMBER AND TYPES OF PERSONNEL TO PROVIDE THE SERVICES. STANDARDS WERE NECESSARY TO MAKE THESE FORECASTS. IT IS IMPORTANT TO NOTE THAT THE NUMBERS OF NURSING STAFF IN THE COUNTY PUBLIC HEALTH UNITS STILL MET LESS THAN ONE THIRD OF THE NATIONAL STAFFING STANDARD. PERFORMANCE APPRAISAL STANDARDS WERE DEVELOPED FOR EACH CLASS OF NURSING PERSONNEL DIFFERENTIATING THE WORK ASSIGNMENTS OF PUBLIC HEALTH NURSES, R.N.'S, L.P.N.'S AND AIDES. THE PUBLIC HEALTH NURSE COUNCIL REVIEWED THE PROPOSED STANDARDS AND MADE AMENDMENTS AS NEEDED. HOWEVER, KNOWING THE PROCLIVITY FOR THE DEPARTMENT TO CAST STANDARDS AND GUIDELINES INTO STONE, WENNLUND WAS CONCERNED THAT SUCH STANDARDS WOULD BE USED TO THE DISADVANTAGE OF THE PATIENTS. FOR EXAMPLE, A STANDARD SET FOR 30 MINUTES FOR AN ADMISSION INTERVIEW MAY BE TOTALLY UNREALISTIC IF THE PATIENT DOESN'T SPEAK ENGLISH. THERE ARE ANY NUMBER OF CONDITIONS THAT ALTER A TIME STANDARD WHEN GIVING PROFESSIONAL CARE. PROFESSIONAL NURSING IS NOT AN ASSEMBLY LINE PROCESS AND PROFESSIONAL NURSES MUST HAVE SOME CONTROL OF THEIR PRACTICE.

THE TERM "CASE MANAGEMENT" AND "CASE MANAGER" CAME INTO COMMON USAGE DURING THIS PERIOD. PUBLIC HEALTH NURSES INTERPRETED WHAT THEY DID AS CASE MANAGEMENT. IT SOON BECAME EVIDENT THAT THE TERM MEANT DIFFERENT THINGS TO DIFFERENT PEOPLE. THE NURSE MEANT ASSESSING THE NEEDS OF THE PATIENT, PROVIDING APPROPRIATE CARE, REFERING TO OTHER PROVIDERS FOR CARE NOT GIVEN BY THE NURSE, AND FOLLOWING-UP ON THE PATIENT UNTIL THE NEEDS WERE MET OR THE PATIENT UNDERSTOOD WHAT THEY NEEDED TO DO TO MEET THEIR NEEDS. THIS WAS ENVISIONED AS A SKILLED PROFESSIONAL SERVICE. MEDICAID, ON THE OTHER HAND, SAW THIS AS CHECKING ON CLIENTS TO SEE THAT THEY FOLLOWED THROUGH ON APPOINTMENTS. THEY DESIGNATED AIDES AS CASE MANAGERS IN THE EPSDT PROGRAM. AGING AND ADULT SERVICES SAW CASE MANAGEMENT IN THE LIGHT OF COST CONTAINMENT AND CONTROLLING THE USE OF THE SYSTEM IN PROVIDING CARE. THE QUESTION IS STILL NOT TOTALLY RESOLVED ALTHOUGH MOST THINK OF CASE MANAGEMENT AS A CONTROL SYSTEM. THEN THE QUESTION REMAINS "WHO SHOULD BE THE CASE MANAGER?"

IN THE INTEREST OF CONFORMITY AND CONSISTENCY IN SERVICES FROM COUNTY TO COUNTY, THE STATE NURSING OFFICE IN CONJUNCTION WITH THE MEDICAL STAFF DEVELOPED PROTOCOLS FOR THE NURSE PRACTITIONERS IN PRIMARY CARE. AGAIN, THESE WERE DISTRIBUTED WITH THE PRECAUTION THAT THE OPERATIONAL PROTOCOLS MUST BE
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INDIVIDUALIZED ACCORDING TO THE SKILL AND TRAINING OF THE PRACTITIONER AND THE MEDICAL PREFERENCES OF THE SUPERVISING PHYSICIAN.

DURING THE 1983 NURSING DIRECTORS MEETING, THE MINIMUM QUALIFICATIONS FOR PUBLIC HEALTH NURSES WAS REEXAMINED. THE CONCLUSION WAS THAT THE BACCALAUREATE DEGREE SHOULD BE REQUIRED AS THE MINIMUM QUALIFICATION. THIS WAS LARGELY IN RESPONSE TO THE PROFESSIONAL EDUCATION COMMISSION REPORT WHICH FOUND A NEED FOR WELL PREPARED PUBLIC HEALTH NURSES IN FLORIDA. THIS DECISION WAS REACHED AFTER COMMISSION STAFF MADE FIELD VISITS WITH PUBLIC HEALTH NURSES. FLORIDA WAS WELL BELOW THE NATIONAL AVERAGE IN TERMS OF BACCALAUREATE AND MASTERS PREPARED NURSES IN PUBLIC HEALTH.

THE PROPOSAL TO UPGRADE THE QUALIFICATIONS WAS SUBMITTED AND APPROVED. NOT EVERYONE WAS IN AGREEMENT WITH THIS ACTION. HOWEVER, THERE WERE OPPORTUNITIES FOR ADVANCEMENT IN THE SYSTEM FOR R.N.'S WHO DID NOT HAVE A DEGREE. ALSO, THE UNIVERSITY SYSTEM HAD GROWN TREMENDOUSLY OVER THE YEARS AND THERE WERE MANY OPPORTUNITIES FOR NURSES TO STUDY FOR DEGREES EITHER FULL TIME OR PART TIME. THE STATE PROVIDED ACCESS AND FUNDS FOR EMPLOYEES TO TAKE SIX ACADEMIC CREDITS PER SEMESTER.

