LECTURE NOTES

For Nursing Students

Public Health Nursing

Ethiopia Public Health
Training Initiative

Mesfin Nigusie, R.N., B.Sc.N.
Hana Alebaches, R.N., B.Sc.N.

University of Gondar

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Preface

This lecture note is designed to give a public health nursing students a comprehensive introduction to the field of community health nursing.

It is also designed to be a professional resource in order to enlarge the vision and enhance the impact of practicing public health nurses within an escalating demand for nurses to practice in the community. It is important that the meaning of public health nursing as a specialized field of nursing practice be clearly understood.

The challenge for the nurse who wishes to practice public health nursing lies in incorporating public health principles with nursing knowledge and skills to offer preventive, promotive, and protective health services that benefit communities.

Most of the textbooks on this specialty are focusing well on the level of industrialized countries. As a result its applicability is major problem for teachers and trainees in developing countries. It is believed that this issue is addressed by emphasizing the functional role of public health nursing students by incorporating the concept of primary health care.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndromes
ANC	Antenatal Care
CHA	Community Health Agent
CHW	Community Health Worker
EG.	Example
FP card	Family Planning card
FP	Family Planning
GV	Genital violet
H.V-	Home Visiting
HIV	Human Immuno deficiency Virus
MCH	Maternal and Child Health
MOH	Ministry of Health
NANDA	North America Nursing Diagnoses Association
NGO	Non Governmental Organization
OHS	Occupational Health Services
PHC	Primary Health Care
PHN	Public Health Nurse
PHS	Prison Health Services
RF	Relapsing Fever
STD	Sexually Transmitted Disease
TB	Tuberculosis
TBA	Traditional Birth Attendants
TTBA	Trained Traditional Birth Attendants
UNICEF	United Nations International Children Emergency Fund.
VHS	Village Health Services
WHO	World Health Organization

CHAPTER ONE

History of Public Health

Learning Objectives

At the end of this session, each student will be able to:

- Describe the development of public health within societal development
- Explain the early public health efforts
- Discuss the perception of people towards health in each era of health, health development
- State the early health delivery system in Ethiopia

Introduction

The history of public health and public health nursing can be traced to the earliest record of civilization. Throughout its development there have been numerous progressive campaigns often overshadowed by transient set backs as health has been alternatively given high priority and then ignored.

PRE CHRISTIAN ERA

- ❖ Health practices were based on magic and superstition rather than on facts about the cause and effect of certain events and actions on health.
- ❖ In Babylonian times the notion persisted that illness was caused by sin and pleasures of the gods; that disease was inflicted as a punishment for sinning. Sick people were seen as unclean and in need of purification and temples became the seat of medicine and care.
- ❖ Inspite of their primitive practices, both the Babylonians and Egyptians emphasized hygiene and possessed some medical skills.

- Egyptians about 1000 BC-used principles based on observations and empirical knowledge rather than magic. They also developed a variety of pharmaceutical preparation and constructed earth closets and public drainage systems. They believed disease resulted from absorption of noxious substance back into the intestine and based on these beliefs they developed treatment approaches using- cathartics, enemas, purges, blood letting and opening of abscess.

Greek Era

- Medical care sought to achieve balance
- Paid attention to personal cleanliness, exercise, diet and sanitation
- Destroyed the sick, the weak, and the crippled
- Communicable disease is recorded in classical Greek literature.
- Practitioners going from town to town knocking on doors and offering their services were community physicians.

Middle Ages

- Superstition dominated thinking advances
- Diseases were seen as punishment for sin
- Religious persecution of those who tried to introduce new ideas
- Progress in medicine came to halt
- People considered it immoral to look at their own bodies, hence bathing was infrequent practice and people often wore dirty clothes
- Refuse and body waste allowed to accumulate near dwellings
- However, hospitals for the poor and the neglected were developed
- Rise of monasteries and convents as places for caring for the sick led to early existence of nursing activities
- Many hospitals were constructed
- Nuns provided simple nursing care directed primarily toward meeting the patients' physiologic needs
- Health education and knowledge of Personal hygiene also increased

Renaissance

- ❖ People started opening their minds to new ideas and medicine began to advance
- ❖ Supplements the foundation of modern community health

High Lights of the History Of Ethiopian Health Services

In Ethiopia, the history of medicine followed the same lines. It was influenced by

- Egyptian
- Arab
- Hebrew
- Greek medicine

It was primitive medicine people used to promote human well-being by dispelling evil sprits

- Increasing potency
- Increasing fecundity

These were done by

- Priests
- Onoguisha
- Thankuey

It was in 1866 that scientific medicine entered the country through-Swedish Missionaries. They established the 1st hospital in Eritrea in 1870. The hospital began to train midwives there. In 1943 the Public Health Department was established under the Ministry of Interior. In 1947 the Ministry of Interior prepared and submitted a proclamation regulating matters concerning public health in Ethiopia. Some of these public health laws are being used still.

In 1948 The Ministry of Public Health was established with technical assistance of WHO, USAID. Goals of the ministry were to provide adequate medical and health services to all sectors of the Ethiopian population. Menelik, the first hospital in Ethiopia was opened by the Russian Red Cross Society.

Russian Red Cross Society began the first nursing training in 1949. It was in 1954 that the Haile Sellasie I Public Health College was opened by the technical support of WHO, UNICEF, and American Point 4, to train

- Health Officers
- Community Nurses and
- Sanitarian

Ethiopia being a member of the World Health Assembly (WHA) started to implement the vertical health services.

A. Vertical Health Service

Specific programs directed at central level

- Eradication of malaria
- Leprosy and tuberculosis control
- Small pox eradication

This program was- autonomous

- Expensive
- Ineffective

It was supported all in all by foreign agencies. Therefore, WHO, decided that this strategy was not effective and shifted over to basic health services era.

B. Basic Health Services (BHS)

BHS gave more attention to rural areas through the construction of health

centers, and health stations and tried to emphasize both curative and preventive aspects.

It is this development of BHS that enhanced the establishment of the Gondar Public Health College.

C. Development of three 5 years plans.

The first five Year plan (1958-1963)

Planned to establish 1 Health Center for 50,000 people
Planned to establish 1 Health Station for 5,000 people

Emphasis were:

- Development of health Centers (HCs) and Health Stations (HSs)
- Health manpower promotions
- Malaria eradication
- Health worker (HW) training
- Establishing treatment sites.

The second five Year Plan (1963 – 1967)

The objective was to ensure the promotion of health services to rural population by promoting the construction of health institutions, and increasing the number of hospital beds.

In the mean time four new hospitals were constructed, one of which was the Tikur Anbessa Hospital

The third five Year Plan (1967 – 1972)

Its aim was strengthening the 2nd 5-year plan

In 1974 evaluation of the plans was undertaken; the findings were:

- 93 Health Centers
- 400 Health Stations

Problems identified were:

- High cost of establishing Health Institutions (HI)
- Predominated by Curative Health Services.
- Inadequate health budget
- Prevailing attitude was for hospital
- Unclear health policy
- No community participation and intersectorial collaboration

Obviously an alternative health care delivery approach was needed, i.e., primary health care (PHC). In summary, the history of the Ethiopian health Service is divided into 4 periods.

1. Period of modern medicine introduction
2. Period of vertical health services
3. The basic health services era
4. Period of PHC approach

Duties and Responsibilities of a Public Health Nurse

Duties:

a) **Promotive** :

- Preparation of community health profile and vital statistics.
- Community survey of major public health problems (assessment of needs)
- Development of programs:
  - Information, education, Communication (IEC)
  - Training of community Health workers
  - Promotion of FP program
  - Participation in sanitation programs
  - Drafting of periodic evaluation reports
  - Involving community at all levels of health activity

b) Preventive:

- Conducts FP Services

- Organizes and co-ordinates static and outreach expanded Program on Immunization (EPI)
- Controls communicable diseases
- Monitors and conducts surveillance of priority diseases
- Manages and distributes chemoprophylacitc drugs

Curative:

- Treats minor illness and aliments
- Handles emergencies and facilitate referral.
- May replace the general nurse or the midwife in their absence

Rehabilitative:

- Assess magnitude of the disabled (physical and mental) in the community
- Organize community support for the disabled
- Seek support from state, NGO/international organization for the disabled.

Administrative and managerial:

- Inspects and supervises primary Health Workers (PHWs)
- Co-ordinates community action plans with other sectors
- Assesses budgetary needs of the health service
- Maintains a system of records and reports

Development:

- Prospect of upgrading to public health officer after five years of service
- Prospect to become graduate public Health Nurse after five years of service and two and half years of additional training. Performance evaluations are to be considered for both vertical and horizontal development.

Appraisal:

- By Primary Health Care Unit (PHCU) team based on job description and records of activity.

Review Questions

1. What factors contributed to public health development.
2. Explain people's perception towards health in each development era.
3. Describe the first health delivery system in Ethiopia.
4. Mention the components of basic health service in Ethiopia.

CHAPTER TWO

Historical Development of Community Health Nursing

Learning Objectives

At the end of this unit, each student will be able to:

- Describe the four stages of community health nursing development
- Explain some of the roles of community health nursing
- Summarize the settings of community health nursing
- Describe factors that influenced the growth of community health nursing

Before one can fully grasp the nature of community health or define its practice, it is helpful to understand the roots and influencing factors that shaped its growth over time.

Community health nursing is the product of centuries of responsiveness and growth. Its practice was adapted to accommodate the needs of a changing society, yet it has always maintained its initial goal of improved community health. Community health nursing's development that has been influenced by changes in nursing, public health and society can be traced through several stages.

In tracing the development of public health nursing it is clear now that leadership role has been evident throughout its history. Nurses in this specialty have provided leadership in planning and developing programs, in shaping policy, in administration, and in the application of research to the community health.

Four general stages mark the development of public health or community health nursing:

1. The early home care stage

2. The district nursing stage
3. The public health nursing stage
4. The community health nursing stage

Early Home Care Stage (Before Mid 1800s)

For many centuries female family members and friends attended the sick at home. The focus of this care was to reduce suffering and promote healing (Kalish and Kalish, 1986). The early roots of home care nursing began with religious and charitable groups.

In England the Elizabethan poor law written in 1601, provided medical and nursing care to the poor and disabled. In Paris, St. Vincent depaul started the sisters of charity in 1617, an organization composed of laywomen dedicated to serving the poor and the needy. In its emphasis on preparing nurses and supervising care as well as determine causes and solutions for clients problems their work laid a foundation for modern community health nursing (Bullough and Bullough, 1978).

