

# **Healthy People 2010**

## **Part I: The Nurse's Role in Health Promotion – Focus Areas 1-14**

Independent Study Module  
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**Author's Note:** This is the first independent study in a two-part series related to the Healthy People 2010 initiative. Each independent study complements the other, but each is designed to stand alone. It is not necessary to complete Part II in order to earn contact hours for Part I. To earn one contact hour for this study, read the entire article, complete the post-test with a score of 80% or higher, and complete the evaluation.

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### **Objectives:**

1. Identify the components of Healthy People 2010.
2. Describe health promotion activities of the nurse that support Healthy People 2010 – focus areas 1-14.

### **Introduction**

Healthy People 2010 is a federal initiative related to developing, implementing, and evaluating goals for health promotion among United States citizens during the 2000-2010 decade. Nurses have a significant role to play in helping people implement health promotion activities into their lives and in advocating for health promotion within organizations and through legislative initiatives.

### **Background**

The "healthy people" program was begun in 1979 with publication of the report "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention." This began the federal government's focus on promoting health for Americans as an important goal, rather than simply addressing treatment of disease. In 1990, the first "Healthy People 2000" program was begun. Specific objectives were developed and strategies implemented to improve the health of Americans. Subsequently, the "Healthy People 2010" initiative was begun in 2000, and development is currently underway for "Healthy People 2020".

## **Healthy People: The Program**

The program itself is a set of 10-year evidence based objectives based on demographic data and reports from such groups as the Centers for Disease Control and Prevention indicating the most prevalent issues affecting the health of Americans. It is well recognized that the cost of treating disease is getting higher and higher. Additionally, it is well known that, with baby boomers reaching retirement age, the number of persons with chronic illnesses is expected to increase dramatically in the next ten to twenty years. Prevention of disease, particularly chronic conditions that drain both the health of citizens and economic resources of providers, is becoming increasingly important.

The goals and objectives for the program are based on several factors. One is the prevalence of the specific condition that is causing concern and its importance as a public health issue. Another is the ability of the individual to personally control risk factors, thus contributing to health promotion and decreasing the likelihood of acquiring the health problem. In other words, a person cannot control his genetic makeup, but he/she can control nutritional intake, physical activity, or environmental exposure that might increase the risk of a condition such as diabetes, cancer, or chronic obstructive pulmonary disease. The person's motivation to make lifestyle changes to promote health is key to the success of the initiative. A third factor considered is the availability of measureable data to support (a) the status of the condition at the beginning of the data collection period and (b) the status of the condition at the end of the data collection period. Development of objectives without a way to determine whether they have been achieved is an exercise in futility. The aim is to set goals for reduction of occurrence of disease conditions or improvement in health promotion behaviors, and then to measure the extent to which those goals have been achieved.

## **Healthy People 2010**

The Healthy People 2010 web site ([www.healthpeople.gov](http://www.healthpeople.gov)) states that "Healthy People 2010 challenges individuals, communities, and professionals, indeed all of us, to take specific steps to ensure that good health, as well as long, life are enjoyed by all." For the nurse, this statement carries both personal and professional implications. Nurses need to assess their own lifestyles and consider adjustments to facilitate health promotion. They also need to emphasize the importance of health promotion and disease prevention in their work with clients, in any venue in which nursing is practiced. The home page of the Healthy People web site lists a health calendar for those who plan health-related learning events. This calendar notates what days, weeks, or months, are designated for specific health-related purposes. The web site also has links to health clearinghouses for additional information and teaching resources, as well as toll free telephone numbers that can be used to access specific types of information. Consumers can use this information, but it is an excellent tool for the nurse who is looking for patient education material or other resource information.

There are two goals for the Healthy People 2010 program. They are:

1. Increase quality and years of healthy life, and
2. Eliminate health disparities

From these goals, 28 focus areas have been established. Each focus area has specific measurable objectives. There were a total of 467 objectives at the beginning of the decade. As time has progressed and objectives have been reviewed, some objectives have been dropped because of lack of available measurable data, changes in scientific knowledge or evidence-based practice standards, or other variables that have impacted the viability of the objective. Objectives are developed as a “road map” to better health which can be used by individuals, groups, communities, and organizations to improve the health of United States citizens.

