

INTRODUCTION TO COMMUNITY HEALTH NURSING

INTRODUCTION

The communities in which we live and work have a profound influence on our collective health and well-being. The health of a community is more than the sum of the health of its individual citizens. The community you live in is part of who you are. Even if you don't see your neighbors every day, you recognize that the decisions you make impact those around you. You're all in it together, and you wouldn't have it any other way!

Communities can influence the spread of disease, provide barriers to protect members from health hazards, organize ways to combat outbreaks of infectious disease, and promote practices that contribute to individual and collective health.

Many different professionals work in community health to form a complex team, the professional nurse is an integral member of this team, a linchpin and a liaison between physicians, social workers, government officials, and law enforcement officers. Community health nurses work in every conceivable kind of community agency, from a state public health department to a community-based advocacy group. Their duties range from examining infants in a well-baby clinic, or teaching elderly stroke victims in their homes, to carrying out epidemiologic research or engaging in health policy analysis and decision making. Despite its breadth, however, community health nursing is a specialized practice. It combines all of the basic elements of professional clinical nursing with public health and community practice.

Community health, as a field of practice, seeks to provide organizational structure, a broad set of resources, and the collaborative activities needed to accomplish the goal of an optimally healthy community.

In acute care, the health of an individual is the primary focus. Community health broadens that focus to concentrate on families, populations, and the community at large. The community becomes the recipient of service, and health becomes the product

DEFINITION OF TERMS

HEALTH

As per World Health Organization – 1947, health is a state of complete of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity.”

It is a dynamic state or condition which is multidimensional in nature and results from the adaptation to his/her environment. Health is said to be subjective and objective

COMMUNITY

There are many different ways to define a community depending on the context of usage. It is looked in terms of persons having a collective sense of belonging with their shared identity, values, norms, communication, and common interests and concerns.

A geographic community often is defined by its geographic boundaries e.g. A city, town, or neighborhood. It could be looked at as urban, rural.

A community for common interest or goal. A collection of people, even if they are widely scattered geographically, can have an interest or goal that form the basis for a sense of unity or belonging:

- ✓ the members of a national professional organization
- ✓ women who have had mastectomies are all common-interest
- ✓ It can be a society of people holding common rights and privileges (e.g., citizens of a town),
- ✓ sharing common interests (e.g., a community of farmers),
- ✓ living under the same laws and regulations (e.g., a prison community).

A community of solution: is a group of people who come together to solve a problem that affects all of them, this is frequently encountered in community health practice

Virtual community, a group of people, who may or may not meet one another face to face, who exchange words and ideas through the mediation of digital networks.

A community may be phenomenological (functional) or geopolitical (territorial)

You can classify every type of community by the purpose that brings them together.

1. **Interest.** Communities of people who share the same interest or passion.
2. **Action.** Communities of people trying to bring about change.
3. **Place.** Communities of people brought together by geographic boundaries.
4. **Practice.** Communities of people in the same profession or undertake the same activities.
5. **Circumstance.** Communities of people brought together by external events/situations.

COMMUNITY HEALTH

Community health refers to non-clinical approaches for improving health, preventing disease and reducing health disparities through addressing social, behavioral, environmental, economic and medical determinants of health in a geographically defined population.

Community health refers to the health status of a defined group of people and the actions and conditions, both private and public (governmental), to promote, protect, and preserve their health. It is the art and science of maintaining, protecting and improving the health of all the members of the community through organized and sustained community efforts.

Community health is a medical specialty that focuses on the physical and mental well-being of the people in a specific geographic region. This important subsection of public health includes initiatives to help community members maintain and improve their health, prevent the spread of infectious diseases and prepare for natural disasters. It is also a branch of public health which focuses on people and their role as determinants of their own and other peoples’

Population and population health

In contrast to the community, a population is made up of people who don’t necessarily interact with one another and don’t necessarily share a sense of belonging to that group. Population refers to all of the people occupying an area, or to all of those who share one or more characteristics.

A population may be defined geographically i.e. occupying a geographical area, such as the population of Cameroon. This designation is useful in community health for epidemiologic study and for collecting demographic data like in health planning.

A population may also be defined by common qualities or characteristics, the common characteristic might be anything that thought to relate to health such as age, sex, race, social class etc.

POPULATION HEALTH

The health status of people who are not organized and have no identity as a group or locality and the actions and conditions to promote, protect and preserve their health. Population health involves understanding health outcomes and the distribution of care for a group of people, which could be defined by demographic information, specific health needs, geographic location, or other factors. The importance of population health is that it allows healthcare workers to look at health data and the availability of resources for that specific group to inform better health outcomes

Community and population health promote the public’s health through the use of upstream practice and prevention strategies. **Community health endeavors** to “engage and work with communities, in a culturally appropriate manner.” **Population health aims** to understand the distribution, determinants and changes in health status of populations by tracking and measuring indicators for health outcomes and exposures between and across populations.

Both community and population health approaches are important to ultimately prevent the onset of future negative health outcomes, target and tailor interventions and programs for communities, and elevate the health of populations disproportionately affected by certain health conditions.

PUBLIC HEALTH

Public Health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO). As per CDC public health focuses on the collective work to “protect and improve the health of communities through policy recommendations, health education and outreach, and research for disease detection and injury prevention,”

It looks at the health status of a defined group of people and governmental actions and conditions to promote, protect, and preserve the people’s health

- ✓ protecting and improving the health of people and their communities by
- ✓ promoting healthy lifestyles,
- ✓ researching disease and injury prevention, and
- ✓ detecting, preventing and responding to infectious diseases
- ✓ This is done through the surveillance of cases and health indicators, and through the promotion of healthy behaviors.

COMMUNITY HEALTH Vs PERSONAL HEALTH

Personal: Individual actions and decision making that affect the health of an individual or their immediate family

Community: Activities aimed at protecting or improving the health of a population or community working together

COMMUNITY VS PUBLIC HEALTH

Community health and public health share many features.

Both are organized community efforts aimed at the promotion, protection, and preservation of the public’s health. Historically, public health has been associated primarily with the efforts of official or government entities targeting a whole range of health issues. Private health efforts, work toward solving selected health problems e.g. NGOs.

Currently, public health practice encompasses works collaboratively with all health agencies and efforts, public or private, that are concerned with the public’s health. Public health focuses on the scientific process of preventing infectious diseases, while community health focuses more on the overall contributors to a population’s physical and mental health.

The differences between public health vs. community health boil down to the intended audience, interactions with the audience and data used to measure health and wellness.

- Public health focuses on the general public; community health targets people living in a specific area.

- Public health professionals tend to work behind-the-scenes; community health professionals often interact with individuals and families.
- Public health sticks to health-related statistics; community health evaluates health and socioeconomic data.

Think of the phrase “public at large” to easily remember the difference. Public health encompasses a larger group of people than community health, which is location-specific.

Because public health and community health specialists share the same goal of improving people’s health, they often work together. Consider, for example, the way the Centers for Disease Control and Prevention a national public health organization promotes and funds local community health programs, such as free breast cancer and cervical cancer screenings.

COMMUNITY ORGANIZING

Community organizing, is a method of engaging and empowering people with the purpose of increasing the influence of groups historically underrepresented in policies and decision making that affect their lives. Community organizing “is a process through which communities are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching their goals they have collectively set. community organizing is often a place-based activity, used in low-income and minority neighborhoods. It is used among common interest-based “communities” of people, such as new immigrant groups, who have limited participation and influence in decision making that affects their lives.

The way in which a community is able to organize its resources directly influences its ability to intervene and solve problems, including health problems.

COMMUNITY PARTICIPATION

The concept of community participation or involvement encompasses the process by which individuals and families assume responsibility for the community and develop the capacity to contribute to their health and the community’s development. Community participation concerns the engagement of individuals and communities in decisions about things that affect their lives. Communities should not be passive recipients of services.

Community participation can take place during any of the following activities:

- ✓ **Needs assessment** – expressing opinions about desirable improvements, prioritizing goals and negotiating with agencies
- ✓ **Planning** – formulating objectives, setting goals, criticizing plans

- ✓ **Mobilizing** – raising awareness in a community about needs, establishing or supporting organizational structures within the community
- ✓ **Training** – participation in formal or informal training activities to enhance communication, construction, maintenance and financial management skills
- ✓ **Implementing** – engaging in management activities; contributing directly to construction, operation and maintenance with labor and materials; contributing cash towards costs, paying of services or membership fees of community organizations.

Incentives of community participation

The following are some of the main reasons why people are usually willing to participate in humanitarian programs:

- ✓ Community participation motivates people to work together: people feel a sense of community and recognize the benefits of their involvement.
- ✓ Social, religious or traditional obligations for mutual help
- ✓ Genuine community participation: people see a genuine opportunity to better their own lives and for the community as a whole
- ✓ Remuneration in cash or kind

There are often strong genuine reasons why people wish to participate in programs. All too often aid workers assume that people will only do anything for remuneration and have no genuine concern for their own predicament or that of the community as a whole. This is often the result of the actions of the agency itself, in throwing money or food at community members without meaningful dialogue or consultation. Remuneration is an acceptable incentive but is usually not the only, or even the primary, motivation.

Disincentives to community participation

The following are some of the main reasons why individuals and/or community may be reluctant to take part in community participation:

- ✓ An unfair distribution of work or benefits amongst members of the community
- ✓ A highly individualistic society where there is little or no sense of community
- ✓ The feeling that the government or agency should provide the facilities
- ✓ Agency treatment of community members – if people are treated as being helpless they are more likely to act as if they are

Generally, people are ready and willing to participate; the biggest disincentive to this is probably the attitude and actions of the agency concerned. Treating people with respect, listening to them and learning

from them will go a long way toward building a successful program; it will also save time and resources in the long run and contribute greatly to program sustainability. Fieldworkers who expect members of the affected community to be grateful for their presence without recognizing and empathizing with them as people may satisfy their own egos but will have little other positive effect.

CONCEPT OF PRIMARY HEALTH CARE

The PHC concept created by the 1978 WHO Alma Ata Declaration. It was based on the urgent need to protect and promote public health interests. It is defined by declaration as “essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

- ✓ It is a basic health care, society approach to healthy well-being, focused on needs and priorities of individuals, families and communities.’
- ✓ It seeks at empowering individuals, families, and communities to optimize their health
- ✓ It is the first level of contact of individuals, the family and community with the national health system.

These services are usually located in communities. Patients are followed over time by the same primary care providers;

- ✓ Work in coordination with higher levels of the health system that can provide more specialized care when needed; and
- ✓ These services can reach out to marginalized and underserved groups that might not otherwise seek or receive health care

Primary health care focuses on:

- ✓ Maximum use of local resources, including traditional healers and trained community health workers
- ✓ Participation of the individual and the community
- ✓ Affordable and accessible care
- ✓ Integration of prevention, promotion, treatment and rehabilitation
- ✓ Coordination between the health care sector and other aspects of society, such as housing and education

Principles of Primary Health Care

- ✓ Social equity
- ✓ Nation-wide coverage/wider coverage (accessibility to essential health services with no financial or geographical barriers.
- ✓ Self- reliance
- ✓ Inter-sectoral coordination
- ✓ People's involvement (in planning and implementation of programs), community participation
- ✓ Prevention and Health Promotion - Health systems should focus on helping people stay well instead of treating them when they become ill.

