

Overview of Community Health Nursing

Community health nursing is a population-focused approach to planning, delivering, and evaluating nursing care.

Community health nursing is a broad field that allows nurses to practice in a wide variety of settings. Community health nurses promote the health and welfare of clients across the lifespan and from diverse populations.

Nurses working in the community should have an understanding of the foundations of community health nursing, the principles guiding community health nursing, and health promotion and disease prevention.

Foundations of community health nursing

- Concepts related to public health are evident throughout history as provisions were made to care for the poor or displaced. Advances in knowledge about health led to appropriate education of providers and regulation of water and other environmental factors.
- The Public Health Service was developed in 1798, and nursing care in homes was implemented in the early 1800s. Later in the century, efforts began to establish local health boards to monitor disease, promote health, and collect statistics about the community.
- Multiple theories and specific definitions of care guide nursing practice in the community.

COMMUNITY HEALTH NURSING THEORIES

- **Systems thinking** studies how an individual or unit interacts with other organizations or systems. Systems thinking is useful in examining cause and effect relationships.
- **Upstream thinking** is used to focus on interventions that promote health or prevent illness, as opposed to medical treatment models that focus on care after an individual becomes ill.
- Nursing theory provides the basis for care of the community and family. Theorists have developed sound principles to guide nurses in providing high-quality care. Examples of nursing theories appropriate for community health include the following.

Nightingale's Environmental Theory

- Highlights the relationship between an individual's environment and health
- Depicts health as a continuum
- Emphasizes preventive care

Health Belief Model

- Purpose is to predict or explain health behaviors
- Assumes that preventive health actions are taken primarily for the purpose of avoiding disease
- Emphasizes change at the individual level
- Describes the likelihood of taking an action to avoid disease based on the following
 - Perceived susceptibility, seriousness, and threat of a disease
 - Modifying factors (demographics, knowledge level)
 - Cues to action (media campaigns, disease effect on family/friends, recommendations from health care professionals)
 - Perceived benefits minus perceived barriers to taking action

Milio's framework for prevention

- Complements the health belief model
- Emphasizes change at the community level
- Identifies relationship between health deficits and availability of health-promoting resources
- Theorizes that behavior changes within a large number of people can ultimately lead to social change

Pender's Health Promotion Model

- Similar to Health Belief Model
- Does not consider health risk as a factor that provokes change
- Examines factors that affect individual actions to promote and protect health
 - Personal factors (biological, psychological, sociocultural), behaviors, abilities, self-efficacy
 - Feelings, benefits, barriers, and characteristics associated with the action
 - Attitudes of others, and competing demands and preferences

Transtheoretical (TTM) of Stages of Change (SOC) Model

Theorizes that change occurs over time, and in six distinct stage:

- Precontemplation, where the individual is unaware of the need to change
- Contemplation, where the individual considers change, and weighs the benefits with costs
- Preparation, where the individual plans to take action
- Action
- Maintenance, where the individual implements actions to continue the behavior
- Termination, when conscious efforts to continue the health behavior are no longer needed because the individual is consistent. Most clients never reach this point.

The Precaution Adoption Process Model

- Similar to the TTM and SOC models
- Includes a stage of being unengaged regarding an issue between the stages of being unaware and contemplating action
- Does not include a termination stage

ESSENTIALS OF COMMUNITY NURSING

- **Determinants of health** are client or environmental factors that influence the client's health. These can include nutrition, social support and stress, education, finances, transportation and housing, biology and genetics, and personal health practices.
- **Health indicators** (mortality rates, disease prevalence, levels of physical activity, obesity, tobacco or other substance use) describe the health status of a community and serve as targets for the improvement of a community's health. **Q1**
- **Nurses** determine a community's health by examining the degree to which the community's collective health needs are identified and met.
- **Community** is a group of people and institutions that share geographic, civic, and/or social parameters. Communities vary in their characteristics and health needs.
- Community health nursing involves a synthesis of nursing and public health theory.
- The goals of community health nursing are to promote, preserve, and maintain the health of populations by the delivery of health services to individuals, families, and groups, in order to influence "community health."
- Community health nurses are nurses who practice in the community. They usually have a facility from which they work (community health clinic, county health department), but their practice is not limited to institutional settings. Care is often delivered in a setting that is part of the client's environment (home, school, workplace).
- The community or a population (an aggregate who shares one or more personal characteristics) within the community is the "client" in community health nursing. **Q2cc**
- Community health nurses can develop long-term relationships with clients while working directly with families and groups over a long period of time.