Achievement of the objectives and goals of the programs depends on multiple factors. Key issues to consider are:

1. The information people have about their health and how to make improvements. It has been said that knowledge is power; if people do not have the knowledge about their current health status and information about how to make changes, they will not be empowered to take action. Clearly, nursing has a key role to play in educating people about their current health and opportunities for improvement.
2. The choices people make. Granted, we cannot “make” people behave in a more health-responsible way, but we can provide guidance, direction, and support to assist people in making lifestyle changes for health promotion.
3. Where and how people live. There is more and more evidence that environmental factors play a huge role in people’s health. While individual nurses cannot control these factors, nurses, both individually and collectively, can have a voice in community-based or legislative initiatives that impact environmental health. In addition to environmental issues, economic and social conditions also influence health behaviors. Making sure that people have resources, and know how to use those resources, is a key role that nurses play. Again, community-based and legislative initiatives in which nurses advocate for the health of consumers can greatly improve quality of healthy life.
4. The type and amount of care people receive. Unfortunately, health care is not an equal-access commodity in the United States. Health disparities are prevalent, in terms of cultural differences, geographic differences, and gender differences, among others. Nurses need to look carefully at the health systems in which they function. Are these systems open to everyone? Is there a difference in how certain groups are treated? For example, some studies have shown that women’s symptoms of myocardial infarction are assessed differently in emergency rooms than are men’s symptoms. Relieving disparities is a major goal of Healthy People 2010.

## **Goal 1: Improve Quality and Years of Healthy Life**

The most recent year for which life expectancy data is available is 2006 ([www.cdc.gov/nchs/pressroom/08newsreleases/mortality206.htm](http://www.cdc.gov/nchs/pressroom/08newsreleases/mortality206.htm)). At that time, average life expectancy for United States citizens was 78.1 years. For women, 80.7 years and for men, 75.4 years are the new average. The average life expectancy for persons in the United States in 2001-2002 was 77.2. For women, the number was 79.8; for men, the number was 74.5. Comparing this to 1999-2000 numbers, life expectancy has increased almost 1.5 years; the 1999-2000 figure was 76.8. However, the United States does not rank among the “best” life expectancy ratings in the world. In 2001, the United States life expectancy for females was 25<sup>th</sup> out of 37 countries considered; for males, the life expectancy compared to those same countries was 26<sup>th</sup>.

More than 1.7 million Americans die of chronic diseases each year, and over 125 million Americans live with chronic conditions. Chronic diseases account for 75% of the \$1.4 trillion dollars spent on health care in the United States ([www.healthpeople.gov/implementation](http://www.healthpeople.gov/implementation)). As the population continues to age, there is an expectation that the number of diagnosed chronic conditions will increase rapidly in the next several years. As a consequence, the goal focuses not only on increased longevity, but increased *QUALITY* of those years of life.

Three different measures of healthy life expectancy are:

1. Expected years in good or better health
2. Expected years free of activity limitations
3. Expected years free of the chronic diseases of arthritis, asthma, cancer, diabetes, heart disease, hypertension, kidney disease, or stroke

For women in the U.S., in 2001, the total life expectancy was 79.8 years. Data indicate that 70.4 of those years are lived in “good” or “better” health as self-assessed by the women studied, 66.9 years are free of activity limitations, and only 48.3 years are free of chronic diseases.

For men in the U.S., in 2001, the total life expectancy was 74.5 years, with 66.8 in “good” or “better” health, 63.6 years free of activity limitations, and 46.6 years free of chronic disease.

Chronic disease has become a major cause of death and functional limitation in the United States. Therefore, “measuring longevity is no longer sufficient to describe the health of a population. Preventing disabling conditions, improving function, relieving physical pain and emotional distress, and maximizing health across the life span have become as important public health goals as increasing life expectancy” ([www.healthpeople.gov/implementation](http://www.healthpeople.gov/implementation)). Clearly, these functions are all appropriate for nursing interventions.

