



The FAPHN VOICE

FAPHN ANNUAL CONFERENCE

FAPHN Annual Business Meeting and Conference is scheduled for Monday, July 30 and Tuesday, July 31, 2007. The location is the beautiful Tampa Grand Hyatt located at 2900 Bayport Drive, Tampa, Florida. The FPHA (Florida Public Health Association) annual conference begins right after our conference on Wednesday, August 1, 2007.

The Tampa Grand Hyatt offers airport pick-up shuttle service to get you to the hotel and return you to the airport on your schedule.

GRAND HYATT TAMPA BAY

INTERNATIONAL PLAZA SHUTTLE PROGRAM seven days a week with pickup and drop off at entrance of Nordstroms (west side). Hotel telephone is (817) 874-1234.

Driving directions are found on page 8 of this issue.

FAPHN FORMER PRESIDENT ACCEPTS DOH EXECUTIVE POSITION



Lillian Rivera, R.N., M.S.N. accepts the position of Deputy State Health Officer in the Department of Health, State of Florida. Ms. Rivera served 16 years as Administrator, Executive Community Health Nursing Director, and Acting Executive Administrator of Miami-Dade County Health Department.

FAPHN Board of Directors and membership applaud Ms. Rivera's career goals and achievements as she continues working for quality in the public health system for patients and employees.

CONGRATULATION! Lillian, we are so very PROUD OF YOU!!

Florida
Association of
Public Health
Nurses, Inc.

Volume 3, Issue 2

May 2007

Special points of interest:

- Reserve your space for the conference! Call (817) 874-1234!
- FAPHN Past President leads by example

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PRESIDENT'S CORNER



Stephanie Wick

This newsletter is in your hands the end of May or even early June. My sentiments are still the same as I wish each of you a very Happy Nurses' Week celebration now past but will carry forward throughout this year! I hope every Public Health Nurse was and is recognized and appreciated for the commitment that I observe from my colleagues every day of the year. One does not have to look far to see that as a specialty group we, Public Health Nurses, are very special!

Look at our organization! Four and one-half years ago, FAPHN was formed by only 40 members. Now, FAPHN is over 400 members! FAPHN's leaders in the past year and **with your**

support accomplished the following:

- Invited to and participated in the Florida Center for Nursing Summit in state-wide discussion related to nurse shortages
- Welcomed Governor Crist to his new position and introduced him and his staff to FAPHN
- Received space in the Florida Nurses Association newsletter which allowed us to introduce our organization and to recognize the support FAPHN has received from FNA through the years.
- Assisted the Office of Public Health Nursing-DOH in recognizing its nurse leaders.
- Sponsored a regional training related to influenza preparedness coordinated with Collier County Health Department.
- Established a special bank account to continue our support of Scholarships to nurses pursuing advanced education.
- Continued support of the an-

nual Mini-Grant program

- Continued support of the annual Poster Display Program.
- Continued support of Awards to outstanding public health nurses.

Additionally, 501(c)(3) charitable IRS status was finally received after several years of dedication from previous and current leadership members.

Our vision is one of supporting, educating and recognizing public health nurses. We live the vision daily. Long-term, we want to expand our vision to encompass not only public health nurses in our state, but public health nurses throughout our nation.

We need to continue this important work. **We need you!** Together, we have accomplished from a volunteer vantage point what takes paid organizations a decade or more to complete. ***I thank you for your involvement!***

Stephanie

“HEALTH VISITOR” FROM ENGLAND IDENTIFIES DIFFERENCES IN PUBLIC HEALTH SERVICES AND GOALS

“I am a registered nurse from England”, writes Gemma Taylor. Ms. Taylor is studying to obtain a BSc (Hons) in Primary Health Care, specializing in Health Visiting. A Health Visitor is a specialist practitioner providing a family centered public

health role. It is a requirement of the course to complete a one week alternative placement and Ms. Taylor was afforded the opportunity to accomplish this in America and in Osceola County Health Department (OCHD) in Osceola, Florida. “I am very grateful to all

staff at OCHD for making me feel so welcome and answering all my questions!!” Ms. Taylor wrote that CHDs were created in 1889 (OCHD is undated) “in order to promote and protect the health of the local communities, specifically targeted at people from de-

“HEALTH VISITOR” FROM ENGLAND...continued

prived areas who find it difficult to subsidize their medical and health care needs.

“The NHS was established in 1948 (DOH, 2000) to provide a health care service, free at the point of contact, with all people from all social classes having access to an equitable service. I feel that the vision of the NHS (which once was the envy of the world) is so inspiring, but due to money being misspent by the government the impact of this mismanagement has had an obvious effect on funding, which caused an increase in staff shortages and decrease of available resources, which in some areas has resulted in Health Visitors and Community Nurses being redundant. Due to the nature of the NHS everyone has access to health care, which means that everyone benefits, including pensioners, single parents, individuals with disabilities, unemployed individuals and children, as a result the NHS is providing the equitable service that it intends to deliver, one which differs greatly from the American health care system.”

