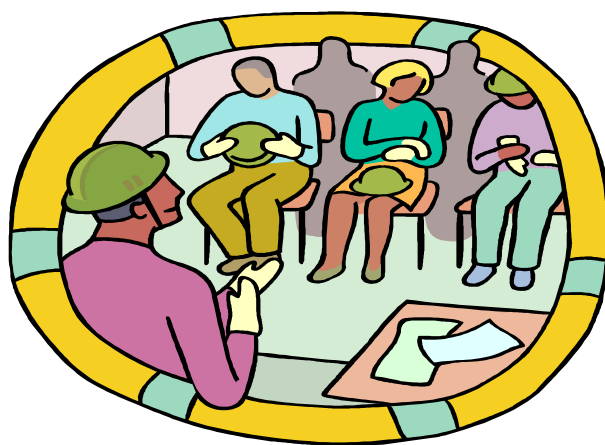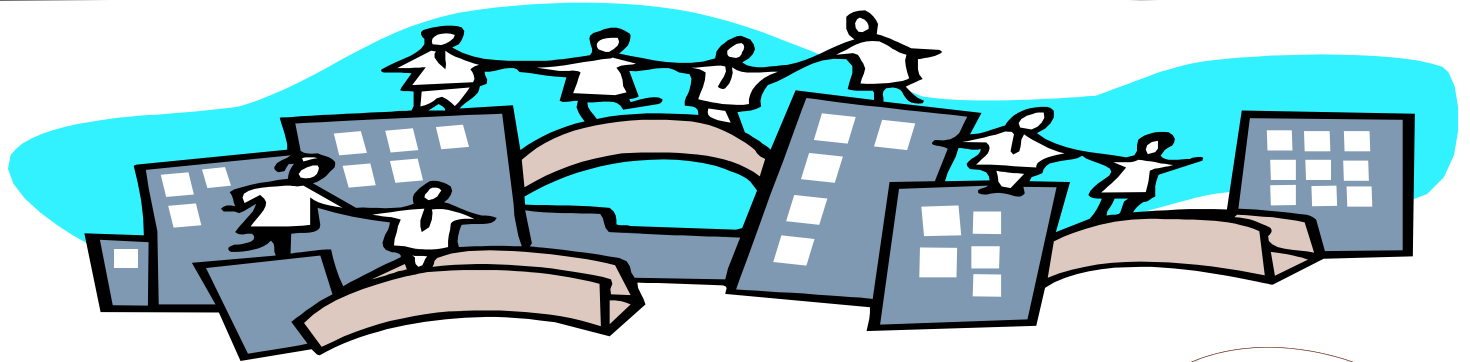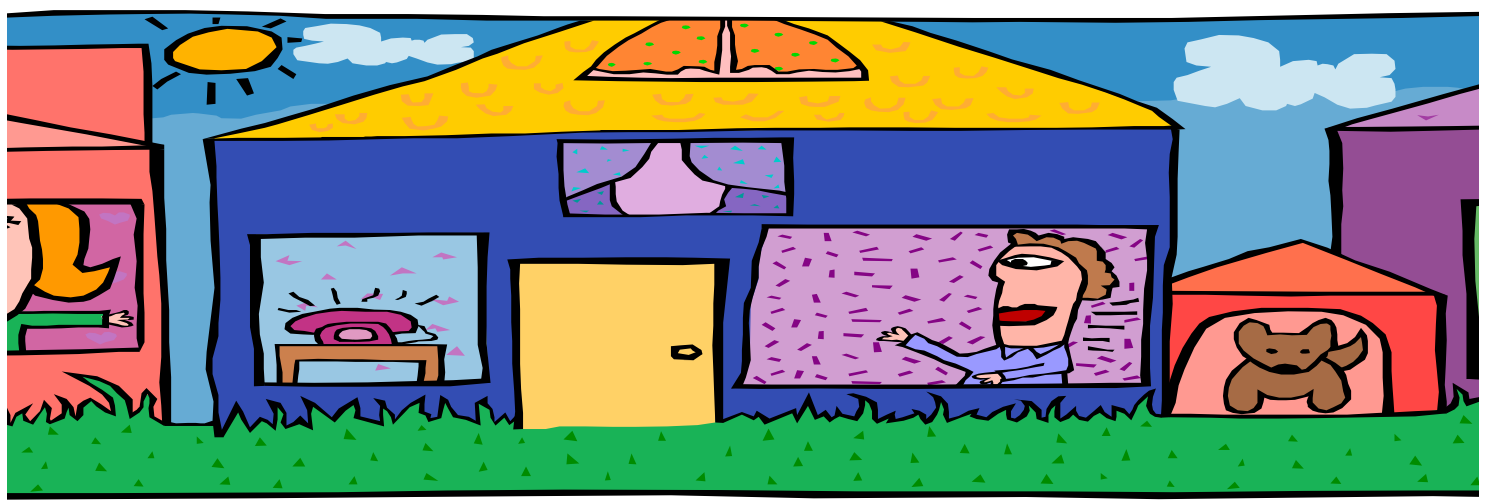# The Community as Client

