N-119: PUBLIC HEALTH NURSING II
THE COMMUNITY HEALTH NURSING PROCESS
CARE OF THE COMMUNITY AS A CLIENT

PLANNING

Developing a Program
of Health and Nursing Services
to Address Community Health Needs

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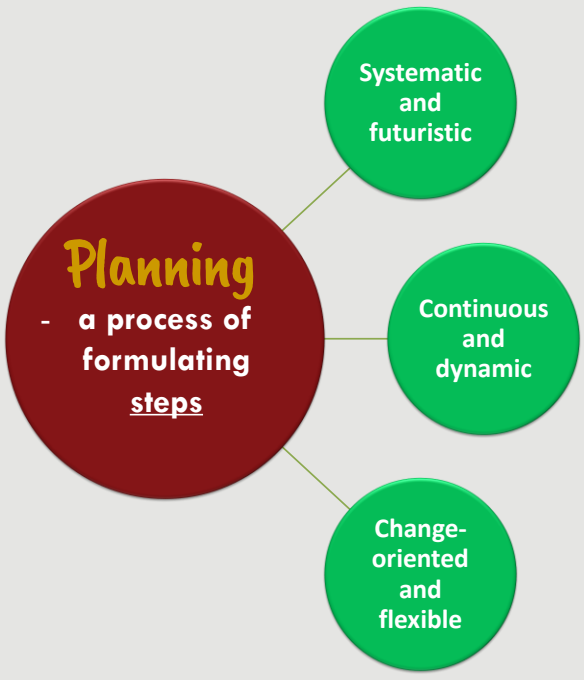


- ✓ **to achieve desired end**
- ✓ **to efficiently allocate available resources**

Keep in mind:

The people KNOW BETTER about their community.
They '*can*' articulate their needs and problems.

AS NURSES:

FACILITATE PEOPLE TO EXPRESS THEMSELVES.

Needs are GAPS between WHAT IS and WHAT SHOULD BE.

Keep in mind:

As nurses, our objective is to:

ENHANCE WELLNESS and IMPROVE THE HEALTH STATUS and QUALITY OF LIFE of the PEOPLE

Ano ang itsura ng isang magandang buhay para sa'yo? Paano ito naaapektuhan ng pagkakasakit?

The challenge is for us to:

GENERATE and SUSTAIN the community's SENSE OF OWNERSHIP and COMMITMENT.

How?

PARTICIPATORY PLANNING

Involve people's participation.

They are an INTEGRAL part of the DECISION-MAKING and ACTION PROCESS.

Work with people as equal PARTNERS.

The Planning Cycle

Situational Analysis

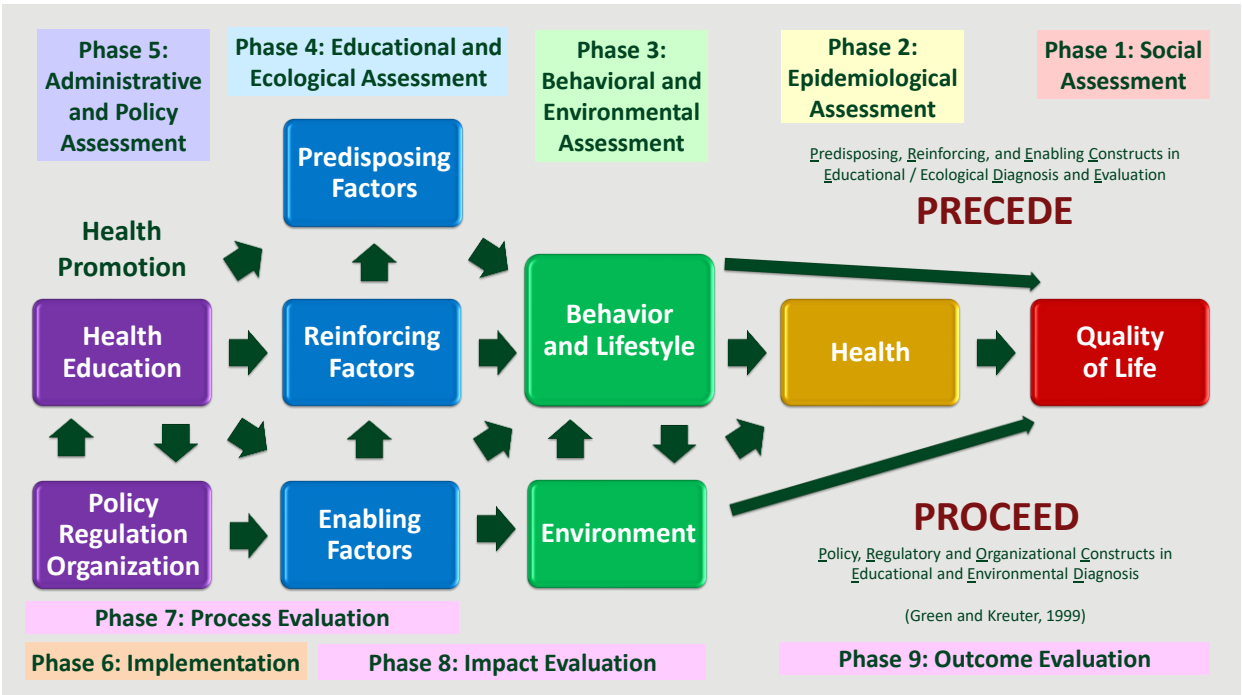
- preparatory step: **identify and explain the problem**
  - **Causes**
  - **Gaps**
  - **Best practices**
- Health data -> Health problems -> Priority
  - problem list, prioritization, problem tree
- Guide in choice of interventions

As nurses, together with the community, we identify and provide explanation to the problems.

