

Community Exam II Review

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COMMUNITY HEALTH PROGRAM PLANNING (ATI Ch. 4)

Community Assessment

- ★ *Comprehensive approach that emphasizes community to a client with goal of providing benefit to people as a WHOLE*
- ★ Assessment and diagnosis are foundation for community-specific program planning
- ★ Nurses can determine health needs within community and assist, develop, and implement strategies to meet needs using the nursing process
- ★ Begins with defining community to be studied
 - **Geographic community**
 - Shared place - city, town, neighborhood, census tract, global
 - **Demographic community**
 - Shared characteristic - at least one health related issue
 - Ex: age, ethnicity, religion, country of origin
 - **Functional community**
 - Common interest/concern with functional purpose to solve problem and promote change

★ **Ecological Model**

- Guide to examine determinants of health for a population and targeting interventions to multiple factors that affect health



- Includes:
 - Individual traits (age, gender, biological, mental, and behavioral)
 - Social, family, and community relationships
 - Occupational and home environments
 - Overall conditions created by local, state, national, and worldwide focus and trends

★ **Factors to Consider When Determining Health of a Community**

- Status
 - The state or condition
 - Ex: epidemiological data, client satisfaction, mental health, crime rates
- Structure

- Human made environments
- Ex: presence of healthcare facilities, service types and patterns of use, demographic data
- Process
 - Relationships (w/ other communities), communication (can determine health), commitment to and participation in health
 - The stronger the relationship, the better

★ Community Assessment Components

- **People**
 - **Demographic**: characteristics of the population - distribution, mobility, density, census data
 - **Biological factors**: health and disease status, genetics, race, age, gender, causes of death
 - **Social factors**: occupation, activities, marital status, education, income, crime rates, recreation, industry
 - **Cultural factors**: ethnohistory (distribution of ethnicities), hierarchy and roles, language, religion and spirituality, values, customs, norms
- **Place and Environment** - *location of the community*
 - **Physical factors**: geography, terrain, type of community, location of health services, housing, animal control
 - **Environmental factors**: living and nonliving factors that affect the community - geography, climate, flora, fauna, topography, toxic substances, vectors, pollutants
- **Social Systems** - *human services that interact, influence, and collaborate with the community*
 - Health
 - Education
 - Legal
 - Transportation
 - Communication
 - Welfare
 - Political religious

★ Steps for Community Assessment

- Define the community
- Collect data

- Analyze data
 - Organize, review, prioritize
- Establish community diagnosis
- Plan programs
- Implement programs
- Evaluate program interventions

Data Collection

Critical community health nursing function to best identify needs of local community

★ **Informant interviews** - *direct discussion with community members for purpose of obtaining idea and opinions from key informants*

- Ex: school nurse, mail carrier, police chief
- Strengths:
 - Minimal cost
 - Participants serving as future supporters
 - Offers insight into beliefs and attitudes of community members
 - Reading/writing of participants not required
 - Personal interaction can elicit more detailed responses
- Limitations:
 - Built-in bias
 - Meeting time and place

★ **Community forum** - *open public meeting*

- Ex: town hall meetings
- Strengths:
 - Opportunity for community input
 - Minimal cost
- Limitations:
 - Difficulty finding convenient time and place
 - Potential to drift from issue
 - Challenging to get adequate participation
 - Less-vocal person reluctant to speak

★ **Secondary data** - *use of existing data (death, birth statistics, census data, mortality, morbidity data, health records, health surveys) to assess a problem and evaluate reliability if obtained from Web*

- Strengths:
 - Database of prior concerns/needs of population
 - Ability to trend health issues over time
- Limitations:
 - Possibility that data might not represent current situation
 - Can be time-consuming

★ **Participants observation** - *observation of formal or informal community activities*

- Strengths:
 - Indication of community priorities
 - Environmental profile
 - Identification of power structures
- Limitations:
 - Bias
 - Time-consuming
 - Inability to ask questions of participants

★ **Focus groups** - *directed talk with a representative sample*

- Strengths:
 - Possibility of participants being potential supporters
 - Provides insight into community support
 - Reading/writing of participants not required
- Limitations:
 - Possible discussion of irrelevant issues
 - Challenging to get participants
 - Requires a strong facilitator
 - Difficult to ensure that the sample is truly representative of the overall community
 - Time-consuming to transcribe discussion