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The hallmark of community health nursing is that the primary client or recipient of care is a group of people, or population, rather than individual or a particular family.

Clark, 2003

Describing Community Health Nursing Practice
(Quad Council of Public Health Nursing Organizations,1999)

- Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences *(American Public Health Association, Public Health Nursing Section 1996)*

- Public health nursing is population-based, community-oriented nursing practice

- The goal of public health nursing is the prevention of disease and disability for all people through the creation of conditions in which people can be healthy.

- Public health nurses most often partner with nations, states, communities, organizations and groups, along with individuals, in completing health assessment, policy development and assurance activities.

Describing Community Health Nursing Practice
(Quad Council of Public Health Nursing Organizations,1999)

- Public health nurses practice in both public and private agencies; some may have responsibility for the health of a geographical or enrolled population, such as those covered by a health department or capitated health system; others may promote the health of a specific population.

- Public health nurses assess the needs and strengths of the population, design interventions to mobilize resources for action and promote equal opportunity for health.

- Strong, effective organizational and political skills must complement their nursing and public health expertise.

The Eight Tenets of Public Health (Community Health Nursing)

1. **Population-based assessment, policy development aand assurance processes are systematic and comprehensive.**

2. All processes must include partnering with representatives of the people.

3. Primary prevention is given priority.

4. Intervention strategies are selected to create healthy environment, social and economic conditions in which people can thrive.

5. Public health nursing practice includes an obligation to actively reach out to all who might benefit from an intervention or service

6. The dominant concern and obligation is for the greater good of all of the people or the population as a whole.

7. Stewardship and allocation of available resources supports the maximum population health-benefit gain.

8. The health of the people is most effectively promoted and protected through collaboration with members of other professions and organizations.

Quad Council of Public Health Nursing Organizations. (1999). *Scope and Standards of Public Health Nursing Practice.* Washington, DC. American Nurses Association, pp 2-4

Standards for Public Health Nursing

Standards of Care

Standard I. Assessment : The public health nurse assesses the health status of populations using data, community resources, identification, input from the population, and professional judgment.

Standard II. Diagnosis: The public health nurse analyses collected assessment data and partners with the people to attach meaning to those data and determine opportunities and needs.

Standard III. Outcomes Identification: The public health nurse participates with other community partners to identify expected outcomes in the populations and their health status.

Standard IV. Planning: The public health nurse promotes and supports the development of programs, policies and services to provide interventions that improve the health status of populations.

Standard V. Assurance: The public health nurse assumes access and availability of programs, policies, resources and services to the population.

Standard VI. Evaluation: The public health nurse evaluates the health status of the population.

Standards for Public Health Nursing

Standards of Professional Performance

Standard I. Quality of care: The public health nurse systematically evaluates the availability, accessibility, acceptability, quality and effectiveness of nursing practice for the population.

Standard II. Performance Appraisal: The public health nurse evaluates his or her own nursing practice in relation to professional practice standards and relevant statutes and regulations .

Standard III. Education: The public health nurse acquires and maintains current knowledge and competency in public health nursing practice.