DURING THE 80'S, THERE WAS AN INCREASE IN THE NUMBERS OF NURSES MOVING INTO NON-NURSING ADMINISTRATIVE POSITIONS. AMENDMENTS TO CHAPTER 154, F.S. PERMITTED THE APPOINTMENT OF NON-PHYSICIAN ADMINISTRATORS OF COUNTY PUBLIC HEALTH UNITS. MYRA LENTZ, THE BROWARD COUNTY NURSING DIRECTOR, WAS THE FIRST NURSE TO BE APPOINTED A COUNTY HEALTH UNIT ADMINISTRATOR. LATER, MS. LENTZ MOVED TO THE DISTRICT 10 OFFICE AS THE HEALTH PROGRAM ADMINISTRATOR AND STILL LATER AS THE DEPUTY DISTRICT ADMINISTRATOR. OTHER NURSES SERVING AS COUNTY PUBLIC HEALTH UNIT ADMINISTRATORS INCLUDE: BETTY KROESEN - MARTIN COUNTY; NANCY MCCULLERS - DIXIE AND SUWANNE COUNTY; CHARLOTTE BOORDE - HERNANDO COUNTY; AND SABLE BOLLING IN GILCHRIST COUNTY. SOME ADMINISTRATIVE POSITIONS IN THE STATE HEALTH OFFICE WERE ALSO HELD BY NURSES: DONNA BARBER IS THE FAMILY HEALTH PROGRAM ADMINISTRATOR; SANDRA SCHOFENFISCH NOW HEADS UP THE AIDS PROGRAM; AND ANITA TOWNSEND ADMINISTERS THE POLICY AND PROGRAM DEVELOPMENT SECTION IN FAMILY HEALTH SERVICES.

ANOTHER TREND WAS BEGINNING TO EMERGE TOWARD THE END OF THE DECADE. LAY ADMINISTRATORS WERE APPOINTED AS CLINIC MANAGERS IN DADE COUNTY AND LATER IN OTHER COUNTIES AROUND THE STATE. THEY WERE SUPPLANTING THE NURSING SUPERVISORS WHO HAD BEEN RUNNING THOSE CLINICS FOR MANY YEARS. THIS EXTRA LEVEL OF BUREAUCRACY DID NOT SEEM NECESSARY AND THERE WERE REPORTS OF SOME CONFLICTS.
THE EIGHTIES

EDUCATION

ORIENTATION

HRS ORIENTATION WAS THE RESPONSIBILITY OF THE ASSISTANT SECRETARY FOR ADMINISTRATION. ORIENTATION TO THAT UNIT MEANT ACQUAINING NEW PERSONNEL WITH THE NATURE, POLICIES AND REGULATIONS OF THE DEPARTMENT. PERSERVICE EDUCATION DEALT WITH THE SERVICES PROVIDED BY THE RESPECTIVE PROGRAM OFFICES. GUIDELINES AND POLICIES FOR THE PREPARATION OF NURSES NEW TO PUBLIC HEALTH WAS THE RESPONSIBILITY OF THE NURSING OFFICE. AS TIME WENT BY, THE ORIENTATION MANUAL CONTINUING EDUCATION MANUAL PART I WRITTEN IN 1975 WAS IN SERIOUS NEED OF REVISION AND UPDATING. ALSO, PART II DEALING WITH SUPERVISION NEEDED TO BE WRITTEN. A COMMITTEE WAS APPOINTED TO ACCOMPLISH THAT TASK. THERE WERE DIFFICULTIES IN SETTING UP MEETINGS FOR THIS GROUP AND THE TASK WAS AWESOME. CONSEQUENTLY, A CONTRACT WAS DEVELOPED WITH DR. ELIZABETH GULTITZ, A NURSE EDUCATOR FROM THE SCHOOL OF PUBLIC HEALTH IN THE UNIVERSITY OF SOUTH FLORIDA, TO DEVELOP A COMPREHENSIVE ORIENTATION PROGRAM.

CONTINUING EDUCATION

CONTINUING EDUCATION WAS OFFERED IN A VARIETY OF WAYS. THE STATE AND DISTRICT CONSULTANTS WERE MAINLY RESPONSIBLE FOR IDENTIFYING NEEDS FOR CONTINUING EDUCATION FOR THE NURSING STAFFS AND OFTEN WERE RESPONSIBLE FOR TEACHING SOME OF THE CONTENT. IN ADDITION, THE STATE OFFICE OFFERED A VARIETY OF PROGRAMS TO KEEP THE NURSES UP TO DATE. HOWEVER, SINCE CONTINUING EDUCATION CREDITS WERE REQUIRED FOR RELICENSURE, MANY NURSES ATTENDED COURSES OF THEIR OWN CHOICE. SOMETIMES THE AGENCY WOULD REFUND THEIR EXPENSES. THE FLORIDA NURSES ASSOCIATION AS THE EMPLOYEE REPRESENTATIVE WAS SUCCESSFUL IN GETTING A SIZEABLE FUND FROM THE LEGISLATURE TO FINANCE CONTINUING EDUCATION FOR ALL OF THE EMPLOYEES THEY REPRESENTED.

RELATIONSHIPS BETWEEN THE PUBLIC AND PRIVATE UNIVERSITIES AND THE STATE NURSING OFFICE ADVANCED OVER THIS DECADE. THE EDUCATIONAL NEEDS OF THE PUBLIC HEALTH NURSING COMMUNITY WAS INCREASINGLY EVIDENT TO THE EDUCATORS. GRADUATE COURSES IN PUBLIC HEALTH ADMINISTRATION WERE OFFERED IN TALLAHASSEE BY THE UNIVERSITY OF SOUTH FLORIDA COLLEGE OF PUBLIC HEALTH. EVENING AND WEEKEND COURSES WERE MADE AVAILABLE TO WORKING NURSES THROUGHOUT THE STATE. NURSES ENGAGED IN SERVICE WERE GIVEN ADJUNCT FACULTY POSITIONS AND EDUCATORS WERE WELCOMED IN THE HEALTH UNITS. SEVERAL UNIVERSITIES OFFERED MASTER'S DEGREES IN COMMUNITY HEALTH NURSING AND DOCTORAL DEGREE PROGRAMS IN NURSING WERE AVAILABLE IN MIAMI AND GAINESVILLE.

THE EDUCATION SERVICE FORUM WHICH HAD IDLED BY THE WAYSIDE DURING THE 70'S WAS REVITALIZED. PUBLIC AND PRIVATE UNIVERSITIES BECAME INVOLVED. IN 1984, FIVE UNIVERSITIES AND THREE PUBLIC
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HEALTH UNITS FORMED A PARTNERSHIP CALLED THE SOUTHEAST FLORIDA PUBLIC HEALTH NURSING EDUCATION AND SERVICE CONSORTIUM. THEY WORKED TOGETHER TO IDENTIFY EDUCATIONAL NEEDS AND DEVELOP PROGRAMS TO MEET THOSE NEEDS. COMMUNICATION AMONG THE MEMBERS IMPROVED MARKEDLY, MISUNDERSTANDINGS AND MISCONCEPTIONS WERE CLARIFIED, EDUCATIONAL PROGRAMS WERE TARGETED TO THE INTEREST OF THE GROUP, AND CLINICAL EXPERIENCES OF THE NURSING STUDENTS WERE ENHANCED.

