University of Tikrit

College of Nursing

Family & Community Health Nursing

Year Four/semester One

General Nursing Program

STUDENT GUIDLINES

Introduction

Welcome to the Fourth Year-Semester One in the General Nursing Program:

Course : Family and Community Health Nursing, is one of the Nursing course for the general nursing curriculum. The syllabus attached is designed to provide each student with an explanation to the course content. Unite objective re required reading materials for the course.

Instructions for use of Student's Course Books

- Each Class Session identifies the content that will be covered in that class and the activities expected by the students.
- During the Class Session, ask for explanations of term that are not clear.
- You are advised to participate in class room discussion.
- You are advised to complete she study Questions given at the end of each unit that will help you to fully understand the course material.
- You are advised to complete the laboratory requirements for this course.

College of Nursing

Undergraduate Program

Family and Community Health Nursing

1. Course title: Family and Community Health Nursing

2. Course Number: (401)

3. Credit Hours: Total (6) hrs.

Theory (3) hrs.

Lab. (-) hrs.

Clinical (9) hrs.

4. Course Calendar: Total (9) hours weekly of (15) weeks:

Theory (3) hrs.

Lab. (-) hrs.

Clinical (6) hrs.

5. Placement: Fourth Year/ First semester

6. Course description:

The course is designed to be a synthesis of community based and family focused for the goal of promoting and preserving their health. Developing the ability to assess the community needs and problems, prevent illness, maintain wellness, and promoting health through organized health efforts. The course focuses on the study of the family, its health and health care services as being presented to its members. The course deals with home visits and home health care as major areas of interest through which the family can benefit. Students will apply knowledge and skills to expand their understanding of caring for individuals, families, groups and the community as a whole in variety of community settings, such as primary health care center, school, family, workplace, and the environment.

7.Course Objectives:

Upon completion of the course, the student will be able to:

1. Describe the nature, philosophy and scope of community health nursing (CHN).
2. Discuss the definitions, functions, roles and trends of community health nursing.
3. Apply concepts of family, family health, community, community health, community health nursing practice.
4. Explore factors influencing families' health and describe nursing interventions to promote their health in different life stages.

5. Utilize the application of the nursing process to families, groups, aggregates and communities in a variety of settings.
6. Identify the primary health care concepts and apply them to families,groups, aggregates and communities.
7. Compare the various roles, functions, and settings of community health nursing (public health nursing, school nursing, home health nursing,and occupational health nursing).

8. <u>Course Outline:</u>

Part I: Introduction to community health Nursing

1.1. Definition: Health, Community, Community Health, Public Health, and Community Health Nursing.
1.2. Community –Based Nursing, Population-focused Nursing
1.3. The Mission of Communication Health Nursing.
1.4. Characteristics of Community Health Nursing.
1.5. Components of Community Health.
1.6. Roles and Function of Community Health Nurse.

Part II: Dimension of Community Health Nursing.

2.1. The Dimension of Health.
2.2. The Dimension of Health Care.
2.3. The Dimension of Nursing.

Part III: Community Assessment.

3.1. Approaches of Community Assessment.
3.2. Functions of Community Assessment.
3.3. Principles of Communication Assessment.
3.4. Data Sources for Community Health Assessment.
3.5. Types of Communication Needs Assessment.
3.6. Communication Assessment Methods.

3.7. Sources of Communication Data.

Part IV: Approaches to Community Health.

4.1. Health Promotion.

4.2. Case Management.

4.3. Empowerment

Part V: Primary Health Care (PHC).

1.1. Definition of Primary Health Care.

1.1.1. Principles of PHC.

1.1.2. Elements of Primary Health Care.

1.1.3. Primary Health care and Community Health Nursing.

Part VI: Family Health Services.

6.1. Definition: Family, Family Health.

6.1.1. Types of Family.

6.1.2. Family Structure and Function.

6.1.3. Family development.

6.1.4. Family Theories.

6.1.5. Family Assessment.

6.1.6. Family Interviewing process.

6.1.7. Family care Giving.

6.1.8. Family Crisis (family at Risk).

6.1.9. Influence of Culture and Society on the health of Families.

6.1.10. Ethical Principles Related to Care of Families.

6.1.11. Family Health Promotion

Part VII: Health Care Aggregates

7.1. Health Care of Children and Adolescents:

7.1.1. Children s Health Promotion across Life-Span.

7.1.2. Role of the Community health Nurses in Women health

7.1.2.1. Primary Prevention

7.1.2.2.Secondary Prevention

7.1.2.3. Tertiary Prevention

7. 1.3. Adolescents health Promotion across life-Span.

7.1.4. Role of Community Nurse in Women Health.

7.1.4.1. Primary Prevention

7.1.4.2. Secondary Prevention.

7.1.4.3. Tertiary Prevention

Part VIII: Care of Women and Men

8.1. Women's Health Promotion across Life-Span.

8.2. Role of the Community health Nurse in Women in Women health.

8.2.1. Primary Prevention

8.2.2. Secondary Prevention.

8.2.3. Tertiary Prevention.

8.3. Men s health Promotion across life-Span.

8.4. Role of Community Health Nurse in women Health

8.2.1. Primary Prevention

8.2.2. Secondary Prevention.

8.2.3. Tertiary Prevention.

8.5. Care of the Elderly:

8.5.1. Definition: Aging, Ageism.

8.5.2. Health Needs of Elderly.

8.5.2.1. Primary Prevention

8.5.2.2. Secondary Prevention.

8.5.2.3. Tertiary Prevention.

Part IX: Midterm Examination.

Part X: Home Visits

9.1. Definition

9.2. Purpose of home Visit.

9.3. The Home Visit Process.

9.4. Advantages of Home Visit.

Part XI: Maternal and Child Health Care Services (MCH).

10.1 Definition

10.2. Objectives of MCH Services.

10.3. Types of MCH Services.

Part XII: Nutrition Health Services.

11.1. Definition: Nutrition, Food, Diet.

11.2. Process of Nutrition.

11.3. Classification of Nutrition's.

11.4. importance of Good Nutrition.

11.5. Factors affecting Community Nutrition.

11.6. Roles of Community Health Nursing in Nutrition Services.

Part XIII: Environmental Health and Safety Services.

12.1. Definition: Environment, Environment health.

12.2. Elements of the Environment.

12.3.Factors Affecting Environmental Health.

12.4. Major Global Environment Concerns.

Part XIV: School health Services.

13.1. Definitions: School, School age Children, School Health Nursing.

13.2. Component of School health Programs- the School Health Team.

13.3. Role of the Nurse in the School Health Setting.

Part XV: Occupational Health Care Services.

14.1. Definition.

14.2. Objectives of occupational Health Nursing.

14.3. Work-Health Interaction.

14.4. Role of the Occupational Health Nurse.

Part XVI: Home Health Care Services .

15.1. Definition of home Health Care.

15.2. Team Members of Home Health Care Services.

15.3.Types of clients in Home Health Care Services.

15.4. Role of Community Health Nurse in the Home Health Care.

Project (written paper)

Choose one of the following topics for the subject of the paper:

1.
2.
3.
4.
5.

Guidelines for writing the paper

- Write a 100- 150 word paper explaining one of the above concept. Give illustration where required.
- Contents of the student course book is not allowed to used.
- Use at least three references from the library.
- You are free to use any other resources for completion of this paper.
- A list of references should be provided as policy.
- Type the report, Font style: Time New Roman, size,14.
- Use A4 Plain paper to print the report.
- Copy- paste strategy will never accepted.
- The paper is due as per the teacher's request.

Criteria for evaluation of Written Paper

SN	Criteria	Marks
1.	Introduction	1
2.	Contents with illustration	5
3.	Conclusion	1
4.	Tile page	1
5.	References/Resources used	1
6.	Organization ,Neatness, Language	1
Total		10

Curriculum Committee Members

- Ass .Prof: Dr. Radhwan Hussein Ibrahim .Dean, Chairperson
- Mr. Mohammed Yahya Ahmed, MSC. Nursing Education.
- Mr. Rami Ramadhan MSC. Fundamentals of nursing

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Date prepared: September, 2019

COMMUNITY HEALTH NURSING

Part I: Introduction to Community Health Nursing

CHAPTER OBJECTIVES

At the end of this chapter, the student should be able to:

* Define community health nursing.

* Distinguish between community health nursing and community-based nursing.

* Differentiate between district and program-focused community health nursing.

* Identify at least five attributes of community health nursing.

* Summarize the standards for community health nursing practice.

* Distinguish among client-oriented, delivery-oriented, and population-oriented community health nursing roles.

* Describe at least five client-oriented roles performed by community health nurses.

* Describe at least three delivery-oriented roles performed by community health nurses.

* Describe at least four population-oriented roles performed by community health nurses.

Community Health (CH) and Public Health (PH)

- **CH** : –identification of needs and the protection and improvement of collective health within a geographically defined area‖

- ***PH*** : –activities that society undertake to assure the conditions in which people can be healthy‖

The mission of community health nursing

- The primary mission of community health nursing in improving the overall health of the population through health promotion, illness prevention, and protection of public from a wide variety of biological, behavioral, social and environmental threats.
- "promote the good life" in all of Its physical, social, psychological, cultural, and economic aspects(Uosukainen,2001)

Concept of Community

- Collection of people who interact with one another and whose common interests or characteristics form the basis for a sense of unity or belonging
- **Examples of some communities:**
    - Citizens of a town
    - Group of farmers
    - Prison community
    - Tiny village in Appalachia
    - Members of Mothers Against Drug Driving (MADD)
    - Professional nurses

Three Types of Communities

- **Geographic** = city, town, neighborhood
- **Common-interest** = church, professional organization, people with mastectomies
- **Community of solution** = group of people who come together to solve a problem that affects all of them.

Populations and Aggregates

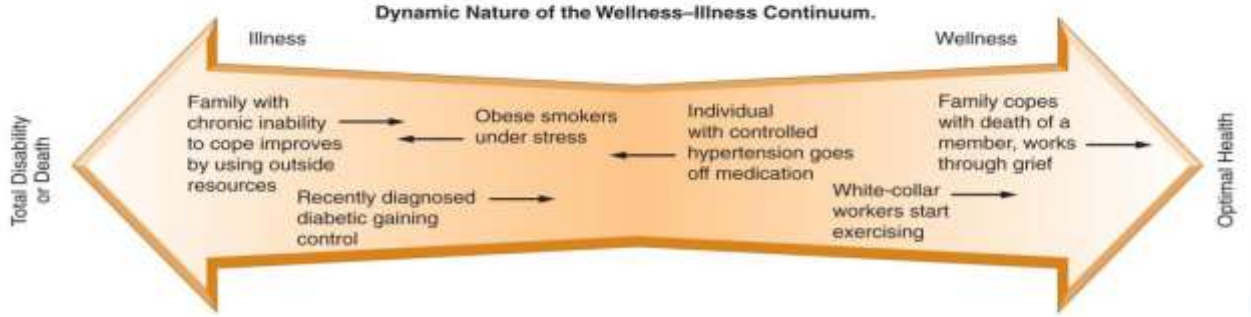
- **Population**
    - All people occupying an area or all of those who share one or more characteristics
    - People do not necessarily interact with one another and do not necessarily share a sense of belonging to that group
- **Aggregate**
    - Mass or grouping of individuals considered as a whole
    - Loosely associated with one another

Concept of Health

- **Health:** holistic state of well-being, including soundness of mind, body, and spirit
- **Wellness:** health plus the capacity to develop one's potential, leading to a fulfilling and productive life.
- **Illness:** state of being relatively unhealthy

Health Continuum

The level (degree) of illness increases as one moves toward total disability or death; the level of wellness increases as one moves toward optimal health. This continuum shows the relative nature of health. At any given time a person can be placed at some point along the continuum.



A person's relative health is usually in a state of flux, either improving or deteriorating. This diagram of the wellness-illness continuum shows several examples of people in changing states of health.

Leading Health Indicators

- Physical activity.
- Overweight and obesity.
- Tobacco use.
- Substance use.
- Responsible sexual behavior.
- Mental health.
- Injury and violence.
- Environmental quality.
- Immunization.

- Access to health care.

Six Components of Community Health Practice

1. Promotion of health.
2. Prevention of health problems.
3. Treatment of disorders.
4. Rehabilitation.
5. Evaluation.
6. Research.

Health Promotion

- All efforts that seek to move people closer to optimal well-being or higher levels of wellness
- Goal: raise level of wellness for individuals, families, populations, and communities
- Initiatives for health promotion as a nation
  - *Healthy People, Promoting Health, Preventing Disease: 1990 Health Objectives for the Nation,* and *Healthy People 2000*
  - *Healthy People 2010*

Prevention of Health Problems

- Anticipating and averting problems or discovering them as early as possible to minimize potential disability and impairment
- Three levels

- **Primary**: Keep illness or injury from occurring.
- **Secondary**: Detect and treat existing disease.
- **Tertiary**: Reduce the extent and severity of a health problem to its lowest possible level to minimize disability and restore or preserve body functions.

Characteristics of Community Health Nursing

- Field of nursing with a shift from individual to aggregate
- Combines nursing science with public health science
  - Community-based & population-focused
  - Public health sciences & nursing theory
- Focus on population-level outcomes
- Emphasis on prevention
- **Characteristics of CHN:**

1. Population is client or unit of care.
2. Primary obligation is to achieve greatest good for greatest number of people or population as a whole.
3. Processes used include working with the client as an equal partner.
4. Primary prevention is the priority.
5. Strategies are selected to create health environmental, social, and economic conditions in which populations may thrive.
6. There is an obligation to actively reach out to all who might benefit from a specific activity.