★ **Surveys** - *specific questions asked in a written format*

- Strengths:
 - Data collected on client population and problema
 - Random sampling
 - Available as written or online format
 - Contact with participants not required
- Limitations:

- Low response rate
- Expensive
- Time-consuming
- Possibility of collection of superficial data
- Requires reading/writing abilities of participants

★ **Windshield survey** - *descriptive approach that assess several community components by driving through a community*

- Strengths:
 - Provides descriptive overview of a community
- Limitations:
 - Need for a driver so nurse can visualize and document community elements
 - Can be time-consuming
 - Results based only on visualization and does not include input from community members
- Survey Components:
 - People
 - Who is on the street?
 - What is their general appearance (age, dress, well-nourished, obese, unkempt)?
 - Is there any evidence of substance use, violence, disease, mental illness?
 - Are there any animals or pets in the community?
 - Place
 - Boundaries
 - Where is the community located?
 - What are its boundaries?
 - Location of health services
 - Where are the major health facilities located?
 - Natural environment
 - Are there any geographic features that can harm the community?
 - Human-made environment
 - Could the environment of industry pose a threat to the health of community workers of the community itself?
 - Housing
 - Is the housing of acceptable quality?

- How old are the homes?
- Are there single or multifamily dwellings?
- Is the housing in good repair or disrepair?
- Is there vacant housing?
- Social systems
 - Are there parks or areas for recreation?
 - What places of worship are within the community?
 - Are there special services, clinics, hospitals, dentists, and healthcare providers available within the community?
 - Is there public transportation?
 - Is public protection evidence (police, fire, ER services, animal control)?

Steps in Community Assessment Data

Problem analysis is completed for EACH identified problem

- ★ Gathering and organizing collected data into a composite database
- ★ Assessing completeness of data (filling gaps)
- ★ Identifying and generating missing data
- ★ Synthesizing (making it whole) data and identifying themes
- ★ Identifying community needs and problems
- ★ Identifying community strengths and resources

Community Health Diagnoses

Information incorporated from community assessment, general nursing knowledge, and epidemiological concepts

- ★ **Risk of** (specific problems or risk in the community) **among** (the specific population that affected by the problem or risk) **related to** (strength and weaknesses in the community that influence the problem or risk) + “**as evidenced by...**”

Community Health Education

- ★ Learning theories
 - **Behavioral theory:**
 - use of reinforcement methods to change learners behaviors
 - **Cognitive theory:**

- use of sensory input and repetition to change learners patterns of thought, thereby changing behaviors

- **Critical theory:**

- use of ongoing discussion and inquiry to increase learned depth of knowledge, thereby changing thinking and behaviors

- **Developmental theory:**

- use of techniques specific to learners developmental stages to determine readiness to learn, and to impart knowledge

- **Humanistic theory:**

- assists learners to grow by emphasizing emotions and relationships and believing that free choice will prompt actions that are in their own best interest

- **Social learning theory:**

- links information to beliefs and values to change or shift the learners expectations

★ Learning styles

- **Visual learners**

- learn through **seeing** and methods such as note taking, video reviewing, and presentations
- “think in pictures”

- **Auditory learners**

- learn through **listening** and methods such as verbal lectures, discussion, and reading aloud
- “interpret meaning while listening”

- **Tactile-kinesthetic learners**

- learn through **doing** and methods such as trial and error, hands on approaches, and return demonstration
- “meaning through exploration”

★ Domains of learning

- **Cognitive domain**

- Involves knowledge and development of intellectual skills in mental processes
- Ex: client discussing how sodium intake will affect blood pressure, Bloom’s Taxonomy

- **Affective domain**

- Involves changes in attitude and development of values
- Most difficult to teach and assess

- Ex: client expresses acceptance of having colostomy and maintain self esteem
- **Psychomotor domain**
 - Involves the performance (hands-on) of a skill and internalized with repetition
 - Ex: community nurse teaches a client how to self-administer insulin

Community Health Program Planning, Development, and Management

★ **Pre-planning - brainstorming**

- Gain entry into the community and establish is ALWAYS #1
- Obtain community awareness, support, and involvement
- Coordinate collaboration that we have similar interests in addressing identified problems (ensures needs are being met)

★ **Assessment - collect data about the community what needs to be accomplished**