Situational Analysis

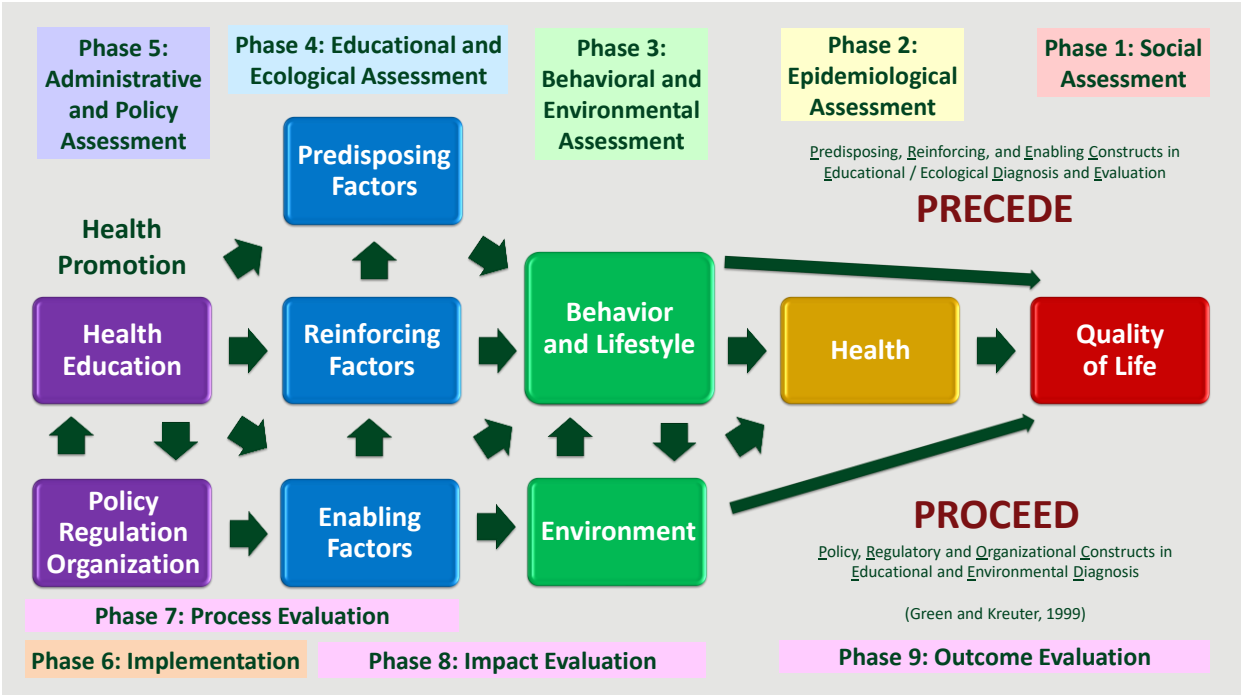
Engage the people to be more proactive in modifying behaviors and creating environments.

clear picture of the **HEALTH STATUS** of the community



PRECEDE-PROCEED Model

- nine-phase **health promotion planning and evaluation** model first proposed by Green and Kreuter
- provides blueprint for building and improving **intervention** programs
- PRECEDE: Predisposing, Reinforcing, and Enabling Constructs in Educational / Ecological Diagnosis and Evaluation
  - To analyze causation

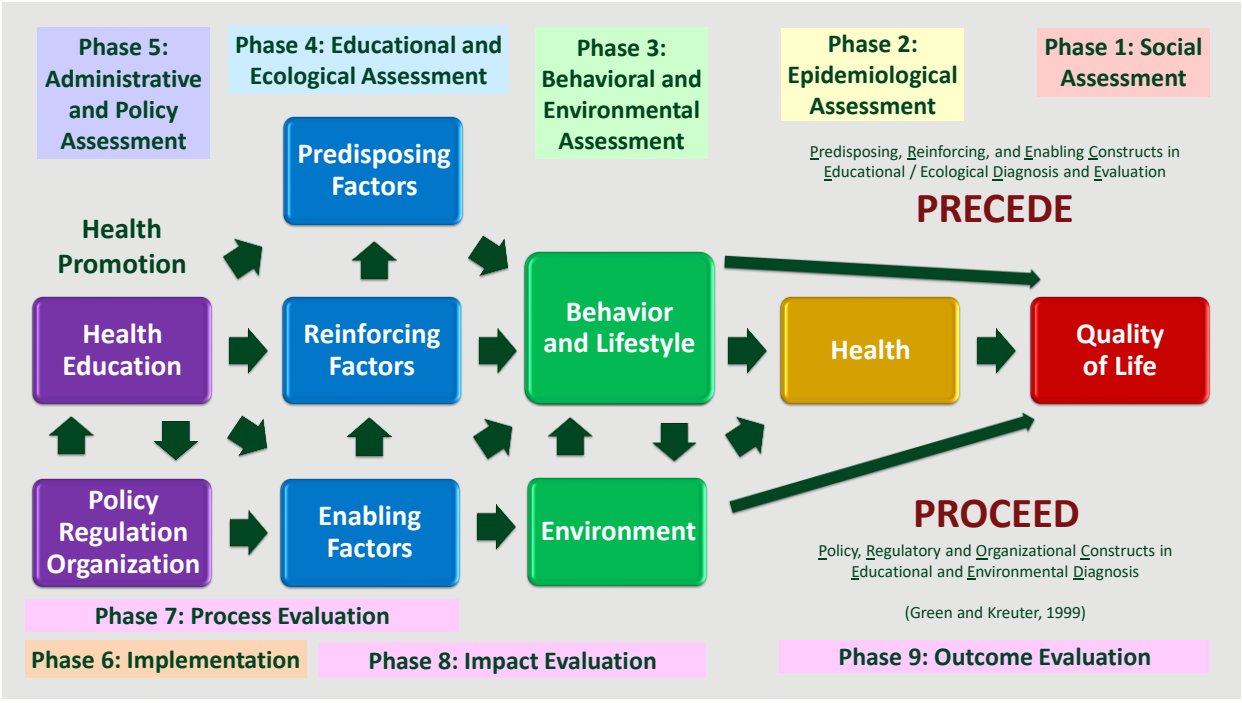


STEPS IN ANALYZING THE SITUATION

SITUATIONAL ANALYSIS

"WHERE ARE WE NOW?"