The set back of these services were:

1. Social approval following the reformation caused a decline in the number of religious orders with subsequent curtailing of nursing care for the sick and poor.
2. High maternal mortality rates prompted efforts to better prepare midwives and medical students.
3. Industrial revolution created additional problems: among them were epidemics, high infant mortality, occupational diseases, injuries and increasing mental illness both in Europe and America.

It was in the midst of these deplorable conditions and response to them that Florence Nighigale began her work. Much of the foundation for modern community health nursing practice was laid through Florence Nightingale remarkable accomplishments. Florence Nightingale's concern

for population at risk as well as her vision and successful efforts at health reform provided a model for community health nursing today.

District Nursing (Mid 1800s to 1900)

The next stage in the development of community health nursing was the formal organization of visiting nursing or district nursing. Although district nurses primarily care for the sick, they also thought cleanliness and wholesome living to their patients, even in that early period. Florence Nightingale referred to them as "health nurse". This early emphasis on prevention and "health" nursing became one of the distinguishing features of district nursing and later of public health nursing as a specialty.

The work of district nurses focused almost exclusively on the care of individuals. District nurses recorded temperatures and pulse rates and gave simple treatments to the sick poor under the immediate direction of a physician. They also instructed family members in personal hygiene, diet and healthful living habits and the care of the sick.

Problems of district nurses:

- Increased number of immigrants
- Increased crowded city slums
- Inadequate sanitation practices
- Unsafe and unhealthy working conditions

Nonetheless, nursing educational programs at that time did not truly prepare district nurses to cope with their patients, multiple health, and social problems.

Public Health Nursing Training (1900 -1970)

By the turn of the century, district nursing had broadened its focus to include the health and welfare of the general public, not just the poor. This new emphasis was part of a broader consciousness about public

health. Specialized programs such as infant welfare; tuberculosis clinics and venereal disease control were developed, causing a demand for nurses to work in these areas. This development was important; it brought health care and health teaching to the public and gave nurses an opportunity for more independent work, and helped to improve nursing education (Bullough and Bullough 1978, pp.143).

Lillian D.Wald's (1867 - 1940) contributions to public health nursing were enormous. Her driving commitment was to serve needy populations. Wald's emphasis on illness prevention and health promotion through health teaching and nursing intervention as well as her use of epidemiological methodology established these actions as hall marks of public health nursing practice. The public health nursing stage was characterized by service to the public, with the family targeted as a primary unit of care.

Community Health Nursing (1970 to present)

The emergence of the term community health nursing heralded a new era while public health nurses continued their work in public health by the late 1960s and early 1970s. Many other nurses, not necessarily practicing public health, were based in the community. Their practice settings included community based clinics doctor's office, work sites, schools, etc, to provide a label that encompassed all nurses in the community.

The confusion was laid in distinguishing between public health nursing and community health nursing. The terms were being used interchangeably and yet, had different meanings for many in the field. In 1984 the division of nursing convened a consensus conference on the essentials of Public Health Nursing practice and education in Washington, DC. (1985). This group concluded that community health nursing was the broader term referring to all nurses practicing in the community regardless of their educational preparation.

Public health nursing, viewed as a part of community health nursing, was described as generalist practice for nurses prepared with basic public health content at the baccalaureate level and a specialized practice for nurses prepared in the public health at the masters level or beyond.

The debate over these areas of confusion continued through the 1980's with some of issues unresolved even today. Public health nursing continues to mean the synthesis of nursing and public health sciences applied to promoting and protecting the health of populations. Community health nursing is used synonymously with public health nursing and refers to specialized population focused nursing practice which applies public health sciences as well as nursing services.

A possible distraction between the two terms might be to view community health nursing as a beginning level of specialization and public health nursing as advanced level. Which ever, term is used to describe this specialty, the fundamental issues and defining criteria remain as:

- Are the populations and communities the target of practice?
- Are the nurses prepared in public health and engaging in public health practice?

Table 1: The Summary of Development of Community Health Nursing

Stages	**Focus**	**Nursing Orientation**	**Service Emphasis**	**Institutional base (Agencies)**
- Early home care (Before mid 1800s)	Sick poor	Individuals	Curative	Lay and religious Leaders.
District nursing (1860 – 1900)	Sick poor	Individuals	Curative; beginning of preventives	Voluntary; some governments
Public health nursing (1900-1970)	Needy public	Families	Curative; preventive	Government; some voluntary
Emergence of community health nursing (1970-present)	Total community	Population	Health promotion; illness prevention	Many kinds; some independent practice

The Specialty of Community Health Nursing

The two characteristics of any specialized nursing practice are:-

1. Specialized knowledge and skills, and
2. Focus on a particular set of people receiving the service.

These two characteristics are true for community health nursing. As a specialty, community health nursing adds public health knowledge and skills that address the needs and problems of communities and focuses are on communities and vulnerable population. Community health nursing, then, as a specialty combines nursing sciences with public health science to formulate a practice that is community based and population focused (Williams, 1992).

It is a synthesis of the body of knowledge from the public health sciences and professional nursing theories to improve the health of communities and vulnerable populations (American Public Health Association, 1992). Community health nursing is grounded in both public health science and

nursing sciences, which makes its philosophical orientation and the nature of its practice unique.

Societal Influences on Community Health Nursing Development

Many factors influenced the growth of community health nursing. Six are particularly significant:

1. Advanced technology
2. Progress in casual thinking
3. Changes in education
4. The changing role of women
5. The consumer movement
6. Economic factors

Roles of Community Health Nursing

One could say that community health nurses wear many hats while conducting day-to-day practices. However, the seven major roles are:-

A. Clinician
B. Educator
C. Advocate
D. Manager
E. Collaborator
F. Leader
G. Researcher

The most familiar community health nurse role is that of clinician or provider of care. However, giving nursing care takes on new meaning in the context of community health.

A. Clinician role

The clinician role in the community health means that the nurse ensures that health services are provided, not just to individuals and families but

also to groups and population. For community health nurses the clinician role involves certain emphasis different from basic nursing, i.e. – Holism, health promotion, and skill expansion.

***Holism*:** In community health, however, a holistic approach means considering the broad range of interacting needs that affect the collective health of the client as a larger system. The client is a composite of people whose relationships and interactions with each other must be considered in totality.

Health Promotion focus on wellness: The community health nurse provides service along the entire range of the wellness – illness continuum but especially emphasis on promotion of health and prevention of illness.

***Expanded skills*:** The nurse uses many different skills in the community health clinician role skill. In addition to physical care skill, recently skills in observation, listening, communication and counseling became integral to the clinician role with an increased emphasis on environmental and community wide considerations such as problems with pollution, violence, and crime, drug abuse, unemployment and limited funding for health programs.

B. Educator role

A second important role of the community health nurse is that of educator or health teacher. It is widely recognized that health teaching is a part of good nursing practice and one of the major functions of a community health nurse (Brown, 1988) .The educator role is especially useful in promoting the public's health for at least two reasons. First, the educator role has the potential for finding greater receptivity and providing higher yield results. Second, the educator role in community health nursing is significant because wider audience can be reached. The

emphases throughout the health teaching process continue to be placed on illness prevention and health promotion.

C. Advocate Role

The issue of clients' rights is important in health care today. Every patient or client has the right to receive just equal and humane treatment. Our present health care system is often characterized by fragmented and depersonalized services and many clients are frequently unable to achieve their rights, especially the poor and the disadvantaged.

The community health nurse often must act as advocate for clients pleading the cause or acting on behalf of the client group. There are times when health care clients need some one to explain what services to expect and which services they ought to receive.

D. Manager Role

As a manager the nurse exercises administrative direction toward the accomplishment of specified goals by assessing clients' needs, planning and organizing to meet those needs, directing and controlling and evaluating the progress to assure that goals are met. Nurses serve as managers when they over see client care, supervise ancillary staff, do case management, manage caseloads, run clinics or conduct community health needs assessment projects.

E. Case management

Case management refers to a systematic process by which the nurse assesses clients' needs, plans for and co-ordinates services, refers to other appropriate providers, and monitors and evaluates progress to ensure that clients multiple service needs are met.

F. Collaborator Role

Community health nurses seldom practice in isolation; they must work with many people, including clients, other nurses, physicians, social workers and community leaders, therapists, nutritionists, occupational therapists, psychologists, epidemiologists, biostaticians, legislators, etc
As a member of the health team (Fairly 1993; Williams,' 1986), the community health nurse assumes the role of collaborator, which means to work jointly in a common endeavor, to co-operate as partners.

G. Leader role

Community health nurses are becoming increasingly active in the leader role. As a leader, the nurse directs, influences, or persuades others to effect change that will positively affect people's health.

The leadership role's primary function is to effect change; thus the community health nurse becomes an agent of change. They also seek to influence people to think and behave differently about their health and the factors contributing to it.

H. Research Role

In the researcher role community health nurses engage in systematic investigation, collection and analysis of data for the purpose of solving problems and enhancing community health practice.

Research literally means to search and/or to investigate, discover, and interpret facts. All research in community health from the simplest inquiry to the most epidemiological study uses the same fundamental process.

The research process involves the following steps:

1. Identifying an area of interest
2. Specify the research question or statement
3. Review of literature
4. Identifying the conceptual frame work
5. Select research design

6. Collect and analyze data
7. Interpret the result
8. Communicate the findings

The community health nurse identifies a problem or question, investigates, by collecting and analyzing data, suggests and evaluates possible solutions and selects and or rejects all solutions and starts the investigative process over again. In one sense, the nurse in gathering data for health planning, investigates health problems in order to design wellness – promoting and disease prevention for the community .

Settings of Community Health Nursing Practice

The types of places in which community health nurses practice are increasingly varied including a growing number of non-traditional settings and partnership with non-health groups. These settings can be grouped into five categories:

1. Homes
2. Out patient department (Ambulatory service settings) in the health institutions
3. Occupational health setting (factories, cottage industries)
4. Social Institutions (Schools, Prisons, Orphanages)
5. The community at large

Review Questions

1. Mention the four developmental stages of community health nursing
2. List the five roles of community nursing
3. Discuss factors that hinder each developmental stages

CHAPTER THREE

The Concept of Health in Public Health Nursing

Learning Objectives

At the end of this unit each students will be able to:

- Discuss the basic concepts of health using various definitions
- Describe the health - illness continuum
- Differentiate acute care setting and community care settings
- Explain the health care delivery system
- Identify focus of public health in the care delivery system

Health is defined by the World Health Organization (1948) as a state of physical, mental and social well being not merely the absence of disease or infirmity. In its holistic philosophy differs greatly from that of the acute care settings. Physical health implies a mechanistic functioning of the body. Mental health means the ability to think clearly and coherently and has to do with your thinking and feeling and how you deal with your problem. A mentally healthy person has a capacity to live with other people, to understand their needs, and to achieve mutually satisfying relationships.