- Complete a needs assessment and identify community strengths and weaknesses
- Assess the availability of community resources
- List potential sources for program funding (charitable giving, fundraising, grants)
- Evaluate secondary health data

★ **Diagnosis - identify and prioritize health needs of the community**

- Analyze data to determine health needs
- Work with community members, local health professional, and administrators to develop priorities and establish outcomes
- When setting priorities consider community awareness/readiness, available resources, severity of issue, and time needed

★ **Planning - develop intervention to meet identified outcomes**

- Determine possible solution to meet the health need
- Compare the resources and interventions required for each solution, and select the best option
- Establish goals and objectives for selected solution
- Select strategies/interventions to meet objectives
- Plan a logical sequence for intervention by establishing a timetable
- Identify who will assume responsibility for each intervention
- Determine available and needed resources to implement interventions
- Assess the personnel needed and any special training required for screening or providing education
- Determine funding opportunities for needed interventions and develop a budget

- Plan for program evaluation

★ **Implementation** - *carry out the plan*

- Initiate interventions to achieve goals and objectives according to the program plan
- Monitor the intervention process and the response of the community in terms of values, needs, and perceptions

★ **Evaluation** - *examine the success of the interventions*

- Evaluate strengths and weaknesses of the program
- Determine achievement of desired outcomes
- Examine the adequacy, efficiency, appropriateness, and cost benefit of the program
- Recommend and implement modifications to better meet the needs of the community
- Share findings and recommendations with community members and stakeholders (feedback/report)
- Ongoing evaluation is necessary in order to ensure program success (sustainability) and meet the change needs of the community

Strategies and Barriers

★ Helpful strategies

- Thorough assessment
- Accurate interpretation of data
- Collaboration with community partners
- Effective outreach and communication patterns
- Sufficient resources
- Logical planning
- Skilled leadership

★ Barriers

- Inadequate assessment
- Inadequate or misconstrued data
- No involvement with community partners
- Impaired communication
- Inadequate resources
- Lack of planning
- Poor leadership

PRACTICE SETTINGS AND NURSING ROLES IN THE COMMUNITY (ATI

Ch. 5)

Public Health

Employed at federal, state, and local levels with the overall purpose is to impact the health of populations through disease prevention, health promotions, and action that protect populations health.

- ★ Nurses working in public health support the 10 essential public health services
- ★ Specific tasks the nurse might be engage in include:
 - Intervening to protect the natural environment
 - Identifying problems for populations at risk
 - Managing communicable disease through prevention, screening, and treatment
 - Scheduling wellness, screening, and immunization clinics
 - Fostering emergency preparedness

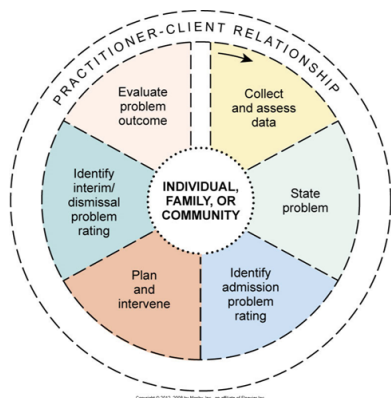
Home Health

Provide health care services to clients where they reside including traditional homes, assisted living facilities, and nursing homes.

- ★ Nurse must ALWAYS take measures to ensure their OWN safety
- ★ Respect the values of the client and household members
- ★ Used to target specific at-risk individuals and groups
- ★ Assist client to transition from one level of care to another
- ★ Provider prescribed service that are usually coordinated by the nurse in the home
- ★ Nurse plays the role of the educator, provider of skilled interventions, and coordinator of care
 - Skilled Services:
 - Skilled assessment
 - Wound care
 - Laboratory draws
 - Medication education and administration
 - Parenteral nutrition
 - IV fluids and medication
 - Central line care
 - Urinary catheter insertion and maintenance
 - Coordination, delegation, and supervision of various other participants in health services

- ★ **Omaha System Model**

- Used by nurses to implement the nursing process



- Steps of the Omaha System

- Collecting and assessing data
- Stating the problem
- Identifying an admission problem rating using a problem classification scheme
- Planning and intervening
- Re-rating problems during the span of care delivery and at discharge
- Evaluating the end problems outcome

- ★ Nurse MUST evaluate the living environment for safety and paying attention to nonsecure items (rugs, electrical outlets, extension cords, use of oxygen, low-lighting, ect)

- Older clients at risk for falls
- Questions to ask:
 - Does the client have food in the house to eat?
 - Is there help with household activities?
 - Does the client live alone?