## **Goal 2: Eliminate Health Disparities**

Disparities addressed in Healthy People 2010 include race and ethnicity, gender, educational level, income, geography, disability status, and sexual orientation. For many of the 467 objectives of Healthy People 2010, substantial differences are noted. Therefore, goals for achievement are different for selected sub-groups within each objective. Part of the problem, historically, is that there has been an assumption that “all people are created equal” and that medications and treatments effective for one person are equally effective for others. More recent research shows that different people react differently to the same medication and that a dose of medication that is effective for a white 56 year old male will not be equally effective for a black 27 year old female. Unfortunately, much of the clinical trials that have been completed for medications have been done primarily on adult white males, so the generalizability of the data to a larger population is questionable. With each of the objectives within the Healthy People 2010 program, various disparities are identified, population-specific goals are determined when appropriate, and tracking is done with subsets of the population to ensure accountability in the area of eliminating health disparities.

### **Midcourse Review**

A review of the program was completed in 2005 to assess the status of the 467 objectives, assess data trends, consider new science and available, and to revise objectives as appropriate to keep them current and relevant ([www.healthypeople.gov/data/midcourse/default.htm](http://www.healthypeople.gov/data/midcourse/default.htm)). The executive summary of the midcourse review document states that “full achievement of the goals and objectives of Healthy People 2010 depends on a health system reaching all Americans and integrating personal health care and population-based public health”. In addition to the midcourse review, there are two cycles of progress reviews that are completed during each decade of Healthy People. With 28 focus areas, one focus area is assessed each month during the review process. Using data compiled by CDC, health departments, and other data collection sources, the degree of progress (or lack of) achievement of each objective for each focus area is determined. This data is available on the internet at the above address, and can be searched by specific objective as well as by state. The web site [www.cdc.gov/nchs/hphome.htm](http://www.cdc.gov/nchs/hphome.htm) also provides detailed information about progress reviews.

### **Steps to a Healthier US**

A subcomponent of the Healthy People program is the *Steps to a HealthierUS Cooperative Agreement Program* ([www.healthierus.gov/steps](http://www.healthierus.gov/steps)). This program is coordinated by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, with support from a multitude of governmental and public / private agencies throughout the country. Funds are committed to implement chronic disease prevention and health promotion programs for diabetes, obesity, asthma, and underlying risk factors of physical inactivity, poor nutrition, and smoking. The YMCA of the USA has been funded as a national partner to expand the reach of

community based programs, 40 of which have received over \$100 million since 2003. The pillars of this program are physical fitness, nutrition, prevention, and healthy choices. Considering the chronic diseases that are the focus of this program, the intervention pillars are key in both prevention and control. All of these activities are clearly appropriate for the nurse to initiate and emphasize for their patients.

There are five components to the Steps initiative. They include:

- ◆ Community actions
- ◆ Collaboration among the private sector, healthcare groups, and insurance systems
- ◆ Cooperation among policymakers to invest in disease prevention and health promotion
- ◆ Development and implementation of health promotion programs to motivate and support responsible health choices
- ◆ State and federal policies that invest in the “promise of prevention”

Interestingly, the healthcare system in the United States has, until very recently, been focused on diagnosis and treatment of disease, not on health promotion and disease prevention. Likewise, the workplace has been focused on productivity at work, with “insurance” to pay for diagnosis and treatment of diseases or injuries sustained by workers. There has been little attention paid to keeping the worker healthy. Recently, though, as costs of healthcare continue to escalate, people are realizing that it costs significantly less to keep someone healthy than to “fix” the problems that occur when illness or injury strikes. A key issue, though, is that prevention activities require that each individual person has the accountability to engage in behaviors that promote health rather than depending on the healthcare provider to fix a problem that has arisen. Again, the nurse plays a key role in helping people make these lifestyle adjustments to promote health.

## **Role of the Nurse**

Each of the 28 focus areas has implications for nursing practice that will enable patients and their families to move toward achievement of the focus area’s objectives. In this section, each of the first 14 focus area is listed, followed by discussion of potential nursing interventions for health promotion / disease prevention related to that focus area. These suggestions are not meant to be all inclusive; the reader is encouraged to consider additional activities that might be undertaken. Updates from progress reports in each focus area are drawn from [www.cdc.gov/nchs/hphome.htm](http://www.cdc.gov/nchs/hphome.htm). A subsequent independent study will examine focus areas 15-28.