Public health nursing

- Public health nursing is population-focused, and involves a combination of nursing knowledge with social and public health sciences. The goal of public health nursing is promoting health and preventing disease.
- Public health provides 10 essential services, one of which is to conduct research to gain new knowledge and solutions to public health problems. The remainder fall under the three core functions of public health, according to the CDC.

ASSESSMENT: Using systematic methods to monitor the health of a population

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.

POLICY DEVELOPMENT: Developing laws and practices to promote the health of a population based on scientific evidence

- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.

ASSURANCE: Making sure adequate health care personnel and services are accessible, especially to those who might not normally have them **Q3**

- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.
- Ensure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

1.1 Community health nursing

	<i>Community-oriented nursing</i>	<i>Community-based nursing</i>
FOCUS OF CARE	Aggregates, communities, populations (public health) Can include at-risk or unserved individuals and families	Individuals and families
PRIMARY GOAL	Health promotion and disease prevention	Management of acute or chronic conditions
NURSING ACTIVITIES	Usually indirect (program management) Can include direct care of at-risk individuals and populations	Direct (one-on-one) Illness care: Management of acute and chronic conditions in settings where individuals, families, and groups live, work, and "attend" (schools, camps, prisons)

Population-focused nursing

Population-focused nursing includes assessing to determine needs, intervening to protect and promote health, and preventing disease within a specific population (individuals at risk for hypertension, individuals without health insurance, individuals with a specific knowledge deficit). **Qccc**

The Public Health Intervention Wheel is a widely used model for public health interventions and is available through the Minnesota Department of Health website. Community partnership occurs when community members, agencies, and businesses actively participate in the processes of health promotion and disease prevention. The development of community partnerships is critical to the accomplishment of health promotion and disease prevention strategies.

KEY PRINCIPLES OF PUBLIC HEALTH NURSING

Emphasize primary prevention.

Work to achieve the greatest good for the largest number of individuals.

Recognize that the client is a partner in health.

Use resources wisely to promote the best outcomes.

Principles guiding community health nursing

Factors to consider when providing community health nursing practice include the following.

- Ethics
- Advocacy
- Evidence-based practice
- Quality
- Professional collaboration and communication

ETHICS

- The Public Health Code of Ethics identifies the ethical practice of public health. Ethical considerations include preventing harm, doing no harm, promoting good, respecting both individual and community rights, respecting autonomy and diversity, and providing confidentiality, competency, trustworthiness, and advocacy.
- Community health nurses are concerned with protecting, promoting, preserving, and maintaining health, as well as preventing disease. These concerns reflect the ethical principle of promoting good and preventing harm. Balancing individual rights vs. rights of community groups is a challenge.
- Community health nurses address the challenges of autonomy and providing ethical care. Client rights include the right to information disclosure, privacy, informed consent, information confidentiality, and participation in treatment decisions.
- As nurses participate in research in the community setting, it is important to use ethical decision-making to promote client rights.

1.2 Application of ethical principles to community health nursing

Respect for autonomy

Individuals select those actions that fulfill their goals.

SITUATIONS: Respecting a client's right to self-determination (making a decision not to pursue chemotherapy)

Nonmaleficence

No harm is done when applying standards of care.

SITUATIONS: Developing plans of care that include a system for monitoring and evaluating outcomes

Beneficence

Maximize possible benefits and minimize possible harms.

SITUATIONS: Assessing costs, risks and benefits when planning interventions

Distributive justice

Fair distribution of the benefits and burden in society is based on the needs and contributions of its members.

SITUATIONS: Determining eligibility for health care services based on income and fiscal resources

- Public health nurses can apply ethical principles through core functions as they collect and manage information (assessment), develop policies that are in the best interest of the people in an area (policy development), and create interventions that promote healthcare equality across population groups (assurance).

ADVOCACY

Client advocate is one role of the community health nurse. The nurse plays the role of informer, supporter, and mediator for the client. The following are basic to client advocacy.