“I spent some time with the eligibility department, which is a new concept to me as health care is provided by the NHS and therefore the costs of receiving treatment or consultations is not something that health care professionals in Britain need to be involved with as part of their daily work. Even though Medic Aid and other financial schemes are available for those who may

not have money to pay for their medical treatment, I did feel that the people who are entitled to really have to be living in poverty and was surprised to see that their personal assets are taken into consideration. This is probably due, to some extent, to my being so used to a Health Care system available to all regardless of wealth or lack of. Even though there are ‘for’s’ and ‘against’s’ both systems, I did feel the American system appeared quite harsh and only appears to work for people with money. However, it could be argued that the NHS is too easy and takes the responsibility away from people to be in control of their own health.”

“I spent some time with the head of the Healthy Families Scheme and I felt that the role of the family support worker who carries out this work has elements of similarities to that of the role of the Health Visitor. One of the main emphasis being on the prevention of child abuse before it occurs, providing health promotion and equipping parents with the tools required to achieve positive parenting. I did raise the issue that although I felt the healthy family’s scheme was a worthwhile cause, it was an unfair and inequitable service, because it is only aimed at parents with an identified need. In Britain when a mother has had her baby she is under the care of the Community Midwife for the first 28 days, she will be visited at home as required, between day 10 and day 14 (post birth) she

will be visited at home by the Health Visitor, whereby the Health Visitor will use her professional judgment as to whether mum/baby/family need a follow up visit or further support before the 6 week check and indeed after this, as and when required predominantly up until the child/children are age 5 years. At 6 weeks mum and baby are seen by the General Practitioner and Health Visitor. The Health Visitor provides support and advice on breastfeeding, mum and baby’s general health and well-being, observes for any signs of postnatal depression and makes an assessment as appropriate, and is there to generally alleviate any parental concerns and advises as appropriate. There is no limit to the amount of times a Health Visitor can visit a family, but because of the present financial climate these are becoming less frequent. Due to there being no health visiting service in America and also the limited number of Midwives, it would appear that a family is only seen by a professional at the birth of the baby, immunization clinics and developmental reviews of the child. This is an area that I feel the American system is missing and identified a big gap with regards to monitoring the welfare of their future generations.”

“I was able to spend some time with the coordinator of healthy start and again similarly to that of healthy family’s my main observation with these services is that they are not (continued page 5)

AWARDS AND SCHOLARSHIPS AVAILABLE

PUBLIC HEALTH NURSE OF THE YEAR: This award is presented to a nurse who has developed a program of excellence addressing a significant community health problem beyond the normal scope of daily responsibilities, or who has responded in an unusual or critical situation in an exemplary manner transcending the usual and customary performance of those responsibilities.

OUTSTANDING PUBLIC HEALTH NURSE LEADERSHIP: This award is given to a public health nurse who, within the last two years has either planned, developed and/or executed a unique or experimental program addressing a significant public health problem or has been recognized by the community, including local, state, or national organization for a professional contribution in the field of public health.

FAPHN SCHOLARSHIPS: The scholarship fund was established to promote excellence in nursing and public health practices and is awarded to a nurse currently in advanced study of nursing administration, education, research, or service/practice or is studying toward an advanced degree in public health.

JULY 2007

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**SAVE THE DATES!!! MAKE YOUR PLANS
AND SAVE MONEY ON REGISTRATION!!!**

“HEALTH VISITOR” FROM ENGLAND.....(continued)

equitable and made available to all parents/families. Therefore I feel that there are some large gaps in the provision of health-care to families, and it appears to be an unfair system in comparison to the health visiting service here in Britain, where advice and support is offered and available to all parents/families regardless of risk, age or class. I feel like there must be millions of American families who may be struggling with the upbringing of their children, and would benefit from readily available support, as often all some parents need is encouragement to continue with the parenting skills that they have accomplished. On occasions it is these words of encouragement and support that a health visitor can provide which can make the difference between a successful parenting experience and a bad one. Health Visitors are able to build a relationship with their families and families are made aware that a Health Visitor is only a telephone call away for any query at all. Like the family support worker there are many elements of the healthy start workers role that are similar to health visitors. Again, the main difference being that the service is only available to mothers with an identified need or risk. I feel that these services are very reliant on other people ie neighbours, friends, families or even the indi-

vidual themselves being aware that support or help is required. Health professionals also have a responsibility, but because families are seen so unfrequently I feel that observing a mother during pregnancy and during or after birth is not enough to assess whether the mother or father need support with parenting or other elements of support that a health visitor can offer and provide, in some cases this may be quite evident however, in some families support may not be required until the child is a little older, more mobile and more demanding. The main occasions when a child/family are seen are at immunization clinics and development checks, but these rely on the financial situation of the family once again, as to whether they have medical insurance to cover the costs of these services or other means of paying. Therefore it is felt that some parents and children may be in situations whereby they feel vulnerable, unprotected and unsupported as the help is not easily or readily available as it is here in Britain.”