### *Focus Area 1: Access to quality health services*

The nurse can consider numerous factors in relation to access to quality health services. Patients often need information about what services and resources are available to them, where the services are located, and how to access them. Sometimes there are eligibility criteria that must be met. Thinking of the goal of reducing disparities in care, consider where your patient lives in relation to the services that are needed. If the patient lives in a

rural area and the service needed is only available in a major medical center, how can accommodations be made for the patient to access this service? Issues such as transportation, lodging for the family, and coordination with the local family physician might need to be considered. Sometimes, even living in an urban area does not guarantee that services can be accessed. Does the patient have private transportation? Does he/she depend on public transportation? Consider the challenge of telling a patient in a teen pregnancy clinic that she needs to collect a 24-hour urine specimen and bring it to her next prenatal visit. She is unlikely to carry the empty collection container home on the bus, let alone return with a container full of urine.

Having insurance or some form of economic support plays an important role in people having access to healthcare services. One measure in this focus area is the number of U.S. people under the age of 65 who have health insurance. While the 2010 goal is 100%, 2001 data indicate that only about 84% of the population in question have this coverage. The baseline data, obtained in 1997, is not significantly different than that in 2001. Not surprisingly, health coverage for all Americans has become a key issue in the 2008 presidential race.

### *Focus Area 2: Arthritis, Osteoporosis, Chronic back conditions*

Arthritis and rheumatoid conditions are the leading cause of disability in the US and are estimated to affect approximately 21% of this county's adults. Issues arise in terms of direct care – what support is provided to those with these conditions, how are their chronic conditions monitored, and how are they assisted in developing skills to help them live productive, healthy lives – and indirect concerns – how are they able to make a living if their conditions preclude working at the jobs for which they were prepared, how might their needs impact need for services such as in-home personal care and support, long-term care facility adequacy, etc. In fact, the unemployment rate among those with these conditions is one of the objective measures for this focus area.

There are excellent opportunities for nurses to improve people's health in regard to these conditions. First, be aware of risk factors for back injuries, which often lead to chronic back pain. Unfortunately, healthcare providers are among the workforce groups at highest risk for back injuries. Remember to always use proper body mechanics to protect your back. There are excellent lift devices available today, and many healthcare facilities have adopted no-lift policies. Learn how to use these devices, and teach others to do so as well. This will make a significant impact on the number of injuries and resulting chronic debilities related to back injuries among healthcare workers.

Think about back injury prevention in other venues, too. For occupational health nurses, this is generally something that workers are made aware of on a regular basis. Consider other opportunities, both at work and as a member of your community, to teach proper body mechanics for bending, lifting, and turning.

Risk factors for osteoporosis are important to consider. While men do get osteoporosis, this is primarily a disease contracted by women in the post-menopausal period. The term

literally means “porous bone” and occurs when bone structure deteriorates, putting the person at risk for fractures. The most common fracture sites for persons with osteoporosis are the spine, hip, and wrist. Rehabilitation after an osteoporotic fracture is often long and tedious, with many people never returning to their previous states of health.

In addition to being a post-menopausal female, other key risk factors for osteoporosis include being thin and small-boned, having a family history of osteoporosis, and having poor nutrition and exercise patterns. Use of alcohol and tobacco also increases the risk of developing osteoporosis.

Those who are at risk should have bone mineral density (BMD) testing done. Testing generally begins at age 65 but can be performed earlier for women at risk. Testing should be done using appropriate technology in a facility adequately prepared to do the procedure. Ultrasound scans at health fairs are not considered an adequate diagnostic tool for determining presence or absence of osteoporosis.

Management of osteoporosis is important in order to prevent falls and subsequent fractures. Several medications have been approved for use in prevention of osteoporosis for those at high risk. Healthy nutrition, including adequate intake of vitamins and minerals, and weight-bearing exercise are important preventative strategies that can be suggested.

One interesting factor about osteoporosis is that some people are now considering this condition to be a pediatric problem. Even though osteoporosis symptoms are manifested later in life, the formation of healthy bone in the first 20 years of life is critical to healthy bone later. With lack of adequate nutrition and exercise among youth, there is an expectation that the occurrence of osteoporosis will increase in the United States unless there is specific emphasis on preventative strategies throughout the life span.

Arthritis is the cause of multiple health and lifestyle challenges, particularly in older adults. Much of the work of the nurse is focused on assisting people in developing strategies for coping with this chronic condition. Lifestyle and/or physical environmental modifications can make life easier for those with arthritic conditions. The Arthritis Foundation offers a wealth of knowledge and resources that can be tapped to enhance the lives of persons with the various forms of arthritis.