Social health refers to your ability to relate with others;

- The ability to make and maintain relationship with others;
- Ability to interact well with people and the environment.

Health designates the ability to adopt to changing environments to growing up and to aging, to healing when damaged, to suffering and to peaceful expectation of death (Illich 1975,). The ability of a system (eg. cell, organism, family, society) to respond adaptively to a wide variety of environmental challenges (Brody and Sobel, 1981).

Lamberton (1978) sees the opposite of health as being no health and the opposite of illness as being no disease. Furthermore, death is not viewed as the ultimate illness but as a natural part of growth and development. She also considers an individual's interaction with ecology as being an important influence on health and on illness. Health is also conceptualized as a source for every day living. It is a positive idea that emphasizes social and personal resources and physical in abilities. Wellness is a life - style aimed at achieving physical, emotional, intellectual, spiritual and environmental well being. The use of wellness measures can increase stamina, energy and self - esteem, then enhance quality of life.

Health and Illness

Rather than focus on curing illness and injury community based care focuses on promoting health and preventing illness. This holistic philosophy differs greatly from that of the acute care setting.

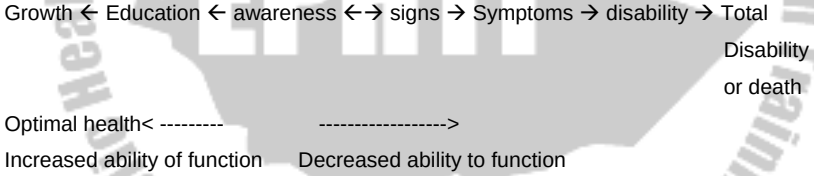

Figure 1: Health Illness Continuum

Improvement of health is not seen as an outcome of the amount and type of medical services or the size of the hospital. Treatment efficacy, rather than technology, drives care in this model. Here health is viewed as a function of collaborative efforts at the community level. Care provided in acute care setting is usually directed at resolving immediate health problems. In the community care focuses on maximizing individual potential for self-care regardless of any injury or illness. The client assumes responsibility for health care decisions and care provision.

Where health is the essence of care, the client's ability to function becomes the primary concern.

Educational and community based programs can be designed to address life style. Health protection strategies relate to environmental or regulatory measures that confer protection on large population groups. Health protection involves a community wide focus. Preventive services include counseling, screening immunization, or chemoprophylactic interventions for individuals in clinical settings.

The prevention focus is a key concept of community based nursing. Prevention is conceptualized on three levels.

- Primary prevention
- Secondary prevention
- Tertiary prevention

Acute Care Setting

This term is used for people who are receiving intensive hospital care. Care provided in acute care setting is usually directed at resolving immediate health problems.

An acute care setting is part of the hospital setting which also can be used as an ambulatory clinic or day surgery unit. The individuals in acute care setting are very sick, many are post surgical clients or they require highly technical care.

- Many of these clients have life threatening conditions and require close monitoring and constant care. Therefore, acute nursing care is very different from community based nursing care.

Community settings nursing care

In the community settings, care focuses on maximizing individual potential for self-care regardless of any injury or illness. The client assumes responsibility for health care divisions and care provision.

The change in health care services resulted in changes in nursing care as well. Settings are changed to the community and especially to home. The intent of care is not to fix with treatment but to enhance the quality of life and support actions that make the client's life as comfortable as possible.

Table 2: Comparison of values currently in acute care and community-based settings

	Acute care setting	**Community based setting**
Client	Client or patient separated from family and characterized by disease	Client seen in the content of the family and the community
Environment	Standardized room, ward or specialized unit family access and client freedom controlled by facility	Natural environment shared with family and community Client cannot be separated from environment
Health	Dichotomy with illness, considered its polar opposite, purpose of care is to eliminate illness.	Illness is an aspect of life; purpose of care is to maximize function and quality of life.
Nursing	Activities largely delegated by physician, centered on the treatment of illness, medication, and technology: Short-terms, predictable interventions.	Autonomous practice with interventions mutually decided on based on client's values.

Health care delivery

Definition: The term "Health care delivery system" is often used to describe the way in which health care is furnished to people. Classification of health care delivery system is by acuity of the client's illnesses and level of specialization of the professionals.

- Primary
- Secondary
- Tertiary

Primary care is the usual entry point for clients of the health care delivery system. It is oriented towards the promotion and maintenance of health, the prevention of disease, the management of common episodic disease and the monitoring of stable or chronic conditions. Primary care ordinarily occurs, in ambulatory settings. The client or the family manages treatment with health professionals providing diagnostic expertise and guidance.

Secondary care is oriented toward clients with more severe acute illnesses or chronic illnesses that are exacerbated. If hospitalization occurs it is usually in a community (district) Hospital. Most individuals who enter this level of care are referred by primary care worker, although some are self referred. The physicians who provide secondary care are usually specialists and general practitioners.

Tertiary care is the most complex level of care. The illness may be life threatening, and the care ordinarily takes place in a major hospital affiliated by a medical school. Clients are referred by workers from primary or secondary settings. The health professionals, including physicians and nurses tend to be highly specialized, and they focus on their area of specialization in the delivery of care.

The primary care level is probably the most important for community health nurses because it is usually provided in ambulatory settings. The other classification of health care delivery system is:

1. Preventive
2. Curative
3. Rehabilitative (Sustaining care)

Prevention: is aimed at stopping the disease process before it starts or preventing further deterioration of a condition that already exists.

Cure is aimed at restoring a client to health.

Sustaining care is aimed at lessening the pain and discomfort of illness and helping clients live with disease and disability.

Some nurse theorists have conceptualized the nursing role as being focused on sustaining care and preventing disease. However, the work role of nurse practitioners and home health care nurses would probably span all three of these orientations. The nurse must understand and remember that the preventive services are also popularly categorized as primary, secondary, and tertiary preventive health care.

1. Primary prevention refers to the prevention of an illness before it has a chance to occur.

   Example: - Immunization against communicable diseases
   - Teaching a wellness - oriented life style.
   - Eliminating hazards in the work place,home,community.

2. Secondary prevention includes the early detection of actual or potential health hazards.

   This allows for prompt intervention and possibly a cure of a disease or condition.

   Example. - Hypertension screening and early treatment
   - Teaching breast self - examination
   - Antibiotic treatment of streptococcal pharyngitis aimed at preventing rheumatic fever

3. Tertiary Prevention is aimed at avoiding further deterioration of an already existing problem. Rehabilitative efforts are sometimes tertiary preventive measures.

   Examples - Rehabilitation after stroke
   - Smoking cessation program for clients with emphysema.

Organization of Health Institutions in Ethiopia

The six tier system (out going system)

Central referral hospital

↓

Regional hospitals

↓

Rural hospitals

↓

Health centers

↓

Health stations

↓

Community health services

Special institutions: malaria, leprosy, tuberculosis control and institutions responsible for research, training and production, EPHARMCOR, etc.

The four tier system (new system)

Specialized hospital

↓

Regional hospital

↓

District hospital

↓

Primary Health care Unit (PHCU) with five-satellite health posts

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Review Questions

- Discuss the basic concepts of health using various definitions
- Describe the health - illness continuum
- Differentiate acute care setting and community care settings
- Explain the health care delivery system
- Identify focus of public health in the care delivery system

CHAPTER FOUR

The Nursing Process in Public Health Nursing

Learning Objectives

At the end of this unit each student will be able to

- List the steps involved in a community assessment
- Mention the concept of the community nursing diagnosis and differentiate it from the nursing diagnosis of individual client
- Describe the planning and implementation process in the community.
- Apply the community nursing process in a variety of community settings.

Definition:

The nursing process is a systematic, purposeful act of nursing actions that includes assessment, diagnoses, planning, implementation and evaluation.

Establish Rapport:

Nurse - client interaction (rapport) is often an implied element in the process. Rapport is called the act of respectful informality that helps build client trust in the nurse. Important elements in establishing rapport:

- Respect fullness
- Courtesy
- Objectivity
- Caring
- Warmth
- Concern for client's welfare
- Interest

- Attention

Nursing Assessment

The first step in the nursing process assessment involves two major activities collection of pertinent data and analysis and interpretation of data.

Sources of data

1. ***Primary data*** is the data that are directly obtained from clients. It offers the most accurate insights and comprehensive information.
2. ***Secondary sources of data*** are data obtained from people who know the client: family, friends, neighbors, workmates pending clients' permission.

   Additional secondary sources include
   - Clients' records
   - Community health statistics
   - Census bureau data
   - Research report
   - police and insurance records
   - How ever, secondary data may need augmentation or further validation.

Data collection Techniques

- Observation
- Interviewing
- Listening
- Measuring
- Survey study
- Record review

Nursing Diagnosis

It is a statement describing client's healthy and unhealthy responses that can be influenced or changed by nursing intervention. A nursing diagnosis is often called a problem statement when writing nursing diagnosis for wellness response or deficit response. It should consist of three parts:

- Identify the specific target or group
- Describe the health full or actual or potential unhealthful response.
- List related factors: includes group's knowledge, motivation, and skills and environmental factors.

Planning

The purpose of the planning phase is to determine how to satisfy clients' needs. Planning is a logical, decision making, designing an orderly, detailed program of action to accomplish specific goals and objectives.

Planning involves:

- Establishing priority
- Establishing goals and objectives
- Identifying intervention activities that will accomplish objectives

Criteria for priority:

- felt need
- severity
- feasibility
- magnitude

Establishing goals and objective:

- Relevance
- Feasible

- Observable
- Measurable
- Time targeted
- Specific

Implementation

Implementation is putting the plan into action. Implementation is often referred to as the action phase of the nursing process. In community health nursing implementation is not nursing action or intervention but it is a collaborative implementation by the clients.

The nurse and clients should have a clear idea of the who, what, why, when, where and how.

Example: What are each person's responsibilities?
Do they know when and where activities will occur?