7. Optimal use of resources to ensure best overall improvement in health of population is a key element.

8. Collaboration with a variety of other professions, organizations, and entities is the most effective way to promote and protect health of people.

Core Public Health Functions

- **Assessment**
  - Regular collection, analysis, and sharing of information about health conditions, risks, and resources in a community
- **Policy Development**
  - Use of assessment data to develop policy and direct resources toward those policies
- **Assurance**
  - Availability of necessary services throughout the community

Roles of Community Health Nurse.

- **Clinician**
  - Care provider
  - Focus on holism, health promotion, & prevention while using expanded skills
- **Educator**
  - Health teacher
  - Plan for community-wide impact
- **Advocate**
  - Pleader of client's cause or actor on behalf of client
  - Support client self-determination and responsive systems
- **Manager**
  - Administrative direction of goals: plan, organize, lead, control, evaluate
  - Participative approach with community
- **Collaborator**
  - 21Joint working with others
  - Multidisciplinary collegiality and leadership
- **Leadership role (action as a change agent)**
- **Researcher**

- Systematic investigation, collection, and analysis of data for solving problems
- Evidence-based findings to community settings

Settings for CHN Practice:

- Homes
- Ambulatory service
- Schools
- Occupational health
- Residential institutions
- Faith communities
- Community at large (domestic and international)

Principles of Sound Community Nursing Practice

- Standards of practice.
- Standards of care.
- Management essential to all nursing roles.
  - Community nursing process: assessment, planning, implementation, & evaluation.
  - Case management.
- Essential behaviors.
  - Making decisions, transferring information, building relationships

Required text

1. Spardley &Allender .Community Health Nursing .concept and practice, 4th Edition ,Lippincott.

2. Maurer, Frances . A,Smitl Clandia M .Community / Public Health Nursing Practice . Health For Families and Population ,3rd Edition , Eservier , 2005.

References:

Clark Jo Mary Community Health Nursing ,Advocacy for Population Health , 5th Edition , Newjersey ,2008.

2. Stanhope .M & Lancaster J .Community & Puplic Health Nursing , 5th Edition , Mosby , 2011.

Part III: Community Assessment

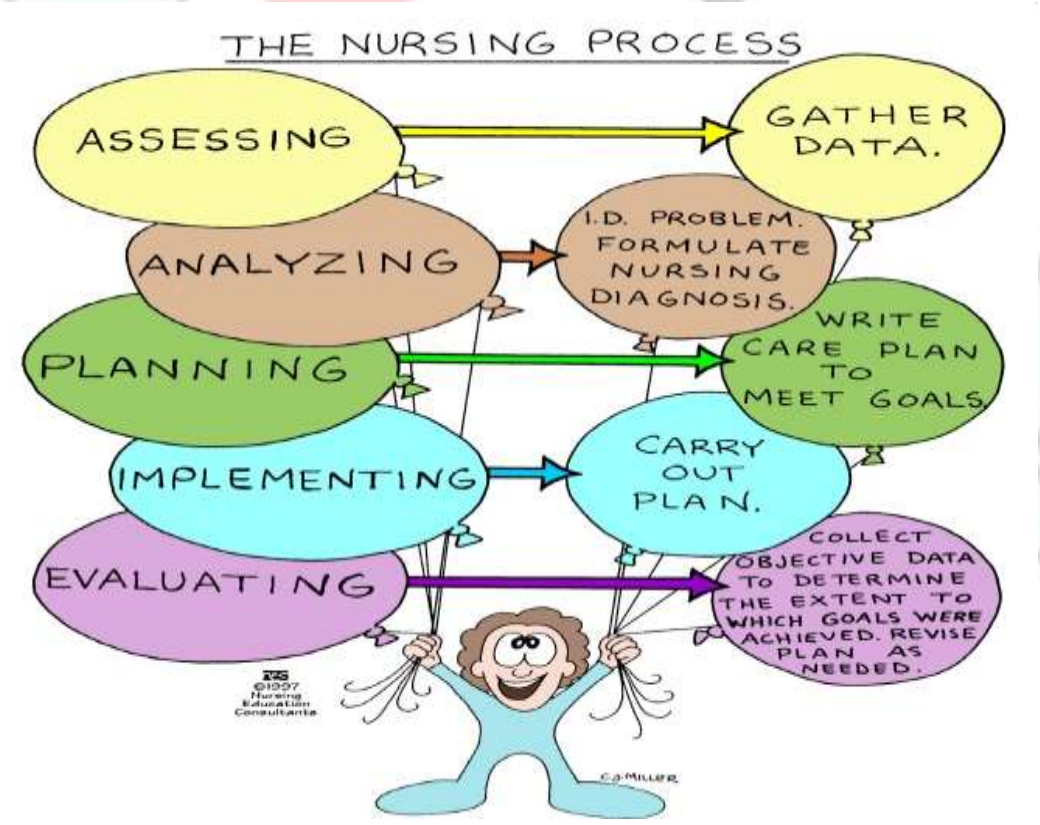
Learning Objectives:

At the end of this chapter, the student should be able to:

1. Discuss the rationale for including community members in every phase of community assessment and health program planning.
2. Describe at least three factors that influence the scope of a community or target group assessment.
3. Describe factors in each of the six dimensions of health to be considered in assessing a target group or a community.
4. Describe two levels of community nursing diagnoses related to the health status of a community or target group.

5. Identify interventions at the primary, secondary, and tertiary levels of prevention that will influence the health of communities or target groups.
6. Describe at least three considerations in planning screening programs for communities and target groups.
7. Identify at least six tasks in planning health programs to meet the needs of communities or target groups.
8. Describe three levels of acceptance of a health care program.
9. Describe three types of considerations in evaluating a health care program.

Nursing Process:



Nursing process

Definitions:

- ❖ Is a systematic, scientific, dynamic, ongoing interpersonal process in which the nurses and the clients are viewed as a system with each affecting the other and both being affected by the factors within the behavior.
- ❖ The process is a series of actions that lead toward a particular result.

- ❖ This process of decision making results in the optimal health care for the clients to whom the nurse applies the process.

I. Assessment

- ❖ Provides an estimate of the degree to which a family, group, community is achieving the level of health possible for them.
- ❖ Identifies specific deficiencies or guidance needed.
- ❖ Estimates the possible effects of the nursing interventions.
- ❖ Involves the following steps which are taken with the active participation of the clients especially in decisions made:

a. Collection of data

1. Demographic data
2. Vital health statistics
3. Utilization of health services
4. Health status
5. Family dynamics
6. Environment
7. Patterns of coping
8. Community dynamics

9. Education, socio-cultural, religious, occupational background

b. Methods of collecting data

1. Community surveys
2. Interview of individuals, families and groups
3. Observation of health related behaviors and environment
4. Review of statistics: epidemiological and relevant studies
5. Individual and family health records
6. Screening tests and physical examination. of individuals

c. . Categories of health problems

1. **Health Deficit**: occurs when there is a gap between actual and achievable health status.
2. **Health Threats**: are conditions that promote disease or injury and prevent people from realizing their health potential.
3. **Foreseeable Crises**: anticipated periods of unusual demand on the individual or family in terms of adjustment/ family resources.

   Note: Health need – exists when there is a health problem that can be alleviated with medical or social technology.
4. **Health Problem** – is a situation in which there is a demonstrated health need combined with actual or potential resources to apply remedial measures and a commitment to act on the part of the provider or the client.

III. Planning Nursing Action

Planning is based on the actual and potential problems that were identified and prioritized. Includes the following steps:

a. Goal setting

Goal: is a declaration of purpose or intent that gives essential direction to action.

Specific objectives: are made with the individual family in terms of:

a. Activities of daily living.

b. Adaptive functioning based on remaining capabilities resulting from their condition or environment

c. Stated in behavioral terms: SMART (Specific, Measurable, Applicable, Reasonable, Time frame)

IV. Construction plan of action

1. Choosing from among the possible courses of action
2. Selecting the appropriate types of nursing intervention
3. Identifying appropriate and available resources for care
4. Developing an operational plan.

c . Developing an Operational Plan

1. PHN must establish priorities phase and coordinate activities.
2. Plans of care are prioritized according to urgency down to manageable units and properly sequenced
3. Periodic evaluation must be done in order to determine whether re-planning or modification of the plan is necessary
4. The plan and activities should be coordinated to with the various services to synchronize with the total health program of the community.
5. Development of evaluation parameters based on the standard of nursing services, problems identified, goals and priorities in the plan or program of nursing care for the client.

3. Implementation of Planned Care

1. Involves various nursing interventions which have been determined by the goals/ objectives previously set.

2. Involves the patient and his family in the care provided in order to motivate them to assume responsibility for his/her care and to be able to reach and maintain desired level of functioning at a specified time.
3. Demonstration, repetition, explanation, answering questions to clarify doubts, maximizing the client's confidence and ability to self-care.
4. Utilization of client support system provides a harmonious, orderly care to enable the client to function optimally.
5. Community health nurses monitor health services provided, making proper referrals as necessary.

Documentation:

1. Provides data which is needed in planning patient's care and ensure continuity.
2. Important communication tool for the heath team
3. Furnishes a written evidence of the quality of care that clients received and then response
4. Provides a legal record to protect the agency and health care provider or the client
5. Provides data for research and education
6. 4. Evaluation of Care and Services Rendered
7. Is interwoven in every nursing activity and every step of the public health nurses.

a. **S t r u c t u r a l** :

P h y s i c a l s e t t i n g s , i n s t r u m e n t a l i t i e s a n d conditions

Through which nursing care is given such as philosophy, objectives, building, organizational structure, financial resources. (Budget, equipment, staff)

b. Process: nursing process: family health data base, performing physical assessment, making nursing diagnosis, determining goals, writing a

nursing care plan, performing necessary interventions and coordination of services and measuring success of nursing actions.

c. Outcome: changes in the client's health status that result from nursing intervention. These changes include modification of: signs and symptoms, knowledge, attitudes. Satisfaction, skill level and compliance with treatment regimen.

Approaches to Community Assessment

a. Epidemiologic approach
b. Socioeconomic approach
c. Behavioral approach
d. Community participation approach

Types of Assessments

A. Deficit or need-based assessments
B. Asset-based assessments
C. Combination assessments

Preparation for Assessment

A. Selecting community participants
B. Determining the purpose and scope of the assessment
C. Determining data categories, sources, and collection methods

Assessment Considerations

Biophysical considerations

a. Population demographics (age, race, gender, etc.)

b. Morbidity and mortality figures

c. Immunization levels

Psychological considerations:

a. Community stressors

b. Community structure

c. Adequacy of protective services

d. Communication

e. Mental illness and suicide rates

f. Crime rates

Physical environmental considerations:

a. Geographic features

b. Housing adequacy

c. Water sources, air and water pollution

d. Plants, animals

e. Disaster potential

Sociocultural considerations:

a. Community decision making

b. Cultural/ethnic groups

c. Religious affiliations
d. Education and income levels

e. Unemployment/major employers

f. Transportation

g. Marital status

h. Availability of goods and services

i. Behavioral considerations:

j. Consumption patterns

k. Rest and exercise/leisure

l. Sexual attitudes and practices

m. Use of safety practices

n. Other health-related behaviors

Health system considerations:

a. Availability and accessibility of services

b. Barriers to access

c. Use of services

d. Use of alternative practitioners

e. Health care financing

Community Nursing Diagnoses:

Level 1: Statement of population vulnerability.

Level 2: Statement of need-service matches or mismatches

Considerations in Health Program Planning

Setting priorities

a. Determining levels of prevention
b. Developing health programs

Criteria for Setting Priorities:

a. Severity of threat to health
b. Degree of community concern
c. Interrelatedness of community needs

Levels of Prevention:

a. Primary Prevention
b. Secondary Prevention
c. Tertiary Prevention

Criteria for Screening Programs: Disease Considerations:

a. Affects a sufficient number of people to make screening cost-effective.
b. Relatively serious.
c. Available treatment
d. Sufficient preclinical period to allow treatment before symptoms occur.

e. Early diagnosis and treatment affect outcome.

Criteria for Screening Programs:

Test Considerations

a. Sensitive enough to detect most cases

b. Specific enough to exclude most other causes of positive results.

c. Costs little

d. Easy to administer

e. Minimal side effects.

Criteria for Screening Programs:

Target Group Considerations

a. Target group is identifiable.

b. Target group is accessible

General Principles of Planning:

a. Planning must be population-based and include broad community participation.

b. Community must share responsibility for health problems and their solution.

c. Planning should be based on epidemiologic and scientific data.

d. Multiple interventions are needed to deal with most community health problems.

e. Planning should focus on long- and short-term change.

f. Planning should balance needs and resources.

g. Planning should be based on the interactive nature of health influences.

h. Planning should be flexible.

The Planning Process:

a. Selecting the planning group

b. Developing planning competence

c. Formulating a philosophy

d. Establishing program goals

e. Developing alternative solutions

f. Evaluating alternatives

g. Developing program objectives

h. Delineating program theory

i. Identifying resources

j. Delineating actions to reach goals

k. Evaluating the plan

l. Planning evaluation

Levels of Plan Acceptance:

a. Acceptance by policy makers.

b. Acceptance by implementers.

c. Acceptance by members of the target population.

Tasks of Implementation:

a. Activity delineation and sequencing.

b. Task allocation.

c. Task performance.