Essential components of Primary Health Care

1. Education concerning prevailing health problems and the methods of identifying, preventing and controlling them.
2. Promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation.
3. Maternal and child health care including family planning.
4. Expanded Immunization against major infectious diseases.
5. Prevention and control of locally endemic diseases.
6. Appropriate Treatment of common diseases and injuries.
7. Promotion of mental health.
8. Provision of essential drugs

Importance of Primary Health Care (PHC)

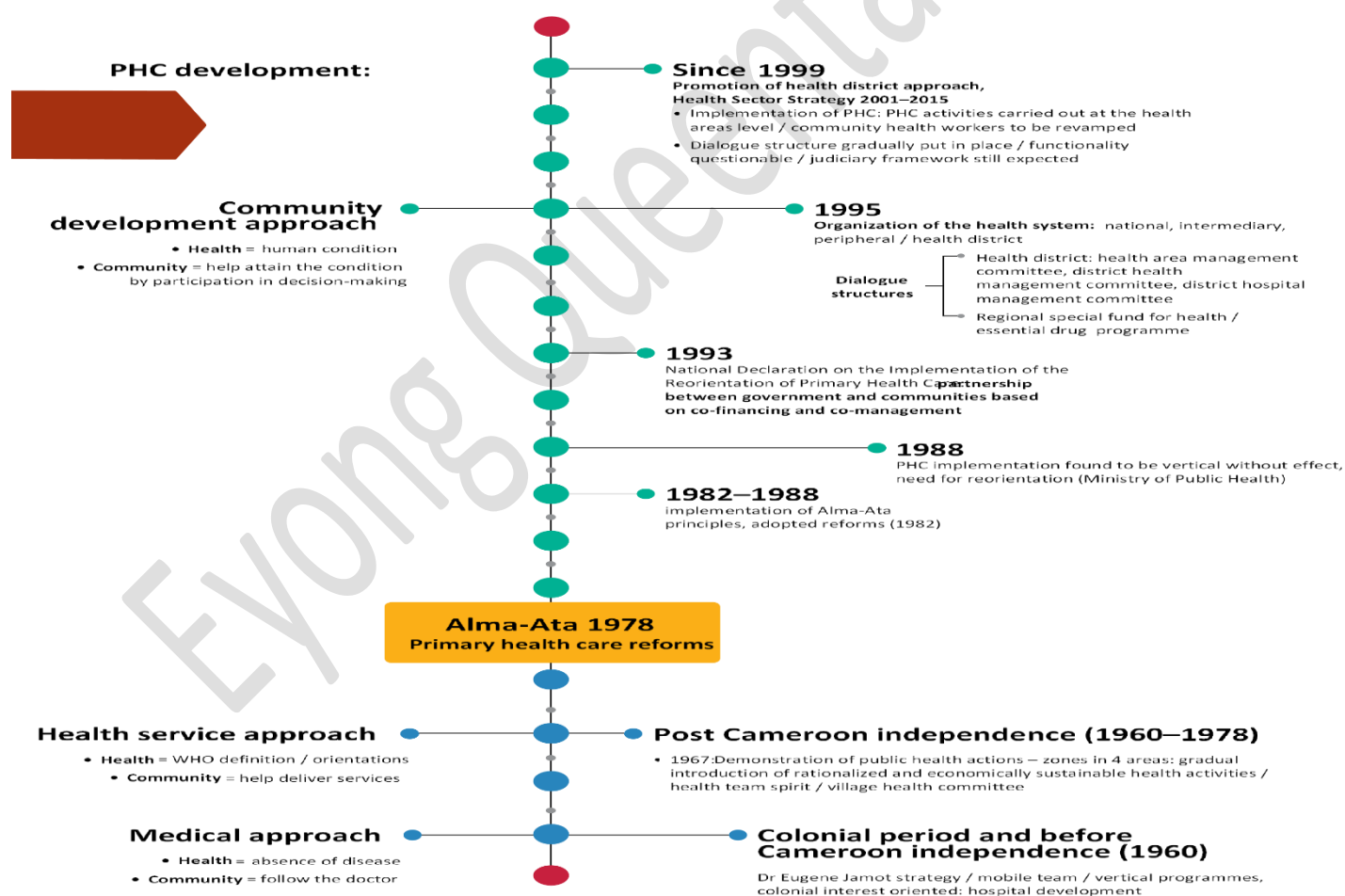
- ✓ Primary Health Care focuses more on quality health service and cost-effectiveness.
- ✓ It focuses on "Health for all"
- ✓ It integrates preventive, promotive, curative, rehabilitative and palliative health care services.
- ✓ Primary Health Care encourages new connection and community participation.
- ✓ It includes services that are readily accessible and available to the community.
- ✓ It can be easily accessible by all as it includes services that are simple and efficient with respect to cost, techniques and organization.
- ✓ It promotes equity and equality.
- ✓ It improves safety, performance, and accountability.
- ✓ It advocates on health promotion and focuses on prevention, screening and early intervention of health disparities.

- ✓ It is also perceived as an integral part of country's socio-economic development.

PHC IN CAMEROON

Challenges for Implementation of PHC/

- ✓ Poor staffing and shortage of health personnel
- ✓ Encouraging community participation.
- ✓ Inadequate technology and equipment
- ✓ Developing quality assurance mechanisms through the development of various indicators and standards.
- ✓ Poor condition of infrastructure, especially in the rural areas
- ✓ Concentrated focus on curative health services rather than preventive



- ✓ Lack of community participation
- ✓ Lack of financial support in health care programs

- ✓ Poor distribution of health workers.
- ✓ Lack of intersectoral collaboration

Mitigation Measures for Ensuring Effective PHC

- ✓ Development of clinical guidelines including the implementation of essential drugs list and promotive health care services.
- ✓ Allocating resources as per the need at different levels.
- ✓ Challenging geographic distribution
- ✓ Develop a planning process to define objectives and set targets by
- ✓ Poor quality of health care services giving priority on those families and communities most at risk.
- ✓ Promoting problem-orientated research in health management system.
- ✓ Creating pathways to give health higher priority
- ✓ Develop guidelines and framework that specify the roles and responsibilities of the provincial states.

□ □ Mitigation Measures for Ensuring Effective PHC

Challenges in Cameroon PHC before and after reorientation

- ✓ An inadequate legal framework;
- ✓ Incompatibilities between the political structure and the new health structure
- ✓ The lack of trained personnel in health management;
- ✓ A highly centralized system of management with poor coordination of human resource management;
- ✓ The slowness of the extension of PHC coverage; the inability of the system to ensure that medicines are available and easily accessible;
- ✓ An inadequate health information system;
- ✓ Poor promotion of the new PHC policy; and poor coordination of research activities
- ✓ Health expenditure and access: the burden of health care cost is largely born by households
- ✓ Poor distribution of health workforce/migration
- ✓ Mind-set and behavior of most staff: demoralized low salaries, poor quality of most facilities

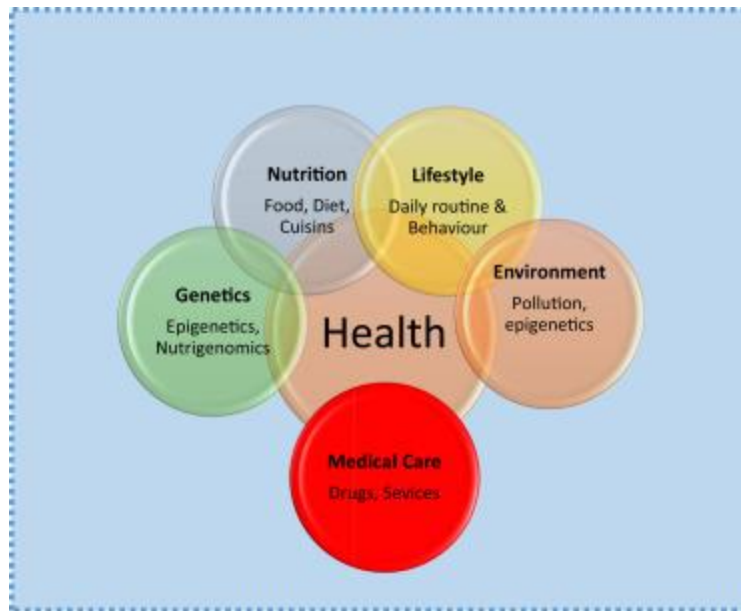
- ✓ Shortage of health surveillance systems: little standardization, collection, consolidation & analysis of health data,
- ✓ Health care is not people-centered: neglecting the needs and expectations of the people
- ✓ Weak management practices: such as lack of information systems to support health care delivery, poor accountability

Solutions for improving Cameroon's primary health care system

1. Improving Productivity and Morale of Health Staff
2. Improving Accessibility to Health Services
3. Empowering Health Care Providers
4. Improving Management Capabilities and Policies
5. Increase investment in Health Care

DETERMINANTS OF HEALTH

The term 'determinants of health' was introduced in the 1970s and it refers to those factors that have a significant influence, whether positive or negative, on health. Determinants of health may be biological, behavioral, sociocultural, economic, and ecological. Broadly, the determinants of health can be divided into four, core categories: nutrition, lifestyle, environment, and genetics, which are like four pillars of the foundation. When any one of the pillars of health determinants becomes weak, a support system is needed. This is considered the fifth determinant of health and involves medical care. nutrition and lifestyle, are totally in our hands, and hence are called modifiable factors. Thus the social and economic environment, physical environment as well as a person's individual characteristics and behaviors influence on health



These determinants or things that make people healthy or not include the above factors, and many others:

- ✓ **Income and social status:** great gap between the richest and poorest people leads to health differences
- ✓ **Education:** low education levels are linked with poor health, more stress and lower self-confidence.
- ✓ **Physical environment:** safe water and clean air, healthy workplaces, safe houses, etc
- ✓ **Social support networks:** from families, friends and communities, Culture - customs and traditions, and the beliefs of the family and community all affect health.
- ✓ **Genetics** - inheritance plays a part in determining lifespan, healthiness
- ✓ **Health services** - access and use of services that prevent and treat disease influences health
- ✓ **Gender** - Men and women suffer from different types of diseases at different ages.

COMMUNITY HEALTH NURSING

In the past, caregivers went to homes of their neighbors to provide medical services and were crucial to reducing the mortality rates in their communities. After the civil war in most countries, hospitals were built. Yet our understanding of how to provide healthcare has evolved. It goes beyond the medical care of an individual to how the overall health and safety of a community can lead to less disease, longer life expectancies, and fewer injuries. Many nurses have stepped into key roles in this effort.

Community health nursing, is also called public health nursing or community nursing, combines primary healthcare and nursing practice in a community setting. It takes into consideration the cultural and

socioeconomic backgrounds of the people in the community to ensure appropriate interaction and sensitivity when working with them. Community health (CH) nurses provide health services, preventive care, intervention and health education to communities or populations

The Goal of Community Health Nursing

The goal of community health nursing is to promote, protect and preserve the health of the public.

Community health nursing involves these basic concepts:

- ✓ Promote healthy lifestyle
- ✓ Prevent disease and health problems
- ✓ Provide direct care
- ✓ Educate community about managing chronic conditions and making healthy choices
- ✓ Evaluate a community's delivery of patient care and wellness projects
- ✓ Institute health and wellness programs
- ✓ Conduct research to improve healthcare

Duties of a community health nurse

- ✓ Work with people from many different cultural backgrounds, often with disadvantaged and marginalized
- ✓ Work in partnership with local communities,
- ✓ Work to prevent illness and promote health across the lifespan by identifying barriers to healthy lifestyles and general wellness.
- ✓ Work with families and communities to empower individuals accessing care to change unhealthy lifestyles and provide post-acute care to people in their homes.
- ✓ Provide an interpretative bridge between the acute sector and community services.
- ✓ Advocate and give a voice to the community accessing care.
- ✓ Are able to simplify the health systems, guiding referral pathways and access to care.
- ✓ Plan educational programs, hand -out fliers, conduct health screenings, dispense medications and administer immunizations.

Qualities of a good community health nurse

All qualities of a nurse apply to a community health nurse, in addition the following could also be emphasized upon.

- ✓ Is able to assume responsibility and a leadership role,
- ✓ Take initiative in emergencies,

- ✓ Have strong communication skills,
- ✓ Can work autonomously and as part of a team,
- ✓ Maintains patience and discretion when providing health care, and
- ✓ Is open to working both in a clinical setting and off-site, such as conducting home visits.



