

UPDATED ATI Exam:
Community Health nursing
Theories Study Guide I
2023-2024

- **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 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 preexisting) 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

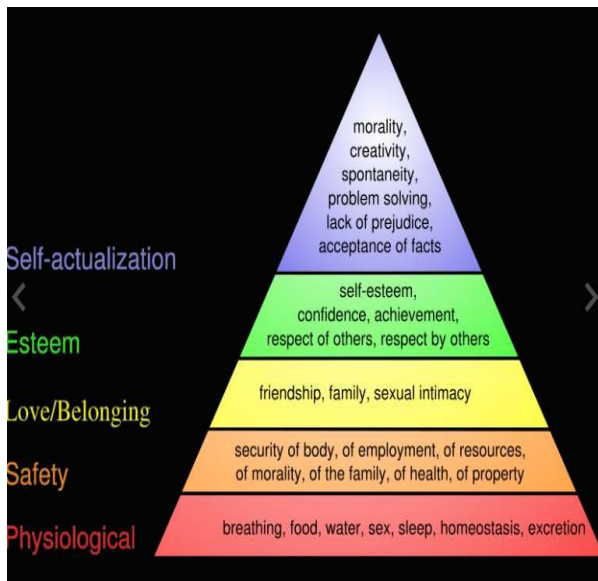
Acculturation, Ethnocentrism, Cultural Assessment, Interpreter

- **Acculturation:** adopting the traits of a different culture
- **Ethnocentrism:** the belief that one's 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.

Nursing Process

- Assessment
- Diagnosis (analysis)
- Planning
- Implementation (treatment)
- Evaluation

Maslow's Hierarchy of Needs



ABCs

- Airway
- Breathing
- Circulation

EPIDEMIOLOGICAL CALCULATIONS

- **Prevalence Proportion:** # of existing cases in the population at a specific time divided by population total x 1000 = ___ per 1,000
- **Incident Rate:** # of newly diagnosed cases in the population at a specific time divided by population total x 1000 = ___ per 1,000
- **Crude Mortality Rate:** Number of deaths divided by population total x 1000 = ___ per 1,000
- **Infant Mortality Rate:** # of infant deaths before 1 year of age in a year divided by numbers of live births in the same year x 1000 = ___ per 1,000
- **Attack Rate:** # of people exposed to a specific agent who develop the disease divided by total number of people exposed.

LEVELS OF PREVENTION

- **PRIMARY:** Prevention of the initial occurrence of disease or injury
 - *Community health nurse*
 - Nutrition education
 - Family planning and sex ed
 - Smoking cessation ed
 - Communicable disease ed
 - Health and hygiene ed
 - Safety ed
 - Prenatal classes
 - Advocating for access to health care
 - Education class
 - Assess immunization status
 - Maintain current health records
 - Health promotion
- **SECONDARY:** Early detection and treatment of disease with the goal of limiting severity and adverse effects
 - *Community health nurse*
 - Community assessments
 - Disease surveillance
 - Screening (cancer, DM, HTN, hypercholesterolemia, sensory impairments, TB, lead exposure, genetic disorders in newborns)
 - Control of outbreaks in communicable diseases
 - notify contacts of patient about exposure
 - isolate from pregnant woman
 - assess children for abuse, neglect, mental illness
 - provide emergency/acute care
 - ID kids at risk
 - Checking heights and weights
 - Screening for lead exposure
 - Risk for harm/suicide
 - Monitor workers for levels of chemical exposures at job sites
 - Obtain environmental health histories of individuals
 - Survey for health conditions that may be related to environmental and occupational exposures
 - Assess homes
 - Vision/hearing screenings
- **TERTIARY:** Maximization of recovery after an injury or illness (rehabilitation)
 - *Community health nurse*
 - Nutrition counseling
 - Exercise rehab
 - Case management
 - Physical and OT

- Support groups
- Exercise for htn clients
- Assess kids with disabilities
- Assess kids with LT health needs
- MEDS
- Support lean up

WHO- (INTERNATIONALHEALTH ORGANIZATION) provides daily info regarding the occurrence of internationally important diseases; establishes work standards for antibiotics and **vaccines**

OSHA: Develops and enforces workplace health regulations to protect the safety and health of workers

- Report notifiable communicable diseases to state depts. Of health, where they report state to CDC

Communicable Diseases

- **Airborne** (*inhaled by susceptible host*)
 - Measles
 - Chicken pox
 - TB
 - Pertussis
 - Influenza
- **Foodborne** (*bacterial, viral, parasitic infection of food*)
 - Salmonellosis
 - Hep A
 - Trichinosis
 - E. coli
- *Food Intoxication (toxins produced through bacterial growth, chemical contamination, or disease-producing substances)*
 - Staph aureus
 - Clostridium botulinum
- *Waterborne (fecal contamination of water)*
 - Cholera
 - Typhoid fever
 - Bacillary dysentery
 - Giardia lamblia
- *Vector borne*
 - Lyme disease
 - Rocky mountain spotted fever
 - Malaria
- **Direct contact**