- Think about the situation you have observed during your Rapid Appraisal.
- What **general statements** on the following can you make?



SOCIAL DIAGNOSIS

Phase 1: Social Assessment

- **Specific Population Affected**
- **Magnitude / Extent of the Problem**
  - widely experienced?
- **Severity / Gravity of the Problem**
  - debilitating? Inconvenience?
- **Overall Quality of Life**

Quality of Life

Phase 1: Social Assessment

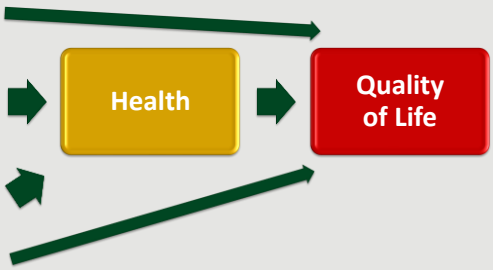
Examples

- **Poor Quality of Life of Children 6-12 years old in Barangay 143**
- **Poor Economic Productivity and Poor Employment of aged 15 to 64 in Area M of Barangay 170**
- **Poor Quality of Life of Older Persons aged 60 and above in Zones 1 to 4 of Barangay 246** as evidenced by decreased functionality (mobility and productivity)
- **Compromised Quality of Life of Barangay 369 citizens aged 15 and above**
  Social Issues: 22.05% or 220.5/1000 below the poverty threshold level; disabled people contribute to unemployment rate, lack financial resources, and consider themselves as 'burden' to their families

EPIDEMIOLOGICAL DIAGNOSIS

Phase 2: Epidemiological Assessment

Phase 1: Social Assessment



Mortality, morbidity, fertility, disability, deformity

- **Distribution (person, place, time)**
- **Intensity (incidence, prevalence)**
- **Duration**

Examples

Phase 2: Epidemiological Assessment

Phase 1: Social Assessment

- **High incidence and prevalence of intestinal parasitism among children 6-12 years old**
- **High incidence and prevalence of PTB and EPTB among aged 15 to 64 (138 per 100,000)**
- **Increased prevalence of degenerative diseases**

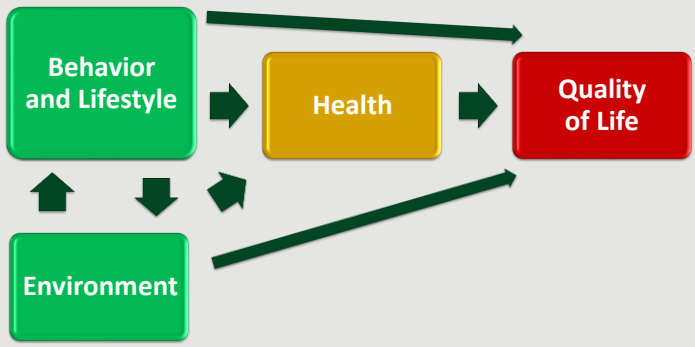
  Among the 227 senior citizens with hypertension, 128 individuals or 46% reported a marked decrease in visual acuity.
- **Malnutrition**

  35% (37) of children 6-12 years old are severely wasted, 22% (23) are wasted, 3% (4) are overweight, 4% (5) are obese, and 36% (38) are within normal range

Phase 3: Behavioral and Environmental Assessment

Phase 2: Epidemiological Assessment

Phase 1: Social Assessment



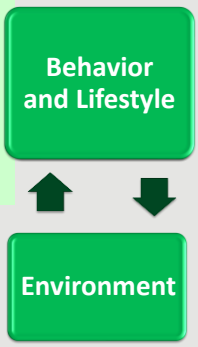
BEHAVIORAL AND ENVIRONMENTAL DIAGNOSIS

Phase 3: Behavioral and Environmental Assessment

- **RISK FACTORS:**
  - increases likelihood
  - *Behavioral / environmental*
- Look for **RISK MARKERS**
  - Point where problem might be occurring
  - e.g. *children aged 2-7, girls aged 14-17, low socio-economic status, urban poor*

Phase 3: Behavioral and Environmental Assessment

- **Utilization of service**
- **Carrying out of action**
- **Consumption of product**
- **Compliance to regimen**
- **Ability to perform self-care**



Examples

Phase 3: Behavioral and Environmental Assessment

- **Increased hand-soil contact during play**
  Poor hygiene habits
  Poor utilization of deworming services

- **Poor cough etiquette** (30%)
  Poor health seeking behavior (no medical consultation for cough that is more than 2 weeks)
  Non-compliance to treatment

- **Poor utilization of health services**
  Of the total 568 senior citizens, 495 (87%) do not seek medical attention from any health facility.

Examples

Phase 3: Behavioral and Environmental Assessment

Poor compliance to therapeutic regimen
62 individuals or 32% are not able to follow prescribed dietary regimen.
20.9% of senior citizens with hypertension do not take medicines.