“Overall I really enjoyed my experience and the time that I spent at OCHD, and I do feel that there are some elements of the American system which are better than ours and then there are elements of the British system which are better. In an ideal

world a mix of the two would provide a happy medium, whereby we can provide an equitable service (DOH 2000, DOH 2004, DOH 2006) to all regardless of wealth as stated by our Department of Health, and then use elements of the American system which is to make individuals more responsible for their own health. A large proportion of the British population are feeling more and more let down by the NHS due to huge funding crisis that we have at present which has impacted on the level of service we once used to supply and it is impacting on patient care. Due to this, nurse’s doctors and all health care professionals are becoming more frustrated with being able to deliver a good quality service to their patients and we do appear to be moving more towards an American system of private health care. However for the time being after obtaining the information that I have about the American health care system, I feel lucky to have the NHS available at present.”

Gemma Taylor

REFERENCES:

Department of Health (2000) *The NHS Plan: A plan for investment, A Plan for Reform*. Crown Copyright

Department of Health (2004) *Every Child matters*. Crown Copyright

Department of Health(2006) *Our Health, Our Care, Our Say: a new direction for community services..* Crown Copyright

Osceola County Health Department (Undated) *Raising a Healthier Community*

“SAVE THE DATE”!
MAKE YOUR RESERVATION BEFORE 07/01/2007 TO
SAVE ON THE REGISTRATION FEE!!

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**WE'RE ON THE WEB
WWW.FAPHN.ORG**

A 501(C)(3) PUBLIC CHARITY



Florida Association of Public Health Nurses, Inc.

P.O. Box 22994
Fort Lauderdale, Florida 33335

E-Mail: membership@faphn.org

FAPHN Membership Application

First Name: _____

Last Name: _____

Street Address: (HOME) _____

City/State/Zip: _____

Phone: (HOME) _____
(OFFICE) _____

E-Mail: (HOME) _____

Agency/Employer: _____

Agency Address: _____

Agency E-Mail: _____

Check Status: Annual dues for membership [one year from date of joining or renewal]

_____ Active RN: Full dues. \$50.00 Eligible for FAPHN benefits; Hold Board position. Voting privilege.

_____ Retired RN: Dues are half-price.\$25.00 All benefits of Active RN classification.

_____ Student RN: Half-price Dues May not hold Board position and may not vote.

_____ Associate: Half-price dues. Any individual or business entity interested in supporting FAPHN. Eligible to receive newsletter and reduced registration for conference Not eligible for Board position , to vote or receive mini-grants or scholarships.

School of Nursing: [Students] _____

Area(s) of Interest: .Serving on Board: _____ Yes _____ No
Attending Conferences _____ Y _____ N

Other Interests: _____

Thank you for your interest. Please mail your application with dues payment to address noted above.

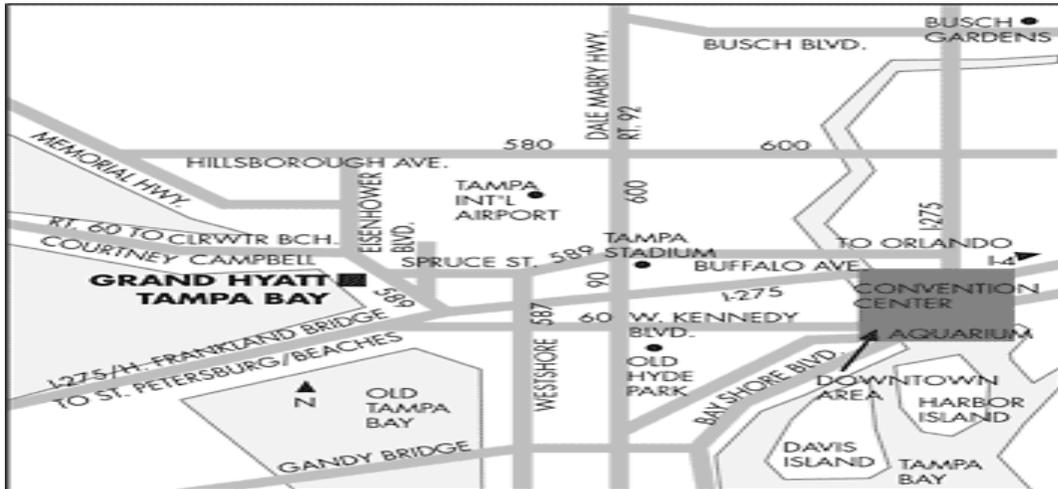
DRAFT (updated 5/29/07)**FLORIDA ASSOCIATION OF PUBLIC HEALTH NURSES
5TH Annual Educational Conference****Agenda
July 30 & 31, 2007
Grand Hyatt Tampa****July 30, 2007***Walking the Tightrope*