Evaluation phase

It is the final component of the nursing process. The nursing process is not complete until evaluation takes place. Evaluation is an act of appraisal in which one judges value in relation to a standard and a set of criteria.

- Ask how effective the service was?
- Whether client's needs truly met?
- If not, why not?

Community Assessment

Community assessment is a key element in the nursing process. When the community is thought of as the client, the goal is to identify groups of people who are at increased risk for illness, disability, or premature death

and to find resources that can be used to cope with the risk factors or needs for service that are identified,

The community assessment process

1. Define the community that is the focus of the assessment process.
2. Describe the people socio- demographic elements that help describe the population of the Community, e.g. Sex, Age, Income, etc.
3. Describe the structures that organize the community:
    - Family structures
    - Voluntary structures
    - Informal power structures
4. Identify health risk factors
5. Risk factors in the community can be made using vital statistics, clinic records, and reports of communicable diseases
6. Identify resources for dealing with risk factors, Resources include the health department, churches and other voluntary agencies.

Community Nursing Diagnosis

The community nursing diagnosis has a different starting point. It uses the list of health risk factors and converts them to a nursing diagnosis. Some of the community nursing diagnosis, such as high rate of infants with low birth weights and related factors - low levels of participation in prenatal clinics,etc.

- High teenage pregnancy rates related to poor sex education programs in the community.
- Poor prenatal nutrition related to cultural practices
- High school dropout among school girls related to unplanned pregnancy
- Poor nutritional status of under five children in the community related to knowledge deficits regarding weaning diet.

Planning

Planning involves the agency administrator, one or more nurses, and possibly other health workers. The process includes a survey of the resources identified in the assessment phase, a discussion of the actual availability of the resources and a plan to gain access to them.

Implementation:- put the planning into action, monitoring the activities.

Evaluation - is the process by which the impact of the program is assessed. Process evaluation: The way in which the various processes of a program are carried and evaluated by comparing with a predetermined standard.

Outcome evaluation - This is concerned with the end results

Review Questions

1. Define the nursing process.
2. List steps of the nursing process.
3. State a data collection technique.
4. Mention three nursing process as applied to the community.

CHAPTER FIVE

Health Education in Public Health Nursing

Learning Objectives

At the end of this unit each students will be able to:

- Define health education and state its aims
- Discuss the importance of health education
- Explain the basic principles of health education
- Describe the methods available for health education
- Describe the variety of settings suitable for health education.

Definition and aims

Health education is teaching individuals, families and communities how to keep healthy and avoid illness. It involves teaching good health habits.

Aims of health education

- to promote the health of the mind and the body
- to promote the use of preventive health services
- to enable people to change their attitudes and behavior and adapt better health habit.
- to assist individuals and communities to take responsibility for their own health.

Importance of health education

Many people are ignorant of the causes of illness. They may be afraid of seeking treatment and hide their illness. Prevention is better than cure: is much cheaper, prevents economic loss of human power, time, and prevents suffering and distress. Health teaching may be very well accepted when given in a curative clinical situation

E.g. A patient with infectious hepatitis or hookworm will listen eagerly as he/she does not want to be ill again.

Principles of health education

- The educator must be aware of the customs, health problems, health needs and attitude of the local community.
- Respect must always be shown to the community and for community customs that are not harmful.
- Persuasion is more effective
- The educator should be acceptable to the local community.
- The time, place, and people to be taught must be carefully considered as well as the topic and method chosen to meet their needs.
- The most essential and important topics should be the first priority
- The teacher should evaluate his/he own teaching to see if it is effective.
- Involvement in planning programs and participation by the learners is necessary for good results.

Methods of Health Education

The best method will depend on the group, their previous knowledge, the place, and time available and the cultural back ground. The available resources and equipment will be considered (posters, films, and photographs) Methods of teaching include talks, discussion, questions and answers, films, slides, story telling, demonstration, use of pictures, models and posters.

Suitable Settings

Group teaching in schools, antenatal clinics, under fives clinics, hospital wards and local organizations (parent, teacher, religious groups, and

scouts, at work). Individual teaching in home visiting, clinics and personal counseling. The mass media: television, radio, newspapers and magazines. This is important in reaching large numbers of people in widely scattered areas.

Principles of good teaching

These include:

- Holding people's interest
- Choosing topics that they need and want to learn about.
- Having comfortable, well ventilated surroundings
- Under standing the local culture and customs
- Keeping your lesson content clear and simple.
- Using the learner's own knowledge and experience
- Always having respect for those you are teaching.
- Always giving praise and encouragement and not scolding harshly when correcting mistakes.

Review Questions

1.Describe four of the importance of health education?

2.Mention three principles of health education?

3. Discuss the good settings of health education to your classmates?

CHAPTER SIX

Establishing Health Team and the Role Of Public Health Nurse

Learning Objectives

At the end of this chapter you will be able to:

- Define health team
- Describe the purpose of primary health care team
- List some of the positive team features
- Mention the six motivating factors

What is a health team?

A health team may be defined as a group of people working together to give health care to individuals and families in a community. In this manual the health team refers mainly to a group of health workers who serve a small community and give essential health care. Usually a health team has a base. The team may work together in one building such as a health center or clinic. The health team provides primary health care and community participation. The health team exists for the community. The community has health needs and it is the function of the health team to respond to those needs. No one person can acquire all the necessary skills, or have time to do every thing that must be done to satisfy the health needs of even small community. Therefore, people have to work in teams to get the work done. Aim of the community health team (health center team) must be to help communities to attain health by means of essential or primary health care.

A health team must:

- Understand and communicate with the community

- Encourage community participation in identifying problems and seeking solutions
- Work in the community i.e. in health centers, community meeting places and people's homes.

To establish good relations with the community the health team follows three steps

- listen, learn and understand
- talk, discuss and decide
- encourage, organize and participate

How to lead a health team Setting and sharing objectives

A leader works with a team in setting and using objectives in community health work. When local health objectives are being set, various groups of people should be consulted. They include: People in the community; interested people from other sectors e.g. school teaches, traditional healers, agriculture extension workers, patients, health workers and the ministry of health.

Motivating

Motivation is an inner impulse that induces a person to act in a certain way. It is important for a team leader to understand what encourages people to apply their ability and energy to work. The six main motivators in work are:-

- Achievement
- Recognition
- The work itself
- Responsibility
- Advancement
- Self improvement

Common causes of dissatisfaction

- Inefficient administration
- In competent supervision
- Poor interpersonal relations
- Personal qualities of the leader
- Inadequate pay
- Bad working conditions

Organizing health team activities

The distribution of tasks among the members of a health team is one of the most important functions of the manager. When work is distributed unfairly it causes dissatisfaction and sometimes quarrelling. Factors useful in organizing health activities are:

- using job descriptions
- co-ordination of activities
- communicating with people
- conducting meetings
- training of staff (in service training)

How Public Health Nurses Support the Established health Team

- Building cohesion through clarifying goals and individual attraction to groups.
- Building member commitment and participation
- Keeping the group focused on the goal
- Maintaining members through recognition and encouragement
- Maintaining members, self-esteem - during contact and confrontation
- Analyzing forces effecting movement toward the goal.
- Evaluating progress

Establishment of Health Team

- Setting and sharing objective with members
- Motivating team members to get the best out of people.
- Proving technical and material support
- Evaluating the team progress

Positive Team Feature

- Regular meetings, well attended
- Productive discussions leads to actions
- Members help one an other
- Agreed goals
- Commitment
- Positive feelings, people like the group
- Optimism
- Success

Negative Team Feature

- Frustrated members
- Poor attendance
- Time wasted
- Negative feelings
- Pessimism
- Failure.

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Review Questions

1. Define a health team.

2. Describe the purpose of a primary health care team.

3. List some of the positive team features.

4. Mention the six motivating factors.

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CHAPTER SEVEN

Public Health Nurse in the Community

Learning Objectives

- Define community
- Explain factors that inhibit community involvement
- Describe the role of public health nurse in the community

Nurses who practice community based nursing need to understand the community within which they practice. Knowledge of the community helps the nurses maintain quality of care and provide safety features for the services and their clients.

Defining the community

There are numerous ways to define community depending on the application. This lecture note uses the definition of the community as people, location, and a social system. The variety of families living in the community contribute to the overall character of that community.

The simplest way to understand a community is through vital statistics and demographics. Families characterize the community. In communities where families are strong and nurturing there is an opportunity for a strong and caring community. In communities where families are nonexistent or fail to provide an adequate basis for individual growth, problems with physical abuse, neglect, substance abuse, and violence may arise.

A strong family unit is the building block for strong communities. Culture contributes to the overall character of a community. Health is affected by culture. Madeleine Leininger (1970) observed that health and illness states are strongly influenced and often primarily determined by cultural

background of an individual. The culture of an individual and his or her family has an impact on the community's definition of health and on the service needs of that community.

A community usually is defined by boundaries which may be geographic, such as those defined as city, state or nation. Boundaries may be political; they may be determined by percents and wards. Boundaries to a community may also emerge as a result of identifying or solving a problem (fluid boundary). Consequently, a community may establish a boundary within which a problem can be defined or solved. Community boundaries are important because they often determine what services are available to individuals living within a particular geographic area.

Social System

Social systems have an impact on community and consequently, the health of that community. Social systems include a community's economy, education, religion, welfare, politics, recreation, legal system, health care, safety and transportation and acommunication system.

Depending on the infrastructure, these systems may have a beneficial or detrimental impact on the health of individuals living in a given community.

It is a documented fact that infant mortality rate(IMR) is lower in communities where prenatal care is available and readily accessible to pregnant women.

Here is a social system at work within a community; it has a profound impact on the quality of health of its individual members.

A Healthy Community

Just as there are characteristics of healthy individuals, so are there characteristics of healthy communities, these include:

- Awareness that "We are a community"
- Conservation of natural resources
- Recognition of and respect for the existence of subgroups
- Participation to meet crises
- Ability to problems solve.
- Participation by citizens in decision making
- Wellness of a high degree among its member.

A dynamic relationship exists between health and community. In this relationship health is considered in the context of the community's people, its location, and its social system.

Healthy citizens can contribute to the overall health, vitality and economy of the community. Similarly, if large proportions of individuals in a community are not healthy, not productive or poorly nourished, the community can suffer from lack of vitality and productivity.