Cultural diversity and community nursing

Cultural diversity involves an awareness and acceptance of cultural differences, self-awareness, knowledge of a patient's culture, and adaptation of skills. "Cultural diversity is a multifaceted and complex concept that refers to the differences among people, especially those related to values, attitudes, beliefs, norms, behaviors, customs, and ways of living.

It is essential that all nurses understand how cultural groups view life processes, how cultural groups define health and illness, how healers cure and care for members of their respective cultural groups, and how the cultural background of the nurse influences the way in which care is delivered.

Cultural diversity is about appreciating that society is made up of many different groups with different interests, skills, talents and. needs. It also means that you recognize that people in society can have differing religious beliefs and sexual orientations to you

Nurses in community health settings also need to understand the diversity or differences that occur in families, groups, neighborhoods, communities, and public and community health care organizations. Culture has a significant influence in health-related beliefs and practices. Cultural diversity is a challenge for community nurses and can present many difficulties in the provision of quality nursing care and in achieving optimal health outcomes. Some seven enabling principles to ease work include:

- ✓ Willingness to recognize expert family skills and knowledge,
- ✓ Acknowledging own and other nurses' strengths and weakness,
- ✓ Taking time to establish rapport and acceptance,
- ✓ Assessing influences on health and health care,
- ✓ Providing care that is culturally appropriate,
- ✓ Developing cultural competent practice and advocating for appropriate resources and expertise.

FAMILY HEALTH

Communities and populations are comprised of individuals and families who together affect the health of the community. The family unit is an unparalleled player for maintaining health and preventing disease for public health because members may support and nurture one another through life stages.

Family is defined as “a basic structure of society centred about replacement.” According to Winch, (Robert F. Winch, 1963) family is defined at three levels, nuclear, extended and general.

1. **Nuclear family** is defined as “a family consisting of a married couples and their children; the children can be born or adopted”.

2. **Extended family** is defined as “a nuclear family plus collateral kinship.” – Lineal is vertical extension i.e. father, grandfather, mother collateral indicates relationships such as uncles, aunts, nieces, nephews etc.

3. **Joint family**: a family consisting of two or more married couples staying together with children.

Family health is a part and component of community health. For practical reasons, it may be important to distinguish:

- ✓ **The childbearing unit**, nuclear or one parent family, where the genetic factors are prominent.
- ✓ **The child rearing unit**, from nuclear to extended, with predominance of the social and environmental factors.

“Family health is more than the sum of the personal health of individuals (including father) who form the family since it also takes in to consideration-interaction in terms of health (physical and psychological) between members of the family-relationships between the family and its social environment-at all stages

of family life in its different structural types''. Family should be distinguished as: A unit of health and unit for care. Family health is a state in which the family is a resource for the day-to-day living and health of its members

The major objectives of family health are:

- ✓ To reduce maternal, infant and child morbidity and mortality;
- ✓ To reduce total fertility (TFR);
- ✓ To increase contraceptive prevalence rates (CPR)
- ✓ To increase EPI services

Hence, the overall objectives of integrated family health services (HSDP, 2003) is to strengthen and to gradually expand family planning, health and nutritional services for mothers, children and youth at all levels of the health system, including community level.

Strategies that could be used for family health

- ✓ Increasing utilization of information and knowledge about RH and safe sexual practices.
- ✓ Integrating family health with other health services.
- ✓ Strengthening and expanding EPI services at all sites through effective support and a well-functioning cold chain system.
- ✓ Developing and expanding emergency obstetric surgical interventions, post-abortion care, and blood bank services to strengthen maternal emergency services.
- ✓ Strengthening prenatal and postnatal counselling.
- ✓ Creating an enabling environment for all stakeholders involved in EPI and RH activities to operate in an integrated approach.
- ✓ Initiation and creation of youth-friendly health services
- ✓ Promoting the use of iodized salt at household levels and supplementing Vitamin A to pregnant mothers and children less than five years.
- ✓ Conducting advocacy at all levels.
- ✓ Promoting exclusive breastfeeding for the first four to six months, appropriate child feeding practices, growth monitoring and deworming.
- ✓ Strengthen intra and inter-sectoral collaboration among health and other sectors.
- ✓ Introduce a basic package of nutrition to health services

A family provides its individual members with key resources for healthful living, including food, clothing, shelter, a sense of self-worth, and access to medical care. As the basic socioeconomic unit of most societies, it is the interface between societal and individual health. Family plays an important role, if not the most important role in shaping our health attitudes and behaviors.

Family members influence health behaviors through indirect and direct control mechanisms. Positive family ties lead to a greater sense of responsibility for one's self and one's family. Family members may also directly regulate one's health behavior by physical means (e.g., preparing healthy food), supportive behaviors (e.g., support the adoption of an exercise regime), or social sanctions (e.g., threaten to leave the marriage if spouse continues to smoke)

The family is the basic social context in which health behaviors are learned and performed: families directly or indirectly influence one's mental health, physical health, drug use (including cigarettes and alcohol), diet, exercise (including participation in sports), dental hygiene habits, and sexual risk-taking behavior. This influence lasts a lifetime.

Basic and Essential Needs of a Family

1. **Housing:** every family needs a base and shelter for it to survive and for its members to live in ease
2. **Food:** it is the fuel we need to survive, the energy to move around and actually live life, food is also an integral part of the day to day needs of a family. today is starting to serve medicinal purposes
3. **Security:** There is increased danger today so every family needs protection be it in the physical world and on the virtual world. As well as security in the sense of trust between all the members of a family,
4. **Clothing:** Geographical location & other factors determine type of clothing appropriate for the weather and age.
5. **Effective Communication:** it is the foundation of any great relationship, it creates a conducive environment for expression, should include verbal as well as non verbal communication forms
6. **Education:** the family is the basis of a good education, it is the root and where everything starts, even before formal education. Parents are the 1st teachers and have a key role in shaping up child's character.
7. **Health:** but one of the most important things for the family is access to medical care. Attention should be paid to family health and history as family members share their genes, as well their environment, lifestyle, and habits, so there is a possibility for there to be risks for certain diseases.

Information and insight gotten from family history can be used to prevent diseases or manage existing conditions.

8. **Love:** Being a part of a family means you are part of something very wonderful, it means you will be loved unconditionally for all of the time. Love is the bond that keeps a family together, so there must be an abundance of love in every family, unconditional love.
9. **Order:** As much as it is important for there to be love and freedom of expression in a family, order is also needed to keep things running smoothly. There should be an order to things, the younger members of a family must respect the older members, and each member should recognize and accept their responsibilities and be responsible for fulfilling them.

Changing Family style and influence on health

This will be discussed under the following family changes

- ✓ Structure
- ✓ Responsibility pattern
- ✓ Size
- ✓ Marriage laws
- ✓ Single parenthood
- ✓ Role of the woman
- ✓ Elderly care

HOME VISITING

Introduction

A home visit is one of the essential parts of the community health services because most of the people are found in a home. It fulfils the needs of individual, family and community in general for nursing service and health counselling. It is considered as the backbone of community health service. A home visit is a family –nurse contact which allows the health worker to assess the home and family situation in order to provide the necessary nursing care and health-related activities.

Definition

A home visit is defined as the process of providing the nursing care to patients at their doorsteps. It requires technical skills, resourcefulness, judgment, relationships. It is defined as providing the services to family at their door step to maintain the health & to reduce the mortality & morbidity in family. A major

distinction of a home visit is that health professional goes to the client rather than the client coming to the health professional

Purposes

- ✓ To observe the family structure, lifestyle & cultural practices.
- ✓ To establish relationship with family members
- ✓ To find out the health problems, needs of individual, family and community in relation to health, socioeconomic and cultural aspects.
- ✓ To provide basic health services for minor ailments. (i.e. injury, boils, abrasions)
- ✓ To provide domiciliary nursing care such as care for pregnant, delivery, and puerperal mother and infant
- ✓ To assess the living condition of the patient and his family and their health practices in order to provide the appropriate health teachings.
- ✓ To teach the family about the health problems, giving health teaching regarding the prevention and control of diseases.
- ✓ To guide & counsel the family related to various health problems and issues such as family planning, immunization, nutrition.
- ✓ To do follow up & evaluate the health care.
- ✓ To make use of an inter-referral system and to promote the utilization of community services; referring the complicated cases for hospital care
- ✓ To establish a close relationship between the nurses and the public for promotion of health.

Principles of home visiting

The home visit should have a purpose and objectives.

- ✓ Plan the work so that visits are made on the basis of need, planned according to priority.
- ✓ The purpose of the home visit should be clear, regular, and flexible according to the needs of the family.
- ✓ Always introduce yourself, institution, purpose and collect facts about individual, family environment.
- ✓ Respect the person's feelings, views & need at the time of the visit, listening actively to the family and individuals □□ Establish a good interpersonal relationship between families and be polite, friendly.

- ✓ Be sure of the scientific soundness of the subjects, health education as well as nursing care should be scientific.
- ✓ Use safe technical skills and scientific nursing procedures.
- ✓ Involve whole family members as much as possible during nursing care.
- ✓ The nurse and family member must develop a positive interpersonal relationship in their work to achieve goals.
- ✓ Evaluate your own work periodically and record the work performed in each visit.
- ✓ Always thank the family members and individuals.

Approach to use during home visits

1. A friendly approach will readily gain confidence co operation
2. Introduce self by name & hospital represented
3. Explain reason for visit
4. Don't enter house wearing shoes, without family's permission.
5. Always carry community bag for home visit
6. Never criticize the family members.

Phases in home visits

1. Initiation Phase

- ✓ Determine family's willingness for home visit
- ✓ Clarify source of referral for visit
- ✓ Review referral & family record
- ✓ Clarify purpose of visit
- ✓ Share information on reason

2. In Home Phase

- ✓ Purpose of Home Visit
- ✓ Introduction to Self
- ✓ Establish nurse client relationship

3. Pre Visit Phase

- ✓ Implement nursing process
- ✓ Initiate contact with family
- ✓ Establish shared perception of purpose with family

4. Termination Phase

- ✓ Review the visit
- ✓ Plan for future visit

5. Post visit Phase:

- ✓ Record visit
- ✓ Plan for next visit

Steps of home visiting

1. Facts findings:

It's the first steps and it helps to study the clinical and other records to get an understanding of what has to be done which is given below:

- ✓ Prepare a map of the area to be visited and i.e. location, house, road, temples etc., prepare family folders.
- ✓ Collect information of the family member i.e. number of family member, occupation, education, date of birth, religion, income, past history, present illness, use of family planning, immunization etc.
- ✓ Use technical skills and nursing procedure.
- ✓ Establish an interpersonal relationship, be polite and courage, show the interest towards the family.
- ✓ Identify the needs of individual, family members
- ✓ Discuss the problem with the family members and find out the possible solutions to problems.

2. Data findings:

After completing the fact finding the process of analysis begins.

- ✓ The data of the members should be honest and based on facts and not an opinion.
- ✓ The personal, emotional, spiritual aspects should be involved which are taken together constitute the usual health problem.
- ✓ The problem and facts should show exact problems and what he is expected to do.
- ✓ Discuss the point step by step and examine the matter critically. Then only comes to the conclusions. Do not jump and do not make hasty conservation.
- ✓ After that, the nurse helps the family to plan and use local and outside resources..

3. Planning actions with family:

- ✓ It is the most important in all our work and relationships.
- ✓ Make good and realistic objectives and plan how we are going to achieve those objectives.