- **High Sodium, Fat, and Caffeine Diet**
  37.5% have frequent sodium intake, 43.5% have frequent fat intake, 24.47% frequently consume coffee

- **Inadequate Exercise / Physical Inactivity, Cigarette Smoking, Alcohol Drinking**
- **Improper Oral Hygiene Practices, Poor Utilization of Dental Services, Unhealthy Eating Practices, Improper Food Handling Practices**
- **Having sex without contraception**

Phase 3: Behavioral and Environmental Assessment

- **Physical**
- **Social**
- **Cultural**
- **Economic**

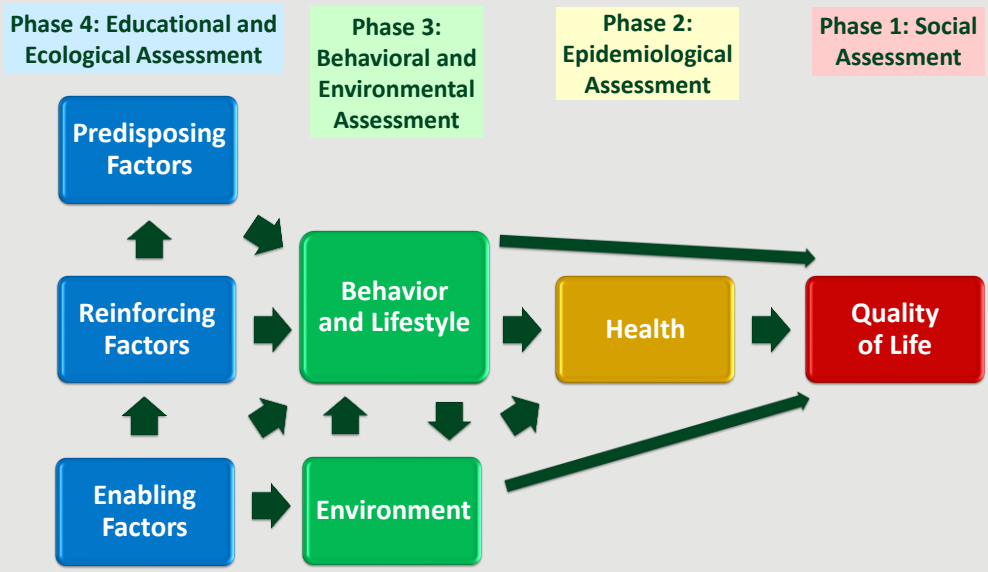
Phase 3: Behavioral and Environmental Assessment

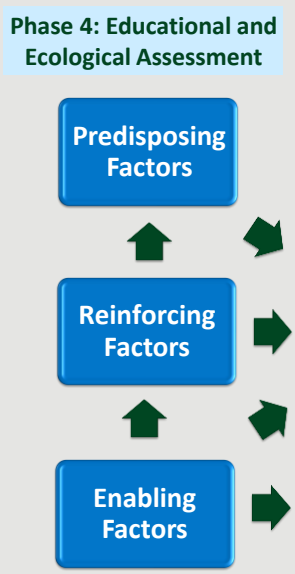
Examples

- **Unsanitary waste disposal**
  Lack of water supply

- **Crowding index**

- **Unfavorable environmental condition for older persons**
  40.4% of senior citizens with arthritis say that they need to go up the stairs to reach their room
  Lack of supportive social environment for the elderly
  1.8% live alone, 29% have 1 family member with them
  Presence of environmental hazards

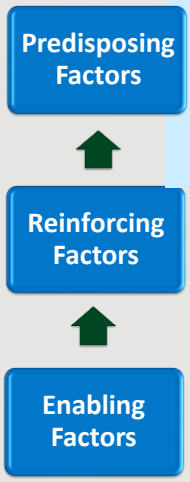




EDUCATIONAL AND ORGANIZATIONAL DIAGNOSIS

- **CONTRIBUTING RISK FACTORS:**
  - *account for the risk factor*
  - *focus of intervention*

Phase 4: Educational and Ecological Assessment



- **<u>CLIENT</u> characteristics:** *motivate behavior (will lead to a risk behavior)*
  - knowledge, beliefs, attitudes, values, perceptions

Phase 4: Educational and Ecological Assessment

Examples

- **Perception of cough not as a problem**
  Lack of knowledge on transmission of disease
  Negative attitude toward health center
  Belief viewing check-up as additional expense

- **Low level of education**
  Negative attitude toward health service

- **Inadequate knowledge on prevention and management of hypertension**
  In 4 FGDs among older persons, participants were not able to enumerate ways to prevent and manage hypertension. Misconceptions were reported.

Phase 4: Educational and Ecological Assessment

Examples

- **Unhealthy eating preference**
  81.91% frequently eat salty food, 81.91% frequently use condiments, 84.04% frequently eat processed food, 91.49% frequently eat at fast food restaurants

- **Parents and teachers not sufficiently aware of risk of sun exposure**

Phase 4: Educational and Ecological Assessment

- **<u>REWARD or PUNISHMENT</u>:**
  consequence of health behavior
  - social pressures, media messages, religious / institutional dogmas

Phase 4: Educational and Ecological Assessment

Examples

- **Reward: Other priorities for budget are met.**
  Reward: No expectation to work and provide while sick.
  Punishment: Stigma and social isolation due to tuberculosis

- **Social construct of masculinity (machismo)**
  13 out of 18 FGD participants said that there are many male smokers and alcohol drinkers in the barangay because they feel more 'manly' when they engage in such behaviors.