THE SERVICE-EDUCATION FORUM PRECEDED THE ANNUAL C.A.S.E. CONFERENCE. ATTENDANCE SWELLED EACH YEAR FROM BOTH EDUCATIONAL AND SERVICE AGENCIES. EDUCATORS TOOK AN ACTIVE ROLE IN C.A.S.E., SERVED AS OFFICERS, AND HAVE BEEN HONORED FOR THEIR ACHIEVEMENTS AND CONTRIBUTIONS TO PUBLIC HEALTH NURSING.

CONFERENCES

C.A.S.E. CONFERENCE HAD BECOME A MUCH MORE ASSERTIVE, ACTION ORIENTED ASSEMBLY DURING THE 80'S. THEY NOT ONLY IDENTIFIED PROBLEMS BUT WORKED TO FIND RESOLUTIONS AND COMMUNICATED THEIR RECOMMENDATIONS TO HRS EXECUTIVES. THEIR POWER AS THE LEADERS OF THE LARGEST NUMBER OF HEALTH CARE PROVIDERS IN THE SYSTEM WAS RECOGNIZED BY HRS EXECUTIVES AND, MORE IMPORTANTLY, BY THE NURSES THEMSELVES. SOME OF THEIR DECISIONS AND ACTIONS HAVE BEEN DESCRIBED IN OTHER PARTS OF THIS CHAPTER. HOWEVER, THE DAY WHEN THEIR POWER WAS MOST CLEARLY EVIDENT WAS THE DAY THEY DECIDED THAT PUBLIC HEALTH NURSES WOULD NO LONGER GIVE MEDICATIONS UNLESS A DOCTOR WAS PRESENT.

THE EIGHTIES

IN PAST YEARS, THE FLORIDA PUBLIC HEALTH ASSOCIATION (FPHA) HAD HONORED METTINGER, MATHISON, READING AND WENNLUND BY PRESENTING THEM WITH THE MERITORIOUS SERVICE AWARD. THIS DECADE SAW MARY JANE RUNNING RECOGNIZED FOR HER CONTRIBUTION TO PUBLIC HEALTH AND QUALITY ASSURANCE BY PRESENTING HER WITH THE MERITORIOUS SERVICE AWARD. MANY NURSES IN FLORIDA WERE RECIPIENTS OF THIS AWARD AND ARE LISTED IN THE FPHA PROGRAM HISTORY. LASTLY, IN 1987, WENNLUND WAS HONORED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION PUBLIC HEALTH NURSING SECTION AS THE RECIPIENT OF THE RUTH B. FREEMAN AWARD IN RECOGNITION OF A DISTINGUISHED CAREER IN PUBLIC HEALTH NURSING.

SUMMING UP THE EIGHTIES

LOOKING OVER THE CONTINUING BOMBARDMENT OF CHANGE (WE’VE BEEN THROUGH FIVE HRS SECRETARIES AND FIVE STATE HEALTH OFFICERS IN TEN YEARS), WE MUST BE THE MOST ADAPTABLE PEOPLE ON EARTH. NO ONE SAYS IT BETTER THAN Verna Horne, THE NURSING DIRECTOR OF HAMILTON COUNTY:

WE HAVE SURVIVED CHANGING FROM TRADITIONAL PUBLIC HEALTH DEPARTMENTS TO PUBLIC HEALTH UNITS -- FROM PUBLIC HEALTH NURSES TO COMMUNITY HEALTH NURSES. IN A SENSE, IT IS NICE TO KNOW THE PEOPLE THINK OF US AS THEIR COUNTY HEALTH NURSES. THIS HAS A TENDENCY TO STABILIZE THE SITUATION AND KEEP IT IN ITS PROPER PERSPECTIVE. "THIS TOO SHALL PASS". IT IS INTERESTING THAT WE KEEP RE-INVENTING THE WHEEL AND THAT EACH NEW ADMINISTRATION "FINDS" ALL THESE "NEW" PHILOSOPHIES. THANK GOODNESS WE HAVE BASIC STANDARDS OF NURSING TO ANCHOR TO IN THESE RAPIDLY CHANGING TIMES. ADAPTABILITY IS THE KEY TO SURVIVAL.

JULY 1, 1989, WENNLUND RETIRED AND WAS FOLLOWED BY RUNNING WITHIN SIX MONTHS. KATHERINE MASON WAS APPOINTED DIRECTOR OF NURSING AND QUALITY ASSURANCE SOON AFTER WENNLUND’S DEPARTURE. AND SO WE FACE THE 90’S.
CHAPTER NINE

NEW BEGINNINGS

THE PAST IS PROLOGUE. WILLIAM SHAKESPEARE

THE LAST DECADE OF THIS CENTURY BEGAN WITH A NEW CAST OF CHARACTERS BUT OLD PROBLEMS. REORGANIZATION, MONEY WOES, EPIDEMICS, AND NUMEROUS MOTHERS AND INFANTS AT RISK. THE U.S. SURGEON GENERAL'S HEALTH GOAL STATEMENTS AS DEFINED IN HEALTHY PEOPLE 2000 SETS THE AGENDA FOR STATE AND LOCAL HEALTH AGENCIES, BOTH PUBLIC AND PRIVATE. HEALTH EDUCATION AND INFORMATION IS BROADLY PROMOTED BY THE PRESS AND TELEVISION MEDIA. HOWEVER, SERVICE NEEDS STILL OUTSTRIP THE RESOURCES TO MEET THEM.

SERVICES AND PROGRAMS

CHILD HEALTH


MATERNAL AND INFANT CARE

GOVERNOR CHILES IS A STAUNCH SUPPORTER OF MATERNAL AND INFANT HEALTH SERVICES. HEALTHY START, A STATEWIDE INITIATIVE, WAS ENACTED INTO LAW TO INCREASE ACCESS AND IMPROVE SERVICES TO MOTHERS AND INFANTS. FAMILY HEALTH SERVICES IS ASSIGNED TO ADMINISTER THE PROGRAM, TO MANAGE THE DELIVERY OF SERVICES, AND REACH ESTABLISHED GOALS. THE PROGRAM INCLUDES CASE MANAGEMENT, PRENATAL AND POST NATAI RISK ASSESSMENTS AND SCREENINGS, AND CASE COORDINATION. CASE FINDING, COMMUNITY INVOLVEMENT, HOME VISITING, AND INTERACTION WITH HOSPITALS AND OTHER HEALTH CARE PROVIDERS ARE INCORPORATED INTO THE SERVICES OF THIS PROGRAM.