Strategies for Implementation:

a. Assign coordination responsibilities

b. Identify and sequence implementation steps

c. Monitor for problems

d. Convey clear expectations and time frames

e. Monitor implementation

Considerations in Program Evaluation:

a. Purpose considerations
b. Evaluator considerations
c. Ethical considerations
d. Type of evaluation

Principles of Program Evaluation

1. Evaluate program theory and outcomes.

2. Tailor measures to program.

3. Use standardized measures with caution.

4. Evaluation approaches should be guided by questions asked

5. Evaluate multiple levels of outcomes

6. Evaluate within the context in which the program exists
7. Gear evaluation to the stage of program development
8. Involve multiple stakeholders

Types of Evaluation

- **Structure**
- **Outcome**

-- Effect

--- Impact

Process

-- Quality Assurance.

-- Quality Improvement.

The Evaluation Process:

a. Plan the evaluation
b. Collect data
c. Interpret data
d. Disseminate and use findings

Required Text:

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2. Maurer, Frances . A,Smitl Clandia M .Community / Public Health Nursing Practice . Health For Families and Population ,3rd Edition , Eservier , 2005.

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part IV: Approach of Community Health

Case management

Learning Objectives

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

Define case management and identify advantages of case management 1- for client.

2-Define care management and identify advantages of care management for client.

3- Identify possible case management function.

4- Discuss the ethical issues in case management .

5- Characteristics of Client Centered

6- Identify the origin of case management &centered client.

7- Explain the case manager certification .

8- Describe case management models.

9- Explain the application of case management in the community.

Case Management:

Is a term that describes a wide variety of patient care coordination programs in acute hospital & community settings. The terms case

management applies to community health setting, which include public & mental health setting & population groups of all ages.

Advantages of Case Management for Clients

- Better coordination of care.

-Assistance in negotiating a complex health care system.

- Access to acceptable and affordable health care services.

-Attention to multiple health care needs.

-Improved health outcomes.

- Continuity of care and consistent assistance

Care management:

consists of programs that apply systems, science, incentives, & information to improve medical practice & to allow clients & their support systems to participate in a collaborative process with a goal of improving medical, social, and mental health condition more effectively .

Advantages of Health Care System-1 :

- Reduced cost of care.
- Minimization of hospitalization.
- Prevention of re-hospitalization.
- Elimination of service duplication.
- Ease of transfer among agencies.

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- Elimination of service duplication.
- Ease of transfer among agencies.

Possible Case Management Functions :

- ❖ Identify the target population.
- ❖ Determining screening and eligibility.
- ❖ Arranging services.
- ❖ Monitoring &follow-up.
- ❖ Assessing.
- ❖ Planning care.
- ❖ Reassessing.
- ❖ Assisting client through a complex, fragmented healthcare system.
- ❖ Care coordination &continuity

Origins of Case Management :

Case management has a long history with mentally ill, elderly patients& the community setting. Public health, mental health, & long-term care setting have implemented & studied case management services & have reported them in their literature for many years

Client Centered Focuses on client needs ,-

-aspirations and goals

-Agency rules focused on the mission for the client

- golden rule philosophy"-Values are based on

Solution Focused

=Long term or short term solutions

=Meeting the needs of the client

=Teaching clients to resolve their own

= Issues

=Give clients a sense of hope

Ethical Issues in Case Management :

There are several ethical issues that a case manager should take into consideration when working with populations. Some of these include:

1. Right to privacy Confidentiality of clients served must be maintained commutating patient information to other who is involved with clients care must be done only with the client's knowledge & permission.
2. Health care resources are expensive &limited .the case manager must appropriate, reliable & accessible resources for individual clients or groups with same identified needs.
3. Respect for the clients right to be informed about his or her care & services &the client a right to choose to receive services or not.
4. Clients have the right to know what resources are available to them & have the right to select providers of the resources.

Practice Functions

Eight practice key skills:

- Client identification and outreach
- Individual and family assessment and diagnosis
- Planning and resource identification
- Linking clients to needed resources
- Service implementation and coordination
- Monitoring service delivery
- Advocacy to obtain services
- Evaluation

Nurse Case Managers

Nurse case managers optimum educational level is debatable basic nursing education for case managers required by employers vary.

Some may require a baccalaureate degree, & other may not. In some settings, a master's degree may be required. Some programs are interested in prior experience, continuing education, & case management certification than the entry-level nursing degree. Nurses with master's degree& a focus

in case management are readily available in urban settings. These give facilities the opportunity to hire case managers who academically prepared in theory & clinical experience .Rural areas that do not have masters level academic programs are at a great disadvantage in recruiting &hiring qualified nurses.

Case Manager Certification Option

There are two options for case managers to become certified a case managers. The certifications are offered by the

The following are required for the application:

- Possess a good moral character
- Meet acceptable standards of practice
- Provide a job description for each case management position held
- Meet the continuum of care requirement
- Hold an acceptable license or certification based on a postsecondary degree program
- Ensure that the license or certification grants the ability to practice without supervision of another licensed professional
- Perform the following essential activities of case management :
- Assessment
- Coordination
- Planning
- Monitoring
- Implementation
- Evaluation
- Outcome
- General

case management models :

the literature has reported a variety of case management models. these models may be hospital based or community based, & some provide client services across the health care continuum. further, case management models are designed for a variety of population.

1- Case Management Models

-Full-service models.
-Broker models.
Hybrid models. -

2- Case Management Models .

-Client-focused models.
-System-focused models.
-Social service models.

Characteristics of Client Centered Case Manager

=Develop a meaningful relationship with them based on empathy
=Can be trusted and treat them with respect and honesty
=Put client at the center
=Focus on their abilities and strengths
=Support them to make informed choices and decisions;
=Help them get the services and benefits they need
=Are dependable and don't give up on them where others have

Application of Case Management in Community Health:

Case management can be used in all community health settings, with interventions at the primary, secondary ,& tertiary levels of prevention, based on the community program& population served. Nurses working as case managers in the community setting will have diverse roles & responsibility.

Public Health Clinical Settings:

Depending on the services provided in the public health setting, the nurse has an opportunity to provide education, screening, &referrals as needed to the clients served. Example of primary prevention can include an ante partum clinic, where the nurse interacts with women &can teach about pregnancy, diet, exercise during pregnancy.

Working with parents in pediatric setting, the nurse case manager can teach nutrition, growth, &development &provide anticipatory guidance (primary level of prevention). The nurse can also screen children for growth &development make referrals as at needed to the women, infant &children (WIC) program, & other specialty programs

available in the area for the client's needs (secondary-prevention).

Nurses can also serve as can managers working with elderly, providing nutrition education (primary prevention), screening for hypertension (secondary prevention), &even assisting with medication management &care of chronic diseases (tertiary prevention). The opportunities for community health nurses to provide case management services are vast, depending upon the location, populations served,& resources available in the community. health nurses to provide case management services are vast, depending upon the location, populations served,& resources available in the community

References :Community /Public Health Nursing 2011

Part VI: Family Health Services

Family Health Services

Lecture outlines:

Understanding family nursing the changing family

- Definition of family
- Types of family

Approaches to family health

- Family theory.
- Systems theory.
- Developmental theory.
- Structural-Functional Conceptual Framework.
- Assessment health.
- Family Crisis

Learning objectives:

At the end of this session the student should be able to :

1. State a definition of family
2. Identify the types of family
3. Describe the family theories
4. Discuss the family health assessment.
5. Identify the family Crisis (family at risk)

Definition of Family:

A social system composed of –two or more persons who are joined by bonds of sharing and emotional closeness and who identify themselves as being part of the family.

Or Is influenced by personal involvement with his or her own family and clinical experiences.

Environmental affecting individual clients as small to large groups of interacting people as a single unit of care with definable boundaries or as a unit of care within a specific environment of a community. Nurse establish a relationship with each family member and understand the influence of member or unit on individual and society.

Or it's a primary group of people living in a household in a consistent proximity and intimate relationships

Criteria Attributed to Family:

1. Family is a system
2. May or may not be related and may or may not live together
3. May or may not contain children

4. Future obligation

5. Care giving function consist of protection, nourishment, and socialization of member.

The community h. nurse can implement preventive program for family unit because all have similar risk factors (physiological, behavioral and environmental) e.g. family with coronary heart dis. Most have preventive screening and educational program for evaluation of for hypertension, smoking, & triglyceride.

Types of family

1. Nuclear conjugal family
2. Nuclear dyad زوج family
3. Dual earner family
4. Extended family
5. Single-parent family
6. Binuclear family
7. family Communal
8. family Foster
9. Multigenerational families

Theoretical Approaches to Family Nursing:

1. Systems models
2. Family development models

3. Structural-functional models

1: Family Systems Models:

1. **System**: The family (focal system)
2. **Subsystems**: Family members
3. **Supra system**: Influences external to the family (interacting systems)

2: Family Development Models:

Families pass through a series of developmental stages in which they must accomplish certain family developmental tasks.

Stage I - Single Young Adult

1. Accept self-responsibility
2. Differentiate self from family of origin
3. Develop intimate peer relationships
4. Develop a career and financial independence

Stage II - New Couple

1. Achieve commitment to the new relationship.
2. Form the marital relationship.
3. Re align relationships with families and friends.

Stage III - Family with Young Children.

1. Adjust the marriage to the presence of children.
2. Distribute childrearing, household, and financial tasks to develop new relationships

with family members.

Stage IV - Families with Adolescents

1. Adapt to growing independence of adolescent family members
2. Adjust to increasing frailty of own parents
3. Change parent-child relationships
4. Address marital and career issues

Stage V - Launching انطلاق Children and Moving on

1. Accept multiple entries and exits from family structure
2. Re negotiate the marital dyad
3. Adapt relationships to accommodate in-laws and grand children
4. Deal with disability and death of one's own parents

Stage VI - Families in Later Life

1. Accept the change in generational roles
2. Maintain function
3. Explore new roles
4. Assure support for middle and older generations
5. Deal with the death of others and one's own approaching death

3: Structural-functional Models نموذج:

Structure: Family members and family interaction patterns related to roles, values, communication patterns, and power structure.

Function: One of a group of related actions that lead to accomplishment of specific goals.

Family structural elements affect the family's ability to carry out socially recognized family functions

Family Functions

Families in e very culture throughout history have engaged in similar functions:

1. families have produced children,
2. physically maintained their members,
3. protected their health,
4. encouraged their education or training,
5. given emotional support and acceptance, and

7.provided supportive and nurturing care during illness.

8.Some societies have experimented with separation of these functions,

9.allocating activities such as childcare,

10. socialization, or

11. social control to a larger group.

In certain social institutions help perform some aspects of traditional family functions. Schools, for example, help socialize children, professionals supervise health care, and religious organizations influence values.

Six functions are typical of **American** families today and are essential for the maintenance and promotion of family health: (1) providing affection, (2) providing security, (3) instilling identity, (4) promoting affiliation,(5) providing socialization, and (6) establishing controls.

Family Structures

Globally, families—in all varied forms—are the basic social unit. in **Laos** may include hundreds of people who make up a clan. In **Mexico**, families remain close, are large, and extend into multiple generations. In **Germany and Japan**, families are small and

tend to the needs of their elders at home. In the **United States**, where families come from many cultural groups, many variations coexist within communities.

The term family used to evoke a picture of a husband, wife, and children living under one roof, with the man as breadwinner and the woman as homemaker. In the past, this nuclear family was often seen as the norm for everyone. Changes in social values and cultural lifestyles (i.e., women working outside the home) combined with acceptance of alternative lifestyles have changed the definition of family. Today, in western countries definitions of a family include unmarried adults living together with or without children, single-parent households, divorced couples combining households with children from previous marriages, and gay couples with or without children. It is a privilege منحة امتياز to gain entry into a family's home. This is a uniquely private space belonging to the family. The people who are members of this household interact, care for one another, and bond in ways that may never be fully understood by anyone outside the family.

Each type of household requires recognition and acceptance by community health nurses, who must help families achieve optimal health. Families come in many shapes and sizes. The varying family structures or compositions comprise the collective characteristics of individuals who make up a family unit (age, gender, and number).

changes in family structure related to societal changes such as increased divorce rates, rise in single parent families, high rates of unwed غيش محزوج childbearing, two-income households, and an increase in work time, especially for women.

Characteristic of Healthy Families:

1. Members interact with each other with many contexts
2. Maintaining contact with a wide range of community groups & organization
3. Members master their lives by being members of groups finding information & option & making decision Members engage role relationship, share power, respond to change, support growth, engage in making decision that affect them.

Family Life Cycle:

1. Beginning family (marriage).
2. Early childbearing family(eldest child is in infancy through 30 months of age)
3. Preschool children (eldest child is 2.5 to 5 years of age)
4. School age children (eldest child is 6 to 12 years of age)
5. Teenage children (eldest child is 13 to 20 y of age)
6. Launching family (oldest to youngest child leaves home)
7. Middle age family (remaining marital dyad to retirement)
8. Aging family (retirement to death of both spouses).

Assessing Family Health:

The focus of each family visit is different. On a first visit, initial assessment data must be obtained in addition to helping the family set goals they want to accomplish. On subsequent visits, action and activities are taken to reach the goals. To assess a family's health in a systematic way, three tools are needed: (1) a conceptual framework on which to base the assessment, (2) a clearly defined set of assessment categories for data collection, and (3) a method for measuring a family's functional level.

The **interactional framework** describes the family as a unit of interacting personalities and emphasizes communication, roles, conflict, coping patterns, and decision making processes. This framework focuses on internal relationships but neglects the family's interactions with the external environment.