- Clients are autonomous beings who have the right to make decisions affecting their own health and welfare.
- Clients have the right to expect a nurse-client relationship that is based on trust, collaboration, and shared respect; related to health; and considerate of their thoughts and feelings.
- Clients are responsible for their own health.
- It is the nurse's responsibility to advocate for resources or services that meet the client's health care needs.
- Advocating for clients requires assertiveness, placing priority on the client's values, and willingness to progress through the chain of command for resolution.
- Nurses act as advocates for communities and populations through efforts to change health care systems and improve quality of life. An example of public health advocacy includes nurses working to promote access to clinics for individuals who live in rural communities.

EVIDENCE-BASED PRACTICE

Evidence-based practice involves using best practices, expert opinion, and client preferences to change the delivery of client care. The goal is to improve client outcomes.

Data

- The nurse should appraise data collected from research to measure whether bias was minimal (**quality**); the number of studies, participants, or strength of effect (**quantity**); and whether the results are repeatable (**consistency**). The nurse then analyzes the data for application to practice. **QEBP**
- Data is also classified to determine the strength of the information. The nurse should seek the highest level of evidence available and choose information that is validated by systematic peer-review.

In the community

- Evidence-based practice improves public health as nurses develop policies to improve the health of specific groups. The public health nurse can use evidence to provide new solutions for groups of people (assessment), provide information to communities (policy development) and evaluate the effectiveness of the health care environment for groups (assurance).
- An example of evidence-based practice in community health includes the use of high levels of evidence to support media campaigns regarding immunization guidelines.
- The Task Force on Community Preventive Services produces a guide that reviews health promotion and disease prevention guidelines compared to the available evidence. The task force then determines whether there is sufficient or strong evidence to implement an intervention and lists which ones have insufficient evidence to show that they are effective.
- The nurse must consider several factors when applying evidence to practice: cost, benefit to the client, client satisfaction, safety, and client specific factors, such as culture and demographics. An intervention that is appropriate on the client or family level might not work when the nurse is caring for communities or populations of people.
- Nurses in the community setting can contribute to the body of evidence by implementing research studies in the practice setting and in collaboration with educational institutions, health care facilities, and through community-based participatory research (CBPR).
 - CBPR includes partners, professionals, and community residents in identifying health issues and intervening.
 - The CBPR approach fosters support from community members, develops leadership within the community, and promotes a positive collaborative relationship with health professionals.

QUALITY

- Quality assurance, quality improvement, and quality management are part of improvement of health care. Detailed information about quality improvement is available in the **NURSING LEADERSHIP AND MANAGEMENT REVIEW MODULE**.
- Quality care is promoted through licensure and credentialing of health care providers, adherence to facility policies, professional development, and compliance with legal guidelines. Specialty certification is available for many community health roles. **QI**
- Quality report cards for managed care and public health organizations provide data about the effectiveness of care. Community health report cards can include health profiles, needs assessments, information about quality of life, and health status.
- Nurses can use information from quality report cards in developing or revising strategies for care of communities. An example of increasing quality in community health is educating clients who have diabetes mellitus on how frequently their providers should perform glycosylated hemoglobin testing.

Total quality management (TQM)

TQM is an approach that seeks to improve quality and performance which meets or exceeds expectations.

Continuous quality improvement (CQI)

- CQI is an approach to quality management that emphasizes the organization and its processes and systems and uses objective data to analyze and improve processes.
- Public health nurses follow the continuous quality improvement process in carrying out roles of assessment, assurance, and policy development on an ongoing basis. Nurses can evaluate quality by examining the following aspects of care.
 - **Effectiveness:** providing services to those who will benefit
 - **Timeliness:** reducing waits and harmful delays in providing and receiving care
 - **Client-centered:** ensuring client values guide decision-making
 - **Equity:** providing equal care without discriminating against gender, race, sexual orientation, socioeconomic status
 - **Safety:** avoiding injuries to clients from the care intended to help them
 - **Efficiency:** avoiding waste in supplies, ideas, energy

PROFESSIONAL COLLABORATION AND COMMUNICATION

- Nurses in various community settings use communication skills in caring for individuals, collaborating in teams and groups, interacting with other professionals, and informing the public and stakeholders.
- The nurse facilitates communication with the client through transfers from one level of care to another, across the continuum of care.
- Nurse leaders use professional communication in roles such as mentoring, coaching employees, managing conflict, and supervising programs.
- Community health nurses should take care to use clear language with a respectful tone when using written, electronic, or print correspondence.
- The nurse should incorporate knowledge about variations in verbal and nonverbal communication, literacy needs, and client preferences when interacting with clients and groups.
- As with all aspects of health care, the nurse in the community setting is bound by laws regulating privacy and confidentiality in all forms of communication.