SCHOOL HEALTH

SCHOOL HEALTH SERVICES CONTINUE WITHOUT A BROAD BASED
NEW BEGINNINGS

APPROPRIATION OF FUNDS TO PROVIDE THE FULL RANGE OF SERVICES INCLUDED IN THE SCHOOL HEALTH SERVICES ACT. HOWEVER, COUNTIES DO RECEIVE GRANTS FOR SCHOOL BASED HEALTH PROJECTS. THERE IS GROWING RECOGNITION OF THE VALUE OF HEALTH SERVICES TO THE STUDENT AND TO REACHING EDUCATIONAL GOALS.

MIDWIFERY

NURSE-MIDWIFE SERVICES ARE WIDELY AVAILABLE IN THE STATE, ALTHOUGH THE AMBULATORY BIRTH CENTER AS AN ALTERNATIVE TO HOME BIRTHS HAS NOT GROWN AS QUICKLY AS ANTICIPATED. AFTER TEN YEARS OF CONTROVERSY, THE LAY MIDWIFE LICENSURE BILL WAS PASSED AND SIGNED INTO LAW. AN ELDERLY MIDWIFE, WHOSE LICENSE HAD BEEN REVOKED, WAS RELICENSED AFTER PROLONGED LEGAL HEARINGS AND APPEALS.

COMMUNICABLE DISEASE

THE INCIDENCE OF TUBERCULOSIS IN FLORIDA IS ONE OF THE HIGHEST IN THE NATION. WHILE THE INCIDENCE IS GREATEST AMONG THE HOMELESS, DRUG USERS, ALCOHOLICS, AND THOSE WITH AIDS, IT IS NOT CONFINED TO THOSE POPULATIONS. RECENT OUTBREAKS IN SCHOOLS AND ON CRUISE SHIPS HAVE BEEN REPORTED.

SEXUALLY TRANSMITTED DISEASES, AIDS AND HIV INFECTIONS CONTINUE TO ESCALATE IN FLORIDA. AGAIN, FLORIDA HAS ONE OF THE HIGHEST INCIDENCE IN THE NATION. NURSES ARE INVOLVED IN THE WIDE SCALE EFFORTS TO DETECT, TREAT, AND PREVENT THESE DISEASES THROUGHOUT THE STATE.

STAFFING


THE MEAN STATEWIDE VACANCY RATE FOR THE NURSING POSITIONS IN THE COUNTY PUBLIC HEALTH UNITS WAS 29 PERCENT. THE RATE AMONG R.N.'S WAS 23 PERCENT, 31 PERCENT AMONG CHN'S, AND 30 PERCENT AMONG NURSE PRACTITIONERS. THE VACANCY RATES OF CHN POSITIONS VARIED FROM 16 PERCENT IN DISTRICT 1 TO 47 PERCENT IN DISTRICT 6.

WORKLOAD STANDARDS WERE DEVELOPED BY THE NURSING AND QUALITY ASSURANCE OFFICE TO DETERMINE THE NUMBER OF NURSES NEEDED TO
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PROVIDE SERVICES FOR SPECIFIC GROUPS OF PATIENTS. THE STANDARDS ARE DERIVED FROM A FORMULA WHICH INCORPORATES THE FOLLOWING FEATURES: WORKLOAD VARIABLES; PATIENT CLASSIFICATION MODELS; MODELS OF QUANTIFYING NURSING TIME; METHODS OF DETERMINING DIRECT/INDIRECT TIME; AND THE METHODS OF DETERMINING FREQUENCY OF SERVICES. SERVICE REPORTS INDICATE THAT THE NUMBER OF NURSE/PATIENT CONTACTS HAS INCREASED 38 PERCENT BETWEEN 1984 AND 1989. THE NUMBER OF NURSING POSITIONS IN THAT SAME TIME PERIOD INCREASED ONLY 19 PERCENT.

ORGANIZATION

THE STATE NURSING OFFICE HAD BEEN EXPANDED TO INCORPORATE RESPONSIBILITY FOR THE STATEWIDE QUALITY ASSURANCE PROGRAM. THIS SEEMS TO BE PARTICULARLY FITTING SINCE THE ASSURANCE OF QUALITY CARE HAS BEEN THE CONTINUING MISSION OF THE STATE PUBLIC HEALTH NURSING STAFF SINCE ITS CREATION IN 1921. THERE ARE PRESENTLY NON-NURSES ON THE STAFF TO ACCOMMODATE THE BROADER SCOPE OF THE PROGRAMS AND SERVICES TO BE EVALUATED IN THE QUALITY ASSURANCE PROGRAM. IN ADDITION TO THE STATE NURSING DIRECTOR'S STAFF, THERE ARE ALSO FIFTEEN NURSES IN ADMINISTRATIVE OR CONSULTATION POSITIONS IN FAMILY HEALTH SERVICES WHO ARE NOT ACCOUNTABLE TO THE STATE DIRECTOR OF NURSING. THE AGENDA FOR THE 1990 STATE NURSING LEADERSHIP CONFERENCE INDICATES THAT THEIR WORK RESPONSIBILITIES INCLUDE ESTABLISHING STANDARDS FOR NURSING PRACTICE IN THE RESPECTIVE SPECIALTY AREAS TO WHICH THEY ARE ASSIGNED. ALTHOUGH THE TWO NURSING GROUPS MAY WORK CLOSELY TOGETHER, COORDINATING EVERY ASPECT OF THEIR EFFORTS, THE AUTHORITY OF THE NURSING DIRECTOR OVER NURSING PRACTICE IS DIMINISHED WHEN THE RESPONSIBILITY IS DIVIDED.

IMPRESSIONS


CASE MANAGEMENT IS A POPULAR CATCH PHRASE IN THE 90'S. HOWEVER, THE PURPOSES AND METHODS OF CASE MANAGEMENT IN A PUBLIC HEALTH SYSTEM HAVE YET TO BE DETERMINED. WHEN THAT ISSUE IS RESOLVED, THEN WE CAN ADDRESS THE QUESTION OF WHO SHOULD BE THE CASE
NEW BEGINNINGS

MANAGER. PUBLIC HEALTH NURSES ARE COMMONLY, BUT NOT EXCLUSIVELY, CONSIDERED TO BE THE MOST LIKELY CASE MANAGER. HOWEVER, PARAPROFESSIONALS AND OTHERS ARE SOMETIMES GIVEN THIS RESPONSIBILITY.