- ✓ First priority should be given to essential basic need such as hunger, then only for personal hygiene or safe water or sanitation.
- ✓ That's why planning is very important and it should be based on the condition of the family, home environmental and local resources available in a family in order to be practical.
- ✓ Planning should also be based upon short term or long term objectives of the family.
- ✓ Some alternatives plan or suggestions are also helpful.
- ✓ Do respect the individual's ideas, suggestion or solution.
- ✓ Good planning always leads to doing a good action and achieve objectives.

4. Action and health education:

- ✓ After planning, a formal home visit should be done to solve the problem. On the first visit,
- ✓ CHN should introduce herself and explain the purpose of her visit.
- ✓ The talk should be informal, giving plenty of opportunities to ask a question and provide a platform for discussion.
- ✓ The action and health education should be as per family time schedule. Find out what is the best time for teaching them. For example, if they are drying food in a yard, then you should teach about food storage, and help them for proper drying.
- ✓ This help to provide effective teaching as you are helping them, it also builds good interpersonal relationships.
- ✓ Emphasis should be given on practical more often than theoretical.

5. Follow through:

- ✓ It is one of the most important steps of a home visit.
- ✓ Follow up for those which were already planned and implement to find out how far the objectives are fulfilled.
- ✓ It also helps to find out how far the instruction, suggestion, and actions were followed.
- ✓ Appreciate if they have done well and if not done properly, find out the cause. It gives ideas for planning for next visit.

6. Evaluation of service:

For evaluation services, review each family record periodically and answer the following question.

- ✓ What is the immediate problem/need?
- ✓ What is the total problem?
- ✓ List the difficulties and hindering factors in the situation?

- ✓ List the helpful and supporting factors e.g. coping ability of family, availability of local resources?
- ✓ What has been done about the immediate problem?
- ✓ What plans are being made and what actions are being taken to deal with the underlying cause of a problem?
- ✓ How did the person respond to your visit? What changes took place?
- ✓ Have you made effective use of man, material, and measures?
- ✓ How far the visit has been useful?
- ✓ What is the attitude of individual, family and community?
- ✓ Do you need guidance, counseling, and discussion with your superior?

NB: Knowledge is changed but attitude, habit and behavior change is difficult, but once changed, it has a permanent effect.

BAG TECHNIQUE

A tool by which the nurse, during her visit will enable her to perform a nursing procedure with ease and deftness, to save time and effort, with the end view of rendering effective nursing care to clients. The purpose of the bag is to carry out necessary equipment to perform nursing care in the home. E.g. performing minor dressing, conducting delivery etc. It saves times and effort in the performance of a nursing procedure.

Purposes:

- ✓ To carry equipment and materials needed during a visit to the home, school or factory.
- ✓ To carry equipment and materials that are needed to make tests and to demonstrate care such as dressing, eye irritation, injections, urine testing etc.

Consider the following principles:

1. Prevention of contamination
2. Protection of the caregiver
3. Make articles readily accessible
4. Make follow-up care

Special considerations in the use of the Bag

1. The bag should contain all necessary articles, supplies and equipment which may be used to answer emergency needs.
2. The bag and its contents should be cleaned as often as possible, supplies replaced and ready for use at any time.

The bag and its contents should be well protected from contact with any article in the home of the patients. Consider the bag and its contents clean and/or sterile while any article belonging to the patients as dirty and contaminated.

4. The arrangement of the contents of the bag should be the one most convenient to the user to facilitate the efficiency and avoid confusion.
5. Hand washing is done as frequently as the situation calls for, helps in minimizing or avoiding contamination of the bag and its contents.
6. The bag when used for a communicable case should be thoroughly cleaned and disinfected before keeping and re-using

7. Explain the home visiting bag

It is also one of the essential steps of home visiting. The major objective of health care services in the home is to help people with their health problems and work with them towards keeping the family healthy.

Frequency of Home Visit

Making decision regarding frequency of visit is a matter of judgment. It will depend upon the extent of health problems of the family.

In no case clinic visit by the family are substitute to family visit by the community health nurse family visits are basis of priorities available time and work load, health agency's policies and facilities available. Priorities are established on the following guidelines

- ✓ Visits in response to the need felt by the family such as mother in labour, acute and serious illness etc.
- ✓ Visit to premature infants and infants with defects

Advantage

- ✓ It helps to develop an interpersonal relationship between family members and the nurses.
- ✓ It provides an opportunity to observe the environmental, social & family situation.
- ✓ Community health nurse assess the individual and family member in their own environment.
- ✓ It permits the nurse to see the home & family situation in action.
- ✓ It gives an opportunity to observe the background of the family member and their relationship. Socio Economic background becomes clear
- ✓ It helps in the basic understanding of physical and emotional needs of individual and to guide them.

- ✓ It helps to gain more knowledge and become realistic as a family member are more relaxed in their own surroundings.
- ✓ It helps the nurse to modify her way of care based on the resources available at home.
- ✓ It provides an excellent opportunity to community health nurse to implement nursing process.
- ✓ It helps in continuity of family health care.

Dis Advantages

- ✓ Consumes lot of time & energy
- ✓ Non acceptance by some family members.
- ✓ Sometimes have to face dreadful events.
- ✓ Nurses safety can be an issue also gives
- ✓ Unforeseen events
- ✓ Problem of local language

Role of the community health nurse

- ✓ Recording the history of the family to ascertain cause and duration of illness
- ✓ Providing treatment and related care
- ✓ Demonstrating nursing procedure to educate the family
- ✓ Giving medicines as per standing order and providing essential nursing care in grave situations

COMMUNITY HEALTH NURSING PROCESS

The nursing process in the care of the community

A community is a group of people who:

- ✓ Have a common interest or characteristics
- ✓ Interact with one another
- ✓ Have sense of unity or belonging
- ✓ Function collectively within a defined social structure to address common concerns

Principals of community health nursing

1. Community is the focus of care; nurse responsibility is to the community as a whole
2. Give priority to community needs
3. Work with the community as an equal partner of the health team
4. Focus on primary prevention for appropriate activities
5. Promote a healthful physical and psychosocial environment
6. Reach out to all who may benefit from a specific service
7. Promote optimum use of resources
8. Collaborate with others working in the community health

Community health nurse is responsible to provide general and comprehensive public health and nursing services to the people at large in a defined community.

- ✓ She is vested with the responsibility of rendering people to solve their health and nursing care problems in their place of living and work.
- ✓ This process of rendering care can be done by making use of NURSING PROCESS and PRINCIPLES as applicable in the community settings.

Conditions in the community affecting health

- ✓ People
- ✓ Location
- ✓ Social system

Characteristics of a healthy community

- ✓ a shared sense of being a community based on history and values
- ✓ general feeling of empowerment
- ✓ existing structures that allow subgroups within the community to participate in decision making

- ✓ the ability to cope with change, solve problems, and manage conflicts within the community through acceptable means
- ✓ open channels of communication
- ✓ equitable and efficient use of community resources

Aims

1. achieve a good quality life
2. create a health supportive environment
3. provide basic sanitation
4. supply access to health care

COMMUNITY NURSING PROCESS DEFINITION

Community Health Nursing Process is a systematic, scientific, dynamic, on-going interpersonal process in which the nurses and the clients are viewed as a system with each affecting one and another and both being affected by the factors within the behavior.

“Community Health Nursing Process refers to systematic series of steps which are followed by public health nurse in resolving community health and nursing problems using community approaches and resources”.

Community health Nursing process is helping community people and families identify their health problems and develop competencies to solve their health problems and meet their health and nursing needs.

The community health nursing process, like the nursing process in general, is composed of Assessment, Diagnosis, Planning, Implementation, and Evaluation (ADPIE). However, for purposes of tradition, community assessment is already integrated into the process of community diagnosis.

ADVANTAGE

Community Health Nursing process is an effective tool to help people solve their health problems and meet their health and nursing needs.

STEPS

1. Establishing & maintaining working relationship.
2. Assessment of health needs & health problems.
3. Setting objectives.
4. Planning and implementing interventions.

5. Evaluation of interventions steps in nursing

Process

1. Establishing & maintaining working relationship

This is enabled when the community health nurse establishes a good working relationship with the families and communities. Working relationship is between community health nurse and the community people/families, It is productive in nature and should be there is a free dialoguing and an attitude of trust and confidence in the integrality and capabilities of each other to meet health and nursing goals. A working relationship between a nurse and the community is initiated and maintained by the following means:

1. Knowing the client (community).
2. Communicating intentions and nature of help and assistance that would be extended.
3. Attentive listening and responding in between.
4. Answering their queries.
5. Considering their views.
6. Appreciating what is worthwhile.
7. Empathetic attitude.
8. Meeting their immediate needs and needs which are considered important by them.

II. Assessment of health needs & health problems:

The community health nurse comes to know the health needs and problems of the community as she explores the community.

The problems could be a large family size, malnutrition in children, incomplete immunization, anemia in pregnant and nursing mothers, several morbidity conditions-TB, malaria, diarrhea etc.,

After obtaining the list of health needs and problems, the community health nurse needs to prioritize the problems, as all the problems cannot be dealt with simultaneously.

The priority is determined on the basis of underlying criteria: there are different schools of thought and approaches. However, things like the nature of the problem (its prevalence, impact, scope, magnitude, frequency and prognosis), community's perception, preventive potential among others should be considered. This will be discussed more on community diagnosis.

III. Setting objectives

- ✓ Once the problems are prioritized, it is very important to set up objectives relevant to each of the problems identified. E.g., - Malnutrition

- ✓ To assess the growth and development of all the under five children in a defined community to find out malnourished children.
- ✓ To get the medical examination done for all the malnourished children.
- ✓ To carry out prescribed treatment and provide care to all malnourished children.
- ✓ To do a regular monitoring of nutrition status of all children.
- ✓ To enroll all children for availing food supplements.
- ✓ To educate mothers and population in general about the malnutrition and importance of nutritious diet.

IV. Planning and implementation of interventions

This is otherwise called the ACTION PLAN.

- ✓ Once the objectives are formulated it is necessary to identify interventions to be implemented to achieve the objectives.
- ✓ Various actions are decided and implemented as being most effective in order to solve particular problems (e.g., problem of malnutrition among under 5)
- ✓ As the action is implemented, the community health nurse gives direct nursing care either by herself or through referrals to the health facility
- ✓ She also helps the community to develop their own resources and mobilize outside resources also.

V. Evaluation of action plan

- ✓ Evaluation of interventions determines the effectiveness of actions implemented – i.e. whether the desired results intended are achieved or not.
- ✓ Evaluation also helps in finding out the reasons for not achieving the desired goal.
- ✓ This helps in making further improvement (feedback and re-plan, re implement and reevaluate)
- ✓ The effectiveness of intervention depends upon its objectives and is determined on the basis of the following criteria:
 - i. Population coverage.
 - ii. Utilization of services provided.
 - iii. Outcomes in terms of reduction in morbidity rates (increase in life expectancy).
 - iv. Change in knowledge, attitude and practice, degree of independence.

Evaluation thus made is both qualitative and quantitative. An effective evaluation strategy has the following characteristics:

1. Well defined measurable objectives.

2. Well defined action plan.
3. Has a base line statistical information for comparison.
4. Observe changes in health knowledge, attitudes and practices.
5. Analyze and interpret the facts (data) observed and recorded.

Principles are rules for community health practice or actions.

These provide guidelines to function in the community effectively & efficiently. A community health nurse:

1. Must explore and know various aspects of a defined community to be able to plan and implement health services.
2. Must make a map of the community showing the geographical boundaries, important roads, streets, housing networks, church/temple/mosque, school, post office. This helps in plotting the house for care.
3. Must establish good working relationship as it helps in providing need based care.
4. Must know the health care delivery system, health policies, health goals, health actions, national health care programmes while rendering health services.
5. Should provide realistic health services (in terms of available resources, funds).
6. Must organize health services at large for the community and render the services to the family which is the unit of community.
7. Must continuously keep in touch with the community and provide wellness oriented comprehensive services continuously.
8. Must work in collaboration with other team members... therefore she needs to know the roles and responsibilities of the other team members.
9. Educates in giving care to individual, family and community. The health education should aim at providing a comprehensive health knowledge to the community.
10. Must maintain proper health records, registers. (These are legal documents) These records help in planning and evaluation of the services.
11. Must evaluate her services to find out achievement. Eg., population covered, actions planned and recorded.
12. Must provide services to all without any discrimination of age, gender, colour, caste, nationality, political affiliation, religion, as every individual has a right to optimum health.

