Lecture Objectives:

1. Distinguish between populations, aggregates, neighborhoods, and communities as populations served by Community Health Nursing (CHN).
2. Differentiate between the goals of Public Health Practice and Medicine.
3. Discuss the history, significance, and trends of the National Health Objectives.
4. Discuss historical events and contributions in the development of Public Health Nursing (PHN) and Community Health Nursing.
5. Understand Community Health Nursing.
6. Summarize the Standards of Community Health Nursing Practice.
7. Specify the characteristics/attributes of a Community Health Nurse (CHN).
8. Distinguish between client-oriented roles, delivery oriented roles and population oriented roles performed by the CHN.

Reading Assignment:

There is no text for this material. Student is responsible for what is presented in lecture hours. The reference text is Clark, M.J. (2003). *Community Health Nursing: Caring for Populations* Prentice Hall; New Jersey

Lecture Outline:

Introduction - The populations that “Community Health Nurses” (CHN) care for can be many and diverse with the goal of enhancing the health status of the public or overall population. “The hallmark of CHN is that the primary client or recipient of care is a group of people or population”.
I. Definitions
A. Population - “general public or collection of communities” - Clark

B. Aggregates - “populations with some common characteristics with common concerns but like populations may not interact with each other”

C. Neighborhood - smaller, more homogeneous group

D. Community - several neighborhoods - a group of people who share common interest, who interact and function collectively by a defined social structure to address common concerns.
   1. Geopolitical community- geographic boundaries
      Example?
   2. Community of Identity - common identity and interests
      Example?

E. Health of Populations - si defined and determined by the perceptions, norms, and value of its members. There are some characteristics that populations have in common as was documented by The Health Cities initiative 1983 and later by the WHO:
   1. Characteristics of a healthy population? Healthy community? City?
      Provide health physical environment
      Maintain stable ecosystem
      Comprise strong, supportive, nonexploitive people
      Provide extensive participation indecision making
      Provides for basic needs
      Provide access to resources and opportunities for interaction
      Sustain a vital economy
      Maintain connectedness with cultural and biological heritages
      Provide governance structures that promote health
      Provide appropriate and accessible services for all
      Display strong positive health indicators and low incidence of health problems
      Adapt to changing conditions and circumstances
      Create a shared vision for future development
      Celebrate diversity among members
      Periodically assess needs and assets
      Create a sense of group responsibility and belonging
      Deal effectively with conflict
II. Public Health Practice versus Medicine Practice

Public Health Practice VS Practice of Medicine

A. Focus:
1. Health of Populations
2. Health Promotion and Prevention of illness
3. Health for the public

1. Health of Individuals
2. Healing
3. Relief of suffering and enhanced capacity to function

B. Strategies:
Action to assume responsibility for informing health care providers and the public regarding health issues
Improve public’s health through political decisions and legislative activity

Individual decisions

C. Core functions and Outcomes:

Public Health Functions

Medicine’s Functions

Assessment
Assessment and monitoring
Diagnosis & Treatment of illness

Policy Development
Advocacy and Political action to develop policies conducive to population health

Assurance
Responsible to assure availability and access to health care services

D. Outcomes of Public Health Practice?
Promotion of health, protection of public, prevent health problems and access and service. How are these accomplished?
On three levels:

A. Primary Prevention

B. Secondary Prevention

C. Tertiary Prevention
III. Objectives for Population Health - What is this? Focus of National Health Objectives?

A. History
   1. Initially established 1980
   2. Healthy People 2000: National Health Promotion and Disease Prevention
   3. Healthy People 2010
      a. Strategies?
         i. promoting health behavior
         ii. promoting health and safe communities
         iii. Improving personal and public health systems
         iv. Preventing and reducing diseases and disorders
      b. Focus area and responsible agencies?
         i. Medical product safety-FDA
         ii. Occupational safety and health-CDC
      c. Ten leading health indicators
         i. Physical activity
         ii. Overweight and obesity
         iii. Tobacco use
         iv. Substance Abuse
         v. Responsible sexual behavior
         vi. Mental health
         vii. Injury and violence
         viii. Environmental quality
         ix. Immunization
         x. Access to care
      i. 1990=Reduce mortality
      ii. 2000=Increase healthy life span
          Reduce disparities among subpopulations
          Achieve access to preventative health services for all
      iii. 2010= Increase quality and years of healthy life
          Eliminate disparities in health status among subpopulations
IV. Historical Context - Knowledge of the past social and political events have shaped the present and encourages us to identify factors that promote the health of the public. There are significant people and events in the development of community health nursing