Standard IV. Collegiality: The public health nurse establishes collegial partnerships while interacting with health care practitioners and others, and contributes to the professional development of peers, colleagues and others.

Standard V. Ethics: The public health nurse applies ethical standards in advocating for health and social policy, and delivery of public health programs to promote and preserve the health of the population.

Standards for Public Health Nursing

Standards of Professional Performance

Standard VI. Collaboration: The public health nurse collaborates with representatives of the population and other health and human service professionals and organizations in providing for and promoting the health of the total population.

Standard VII. Research: The public health nurse uses research findings in practice.

Standard VIII. Resource Utilization: The public health nurse considers safety, effectiveness, and cost in the planning and delivery of public health services when using available resources, to ensure maximum possible health benefit to the population.

For the Standards of Public Health Nursing in the Philippines 2006, refer to Public Health Nursing in the Philippines, 10th edition, Published by the National League of Philippine Government Nurses, Copyright 2007

Defining Populations as a Focus of Care

Populations refer to the general public or society or a collection of communities; do not display social action among all members but among selected groups within the population.

Aggregates	**Populations with some <u>common characteristics</u> <u>who frequently have concerns</u>, but many not interact with each other to address those concerns It is often used to refer to populations at high risk for certain health conditions.** *(Kuss et al, 1997;Helvie, 1998)*.
Neighborhood	**Smaller, <u>more homogeneous</u> group than a community as a consequence of having a common language or cultural tradition but <u>may not have specific physical or geographic boundaries</u>.** *(Matteson, 2000)*
Community	**A group of people who <u>share common interests</u>, <u>interact</u> with each other and <u>function collectively</u> within a defined social structure to address common concerns.** *(Clark, 2003)*

Defining the Health of Populations *(Clark, 2003)*

- Attainment of the **greatest possible biologic, psychological and social well-being** of the population as an entity and of its individual members

- Health is derived from **opportunities and choices** provided to the public as well as the **population's responses to those choices**

- Healthy populations provide their members with the **knowledge and opportunities to make choices** that improve health

Characteristics of Healthy Populations *(WHO, 1984)*

A healthful physical environment; A stable, sustainable ecosystem

Provisions for meeting members' basic needs; governance structures that promote health; appropriate and accessible services for all

Strong, supportive, non-exploitive population; Extensive public participation in decisions affecting health

A vital economy; wide access to resources and opportunities for interaction among members

Connectedness with cultural and biological heritage

A high health status, including strong positive health indicators as well as low incidence of disease

Contexts of Community Health Nursing Practice

Health Care System Context

Political Context

Economic Context

Cultural Context

Environmental Context

Health Care System Context

WHO *(2000)* has developed a list of core goals to be accomplished by a health care system:

✓ *Improving the health status of the population*

✓ *Reducing health inequalities*

✓ *Promoting responsiveness to legitimate expectations of members of the populations*

✓ *Increasing efficiency of health care delivery*

✓ *Protecting individuals , families and communities from health-related financial loss*

✓ *Promoting fairness in the financing and delivery of health care services*

The faces of poverty in the Philippines…

- **Homelessness**
- **Hunger**
- **Ill health**
- **Joblessness**
- **Crimes and violence**
- **Graft and corruption**
- **Environmental degradation**

Twenty main causes of poverty- their roots and implications
(Feuerstein, 1997)

- Unequal wealth distribution
- Unemployment and underemployment
- Unequal land distribution and landlessness
- Lack of access to capital/money
- Continuing legacy of colonization
- Globalization of the world economy
- Structural adjustment
- Continuing industrial and technological revolutions
- Lack of decision-making on governance
- Violation of human rights

- Environmental degradation
- Race and class discrimination
- Degradation of indigenous cultures
- Natural disasters
- Man-made disasters e.g. war and conflict
- Gender discrimination
- Violence in the home and outside
- No access to education and training
- No access to health services and social welfare
- No access to water for drinking and irrigation

Political Context

- Using political process to promote the health of the population
- The health care system itself is shaped by political forces and health policy development at multiple levels in society
- Engaging in political activism to gain important changes in societal conditions
- Because of its focus on health of population groups, **CHN, by definition, is political in nature**

"Nursing is love in action, and there is no finer manifestation of it than the care of the poor and disabled in their own homes." - *Lillian Wald, Founder of Public Health Nursing*

Economic Context

Economic factors affect the

- <u>health of clients</u> in terms of ability to obtain basic necessities and health care
- <u>delivery of health services</u> arising from unemployment and reduced tax base to finance government-supported health and welfare programs.