12:00 – 1:00 PM	Registration	Registration Desk
1:00 – 1:15 PM	Welcome	President
1:15 – 2:15 PM	Opening Presentation	Human Trafficking Ms. Twiler V. Smith Federal Bureau of Investigation
2:15 – 2:45 PM	Break	
2:45 – 4:45 PM	Annual Membership / Business Meeting	President
	Call to Quorum	
	Results of Election – 2007-08 Board of Directors' & Officers	
	Annual Report	
	Report from Treasurer	
	Report from Secretary	
	Committee Reports	
	Awards	
	Communications	
	Continuing Education	
	Nominating	
	By-Laws	
	Membership	
4:45PM – 5:00PM	Mini-Grants 2006 Review	
5:00PM – 5:45PM	Presentations by 2006 Awardees	
5:45PM – 6:00PM	Closing Remarks	
6:30 PM – 9:00PM	Membership Reception	

July 31, 2007

7:30 – 8:30 AM	Registration Continental Breakfast	Registration Desk
8:30 – 8:45 AM	Welcome	President
8:45 – 9:15 AM	Motivational Talk	Kim Curry
9:15 – 10:45 AM	Keynote Address “Get Out of Bed and Go to Work”	Lon Kieffer
10:45 – 11:00 AM	Break & Poster Viewing	
11:00 – 11:45 AM	Presentation	Sandra Schoenfisch OPHN
11:45 – 1:15 PM	Luncheon – Presentation of FAPHN Awards and Scholarship	
1:15 – 2:15 PM	Presentation “Anthropological Perspectives on Cultural Diversity & Health”	Dr Jeannine Corielle
2:15 – 3:15 PM	Presentation	Pending
3:15 – 3:30 PM	Break & Poster Viewing	
3:30 – 4:30 PM	Presentation “Read For Health Initiative”	Carol Scoogins
4:30 – 4:40 PM	Recognition and Closing Remarks	
4:40 – 4:50 PM	Induction of 2007-08 Board of Directors	
4:50 – 5:00 PM	Conference Evaluation	
5:00 PM	Adjourn (Prize Drawing – must be present to win)	

5 contact hours



COMING FROM THE TAMPA INTERNATIONAL AIRPORT

EXIT THE AIRPORT ONTO HWY 60 WEST. MERGE INTO THE FAR LEFT LANE. CONTINUE THROUGH ONE TRAFFIC LIGHT, CURVE LEFT AND AT THE NEXT LIGHT (BAYPORT DRIVE/FRONTAGE ROAD), TURN LEFT. THIS IS THE ENTRANCE TO THE GRAND HYATT TAMPA BAY.

COMING FROM THE NORTH:

TAKE I-275 SOUTH TO EXIT 39 (HWY 60 WEST). MERGE INTO THE FAR LEFT HAND LANE, CONTINUE THROUGH ONE TRAFFIC LIGHT, CURVE LEFT AND AT THE NEXT LIGHT (BAYPORT DRIVE/FRONTAGE ROAD). TURN LEFT. THIS IS THE ENTRANCE TO THE GRAND HYATT TAMPA BAY.

COMING FROM THE EAST:

TAKE I-4 WEST TO I-275 SOUTH TO EXIT 39 (HWY 60 WEST). MERGE INTO THE FAR LEFT LANE, FOLLOW ALL SIGNS FOR CLEARWATER. CONTINUE THROUGH ONE TRAFFIC LIGHT, CURVE LEFT AND AT THE NEXT LIGHT (BAYPORT DRIVE/FRONTAGE ROAD), TURN LEFT. THIS IS THE ENTRANCE TO THE GRAND HYATT TAMPA BAY.

COMING FROM THE SOUTH:

TAKE I-75 NORTH TO I-275 NORTH TO EXIT 39B (HWY 60 WEST AND TAMPA INTERNATIONAL). ONCE ON HWY 60 WEST, BEGIN TO MERGE LEFT, FOLLOW ALL SIGNS TO CLEARWATER. CONTINUE THROUGH ONE TRAFFIC LIGHT, CURVE LEFT AND AT NEXT LIGHT (BAYPORT DRIVE/FRONTAGE ROAD), TURN LEFT. THIS IS THE ENTRANCE TO THE GRAND HYATT TAMPA BAY.