13. Must not interfere with people's religious, political beliefs, but respect every one without any prejudice.
14. Should work in close consultation with employing authority (Govt, public trust, NGO).
15. Should develop and maintain professional relationship with health and health allies' agencies (Block Development Office, Panchayats, Voluntary Organizations).
16. Must never accept any bribe or gift against professional ethics.
17. Must have an active participation with the community people in taking care of their own needs and health problems. (This can be done by mass awareness campaign).
18. Must be aware and closely coordinate with the local formal and informal leaders.

The nursing process is dynamic, not static, as the arrows in the figure illustrate. Health intervention plans may be modified as new information becomes available. It is important to include community members in as many steps in the process as possible.

COMMUNITY DIAGNOSIS

As a PROFILE, it is a description of the community's state of health as determined by physical, economic, political, and social factors. It defines the community and states community problems.

Purpose: To be able to obtain a quick 'picture' of a community which is as accurate as possible. A community profile should:

- a. summarizes information;
- b. present results and figures clearly; and
- c. be useful for planning and monitoring.

As a PROCESS, it is a continuous learning experience for the nurse/program coordinator and the staff, as well as the community people, for the following reasons:

- a) It enables the nurse/program coordinator/staff to adjust or alter the program for optimum effectiveness.
- b) It allows the community to gradually become aware of the solution.
- c) It is an organized attempt to involve people in recognizing and resolving problems that concern them most.
- d) It enables the community to understand at its own pace the potential advantages of change, which may eventually lead to alterations in attitudes, values, and behavior.

According to WHO definition, it is “a quantitative and qualitative description of the health of citizens and the factors which influence their health. It identifies problems, proposes areas for improvement and stimulates action

- ✓ it is a comprehensive assessment of health status of the community in relation to its social, physical and biological environment.
- ✓ it is also called community assessment or situational analysis.
- ✓ Its involves the collection of data about the community to identify the different factors that may directly or indirectly affect the health of the people and analyzing and seeking explanations for the occurrence of health needs or problems

There are two types of Community Diagnosis

- ✓ **Comprehensive Community Diagnosis:** focused on obtaining general information about the community, taking the community as a whole and gives emphasis on all of its aspects, its strengths and weaknesses — everything and how it influences on health.
- ✓ **Problem-oriented Community Diagnosis:** deals with problems that are readily seen and should be acted upon immediately. For example, if there's an epidemic in the community

Community nursing diagnosis is a report made by the nurse that gives the focus of nursing care to be given to a patient. The diagnosis reveals a concern or state of health to direct care planning that falls in the nurse's choice of practice. The “patient” may be an individual person, family, or community.

There are three types of Community Nursing Problems:

- ✓ **Health Status Problems:** problems that are directly related to the community's health (e.g. too many breeding grounds for vectors, epidemics, malnourishment)
- ✓ **Health Resources Problems:** problems that concern a community's health resources (e.g. understaffing in the health center, lack of hospitals, lack of health transportation)
- ✓ **Health-related problems:** problems that indirectly influence health (e.g. lack of funding from the government, indifference of the people

We could say Community diagnosis is the process of determining the health status of the community and the factors responsible for it.

In this phase the, the health workers make a judgement about the community's health status, resources and health action potential or likely hood that the community will act to meet health needs to resolve health problems. And this consist of:

- ✓ the health risk or specific problem to which the community is exposed

- ✓ The specific aggregate or community with whom the nurse will be working to deal with the risk or problem.
- ✓ Related factors that influence how the community will respond to the health risk or problem application of this nursing diagnosis

The community as a client

The community is the client only when the nursing focus is on the collective or common good of the population instead of on individual health. Although the nurse may work with individuals, families or other interacting groups, aggregates, or institutions, or within a population, the resulting changes are intended to affect the whole community.

Why is the community considered a client?

- ✓ the community directly influences the health of individuals, families, groups, subpopulations, and populations who are a part of it
- ✓ provision of most health services occurs at the community level.

What are the dimensions of a community as a client?

There are 3 dimensions most commonly the community includes three factors: people, place, and function.

- ✓ the people are the community members or residents.
- ✓ Place refers both to geographic and to time dimensions,
- ✓ and function refers to the aims and activities of the community.

Nurses regularly need to examine how the people, place, and function dimensions of community shape their nursing practice.

Why undertake community diagnosis?

- ✓ To have a clear picture of the problems of the community and to identify the resources available to the community people.
- ✓ Community diagnosis enables the nurse/program coordinator to set priorities for planning and developing programs of health care for the community. The data gathered through the process serves as the material for analysis.

types of community diagnosis

The types of a community diagnosis may vary according to:

- ✓ the objectives or degree of detail or depth of the assessment
- ✓ the resources, and
- ✓ the time available for the nurse to conduct the community diagnosis.

- a) **Comprehensive community diagnosis** - aims to obtain general information about the community or a certain population group
- b) **Problem-oriented community diagnosis** - type of assessment that responds to a particular need (Spradley, 1990 Example: a nurse was confronted with health and medical problems resulting from mine tailings being disposed into river systems by a mining company. Nurse starts by investigating the meaning of the problem to the community people, proceeds to identifying the population affected by the hazards of the mine tailings, and then goes on to characterize the environmental factors and other elements relevant to the problem.

The purpose of community diagnosis is to define existing problems, determine available resources and set priorities for planning, implementing and evaluating health action, by and for the community.

There are 4 parts to a community diagnosis:

1. a description of the problem, response, or state (risk, concern, issue, potential or actual),
2. a statement of the aggregate, population, community, or focus (boundaries).
3. an identification of factors etiologically related to the problem(factors), and
4. those signs and symptoms (manifestations) that are characteristic of the problem.

Example: a risk of low birth rate among pregnant adolescents in the old town related to inadequate income and use of tobacco as evidenced by insecure housing, unemployment rates, and smoking rates among pregnant teens.

ELEMENTS of a comprehensive community diagnosis

According to Dones, as cited in Maglaya (2003), the following are the elements of a comprehensive community diagnosis:

A. Demographic variables: A comprehensive community diagnosis should show the size, composition, and geographical distribution of the population, as indicated by the following:

1. Total population and geographical distribution, including urban-rural index and population density
2. Age and sex composition
3. Selected vital indicators such as growth rate, crude birth rate, crude death rate, and life expectancy at birth
4. Patterns of migration
5. Population projections
6. Population groups with special needs — indigenous people, internal refugees, and other socially dislocated groups

B. Socio-economic and cultural variables

1. Social indicators

- a) **Communication network** (whether formal or informal channels) necessary for disseminating health information or facilitating referral of clients to the health care system
- b) **Transportation system**, including road networks, necessary for the accessibility of health care
- c) **Educational level** that may be indicative of poverty and may reflect on the health perception and health utilization pattern of the community
- d) **Housing conditions** that may suggest health hazards (congestion and exposure to harmful elements) and safety hazards (fire)

2. Economic indicators

- a) Poverty level/income
- b) Unemployment and underemployment rates
- c) Proportion of the total economically active population that are salaried and wage earners
- d) Types of industry present in the community
- e) Occupation common in the community
- f) Land ownership
- g) Recreational facilities

3. Environmental indicators

a. Physical/ Geographical/Topographical characteristics of the community

- ✓ land areas that contribute to vector problems
- ✓ terrain characteristics that contribute to accidents or pose as geohazard zones
- ✓ land usage in industry
- ✓ climate/season

b. Water supply

- ✓ percentage of population with access to safe, adequate water supply
- ✓ source/s of water supply for drinking and other activities

c. Waste disposal

- ✓ percent of population reached by the daily garbage collection system
- ✓ percent of population with safe excreta disposal system
- ✓ types of waste disposal and garbage disposal system

d. Air, water, and land pollution

- ✓ industries within the community that are hazardous to health
- ✓ air and water pollution index

4. Cultural factors

a. Variables that may 'break up' the people into groups within the community

- ✓ ethnicity
- ✓ social class
- ✓ language
- ✓ religion
- ✓ race
- ✓ political orientation

b. Cultural beliefs and practices that affect health

c. Concepts about health and illness

d. Other factors that may directly or indirectly affect the health status of the community

C. Health and illness patterns

If the nurse has access to recent and reliable secondary data, then those could be used; otherwise, nurse will have to gather the following:

1. Leading causes of morbidity
2. Leading causes of mortality
3. Leading causes of infant mortality
4. Leading causes of maternal mortality
5. Leading causes of hospital admission

D. Health resources

It refers to manpower, institutional and material resources provided not only by the state, but also those that are contributed by the private sector and other non-government organizations.

1. Manpower resources

- ✓ categories of health manpower available
- ✓ geographical distribution of health manpower
- ✓ manpower-population ratio:
 - distribution of health manpower according to health facilities (hospitals, rural health units, etc.)

- distribution of health manpower according to type of organization (government, non-government, private)
- ✓ quality of health manpower
- ✓ existing manpower development/policies

2. Material resources

- ✓ health budget and expenditure
- ✓ sources of health funding categories of health institutions available in the community
- ✓ hospital-bed population ratio
- ✓ categories of health services available

E. Political/leadership patterns

It reflects the action potential of the state and its people to address the health needs and problems of the community. It mirrors the sensitivity of the government to the people's struggle for a better life.

- a) Power structures in the community (formal or informal): include leadership patterns, community organizations, and government structure, among others
- b) Attitudes of the people toward authority
- c) Conditions/Events/Issues that cause social conflict/upheavals or that lead to social bonding or unification
- d) Practices/Approaches that are effective in settling issues and concerns within the community

SOURCES of data in the conduct of the community diagnosis

1. **Primary data** - source would be the community people through surveys, interviews, focused group discussions, observations, and through the actual minutes of community meetings
2. **Secondary data** - sources would be organizational records of the program, health center records, and other public records

STEPS in conducting a community diagnosis

A. PLANNING

1. **Determine the objectives:** the nurse decides on the depth and scope of the data to be gathered; regardless of the type of community diagnosis to be conducted, the nurse must determine the occurrence and distribution of selected environmental, socio-economic, and behavioral conditions important to disease prevention and wellness promotion.

- Statement of objectives should be SMART (Specific, Measurable, Attainable, Realistic, Time-bound).

2. Define the study population: nurse identifies the population group, based on the objectives of the study; the study population may be the entire community population or be focused on a population group, such as women in the reproductive age group or the infants.

3. Prepare the Community: nurse must call for meetings to formulate the community diagnosis objectives with the key leaders of the community; the following initial data are gathered through the key leaders:

- ✓ spot map of the entire community
- ✓ initial secondary data, e.g., total number of households per area, total population per area, list of traditional healers, list of CHWs

4. Choose the Methodology and Instrument of Community Diagnosis: primary data may be gathered through surveys, interviews, community meetings, and observations, while secondary data may be gathered through the review of program and public records. Three Levels of Data Gathering

a. **Community people** -- household heads, traditional, and non-traditional leaders; 30% of the total population of households for the survey sample spread out proportionally would be ideal; representation increases or decreases proportionally depending on the size of the area; ideally, 10% of traditional leaders (while a corresponding number of nontraditional leaders) (also) be obtained

b. **Community health workers** — ideally, 20% of all enlisted CHWs as of the previous year

c. **Program staff**

Instrument may be the following:

- ✓ Survey questionnaire
- ✓ Observation checklist
- ✓ Interview guide (CHW, leaders, program staff)

The nurse should meet the data collectors to discuss and analyze the instrument to be used. They may be asked to role-play an interview scene so that they can place themselves in an actual interview situation. If necessary, the instrument may be simplified to avoid overburden on the data gatherers in terms of educational preparation and time constraints. Pretesting of the instruments is highly recommended.