The Economics of Health Care

MIND THE GAP

Factors contributing to rising health care costs:

- Population growth
- Increasing longevity
- Overuse of expensive technology
- Specialization of health care providers
- Increased use of prescription drugs
- Lack of emphasis on prevention
- Access to health insurance
- Lack of health insurance
- Uncompensated care and consequent cost shifting
- Fraudulent reimbursement claims

Cultural Context

Effects of culture on health

- Direct effects- stem from specific culturally prescribed practices related to diet and food or to health and illness

- Indirect effects- result from cultural definitions of health and illness, acceptability of health care programs and providers and cultural influences on compliance with suggested health or illness regimens.

An apple a day = no doctor

1 Lemon a day = no fat

3ltrs of water per day = no diseases

Tulsi Leaf a day = no cancer

1 cup milk a day = no bone problem

Environmental Context

Perspectives relevant to environmental concerns:

- Public health – concerned with effects of the environment on human health; focus is on the good of the group, concern for humanity

- Ecological – concern for the preservation of the environment; concern is with the cosmos, the total environment

The CHN takes both homocentric and ecocentric perspectives

Theoretical Models of Community Health Nursing
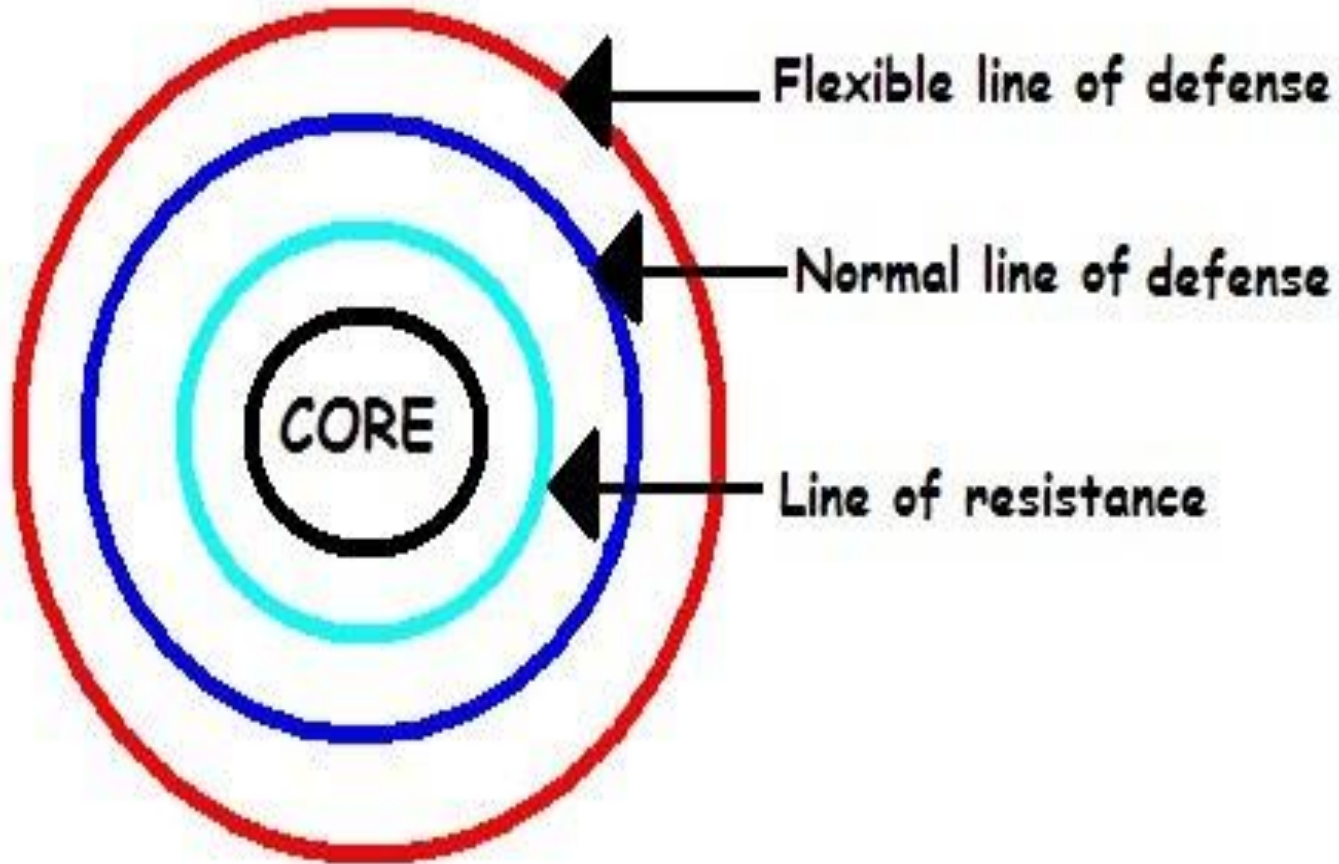
Protective, accordion-like mechanism that surrounds and protects the normal line of defense from invasion by stressors