- STIs
- Infectious mononucleosis
- Impetigo, lice, scabies

Secondary data: mortality/morbidity data, health surveys, medical records

I PREPARE Mnemonic

- Method of determining current and past environmental exposures
- I-investigate potential exposures
- P- present work
- R- residence
- E- environmental concerns
- P-past exposure
- A- activities
- R- REFFERALS AND RESOURCES (Environmental Protection Agency, Agency for Toxic Substances & Disease Registry, Association of Occupational and Environmental Clinics, MSDs, OSHA, local health department, environmental agency, poison control)
- E- education

MEDICARE/MEDICAID

- **MEDICARE**
 - Individuals must be older than 65 years receiving social security, have been receiving disability benefits for 2 years, have amyotrophic lateral sclerosis, and receive disability benefits or have kidney failure and be on maintenance dialysis or had a kidney transplant to qualify for Medicare
- **MEDICAID**
 - Provides health care coverage for individuals of low SES and children, through the combined efforts of fed and state gov's. Eligibility based on household size and income, with priority given to children, preg women, and those with disability

Lead Exposure***

- *Diet*: extra iron and calcium (more milk and red meat)
- **Cleaning wood floors in houses with lead: wet mop** (vacuuming aerosolized particles)
- *Levels of prevention for client with flu*
 - Primary- education class about flu
 - Secondary- notify contacts of the client about their exposure, isolate client from pregnant women
 - Tertiary- give antiviral to reduce complications

Infant Guidelines

- *Water heater setting*-should be no higher than 120 degree Fahrenheit
- *Crib slates*- must be <6 cm apart
- Pacifier during naps should be attached to clothing, not hung around clothing

Toddler Guidelines

- *Non-potty trained toddlers and swimming*- they should be swim in a wading pool

Pregnancy/Post Pregnancy Mother Guidelines

- *Postpartum blues*- common first week to 10 days PP

Pertussis

- *Most infectious period*- coughing
- *Those exposed*- **should be treated prophylactically with erythromycin for 7 days** (family members, teachers); check immunization status of classmates

Meningococcal

- *Groups who should get vaccinated*- **new military recruits, pts with SLE, dormitory setting**

Transmission

Preventing transmission of intestinal parasites- wipe diaper changing stations with dilute bleach solution

Ethical Tenet

- *Policy development: serve citizens, not customers; meet the needs of the greatest # of citizens first*
- *Assurance*

Health Concerns/Leading Causes of Death

Children

- Perinatal conditions/congenital anomaly's
- SIDS
- Motor vehicle/other unintentional injuries
- National health goals
 - Reductions in: dental caries, obesity, exposure to second hand smoke

Adolescents

- Motor vehicle/other unintentional injuries
- Homicide
- Suicide
- National health goals:
 - Reductions in: violent crimes, initiation of tobacco use, obesity, inappropriate weightgain

Women

- Reproductive health (childbearing, menopause, osteoporosis)
- Heart disease
- DM
- Malignant neoplasm (breast, cervical, ovarian, colorectal)

Men

- Heart disease
- Malignant neoplasm (prostate, testicular, skin, colorectal)
- Unintentional injuries
- Lung disease
- Liver disease

Older Adults

- Heart disease
- Malignant neoplasm
- Cerebrovascular disease
- OPD

- Pneumonia and influenza
- Substance use and misuse

Community Nursing

- Problem-focused approach to planning, delivering, evaluating nursing care
- Broad field in wide variety of settings
- Promotes health & welfare of clients
- Principles of Community Health Nursing
 - Ethical Considerations
 - Advocacy
 - Epidemiology
 - Epidemiological Calculations
 - Epidemiological Triangle
 - The Epidemiological Process
 - Community-Based Health Education

Community Health Nursing Theories	
Systems Thinking	Cause & effect relationship; how individual or unit interacts w/other systems
Upstream Thinking	Focuses on interventions that promote health or prevent illness
Nightingale's Environmental Theory	Relationship btwn individual's health & environment Health = continuum w/emphasis on preventative care
Health Belief Model	Emphasizes change at <i>individual</i> level Preventative measures are taken to avoid disease
Milo's Framework for Prevention	Emphasizes change at <i>community</i> level Relationship btwn health deficits and health promoting resource availability Behavior changes w/in large number of ppl = lead so social change
Pender's Health Promotion Model	Does not consider health risk as factor that provokes change

Essentials of Community Nursing		
	Community-oriented Nursing	Community-based Nursing
Focus of Care	Aggregates, communities, publichealth, at-risk/underserved individuals	Individuals and families

Primary Goal	Health promotion & disease prevention	Management of acute/chronic conditions
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Nursing Activities	indirect except for care of at-risk/underserved	Direct Illness care: acute/chronic/live/work/attend
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Public Health Nursing