The **structural–functional framework** describes the family as a social system relating to other social systems in the external environment, such as church, school, work, and the health care system. This framework examines the interacting functions of society and the family, considers family structure, and analyzes how a

family's structure affects its function.

The **developmental framework** studies the family from a life-cycle perspective by examining members' changing roles and the tasks in each progression of life-cycle stage. This framework incorporates elements from interactional and structural–functional approaches,

So that family structure, function, and interaction are viewed in the context of the environment at each stage of family development to design family assessment and intervention models that focus on:1. human–environmental interactions,2. interactional and structural–functional frameworks, 3. self-care, responses to stressors, and a developmental framework.

Data Collection Categories

When using a conceptual framework for family health assessment, the community health nurse **selects** specific categories for data collection. The amount of data that one can collect about any given family may be voluminous ضخم, perhaps more than necessary for the purposes of the assessment. The assessment process is lengthy, time consuming, and ongoing. The nurse must gather the most essential on the first visit. By selecting one or two priority concerns of the family and the nurse, it is possible to focus assessment on these identified areas. The nurse then uses this information as a guide to obtaining additional information needed on subsequent visits.

Certain basic information is needed, however, to determine a family's health status and to design appropriate nursing interventions. a list of 12 data collection categories has been generated. each grouped into one of three data sets: family strengths and self-care capabilities, family stresses and problems, and family resources.

1. *Family demographics* refer to such descriptive variables as a family's composition, its socioeconomic status, and the ages, education, occupation, ethnicity, and religious affiliations of members.

2. *Physical environment* data describe the geography, climate, housing, space, social and political structures, food availability and dietary patterns, and any other

elements in the internal or external physical environment that influence a family's health status.

3. *Psychological and spiritual environment* refers to affective relationships, mutual respect, support, promotion of members' self-esteem and spiritual development, and life satisfaction and goals.

4. *Family structure and roles* include family organization, socialization processes, division of labor, and allocation and use of authority and power.

5. *Family functions* refer to a family's ability to carry out appropriate developmental tasks and provide for members' needs.

6. *Family values and beliefs* influence all aspects of family life. Values and beliefs might deal with raising children, making and spending money, education, religion, work, health, and community involvement.

7. *Family communication patterns* include the frequency and quality of communication within a
family and between the family and its environment.

8. *Family decision-making patterns* refer to how decisions are made in a family, by whom they are made, and how they are implemented.

9. *Family problem-solving patterns* describe how a family handles problems, who deals with them, the flexibility of a family's approach to problem solving, and the nature of solutions.

10. *Family coping patterns* encompass how a family handles conflict and life changes, the nature and quality of family support systems, and family perceptions and responses to stressors.

11. *Family health behavior* refers to familial health history, current physical health status of family members, family use of health resources, and family health beliefs.

12. *Family social and cultural patterns* comprise family discipline and limit-setting practices; promotion of initiative, creativity, and leadership; family goal setting; family

culture; cultural adaptations to present circumstances; and development of meaningful relationships within and outside the family.

Table: Categories of Data Collection for Family Health Assessment

Assessment Categories	Family Strengths and Self-Care Abilities	FamilyStresses and Problems Family Resources
A		
1. Family demographics		
2. Physical environment		
3. Psychological and spiritual environment		
4. Family structure/roles		
5. Family functions		
6. Family values and beliefs		
7. Family communication patterns		
8. Family decision-making patterns		
9. Family problem-solving patterns		
10. Family coping patterns		
11. Family health behavior		
12. Family social and cultural patterns		

Family Crisis Intervention:

Crisis: The experience of an event or stressor that is beyond the family's ability to cope.

Types of Crisis

Developmental Crisis:

Part of normal growth and development that can upset normalcy Precipitated by a life transition point Gradual onset Response to developmental demands and society's expectations e,g. (birth).

Situational Crisis:

Unexpected period of upset in normalcy Precipitated by a hazardous event Sudden onset Externally imposed ‒accident‖ e,g, divorce or job change

Multiple Crises:

Different kinds of crises can overlap in actual experience, compounding the stress felt by the persons involved. For example, a couple may experience a developmental crisis (birth) and a situational crisis (birth defect) simultaneously, thus compounding the resulting stress.

The developmental crisis of midlife may be complicated by situational crises such as a divorce or job change. With older adults, the developmental crisis of retirement may be compounded by the situational crisis of a fire that destroys the family home. The transition a child faces entering school may occur at the same time the family moves to a new neighborhood and a new infant joins the family. The child must share the parent's attention and affection with a new sibling at a time when all the child's resources are needed to cope with starting school and adjusting to the new neighborhood. Accumulated stresses can lead to ill health**.**

Factors Affecting Susceptibility to Crisis

1. The stressor and family perceptions of the stressor.
2. Presence of other stressors.
3. Family coping abilities.
4. Family resources.

Structure of a Crisis Event

1. Hazardous event gives rise to the potential for crisis
2. A precipitating event generates crisis
3. Typical coping mechanisms are used
4. If successful, crisis is averted
5. If not, crisis ensues

Principles of Crisis Intervention:

1. Listen actively.
2. Encourage family members to verbalize their perceptions and emotions experienced.
3. Encourage family acceptance of reality.
4. Focus on development of effective coping skills.
5. Develop social support systems to assist in crisis resolution.
6. Assist the family in problem solving.
7. Reinforce new, more effective coping strategies.
8. Follow-up to prevent future crises.

Levels of Prevention Pyramid

Situation: The family will provide the emotional and material resources necessary for its members' growth and wellbeing.

Goal: Using the three levels of prevention, negative health conditions are avoided, negative

health conditions are promptly diagnosed and treated, and/or the fullest possible potential is restored.

Primary Prevention

Health Promotion & Education

The family continues using resources that enhance the growth and wellbeing of individuals and the family as a unit

Adults are well prepared for the responsibilities of their union

Health Protection

Engage in family to protect the family from possible inhibitors to growth and wellbeing

Adults enter the relationship with the personal resources necessary to promote the growth and

development of their family unit

Adults are able to provide for basic needs (housing, nutrition, safety)

Secondary Prevention

Early Diagnosis

Identification of a family member's personal problems that affect the family as a whole

Early recognition that problems exist in the relationship among or between family members

Prompt Treatment

The family seeks out the appropriate resources that brings the family to the highest level of wellness possible

Tertiary Prevention

Rehabilitation

After the family suffers a crisis, the members recognize the need for help and accept that help

Families draw on personal resources to rebuild relationships and heal the family unit

References:

Mary A. Nies and Melanie McEwen., Community-Public Health Nursing , 5th Edition, America, 2011, p.p 379-402

Home Health Care Services

Lecture outlines:

- Home health care
- Purpose of home health service
- Types of home health care service
- Official Agencies
- Nonprofit Agencies
- Proprietary Agencies
- Chains
- Hospital-Bases Agencies
- Team members of home health care service
- Nursing process to a home health client situation

Learning objectives:

At the end of this lecture, the student should be able to:

1. Define of home health care
2. Discuss the purpose of home health service
3. Identify the types of home health care service
4. Identify the team members of home health care service
5. Apply the nursing process to a home health client situation

Home health care:

Is that component of a continuum of comprehensive health care whereby health service are provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health or maximizing the level of terminal illness. Service appropriate to the needs of the individual patient and family are planned, coordinated, and made available by providers organized for the delivery of home care through the use of employed staff, contractual arrangement or combination of the two patterns.

Purpose of home health services:

1. To allow individuals to remain at home and receive health care service that would otherwise be offered in a health care institution such as a hospital or nursing home setting.
2. Home health care services have changed to address the needs of the population.
3. Home health nurses visit acutely ill client, patients with acquired immunodeficiency syndrome, the elderly, terminally ill clients, high-risk pregnant woman, and ill infant and children.
4. Home health care continues to focus on the care of sick patients and could expand to include health promotion and disease prevention interventions.

Types of home health care service

1. Official Agencies:

Local or state governments organize, operate, and fund official (i.e., public) home health agencies. These agencies may be part of a county public health nursing service or a home health agency that operates separately from the public health nursing service but is located within the country public health system. Taxpayers fund official home health agencies, but they also receive reimbursement from third-party payers such as Medicare,

Medicaid, and private insurance companies.

2. Nonprofit Agencies:

Nonprofit home health agencies include all home health agencies that are not required to pay federal taxes because of their exempt tax status. Nonprofit group reinvest any profits into the agency. Nonprofit home health agencies include independent home health agencies or hospital-based home health agencies.

Voluntary nonprofit agencies traditionally have a charitable mission and are exempt معفي from paying taxes. They are financed with nontax funds such as donations, endowments منح, Voluntary agencies are usually governed by a voluntary board of directors; they are considered community-based because they provide services within a well- defined geographic location. Whereas in the past VNAs were assured of receiving almost all of the home care referrals in their community, the proliferation of other agencies has eroded their traditional base and put them in a competitive mode. The number of nonprofit home health agencies is diminishing across the country.

3. Proprietary Agencies:

Proprietary home health agencies are classified for-profit pay federal taxes on the profits generated. Proprietary agencies can be individual-owned agencies, profit partnerships, or profit corporations. *For-profit proprietary agencies* can be governed by individual owners, but many are part of large, regional, or national chains that are administered through corporate headquarters.

Proprietary agencies are expected to turn a profit on the services they provide, either for the individual owners or for their stockholders. They are required to pay taxes on profits generated. Although some participate in the Medicare program, others rely solely on –private-pay‖ clients. For-profit home care agencies now comprise over 60% of all Medicare certified agencies and over 70% of all certified freestanding agencies. Some city and county government agencies also provide home care services. They are created and empowered through statutes enacted by legislation. Services are

frequently provided by the nursing divisions of state or local health departments and may or may not combine care of the sick with traditional public health nursing services, including health promotion, illness prevention, communicable disease investigation, environmental health services, and maternal–child care. Funding comes from taxes and is usually distributed on the basis of a per capita allocation.

4. Chains:

A growing number of home health agencies are owned and operated by corporate chains. These chains are usually classified as proprietary agencies and may be part of a proprietary hospital chain. Agencies within chains have a financial advantage over single agencies. The chains have lower administrative costs because a larger single corporate structure provides many services.

5.Hospital-Bases Agencies:

comprise about 13% of Medicare-certified agencies. A hospital may operate a separate department as a home health agency. It may be nonprofit or generate revenue for the hospital. Hospital-based agencies are governed by the sponsoring hospital's board of directors or trustees. The referrals to such hospital-based agencies usually come from the hospital staff, and the missions of the agency and the sponsoring hospital are similar. The same is true for rehabilitation and skilled-nursing facilities with home health departments.

Team members of home health care service

1. Physician.
2. Occupational therapist.
3. Speech therapists
4. Social worker
5. Home health aides

Nursing process to a home health client situation.

A: -Assessment:

During the first home visit, the type of client assessment will vary depending on the purpose of the home visit. The home health nurse assesses the client's knowledge of his or her health status. The nurse identifies knowledge deficits and uses this information to develop a care plan.

Subjective information is obtained from the client and the client's family and includes the client's perception of the situation and what the client identifies as problems. The nurse assesses whether the client is isolated from others physically or socially and whether the client is a member of a close-knit, nurturing, supportive family or kinship network.

B: Diagnosis and Planning:

After the assessment phase of the home visit, the nurse identifies the nursing diagnosis that addresses the patient's problems and identifies actual or potential problems. The identification of nursing diagnoses serves as the basis for the nursing care plan. This plan is developed in consultation with the client and the family.

The plan identifies short-term and long- term goals and measurable outcomes for the patient. The plan identifies nursing interventions that are necessary and additional home health services that are appropriate to help the patient achieve the identified goals.To maximize the plans success, it is important that the patient and family are involved in the planning process and access community resources. Planning is a dynamic process that continues while the patient receives nursing services. The plan is modified as needed, depending on the patient's condition, until the identified goals are met.

C: Intervention:

Implementation of the care plan begins during the first home visit. The nurse begins to provide the client and family with health information concerning the client's health status

and informs them about the availability of and access to community resources. In the case of the home health visit, the nurse provides skilled nursing care.

D: Evaluation:

The evaluation phase occurs when the nurse can determine whether the mutually established goals are realistic and achievable for the patient and the patient's family. The evaluation process is continuous and allows the nurse to determine the success or progress toward the patients identified goals. The nurse can identify the need for revisions in the nursing care plan and treatment plan through the collection of additional data during the evaluation phase.

The future of home health and hospice

Given a rapidly expanding population of elders living longer with challenging chronic illnesses, home health and hospice care in the home will soon need to transform into a community-based long-term care system that doesn't discharge after an acute episode or admit only at the very end of life. In response to out-of-control medical inflation, federal and state governments have sought to hold down expenses in all areas, including:

1. restrictions on home health and hospice care.
2. costs keep rising in step with technologic and pharmacologic innovation and marketing.
3. Containing costs will eventually force a shift in services from expensive institutional and high-technology interventions to community- based home services.

The entire model for service provision in the home must change to a health care delivery system that continuously serves those:

1. living with disabling and terminal illness to maximize well-being at home,
2. anticipate and prevent crises,
3. minimize emergent and inpatient interventions.

The Medicare definitions of homebound,

1. medical necessity and skilled nursing must become extinct.

2. the current hospice admission requirement that a person must discontinue treatment in order to receive hospice services is outdated.
3. Reception of hospice services should be based on client choice and the reality of a terminal diagnosis.
4. A sustainable, affordable approach to care in the home will require ongoing case management to coordinate and manage resources with incentives حانس that control cost while assuring quality of life and comfort.
5. Community resources will need to be mobilized to develop interdisciplinary and volunteer teams.
6. Clients and family caregivers will need education and supportive networks.