Represents what the client has become over time, or the usual state of wellness; considered dynamic because it can expand or contract over time

Series of concentric circles that surrounds the basic structure

Neuman's Health Systems Model *(Neuman,1994)*

- Involves a client system striving to prevent "penetration" or disruption of the system by a variety of stressors

Theoretical Models of Community Health Nursing

The Dimensions Model of Community Health Nursing *(Clark, 2003)*

Dimensions of Health	Dimensions of Health Care	Dimensions of Nursing
Biophysical Dimension Psychological Dimension Physical Environmental Dimension Sociocultural Dimension Behavioral Dimension Health System Dimension	Primary Prevention Secondary Prevention Tertiary Prevention	Cognitive Dimension Interpersonal Dimension Ethical Dimension Skills Dimension Process Dimension Reflective Dimension

Theoretical Models of Community Health Nursing

The 17 Public Health Interventions
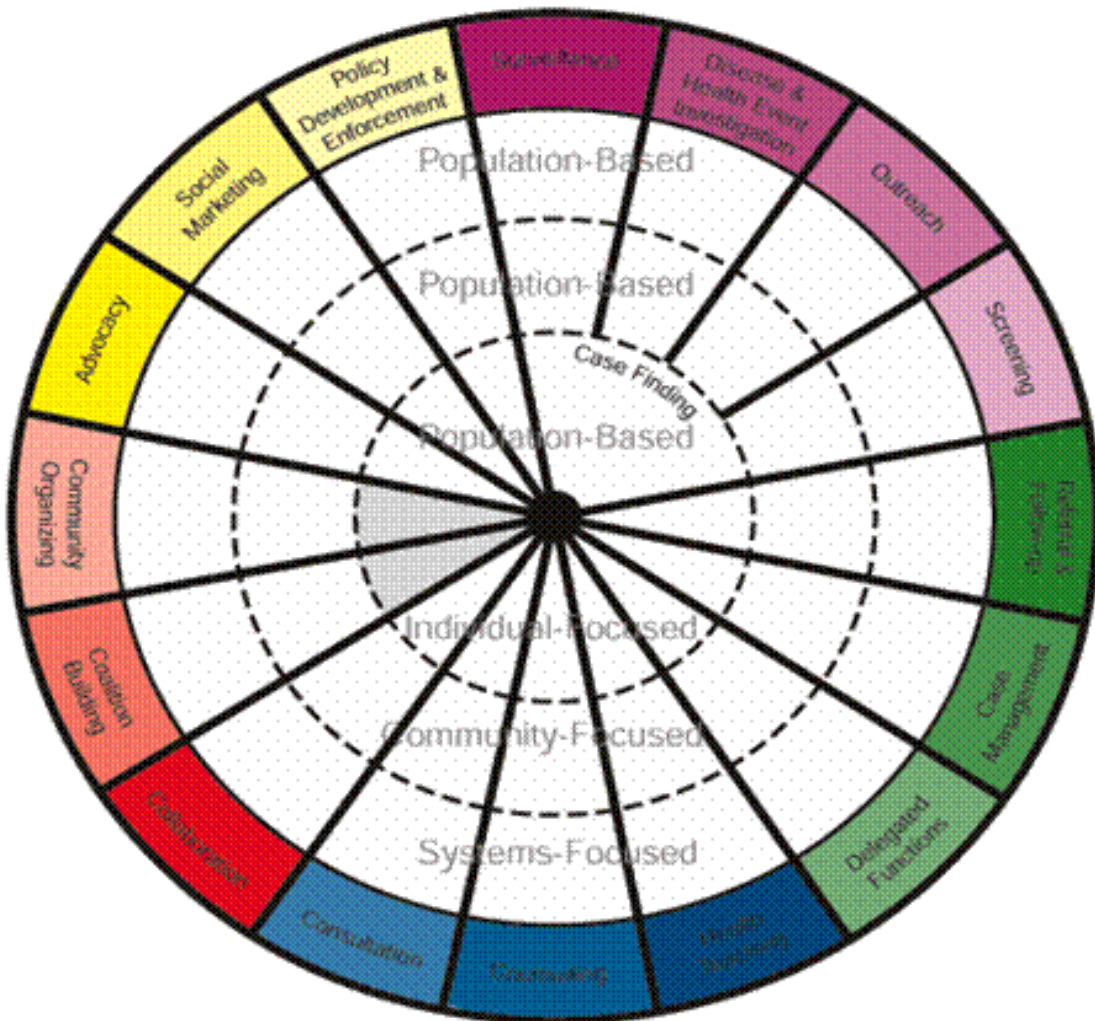
Public Health Nursing Interventions Model *(Keller, Strohschein,Lia-Hoagberg, & Schafer, 1998)*

- Model consists of 17 community health nursing interventions that cross over three levels of population-based practice: individual-, community- and systems-focused practice

- The core functions of pubic health, assessment. Policy development and assurance are incorporated in each of the interventions at each level of practice