Population-focused to promote health and prevent disease

- Determining needs, intervening to protect and promote health, prevent disease
- Key principles
 - o Emphasize primary prevention
 - o Achieve great good for largest number of individuals
 - o Recognize that client is partner in health
 - o Use resources wisely to promote best

outcomes **Assessment**

- Systematic methods to monitor health of population
- Diagnose and

investigate **Policy**

development

- Developing laws and practices to promote health of population
- Inform, educate, empower people about health issues
- Mobilize community

partnerships **Assurance**

- Ensure adequate health care personnel and services are accessible

Ethical Principles		
	Definitio n	Situatio n
Autonomy	Individuals select those actions that fulfill their goals	respecting a pt's decision to not pursue chemo
Nonmalefici ce	No harm is done	Developing plans of care that includesystem for monitoring and evaluating outcomes

Beneficence	Maximum benefits, minimum harm	Assessing costs, risks, benefits
Distributive Justice	Fair distribution of benefits based on needs	Determining eligibility for services based on incomes and fiscal resources
Veracity	Duty to tell the truth	
Fidelity	Keeping promise that was offered to client	You told pt you would return at 900 = you return at 900

Ethical Considerations

Public Health Code of Ethics

- Identifies ethical practice of public health
- Protecting, preserving, promoting, maintaining health
- Client rights – **right to info disclosure, privacy, informed consent, info confidentiality, participation in treatment decisions**
- Considerations include
 - o Preventing harm = doing no harm
 - o Promoting good
 - o Respecting individual and community rights
 - o Respecting autonomy and diversity
 - o Providing confidentiality, competency, trustworthiness, advocacy

Advocacy

- **Informer, supporter, mediator**
- Nurse-pt relationship is based on trust, collab, shared respect, related to health, considerate of thoughts/feelings
- Nurses are responsible to advocate for resources/services that meet pts needs
 - o Requires assertiveness, priority on pts values, willingness to progress through chain of command

Health Promotion and Prevention

- Healthy People derives from scientific data and trends from prior decade
- Goals are based on issues considered major risks to health
- *Healthy People 2020*
 - o Every 10 years
 - o Guide for promoting health/wellness
 - o Help people move toward optimal health

Levels of Preventions	
Primary	Education – Nutrition, sex, smoking cessation, communicable disease prevention, health/hygiene, safety Prenatal Immunizations Advocating for access to health care, healthy environments

<p>Secondary – early detection & treatment of disease w/goal of limiting severity</p>	<p>C o m m u n i t y assessments Disease surveillance Screenings – Diabetes * Breast, cervical, testicular, prostate, colorectal cancer * Hypertension * Hypercholesterolemia * Sensory impairments Tuberculosis * Lead exposure * Genetic disorders Control of Outbreaks</p>
<p>Tertiary – reducing limitations of disability and promoting rehab following alterations</p>	<p>Maximization of recovery (rehab) – Nutrition counseling for management of Crohn’s * Exercise * PT * OT * Case management * Support groups</p>

Social Determinants of Health Care

Divided into 5 categories

- Neighborhood & built environment
- Social & community context
- Economic stability
- Health and healthcare
- Education

Culture

Culturally and Linguistically Appropriate Services (CLAS)

- Standards include:
 - o Providing language assistance and info in preferred language
 - o Promote ongoing improvement and accountability for culturally appropriate care
- Congruency btwn culture and health care = essential to well-being of pt
- Assess cultural beliefs and practices when developing plan of care
 - o Understand that there are variations w/in each culture
 - o Consider uniqueness of each pt
 - o Become familiar w/cultures represented in local community

Cultural Competence

- Learning to respect individual dignity and preferences, and acknowledging cultural differences
- Guided by 4 provisions
 - o Cultural preservation: maintaining traditional values and practices
 - o Cultural accommodation: supporting and facilitating use of cultural

practices that are beneficial to health

- Cultural repatterning: assisting to modify cultural practices that are NOT beneficial to health
- Cultural brokering: advocating, mediating, negotiating, intervening between culture and health care culture

Cultural Assessment Provides info to HCP about effect of culture on communication, space, physical contact, social organization, environmental control factors	
Environmental Control	How environment affects individual Environment can be mastered to affect health status = Actively engage in health promo, disease prevention, treatment Outcome is predetermined = engage in health-related behaviors
Time Orientation	Focuses more on past, present, future Past or present = little interest in health promotion
Social Organization	Significance of individual members of family Affects how decisions are made
Health Beliefs & Practices	Biomedical: identifying cause for every effect Naturalistic: relate individual as part of nature. Imbalance in nature = causes disease Magico-religious: illness/health is linked to supernatural forces, good, evil

Environmental Health

Relates to quality of air, land, water, other surroundings ppl come in contact with Risks:

- Toxins: lead, pesticides, mercury, solvents, asbestos, radon
- Air pollution: CO₂, ozone lead, aerosols, tobacco
- Water pollution: wastes, mining erosion, run-off from chemicals
- Contamination: food w/bacteria, radiation, antibiotics

Assessment I PREPARE	
Investigate	Potential exposures
Present work	Exposures, use of PPE, location of safety data sheets, hazardous materials brought home

Residence	Age of home, heating, recent remodeling, chemical storage, water
Environmental Concerns	Air, water, soil, industries in neighborhood
Past work	Exposures, farm work, military, volunteer, seasonal, length of work
Activities	Hobbies, gardening, fishing, hunting, burning, melting, soldering