### *Focus Area 3: Cancer*

Cancer occurs in various forms and throughout the life span. The Healthy People 2010 objectives include those related to prevention, detection and treatment, and mortality. At the most recent progress update, it was found that little or no progress has been made since the beginning of the program in reaching the goal of the number of women who have pelvic examinations and pap smears at least once every 3 years and the current status of those getting colorectal cancer screening and fecal occult blood testing is actually worse now that when baseline data was collected.

Without focusing on any particular type of cancer, the nurse needs to be aware of multiple risk factors and issues related to both prevention of and living with a cancer diagnosis. Teaching about screening tools is imperative – people need to be advised (and periodically reminded) about the importance of screenings such as mammograms and pelvic exams/pap smears for women, PSA testing for men, and colonoscopies for anyone over the age of 50 (or younger with risk factors). Certainly smoking cessation is critical to cancer prevention; people who smoke need to be offered resources that can help them to quit. Even for people who have smoked for many years, benefits of stopping smoking can begin to accrue within hours of stopping.

Prevention of cancer continues to be an area of concern. While there are some types of cancer that are genetic-based, many others are directly related to lifestyle choices and/or environmental exposure. Teaching about self-care and the value of healthy nutritional choices and regular exercise, as well as changing behaviors such as smoking, is critical to the goal of preventing cancer.

Teenage girls and their parents need, in particular, to be educated about the high risk of cervical cancer associated with exposure to the human papilloma virus (HPV). Reducing risk by promoting safe sexual practices is key. Families can also be informed about the new drug that can be given to provide immunity to most strains of HPV. Learning about this preventative treatment can give families information on which to base their decisions about use of the vaccine.

The nurse is an important member of the healthcare team when people learn that they have a diagnosis of cancer. In addition to understanding the pathology of the disease and needing to consider various treatment options, patients and their families need assistance in coping with the change in their lives that a cancer diagnosis brings about. Much emphasis has recently been placed on survivorship – assisting patients and their families to develop tools and resources to help them live their lives to the fullest, despite a cancer diagnosis. Cancer isn't the "killer" disease it once was, so there are many Americans living today who have successfully been treated for cancer. A person who has had cancer in the past must continue to be vigilant about self-assessment and see his/her healthcare provider regularly for continued assessments.

While mortality rates from cancer are lower than in the past, cancer still ranks among the leading causes of death among Americans. One area the nurse might choose to explore with a cancer patient is the development of advance directives – making personal decisions about end of life choices that can guide the care process toward the end of life if the person him/herself is no longer able to make those choices known. People need to be educated about such things as living wills, durable powers of attorney for healthcare, and the meaning and implications of a do-not-resuscitate order. There are books available from public libraries and resources available from such groups as the Ohio Hospice and Palliative Care Organization ([www.ohpco.org](http://www.ohpco.org)) that provide assistance in initiating these discussions with patients and their families.

#### *Focus Area 4: Chronic Kidney Disease*

Persons with kidney disease need to be fully aware of the implications of their condition and the necessity of adherence to the plan of care in regard to nutrition, activity, medication regimens, and treatment. Perhaps it is necessary to help the patient find transportation to dialysis treatments or get assistance in being able to either maintain his job or get another position that allows for the flexibility required when dialysis must be scheduled into one's lifestyle. The nurse can provide considerable assistance in helping the patient and family develop plans to adapt to a changed lifestyle.

At the most recent progress report, areas of assessment that are actually getting worse than baseline for persons with chronic kidney disease include those with end-stage renal disease, wait time for kidney transplants, and occurrence of end stage renal disease related to diabetes. Those with diabetes are in particular need of careful monitoring of their diabetic conditions to prevent development of this condition. Additionally, nurses can play a key role in educating people about the value of becoming an organ donor and advising people how to make this a reality.

#### *Focus Area 5: Diabetes*

Diabetes, too, is a condition requiring a substantial change in lifestyle. Persons with this condition need assistance in understanding nutrition, the importance of physical activity, and other factors related to self-assessment and self-care. The person with diabetes may be required to monitor his/her blood sugars and adjust medications based on this monitoring. Teaching, support, and reassurance will go far in helping the patient adhere to the plan of care. At the most recent progress updates in this area, goals for HgA1C monitoring and self-blood glucose monitoring have been met. Unfortunately, the number of new cases is increasing rather than decreasing.

