

# family health nurse educator



## Nurse Educator Checkpoint

Do you  
enjoy working  
directly with  
families?

Would  
you enjoy  
consulting and  
providing a  
coordination  
of services for  
a health  
department?

Are you  
interested in  
improving the  
health status  
of a local  
population of  
citizens?

Would you  
enjoy linking  
families to  
community  
resources that  
enhance their  
health status?

*If so, read on*

## A TRUE TALE

Patricia Raymond, RN, graduated from Rhode Island College in 1985. Before becoming a public health nurse, she worked in community hospitals and agencies. Eventually, she took a position at the Rhode Island Training School, the state's only juvenile correction facility, where she supervised and provided health care to incarcerated adolescents. That job taught her to think about population-based health care, and she decided to remain in public health. When a position at the Rhode Island Department of Health became available, Raymond was hired as a public health nurse in Children's Preventive Services in the Division of Family Health.



Patricia Raymond, RN

## Profiling the job

Patricia Raymond is a public health nurse as well as the clinical liaison for Children's

Preventive Services at the Rhode Island Department of Health (RIDOH). The RIDOH Division of Family Health has five subdivisions: the Adolescent and Young Adult Medical Advisory; Early Intervention Program; Women, Infants, and Children; Immunization for Children; and the Rhode Island Childhood Lead Poisoning Prevention Program. Raymond is active primarily in the Childhood Lead Poisoning Prevention, Immunization and Perinatal Hepatitis B Prevention programs.

Raymond's other responsibilities include conducting surveillance, tracking vaccine-preventable disease and follow-up of vaccine-adverse event reports, and promoting and developing lead screening and immunization programs for children and their families. She conducts classes in the education of health care professionals, school nurses and the public, including parents. Rhode Island has achieved very high rates of childhood vaccination and lead-toxicity testing. Raymond credits her state's continued success to the content of hers and other children's services, adult education classes, and especially to numerous partnerships among health care professionals, community-based organizations and state agencies. Without those collaborations, Raymond says, it would be difficult, if not impossible, to deliver a full range of services.

The Immunization and Lead Poisoning Prevention programs resemble a microcosm of the larger public health department and point out the myriad opportunities for people interested in working in Children’s Preventive Health Services. Each program comprises the following members:

- Program manager
- Public health advisor — on loan from the Centers for Disease Control and Prevention
- Vaccine manager
- Assessment coordinator
- Epidemiologist
- Case manager
- Data quality coordinator
- Health educator and outreach coordinator

While each of these positions requires its own training, Raymond believes a master’s degree in public health is beneficial to any one of them. “I am a registered nurse working on my MPH,” she says. “It’s not required for me, but the additional education can only enhance my performance in this field.”

In July 2000, Rhode Island was honored at the National Immunization Conference for having the second best childhood immunization coverage in the nation, with over 87 percent of the state’s children aged 19-35 months appropriately immunized.<sup>3</sup> “To make sure each child is up-to-date on immunizations, we have an assessment team that goes out to the schools, preschools, public and private health care providers and clinics to examine the records. The team enters this information into our database and we provide feedback to physicians on their immunization rates — specifically, which kids are up-to-date and which are lacking.”

### **The Rhode Island childhood lead poison prevention program**

More than 100 years after physicians first diagnosed lead poisoning in children, it remains a critical health issue.<sup>4</sup> The federal government banned lead paint in 1977 and the sale of leaded gasoline in 1990, but an inordinate number of potentially lethal lead-painted surfaces still exist in older homes



**Did you know?**  
Although lead paint for interior use was banned in Belgium, France and Austria in 1904<sup>1</sup>, the United States did not regulate lead paint use in residences until 1977.<sup>2</sup>



**Did you know?**  
According to a 1997 CDC report, average concentrations of lead in Americans' blood have declined approximately 80 percent since the late 1970s.<sup>6</sup>

and buildings across the country.<sup>5</sup> Most commonly, children develop lead poisoning from living or playing in such old homes, or where chipped paint leaves a residue of lead dust in the air. Lead can also reside in soil outside or around a house. “The frightening thing about environmental lead is that it is not usually something you can see,” she says. “And even more disturbing is the fact that it only takes a very small amount of lead dust to seriously poison a child. The most profoundly sad part of this situation is that childhood lead poisoning — the effects of which are long-term and irreversible — is completely preventable. This is why it is so important to institute and conduct educational programs that will raise awareness in every community across the country.”

There are four components to the Rhode Island Children’s Lead Poisoning Prevention Program (CLPPP): surveillance and blood workups for all children under age 6; case management of lead-poisoned children; inspections of the homes of children with high blood lead poison levels; and public education and outreach to raise awareness among child care professionals. The goal of the CLPPP is to monitor every Rhode Island child for lead or potential lead poisoning. “First we try to be certain every child has a ‘permanent medical home.’ That means ensuring the child has a regular physician or managed care organization, or at least access to a clinic where lead screenings are conducted. Children who move to Rhode Island from another state or country, and children who do not have a physician or health insurance, are directed to one of two free



“The most profoundly sad part of this situation is that childhood lead poisoning is completely preventable.”

clinics,” says Raymond. The clinics also make certain the child gets that permanent medical home.”