- ★ Continue to encourage the client to be independent and involved in their own care
- ★ Provide follow-up care after an acute hospital stay and educate client and family regarding complications and adverse reactions

Hospice

Focuses on enhancing the quality of life (relief of pain and suffering) through the provision of palliative care, supporting the client (terminally ill) and family through the dying process, and providing bereavement support to the family following clients death.

- ★ Variety of setting
 - Home, hospice centers, hospitals, and long-term care settings
- ★ **Controlling manifestations of the medical problem and dying process is a priority**
- ★ Provider directs hospice care services, then managed by the nurse
- ★ Volunteers used for nonmedical care
- ★ **Can continue to work with the family for up to 1 year following death of the client**
 - Transition from an expectation of recovery to acceptance of death

Occupational Health

Seeks to promote health and prevent occupational illness and injury and promote a health work environment to foster the health and safety of workers

- ★ Very autonomous
- ★ Goal is to identify agents and host factors that place the worker at risk, identify ways to eliminate or minimize exposure, and prevent potential health problems
 - Protect people from violence and work-related injuries
- ★ **Site-walk throughs** - *survey that is part of a workplace assessment*
 - Observation of work processes and materials
 - Job requirements
 - Actual and potential hazards
 - Employee work practices (hygiene, waste disposal, housekeeping)
 - Incidence/prevalence of work related illness/injuries
 - Control strategies to eliminate exposures
- ★ Nursing responsibilities include
 - **Primary prevention**
 - Teaching good nutrition and knowledge of health hazards
 - Providing information on immunizations
 - Use of protective equipment
 - **Secondary prevention**
 - Identifying workplace hazards
 - Early detection through health surveillance and screening
 - Prompt treatment
 - Counseling and referral
 - Prevention of further limitations
 - **Tertiary prevention**
 - Restoration of health through rehabilitation
 - Limited-duty programs
- ★ **Control strategies** - *designed to reduce future exposure based upon results from investigations into work-related illness/injury*
 - Engineering
 - Altering work practices
 - Providing PPE and education to prevent future injuries
 - Workplace monitoring

- Health screening
- Employee-assistance programs
 - Provide confidential counseling and referrals to other professionals
- Job-task analysis
- Design, risk management, and emergency preparedness
- ★ Occupational Health and Legislation
 - **Occupational Health and Safety Administration (OSHA)**
 - Develops and enforces workplace health regulations to protect the safety and health workers
 - Provides education to employers about workplace health and safety
 - **National Institute for Occupational Safety and Health (NIOSH)**
 - Part of CDC and prevention that focuses on identification of workplace hazards and research for prevention of work-related injury and illness
 - Provide education to safety and health professionals about workplace safety
 - **National Advisory Committee on Occupational Safety and Health (NACOSH)**
 - Made up of 12 members representing labor, occupational health, safety professions, and the general public
 - Purpose is to advise the secretaries of labor and health and human services on policies and programs that affect occupational safety and health
- ★ **Workers' Compensation Acts**
 - State-level legislation that regulated financial compensation to workers suffering from injuries or illness resulting from the workplace

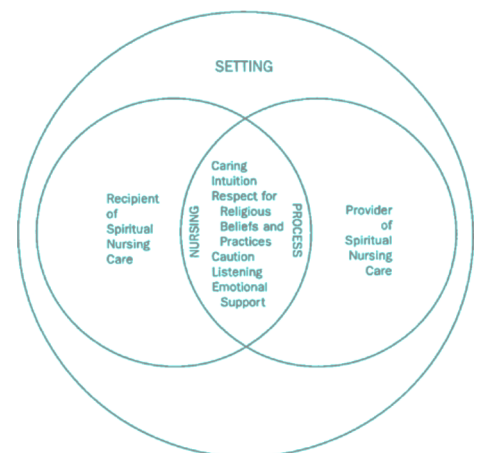
Faith Community

Work with individuals, families, and communities who share common faith traditions.