Components of Public Health Nursing in the Community

- A sense of responsibility for the coverage of needed health services
- The care of vulnerable groups
- Family, group, community must be a partner in planning and evaluating health care

Nature of Public Health Nursing

- Generalized- target population
- Comprehensive- not limited to particular age or diagnostic group
- Continuing- not episodic

Community Involvement

Community involvement is a social process where by people sharing their problem living in a specified geographical setting pursue in identifying

their own problem and mobilizing their own resources to solve their own problem (Rifkin et, al 1988)

The community should be actively involved

- In the assessment of the situation
- Problem identification
- Priority setting and making decisions
- Sharing in the planning ,implementing, monitoring and evaluation processe

Types of Approach in the Community Participation

A. Top-down approach
   - It is an approach whereby we say people have a problem and induced participation/involvement.

B. Bottom- up
   - We are trying to see the basis of the problem by wearing the eyeglass of the people.
   - Living with people and trying to identify their problem using their own eyes.

Socio-cultural assessment of the community

Socio- cultural assessment enables us to interpret our surrounding and the actions of people around us and to behave in ways that make sense. It is important for nurses not to consider their own way the best and otherwise ideas as ignorant or inferior (Ethnocentrism)

Pertinent socio-cultural factors to be assessed in the community

- Existing influences that divide people into groups within the community, such as ethnicity, religion, social class, occupation, place of residence, language, education, sex, race, and age
- Conditions that lead to social conflict and/or social cohesion

- Attitudes toward minority groups, youths, and the elderly males and females
- Division of the community into neighborhoods or districts and the characteristics of these.
- Formal and informal channels of communication between health programs and the community
- Barriers that may be the result of differences in cultural beliefs and practices
- Political orientation in the community
- Patterns of migration either in or out of the community and their effects on health care services
- Relation of religion and medicine within the community
- Types of diseases or illnesses thought by various members of the community to exist (culture-specific conditions such as illnesses caused by hot and cold imbalances and disease of magical origin)

Application of concepts of the community as partner model

I. **Assessment**

1. Socio-demographic characteristics
   - Age
   - Sex distribution
   - Income level
   - Occupation
   - Educational level
   - Ethnicity
   - Marital status
2. Physical environment
   - Housing, open space
   - Boundaries, shops, bars, churches, mosques, schools
3. Health and Social services

- Hospitals, health centers, health stations
- Counseling, food, shelter, special needs

4. Economic-Average household income
   - Percentage of household below poverty level
   - Employment status
5. Safety and transportation
   - Fire, police, sanitation…
6. Politics and government
   - Group and business people
   - Farmer association, youth group, women's group, professional group, ethnic group
7. Communication
   - Newspapers
   - Radio, TV, post, telephone
   - Roads
   - Pamphlets, posters
8. Education
   - Schools, colleages
   - Level of education
9. Recreation
   -Type of recreational facility

Analysis and Interpretation

- Categorize the data
- Summarize the information
- Make inference

II Community nursing diagnosis. Is focused on the community instead of the individual

e.g. - Low antenatal care coverage

- High rate of infant mortality
- Low family planning coverage

III Planning

1) Establishing priority
2) Establishing goals and objectives
3) Identifying intervention activities that will accomplish the objectives

1. Criteria for priority
    - Community concern
    - Severity
    - Feasibility
    - Magnitude

2. Establishing goals and objectives
    - Characteristics of good objectives
    - Relevance-fits with the general policy
    - Feasible-achievable within the capacity of available resources
    - Observable-When the results are clearly seen
    - Measurable-when the results are stated in terms of numbers
    - Time targeted-all objectives should be drawn with in a specific time frame
    - Specific-Target specific population

IV) Intervention activities

The means by which objectives are met are the strategies that clarify what must be done to achieve the objective, the way changes will be effected and the way the problem cycle will be interrupted.

V) Evaluation-is the process by which the impact of the program is

assessed

Process evaluation-The way in which various programs carried out are evaluated by comparing with the predetermined standard.

Outcome evaluation-This is concerned with the end results

Review Questions

1. Define a community.
2. Describe the socio-cultural impact on health.
3. Mention the factors that elevate community participation.
4. Explain the characteristics of good objectives.
5. List two community diagnosis.

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CHAPTER EIGHT

Public Health Nursing Services to the Community

Learning Objectives

At the end of this chapter you will be able to

- Describe the activities of home visiting
- Explain the role of a public health nurse in a village
- List the functions of a public health nurse in a prison
- State the role of a public health nurse in a school
- Write down the advantages of an occupational health nursing
- Describe the basic clinic services of the public health nurse

It has been stated that the community health nurse participates in providing primary care which is comprehensive and embraces all age (from the cradle to the grave) all types of persons and all conditions. Continuous care is not just for a limited period (as it is in the hospital) but it embraces all ages and aspects of care, maternity, under five clinic, antenatal care, school health, occupational health, and care of the handicapped and the elderly.

Home visiting (H.V)

An important aspect of community health nursing's role in promoting the health of populations has been the tradition of providing services to individual families in their homes.

Purpose:

- afford the opportunity to gain a more accurate assessment of the family structure and behavior in the natural environment

- provide opportunities to make observations of the home environment and to identify both barriers and supports for reaching family health promotion work
- help the nurse to adapt interventions to meet realistic resources
- meeting the family on their home ground may also contribute to the family's sense of control and active participation in meeting their health needs.

Advantages and Disadvantages of H.V

Advantage

- To meet the people in the warmth and friendly atmosphere
- To permit the nurse to see the home and family situation in action
- To see how the family is living
- To better understand interests and problems of the family
- To make them use the available materials to the best of their advantage. In the home there is a more private situation than in the clinic and it is more personal. The nurse has an opportunity to observe the care given by family members to the patient and check on instructions she has given and then understanding.

Disadvantages

- Expensive in time
- Equipment of the clinic cannot be carried at home; on visiting homes there are different kinds of problems e.g. dog, drink
- The person appointed may not be found
- H.V does not provide opportunity for the family to share experiences to them who have the same problem
- Destruction in the home makes construction difficult inaccessibility

Phases and activities of home visits

Phase I: Initiation phase

- clarify source of referral for visit
- clarify purpose for home visit
- share information on reason and purpose of home visit with family

Phase II: Pre visit phase

- initiate contact with family
- establish shared perception of purpose with family
- determine family willingness for home visit
- schedule home visit
- review referral and or family record

Phase III: On-home phase

- introduction of self and professional identification
- social interaction to establish rapport
- establish nurse – client relation
- implement nursing process. E.g. of
- family focused inability of family to keep to provide family centered nursing care all the nursing environmental hygiene process steps read to be family focused

Phase IV: Termination phase

- review visit with family
- plan for future visits

PhaseV: Post visit phase

- record visit
- plan for next visit

Contracting in Family Health Promotion

Phases and activities in contract

I.	Beginning Phase	Activity
		• mutual date collection and exploration of needs and problems • mutual establishment of goals • mutual exploration of resources • mutual development of a plan
II.	Working phase	
		• mutual division of responsibilities • mutual setting of time limits • mutual implementation of plan • mutual evaluations and renegotiation
III.	Termination phase	
		• natural termination of contract • contracting mutual goal setting is an agreement between two or more parties, involving a shift in responsibility and control to a shared effort by client and professional versus that of the professional alone.

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Public Health Nursing Bag

Definition: A specially prepared bag for carrying supplies to the field in a clean and orderly way

Purpose

- helps the nurse to give service effectively in homes
- reduces the danger of spreading infections
- provides the necessary items needed in the field
- identifies the nurse in the field because a home visiting bag is a part of the uniform

Contents of the Bags

A. General supplies
B. Equipment
C. Others

A. general supplies

- soap and soap dish
- plastic apron
- plastic square to put the bag on
- aluminum cup for water
- one or two small towels to dry the hand

B. Instrument

- thermometer
- fetoscope
- scissors
- artery forceps
- tape measure
- plaster
- cotton

- guaze
- applicator
- bandage
- antiseptic solution
- syringe and needle
- GV, Tetracycline eye ointment
- kidney dish
- vaseline
- tongue depressor,
- disposable gloves
- cord tie
- antipain
- ergometrine tablets
- ferrous sulphate
- Vitamin, A
- test tube
- baby scale
- chloroquine
- mebendazole
- benzyl benzoate lotion (B.B.L.)
- Pocket
- small towel
- soap and soap dish
- plastic square
- news paper for placement of the bag
- match

Care of the bag

- change inner lining as needed
- label bottles

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- refill supplies as needed
- do not put the bag on the beds
- do not put your properties on the bag
- do not put on the floor

Basic Principles of Using the Bag

- select safe area to place it
- place on the plastic square
- wash your hands before you do anything
- all wastes should be covered in news paper and burned

Responsibility of Nurses

- use bag correctly
- keep the bag clean and orderly
- pay for broken equipment
- report all broken equipment
- do not misuse equipment i.e. scissors to open tins
- go through nursing process and form a family focused nursing

How do you start H.V program in you area

- Need assessment
- Form a team (sanitarian, nurse, laboratory technician, health officers, harmacy technician, driver)
- Develop objectives
- Develop checklists
- Design a program
- Prepare family folder

Nursing in the Prison

Definition: Prison is a place where individuals are kept in custody for a certain period of time for any wrong deeds they commit knowingly or unknowingly having political, social, and economic nature.

Main Purpose of Prison Health Service (PHS)

- To solve the immediate health problems of the prisoner both physical and mental.
- Prisoners do have a right to get health service
- To prevent transmission of diseases
- To teach prisoners the basics of health and change their behavior so that when they are released from the prison to join the community once again, they can transmit whatever health messages, they get in the prison. Thus act as a community health educator.
- To prevent the spread of infections and especially chronic ones like TB, Leprosy from the prisoner to the community
- To train the prisoners as first aiders

- **Common Health Problems in the Prison**
- Psychological health problem
- Problem of food poisoning (dysentery)
- Febrile illness like relapsing fever, typhoid, typhus
- Intestinal parasites
- Chronic diseased like TB
- Skin infections
- Malnutrition
- Gastroenteritis
- Urinary tract infection
- Arthralgia, rheumatism
- Homosexuality

- Sexually transmissable diseases (STD's)

Major stressors specific to the condition are:

Loss such as loss of job, freedom, family contacts, dignity, food choices, privacy and sexual activities. Threats, such as the threats of homosexual advance. Physical discomfort sleeping, eating and other personal functions. Drugs or alcoholic withdrawal, feelings of infidelity (lack of religion, belief)

Sources of Diseases

- Prisoners who join the prison with diseases
- The prison itself

Factors responsible for the origin and spread of diseases in prisons

- Poor housing
- inadequate ventilation
- Overcrowding
- Malnutrition
- poor personal hygiene
- poor environmental hygiene
- idleness
- poor waste disposal
- prolonged stay in prison
- lack of knowledge
- others

Effective PHS goes with change in politics, economics and society.
While making a survey use a well-structured check list which includes the following points:

- identification of the prison (name, location)

- Construction of the building and their bed rooms
- Waste disposal system
- Latrine
- Water supply
- Health facilities

Responsibilities of the PHN during PHS

1. Work with prison administrators and the prisoners
2. Organize prisoners and form health committee in the prison.
3. Identify health and health related problems of the prisoners using a developed checklist .
4. Make a plan and encourage them to solve the identified problem.
5. Identify the resources of the prison.
6. Work with other health professionals.
7. Work to solve the identified problems.
    - screening of the prisoners
    - treating the sick
    - health education
    - delousing of the prisoners
    - waste disposal system
8. Make a follow up

Village Health Service (VHS)

Definition- VHS is run by a health center to provide service on mobile basis to the area far from the health center. It is done on the extended area to provide some kind of health service to the rural area achieved through a health team.

