

VERSION 9

ATI COMMUNITY NURSING PROCTORED STUDY GUIDE

Community Health nursing Theories:

- Nightingale's Theory of Environment Health Belief Model
 - Focus on impact of a person's environment on their health. Focus is on **preventative care** (washing hands, clean environment)
- Health Belief Model
 - Assumes a person's primary motivation in taking positive health actions is to **avoid getting a disease**
- Likelihood of taking action is based on:
 1. Modifying variables (age, gender, race, economy, education)
 2. Perceived severity and susceptibility of getting the disease
 3. Perceived benefits vs barriers of taking action
 4. Cues to action (advice of doctor, media campaigns)

Community based nursing vs. community oriented nursing:

The **community or population** is the "client" in community health nursing

- Community based nursing- is focused on **illness care** (acute or chronic conditions) for **individuals and families**.
Examples: home health nurse doing wound care,
school nurse administering epi-pen
- Community oriented nursing: is focused on improving collective health of the **community**.
Examples: health education and promotion, disease prevention activities. **No illness care!** Community oriented nursing = public health nursing

Community Health nursing vs. public health nursing

- Community health nursing: delivers health care services to **individuals, families, and groups**. Includes community based nursing (illness care for individuals and families) AND community

oriented nursing (community focused care, with emphasis on education and disease prevention)

- Public health nursing: disease prevention and health promotion of **communities and populations**. They are not providing direct care to individuals! Public health nursing = community oriented nursing.

4 Ethical Principles in Community Health nursing

- Respect for autonomy: respect a patient's right to self determination
- Nonmaleficence: do no harm
- Beneficence: do what is best (maximize benefits)
- Distributive justice: fair allocation of resources in community

Epidemiology

- Study of spread, transmission, and incidence of disease/ injury

Components:

- **Agent:** what is causing the disease (bacteria, toxin, noise)
- **Host:** human/ animal being affected by the disease
- **Environment:** physical environment (water/ food supply, geography), social environment (access to health care, work conditions, poverty)

Incidence vs prevalence

Incidence: number of **NEW** cases of disease/ injury in a population during a specified period of time

Prevalence: Number of **ALL** cases (new and pre existing) of disease/ injury in a population during a specified period of time

Community Health Education:

- **Obstacles:** age, culture, illiteracy, language barriers lack of access, lack of motivation
- Learning styles:
 - Visual (videos, presentations)
 - Auditory (verbal lectures, discussions)
 - Tactile- kinesthetic (hands on, return demonstration)
- Healthy people 2020: Includes national health goals based on major risks to health and wellness of U.S. population (ex. Diabetes, cancer, older adults, LGBT health).

Primary vs. Secondary vs. Tertiary prevention:

- Primary: **prevents initial occurrence** of disease
 - Ex. Education, immunizations, prenatal classes

- Secondary: focuses on **early detection** of disease, limiting severity of disease
 - Ex. Screenings, disease surveillance, control of outbreaks
- Tertiary: Maximize recovery **after** an injury/ illness
 - Ex. Rehabilitation, PT/OT, support groups

Acculturation, Ethnocentrism, Cultural Assessment, Interpreter

- Acculturation: adopting the traits of a different culture
- Ethnocentrism: the belief that ones own culture is superior to all others. View world from their own cultural viewpoint.
- Cultural Assessment: ask about patient's ethnic background, religious preference, family structure, food patterns and health practices. Incorporate patient preferences into care whenever possible.
- Interpreter: use of family members is **not** recommended, interpreters need to have knowledge of health terminology. Patient teaching materials should be available in their primary language.

Environmental Risks/ Environmental Assessment:

- Environmental Risks:
 - Toxins (ex. Lead, pesticides, asbestos, radon)
 - Air pollution (ex. Carbon monoxide, tobacco smoke, lead)
 - Water pollution (ex. Waste products, chemical runoff from soil)
- Environmental assessment questions:
 - Condition of housing. Remodeling activities?
 - Water heater temperature less than 120 degrees F?
 - Occupation (including exposure to chemicals, toxins)?
 - Tobacco smoke present in home?
 - Quality of drinking water?

Lead exposure key points

- **Pre 1978 housing at risk for lead based paint!**
- Screen child 6 months- 5 years for blood lead levels
- Avoid playing in soil right outside home
- Wet mop floors (vs. vacuuming floors)
- Use wet sanding technique (vs. dry sanding)
- Make sure children get enough iron and calcium diet, as this decreases absorption of lead in the body
- Use cold water (vs. hot water) because lead dissolves more quickly in hot water