- ★ Governed by each state's nurse practice act and standards of practice
- ★ Interventions based on spiritual physical, emotional, and social dimensions
- ★ Must be aware of faith and belief practices of the congregants served
 - Caring and spirituality are central

★ **The Circle Model of Spiritual Care**

- **C:** caring
- **I:** intuition
- **R:** respect for religious beliefs and practices
- **C:** caution



- **L:** listening
- **E:** emotional support
- ★ **Missionary Nurse** - *promote health and prevent disease by meeting spiritual, physical, and emotional needs of people across the globe*
 - Cultural and language barriers often affect care
 - Collaboration is essential
- ★ **Parish Nurse** - *promote health and wellness of population (church members) of faith communities*
 - Functions of a parish nurse
 - Personal health counseling
 - Health education
 - Liaison b/w community and local resources
 - Facilitating support groups
 - Spiritual support

School

★ Roles in school nursing settings include:

care lasts through continuum
manage resource use & control expenses

EBP decision making

- **Case manager**
 - Coordinates comprehensive services for children who have complex health needs
- **Community outreach**
 - Strives to meet the needs of all school-age children by cooperative planning and collaboration b/w the educational system and other community agencies
- **Consultant**
 - Assists students, families, and personnel in information gathering and decision-making about a variety of health needs and resources
- **Counselor**
 - Supports students on a wide variety of health needs
 - Can provide grief counseling
- **Direct caregiver**
 - Provides nursing care to ill or injured children at school
- **Health educator**
 - Helps prepare children, families, school personnel, and the community to make well-informed health decisions

- **Researcher**
 - Contributes to the base of knowledge for school health and educational needs

★ Levels of Prevention

- **Primary prevention - *assess knowledge base regarding health issues***
 - Hand hygiene and tooth-brushing
 - Healthy food choices
 - Injury and disease prevention
 - Substance use prevention
 - Immunizations
 - Maintain current records of required immunizations
- **Secondary prevention**
 - **Assess children who become ill or injured at school**
 - Headaches, stomach pain, diarrhea
 - anxiety over being separated from parents
 - minor injuries
 - **Assess all children, faculty, and staff during emergencies**
 - Provide emergency care (first aid, early defibrillation w/ AED/CPR)
 - Create emergency plans for children who have potential for anaphylaxis
 - **Perform screening for early detection of disease and initiate referrals as appropriate**
 - Vision and hearing
 - Height and weight
 - Oral health
 - Scoliosis
 - General physical
 - Lice infestations
 - **Assess children to detect child abuse or neglect**
 - Required by state law to officially report all suspected cases of child abuse/neglect
 - **Assess children for evidence of mental illness, suicide, and violence**
 - Identify children at risk
 - **Respond to school crisis and diabetes**
 - Develop a crisis plan and participate in drills
 - Act as a first responder or triage the injured

- Counsel and debrief
- **Tertiary prevention**
 - Assess children who have disabilities
 - Develop education plan for children who have disabilities and achieve long-term outcomes
 - Assess children who have long-term health needs at school
 - Nursing care for children w/ asthma, DM, cystic fibrosis, ect
 - Give meds (written consent from parents required) and provide care to children who have special needs (dressing changes, tube feeding admin, ect)
 - Provide ongoing care for adolescent parents or adolescents who are pregnant
 - Assist in pregnancy identification
 - Provide parenting education and prevention of future pregnancies

★ Components of Coordinated School Health Programs

- **Health education**
 - Inclusion of health concepts in courses of study for children in pre-k-12th grade
- **Physical education**
 - Promoting physical activity in school
- **Health services**
 - Providing health services in school by qualified professionals
- **Nutrition services**
 - Providing access to meals that accommodate the health and nutrition needs of all children
- **Counseling, psychological, and social services**
 - Providing services that improve the mental, emotional, and social health the school and its students
- **Promotion of health and safe school environment**
 - Reducing illicit drug and tobacco use and violence in schools
- **Health promotion for staff**
 - Promoting activities that encourage health promotion and disease prevention behaviors among the school faculty and staff
- **Facilitation of family/community involvement**
 - Promoting collaboration b/w school, parents/caregivers, and community resources

- **Facilitating safety policies**
 - Assisting with the development of policies and procedures for staff in the event of fire, disaster, or injury

Forensics

Care for perpetrators of injury as well as victims of sexual assault, substance use related injuries, human trafficking, physical abuse, gang violence, disaster, and accidental injuries.