The only way lead poisoning can be detected in-vivo is through the use of blood tests. Without these, a child’s poisoning could go unnoticed because the condition is asymptomatic in its early stages. The Centers for Disease Control and Prevention (CDC)

has defined the acceptable level of lead concentration in a child's blood as below 10ug/dL.<sup>7</sup> Anything above that level can decrease a child's IQ and may inhibit proper brain development, leaving the child with permanent learning disabilities, behavior problems or emotional and physical disabilities. If the child's lead level registers greater than 10ug/dL, a specific set of steps are taken which follow guidelines set up by the CLPPP. For a level greater than 10 but less than 20 ug/dL, families are provided with lead prevention educational materials and a home visit. Additional testing within three months is recommended to ensure the level is not rising. For a level above 20 ug/dL, the child is referred for medical treatment and evaluation, provided with non-medical case management, and the child's home is referred for environmental inspection to identify hazardous lead wall paint and lead dust in the air.

Currently, Raymond says, educational efforts are focusing on health care providers to ensure that the children they care for are screened according to recommended guidelines. For the parents, the program's educational focus is on augmenting parents' own advocacy skills, and making sure that they talk to their physicians about the dangers of lead.

### **A day in the life**

"A typical day?" says Pat Raymond. "There's really no such thing. "I can be driving to work, mentally listing the things I need to work on, and then wind up getting to none of it that day" Arriving at her office early one morning, Raymond checks her phone and e-mail messages and finds much already on her plate.

A physician has called with a question regarding the state immunization database. A worried parent thinks her child may have been eating lead. A community group wants to book Raymond for a presentation on hepatitis B prevention. And a case of rubella has surfaced in a rural community.

"Rubella is a vaccine-preventable disease and surveillance is a major component of our immunization programs," Raymond says. "When a case is identified, it's reported to me, and I'm responsible for following up and making sure it gets investigated."

As a public health nurse, Raymond participates in various community groups, coalitions and advisory groups such as Healthy Mothers/Healthy Babies, the Head Start Health Advisory Committee and the Rhode Island



*"In this type of job, you don't always know what to expect, but I think that's why I like it so much."*

Patricia  
Raymond, RN

Childhood Immunization Action Coalition, as well as numerous community boards. “Serving on community boards is one of the most effective ways of creating partnerships between the RIDOH and local community organizations and businesses,” she says. Partnerships with government agencies, business associations, community groups and others are essential, she adds. “Those partnerships, in turn, become the basis of programs for raising people’s awareness of immunization programs, lead poisoning prevention, and other health priorities.”

Organizing and conducting training programs and presentations on those and other issues for both health care professionals and parents is another major area of Raymond’s focus. “We spend a lot of time on that,” she says. “The need for education is constant.”



## career at a glance

### Patricia Raymond, RN

1997–Present **Public Health Nurse** Rhode Island Department of Health, Division of Family Health, Children’s Preventive Services  
1989–1997 **Clinic Nurse Coordinator** Rhode Island Training School, Rhode Island Department of Children, Youth and Families

- 1 [http://www.aboutlead.com/history\\_chronology.html](http://www.aboutlead.com/history_chronology.html)
- 2 <http://www.cdc.gov>
- 3 <http://www.health.state.ri.us/family/immunization/home.htm>
- 4 <http://www.cdc.gov/nceh/lead/about/about.htm>
- 5 [www.cdc.gov](http://www.cdc.gov)
- 6 <http://www.hud.gov/lea/leannual.html#overview>
- 7 <http://www.cdc.gov/nceh/lead/factsheets/bllrs.htm#what>

## THE PUBLIC HEALTH NURSE

For over 100 years, public health nurses have promoted and protected the health of populations, an effort that has taken them from urban apartments to rural farm houses, from quarantined homes to school cafeterias to senior citizen facilities. “The fact that we can practice in so many settings is one reason why public health nursing is so interesting,” says Alisa Haushalter, MSN, RN, CS, and Director of Health Promotion, Metropolitan Nashville/Davidson County Health Department. “Another is the interdisciplinary nature of the profession and the many opportunities it presents.”

A public health nurse may serve as a staff nurse, a nurse educator, a nurse environmentalist, a nurse clinician or a nurse administrator. He or she can provide immunizations and family planning services in a clinic, make home visits to at-risk families, respond to infectious disease outbreaks, and coordinate emergency shelters for special needs clients in case of a local disaster. While some public health nurses facilitate community coalitions, others might lead education programs on bioterrorism, support groups for children with asthma, or simply provide primary care services. No matter what the task, all public health nurses have in common their focus on prevention, community and the relationship between the two.

Haushalter has come a long way from her beginning in public health nursing. She began her career as a district nurse within an inner city community hospital and went on to develop the nation’s first renal case management program and Metropolitan Health Department’s first injury prevention program in Nashville, Tennessee. “Public health nursing affords nurses the unique opportunity to work in partnership with a patient in the patient’s own community,” says Haushalter, who believes that an individual’s health is defined within the context of the health of his or her own community. “Public health nursing gives us a frontline view of many of the issues and challenges within our society which can directly impact the health of individuals, families, communities and beyond to larger populations. It’s up to us to meet those challenges, and public health nursing gives us the opportunity to do just that.”