Homemaking and personal care will be the bedrock to keep people at home as long as possible. Nurses, nurse practitioners, and home visiting physicians will need to have the diagnostic and therapeutic resources to monitor physiologic status and intervene in the home. Telehealth and home monitoring will be essential. Yet care must be taken to ―limit the amount of personnel and materials in the home to avoid trespassing تجاوزon the family's daily life‖. The focus must change from doing everything possible to prolong physiologic
survival to promoting meaningful and comfortable lives. Nurses will have an active role in this process.

References:

Mary A. Nies and Melanie McEwen., Community-Public Health Nursing , 5th Edition, America, 2011, p.p 649-667

Home Visit

Lecture outlines:

-Define of Home visit

-Advantage of home visit

- Principles for Home Visiting Programs

- Purpose of home visit programs

- Factors Successful Home Visiting Programs

- Nursing process of home visit:

-Planning the Home Visit

- Implementing the home Visit

- Evaluating the Home Visit

- Documenting the Visit

Learning objectives:

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

1. Define of home visit
2. Identify the Advantages of Home Visits
3. Identify the Principles for Home Visiting Programs, Factors the Successful Home Visiting Programs
4. Discuss the nursing process of home visit

Home Visit

Home visit defined as a formal call by a nurse on a client at the client's residence to provide nursing care.

Advantages of Home Visits

1. Convenience.
2. Access.
3. Information.
4. Relationship.
5. Cost.
6. Outcomes.

Principles for Home Visiting Programs

1. Voluntary participation and collaborative relationships.
2. Promote personal and program goals.
3. Address multiple goals, long-term as well as short-term gains in health status.
4. Permit flexibility in the intensity and duration of services provided.
5. Include sensitivity to client diversity.
6. Employ well-educated staff.
7. Address realistic expected outcomes.
8. Evaluation focuses on outcomes, cost-effectiveness, and processes used.

Purpose of home visit programs

1. Case finding and referral
2. Health promotion and illness prevention

3. Care of the sick
4. Care of the dying

Factors Successful Home Visiting Programs

1. Address multiple goals
2. Use professional staff
3. Incorporate a series of visits
4. Are targeted to high-risk populations

Nursing process of home visit:

A: Planning the Home Visit

1. Reviewing previous interventions
2. Prioritizing client needs
3. Developing goals and objectives
4. Considering acceptance and timing
5. Delineating nursing activities
6. Obtaining materials
7. Planning evaluation

B: Implementing the home Visit

1. Validating assessments and diagnoses

2. Identifying additional needs
3. Modifying the plan of care
4. Performing nursing interventions
5. Dealing with distractions

C: Evaluating the Home Visit

1. Response to interventions
2. Short-term outcomes
3. Long-term outcomes
4. The home visit process
5. Outcomes-based quality improvement

D: Documenting the Visit

1. Client health status
2. Goals and objectives for care
3. Nursing interventions
4. Effects of interventions
5. Subsequent plans for care

References:

Mary A. Nies and Melanie McEwen., Community-Public Health Nursing , 5th Edition, America, 2011, p.p 379-402 .

Occupational Health Nursing

OBJECTIVE

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

1- Definition occupational health nursing &identify advantage of health care in work setting.

2- Describe the historical perspective of occupational health nursing(OHN).

3- Identify functions of occupational health nursing(OHN) services .

4- Enumerate occupational health (OH) teams .

5-Discuss emerging demographic trends that will influence OHN practice.

6- Identify standards of occupational health nursing.

7- Describe confidentiality of employee health information.

8- Describe occupational health (OH) & prevention strategies .

9- Prevention of exposure potential hazards .

10- Mention prevention exposure hazards.

11- Identify occupational health nursing-level descriptors .

12-Identify levels prevention setting health program.

Occupational Health Nursing

"OHN is the specialty practice that provides and delivers health care services to workers and worker populations. The practice focuses on promotion, protection, and restoration of workers' health within the context of a safe and healthy work environment.‖

Nursing science*:* which provides the context for health care delivery &recognizes the needs of individuals, groups, health promotion, illness & injury care management, including risk assessment, risk management, & risk communication .

Medical science: specific to treatment &management of occupational health illness

&injury, integrated with nursing health surveillance actives

Potential Members of the Occupational Health Team

Toxicology

Safety

Industrial

hygiene

Industrial

ergonomics

Functions of occupational health OH services:

(1) Identification and assessment of the health risk in the workplace

(2) Surveillance of work environment factors and work practices that affect

workers' health, including sanitary installations, canteens and housing,

when such facilities are provided by the employer

(3) Participation in the development of programmers for the improvement of

working practices, as well as testing and evaluating health aspects of new

equipment

(4) Advice on planning and organization of work, design of

workplaces, choice and maintenance of machinery, equipment and substances used at work

(5) Advice on OH, safety and hygiene, and on ergonomics and individual and

collective protective equipment

(6) Surveillance of workers' health in relation to work

(7) Promoting the adaptation of work to the worker

(8) Collaboration in providing information, training and education in the fields

of OH, hygiene and ergonomics

(9) Contribution to measures of vocational rehabilitation

(10) Organization of first-aid and emergency treatment

(11) Participation in the analysis of occupational accidents and occupational diseases

It should be remembered that these key functions related to OH and that many countries have vastly different health care services and are at different stages of development following the political changes over the last 20 years. There is also a diverse team of OH professionals who undertake this work and it is not just doctors and nurses

The occupational health team

-Occupational health physician

-Occupational health nurse

-Occupational health technician

-Occupational hygienist

-Occupational psychologist

-Counselors

-Health and safety adviser or manager

-Case managers

-Fire safety specialist

-Manual handling adviser

-Physiotherapist

-Administrative

1- Advantages of Health Care in Work Settings

= Workers spend substantial amounts of time on a regular basis in work settings.

= Peers and employers can exert pressure for healthful behaviors.

= Employment may motivate people to maintain their health to stay employed.

2- Advantages of Health Care in Work Settings

= Personnel and mechanisms are often already in place for communicating health messages

= On-site care minimizes time away from work for care elsewhere

=Lack of care may increase costs

= Work may involve health hazards.

Standards for Occupational Health Nursing

Assessment

Diagnosis

Outcome identification

Planning

Implementation

Evaluation

Resource management

Professional development

Collaboration

Research

Ethics

Confidentiality of Employee Health information

Occupational health nurses sometime experience ethical dilemmas because of dual responsibility to both their employer &employers. In dealing with information, the employees have a right to privacy &should be protected from unauthorized& inappropriate disclosure of personal information‖. Exceptions can, &in some situations must, be made, however. **These include;**

1. Life-threatening emergencies.
2. Authorization by the employee to release information to others.
3. Workers' compensation information.
4. Compliance with government laws &regulation.

The OHN identifies three "levels of confidentiality "of health information

Level one relates to information required by law (e.g., data on occupational illness & injury, exposure data, &information derived from special examination).

Level two covers information that will assist in management of human resources (e.g. information obtained from job placement & other health examinations to determine ‒workability status‖ of the employee).

Level three focuses on ‒personal health information ‒. This includes non-job –related health problem or health counseling.

Occupational health and prevention strategies :

Like the practice of all community health professionals, the occupational health nurse's practice is based on the concept of prevention. Promotion, protection, maintenance, &restoration of worker health are priority goals set forth in the definition of occupational health nursing. Prevention of exposure to occupational &environmental safety hazards &specific strategies for each level of prevention are described along with objectives healthy people2020.

Prevention of Exposure to potential Hazards:

To prevent occupational &environmental safety hazards in the work environment, it is important to identify work-related agents &exposures that are potentiality hazardous.

The risk assessment requires employers to determine the hazards and therefore the risks to the safety and health of the employees; the Health and Safety Executive give five stages to the risk assessment:

(1) Identify the hazards to health and safety

(2) Quantify the risk – who might be hurt and how

(3) Put in place measures to eliminate, reduce or control the risks to health and safety

(4) Record findings and details of control measures

(5) Review periodically, such as when new equipment is installed or when working practices change – but at least once a yea

These can be categorized as follows:

Biological- infectious hazards: Infectious-biological agents such as bacteria, viruses, fungi, or parasites that may be transmitted via contact with infected clients or contaminated objects or substances.

Chemical hazards: Various forms of chemical agents, including medications, solutions, &gases, that interact with body tissues &cells are potentially toxic or irritating to body system.

Enviromechanical hazards: Factors encountered in work environments that cause accidents, injuries, strain, or discomfort.

Physical hazards: Agents within work environments such as radiation, electricity, extreme temperature, &noise that cause tissue trauma through transfer of energy from those sources.

Psychosocial hazards: Factors &situations encountered or associated with job or work environment that create stress, emotional strain, or interpersonal problems.

Occupational health nursing(OHN) -level description Competent OHN

- First-level registered nurse
-Two years post-basic experience
-Post-basic education and training equivalent to university diploma
-Works under guidance of established protocols and procedures at operational level
- Maintains safe and competent practice

Experience OHN

-Two years experience in OH setting
- Post-basic education and training equivalent to university degree
- Holds or working towards a recordable/registered OHN qualification
- Develops and establishes protocols and procedures at operational level.
- Develops and leads on safe and competent practice

Levels of Prevention and occupational Health Nursing

Primary Prevention in Occupational Settings Health Promotion

1- Awareness programs
2-Motivation programs
3-Behavior change programs
4-Culture change programs
5-Illness prevention
6- Injury prevention

Secondary Prevention in Occupational Settings

1-Screening and surveillance

2-Pre-employment screening

3-Periodic employee screening

4-Environmental screening
5-Treatment for existing conditions

6-Emergency Care

Tertiary Prevention in Occupational Settings

1-Preventing the spread of communicable diseases

2-Preventing recurrence of other acute conditions

3-Preventing complications of acute and chronic conditions

School Health Nursing
Care of clients in School Health Nursing

Reasons for Concern for School Health:

1. The health of the school population affects overall community health.

2. Healthy children learn better.

3. The school setting is an excellent avenue for developing health attitudes and behaviors that affect health in later life.

Goal of School Health:

Is to reduce or eliminate health-related barriers to learning.

Objectives of a School Health Program

- Decrease morbidity and absenteeism
- Identify and treat existing health problems
- Manage special health needs
- Promote employee health
- Integrate school, home, and community health efforts
- Contribute to staff development

- Provide a resource on school health and safety issues
- Assure quality of and accountability for school health services

Health School Services Component:

- Assessment and screening
- Case finding
- Counseling
- Health promotion and illness prevention
- Case management
- Remedial or rehabilitation services
- Specific nursing procedures
- Emergency care
- **School Health services they generally include:**
- Health Appraisals
- Management of minor illnesses & first aid care for minor injuries
- Refer and follow up of pupils requiring special care. eg. Heart disease, Epilepsy, chronic asthma, Nutritional disorders…etc.
- Maintain Student Health Records
- Communicable disease surveillance in schools.

School Health education

- Objectives
- To assess & identify the health problems and needs among school children requiring health education
- To form a healthy behavior
- To educate students on prevention of diseases & their well-being
- To use students as messengers to convey healthy messages back home to their families

Main causes of morbidity among school children are:

- ❖ Deficiency diseases
- ❖ Parasitic diseases
- ❖ Respiratory diseases
- ❖ Skin diseases
- ❖ Head lice
- ❖ Infectious diseases
- ❖ Dental problems
- ❖ Eye diseases
- ❖ Accidents
- ❖ Food poisoning
- ❖ Inadequate nutrition
- ❖ Handicaps
- ❖ Blood diseases
- ❖ Emotional problems

Main causes of mortality among school children and adolescents

- ❖ = Accidents- falls, head injuries, home accidents.
- ❖ = Infectious diseases-Progressive stages
- ❖ = Rheumatic fever-Complications

Needs of school age group

- ❖ Nutritional needs
- ❖ Protection from infection
- ❖ Maintenance of health
- ❖ Exercises
- ❖ Rest & sleep
- ❖ Curative services

- ❖ Psycho-social needs
- ❖ Health education

Assessing Health in the School Setting:

A: Biophysical Considerations.

1- Maturation and aging

- a-Age
- b-Developmental stages and tasks

2- Genetic inheritance.

— = Gender

— = Race/ethnicity
— = Genetic predisposition to disease in population

3- Physiologic function.

— = Incidence and prevalence of communicable diseases

— = Incidence of injury and other problems

— = Prevalence of chronic and handicapping conditions.

B: Psychological Considerations:

- Organization of the school day
- Peer relationships
- Teacher-student relationships
- Teacher-teacher relationships
- Discipline and grading practices.
- Parent-school relationships.

C: Physical Environmental Considerations:

- Internal environment
- External environment

D: Sociocultural Considerations

- Community attitudes to education
- Crime
- Racial unrest/violence
- Working parents
- Socioeconomic status
- Culture and language
- Homelessness

E: Behavioral Considerations:

1- Consumption patterns

a. Diet and nutrition
b. Substance use and abuse

2- Rest, exercise, and recreational activity

3- Sexual activity

4- Health and safety behaviors.

F: Health System Considerations

- ❖ Availability of internal and external sources of health care
- ❖ Relationship of school to external health care resources
- ❖ Organizational structure for school health care delivery

Safe and Healthy school Environment

The school environmental measures include:

- ❖ To ensure that the school is built away from sources of environmental pollution.
- ❖ To ensure that school has an adequate portable water supply & appropriate refuse and sewage disposal facilities.
- ❖ To ensure that food supply, storage, preparation and sale is of acceptable hygienic standard.