Helping a person learn to carefully read and interpret food labels will substantially increase the person's ability to be self-sufficient in selecting healthful resources for intake. The nurse may also provide assistance in helping a person find resources to purchase needed supplies, arrange transportation to provider visits, and get referred to a diabetes educator for specific assistance.

In addition to care focused specifically on the diabetes diagnosis, the nurse needs to be aware that diabetes is considered an "equivalent" risk factor to heart disease. In other words, the person who has diabetes is also considered to have heart disease, even though symptoms may not be present. Even though heart disease has its own focus area, the person with diabetes needs to be assessed and monitored on a regular basis for cardiac disease. Diabetes related cardiac death rates in the US as a whole have met targets established in the Healthy People objectives, but wide discrepancies still exist based on race, ethnicity, and gender.

### *Focus Area 6: Disability and Secondary Conditions*

For the purposes of the Healthy People focus area, disability is defined as limitation of activity (personal care, routine needs, can't work or limited work capability, difficulty walking, difficulty remembering) or use of an assistive device such as a cane, wheelchair, special bed, or special telephone. One in five community-dwelling adults in the US reports some type of disability. This is an important consideration for the nurse, because persons with disabilities are more likely to perceive that they have poorer health, tend to have more psychological distress than those without disabilities, have more co-morbidities, and tend to have lower income and fewer support resources. The need for quality health care among this population is great.

The nurse can be effective in helping individuals and their families develop strategies to cope with changed lifestyles as a result of a disability. Adaptations to not only lifestyle but physical space might be necessary. People may need homes with wider doorways to accommodate wheelchairs or walkers, may need raised toilet seats or open areas under sinks, or may need cars with hand-controls rather than foot pedals for acceleration and braking. Referral to community agencies or particular support services, or connecting the patient with a social worker or another healthcare provider who can address specific needs, is a valuable tool. Another key area of concern for the person with a disability is safeguarding health to prevent a superimposed infection or another problem. Preventing urinary tract infections, decubitus ulcers, and other complications is an important role of the nurse in working with a person with a disability.

### *Focus Area 7: Educational and community based programs*

Have you looked at what resources are available for patient education and/or health promotion in your community? Consider such groups as the American Lung Association, American Heart Association, American Red Cross, etc. What resources are available for you to use as referrals for your patients and your families? As a nurse, also consider the possibility of volunteering your services to aid these organizations in carrying out their missions of education and support. If you become aware of a need that has not been addressed in your community, perhaps you have identified an opportunity for you and/or your colleagues to establish a new service to fill an unmet need.

Another issue in regard to community based services is access. Many programs have qualifications – age, financial status, etc. Are these qualifications appropriate? Are they restricting access for those in need? If you find that there are unmet needs in your community because of limitations in access to services, perhaps this would be an opportunity to speak with a legislator or a person with the authority to either change the requirements for access to a service or perhaps to develop a new resource to address the unmet need.

### *Focus Area 8: Environmental Health*

The Healthy People 2010 update report indicates that excess deaths in the US related to air pollution are estimated at 50,000-100,000 per year and that 43% of the US population live in areas that do not meet EPA standards for ozone. The goal by 2010 is that this 43% figure will be zero. Local, regional, and national initiatives are underway to work toward achieving this goal, but environmental awareness is the accountability of all of us.

Have you noticed how many “green” initiatives have been undertaken in the past few years? There is an emphasis on conservation of resources in everything from construction of new buildings to recycling. As people become more aware of the threat to the environment with our “throw-away” society, there is more focus on using materials that are more durable. Plastic bags that have been used for the past several years as the primary way for grocery stores to package your purchases have been replaced by re-useable bags in many stores. What are you doing to promote environmental health? Are you recycling beverage cans and paper? Are you conserving water? Are you thoughtful about adjusting heating and air conditioning settings? Do you drive a car that is free of pollutant emissions? Whether in your professional or personal roles, consider your responsibilities as a citizen of the earth in which we live – each of us needs to leave a legacy of a healthy planet for those who come after us.