Community Health Development Concepts

Primary Health Care

Community Organizing and Social Mobilization

Health Promotion

Capacity-building

Gender Sensitivity and Equality

Empowerment and Healing

Sustainable Community Health Development
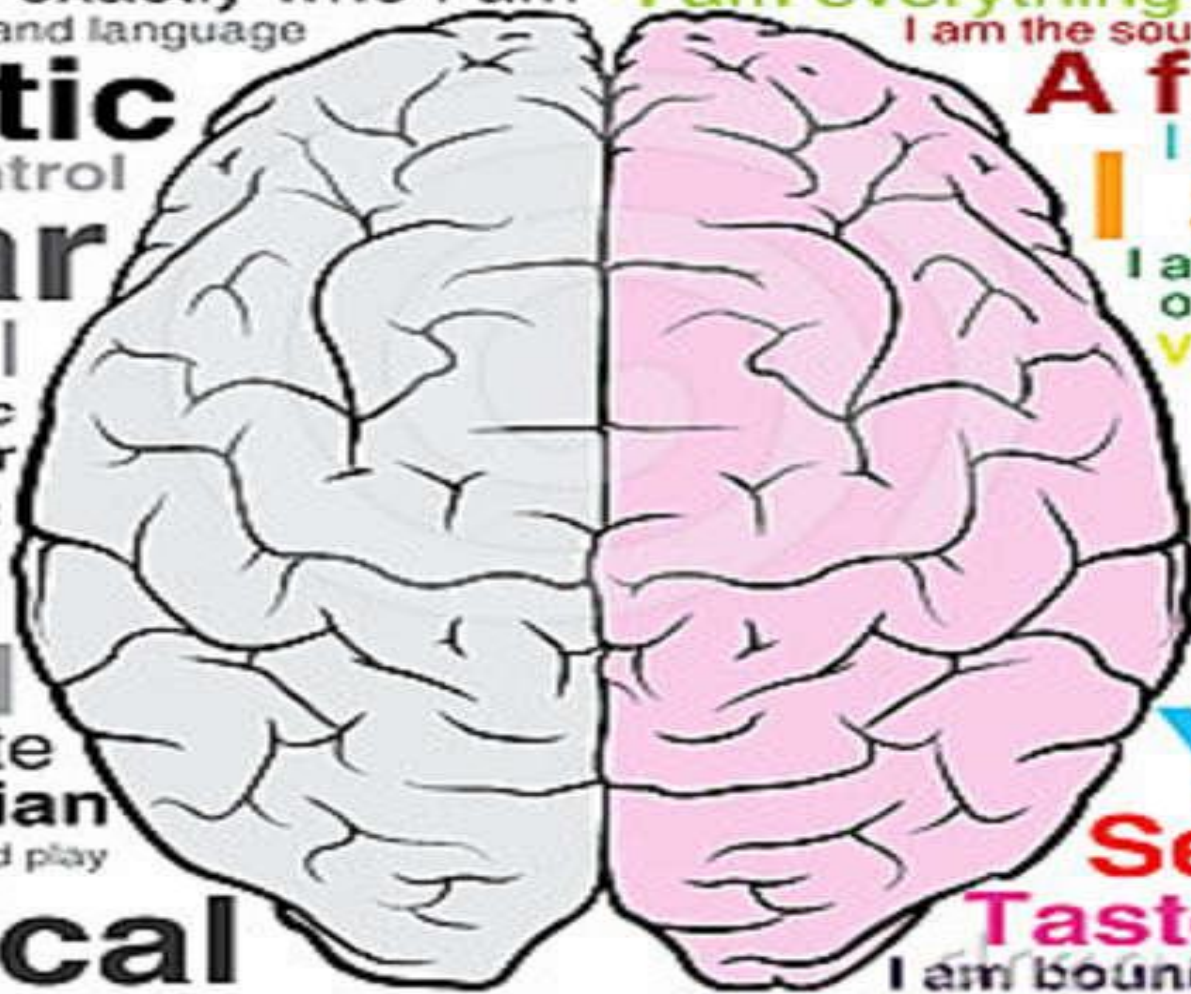
Instructions

1. Pick out the concept/s that you would like to describe.

2. Discuss among the group members how you understand the concept/s.

3. Summarize your discussion points and present the highlights in a visual art form in three scenes.

4. The following three questions should guide you in depicting the three scenes.

   a. Scene 1: Describe current situation in a population group/community where the concept/s will be relevant.

   b. Scene 2: Describe what or how will the nurse intervene with the situation using the concept/s.

   c. Scene 3: How will you depict the change/s from the current situation if the nurse succeeds in the intervention.

5. Presentation will be next week; each group will have 15 minutes to briefly share their output.

Rubric for Group Presentation

Criteria	Very Good (10)	Satisfactory (5)	Needs Improvement (0)
Concept discussion	Main issues or points of the concept completely and exhaustively discussed	Greater part of issues or points of the concept adequately discussed	Greater part of issues or points of the concept discussed inadequately
Concept analysis	Concept dissected in terms of meaning to oneself, significance and implication to nursing profession, relevance and impact to society.	Analyzed greater part of concept in terms of meaning to oneself, significance and implication to nursing profession, relevance and impact to society.	Unable to find the concept's meaning to oneself, significance and implication to nursing profession and relevance and impact to society.
Concept presentation	Medium of presentation was able to effectively communicate the meaning of the concept.	Form of presentation partly communicated the meaning of the concept.	Form of presentation was not able to communicate the concept.
Participation of group members	All members actively participated	1/3 of the group failed to participate	Majority of members did not participate.
Elicited participation from class	Presentation elicited substantial discussion from the class.	Presentation elicited superficial comments and discussion from class.	Presentation elicited negative