Planning Health Care in the School Setting:

- **Macro level planning**
- -Development of the overall school health program
- **Micro level planning**
- -Planning to address specific health problems in the population or to meet health needs of individual members of the population

Components of Macro level Planning:

- Population to be served
- Categories of health services
- Health-related personnel
- Program resources
- Health records
- Program evaluation
- Program budget

Components of Micro level Planning

Primary Prevention:

- Immunization
- Safety
- Exclusion from school
- Health education
- Food and nutrition
- Exercise and physical activity
- Self-image
- Coping
- Interpersonal skills

Secondary Prevention:

- Screening
- Referral
- Counseling
- Treatment

Tertiary prevention:

- Preventing recurrence of acute conditions
- Preventing complications
- Promoting adjustment to chronic and handicapping conditions
- Dealing with learning disability
- **Role of School Health Nurse**
  The general information of the record should be filled in order to be ready for use by the school doctor or others.
- The nurse should arrange with the principal of the school prior to the children medical examination.
- The nurse should attend the medical examination of school children
- The nurse should be able to do first aid for school children whenever needed.
- The nurse should be able to provide health education for school population.
- The nurse should attend parents-teachers meetings held in the school.

References:

Mary A. Nies and Melanie McEwen., Community-Public Health Nursing, 5th Edition, America, 2011, pp. 584-602

Lecture 5

Primary Health Care

Learning Objectives: At the end of this session the student should be able to:

1. Define primary Health Care.

2. List the element of Primary Health Care.

3. Explore the Nursing role in Primary Health Care.

Definition of Primary Health Care:

Is essential health care made universally accessible to individuals and families in the community, by means acceptable to them, through their full participation and at a cost that the community and country can afford .It forms an integral part of both the country's health system of which it is the nucleus and the overall social and economic development of the community.

PHC also refers to essential services that support healthy life, it involves access, availability, service delivery, community participation and the citizen s right to health care.

Principles of PHC:

1. Equitable distribution: PHC services must be shared equally by all people irrespective of their ability to pay (rich, poor, rural, urban).

2. Community participation: PHC must be continuing effort to secure meaningful involvement of the community in the planning, implementation and maintenance of health services.

3. Coverage and accessibility: PHC implies providing HCS to all .the care has to be appropriate and adequate in content and in amount to satisfy the essential health needs of the people and has to be provided by methods acceptable to them.

4 .Inter-sectorial Coordination: PHC require joint efforts of other health related sectors as agriculture, animal husbandry, food, industry, housing social welfare, public works, communication and other sectors.

5. Appropriate health technology: the technology that is scientific, adaptable to local need and socially acceptable instead of costly methods, equipment and technology.

6. Human resources: It is very essential to make full use of all the available resources including the human potential of the entire community.

7. Referral system: Referral system would be desirable to develop referring from one level to another.

8. Logistic of supply: It include planning and budgeting for the supplies required or manufacture, storage distribution and control .

9. The physical facilities: It should be simple and clean. It should have spacious waiting areas with toilet facility.

10. Control and evaluation: A process of evaluation has to be built into assess the relevance, progress, efficiency, effectiveness and impact of health services.

Elements of PHC:

As Alma –Ata declaration, PHC includes:

1 .Education concerning prevailing health problems and methods of identifying preventing and controlling them.

2. Promotion of food supply and proper nutrition.

3. An adequate supply of water and basic sanitation.

4. Maternal and child health care including family planning.

5. Immunization against the major infectious diseases.

6. Prevention and control of locally endemic diseases.

7. Appropriate treatment of common diseases and injuries.

8. Promotion of mental health.

9. Provision of essential drugs.

Role of Community Health Nurse in PHC:

1. CH Nurse Work with population, community, family, individual.
2. The focus is multiple to promote health, maintaining a degree of balance toward health.
3. CH Nurse focus on assessment of the impact of socio economical and cultural factors affecting health measures that must constantly dealt with .
4. CH Nurse works with spectrum of health and illness conditions (minor-severe) ,(acute – chronic).
5. CH Nurse works in all settings such as home, school ,clinic, industry ect .
6. CH Nurse works in school where primary goal is health education and disease prevention
7. CH Nurse Work in industry to improve the production and employers safety.
8. CH Nurse is responsible for assisting patients and families to coordinate health care which necessitates contacts with other health personnel and community agencies.
9. CH Nurse has responsibility in education and training of individuals, auxiliaries and others
10. CH Nurse involved in provision of direct services to patients both preventive and curative at outpatient and inpatient clinics and community.

Major Roles of Community Health Nurse:

1. Facilitative role.
2. Developmental role.
3. Supportive role:
    a. Training
    b. Management
    c. Supervision
    d. Program implementation.
    e. Program evaluation.
    f. Policy making.
    j. program planning .
4. Clinical role .

References:

Mary A and Melanie McEwen . Community /Public Health Nursing,

Promoting the health of population , Fifth edition ,USA ,2011.

Japee Brothers ..Basic Concepts of Community Health Nursing ,second edition .2009.

Lecture -7-

Health Care of Children and Adolescents

Learning objectives:

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

1. Identify major indicators of child and adolescent health.

2. Explain the common childhood health issues.

3. Describe how socioeconomic factors affect child and adolescent Health.

4. Discuss the main health promoting strategies among children and Adolescents.

Introduction:

A nation destiny lies with the health; education and wellbeing of its children .children are the smallest and most vulnerable population.

Improvement in public health measures such as sanitation, infectious disease control, environmental regulation, health screening and education

All contributed to good health status in children.

Infant Mortality Rate:

Infant Mortality Rate: - death of an infant during the first year of life. It is an important gauge and indicator of children s health status because it is related to several factors like maternal health, medical care quality and access, socioeconomic condition and public health practice.

It increase in (infectious diseases-ARI, DD, malnutrition, congenital, premature, sudden infant death)-IMR decrease in (improve public health & sanitation, clean milk supply, immunization, improve nutrition, improve maternal health).

Issues of pregnancy and infancy:

The health of mother before, during and after pregnancy has a direct impact on the health of children: .as

1. Woman who are not in optimal health.

2. Mother has late or no prenatal care.

3. Maternal conditions such as hypertension, poor nutrition, drugs, alcohol, tobacco, infectious diseases, or chronic disease.

4. Fetus exposed to unsafe environmental conditions.

5. Child do not receive immunization.

Childhood health Issues:

1. Accidental injuries (motor vehicle accident, drowning, burning and suffocation).

2. Lead posing (cause growth retardation, cognitive and behaviors Problems, mental retardation and death).

3. Immunization escapement. : Adequate immunization will protect the child from several diseases that kill or disable. Common problems of immunization are (vaccine cost, poor access, vaccine fear, convenience and escapement.

4. Child abuse and neglect.

5. Obesity.-17% of children aged 6-17 y were obese.

6 . Child Maltreatment.

EPI : is a global attempt to control morbidity and mortality for many vaccine Preventable diseases, it is adopted by WHO and UNICEF and other inter National health organization with a goal of achievement of 80% Immunization coverage.

Adolescent health issues (12-22 year):

1. Violence –gunfire, suicide, homicide due to poverty.

2 . Adolescent pregnancy and child bearing.

3. Sexually transmitted disease.

4. Substance abuse.

5. Tobacco, alcohol and drugs use.

Factors affecting child and adolescent health:

1.Poverty –(less access to health care ,deprive school and community resources, injuries and abuse, stressful home life ,hopeless Of future, health problems and diseases .)

Racial disparities. 2.

3. Single parenting.

4. Parents education status- IMR and low birth weight more among less educated mothers.

5. Health care use.

Children health promotion across the life span:

Health promotion and disease prevention is more significant and cost effective for children than other age group, primary health care and early intervention for children and families can help prevent costly problems, suffering and lost human potential.

Examples:

1. Prenatal care cost few thousand dollars for pregnancy and save hundreds of thousand dollars by preventing conditions .as low birth weight baby.
2. Preventing pregnancies among school age mothers can reduce the dropout rate, welfare dependency, low birth rate, Infant mortality.

Health promotion strategies for improving child and adolescent health come in many forms: public agencies, private businesses, and community based organization.

Community Health Nurse Role in child health;

Community health nurses have always played pivotal roles in pregnant and child health:

1. CHN most aware of children s health status and barriers against receiving necessary care
2. CHN is an advocate for improved community responses to children s needs as participant in publicly funded programs, promoter for social intervention of high risk families and partner with other professionals to improve services.
3. CHN is to help link local health and social services with the school.
4. CHN can alert the community health professional, business leaders, religious groups and voluntary organization to children s needs.
5. CHN can influence the planning, implementation of changes in health care system.

Primary Prevention:

Depends largely on child age –include pre-conception counseling and health behaviors by mother before pregnancy, prevention of unwanted pregnancy especially for adolescent females.

Secondary Prevention:

Women must receive early and adequate prenatal care, practice healthy behaviors, obtain necessary social and supportive services, and prepare her for becoming a parent.

Tertiary Prevention:

Involve rehabilitation of individuals and aggregates to maximize potential functioning. Adolescent pregnancy the CHN help in initiate programs preventing future unwanted pregnancy among teenagers.

References:

Mary A and Melanie McEwen. . Community /Public Health Nursing , Promoting the Health of Population , 5th edition ,USA .2011.

Mary Jo Clark . Community Health Nursing, Advocacy for Population Health .5th edition ,USA .2008.

Lecture -8-1

Health Care of Women

Learning objectives:

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

1. Identify the major indicators of women health.
2. Explain the prominent health problems among women.
3. Discuss the health promotion strategies in women health.
4. Explain the role of community health nurse in women health.

Introduction:

Health for all include health care services which must be affordable and available to all ,although adequate health care for women is a key to realize this goal, a significant number of women and their families face a tremendous barriers in giving access to health care in addition to :

1. Knowledge deficits related to health promotion and disease prevention.
2. Socioeconomic level prevents them from assuming responsibilities for their health and well being.

Essential concepts of health in regard to women health

Care services:

1. Health promotion.
2. Disease and accident prevention.
3. Education for self care.
4. Health risk identification.

Selected Health People 2020 Objectives:

1. Reduce breast cancer death rate.

2. Reduce maternal deaths.

3. Reduce maternal complication during pregnancy and delivery.

Major Indicators of Women Health:

1. Life Expectancy.

2. Mortality Rate.

3. Morbidity Rate.

Life Expectancy: Women usually experience greater longevity than men ,however life expectancy differ among women in racial background, white females have life expectancy longer than black females.

Mortality Rate:

There are five leading causes of deaths among American women:

Age	Causes of death
15-24 years	injury and accident Homicide & suicide Malignancy Heart disease
25-44 y	malignancy Accident & injury HIV infection Heart diseases
45-64 y	malignant Heart diseases CVA COPD Diabetes
65-74 y	heart diseases Malignant CVA COPD Influenza &pneumonia

Maternal Mortality Rate:

Women are uniquely at risk during pregnancy and child birth with additional dangers associated with legal and spontaneous abortion.

$$\text{MMR} = \frac{\text{No. of deaths of women due to pregnancy \& labor}}{\text{Total no. of birth (live and still)}} \times 100000$$

MMR continue to decline since 1950 because:

1. Use of blood transfusion.
2. Antimicrobial drugs
3. Maintenance of fluid and electrolytes balance during complications.
4. Development of obstetric training programs.

MMR increases in case of:

1. Lack of antenatal care.
2. Lack of family planning.
3. Inadequate health education.
4. Poor nutrition.
5. Advancing age.

Racial discrepancy persists in maternal mortality rate. Non white women have significantly higher incidence of death rate during pregnancy than white.

Community health nurse must encourage all families to:

a. Avoid tobacco and alcohol.

b. Maintain healthy weight.

c. Stay physically active.

d. Low fat diet –high fiber diet.

Morbidity rate:

Although women live longer than men, but they live with more morbidity rate, with more hospitalization rate and longest stay especially over 65ys.

1. Chronic conditions and limitation –hypertension.- arthritis –rheumatism-diabetes.

2. Surgery—hysterectomy.

3. Mental illness –depression, anxiety ,suicide.

Social factors affecting women's health:

Health care services access: 44 million of individuals lacked health care (lack of health insurance) mainly due to lack of economic means push women not seeking health care delivery until they or their family members are in acute illness or distress.

Education and work: in 1970 only 55.4 % of women 25y and above were high school graduates in science. 1998 they

were 89.5 %.

Working women and home life: in 1950 only 12% of women were working outside home, while in 1990 they were37% of married women with young children were working.

Employment and wages.

Family configuration and marital relationship.

Women Health promotion across life-span:

Health promotion defined as the activities that have as their goal the

Development of human attitudes and Behaviors that maintain and enhance

Well being. A woman s ability to carry out her important roles can affect her entire family, therefore women should receive services that promote Health and detect diseases at any early stage. Since 1970 women have Met in self-help groups to develop a better understanding of their own health needs ,health behaviors that women should learn :

The Importance of good nutrition.

Breast self examination.

Pregnancy testing.

Contraceptive awareness.

Recognition of early signs of vaginal infection and STD.

Health promoting behaviors directed toward:

1. Sustain or increasing level of well being .

2. Self-actualization.

Roles of community health nurse in women health:

1. Care Provider: CHN provide direct care in a variety of setting in the home or clinic.

2. Educator: CHN encounters many opportunities for teaching.

The aim of the nurse is to develop trust so the women will return later for follow up.