### *Focus Area 9: Family Planning*

The nurse needs to be aware of current evidence-based practice standards for family planning and be able to teach this information to patients and their families. Talking about sexuality and family planning issues is not always comfortable for the nurse, particularly when the nurse and the patient are of different sexes. However, these conversations must happen to make sure patients are well informed and are making conscientious choices about their sexual behaviors. Sometimes it helps to practice saying the words that would be used to teach about sexuality, sometimes it helps to start a conversation with more general information and gradually work toward the more sensitive information, rather than immediately starting a conversation about sexual intimacy with a patient you are meeting for the first time. As nurse and patient get to know each other and build trust and mutual respect, these conversations tend to become easier. However, if you find that you are uncomfortable in addressing sexuality and family planning issues with the patient population in need, please make a referral to another healthcare provider or ask another nurse to address this issue with your patient. Family planning conversations are important, because the outcomes of these discussions have the potential to affect not just one patient, but perhaps persons of two or three different generations.

### *Focus Area 10: Food Safety*

The most recent progress report indicates that approximately 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths occur each year in the US due to food-borne illnesses. Key issues are cleanliness in handling of food and supplies used in the

preparation and serving of food, avoidance of cross-contamination, cooking to proper temperatures, and prompt refrigeration of foods.

Particularly in the summertime, we hear about cases of disease caused by inadequate refrigeration of such things as potato salad at picnics. Be sure you know and use proper techniques to keep you and your family safe from food-borne diseases. Think about such things as using separate cutting boards for meats and for fruits or vegetables, washing fruits and vegetables thoroughly before use, and making sure that proper refrigeration and/or heating processes are followed for the foods you are preparing and/or storing. Know and use proper cooking times for various products to be sure safety is maintained. Take advantage of opportunities to teach your family, your friends and neighbors, and your patients about food safety practices.

### *Focus Area 11: Health Communication*

Health communication includes such issues as what words we use to explain things to patients, how much time we spend with patients, and how we select patient education materials to share with those in our care. It is very important to be sure patients understand their plan of care and have guidance in considering how they plan to implement a plan of care at home. Teaching needs to be patient specific, not programmed according to a generalized patient-teaching sheet. The general information can provide the overview and key points that need to be addressed, but the likelihood of a patient actually adhering to a plan of care is based in large part on the extent to which that plan is compatible with the patient's belief system, lifestyle, and economic/personal resources. The better the nurse knows the patient, the more individualized the teaching plan can become.

Health literacy is an important issue to consider. Health literacy refers to the ability of an individual to attain health information, understand that information, and use it to make realistic decisions about his own plan of care. It is estimated that only about 12% of Americans have the ability to fully comprehend the typical language used in the healthcare system and use it to participate in their own care. Levels of health literacy are designated as proficient (12%), intermediate (53%), basic (22%), and below basic (14%). Look at the patient teaching materials you use – what is the reading level of written materials? Are written materials adaptable to different languages or cultural preferences your patients may have? Are written materials accompanied by visual aids or opportunities for demonstration and return demonstration? Perhaps you can volunteer to serve on a patient education committee at your facility to review educational materials and perhaps develop new ones.

Think, too, about how people learn. Everyone doesn't learn the same way. Some people like to have written materials that they can read and refer to later if needed. Some learn better if they can see a product or watch a video of a procedure being performed. Still others are tactile learners – they learn by doing, so a demonstration/return demonstration process is the best way to help them grasp how to do something. Your role is to assess the learning needs of the patient, develop appropriate strategies to assist that person in getting

the necessary information, implementing those strategies, and looking for feedback to evaluate the effectiveness of the teaching.

Health communication also has to do with establishing and maintaining trust between patient/family and provider. A person is less likely to share personal information if he/she perceives a lack of trust with the care provider. Trust is developed as people experience a caring relationship and have the opportunity to see that they can have confidence that the other person will do what is expected. Think about ways you communicate with patients and their families that help to establish trust. Be open and honest with patients. Take time to answer their questions. Even though there may be times that you are very busy and the questions seem like an interruption, taking a few moments to answer the question relieves the patient's anxiety and makes future interruptions from that person less likely. If you must attend to another issue before you can respond to the patient's needs, explain that you must accomplish another activity and then will return to this patient. When you make that promise, be sure you fulfill it!