BENEFITS OF PROFESSIONAL COMMUNICATION

- Increased client adherence to prescribed treatment plan
- Reduced admissions to acute care
- Reduced cost of care
- Shared decision-making with client and family
- Reduced medication errors

Health promotion and disease prevention

- The terms health promotion and disease prevention are often used interchangeably. They refer to strategies which affect an individual's overall health, to promote good health to reduce the overall risk for disease, and to reduce the risk for specific conditions, such as motor vehicle injuries and influenza.
- National health goals guide nurses in developing health promotion strategies to improve individual and community health.
- Community health nurses participate in three levels of prevention: primary, secondary, and tertiary.

HEALTH PROMOTION

- *Healthy People* national health goals are derived from scientific data and trends collected during the prior decade. These goals are based on those issues that are considered major risks to the health and wellness of the United States' population. 
 - *Healthy People* was initiated in 1979, and, every 10 years, publishes the national health objectives that serve as a guide for promoting health and preventing disease.

- *Healthy People* is coordinated by the U.S. Department of Health and Human Services, along with other federal agencies, and transitioned to *Healthy People 2020* in January 2010.
- *Healthy People* serves as a measure for quality of health. The national health goals guide the nurse in developing health promotion strategies to improve individual and community health.
- *Healthy People* initiatives have shown that implementing health promotion and disease prevention strategies leads to decreased expense for healthcare and improves the length of the client's lifespan.
- *Healthy People* objectives include impacting the following focus areas.
 - Access to health services
 - Adolescent health
 - Chronic kidney disease
 - Disability
 - Genomics
 - Global health
 - Health-related quality of life and well-being
 - Hearing and other sensory or communication disorders
 - Nutrition and weight status
 - Older adults
 - Oral health
 - Preparedness
 - Family planning
 - Food safety
 - Mental health and mental disorders
 - Medical product safety
 - Lesbian, gay, bisexual, and transgender health
 - Substance abuse
 - Sleep health
- The community health nurse actively helps people to change their lifestyles in order to move toward a state of optimal health (physical and psychosocial).
- Preventive services include health education and counseling based on scientific evidence, immunizations, taking preventive medication, lifestyle changes, and other actions that aim to prevent a potential disease or disability.
- The community health nurse provides preventive services in multiple community settings.
- The community health nurse is often responsible for planning and implementing screening programs for at-risk populations.
- Successful screening programs provide accurate, reliable results, can be inexpensively and quickly administered to large groups, and produce few if any adverse effects.
- The nurse should evaluate a potential screening method to determine whether it can be used consistently (reliability), it demonstrates accuracy of measurement (validity), and how effective it is at identifying an individual with a particular condition (predictive value).

DISEASE PREVENTION

Primary prevention

preventing, immunization

use of vaccines

- Prevention of the initial occurrence of disease or injury
- Nutrition education
- Family planning and sex education
- Smoking cessation education
- Communicable disease prevention education
- Education about health and hygiene issues to specific groups (day care workers, restaurant workers)
- Safety education (seat belt use, helmet use)
- Prenatal classes
- Providing immunizations
- Advocating for access to health care, healthy environments

Secondary prevention

Early detection and treatment of disease with the goal of limiting severity and adverse effects

- Community assessments
- Disease surveillance (communicable diseases)
- Screenings
- Cancer (breast, cervical, testicular, prostate, colorectal)
- Diabetes mellitus
- Hypertension
- Hypercholesterolemia
- Sensory impairments
- Tuberculosis
- Lead exposure
- Genetic disorders/metabolic deficiencies in newborns
- Control of outbreaks of communicable diseases

- Screening for AFBP
- breast self-examination

- daily low dose of aspirin in pts with stroke

Tertiary prevention

Reducing the limitations of disability and promoting rehabilitation following health alterations

- Maximization of recovery after an injury or illness (rehabilitation)
- Nutrition counseling for management of Crohn's disease
- Exercise rehabilitation
- Case management (chronic illness, mental illness)
- Physical and occupational therapy
- Support groups
- Exercise for a client who has hypertension (individual)

cardiac or stroke rehab programs
chronic disease support program
support groups

chemotherapy, screening for complications
therapy order help

to prevent the problem from recurring