CASE FINDING, ONE OF THE CORE PUBLIC HEALTH NURSING SERVICES, WAS Seldom HEARD DURING THE 80’S. THE ORGANIZATIONAL PATTERNS WHICH NO LONGER ASSIGNED SECTIONS OF THE COMMUNITY TO A PUBLIC HEALTH NURSE AND THE OVERWHELMING CLINIC WORKLOADS HIBITED THE CREATIVITY AND FREEDOM OF THE PUBLIC HEALTH NURSES TO BE EFFECTIVE CASE FINDERS, TO BE RESPONSIBLE FOR AND FAMILIAR WITH A COMMUNITY AND ITS NEEDS, TO HAVE THE TIME TO DEVELOP RESOURCES WITHIN THE COMMUNITY TO SERVE AND PROTECT THE HEALTH NEEDS OF ITS RESIDENTS. "HEALTHY START" SHOULD HELP TO RESTORE THIS CRITICAL FUNCTION TO PUBLIC HEALTH NURSING PRACTICE.


THE PUBLIC HEALTH NURSE ENTERS MOST INTIMATELY INTO THE LIVES OF THE PEOPLE, GAINS THEIR CONFIDENCE, AND INTERPRETS THE PURPOSES AND FUNCTIONS OF THE LOCAL HEALTH ORGANIZATION TO EVERYONE IN THE COMMUNITY. HER SERVICES ARE INDISPENSABLE TO CONSTRUCTIVE PUBLIC HEALTH WORK.
ROSTER OF PUBLIC HEALTH NURSING LEADERS IN FLORIDA

MANY NURSES HAVE CONTRIBUTED TO THE DEVELOPMENT OF PUBLIC HEALTH NURSING IN FLORIDA. THE FOLLOWING PERSONS HAVE HELD STATEWIDE POSITIONS OR LEADERSHIP ROLES IN LOCAL OR STATE AGENCIES. IT IS NOT A COMPLETE LIST SINCE SOME RECORDS WERE INCOMPLETE OR INACCESSIBLE.

SOME NAMES ARE LISTED MORE THAN ONCE AS THE PERSON'S POSITION CHANGED AS A RESULT OF PROMOTION, REORGANIZATION OR PERSONAL CHOICE.

STATE NURSING DIRECTORS

RUTH METTINGER 1921 - 1963
ENID MATHISON 1963 - 1970
SADIE READING (ACTING) 1970
JANE MILCOX 1971 - 1974
SADIE READING (ACTING) 1974
DOLORES WENNLUND 1974 - 1989
KATHERINE MASON 1989 - PRESENT

ASSISTANT STATE NURSING DIRECTORS

JOYCE ELY 1931 - 1947
SADIE READING 1964 - 1980
MARY JANE RUNNING 1980 - 1989
DIANE SPEAKE 1990 - PRESENT

DISTRICT NURSES


EULA LEE PASCHAL WESTERN DISTRICT
HARRIET J. SHERMAN SOUTHWESTERN DISTRICT
FRANCES HERNDONE EAST COAST (TRANSFERRED IN 1915)
IRENE FOOTE EAST COAST
MARY J. SPENCER CENTRAL
LYDIA L. KIRK WEST CENTRAL
SUSAN VOORHEES NORTH CENTRAL
ELSIE L. FORREST MADISON (RESIGNED NOV. 1916)
MARY ELEANOR ROACH SOUTH EAST COAST
F.A. SCOTT LAKE CITY
RHEA H. LEE LAKELAND
JESSIE WHEELER SANFORD
LOTTIE CULP GANTT TAMPA

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ROSTER OF LEADERS

STATEWIDE SUPERVISORS AND CONSULTANTS

DURING THE FORMATIVE YEARS OF PUBLIC HEALTH NURSING IN FLORIDA, STATE EMPLOYED NURSES WERE ASSIGNED TO DISTRICTS AND RURAL AREAS TO PROVIDE SUPERVISION AND GUIDANCE TO LOCAL NURSING SERVICES.

MARGARET DUFFEY
LAURA JEAN REID
ANNIE GABRIEL
JOYCE ELY
LALLA MARY GOGGANS
MARY G. DODD
JULIA O. GRAVES
Sheppard-Towner Program, 1921
" " "
Ft. Pierce 1920's
Jacksonville
Jacksonville
Starke
Tampa

THE FOLLOWING NURSES PROVIDED BOTH GENERALIZED PUBLIC HEALTH NURSING SUPERVISION AND CONSULTATION TO A SPECIFIC NUMBER OF ASSIGNED COUNTIES IN ADDITION TO A STATEWIDE RESPONSIBILITY FOR A SPECIALTY AREA OF NURSING.

GENEVIEVE R. SOLLER
JOHANNA L. SOGAARD
FERNE BRITT
SALLY EHLERS
ETHEL KIRKLAND, CNM
ENID MATHESON
ORA BOHLEY
SADIE READING
DOROTHY HILDEBRAND
PATRICIA McMULLEN
INEZ GASTON
RUTH GAGE
MARION CAHILL
ELLEN KINSELLA
DOLORES WENNLUND
IONA PETTENGILL
GRACE DONOVAN
GLADYS WYMAN
ALMA VAUSE, CNM
MARY ELIZABETH JONES
DORIS GLICK
MARGARET AWAD
CHARLOTTE BOORDE
CLARA ALLEN
Marilyn MAUD
TERRY BROADWAY
MITZIE DATRES
GENERAL CONSULTATION
GENERAL CONSULTATION
NURSING HOMES
NURSING HOMES
MIDWIFERY
CONTINUING EDUCATION
HOSPITAL COORDINATION
ORIENTATION
HOME HEALTH
REHABILITATION
MENTAL RETARDATION
ADULT HEALTH & CHRONIC DISEASE
MIGRANT HEALTH
CHILD AND SCHOOL HEALTH
CHILD AND SCHOOL HEALTH
MATERNAL HEALTH & FAMILY PLANNING
COMMUNICABLE DISEASE & EPIDEMIOLOGY
MATERNAL AND INFANT HEALTH
MIDWIFERY
CHILD AND SCHOOL HEALTH
ADULT HEALTH AND CHRONIC DISEASE
GERONTOLOGY
CHILD AND SCHOOL HEALTH
MENTAL HEALTH
QUALITY ASSURANCE
QUALITY ASSURANCE
QUALITY ASSURANCE

THE FOLLOWING NURSE CONSULTANTS WERE ASSIGNED TO THE BUREAU OF MATERNAL HEALTH PRIOR TO THE 1975 REORGANIZATION:

RAMONA EDWARDS
BETTY BRADBURY
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

THE FOLLOWING NURSE CONSULTANTS WERE ASSIGNED TO THE OFFICE OF HOSPITAL AND NURSING HOME LICENSURE PRIOR TO THE 1975 REORGANIZATION:

MARGERY AIRD
VICTORIA CANETTO
BARBARA FINGER
LOUISE FLOWERS
MARY ANNE JUDKINS
DOROTHY STRATTON
BETSY WHIDDON

THE FOLLOWING NURSE CONSULTANTS WERE ASSIGNED TO THE PERSONAL HEALTH OFFICE PRESENTLY CALLED FAMILY HEALTH SERVICES:

DONNA BARBER ADMINISTRATOR
ROBBIE FIORE FAMILY PLANNING
JODY BLALOCK MATERNAL/CHILD HEALTH
PATRICIA RITCHIE CHILD HEALTH
SANDRA KELSEY CHILD & SCHOOL HEALTH.
SYLVIA BIRD SCHOOL HEALTH
JEAN BATTAGLINI CHILD HEALTH
ANNE RICHTER, CNM MIDWIFERY
ANNETTE TOWNSEND ADMINISTRATOR, POLICY & PROGRAM DEV.
KARLA SCHMITT FAMILY PLANNING, WOMEN’S HEALTH
PAULA SCHNEIDER SCHOOL HEALTH
VICKEY PRYOR GENERAL CONSULTATION
PEGGY STAFFORD MATERNAL CHILD HEALTH
CINDY STUDNICK LEWIS CHILD HEALTH
LISA GOROSPE GENERAL CONSULTATION
GIGI FOSTER GENERAL CONSULTATION

SANDRA SCHEOFNISCH WAS ASSIGNED TO THE OFFICE OF CHRONIC DISEASE CONTROL AND IS PRESENTLY THE ADMINISTRATOR OF THE AIDS PROGRAM.

DISTRICT NURSING CONSULTANTS

AN ASTERISK DESIGNATES THOSE NURSE CONSULTANTS WHO WERE ASSIGNED TO DISTRICT OFFICES BUT WERE SUPERVISED BY THE STATE NURSING OFFICE. SEVERAL OF THE CONSULTANTS WERE ASSIGNED TO MORE THAN ONE DISTRICT, IN THOSE INSTANCES, THEIR NAME IS LISTED UNDER ALL DISTRICTS TO WHICH THEY WERE ASSIGNED. IN OTHER INSTANCES, THE CONSULTANT TRANSFERRED FROM ONE DISTRICT TO ANOTHER.

DISTRICT 1
IONA PETTENGILL*
CHARLOTTE BOORDE*
MARGARET GOLDEN
MARGE SHIMMIN

DISTRICT 2
IONA PETTENGILL*
DORIS PARRAMORE
ROSTER OF LEADERS

DISTRICT 3
MARION CAHILL*
MARY ELIZABETH JONES
SABLE BOLLING
MARY FAITH PATTERSON

DISTRICT 4
MARY ELIZABETH JONES*
MARION CAHILL 1978 - 1984
CHARLOTTE BOORDE 1984 - 1989
JOSEPHINE CANDELA 1989 - 1990
KATHY RUDIN 1990 - 1991

DISTRICT 5
ALMA VAUSE *
CARRIE NERO

DISTRICT 6
ALMA VAUSE *
CARRIE NERO
JOHNNA DETTES

DISTRICT 7
MARY ELIZABETH JONES *

DISTRICT 8
ALMA VAUSE *
PATRICIA SIEBERT
SR. BERNICE BUCKLEY (MATERNITY)
KATHERINE MASON
JOHNNA DETTES
SUSAN CRAY

DISTRICT 9
MARY ELIZABETH JONES *
JAQUELINE CHESNEY
JUNE CHERYL ELDER

DISTRICT 10
GRACE DONOVAN *
MARKEAN HORTON (PRIMARY CARE)

DISTRICT 11
GRACE DONOVAN
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

COUNTY NURSING DIRECTORS

PRIOR TO THE 1975 REORGANIZATION OF HRS, CHIEF NURSES IN THE SMALL OR RURAL COUNTIES WERE NOT CLASSIFIED AS NURSING DIRECTORS BUT RATHER AS SUPERVISOR OR PUBLIC HEALTH NURSE ACCORDING TO THE POPULATION OF THE COUNTY, THE NUMBER OF STAFF, AND BUDGET OF THE HEALTH DEPARTMENT. IN VERY SPARSELY POPULATED COUNTIES, THERE WAS OFTEN ONLY ONE NURSE APPOINTED. THOSE NURSES ARE LISTED AMONG THE FOLLOWING. ALSO LISTED ARE THOSE NURSES WHO SERVED IN AN "ACTING" CAPACITY AS NURSING DIRECTOR. WHEN KNOWN, THE TERM OF THEIR TENURE IN OFFICE IS NOTED.

ALACHUA
BERTHA JOHNSTON
NAN RICHARDSON
LOUISE KINCAID
FLORIENE MARSHALL
VELMA DECKER
FAYE THOMAS 1976 - 1989
JEAN MUNDEN 1989 - PRESENT

BAKER
BERTHA WOLFE 1945 - 1968
ELIZABETH HARDEN 1968 - 1991
KERRY DUNLAVEY 1991 - PRESENT

BAY
COLLIE PITTS MAR. 1954 TO NOV. 1966
NAN RICHARDSON JUNE 1967 - DEC. 1976
EARLINE GIBBONS JAN. 1977 - PRESENT

BRADFORD
ARLIN MCKNIGHT 1947 - 1975
JOYCE RIERD 1975 - 1985
GLOIA KING 1986 - 1991
WANDA NORMAN 1991 - PRESENT

BREVARD
JULIA IRENE LAW JUL. 1965 - MAR. 1984
ELLEN SIMMONS 1984 - PRESENT

BROWARD
NETTA KESSLER 1941 - 1956
HAZEL OWEN ? - 1966
MYRA LENTZ 1966 - 1977
CORA Braynon 1977 - PRESENT

CALHOUN
FRAN MAYO 1963 - 1987
LINDA ELDRIDGE 1987 - PRESENT

CHARLOTTE
LORRAINE HAUk
CATHERINE EASTWOOD 1969 - 1970
RUTH ADAMS 1989 - PRESENT

CITRUS
CALLIE MAE GLASCO 1960 - 1990
MARY BETH NAYFIELD 1990 - PRESENT

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<table>
<thead>
<tr>
<th>Location</th>
<th>Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dixie</td>
<td>Charlotte Liles 1956 - 1986, Linda Hatch 1986 - Present</td>
</tr>
<tr>
<td>Duval</td>
<td>Lucy Knox Mcgee; City 1940, Kay Ard Schultz; County 1953, Idal McRoberts, Jax City, Pearl Miles; County, Louise Ewert, Jax City, Winifred Rivers 1974 - 1987, Nancy Teufen 1987 - Present</td>
</tr>
</tbody>
</table>
ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

FLAGLER
LOUISE TAYLOR 1960 - 1961
MARGARET TAYLOR 1961 - 1975
LOLA TAYLOR 1975 - 1985
JUNE SMITH 1985 - PRESENT

NOTE: NONE OF THE TAYLORS WERE RELATED.