5. Setting the Targets: involves constructing a timetable of activities, taking into consideration the sample size and the number of personnel that will work

B. IMPLEMENTATION

1. **Actual data gathering:** during the actual data gathering, the nurse supervises the data collectors by checking the filled-out instruments for completeness, accuracy, and reliability of the information collected. Data gathered should cover the following:

Community dimensions secondarily related to health

- a) Demographic Data
- b) Economic Characteristics
- c) Social Indicators
- d) Political Characteristics
- e) Cultural Characteristics
- f) Environmental indicators

Community dimensions directly related to health

- a) General health indicators: birth, death, morbidity, mortality rates
- b) Maternal and child health care family planning, midwifery services, child care
- c) Immunization status of children
- d) Food and nutrition daily food budget, daily food intake, knowledge of basic food groups
- e) Illness and injury type of sickness, medical personnel attending to the sick, where the sick go for consultation and treatment, types and sources of medicines, dental care, mental health, accidents, causes of death
- f) Water and environment: water supply and storage, food storage, sanitation (excreta, garbage, wastewater disposal, pets and vermin control)
- g) Endemic diseases
- h) Essential drugs
- i) Health education
- j) Health resources (government/private) health manpower, health centers, health services
- k) Perception of health problems concepts of health, perceived health problem, solutions to health problems

2. **Collation/Organization of data:** there are two types of data that may be generated:

- ✓ Numerical data - data that can be counted
- ✓ Descriptive data description of observable characteristics of different factors

Before collation is done, the accomplished questionnaires are edited. Editing means going through the questionnaire to ensure that all the questions have been properly entered.

NR — No response

NA— Not applicable

To facilitate data collection, the nurse must develop categories for the classification of responses, making sure that the categories are **MUTUALLY EXCLUSIVE** and **EXHAUSTIVE**.

MUTUALLY EXCLUSIVE choices do not overlap.

To classify monthly income:

- ✓ Below Php 1,000
- ✓ Php 1,001- Php 5,000
- ✓ Php 5,001- Php 10, 000
- ✓ Php 10,001- Php 15,000
- ✓ Above 15, 001

EXHAUSTIVE CATEGORIES anticipate all possible answers that a respondent may give.

Educational Attainment:

- ✓ No formal education
- ✓ Elementary undergraduate
- ✓ Elementary graduate
- ✓ High school undergraduate
- ✓ High school graduate
- ✓ College undergraduate
- ✓ College graduate
- ✓ Postgraduate level
- ✓ Others (please specify)

For **FIXED-RESPONSE QUESTIONS**, choices must be provided to serve as categories for the respondent's answer.

OPEN-ENDED QUESTIONS do not provide choices or categories and the answers may be given freely by the respondent.

The next step will be to summarize the data.

a. Manual Tallying or Counting

Diseases	Tally Mark	Frequency
Pneumonia	IIII-IIII-IIII-II	17
Diarrhea	IIII-IIII-III	13
Cough and Colds	IIII-IIII-IIII-IIII-IIII-III	28

b. Computer Tallying – responses should be given codes

Waste Disposal
Open dumping 1
Burial in pit 2
Composting 3
Open burning 4

3. **Presentation/Organization of Data:** data collected may be presented as:

- ✓ Statistical tables
- ✓ Graphs
- ✓ Descriptive data -- Examples: geographic data, history of a village, health beliefs

4. **Analysis of Data:** aims to establish trends and patterns in terms of health needs and problems of the community. It allows comparison of obtained data with standard values.

5. **Identification of community health nursing problems:** make a list of the health problems and categorize them as:

- ✓ Health status problem: may be described in terms of increased or decreased morbidity, mortality, or fertility. Example: 40% of the school-age children have ascariasis.
- ✓ Health resources problem: they may be described in terms of lack or absence of manpower, money, materials, or institutions necessary to solve health problems. Example: 25% of the BHWs lack skills in vital-signs taking.
- ✓ Health-related problems: they may be described in terms of existence of social, economic, environmental, and political factors that aggravate the illness-inducing situations in the community. Example: 30% of the households dump their garbage in the river.

6. **Priority Setting**

It provides the nurse and the health team with a logical means of establishing priority among the identified health concerns. Criteria to decide on a community health concern for intervention according to The World Health Organization (WHO):

1. Significance of the problem-is based on the number of people in the community affected by the problem or condition. If the concerns are:
 - ✓ Disease condition – this may be estimated in terms of its prevalence rate.
 - ✓ Potential problem – its significance is determined by estimating the number of people at risk of developing the condition.
2. The level of community awareness and the priority its members give to the health concern is a MAJOR consideration.
3. Ability to reduce risk- is related to the availability of expertise among the health team and the community itself as well as the health team's level of influence in decision making related to actions in resolving the community health concern.
4. Cost of reducing risk; consider economic, social, and ethical requisites and consequences of planned actions.
5. Ability to identify the target population: availability of data sources, such as census, survey reports, and case-finding or screening tools.
6. Availability of resources: entails technological, financial, and other material resources of the community, the nurse, and the health agency.

For a realistic and useful outcome, this must include the joint effort of the community, the nurse, and other stakeholders, such as the other members of the health team. The team defines guidelines for discussion, particularly on the manner of reconciling differences of opinion.

Shuster and Goeppinger (2004) suggested a flexible process using the nominal group technique wherein each group member has an equal voice in decision making, thereby avoiding control of the process by the more dominant members of the group.

This technique is appropriate for brainstorming and ranking ideas, when consensus-building is desired over making a choice based on the opinion of the majority.

- ✓ The group makes a list of the identified community health problems or conditions.
- ✓ Each of the identified problems is treated separately according to a set of criteria agreed upon by the group such as those suggested by the WHO.

As suggested by Shuster and Goeppinger (2004), the following steps are carried out:

1. From a scale of 1 to 10, being the lowest, the members give each criterion a weight based on their perception of a weight based on their perception of its degree of importance in solving the problem.
2. From a scale of 1 to 10, being the lowest, each member rates the criteria in terms of the likelihood of the group being able to influence or change the situation.
3. Collate the weights (from step 1) and ratings (from step 2) made by the members of the group.
4. Compute the total priority score of the problem by multiplying collated weight and rating of each criterion.
5. The priority score of the problem is calculated by adding the products obtained in step 4

After repeating the process on all identified health problems, compare the total priority scores of the problems. The problem with the highest total priority score is assigned top priority, the next highest is assigned to second, and so on.

Another school of thought identifies that Setting of Community Health Nursing Problems — make use of the following criteria:

- ✓ **Nature of the problem presented:** the problems are classified by the nurse as health status, health resources, or health related problems.
- ✓ **Magnitude of the problem:** refers to the severity of the problem, which can be measured in terms of the proportion of the population affected by the problem.
- ✓ **Modifiability of the problem:** refers to the probability of reducing, controlling, or eradicating the problem.
- ✓ **Preventive Potential:** refers to the probability of controlling or reducing the effects posed by the problem.
- ✓ **Social Concern:** refers to the perception of the population or the community as they are affected by the problem.

TABLE: SCORING SYSTEM IN PRIORITIZING HEALTH PROBLEMS

CRITERIA		WEIGHT
Nature of the problem		
Health status	3	1
Health resources	2	
Health-related	1	
Magnitude of the problem		
75%- 100% affected	4	3
50% - 74% affected	3	
25% - 49% affected	2	
< 25% affected	1	
Modifiability of the problem		
High	3	4
Moderate	2	
Low	1	
Not modifiable	0	
Preventive Potential		
High	3	1
Moderate	2	
Low	1	
Social Concern		
Urgent community concern	2	1
Recognized as a problem but not needing urgent attention	1	
Not a community concern	0	

Source: UP College of Nursing. Community Health Nursing Specialty, 1989, as cited in Maglaya, 2003.

STEPS IN PRIORITIZING PROBLEMS

1. Score each problem according to each criterion.
2. Divide the score by the highest possible score.
3. Multiply the answer by the weight of the criteria.
4. Add the final score for each criterion to get the total score for the problem. The highest possible score is 10, while the lowest possible score is $1 \frac{5}{12}$ or 1.41.

5. The problem with the highest total score is given high priority by the nurse.

Given the situation:

After collating the data in the community diagnosis, the nurse learned that one of the community health problems is that 40% of the school-age children have ascariasis. The mothers recognize this and are willing to have their children undergo deworming. Majority of the mothers are so concerned that they asked the nurse about its cause and the ways on how to prevent it.

The other problem is the lack of skills of the CHWs in the barangay. For example, 25% of the CHWs lack skills in vital signs taking. The CHWs expressed their concern that they cannot perform their tasks because of this. All of them verbalized their desire to attend health skills trainings in the future. Applying the concept of prioritizing community health problems:

TABLE: USING THE SCORING SYSTEM TO DETERMINE PRIORITIES FOR TWO HEALTH PROBLEMS

Problem A: 40% of the school-age children have ascariasis		Problem B: 25% of the CHWs lack skills in vital signs taking	
Prioritizing		Prioritizing	
Nature of the Problem (Health status)	$(3 \div 3) \times 1 = 1$	Nature of the Problem (Health resources)	$(2 \div 3) \times 1 = 2/3$
Magnitude of the Problem (25%-49% affected)	$(2 \div 4) \times 3 = 1 \frac{1}{2}$	Magnitude of the Problem (25%-49% affected)	$(2 \div 4) \times 3 = 1 \frac{1}{2}$
Modifiability of the Problem (High)	$(3 \div 3) \times 4 = 4$	Modifiability of the Problem (High)	$(3 \div 3) \times 4 = 4$
Preventive Potential (High)	$(3 \div 3) \times 1 = 1$	Preventive Potential (High)	$(3 \div 3) \times 1 = 1$
Social Concern (Urgent community concern)	$(2 \div 2) \times 1 = 1$	Social Concern (Urgent community concern)	$(2 \div 2) \times 1 = 1$

With this, first priority will be problem A followed by problem B.

TABLE. SAMPLE WORKPLAN

Objective	Strategies/ Activities	Time Frame				Manpower	Resources Supplies & Materials Needed	Evaluation Indicator
		J	F	M	A			
To reduce the prevalence of ascariasis among school age children to 20% by the end of 2008	1. Supply and distribution of mebendazole a. requisition of 6month supply of mebendazole b. delivery of mebendazole	x	x			Responsibility: Admin. officer Hospital admin. staff	Oresol packs	Criterion: mebendazole syrup delivered Standard: 1,000 mebendazole syrup bottles delivered
2. Training of Bali Health Workers	a. of training materials b. conduct of training sessions		x		x	responsibility: Ministry, regional delegation, district health service and CHW	Office supplies, evaluation exam, sound system, whiteboard, and writing materials	Criterion 1: training materials produced Standard 1: 100 sets of materials produced Criterion 2: CHW training attendance Standard 2: 100 CHWs completed the training Criterion 3:

							passing mark in the evaluation exam Standard 3: score of 75% or more in the evaluation exam
3. Health education of mothers	a. preparation of health education materials for mothers b. conduct of mothers' class		x	x		Responsibility: District Health Service, CHWS	Office supplies, training posters, sound system, whiteboard, and writing materials Criterion 1: training materials produced Standard 1: 50 sets of materials produced Criterion 2: mothers' class attendance Standard 2: 100 mothers attended the health education session

6. **Feedback to the Community** -- community meetings are held to inform the community people of the results of the community diagnosis. This is done to:

- ✓ increase their awareness on their health status as an entire community, and
- ✓ enhance community participation in action planning.