- **Peer pressure, role models, social support, social desirability, cultural norms, incentives** (e.g. financial support to single mothers)
  It's okay to get pregnant; it gives you a role in life.
- **DepEd has no policy on protection against risk of exposure to UV light**

Phase 4: Educational and Ecological Assessment

- **<u>ENVIRONMENT</u> characteristics:**
  facilitate health behavior
- **RESOURCE / SKILL:**
  required to attain behavior

Phase 4: Educational and Ecological Assessment

Examples

- **Lack of programs on tuberculosis**
  Lack of health center services
  Expensive diagnostic services

- **Lack of basic health facilities**

- **Physical inaccessibility of proper health care services**
  49% do not go for consultation because the health center is far from their homes.

- **Accessibility of ready-to-eat food from carinderia**
  Accessibility of seasonings in sari-sari stores
  Lack of recreational facilities
  Affordability of cigarettes

Phase 4: Educational and Ecological Assessment

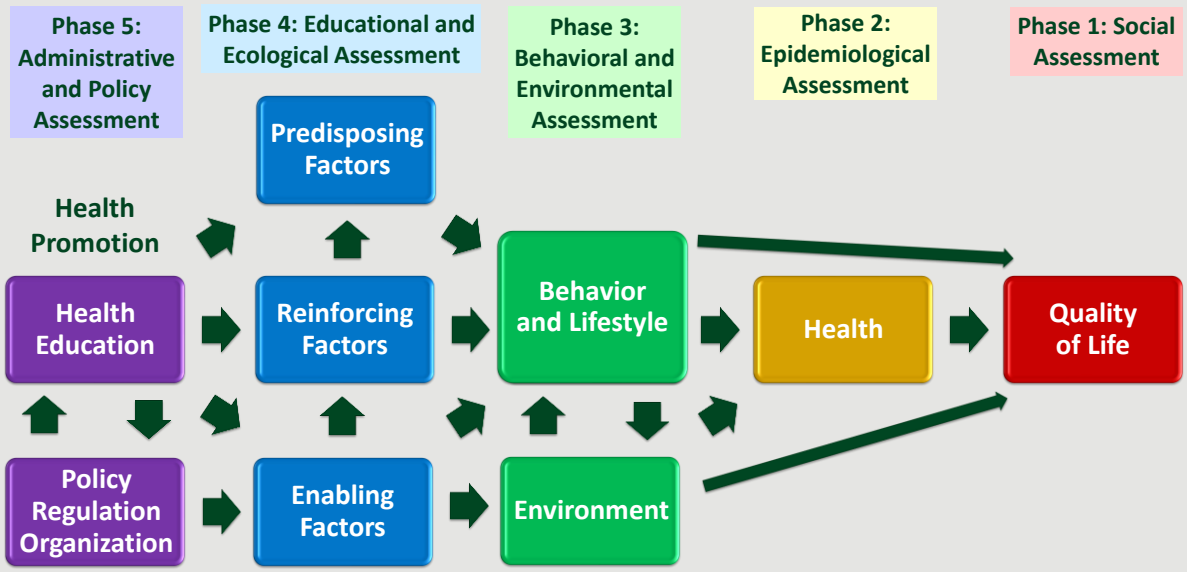
Examples

- **Lack of hypertensive medications available at the health center**
  Absence of BP apparatus in the barangay hall

- **Insufficient funds to build shelters**

- **High cost of contraception**
  Barriers to purchase contraceptives at the point of sale

- **Sensitivity or acceptability of health service to target group**



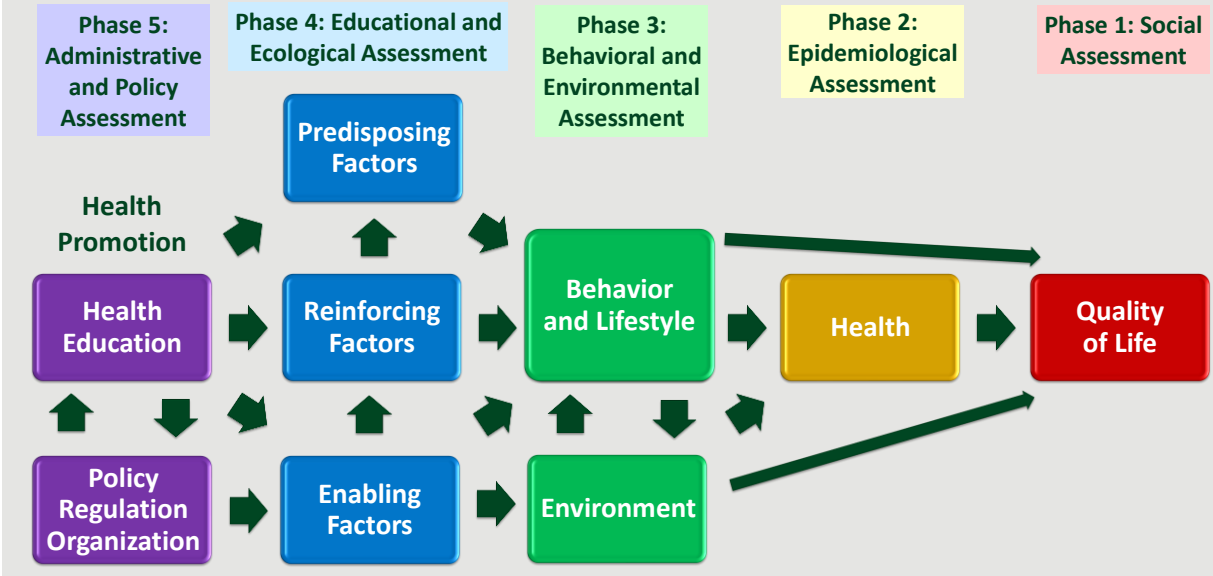
ADMINISTRATIVE AND POLICY DIAGNOSIS

- *GAPS for possible points of action*
  - **Healthy policies**
  - **Community action**
  - **Responsive health care system**