- ★ Combines nursing knowledge with knowledge of the criminal justice system, and epidemiological knowledge about finding of intentional injury
- ★ **SAFETY is #1 concern of forensic nursing care**
- ★ Forensic settings include:
 - Clinics, emergency departments, mental health facilities, correctional facilities, and law enforcement agencies
- ★ **Sexual Assault Nurse Examiner (SANE)**
 - Collect detailed medical, physical, and emotional data from clients following a sexual assault, manages samples, and provides support to clients
 - Often testifies in legal proceedings related to findings of client assessment
- ★ Levels of Prevention
 - **Primary prevention**
 - Develop and implement injury prevention program (SIDS, sexual assault)
 - **Secondary prevention**
 - Examine victims of crime for indicators of intentional injury
 - Provide direct care to both the client following a sexual assault and perpetrator
 - Collect and preserve evidence from possible crimes, using written and picture documentation
 - **Tertiary prevention**
 - Provide treatment to incarcerated individuals
 - Liaison b/w clients following trauma, medical care facilities, and the legal community to minimize the burden of trauma on the client
 - Connect clients with community resources after injury (mental health counseling, physical rehab)

AGGREGATES IN THE COMMUNITY (ATI Ch. 6)

Children (birth to 12 years) and Adolescents

Children living in families with low-income status can face low food security and are at risk for homelessness, and might have difficulty learning and developing cognitively

Health Concerns and Leading Causes of Death

★ Children

- Perinatal conditions and congenital anomalies
- Sudden infant death syndrome (SIDS)
- Motor vehicle and other unintentional injuries

★ Adolescents

- Motor vehicle and other unintentional injuries
- Homicide
- Suicide

Screening and Preventative Services

★ Children

- Height and weight
- Vision and hearing
- Dental health
- At birth:
 - Hemoglobinopathy
 - Phenylalanine level
 - T4 and TSH
- Immunization status (check CDC)
- Lead exposure
- Cholesterol and triglyceride levels

★ Adolescents

- Height and weight
- Vision and hearing
- Dental health
- Rubella serology and immunization history
- Substance use disorders (tobacco)
- Mental health screenings
- Cholesterol and triglyceride levels

National Health Goals

★ Children

- **Reductions in:**
 - Dental caries
 - Obesity
 - Infant mortality
 - Exposure to secondhand smoke
- **Increases in:**
 - Newborn blood spot screening and follow-up testing
 - Access to a medical home
 - Schools that require education
 - Use of child safety restraints
 - Number of infant who are breastfed

★ Adolescents

- **Reductions in:**
 - Violence crimes
 - Use of alcohol, marijuana, and illicit drugs
 - Deaths related to motor vehicle crashes
- **Increases in:**
 - Schools with breakout program
 - Participating in extracurricular activities
 - Wellness checkups
 - Physical activity

Community Education

★ Children

- Anticipatory guidance
- Breastfeeding
- Sleeping position
- Nutrition and physical activity
- Substance use disorders
- Dental hygiene and health
- Skin protection
- Injury prevention

- Car, fire, water safety; helmet use, poison control, CPR training
-

★ **Adolescents**

- Anticipatory guidance
- Substance use disorders
- Sexual behavior
- Nutrition
 - Calcium intake for females
- Physical activity
- Skin protection
- Injury prevention
 - Car, fire, firearm safety

Adults

Most major health concerns related to chronic conditions, not infectious disease and life expectancy for adults in US is lower than in other developed countries despite large expenditures on health

Health Concerns and Leading Causes of Death

★ **All Adults**

- Health disease
- DM
- Mental health disorders
- STI's
- Colorectal cancer

★ **Females**

- Reproductive health
 - Childbearing, menopause, precontraception counseling
- Cancer
 - Breast, cervix, ovaries

★ **Males**

- Unintentional injuries
- ED
- Cancer
 - Prostate, testes

Screening and Preventative Services

★ All Adults

- Height and weight
- Dental health
- BP
- Cholesterol
 - Ages 45-65
- Fecal occult blood test/sigmoidoscopy
 - Age 50 +
- Immunization status
- DM
- HIV
- Skin cancer

★ Females

- Pap test
- Mammogram and clinical breast exam
- Rubella serology and vaccination history
 - Childbearing years

★ Males

- Digital rectal examination
 - Assess prostate enlargement
- Prostate-specific antigen testing