#### *Focus Area 12: Heart Disease and Stroke*

Extensive information is available to most nurses about diagnosis and treatment of heart disease. However, with the Healthy People 2010 focus, much emphasis needs to be placed on the nurse's role in patient education, community awareness, and prevention strategies. Heart disease is the number one cause of death of both men and women in the United States today. It is estimated that, in 2007, about 1.2 million Americans had a new or recurrent cardiac event.

Consider what you can do to educate people about avoidable risk factors for heart disease: poor nutrition, lack of exercise, being overweight, and smoking. Certainly, you can do patient education on an individual basis, but are there opportunities for you to be involved in community health initiatives? Perhaps you could participate in a community health fair or volunteer with a group that does community educational programming, such as teaching CPR and use of automatic external defibrillator (AED) devices. Simply increasing the availability of AEDs and persons qualified in their use is a health promotion strategy that you could initiate or support in your community.

Despite efforts to control heart disease, hypertension is a more common diagnosis today than it was in the past. This is partially due to the change in standard for diagnosis of hypertension, but to a large extent it is related to the sedentary lifestyle and poor nutritional intake of many Americans. As of the most recent progress report, hypertension control is approximately 50% below the 2010 target.

#### *Focus Area 13: Human Immunodeficiency Virus (HIV)*

Over a million Americans are estimated to be living with HIV, as of 2003, although approximately one-fourth of them did not know they were infected. This disease has far-reaching effects on people's health, lifestyles, and superimposed illnesses. Federal spending on HIV related issues in 2005 is estimated to be in the range of \$11.6 billion.

Issues related to health promotion in regard to HIV initially include prevention. Teaching in regard to prevention of such things as needle-stick injuries and making sure that appropriate supplies and equipment are available to prevent exposure are helpful strategies. Persons need to learn about other possible ways to contract HIV, such as unsafe needle use with drug habits and unsafe sexual practices.

For a person already diagnosed with HIV, teaching can focus on strategies for health promotion – healthy nutrition, following the medical plan of care and medication treatment protocol, adjusting energy expenditures to avoid undue fatigue, and steps that can be taken to prevent secondary infection. Again, these strategies can be addressed with individual patients or with groups in communities.

#### *Focus Area 14: Immunization and infectious diseases*

All persons, regardless of age, need to be aware of current immunization guidelines. These change from time to time, and current guidelines can be found at the web site for the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)). An interesting recent change is the recommendation that adults receive the Tdap vaccine (tetanus, diphtheria, and pertussis) once, with the tetanus and diphtheria booster given once every ten years. Previously, it was thought that adults only needed tetanus and diphtheria, but the recent increase in incidence of pertussis has prompted the recommendation for adults to also receive this immunization.

Also for adults, particularly the elderly, those with chronic infections, and those who work with populations at risk, the influenza vaccine should be received annually. This is an annual vaccine because the composition of the medication changes, based on the expected occurrence of a particular strain or strains of the influenza virus.

The pneumococcal vaccine is recommended at one to two doses for adults up to the age of 65. For a person 65 or older, one vaccine is deemed to be sufficient. The nurse can also recommend that persons at high risk avoid exposure, particularly during the winter months or when large numbers of people are in confined spaces.

In regard to control of infectious diseases, another focus of this Healthy People area is monitoring inappropriate use of antibiotics. In surveying prescribers about use of antibiotics for ear infections in children under age 5, 1996-97 data indicated that 65% of prescribers were using antibiotics for this diagnosis. In 2004-05, only 45% of prescribers were doing so. The Healthy People 2010 target is 56%, so this objective has been met, as long as prescribers continue this practice in accordance with evidence-based practice standards. Similarly, in 1996-97, prescribers gave an average of 2.5 courses of antibiotics to people for the common cold, but in 2004-05, that number had been reduced to 1.4. This is approaching the target goal of 1.268.

## Summary

The Healthy People 2010 program initiated by the federal government is approaching its final years. Progress reports are developed based on data showing progress or lack thereof in relation to 467 objectives in 28 focus areas. This study has highlighted information about the Healthy People 2010 program and the first 14 of the 28 focus areas. The nurse has a critical role to play in relation to health promotion, disease prevention, and helping people live healthy lives, even with a chronic condition.

## Reference and Resources

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