Phase 5: Administrative and Policy Assessment

Examples

- Lack of policies for implementation of TB DOTS
  Low budget priority of LGU for health



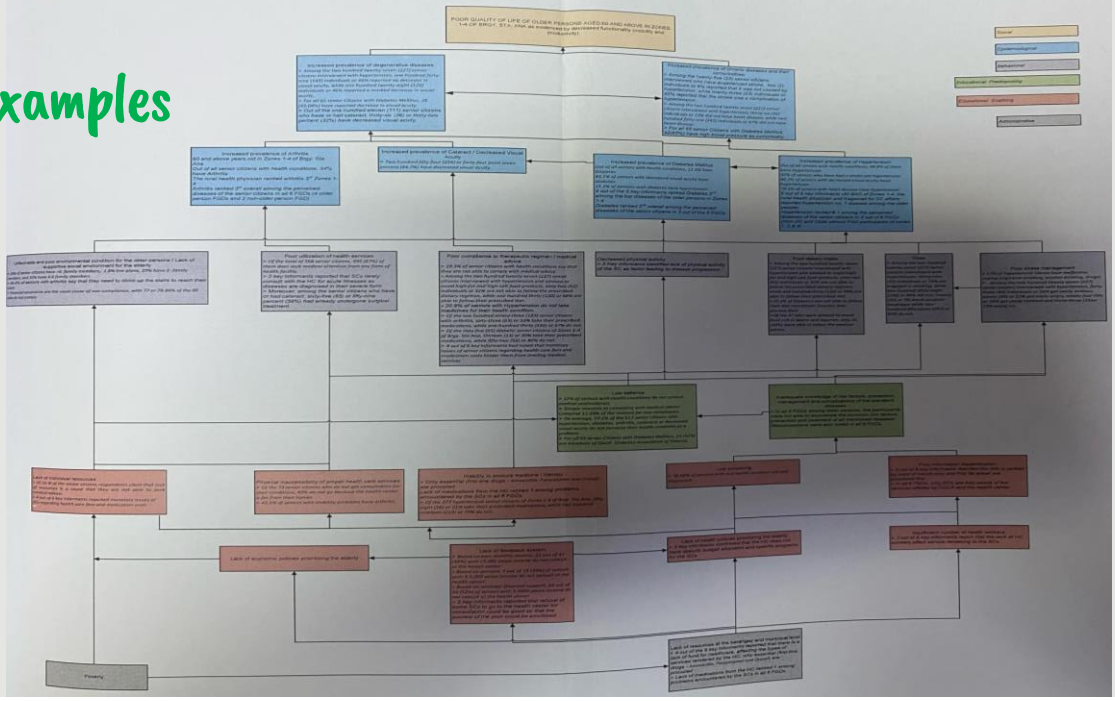
Problem Tree

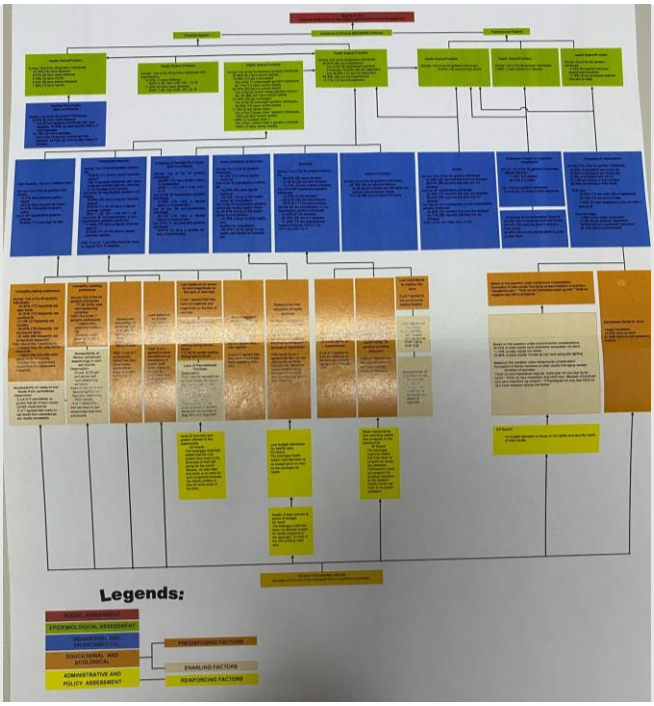
- **tool to facilitate *problem identification* and *explanation***
- **visually maps out the probable causes of the health status problem**

process

final output

Examples





The Planning Cycle

- ✓ define program goals and objectives
- ✓ assign priorities among objectives

Where do we want to go?

Term	Description	What it corresponds to
GOAL	• **Desired end:** ***total change, improvement, maintenance***	Health Problem
OBJECTIVE	• **What changes you want to bring in terms of behavior:** *end point of activities*	Risk Factor
SUB-OBJECTIVE	• **Change in prerequisite factor** *for behavior change*	Contributing Risk Factor

From What it Corresponds to	Examples of Goal and Objective Setting
Health Problem: Excessive exposure of school children to ultraviolet light	GOAL: **Reduce exposure of school children to ultraviolet light**
Risk Factor: **Not enough shade in school playgrounds**	OBJECTIVE: **Increase the amount of shade in school playgrounds**

From What it Corresponds to	Examples of Goal and Objective Setting
Contributing Risk Factor: **Parents and teachers not sufficiently aware of risk of sun exposure**	SUB-OBJECTIVE: **Increase the teachers' and parents' knowledge of risk of exposure to UV**
Insufficient funds to build shades/ shelters	**Acquire P 60,000 for shades / shelters**
DepEd has no policy on protection against risk of exposure to UV light	**Incorporate UV exposure protection in DepEd policy**