FRANKLIN
ELVESTER WALL 1946 - 1976
RUTH WADE 1976 - PRESENT

GADSDEN
AUDREY HANCOCK 1933 - 1970
MEREDIETH MARTIN 1971 - PRESENT

GILCHRIST
SALLY BURROUGHS 1972 - 1979
JOANNA THOMAS 1980 - 1990
JANA LAND 1991 - PRESENT

GLADES
MARGARET MORGAN 1947 - 1971
CLAUDIA WILSON 1971 - PRESENT

GULF
ENID MATHISON 1936 - 1948
HELEN COOK SALIBA 1945 - 1946
COLLIE PITTS 1946 - 1947
RUBY GILBERT (WEWAHITCHKA) 1948 - 1978
ROBERTA HARDEN 1959 - 1987
DONNA DREW 1987 - PRESENT

HAMILTON
RUTH ELLIOT 1937 - 1945
OLIVE WAKEFIELD 1945 - 1948
PAULINE KALMAR 1948 - 1955
DOROTHY KOMP 1955 - 1957
HANNAH BLAND 1957 - 1962
DOROTHY CONNOLLY 1962 - 1975
SARAH BURROUGHS 1972 - 1979 (JOINT APT)
VERNA HORNE 1982 - PRESENT

HARDEE
HELEN MANCINI 1947 - 1979
MARIAN RATLIFFE 1980 - 1987
MARSHA WYNN CARLTON 1987 - PRESENT

HENDRY
CLAUDIA WILSON (JOINT APPT. 1971-1992

HERNANDO
VIRGINIA SPRINGER 1950 - 1953
NELLIE CUTTS 1953 - 1969
YVONNE ZIMMERMAN 1969 - 1990
PATRICIA ARICK 1990 - PRESENT

HIGHLANDS
LUCILLE RANKIN 1962 - 1970
FRANCES STEVENS 1970 - 1973
JOAN ENDICOTT 1979 - PRESENT

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ROSTER OF LEADERS

HILLSBOROUGH
MS. PERKINS 19(?) - 1945
JEAN MARTIN MOORE 1949 - 1955
MARY JANE RUNNING 1955 - 1956
MARTHA LONG 1973 - 1984
BARBARA THACKERAY 1984 - 1988
CAROLYN EVERS 1989 - PRESENT

HOLMES
GERTRUDE LEE 1960 - 1982
NORMA SIMS 1982 - PRESENT

INDIAN RIVER
ALICE HELLESO
BILLIE HAMMILL 1957 - 1984
GERTRUDE (TRUDI) MAURER 1984 - 1991
JEAN KLINE 1991 - PRESENT

JACKSON
MARGARET COINS 1935 - 1936
MYRTLE CONQUISI 1937 -(19?)
ALMA WANDECK 1939 - 1958
NAN RICHARDSON 1958
STATIRA SWEENEY 1958 - 1985
TOI MORSE 1985 - PRESENT

JEFFERSON
JUNE RICHARDS 1960 - 1970
GRACE STRUPEP 1970'S
GEORGIANA STRICKLAND 1977 - 1980
PATRICIA NEWELL 1980 - 1990
CAROL PICKLE 1990 - PRESENT

LAFAYETTE
LOLA WEAVER 1946 - 1951
MISS STUART
THELMA ENGLISH
DORENE FULMER 1964 - 1966
BONNIE MORRIS
JUDY MULLINS
JOYCE SCOTT
MARTHA STUBBS WINN 1970 - 1972
PATRICIA WINBURN JONES 1972 - 1975
WANDA CROWE 1975 - PRESENT

LAKE
CELIA O'BERRY
MARY BLUNDELL
MERLE TODD MCDONELL 1974
BETTY SULLIVAN 1978 - 1983
MARY ZINION 1984 - 1990
MYRNA COULSON 1990 - PRESENT

LEE
PEGGY WILLIS 1951
POLLY HARRIS 1955 - 1958
MARY KATHERINE WADE 1958 - 1959
ESTHER PRITCHARD 1959 - 1964
SARA (SALLY) BURROUGHS 1964 - 1965

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ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

LEE (CONTINUED)
BESSIE FOWLER 1965 - 1988
KATHERINE WEBSTER MASON 1988
MARY ALLISON 1988 - PRESENT

LEON
MERCEDES MURPHY
LUCY GODDERT 1940'S
EMMA OLSON 1950'S
LAURA LEE 1950'S
CELIA LINK 1958 - 1963
MONA SHARP 1963
HARRIET BROOKS 1963 - 1977
CLAUDETTE SOLANO 1979 - 1988
MARY WEGMAN 1988 - PRESENT

LEVY
MINNIE RADACKY 1967 - 1979
JUNE BOGOSTA 1979 - 1982
BARBARA LOCKE 1982 - PRESENT

LIBERTY
JUNE GLASS 1984 - PRESENT

MADISON
BERENICE MERCER
GRACE STRUPP 1970'S
PATRICIA NEWELL (JOINT APPT. WITH JEFFERSON)
CAROL PICKLE 1990 - PRESENT

MANATEE
IRENE FITZGERALD 1960 - 1962
DORIS RIGGS 1962
ORA G. BOHLEY 1963
HAZEL OWEN 1963
CHARLOTTE LEIGHTON BOORDE 1966 - 1973
HILDA WALDEN 1973 - 1974
ALMA WELCH 1974 - 1980
JUDY ESACHENKO 1980 - 1986
DEBORAH HEALEY 1986 - 1992
ALICE GROSS 1992 - PRESENT

MARION
RUTH MEFFERT 1948 - 1970
CATHERINE EASTWOOD 1970 - 1990
ANN ALLEN 1990 - PRESENT

MARTIN
MARION TSCHISCHEK
BARBARA BITZKOWSKI 1968 - 1982
MARY LOU SMITH 1982 - 1985
BETTY KROESEN 1985 - 1989
LEE NEELY 1989 - 1991
LINDA RYAN 1991 - PRESENT

MONROE
JEANNETTE SAWYER 1965 - 1971
AMELIA PENT 1971 - 1975
RUTH KRAMER 1975 - 1976
SARA (SALLY) BURROUGHS 1976 - 1978
ROSTER OF LEADERS