Activities of far field

- assess the village
- assess the resources

- contact influential people of the village
- identify problems of the village
- MCH service ANC, FP, and immunization TTBAs, CHAs
- Visit to TBA's, CHA's
- Adult examination
- Demonstration
- Environmental health
- Home visiting
- Prison health service

School Health Service(SHS)

Goal: to support the educational process by helping keep children healthy by teaching students and teachers preventive health measures

Advantage of SHS

Health correction at school age can make them healthy citizens of the country. Children learn easily and are an ideal group for teaching health habits, as they are the future parents and citizens of the nation. Teachers can be taught at the same time and can teach other classes. Children can also teach their parents.

Components of school health program

maintaining a healthy, safe and environment
prevention of accidents and regular health education

School health survey

The PHN should prepare a checklist and make a survey of a particular school. This is to identify the health and health related problems of the school environment which directly or indirectly affects the health of

students and teachers and interferes with the teaching-learning process.

During the survey the following areas should receive attention:

- location of the school
- construction of the school
- cleanliness of the compound
- condition of class rooms
- water supply
- latrine
- health service facilities
- recreational facilities
- extraordinary activities of the students and teachers (club …)
- perform physical examination on screened students screened

Occupational Health Service (OHS)

The goals of occupational health nursing are to prevent occupational injuries and illness and to facilitate good health among workers.

- Objectives of the Program
- To protect employees from health hazards
- To assure that the job assignment of each worker is suited to his physical and mental capacity and his emotional make up
- To assure adequate care and rehabilitation for occupationally injured or ill
- To contribute to each workers ability to cope with his own and his family's health need

Role of Occupational Health Nurse

The role of occcupational health nursing Process activity

- *Assessment*
  - Assess health of individual workers.
  - Assess risks and hazards in the work place.
  - Keep accurate and complete records.

- *Diagnosis*
  - List problems of individual employees.
  - Note risks and hazards in the work place.

- *Planning*
  - Confer with mix regarding all aspects of the program.
  - Counsel employees for better individual health.
  - Cooperate with employees to set up a wellness program.
  - Work with unions to ensure cooperation.

- *Implementation*
  - implement programs and safety and lesser hazards
  - teach workers good health and safety behaviors
  - enforce laws related to health and safety
  - carry out appropriate and timely first aid and see that workers get needed additional care
  - make referrals to other health workers

- *Evaluation*
- monitor hazards

-

Table 3. Common work place exposure by job with known health effects:

Work place hazard	Health Effects	Jobs with potential exposure
Carbon monoxide	Headache, angioma	Auto mechanics
Solvent	Dermatitis, Cancer	Textile workers
Lead	Abdominal pain, Hypertension, behavioral changes	Battery makers, shoe makers, painters
Asbestos, silica,coal dust	Chronic bronchitis, emphysema, lung cancer	Pipe fitters, miners
Benzene	Aplastic anemia, leuckemia	Chemists
Hepatitis viruses	Hepatitis	Health service workers
Sunlight, heat	Burns, hyperthermia	Food service workers, smelters
Lifting heavy loads	Back pain, muscles strain, sprain	Nurses, Factory workers

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Working Environment Survey

- Identification of the industry (name, location)
- Construction – working rooms
- Cleanliness
- Water supply
- Latrine
- health service facilities
- emergency procedures like fire extinguishers
- Length of working hours
- Potential health risks
- Means to prevent these health risks
- Knowledge of the workers and administrators
- Do physical examination on the screened workers

Public Health Nursing in Health Institutions

Health Institution means a place in which various health services are given to the whole community of the area and its surrounded by a health group or a health organized individual practitioners in order to define the organizational goals and working out there mutually.

Areas of activities which give service on static and mobile basis.

- Polyclinic
- registration / record room
- adult examination room
- MCH clinic
- TB clinic
- Leprosy Clinic
- STD clinic
- Inpatient
- Others

Outreach services: Village health services, Prison Health Service, School health service and home visit

Responsibility of the nurse in the health institution

- all health workers should work harmoniously and to their potential
- identify the weaknesses and strength of the institution
- organize each room - adequate facilities - appropriate human resources
- health education should be provided to clients regularly
- provision of training for health workers according to the identified problems
- make a follow-up
- keep good responsibility and recording system

organization of the unit equipment, manpower, the responsibility of respective health center is accomplished through health center teams that include:

- Pharmacist/pharmacy technician
- Public Health Nurse
- Health Officer
- Saniterian
- Laboratory technician

Health Station Supervision and Health Post Supervision

- Should be done regularly (every six months)
- The health station should be aware of the supervision days.
- Prepare a structured check list to supervise the health station and it must be documented.

Basic components of the checklist

- Name of the health station

- Number of workers
- Types of services provided
- Static activities
- Outreach activities
- Facilities
- Room
- Equipment
- Drugs

Recording and Reporting system

- Environment
- The compound fenced and clean
- Water and latrine available
- Feedback and discussion with health workers
- Teaching and Evaluating of the auxiliary workers

Who are auxiliary workers?

- Clerks
- Cleaners
- Guards
- CHA's and TTBA's

Make training need assessment through:

- Spot observation
- Simple questionnaire
- Evaluation of activities

Plan to give in-service training for

- Clerks – on record keeping
- Cleaners – on prevention of cross infection

- TTBA's on Labor and delivery services

CHA's - on record keeping, and epidemic control

But you should also provide such training for CHA's and TTBA's

Compile and write report

The health center activity should be compiled properly and the report needs to be sent to the zonal office regularly (done on Quarterly basis). The report should be done monthly. The flow of the report's mostly as follows:

Health station → health center →woreda health bureau→ zonal health department→regional bureau→MOH.

Review Questions

1. Mention some of the basic public health nurses activities in the community.
2. Describe the purposes of home visiting.
3. List the activities of a public health nurse in the prison.
4. Explain the objectives of school health

CHAPTER NINE

Activities of Public Health Nursing in communicable Disease Control

Learning Objectives

At the end of this unit each student will be able to:

- Define Communicable disease.
- Describe the chain of infectious diseases.
- Explain the principles of communicable disease control.
- State the steps in the control of epidemic measures.

Definition: An illness due to a specific infectious organism or its toxic products which occurs by transmission of the agent or its toxic products from a reservoir to a susceptible host. Infectious diseases still account for most of the morbidity and mortality in developing countries.

For better detection and control of infectious disease knowing the chain of the infectious disease is very crucial.

These are:-

- The agent
- The reservoir
- The portal of exit
- The mode of transmission
- The portal of entry
- The human host

Factors which can influence the development of disease are:

- Strain of agent
- Dose of agent

- Route of infection
- Host characteristics
- Treatment

Principles of prevention and control of communicable diseases

I. **Identification** - i.e. how the disease may be recognized by its:

- Occurrence (when, where, who)
- Infectious agent (i.e. pathogen)
- Reservoir / source
- Mode of transmission
- Incubation period
- Period of communicability
- Susceptibility and resistance

- **Preventive Measures**

  This is applied at any time, not only when the disease or epidemic is threatens.

- **Measures**

- Immunization and protection
- Protection and purification of water supplies
- Pasteurization of milk
- Food hygiene and food regulations
- Control of vectors
- Adequate sanitation
- Attention to personal hygiene
- Environmental cleanliness
- Health education
- Prophylatic chamotherapy
- Improvement of social conditions

- Case finding and provision for early diagnosis and treatment
- Control of patients, contact and immediate environment

- **Measures of Control Include**

- Isolation and prompt treatment of infected cases
- Concurrent disinfection
- Disinfestation
- Control of carriers
- Immunization and survillance of contacts
- Investigation of contacts, source and reservior of infection
- Control of insect vectors
- Quarantine
- Reporting of disease of local health authority.

- **Investigation of disease out break**

It is a form of active surveillance.

Objective: to determine the specific cause of an epidemic as early as possible so that appropriate measures can be taken to control the outbreak and prevent occurrence.

The following questions can be asked:

A. What is the etiologic agent?
B. What is the main mode of transmission?
C. What specific source of disease can be identified?
D. What specific practice or environmental deficiencies have contributed to the outbreak?

Steps in identifying outbreak

- Investigate index cases.
- Verify that there is an outbreak.
- Construct a suspected case definition.

- Identify and count cases.
- Characterize the outbreak by time, place and person.
- Identifying the aetiologic agent
- Investigating environmental condition
- Analysis of data
- Formulation of hypothesis

Epidemic Measures

These are emergency measures to be taken to limit the spread of any communicable disease

Prompt reporting
Widespread immunization programs
Emergency measures concerned with water and sanitation
Closing down of institutions
Prohibition of mass gatherings

International Control Measures

Rapid notification by governments to World Health Organization (WHO) and adjacent countries.

International regulation applied to ships, aircraft and land transport

Control of international travelers, immigrants, goods and animals.

Intervention

Implementation is the stage of the nursing process in which the activities and strategies that were planned are actually carried out.
The public health nurse's endeavors center on activities that promote, maintain or resort to health or prevent disease and disability
Implementation includes direct nursing intervention, indirect nursing intervention and referral

Types of Intervention

1. Direct hands-on-care
   Administration of medication
2. Indirect

Activities undertaken on the patient's behalf but apart from the patient's presence. Teaching and supervision of caregivers coordination to facilitate appropriate use of all care providers to achieve continuity of care for a client.