3. Counselor: the counseling role of the nurse occurs in almost every interaction in the area of reproductive health. It is essential for effective intervention that the nurse become aware of values and beliefs.

Levels of prevention in women health:

Primary Prevention:

Active health promoting activities, designed to reduce the likelihood of a specific illness occurring.

Knowledge of health promoting practices to reduce the risk of cancer. As low fat high fiber diet, breast self-examination, avoid smoking.

Secondary Prevention:

Early diagnosis and prompt treatment of illness by screening

Example performing breast exam and PAP smear for each woman for early detection of life threatening disease.

Tertiary Prevention:

Consist of rehabilitation when sequels of condition have occurred as complication of diabetes.

References:

Mary A and Melanie McEwen . Community /Public Health Nursing, Promoting the Health of population , 5th edition ,USA .2011.

Health Care of Men

Learning objectives:

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

1. Identify the major indicators of men's health status.

2. Determine barriers against improvement of men's health.

3. Discuss health promotion activities in men health.

4. Explain the nursing role regarding men's health.

Indicators of men's health:

1. Longevity in men: rates of longevity are increasing for both men and women; people expect to live 20 y longer than their forefathers and foremothers, life expectancy for both males and females increased.

2. Mortality: leading cause of death in USA males are, heart diseases, Cancer, unintended injuries, stroke, chronic ARI, diabetes, suicide.

Race and ethnic background also are considered in male mortality.

3. Morbidity: means rate of illness which can be evaluated by (incidence of acute illness, prevalence of chronic diseases and the use of medical care.)

Medical care includes:

1. Use of ambulatory care.

2. Use of hospital care.

3. Use of preventive care.

4. Use of other health services.

Men tend to perceive themselves to be in good health than women.

Barriers to men's health:

It is common knowledge that women live longer than men despite fact that health care use is greater among women. Many factors are barriers to men s

health as men s higher rate of mortality, greater risk, less use of health care services, gaps in preventive health behaviors, differences in health and illness orientation.

Other barriers including

1. Medical care patterns.

2. Access to care.

3. Lack to health promotion.

Community Health Nurse Role in men's health:

1. CHN should involved in political activities and develop health policies that will make a difference in men health.

2. CHN increase awareness of men health issues in their social and cultural context, individual and group action that improves their physical, psychological and social wellbeing.

Levels of Prevention:

Primary Prevention:

Health education: about male health issues should begin early at school and workplace. Policy related to men s health should include the male perception of health increasing men interest in physical fitness and lifestyle.

Secondary Prevention:

Health services for men: to meet men health needs.

Screening services for men: healthy men under 50 year should have the following:

*dental examination /1y

*eye exam /3y

*blood pressure check /2y

*blood cholesterol /5y

*prostate exam. /1y

Colorectal exam. /3-5y

Tertiary Prevention:

Sex role and life style rehabilitation: this include

Diagnosis and treatment, counseling on lifestyle,

Role changing, job retaining e.g. after heart attack

A man told to stop smoking and begin exercise Program .

References:

Mary A and Melanie McEwen . Community /Public Health Nursing, Promoting the Health of Population, 5th edition, USA.2011.

Mary Jo Clark, Community health Nursing, Advocacy for population health .5th edition . USA ,2008.

Health Care of Elderly

Learning objectives:

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

1. Explain the aging process.

2. Describe the health/illness concerns to the elderly.

3. Identify health needs of elderly.

4 Explain the nursing actions that address the needs of older adults.

Introduction:

Increasing life expectancy, with baby bombers قنابل will cause a dramatic and Continued rise in number of old adults. By 2030 the elderly throughout the world is expected to increase to 973 million people and the number of older adults wills more than triple in developing countries, which will account for 71% of the world's elderly population. As the world's population ages, there will be a growing demand for health care services that improve the quality of life as well as longevity. This emphasis on quality of life can be seen in the national health objectives for 2010 addressing the health needs of the elderly. A major thread throughout these objectives is to reduce activity limitations that impair the quality of life for older persons.

Geriatric & Gerontology:

Geriatrics: is the medical specialty that deals with the health and social care of the older adult. A geriatrician is a medical doctor with specialized training in geriatrics.

Geriatrics includes: the physiology of aging, diagnosis and treatment of diseases affecting the aged and resulting from the aging process, and the complex psychosocial issues associated with the aging population.
Geriatrics, like other medical specialties with the
exception of palliative care, focuses on abnormal conditions and the treatment and cure of those conditions.
In the past, geriatric nursing focused primarily on the sick aged. As the nursing profession has grown. Many nurses choose to be involved with community-based nursing, focusing on prevention and improved health behaviors for the growing aging population.
Gerontology: refers to the study of all aspects of the aging process, including economic, social, clinical, and psychological factors, and their effects on the older adult and on society. Gerontology is a broad, multidisciplinary practice, and gerontologic nursing concentrates
on promoting the health and maximum functioning of older adults.
CHNs work with many types of older people. In one instance, the nurse may work to promote and maintain the health of a vigorous 80-year-old man who lives alone in his home. As another example, the nurse may give postsurgical care at home to a 69-year-old woman,
teaching her husband how to care for her and helping them contact community resources for assistance with shopping, meals, housekeeping and transportation services.
Perhaps, nursing intervention focuses on:
1. teaching nutrition
2. maintaining a healthful lifestyle for an extended family that includes a 73-year-old grandmother.
3. nurse may also lead a bereavement support group for senior citizens مناطهwhose spouses have recently died.

A CHN works with older adults at the: 1. individual, 2. family, and 3. group levels.

There are many groups of seniors the CHN may choose to work with, such as:

1. those who attend an adult day care center,
2. belong to a retirement community,
3. live in a nursing home,
4. use Meals on Wheels.
5. Other groups include residents of a senior citizens' apartment building,
6. retired business and professional women,
7. older postcataract surgery patients at risk for glaucoma,
8. the older poor, Alzheimer's disease (AD) sufferers,
9. the homeless.
10. Work with clients can also involve political advocacy .

Theories of Aging:

Aging is defined as "maturation and senescence of bio-logical systems"

"Progressive deterioration of body systems that can increase the risk of mortality as an individual gets older"

A number of different theories have been advanced to explain how and why aging occurs. Generally speaking, these theories can be divided into three categories:

1.biological theories,
2.psychological theories,
3.sociological theories.

Aging: is a complex and dynamic process with physical, physiological, psychological and sociological components. Successful aging involve maintenance of good quality of life among old persons represent major concern to gerontologists' .Older adults are people 65years of age and more.

Diseases Common in Old Age

Alzheimer's Disease: Alzheimer's disease (AD) is the most common form of dementia in older adults is still unknown about this devastating disease, we do know that today, one in eight Americans live with AD. The number of people developing this disease doubles every
5 years as people live beyond age 65, until at age 85 an individual has a 50% risk of developing this disease. Every 59 seconds, another person develops AD, and this will change to every 33 seconds by the year 2050. Age is the greatest risk factor for AD. Most individuals with AD are over age 65. AD increased 66% in the years between 2000 and 2008. It is the only major disease that increased during that timeframe.

Cardiovascular Disease:

arthritis

hearing impairment,

hypertension: third most frequent chronic condition for people older than age 65. About 66% of those between 65 and 75 have been diagnosed with hypertension, as have about 75% of those 75 years and older. Hypertension increases with age and affects men more frequently than women. Hypertension is more prevalent in minorities. For example, hypertension in White adult males is 61%, while the prevalence in Black males is 71%. Among females, the prevalence of hypertension in White women is 47%, in Black females it is 51%, and in Hispanic females, the prevalence is 65%

The seven warning signs of **cancer** can be remembered through the use of ***CAUTION***, as follows:

1. **C**hange in bowel or bladder habits
2. **A** sore or sore throat that does not heal
3. **U**nusual bleeding or discharge
4. **T**hickening or lump in breast or elsewhere
5. **I**ndigestion or difficulty in swallowing
6. **O**bvious change in wart or mole
7. **N**agging cough or hoarseness

Depression: it is one of the most common, and most treatable, of all the mental disorders in older adults. It is a major health concern in this population and can be life-threatening if unrecognized and untreated. Biological, psychological, and social changes place older adults at high risk for the development and recurrence of depression.
It is frequently related to multiple losses, such as retirement, a health change, or the death of a significant other. Depression is more common in women than in men. depression in men is more severe, resulting in suicide at a higher rate than among women.
The nurturance, reassurance, and support women get from intimate relationships with other women are not often as highly developed in men, and for this reason, men display more
symptoms of depression after a loss.

Diabetes: 13% of all Americans had diabetes in 2010. For those age 65 or older, the percentage jumps to 26.9%, or 10.9 million. Diabetes mellitus (DM) limits their ability to perform activities. Among people 65 years and

older in 1999 to 2000, 15.1% of men and 13.0% of women reported having diabetes.

The prevalence of diabetes has increased six fold since 1958, and 95% of these have type 2 diabetes. Type 2 diabetes can often be prevented with adherence to proper diet and regular exercise with the addition of oral medications when needed. DM result to death and serious complications, such as adult blindness, kidney disease, and foot or leg amputations, are especially high for elders. fear and misinformation about the disease may hinder today's elders from getting an early diagnosis or from participating in effective teaching and instruction on how to manage DM. **Osteoporosis:** is a disease of bone in which the amount of bone is decreased and the strength is reduced. Osteoporosis is a generalized, persistent, and disabling disease that can lead to independence. It causes acute and chronic pain, subsequent fractures, decreased physical activity, limited mobility, changes in body image, role changes, a reduction in ability to perform daily living and depression. There are one in five women in the United States have osteoporosis and that half the women over 50 will have a fracture of the hip, wrist, or vertebrae. In osteoporosis, calcium leaches from the bone mass and results in small holes forming in the bones.

Criteria for Effective Service

Several criteria help to define the characteristics of an effective community health service delivery system. Four, in particular, deserve attention. For the delivery system of a community health service to be effective, it should be ***comprehensive*.** Many communities provide some programs, such as limited health screening or selected activities, but do not offer a full range

of services to more adequately meet the needs of their senior citizens. planning should be based on thorough assessment of the needs of the population in that community. A comprehensive set of services should provide the following:

- Adequate financial support
- Adult day care programs
- Access to high-quality health care services (prevention, early diagnosis and treatment, rehabilitation)
- Health education (including preparation for retirement)
- In-home services
- Recreation and activity programs that promote socialization
- Specialized transportation services

A second criterion for a community service delivery system is ***coordination***. Often, older people go from one agency to the next: visiting one place for food stamps, congregatedining, health screenings.

Such a patchwork of services reflects a system organized for the convenience of providers rather than consumers.

Discourages misuse and encourages effective use. there should be coordinated, community-wide assessment and planning. multiservice agencies and interdisciplinary collaborative programs.

Most communities need this type of information network, which contains a directory of all resources and services for the older adult and includes the name and telephone number of a contact person with each listing. Such a network is available in many communities and should be developed in those without one.

Collaboration among those who provide services to seniors can provide vital
information for planning and implementing needed programs.
A third criterion is ***accessibility***. Too often, services for seniors are inconveniently located or are prohibitively expensive. Some communities are considering multiservice community centers to bring programs and services for elderly closer to home. The Program
of All-Inclusive Care of the older adult (PACE) is one example of this. Comprehensive services are offered to eligible nursing home patients, including personal, health care, and housing services (e.g., adult day care, meals, social workers, nurses, primary care physicians, dentists, podiatrists,optometrists, prescriptions, medical specialists, and acute and nursing home care). More convenient, and perhaps, specialized transportation services and more in-home services, such as home health aides, homemakers, and Meals on Wheels, may further solve accessibility problems for many older adults. private funding sources to ease the burden on the economically pressured population.

Finally, an effective community service system for older people should promote ***quality*** programs. This means that services should truly address the needs and concerns of a community's senior citizens and be based on scientific evidence. Evaluation of the quality of a community's services for the older adult is closely tied to their assessed needs. What are the needs of this specific population group in terms of nutrition, exercise, economic security, independence, social interaction, meaningful activities, and preparation for death? Planning for quality community services depends on having adequate, accurate, and current data. Periodic needs assessment is a

necessity to ensure updated information and initiate and promote quality services.

Health Needs of elderly:

1 . Nutrition : elderly must balance their nutritional intake to maintain optimum health, nutritional deficiency is most common problem ,dietary guideline arrange their daily requirement of calories ,protein ,vitamins, fat and ext.

2. Physical activity and fitness.

3. Chronic illness.

4. Medication use.

5. Sensory Impairment.

6. Accident and falls: as result of poor vision, poor mobility, and loss of muscle strength, medication, chronic diseases, and dementia.

7. Disability: limitation of mental and physical functional ability to perform the daily activities necessary for health and independence.

8. Dental problems.

9. Hearing impairment.

10. Vision Impairment .

11. Mental disorder

12. Incontinence.

13. Thermal stress.

14. Psychological disorders, as Anxiety, Depression, and Substance abuse, Suicide, Alzheimer s disease.

Roles of Community Health Nursing

1. Primary role of CHN is to act as advocate and resource for health care for older adult and their families.

2. Educator for client and community.

3. Case manager.

4. Facilitator.

5. Data collector.

6. Researcher.

6. Case finder.

8. Coordinator of care between agencies.

9. Provider of clinical nursing care.

Levels of Prevention:

Primary Prevention: promote good health, provide immunization, health education.