From What it Corresponds to	Examples of Goal and Objective Setting
Health Problem: High incidence and prevalence of PTB and EPTB among aged 15 to 64	GOAL: **Decrease incidence and prevalence of PTB and EPTB among aged 15 to 64**
	OBJECTIVE: **In 5 years, decrease the incidence of TB by 20% (to 110 per 100,000)**

From What it Corresponds to	Examples of Goal and Objective Setting
Risk Factor: **Poor cough etiquette** (30%)	OBJECTIVE: **In 6 months, increase to 90% the use of tissue to cover the mouth when coughing**
Contributing Risk Factor: **Lack of knowledge on transmission of disease**	SUB-OBJECTIVE: **Increase knowledge on transmission of disease** (90% of participants in health education report increased knowledge)

The Planning Cycle

- ✓ design intervention programs and strategies
- ✓ ascertain resources
- ✓ analyze constraints and limitations

PROGRAM

- **Timed series of activities** *to correct the* **health problem**

❑ ***resources***
human, financial, material, technological, time, institutional

❑ ***constraints / limitations***

STRATEGY

- way of describing **how** you are going to get things done
  - *"How do we get there from here?"*

❑ **gives overall direction:** point out path; not narrow
❑ **fits resources and opportunities**
❑ **minimizes resistance and barriers**
❑ **reaches those affected**

Strategy Objectives

- what you **DO** in the program

Examples

Run a 2-week social media campaign on cough etiquette.

Conduct a house-to-house screening of tuberculosis focusing on close contacts.

Strategy Activities

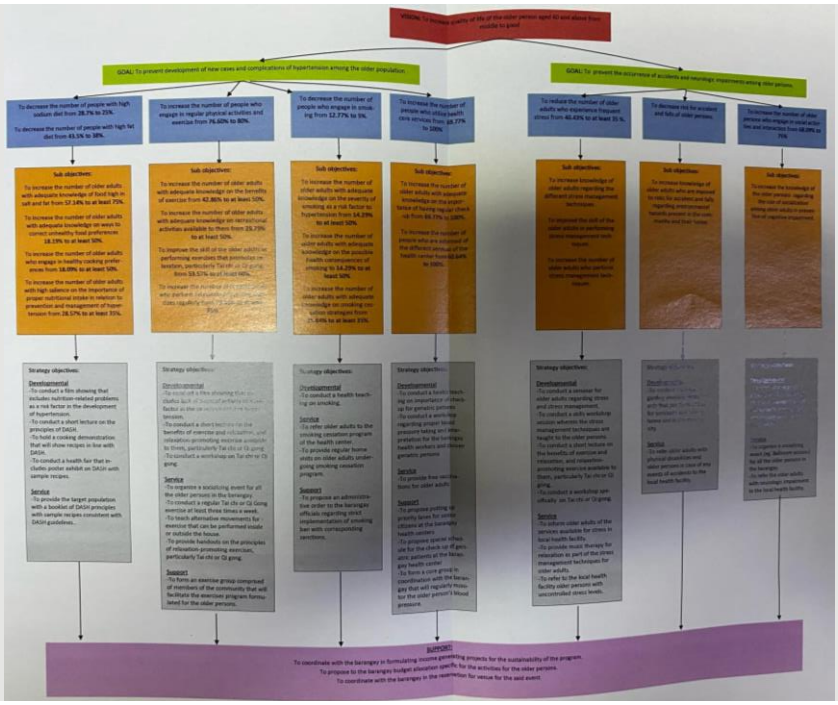
- **component parts** *of the strategy objective*

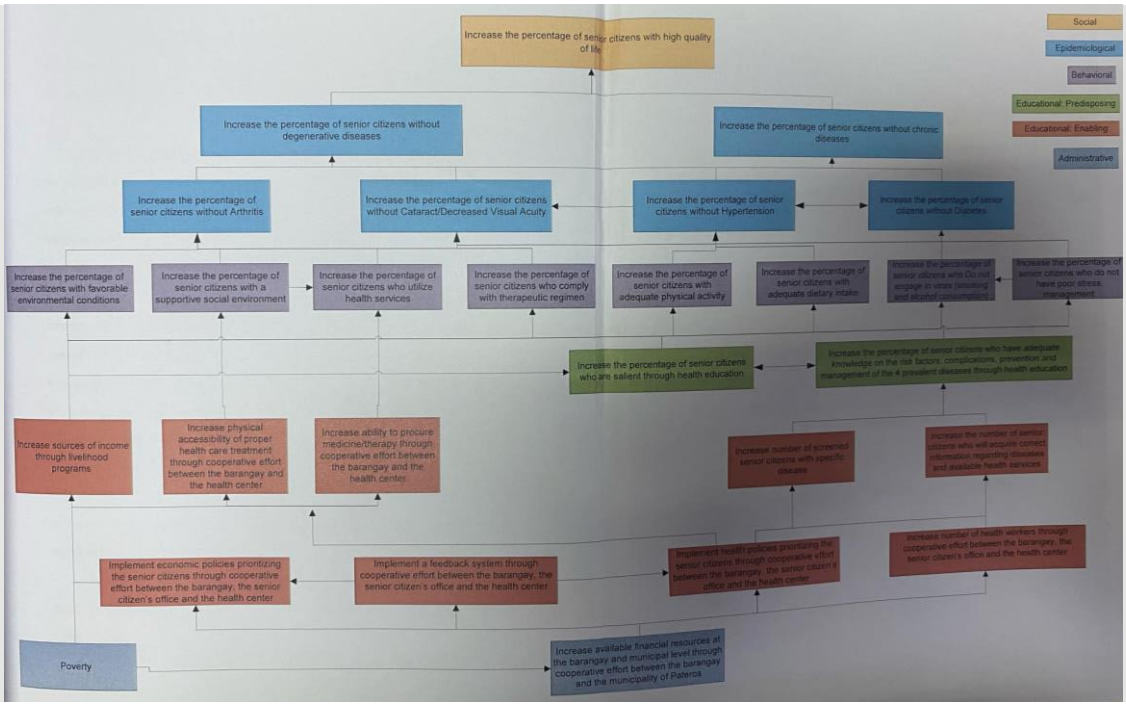
Category	Description	Examples
Service	• provide **direct health care services**	*screening, immunizations, family planning services, nutrition supplementation, deworming*
Developmental	• transfer **knowledge and skills**	*mothers' class, barangay health volunteers' training*
Support	• generate **resources** (human, material, technical) • *sustain service & developmental*	*resource mobilization, resource generation*