3. Referral

Becomes necessary when the nurse cannot, either by direct or by indirect nursing interventions, completely meet the client's needs.

* Screening and recognition of early symptoms are important aspects of case finding

Case Finding Methods

1. Passive case finding

Voluntary reporting – voluntary seeking relief through the health care system. Factors influencing case finding methods community awareness an efficient and reliable diagnostic and treatment service

- **Referral and Notification**

2. Active case finding

Aim – to find cases of unreported disease in the population

- Sample surveys (adequate sample)
- Mass survey (total population survey)
- Contact surveillance-unlike survey repeated examination of contacts will be made.

Organization of case finding activities

Aim: to conform to the sociological and cultural expectation and traditions

of the community in an acceptable way.

The choice of method depends on:

- Prevalence of the disease
- Population density
- Distribution of population

Case Holding

It is a process of ensuring attendance of patients at a treatment center and bringing defected cases under treatment and following them until cure.

Method of case holding

1. Absentee tracing
2. Home visiting - regularly

Review Questions

1. Define a communicable disease.
2. Describe the chain of infectious diseases.
3. Explain the principles of communicable disease control.
4. State the steps in the control of epidemic measures.
5. Assignment divides the students into reasonable groups and assigns each group to conduct small-scale surveillance.
6. Develop a checklist and assess the community nearby your Institution

CHAPTER TEN

Recording and Reporting

Learning Objectives

At the end of this unit each student will be able to:

- To assist the nurse and agency to render a better quality service to the individual, family and community
- To make available certain information about community health condition
- To provide a means of measuring the program of the agency in relation to the objectives set for community needs

Records and Reports

Records are the information kept in the health unit on the work of the unit, on the health conditions in the community, on individual patients, as well as information on administrative, matters: staff, equipment, supplies, etc.

Usually, records are written information in notebooks or in folders designed for their purposes. They may also be kept or be computerized. Records are the administration's memory.
Records are an important tool in controlling and assessing work; they are kept to help the supervisor to:

- Learn what is taking place
- Make effective decisions
- Assess progress torwards goals
- Provide an insight for replanning purposes

Records should be accurately accessible and useful. In other words, they must be truly available when needed, and contain information that management uses as a yardstick.

Information unless you know it to be true will not be useful.

Before asking health workers to make any record, the supervisor should ask the following questions

Will this information be used?

Precisely what useful part will it play in decision-making and evaluation.

Can this information be collected accurately enough to serve its purpose.

Will the information be accessible?

Will it be available at the place and time it is to be used?

Can the records help team leaders to follow the activities of a program continuously according to need?

Special forms that may differ from country to country are often prepared and adopted to local conditions. These forms will help the health staff to record the information requested, facilitate the standardization of the information collected and save time for all concerned.

Reports are the information communicated to the other levels of the health services. They are also an important management tool to influence future actions.

The type of the report (oral or by telephone or radio in emergency cases, written in normal circumstances), its content (statistical information on births, deaths, morbidity or comments on program developments or difficulties), and its frequency and utilization will differ from country to county. In assessing the quality of care and the use of services that are delivered to clients, community health agencies rely on the client's record.

SOAPIER - is an acronym used to designate the recording process, with a notation made for each of the letters.

S Subjective data

O Objective data

A Assessment
P Planning
I Implementing
E Evaluation
R Reassessment

Essentials of good reporting

- Accurate
- Legible
- Complete
- Short and clear
- Timeliness

In all health work it is important to keep sufficient records. To record is to remember. Public health records serve to communicate information between different health workers. Recording is the basis for measuring diseases and activities.

Important types of records

- Family folder card
- Individual health record
- FP card
- Antenatal card
- Child health card

Review Questions

1. Define recording and reporting.
2. Discuss the essentials of reporting and recording.
3. Explain the SOAPIER acromyion.

CHAPTER ELEVEN

Project Plan Writing

Learning Objective

At the end of this unit each student will be able to:

- Describe the basic principles of project writing.
- Mention the essential steps in writing a project.
- Explain the functional advantages of project writing.

Purpose: Designed to allow students to acquire the skill to look for new challenges and to develop a well thought-out plan which allows to modify the existing services or tackling and solving problems which are so intense.

It raises the student writing skill to market the idea as a result to make a case for increasing financial or material resources support from government or non-government donating agencies for any health and health related programs that the student will undertake after graduation in the respective areas of assignment.

Contents of the project documents

Background/ context information major characteristics of the development setting that the project will operate in

Project justification is intended to explain the reasons for undertaking the project and why it is designed the way it is.

Problem statement

Objective: The objective should be related to the problem statement and described in terms of anticipated results and has to be measurable,

observable or otherwise documentable

Methodology
where
Type and number of population
How you proceed

Variables – what you want to measure
Type of study e.g. cross-sectional survey
Longitudinal
Data collection
Observation
Interviewing
Questionnaire
Plan for data collection
Identify data collectors
training of data collectors
Sampling

Sampling

Type of Sampling Technique

Simple random sampling units are chase individually having equal characters be selected
Systematic random sampling taking individual at regular intervals done the list, the starting point chose at random. Stratified sampling is used in which the population consist of distinct subgroups or strata which differ with respect to the feature understanding which are themselves of interest

Plan for data analyses and interpretation
Ethical considerations
Emphasize those aspects of your approach that you think best address the problem you have described.

The approach you have chosen and as to why you choose that approach over other possibilities.

The change you expect at the end

What sources of support would you likely think available for your project Work place.

Outline the major activities and illustrate the chronological sequence of the activities with time.

Budget or resource needed.

All resources required to address the problem should be explicitly listed.

Evaluation

The result distributed and discussed.

Suggest between distributed and discussed.

Develop a plan for assessing your project achievements. Your evaluation should encompass the project has had on target population

Review Question

1. Describe the basic principles of project writing.
2. Mention the essential steps in writing a project.
3. Explain the functional advantages of project writing.

CHAPTER TWELVE

Primary Health Care (Phc)

Learning Objectives

At the end of this chapter you will be able to:

- Discuss the historical development of PHC
- Define PHC.
- Clarify certain important terms in the definition.
- Identify strategies of PHC.
- Discriminate between the medical care system and the primary care approach.
- State the elements of PHC.
- Describe PHC in Ethiopia.

Historical Development (see chapter I)

Definition of PHC

PHC is 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 at a cost that the community and country can afford to maintain at every state to their development in the spirit of self-rehance and self-determination

Clarification on certain terms in the definition

- ***Essential*** – basic and indispensable, first level of contact
- ***Scientifically sound*** – scientifically explainable, understood and acceptable

- ***Socially acceptable methods and technology*** – the methods and technology used should be accepted by the local community, considering their value, Culture and belief.
- ***Universally accessible*** – cost, distance
- ***Community involvement –*** community can achieve better health status through their own efforts, identify their problem – point out methods for dealing with Problems 6. Self-reliance and self determination being able to support yourself being independent in understanding your own health needs and minimize problems know when and for what purpose to turn to others for support and cooperation If you give a hungry man a fish you feed him for a day, but if you teach him how to fish you feed him for life and make him independent.

Strategies of PHC

1. Intersectoral approach

It is one of the key principles of PHC. It means a joint concern and responsibility of sectors responsible for development in identifying problems, programs and undertaking tasks that have an important bearing on human well being. Health has several dimensions that are affected by other sectors. The cause of ill health care is not limited to factors related to the health sector alone.

Education for literacy, income supplementation, clean water, sanitation, improved housing, ecological sustainability, more effective marketing of products, construction of roads and water ways, enhanced roles of women are changes that may have substantial impact on health.

Why intersectoral collaboration is important:

- To avoid confusion
- To save resources

- To identify community needs together

  What sectors must collaborate?

  All sectors involved in a development process such as health, agriculture, education, information, roads, housing and NGOs.

  Communities can often respond more readily to broad approaches to the problems of development than to the fragmented sector by sector approach

  Collaboration should be at all levels

- 2. Community Involvement

Definition: Community is a collection of people living together in some form of social organization and cohesion.

It is the process by which individuals and families in a community assume responsibility for the community and develop the capacity to contribute to their and the community's development.

Communities should not be passive recipients of services but everybody should be involved according to his ability, and the health system is responsible for encouraging everybody to contribute to his potential.

Advantages of Community Participation

- Extended service (better coverage)
- Programs are affordable and acceptable
- Promotes self-reliance and confidence
- Creates a sense of responsibility
- Consideration of real needs and demands
- Promotes local community initiatives and technologies
- Reduce dependency on technical personnel
- Builds the community's capacity to deal with problems
- Helps to choose a correct strategy
- Success has a multiplying effect

- Factors Influencing Community Involvement

Social – community organization, leadership, status of women, education
Cultural – values, beliefs, taboos, etc.
Political – ideology, policy, etc.

Skills for enhancing community participation

- Belief in a community's potential
- Skills in participatory involvement
- Ability to motivate
- Awareness creation
- Understanding community's culture
- Helps to bind appropriate entry point
- Identify or create structure
- When introducing new programs
- First create awareness
- Give time to the community to digest the idea to adapt or reject the idea

3. Appropriate Technology

It means methods, procedures, techniques and equipment that are scientifically valid and that can be maintained and utilized with resources the community or the country can afford. It should be acceptable to the users.

If the technology does not fit the people, then it is unlikely to be helpful in the long run and it will be a waste of resources.

Criteria for Appropriateness

To be appropriate, a technology must be:

- Effective – it must work and fulfill its purpose in the circumstances in which it needs to be used

culturally acceptable and valuable locally (we should not depend on imported skills and supplies for its continuing function, maintenance and repair

Affordable

Sustainable

possessive of an evolutionary capacity – the introduction and acceptance of the technology must lead to further benefits

Environmentally accountable environmentally harmless or at least minimally harmful measurable the impact and performance of any technology needs politically responsible

4. Equitable distribution

Effective PHC makes an important contribution to greater social justice and equity by reducing the gap between the haves and the have nots.

It tries to achieve more equitable distribution of resources and attain a level of health for all the citizens of the world that will permit them to lead a socially and economically productive life If all cannot be served the most needed should have the priority.

Equity ensured through:

- Development of a sound PHC infrastructure
- Allocation of funds, materials, and manpower
- Distribution of health man power, an incentive system must be developed to encourage health personnel to work in rural area

In training opportunities for health workers

Accessible and affordable health services

The following figure illustrates the in-equalities in the distribution of resources for health between rural and urban populations.