National Health Goals

★ Reductions in:

- Diseases involves bone
 - Osteoporosis
- Death from cancer
- Sexual violence
- Incidence of HIV/AIDS
- Fatal and nonfatal injuries
- Unplanned pregnancies
- Excessive alcohol use and tobacco

★ Increases in:

- Use of barrier and hormonal contraception
- Pregnant clients who receive early and adequate prenatal care
- Ability to identify warning indicators of a heart attack and stroke
- Abstinence from alcohol, nicotine, and other substances among pregnant clients

Community Education

- ★ Nutrition
- ★ STI prevention
- ★ Substance use disorder
- ★ HIV prevention
- ★ Injury prevention including car, fire safety, violence
- ★ Breast and testicular self-examination

Older Adults

Fastest growing aggregate in the US population

- ★ Most older adults have at least one chronic concern
- ★ Proportion of older adults living alone has increased
- ★ **Administration of Aging**
 - Under Older American Adults Act, promotes health services for older adults through states
 - Using local nonprofit agencies funded by US government

National Health Goals

- ★ **Reductions in:**
 - The proportion of older adults who have moderate to severe limitations
 - Hospitalizations due to HF
 - Inappropriate medication use by older adults who have disability
 - Hospitalization due to pressure injuries
 - ER visits due to falls
- ★ **Increases in:**
 - Use of clinical preventive services
 - Use of “welcome to medicare” benefit
 - Information to the public regarding elder abuse, neglect, exploitation
 - Physical activity among those who have reduced physical or cognitive function

- Access to diabetes self-management
- Health care professional who have geriatric certifications

Community Education

- ★ Community resources and programs
- ★ Healthy meals and snack, nutritional supplements
- ★ Exercise
- ★ Dental health
- ★ Injury prevention
- ★ Car and fire safety
- ★ Fall prevention
- ★ Abuse and mistreatment
- ★ Medication safety

Families

consists of individuals who identify themselves as family members and have interdependent relationship

- ★ Provides emotional, financial, physical support

Approaches

★ Society

- Monitors how families interact with other institution in a community
 - Schools and medical facilities
- Used to study and implement population focused intervention
 - Immunization campaigns for disadvantaged populations

★ System

- Studies how interaction among family members affect the whole family function
- Used to promote family health by directing intervention toward the way family members interact with each other

★ Client

- Examines family unit functioning first, then individuals needs next
- Used to see how the family health is impacted by each individual's reaction to a health events

★ Context

- Focuses on an individual first, and family next

- Used to promote health and recovery of an individual using family as a resource for service and support

Crisis and Transitions

★ Family Crisis

- Occurs when the family is not able to cope with an event and their resources are inadequate for the demand of the situation

★ Family Transitions

- Times of risk
 - birth/adoption of a child, death of a family members, child moving out, marriage of a child, major illness, divorce, and loss of main family income
- Require families to change behaviors, make new decisions, reallocate family roles, learn new skills, and learn to use new resources

Characteristics of Health Families

- ★ Members communication well and listen to each other
- ★ Affirmation and support for all
- ★ Teach respect for others
- ★ Sense of trust
- ★ Play and share humor together
- ★ Interact with one another
- ★ Share religious foundation
- ★ Participate in leisure activities
- ★ Privacy of individuals is respected
- ★ Shared sense of responsibility
- ★ Traditions and rituals
- ★ Seek help for problems

Family Health Risk Appraisal

★ Biological Health Risk Assessment

- Genograms used to gather basic info about family, relationship within family, health and illness patterns
- Used to identify individual risk and provide appropriate prevention
- Repetitions of diseases with a genetic component can be identified

★ **Environmental Risk Assessment**

- Ecomaps used to identify family interaction with other groups and organization
- Info about families support network and social risk is gathered

National Health Goals

★ **Reductions in:**

- Barriers to access
- Allergens within home
- Families that are unable to have a child or maintain pregnancy
- Passive smoke exposure
- Household hunger
- Intimate partner violence

★ **Increases in:**

- Positive parenting
- Health education provided by agency
 - Head start, school system, college, places of employment, health department
- Home testing for radon
- Health insurance coverage
- Individuals who have a usual PCP

Healthy People 2020

- + promote health & prevent disease
 - ↳ increasing enjoyable years of life
- + eliminate health disparities