7. **Action Planning** -- action programs are the activities necessitated by the results of the community diagnosis. Feasibility, impact on the community, scope or coverage, and community acceptance are the factors to consider in formulating an action program.

C. EVALUATION - done to:

1. measure the achievements of the program
2. serve as basis for introducing corrections or revisions to the action program
3. provide concrete basis for the validity and appropriateness of the action plan. Since impact evaluation entails thorough investigation of the community, a follow-up to the community diagnosis is necessary.

ACTION PLANNING FOR COMMUNITY HEALTH NURSING AND SERVICES PLANNING

Planning refers to the process of constructing a program, formula, or alternative model that will be used as a basis for a course of action or decision. The main purpose of planning is to improve the present state of affairs. It deals with deciding what ought to be done and how things are to be done utilizing the available resources. The essence of planning is forecasting, whether the plan is short-term or long-term.

Why is there a need for planning?

The following are the reasons why planning is important in community health practice:

- ✓ Planning provides more rational decision- making instead of gut-feel, vested interests, or political considerations.
- ✓ Given the multiple needs of the people and the scarce community resources, planning utilizes available resources properly.
- ✓ With the conflicting values and views within the community, planning assists in the determination of common goals, objectives, and strategies.
- ✓ Positive change and growth is feasible with planning.

CHARACTERISTICS OF PLANNING

- ✓ Futuristic
- ✓ Flexible
- ✓ Change-oriented
- ✓ Continuous and dynamic process
- ✓ Systematic process

Plans may be categorized according to:

Scope of the plan

- a. Comprehensive includes both public and private sector
- b. Partial includes either public or private sector only

Time span of the plan

- a) **Long term plan:** covers a minimum period of 8 years Ex.: National development plans are generally long-term plans.
- b) **Medium term plan:** span of 4-7 years
- c) **Short-term plan:** one to two-year plan Ex.: Annual budgetary plan of a local government unit

Authoritativeness of the plan

- a) **Indicative** when used only as a guide or reference; not binding
- b) **Prescriptive** when accepted & implemented as approved by the organization; compulsory

TYPES OF PLAN

- ✓ **Strategic plan:** a long-range plan that extends from 3-5 years; done by managers in an organization, whereby managers review the organization's strengths, weaknesses, opportunities, and threats (SWOT), and its vision, mission, and goals
- ✓ **Operational plan:** short-range plan (less than 3 years) that deals with the routine activities of an organization Ex.: In the health center setting, an operational plan involves:
 - a. delivery of basic health services
 - b. training of health center staff
 - c. purchase of instruments and equipment
 - d. system of queuing clients
 - e. system of recording

- ✓ **Program plan:** an organized set of activities, projects, processes, or services which aim for the realization of specific objectives; it is concerned with courses of action for the improvement of a particular health problem; compared to a project plan, it has a broader scope, is more diverse, and is bigger in magnitude.

A. STRATEGIC PLANNING

Strategic planning involves the identification of the following:

- I. **VISION STATEMENT:** describes what the organization will be like when it has fulfilled its mission. Four important attributes of a vision statement:
 - a) Idealism
 - b) Uniqueness
 - c) Future orientation
 - d) Imagery

Characteristics of a vision statement:

- a) Clear hope for the future
- b) Challenging; aims for excellence
- c) Inspirational and emotional
- d) Empowers employees and clients
- e) Prepares for the future
- f) Memorable; provides guidance

Ex.: EXHIST Vision Statement, **STUDENTS SHOULD WRITE IT OUT**

VALUES: things organizations and people stand for Ex EXHIST adheres to the following values:

STUDENTS SHOULD NAME THE 7 VALUES OF EXHIST

- II. **MISSION STATEMENT:** highlights the things that make the organization unique.
Components of a mission statement
 - a) target clientele and markets
 - b) indicates the principal services delivered
 - c) specifies the geographic area which the organization will concentrate on
 - d) identifies the organization's philosophy

e) confirms the organization's preferred self-image and/or public image

Ex.: EXHIST Mission Statement **STUDENTS SHOULD WRITE THE MISSION STATEMENT**

III. ANALYSIS OF THE ENVIRONMENT (SWOT ANALYSIS)

Internal environment

a. **Strengths:** positive attributes of the organization; Ex.: Having a committed staff and expert faculty members

b. **Weaknesses:** negative attributes of the organization; Ex.: White board markers with ink that leaks

External environment

a. **Opportunities:** facilitating factors outside the organization; Ex.: Supportive administrators in target nursing schools

b. **Threats:** hindering factors outside the organization; Ex.: Other review center owners that conduct unethical activities

Strategy and activity setting

How do we attain the vision?

- ✓ defines the strategies and activities that nurses set to achieve order to realize their goals and objectives
- ✓ implies the identification of resources manpower, money, materials, technology, time, and institutions needed to implement a program that involves:
 - a) designing community health programs or services
 - b) budgeting of resources
 - c) making time plan or schedule
- ✓ main consideration is NOT TO WASTE TIME, RESOURCES, AND EFFORT

When planning community health programs, DO NOT FORGET:

- ✓ The principles of primary health care and community development
- ✓ To coordinate the plan of care with the other members of the community development team
- ✓ Proper management of activities to make the organization move towards goal attainment
- ✓ Leadership principles and process in influencing and motivating organizational members
- ✓ Health education activities

- ✓ Concepts and principles of networking and linkage-building
- ✓ Specific programs and projects of the MOH that could be maximized
- ✓ Community development programs that could be maximized; Ex. income-generating projects

IV. GOAL AND OBJECTIVE SETTING

Where do we want to go?

This phase refers to the process of formulating the objectives of the health program and nursing services in order to change the status quo.

GOALS -- broad and not constrained by time and resources; state the ultimate desired end point of all activities; directed towards solving health status problems

OBJECTIVES -- stated in specific and measurable terms, client-centered, and outcome-focused; concerned with the resolution of the health problem itself. An adequate statement of objective specifies both the criteria as well as the standards of evaluation.

Characteristics of Objectives:

SMART: Specific, Measurable, Attainable, Realistic, Time-bound

Long-Term Objectives: By 2015, the incidence of Tuberculosis among infants in BIYEMASSI will be reduced by 10%

Short-Term Objectives: At the end of 2008, 70% of the infants in BIYEMASSI will be immunized with BCG

Defining criteria and standards

Objectives could be further elaborated by using more specific criteria.

Criteria: objective, measurable, relevant, and flexible indicators related to performance, behavior, circumstances, or clinical status (ICN, 1989). This definition implies that there may be two or more criteria for every objective.

Example:

Objective: During the home visit, Mr. PAUL will be able to collect a good sputum sample for microscopy.

Criteria: Mr. PAUL collects the sputum sample as instructed:

- a. breathes air deeply
- b. coughs strongly at the height of inspiration

- c. spits the sputum into a sterile container (specimen should be at least 3-5ml and mucopurulent in character)
- d. covers the sputum container - Source: NTCP Manual, 1987

Standard: desired level of performance corresponding with a criterion, against which actual performance is compared; value judgment is applied to a criterion

Example 1: Objective: As a result of nursing care, the child's weight will increase by at least two pounds per month.

Criterion: weight

Standard: weight increase of two or more pounds per month

Example 2: Objective: After the home visit, the family will utilize the health center both for preventive and curative services.

Criterion: health center visits

Standard: prenatal clinic visits of pregnant and clinic visits of two preschoolers; health center consultation during illness

PROGRAM PLANNING

PROGRAM: a type of plan concerned with courses of action for the solution or improvement of a particular health problem; deals with formulation of a strategy for the achievement of a given health policy objective;

It is also referred to as 'very big projects or the composite of more than one big project

Types of programs

- ✓ **Programs for direction, coordination, and management:** refer to programs to formulate policies, programs, and projects; to direct, coordinate and control activities; and to provide informational and administrative support (including personnel, finance and logistics, and legal services)
- ✓ **Programs for health system infrastructure:** include programs for planning and development of a basic health facility network, health manpower policies and training, health education, and public information
- ✓ **Technology programs:** programs providing functional support like infrastructure development, human resource development, health information, accounting, and budgeting

Steps in program planning

1. Organizing a planning group — a group of five to ten people (not more than 12) oriented to the task, each with a specific role and responsibility
2. Formulating goals
3. Identification of strategies
4. Determining activities
5. Estimating resources — listing of the manpower, material, and financial resources needed
6. Assessing the effects of the program -- development of evaluation scheme

Key elements of a program

- ✓ Name which identifies it as closely as possible with a health policy objective, or disease/ condition it is addressing (such as related to the SDGs)
- ✓ Brief statement of the priority diseases conditions it intends to improve and program status
- ✓ Objectives: Disease condition target that indicates quantified changes from existing levels of occurrence
- ✓ Activity/ Service targets that indicate percentage coverage of a given eligible population
- ✓ Approach which describes the course of action to be pursued, such as the manner of implementation, program tactics, field units responsible for the delivery of services, and principal constraint that needs to be overcome
- ✓ Linkages
- ✓ Program budget
- ✓ Need for technical cooperation from external agencies
- ✓ Evaluation indicators

PROJECT PLANNING

PROJECT — a time-bound undertaking involving a series of interrelated activities, the ultimate purpose of which is to incorporate desired changes into the health service system that will enhance its capability for delivering specified health services

Steps in project planning

- i. **Project identification:** high priority would be those projects:
 - ✓ Related to high-priority programs
 - ✓ Which relate to urgent problems and those that have significant political implications
 - ✓ Which will emphasize the efficiency and effectiveness of the utilization of existing resources

ii. Project design should include:

- ✓ Statement of project objectives
- ✓ Determination of project activities
- ✓ Preparation of the work plan

iii. Preparation for project monitoring

Project administration to include:

- ✓ Hierarchical structure of authority within the project administration
- ✓ Staff requirements
- ✓ Channels of communication
- ✓ Policies and procedures of the organization
- ✓ Project budget

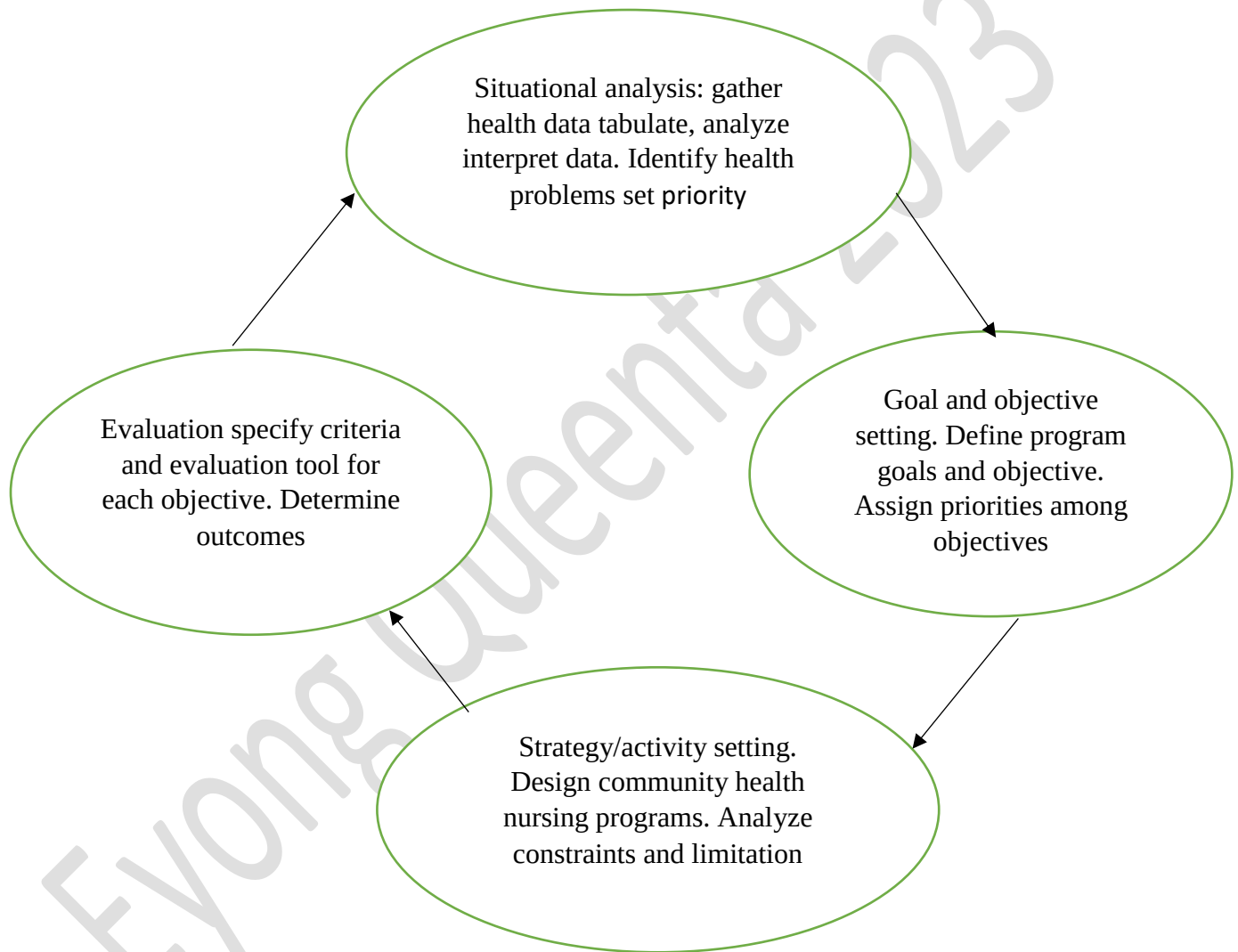
iv. Writing the project document. Suggested format of a project proposal:

- ✓ Project Title
 - ✓ Project Objectives
 - ✓ Project Specific Objectives
 - ✓ Project Activities
- a) Project administration
 - b) Promotional activities
 - c) Design activities
 - d) Review, coordinate, and approve committee recommendations
 - e) Implementation of committee recommendations
 - ✓ Project Milestones
 - ✓ Project Evaluation Schedule
 - ✓ Project Personnel
 - ✓ Project Budget

SUMMARY OF PLANNING

THE PLANNING CYCLE - Four basic questions asked (Mercado, 1993):

- Where are we now?
- Where do we want to go?
- How do we get there?
- How do we know we are there?



EPIDEMIOLOGICAL TRIAD

- ✓ The epidemiological triad is best represented diagrammatically (see Figure
- ✓ This represents the interaction between an agent, host or persons and environment or place within a specific time dimension.
- ✓ The epidemiological triad can be applied to non-infectious diseases where the agent could be ‘unhealthy behaviours, unsafe practices, or unintended exposures to hazardous substances’
- ✓ The triad is used to determine the cause of infectious diseases, non-infectious diseases, and accidents or injuries. It considers the interaction between the external agent, the susceptible host, and the environment

The epidemiological triad

Example of HIV

Agent: HIV is a viral infection that targets a person’s immune system opens in a new window, making it more vulnerable to other forms of infection. Because the virus targets the immune system itself, the body cannot effectively fight HIV on its own. HIV is communicated through direct contact with an infected person’s bodily fluids, and it primarily spreads through sexual contact or shared needles.

Host: Scientists theorize that HIV was originally carried by chimpanzees and that humans who hunted these chimpanzees for meat became infected with a mutated form of the virus upon contact with the chimpanzees’ blood. HIV can be transmitted when a bodily fluid such as blood comes into contact with a mucous membrane or damaged tissue (such as an open wound or the mucous membranes found inside the mouth).

Environment: There are a number of socio-economic factors that can impact the spread of HIV opens in a new window within a community. Communities with higher concentrations of sexually transmitted diseases and lower incidences of reporting due to social pressure or otherwise allow HIV to flourish. Poverty limits access to care and treatment, and discrimination can discourage individuals from being tested or seeking care.

How to Break the Epidemiologic Triangle

To prevent the spread of disease, at least one side of the Epidemiologic Triangle must be broken. Healthcare staff should follow best practices and procedures to help prevent infections from spreading in your facility. Some things they can do to break the Epidemiologic Triangle include:

- Follow proper hand hygiene at all times.
- Wear appropriate personal protective equipment (PPE) while treating patients.
- Kill germs by disinfecting high-touch areas regularly.
- Clean and disinfect lobbies, exam rooms, bathrooms and other common areas often.

Community-Based Nursing

Community-based care is coordinated, integrated care provided in a range of community settings, such as people's homes, healthcare clinics, physicians' offices, public health units, hospices, and workplaces.

Community-based nursing allows nurse professionals to address the needs of individual members of a community.

Like individuals, communities differ from one another, with members of varying ages, cultural backgrounds, abilities, and health conditions.

nurses implement various proactive programs in areas such as health education, disease prevention, and restorative care that can lead to healthier communities.

- ✓ It takes place in community settings such as the home or a clinic, where the focus is on the needs of the individual or family.
- ✓ It involves the safety needs and acute and chronic care of individuals and families, enhances their capacity for self-care, and promotes autonomy in decision making
- ✓ It is delivered in a way that is person- and population-centred, and responsive to economic, social, language, cultural, and gender differences.
- ✓ Community health nurses work in hospitals, community centers clinics, schools and government health agencies
- ✓ Community health nurses are important to regions where healthcare is not easily accessible, so they can travel to remote places and isolated areas of a city

The following are all aspects of community-based care:

- ✓ Public health, primary care services within the community, health promotion, and disease prevention;
- ✓ Diagnosis, treatment, and management of chronic and episodic illness;
- ✓ Rehabilitation support; and
- ✓ End-of-life care (palliative care).

What is palliative care

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems.

Palliative care is the prevention and relief of suffering of any kind – physical, psychological, social, or spiritual – experienced by adults and children living with life-limiting health problems. It promotes dignity, quality of life and adjustment to progressive illnesses, using best available evidence.

Palliative care is required for patients with a wide range of life-limiting health problems, the majority of which have chronic diseases such as cardiovascular diseases, cancer, chronic respiratory diseases, AIDS and diabetes etc. Pain is one of the most frequent and serious symptoms experienced by patients in need of palliative care.

Palliative care may often be seen simply as giving painkilling medicines which is not the case. The rationale includes the need for relief from pain and other distressing symptoms, but it goes further to include efforts to enhance the quality of life, and even influence the course of illness in a positive way.

Life is affirmed and dying is regarded as a normal process, with care integrating physical, psychological, social, cultural and spiritual aspects. Patients are helped to live as actively as possible until death, and a support system offers help to the family to cope both during the patient's illness and during bereavement.

Palliative care is not intended to hasten or postpone death, but uses ethical principles, shared decision making and advanced care planning to identify patients 'priorities and goals for their care at the end of life.

It is important that palliative care should not be considered as something that only hospitals can do. It can be provided in any health-care setting and also in patients' homes and can be successfully implemented even if resources are limited. Palliative care services should, therefore, at a minimum:

- ✓ identify patients who could benefit from palliative care;
- ✓ assess and reassess patients for physical, emotional, social and spiritual distress and (re)assess family members for emotional, social, or spiritual distress;
- ✓ relieve pain and other distressing physical symptoms;

- ✓ address spiritual, psychological and social needs;
- ✓ clarify the patient's values and determine culturally appropriate goals of care.

Where could palliative care be done

1. **home-based palliative care** provides care to people in the home in which the patient lives. It is best delivered by a multidisciplinary team trained in palliative care, including doctors, nurses, community health workers and volunteers.

Advantages to home-based palliative care:

- ✓ many patients feel more comfortable in their home than in a health-care setting,
 - ✓ family members are integrated into the process, which in turn means that the patient has easy access to care.
 - ✓ it provides advice and support to family members to help them as caregivers, and the home-care team is able to facilitate referral to additional services.
 - ✓ it helps the patient and family maintain privacy and confidentiality, but on the other hand it helps to increase community awareness of palliative care.
 - ✓ Local resources and support networks can be mobilized and training can be provided by community health workers to others in the local area.
2. **Community-based palliative care services** are those offered at a community health centre (CHC) or that are run with community participation. Community-based palliative care services can be a way to achieve significant coverage of services for patients with chronic, life-limiting health problems. Wherever possible, this should be initiated in collaboration with the local health authorities and should follow the planning processes used in the health system. This approach can also be used by community organizations that wish to establish a palliative care service for their community, and which can later be integrated into the health system. These services are typically provided by both health-care professionals and community health workers/volunteers. The team may include other voluntary allied health professionals if available. Community health workers or volunteers, supported by health-care professionals, will provide the basic home care.
 3. **A hospital-based palliative care service** improves patient outcomes. Its more comprehensive because of on-site availability of various specialties and diagnostic procedure. It also facilitates the discussion of the patient's values, diagnosis, prognosis and agreement about the goals of care. There is also evidence that it may reduce the use of non-beneficial or harmful treatments

near the end of life. A hospital-based palliative care service can involve one or more of the following options:

- ✓ an outpatient palliative care clinic;
- ✓ a palliative care consultation service for hospital inpatients;
- ✓ a palliative care day-care service;
- ✓ an inpatient palliative care unit;
- ✓ a palliative care outreach/home-care service.

Gender and community health concepts

Gender: refers to the characteristics of women, men, girls and boys that are socially constructed. or an individual's concept of themselves, or gender identity. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other

Sex: refers to the biological differences between males and females, such as the genitalia and genetic differences.

Gender roles in society means how we're expected to act, speak, dress, groom, and conduct ourselves based upon our assigned sex. it can refer to the role of a male or female in society, known as a gender role. It is a social role encompassing a range of behaviors and attitudes that are generally considered acceptable, appropriate, or desirable for a person based on that person's biological or perceive sex

Gender stereotype: unfair belief or idea that groups of people have particular characteristics or that all people in a group are the same. There are the beliefs that people have about the characteristics of males and females. Stereotypes about gender can cause unequal and unfair treatment because of a person's gender. This is called **sexism**.

There are four basic kinds of gender stereotypes:

- ✓ **Personality traits:** e.g., women are often expected to be accommodating and emotional, while men are usually expected to be self-confident and aggressive.
- ✓ **Domestic behaviors:** e.g., some people expect that women will take care of the children, cook, and clean the home, while men take care of finances, work on the car, and do the home repairs.
- ✓ **Occupations:** Some people are quick to assume that teachers and nurses are women, and that pilots, doctors, and engineers are men.

- ✓ **Physical appearance:** women are expected to be thin and graceful, while men are expected to be tall and muscular. Men and women are also expected to dress and groom in ways that are stereotypical to their gender (men wearing pants and short hairstyles, women wearing dresses and make-up).

Gender equity refers to “fairness of treatment for women and men, according to their respective needs. Provision of fairness and justice in the distribution of benefits and responsibilities between women and men.

Gender equality, means that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development (without the limitations set by stereotypical views, rigid gender roles, and prejudices).

Gender and diversity: Gender and diversity influence health status in terms of:

- ✓ Risk and vulnerability
- ✓ Severity or frequency of health problems
- ✓ Health seeking behaviour
- ✓ Access to and use of healthcare services
- ✓ Ability to follow treatment
- ✓ Psychosocial well-being, long-term psychological, social and health consequences.

Violence is a public health issue. It both reflects and reinforces inequalities between women, girls, boys and men of all ages and forms of diversity

To strengthen community resilience and eliminate health inequities it is necessary to actively involve women, girls, boys and men of all ages in planning, decision-making, and resource allocation.

Student work

- School health
- Occupational health
- Prison health, health, issues in prison populations
- Environmental health