85% of the health expenditure goes to hospitals for 10% of the population and 15% goes to primary care for 90% of the people

5. Political commitment

The government policy must support it and every activity must go in line with the policy.

The two systems are best seen as two sides of a coin and every country needs both systems of care. Both systems of care are necessary complements of each other. PHC has a wide range of components (water, nutrition and so on) and many strategies.
Example. PHC workers refer patients for specialized care to hospitals.

Table 4. Comparisons of the medical care system and the primary care approach

The Medical Care system	The primary Care approach
- The medical system is vertical i.e separate from other governmental departments	- This functions best through intersect oral co-operation.
- A curative system, emphasizing drugs, doctors and hospitals or auxiliaries and dispensaries	- Mainly preventive, promotive emphasizes water Sanitation, immunization, nutrition and health education.
- Emphasizes improved technology and specialization	- Emphasizes appropriate technology and common condition of a risk groups
- Auxiliaries are regarded as substitutes for doctors	- Auxiliaries are the main agents of health promotion and change.
- Discourages traditional medicine and ignores culture	- Encourages the health positive aspects of traditional medicine and culture.

The Key Principles of PHC include the following five concepts

Universal coverage of the population, with care provided according to need. This is the call for equity.
Services should be promotive, preventive, curative and rehabilitative.
Services should be effective, culturally acceptable, affordable and manageable.

Approaches to health should relate to other sectors of development.

The Components/Elements of PHC

- Immunization against six major childhood disease
- Nutrition – promotion of food supply and proper nutrition
- Water and sanitation an adequate supply of safe water and basic sanitation
- Appropriate of common diseases and injuries
- Maternal and child health care including FP
- Provision of essential drugs
- Safe and effective drugs including vaccines
- Promoting the rational use of drugs
- Education concerning the prevailing health problems and the methods of preventing and controlling them
- Prevention and control of locally endemic diseases
- Mental health
- Dental and oral health
- Control of ARI
- Control of HIV/AIDS and other STDs
- Use of traditional medicine

PHC Evaluation – PHC in Ethiopia

PHC activities which formally began in 1980, include the following:

Education on the prevailing health problems and methods of preventing and controlling them
Locally endemic diseases prevention and control
Expanded program on immunization
Maternal and child health including FP
Essential drug provision

Nutrition-promotion of food supply
Treatment of common diseases and injuries
Sanitation and safe water supply

Since 1980, PHC has been the main strategy on which the health policy is based in 1985 the review of achievements revealed the following:

Expansions of health services to the broad masses especially by establishing new health stations and health posts
Expansion of immunization program against six major communicable diseases
Increase number of medical and paramedical personnel
Increase health propaganda attempts to improve health consciousness of the population
establish PHC committees at the lowest local administrative levels

Major Problems in implementation of PHC

Absence of infrastructure at the district level. Programs could not be successfully planned, implemented and controlled from the central or regional level because of the absence of district health organizations.
Difficulty in achieving intersectoral collaboration
Inadequate health service coverage and maldistribution of available health services
Inadequate resource allocation- PHC is not cheap as some people think, but it is cost effective. It requires proper resource allocation.
Absence of clear guidelines or directives on how to implement PHC
Presence of culturally harmful traditional practices or unscientific beliefs and practices in Ethiopia

A number of known harmful health practices or unscientific beliefs and practices in Ethiopia are related to:

- Child bearing and rearing

- Food preparation
- Excreta and refuse disposal and
- absence of sound legal rules to support environmental activities
  weak community involvement in health

Sustainability of PHC beyond the year 2000

It means to endure by the people themselves and to continue without interruption.

Factors important for sustainability of PHC appropriate planning problem identification of- priority setting by the community action plan based on appropriate resources available close monitoring and evaluation preparation for gradual phasing out

What can be done to make PHC more sustainable?

High awareness creation
Develop income generating schemes
Obtain intersectoral support
PHC programs should fit within the national policy
Work with community

Supervision

Supervision Objectives

Define supervision
Explain the purpose
Discuss the types of supervision
Identify the principles of supervision
Explain the methods of supervision

Definition

Supervision- has its origin in two Latin words

Super – “above”

Videa – “see”, inspection, to see the work of others

Nursing Supervision – is a service devised to improve patient care by the promoting, stimulating and fostering of personnel growth and welfare. It’s primarily concerned with personnel.

It is concerned with physical facilities and equipment only in as far as they affect the quality, quantity and ease or difficulty of workmanship of personnel.

The patient and his care are the byproducts of nursing personnel

Purpose

Provision of well prepared, alert, progressive and dynamic staff (through motivating and helping them to work up to their maximum ability)

Types of Supervision

Close Supervision: it gives the staff member an assignment of telling exactly how and in what sequence tasks are to be done

General supervision: sets a goal, tells staff members what is to be accomplished and fixes limits within which they can work.

Which one is best?

The general one is productive, based on many researches

But psychological researches provide evidence that the nature of a person’s personality affects his/her attitude towards supervision

Some prefer high level of independence whereas others need to be told what to do

Remember**:** People value freedom but may feel lost if they have too much. People like feeling safe but do not like interference.

Most people like to be assured that they are performing well and that they will receive help when needed.

Principles

In any good organization provision is made for decentralization of authority and responsibility in the head of the organization.

Good organization provides personnel with a sense of inclusion, placement and importance in relation to the total organization through clear definition of lines of authority.

Good organization delegated authority proportion to the responsible personnel can be reasonably expected to assume.

Good organization provides for definite assignment and supervision of duties

Good organization provides for clear channels of communication from the top of the organization down and from the bottom to the top.

Good organization provides facilities for operation and cooperation.

Good organization provides for democracy of spirit recognition of human dignity in all employees and humility on the part of those in administrative and supervisory positions.

Good organization provides for inter relations of administrative and supervision staffs

Review Questions

1. List and describe briefly the two types of case-finding which phase of nursing process during methods
2. Define nursing supervision
3. Is supervision primarily concerned with materials
4. Which type of supervision encourage members to share ideas and disclose ideas
5. In patient teaching must readiness to learn be taken into consideration
6. What does family, folder card constitute

Glossary

Adaptation:- Which describes the cognitive ability to cope with the demands of the environment.

Advocate: A community health nursing role in which the nurse acts or speaks on behalf of clients to help clients gain greater independence or self determination and to make the system more responsive and relevant to their needs.

Agent: The causative factor contributing to a health problem or condition

Aggregate: A group of people who share some common interest or goal and in community health practice is considered a unified whole in solving problems or promoting health.

Assessment: collecting had evaluating information about clients' health status to discover existing or potential needs in order to plan future action or interventions.

Assurance: The process of translating established health policies into services.

At risk populations: Groups with a greater probability of acquiring certain diseases or unhealthy states than the population as a whole.

Autonomy: Freedom of choice and the exercise of individual rights.

Case management: A systematic process used by nurses to ensure that clients' multiple health and service needs are met which includes assessing client needs, planning and coordinating services, referring to other appropriate providers and monitoring and evaluating progress.

Casualty: The relationship between a cause and its effect.

Change: Any planned or unplanned alteration of status quo.

Clinician: A community health-nursing role in which the nurse ensures provision of health services not just to individuals and families but also to

groups and a population.

Collaboration: Purposeful interaction between nurse clients, other professionals and community members based on mutual participation and joint effort.

Community: A collection of people who interact with each other and whose common interests or characteristics give them a sense of unity and belonging.

Community health nursing: The specialty of nursing that focuses on the health needs of communities and aggregates and in particular vulnerable populations.

Community needs assessment: The process of determining the real or perceived needs of a defined community of people.

Crisis: An event that comes with or without warning and distrubs the equilibrium of a person, group or community.

Culture: The accepted beliefs, values, and behavior that are shared by members of a society and provide a design or "map" for living

Deductive:The process of developing ideas from general principles.

Educator: A community health nursing role in which the nurse acts as teacher to facilitate clients' learning and to promote higher levels of health.

Endemic infections: The continual presence of a disease or infe agent in geographic area.

Epidemic: Disease occurrence that clearly exceeds normal or expected frequency in a community or region.

Epidemiology: The study of the determinants and distribution of health, health condition, and disease in human population groups.

Ethnocentrism: Believing one's culture is superior and other cultural

beliefs and practices to be less important or relevant.

Evaluation: The process of measuring and judging the effectiveness of interventions by measuring outcomes against previously established goals or objectives.

Family: Two or more individuals who share a residence, or live near one another, possess some common emotional bond and engage in interrelated social positions, roles and tasks.

Goals: Broad statements of desired end products or results.

Health promotion: Efforts that move people closer to optimal well-being or higher levels of wellness.

Illness: A state of being relatively unhealthy

Immunization: The process of making a person immune

Interaction: A relation ship involving reciprocal exchange and influence.

Leadership: The ability to influence people toward achievement of goals.

Needs: The specific areas related to clients' health that is identified for intervention.

Nursing process: A systematic purposeful set of nursing actions used to analyze and solve health needs and problems.

Population: A group of people who share one or more environmental or personal characteristics.

Process evaluation: An assessment of how well a group or project is functioning.

Public health: The science and art of promoting health, preventing disease, and protecting the public's health through organized community efforts.

Rehabilitation: Efforts aimed at restoring function or minimizing disability.

Risk factors: Factors that increase the probability of developing a disease or health problem.

Sanitation: The promotion of hygiene and prevention of disease by maintaining health-enhancing conditions.

Survey: An assessment method that uses a list of questions whose purpose is to collect data for analysis of a specific group area.

Task oriented group: A group of people working together to accomplish its goals.

Vaccine: A preparation made either from killed, living attenuated, or living fully virulent organisms which is introduced into the body to produce antibody.

Value: A notion or idea believed to be of relative worth or desirability.

Vulnerability: State of defenselessness, fragility or susceptibility to harm.

Wellness positive A healthy state with the presence of a capacity to develop one's potential and to lead an energetic and productive life.

Appendix

Selected Nanda Nursing Diagnoses Appropriate For Family Nursing Practice

- Alteration in family processes
- Altered health maintenance
- Attended parenting
- Anticipatory grieving
- Decisional conflict
- Dysfunctional grieving
- Family coping, potential for growth
- Health - seeking behaviors
- Impaired adjustment
- Impaired hoe maintenance management
- Ineffective compromised family coping
- Ineffective disablining family coping
- Knowledge deficit
- Parental role conflict
- Potential for alteration in parenting
- Relocation stress syndrome
- Rist for violence; self directed
- Social isolation

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