Objective Tree

- **after identifying the problem**
- **to establish the objectives:** look for the <u>opposite</u> situation of what was analyzed

Examples



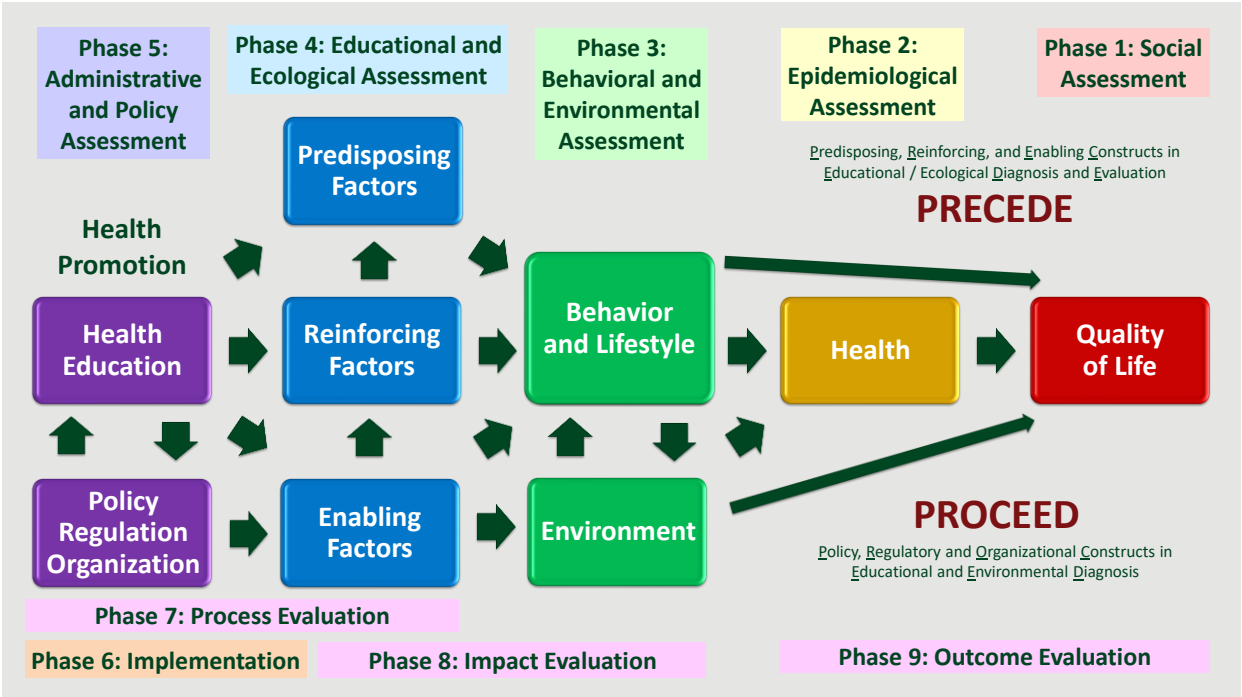


The Planning Cycle

How do we know we are there?

Evaluation

- ✓ determine outcomes
- ✓ specify criteria and standard



ASPECTS	WHAT IS MEASURED in the program
Process	• **Activities** (Quality, Reach) • ***Strategy Objectives*** • *Implementation responses*
Impact	• **Immediate effects** • ***Objectives and Sub-objectives*** • *Changes in behavior and lifestyle, environment* • *Knowledge, perceptions, beliefs, skills, attitudes, access to resources, social support*
Outcome	• **Long-term effects** • ***Goal*** • *Incidence, prevalence, morbidity, mortality, quality of life*

Indicators

Markers of measurements (e.g. percentage, rate, ratio)

Indicator	Purpose	Example
Availability	**Exist? Available?**	Available trained local health worker for every 10 houses
Relevance	**How relevant? How appropriate?**	New vehicle can access hilly project sites
Accessibility	**Within reach?**	Health center is out of reach due to lack of transportation
Utilization	**Used for purpose?**	Literacy classes being attended by non-literate

Indicator	Purpose	Example
Coverage	**Being received?**	Regular TB treatment being received
Quality	**Quality? Standard?**	Water is free from disease-causing organisms
Effort	**How much?**	Number of workers to construct sanitary toilets
Efficiency	**Being put to use?**	Supervisory visits after training program on supervision
Impact	**Making difference?**	Reduction in incidence of measles after campaign

How do we know we are there?

2 Processes

- Observation
- Measurement

How do we know we are there?

2 Approaches

- **Qualitative**
  - meaning and experience
  - *observe effects*
- **Quantitative**
  - measure and score
  - *instruments*

Planning for Evaluation

Objectives	Data Parameter	Indicators	Methods
To determine the effectiveness of the program in terms of incidence and prevalence of tuberculosis	Changes in TB incidence	• Previous cases over Previous population size • Post-intervention cases over Post-intervention population size	Records review

The Planning Cycle