A. Ancient civilizations
B. Christianity - early church
C. Middle Ages
D. European Renaissance
E. Colonial Period
F. Early Public Health work
   1. 1813 Ladies’ Benevolent Society of Charleston, South Carolina
G. Industrial Revolution
   1. Shattuck’s Report of Massachusetts Sanitary Commission-1850
H. District Nursing in England
I. Visiting Nurses Association (VNA)-1885
J. The settlement houses
   1. Arnold Toynbee’s belief
   2. Lillian Wald and Henry Street Settlement- 1893

V. Community Health Nursing
   PHN and CHN make up 18.3% of employed RN’s
A. Define
   1. Public Health Nursing
   2. Community Health Nursing

VI. Standards for Public Health Nursing
A. Standards of Care for Public Health Nursing
   I. Assessment
   II. Diagnosis
   III. Outcomes Identification
   IV. Planning
   V. Assurance
   VI. Evaluation
B. Standards of Professional Performance
   I. Quality of Care
   II. Performance Appraisal
   III. Education
   IV. Collegiality
   V. Ethics
   VI. Collaboration
   VII. Research
   VIII. Resource Utilization
VII. Characteristics/Attributes of CHN

A. Population conscious
B. Oriented to health
C. Autonomy
D. Creativity
E. Continuity
F. Collaboration
G. Intimacy
H. Variability

VIII. Roles and function of CHN

A. Client Oriented Roles
   1. care giver
   2. educator
   3. counselor
   4. referral resource
   5. role model
   6. advocate
   7. primary care provider
   8. case manager

B. Delivery Oriented Roles
   1. coordinator
   2. collaborator
   3. liaison

C. Population Oriented Roles
   1. case finder
   2. leader
   3. change agent
   4. community developer
   5. coalition builder
   6. researcher
1. Differentiate the difference between US. Public Health, Arkansas Public Health and county public health departments.

2. Explain the difference between Public Health Nursing (PHN) and Community Health Nursing (CHN). Where do these nurses work public or private sector?

3. Who is the client or focus of public health nursing?

4. What is a population by CHN definition? Aggregates? Community and neighborhoods? What is the difference?

5. Define geopolitical community and give examples.

6. Define Community of Identity and give examples.

7. Give an overview of what a Healthy population looks like.

8. Understand the difference between the focus of Public Health and Medicine.


10. What are the core functions and outcomes of Public Health and Medicine?

11. Define Primary, Secondary and Tertiary Prevention and give examples of each.

12. A teenager is pregnant and comes to the county health department. This is an example of
    a. Primary prevention
    b. Secondary prevention
    c. Tertiary Prevention
    d. Both A and B.

13. A client in the community has lost 30#. She continues to exercise and eat 1800 calories per day. This is an example of
    a. Primary prevention
    b. Secondary prevention
    c. Tertiary Prevention
    d. Both b and c.

14. What are the National Health Objectives? The focus of these objectives is what?


16. Review the brief history of Public Health Nursing and state who was most significant for the Henry Street Settlement?

17. What are the characteristics that a professional community health nurse (CHN) must demonstrate?
18. State the 3 Roles and Function categories of the CHN, and give examples of each different category. For example the population oriented roles of the CHN are case finder, leader, change agent, community developer, coalition builder and researcher.

A CHN works with families in a neighborhood to have speed breakers installed. This is an example of

a. case finder
b. change agent
c. community developer
d. researcher