MONROE (CONTINUED) 
MARYJAYNE HLADKY 1978 - 1981 
JEAN EASTON 1981 - 1987 
HELEN JOHNSON 1987 - 1991 
STEVE MASON 1991 - PRESENT

NASSAU 
IRENE FITZGERALD 
GERTRUDE BLATCHFORD 
BETTY COOKE 1974 - 1979 
RUTH ADAMS 1980 - 1989 
MARIE RILEY 1990 - PRESENT

OKALOOSA 
BARBARA LEWIS TOTTEN 1961 - 1980 
PEGGY COLLINS 1980 - PRESENT

OKEECHOBEE 
HALLIE THOMAS 1947 - 1965 
EPPIE ARNOLD 1965 - 1972 
MARY RUTLEDGE 1972 - 1987 
LINDA ROMPOT 1987 - PRESENT

ORANGE 
MARY RHODES 
RUTH YOUNG 
RUTH ROBERTS 
RUTH MILLER 
MARTY HORKINS 
RUBY DAVIS 1970 - 1972 
MERCEDESE CLARK 1972 - 1975 
ELLA PATTON 1975 - 1977 
RAE KELLEHER 1977 - 1985 
CLAUDINE LANGFORD 1985 - PRESENT

OSCEOLA 
ANNIE MAE QUIRK 1954 - 1976 
PAM TIFFANY 1976 - 1979 
DORIS DREWES 1979 - 1981 
NANCY AMRHEIN 1981 - PRESENT

PALM BEACH 
RUTH RANSON 1948 - 1949; 1955 - 1965 
MARY MATTHEWS 1950 - 1955 
VIOLET WILLIAMS 1965 - 1970 
MABEL JOHANNSON 1970 1981 
MARGERY LUND 1981 - 1986 
BETTY KILGORE 1986 - 1990 
CYNTHIA DENT-KENNEDY 1990 - PRESENT

PASCO 
LILLIE REVELL 19(?) - 1983 
PATRICIA IRWIN 1983 - 1984 
CONNIE PAYNE 1984 - 1991 
JUANITA HAINES 1991 - PRESENT

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ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

PINELLAS
MARThA stETson 1922 - 1956
Lois LEE 1956 - 1968
Barbara smITh 1968 - 1986
Muriel Latham 1986 - 1988
sara Potter 1988 - present

POLK
ClaIRE rEDFIELD 1948 - 1957
LucY GODDARD 1957 - 1958
Fern KinGham 1960 - 1972
Mary Jane runnIng 1972 - 1980
HeLEN BALKCOM 1980 - present

PUTNAM
NAOMI NICHOLSON 1949 - 1962
KATHERINE rUSS 1962 - 1969
OpAL LEE 1969 - 1975
PAULINE rOWLAND 1975 - 1985
MARTHA FOX 1985 - 1986
ShARRON ETHErIDGE 1986 - 1988
rON LUTZ 1988 - 1988
MarSHA DAvis 1988 - present

ST. JOHNS
JEANNE cOWNELL LorINGER 1960 - 1968
HAZEL MACFRIDRIES 1968 - 1971
ELSIE BRYANT 1971 - 1976
JOANNE DOHERTY 1976 - present

ST. LUCIE
ClARA L. PEABODY 1952 - 1982
LORETTA rITCHIE 1982 - 1986
SHIRLEY BARRETT 1987 - 1990
DIANE WALGREN 1991 - present

SANTA ROSA
GERTRUDE TEUSINK 1944-1965; 1967 - 1974
NaN rICHARDSON 1965 - 1967
FloRENCe CASH 1974 - 1979
kAY POWELL 1979 - present

SARASOTA
LOTTIE OLIVER 1945 - 1970
AGNEs NAUGHTON 1970
ROBERT SMITH 1970
DOroTHY TURNER 1970 - 1978
MARY ANN sTOEBER 1978 - 1979
JEAN EVORY 1979 - present

SEMINOLE
HiDLA KiBBE 1946 - 1950
GrACE FISHER 1950 - 1970
BeVERLy DEVONey 1970 - 1975
MARGARET MCGILL 1975 - 1980
BERNICE DUNCAN 1980 - present
ROSTER OF LEADERS

SUMTER
ANN FIELDS 1945 - 1982
JEANETTE ONKST 1982 - 1986
HELEN PENN 1986
ALANN KNIPP 1986 - PRESENT

SUWANNEE
DORIS PEEPLES 1951 - 1961
PRISCILLA MCLEAN 1962 - 1977
NICLES LEARY 1979 - 1984
NANCY MCCULLERS 1984 - 1986
MARJORIE BEAUCHAMP SMITH 1987 - 1989
NANCY SOLOMITO 1989 - 1991
WANDA CROWE 1991 - PRESENT

TAYLOR
GEORGIANA STRICKLAND 1964 - 1982
PATRICIA WINBURN JONES 1982 - PRESENT

UNION
ARLIN MCKNIGHT (JOINT APT) 1947 - 1975
EVELYN MANN 1975 - 1989
SALLY KELLER 1989 - PRESENT

VOLUSIA
OLIVE SEYMOUR 1953 - 1971
MARTHA CHENNAULT 1971 - 1982
SALLY SHELTON 1982 - 1987
SHIRLEY ROBERTS 1987 - PRESENT

WAKULLA
ELLINOR WOODLEY
EDITH COLBERT
ANITA TOWNSEND 1965 - 1989
AMY VAN ORMER 1989 - PRESENT

WALTON
ILENE BRAZIL
AGGIE BROWN
VELMA HESSLER 1949 - 1968
MARY SPENCE 1968 - 1985
GENEVIEVE CROCKER 1985 - PRESENT

WASHINGTON
SUSIE SPENCER 1920’S - 1930’S
ERMA DICKINSON 1930’S - 1946
VASHTI MCCLELLAN 1946 - 1970
RUTH HARRELL 1970 - 1975
PATSY JUSTICE 1975 - PRESENT

THE FOLLOWING NURSES SERVED AS ADMINISTRATORS IN THEIR ASSIGNED COUNTIES OR DISTRICT AS INDICATED:

MYRA LENTZ
NANCY MCCULLERS
CHARLOTTE BOORDE
BETTY KROESEN
SABLE BOLLING

DEPUTY DISTRICT 11 ADMINISTRATOR
COLUMBIA COUNTY PUBLIC HEALTH UNIT
HERNANDO COUNTY PUBLIC HEALTH UNIT
MARTIN COUNTY PUBLIC HEALTH UNIT
GILCHRIST COUNTY PUBLIC HEALTH UNIT

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ANNALS OF PUBLIC HEALTH NURSING IN FLORIDA

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