Health Promotion & Education Periodically review and update will, insurances,
and other important documents as needed.

l Keep beneficiaries or executors aware of changes in and location of documents and personal wishes regarding end-of- life care and funeral/burial arrangements.

Early preparation—emotionally and financially

l Plan ahead for changes in health status and potential need for long-term care.

l Complete documents, such as a will and a living will.

Health protection

Regularly assess health status.

l Follow the Recommendations for immunizations.

l Implement a health-promoting regimen that includes diet and exercise.

L Assess living environment for safety hazards.

Secondary Prevention: ***diagnose*** Follow the Recommendations for regular screening of potential health problems.

and ***treat*** nutritional related disorder, drug or food reaction, medical services, screening for malignancy, blood pressure, vision, hearing, diabetes, thyroid, CHD, Osteoporosis.

Allow time for adaptation to this life transition.

l Organize new free time into satisfying and enriching يغني activities.

Tertiary Prevention : rehabilitation .

Adapt to changed roles with spouse and significant others.

l Maintain health while assessing increasing dependency needs, including alternative housing, modifications in transportation, and changing health care needs.

Strategies for Successful Aging:

1. Do at least 30 minutes of sustained, rhythmic, vigorous exercise four times a week.

2. Eat ―like a bushman‖ حطاب (a healthy diet of fruits, whole grains, vegetables, and meat).

3. Get as much sleep and rest as needed.

4. Maintain a sense of humor and deflect anger.

5. Set goals and accept challenges that force you to be as alive and creative as possible.

6. Don't depend on anyone else for your wellbeing.

7. Be necessary and responsible; live outside yourself .

8. Don't slow down. Stick with the mainstream .

9. Avoid the shadows. Stay together.

10. Maintain energy flow in a purposeful direction; aging need not be characterized by losses. Maintain contacts with family and friends, and stay active through work, recreation, and community.

11. Get regular checkups.

12. Don't smoke.

13. Practice safety habits at home to prevent falls and fractures. Always wear seat belts when traveling by car.

14. Avoid overexposure to the sun and the cold.

15. If you drink.

16. Keep personal and financial records in order to simplify budgeting and investing housing and financial needs.

17. Keep a positive attitude toward life that make you happy.

Exercise Needs

Older adults need to exercise daily as a routine that increased physical activity for:

1. arthritis relief,

2. restoration of balance

3. reduction of falls,

4. strengthening of bone,

5. proper weight maintenance,

6. improved glucose control.

7. contributes to a healthy state of mind,

8. improved sleep,

9. reduces the risk of heart disease.

Exercise, such as a daily walk, activities as homemaking chores, gardening, hobbies, or recreation and sports. Often, such physical outlets are enjoyed in the company of other people, meeting social and emotional needs as well as physical ones. Even among the very old, an exercise routine that includes activities that improve strength, flexibility, and coordination may indirectly, but effectively, decrease the incidence of osteoporotic fractures by lessening the likelihood of falling. regular walking, has been shown to increase muscle strength, stability, and functional ability among seniors.

Sleep

Sleep is another new area of focus in *Healthy People2020*. Sleep is essential for health, productivity, energy, and emotional balance. In older adults, adequate sleep is necessary to fight off infection and support the metabolism of sugar to prevent diabetes or to work
effectively and safely. Sleep timing and duration affect a number of endocrine, metabolic, and neurological functions that are critical to the maintenance of individual health. Untreated, sleep disorders and chronic short sleep are associated with an increased risk of
heart disease, high blood pressure, obesity, diabetes, and all-cause mortality.

Some changes in sleep are natural with aging. The body produces lower levels of growth hormone, resulting in a decrease in slow wave or deep

sleep. Illness often means more fragmented sleep (more rapid sleep cycles) and more awakenings between sleep cycles.

sleep requirements vary from person to person, most healthy adults tend to require between 7.5 to 9 hours of sleep per night.

Economic Security Needs

Economic security is another major need for older adults. Fearing the potential cost of major illness and not wanting to be a burden on family or friends, many older people conserve their limited finances by establishing frugal سخيص eating patterns, using health resources sparingly نَخيم, not taking their medications or only taking medications in partial doses, reducing costs for home heating and cooling, and, in general, spending little on themselves. People sometimes have to choose between food, housing, and medications. driving up the cost of health care. miss out on important preventive health measures and community-based programs.

For older adults today who have lived many years past retirement and perhaps have not planned for sufficient financial security. Putting older people in touch with appropriate

community resources can do much to relieve the source of that stress and anxiety.

Psychosocial Needs

All human beings have psychosocial needs that must be met for their lives. Without healthy relationships with other people, life can be very lonely and lacking in quality. With advancing age, the psychosocial issues are many.

A **major issue** that confronts the majority of our aging population are:

coping with multiple losses.

maintaining independence,

social interaction,

companionship,

maintained good health and have developed a supportive system of family and friends. Programs such as Friendly Visitors, where volunteers regularly meet with isolated seniors either in their homes or long-term care facilities, for those who have no family members nearby.

Spiritual Needs

The word spirit refers to the core of an individual. Spirituality is far more encompassing than religion. Religion and spirituality may exist together, but as ―everyone has a spiritual component, but not everyone is religious‖ . Religion is generally recognized to be the practical expression of spirituality, or the organization, rituals, and practice of one's beliefs. Religion includes specific beliefs and practices, while spirituality is far broader.

Many older persons report that religion helps them cope or adapt with losses or difficulties. While other sources of wellbeing decline, religion may become more important over time. At the time when religious support is most needed, older persons are less able to access it (because of failing health, immobility, or lack of transportation).

nurses can support the spiritual dimension of clients in times of difficulty by developing the following skills:

●● Listening

●● Being aware of signs of mental health problems and urge professional help

●● Sharing concern and observations

●● Providing privacy

●● Reassuring the value of the person

●● Allowing decisions to be made

●● Accepting without judgment

●● Helping express religious, spiritual, or social needs

●● Recognizing cultural differences

●● Keeping separate values and spiritual beliefs that are different

●● Referring to professionals when needs are beyond listener's ability to help

●● Using humor as appropriate

Safety Needs

Several areas of focus are discussed here:

1. personal health and safety,
2. home safety,
3. community safety.

Personal health and safety: includes three major areas:

1. immunizations,
2. prevention of falls,
3. drug safety.

Immunizations :older adults are at risk not only of contracting influenza or pneumonia but also of dying from them. influenza accounted for close to 46,000 annual deaths among those aged 65. Although the overall influenza immunization rate among older adults has steadily
increased from between 15% and 20% before 1980 to 68.9% in 2007, some seniors still refuse to have yearly vaccinations for a disease that causes more than 200,000 Americans to be hospitalized and about 36,000 deaths.

Safety in the Community: involve many things, such as pedestrian and driving issues, crime and fear of crime against elders, and environmental factors such as sun exposure, pollution,
heat, and cold. Because of age-related changes in vision, hearing, mobility, and the effects of Polypharmacy,

As pedestrians, elders must be increasingly vigilant حزس to traffic patterns, sidewalk irregularities, and the possibility of being a victim of street crime. In 2008, more than 5,500 older adults were killed and more than 183,000 were injured in motor vehicle crashes. This amounts to 15 older adults killed and 500 injured in crashes on average every day. There were 33 million licensed older drivers in 2009, which is a 23% increase from 1999. Because they generally have chronic diseases. Stopping driving is usually a difficult and painful decision for the elder to make. Some communities offer specialized driving classes for elders who want to continue to drive for as long as possible. This may be necessary especially with elders who have dementia, AD, uncorrectable vision problems, or stroke-related physical or cognitive after effects.

References:

Mary A and Melanie McEwen . Community /Public Health Nursing, Promoting the Health of population , 5th edition ,USA .2011

Mary Jo Clark . Community Health Nursing, Advocacy for population Health .5th edition ,USA.2009.

Maternal and Child Health Care

Learning objectives:

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

1. Define mother child health care.
2. Identify MCH objectives.
3. Explain importance and types of MCH.

Definition:

Maternal and child care refers to a package of comprehensive health care services, which are developed to meet the promotive ,curative , rehabilitative needs of pregnant women before ,during and after delivery and of infants and preschool children from birth to five years .mother and child are the most vulnerable group of the society.

Objectives of MCH:

1. To give expert advice to the couples to plan their families.

2. To identify high risk cases and gave them special attention.

3. To provide health supervision for antenatal mothers and reduce complications.

4. To give skilled assistance at time of child birth and during puerperium .

5. To supervise trained dais and community health workers and volunteers.

6. To impart useful knowledge on desirable health practice that mother should carry out during pregnancy, delivery and puerperium .

7. To encourage the delivery by trained workers in clean and safe environment.

8. To prevent communicable and non-communicable diseases.

9. To educate mothers on improvement of their own and children health.

Importance of Mother –Child Health Care services (MCH) :

1. Mother and child considered as one unit,

a. during pregnancy baby takes nutrients from mother.

b. certain diseases of mother during pregnancy have impact on fetus.

c. after birth child depends on mother in feeding ,protection ,love , social development .

d. child learn many self care tasks from mother.

2. Mother and child are special risk group or vulnerable, dependent or weaker group of the community.

Types of MCH:

1. **Antenatal care services** --defined as: care provided to pregnant women to help them tide over the period of pregnancy successfully and to ensure a healthy pregnancy outcome.

Objectives of antenatal care:

1. To maintain mother and child wellbeing.
2. To identify the risk factors and apply appropriate early Interventions.
3. To identify complications of pregnancy and treat it with Referral care.
4. To educate pregnant women on pregnancy and child birth.

Antenatal Examination :

Examining mother to record height, weight, blood pressure,

Leg edema, sings of anemia, jaundice, varicosities, breast Tumor, nipple deformities, hydroniums, multiple pregnancy, ante version or retroversion of uterus, observe the height of fundus, presentation and position of fetus.

2. **Intra natal care –defined as** care provided to pregnant women during child birth.

Objectives of intra natal care:

1. Thorough asepsis.
2. Delivery with minimum injury to mother and baby.
3. Readiness to deal with complication.
4. Care and resuscitation of baby and care of cord and eyes.

3. **Post natal care ---defined** as care of mother after delivery 6 weeks Period (puerperium).

Objectives of post natal care :

1. To prevent complications in this period.
2. To provide care for rapid restoration of mother optimum Health.
3. To provide family planning services.
4. To check adequacy of breast feeding .
5. To provide basic health education to mother and family **.**

4. Neonatal care ---care in the first week of life and the most crucial period in the life of an infant . the risk of death is greatest during first 24-48 hours after birth .

Objectives of neonatal care :

1. Maintenance of body temperature.
2. Establishment and maintain cardio pulmonary functions.

3. Avoidance of infections.

4. Establish feeding regimen.

5. Early detection and treatment of congenital anomalies .

Neonatal Care and Examination:

Clearing airway, APGAR score, care of cord ,care of eyes ,care of skin , maintenance of body temperature ,breast feeding .

5. Care of infant and under fives ---care from one month to five Years of age.

Objectives of infant and fewer than five cares:

1. To provide care during acute illness.

2. To provide preventive care like immunization, nutritional surveillance, oral rehydration, family planning, health Education.

3. To monitor growth by using growth chart (weight &height).

4. To provide treatment for diarrhea and other infectious diseases .

References

Mary A and Melanie McEwen . Community /Public Health Nursing Promoting the health of population , 5th edition ,USA .2011.

Mary Jo Clark . Community Health Nursing, Advocacy for population Health ,5th edition .,USA. 2008.

Japee Brothers . Basic Concepts of Community Health Nursing ,second edition .2009.

Nutritional Health Services

Learning objectives:

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

1. Define nutrition and nutrients, balanced diet.

2. Explain the importance of good nutrition.

3. Define malnutrition.

4. Discuss nursing role in nutrition.

Nutrition:

Is the process or activity by which the human body receives and uses all the food necessary for its growth, development, regulation and repair.

Nutrients which are needed by body for good health are provided by food, an individual nutritional status depends on the provision of sufficient nutrients and the good utilization of these nutrients.

Poor status of nutrition may be caused by eating that is inadequate in amount and kind, or it may be due to failure in digestion and utilization of these nutrients. The nutrients present in foods fall into three major categories; proximate, vitamins and minerals. The proximate referred to those yield energy on oxidation like carbohydrates, proteins and fats.

Balanced diet: is the diet that contains carbohydrates, proteins, fats, minerals, vitamins and water in correct proportions& quality.

Classification of foods

1. Classification by origin :

a. foods of animal origin.

b. foods of vegetable origin .

2. Classification by chemical composition:

a. carbohydrates.

b. proteins.

c. fats.

d. vitamins.

e. minerals.

3. Classification by function:

a. body building foods like milk, meat ,poultry, fish, egg, nuts.

b. energy giving foods as cereals ,sugars, roots and tubers,
fat and oil.

c. protective foods as vegetables ,fruits, milk .

4. Classification by nutritive value:

a. cereals and millets

b. pulses (legumes)

c. vegetables

d. nuts and oil seeds

e .fruits

f. animal foods

g. fats and oil

h. sugar and jaggery

i. condiment and spices

j. miscellaneous food

Importance of good nutrition

Good nutrition is an important part of good health, poor nutrition by itself account for a large portion of the world health burden, those environmental and economic factors that related to poverty contribute to under consumption of nutrients especially those needed for protein building as iodine, vitamin A ,and iron .

Malnutrition: - pathological state result from an absolute or relative.

Deficiency or excess of one or more of essential nutrients.

1. under nutrition -deficiency of one or more nutrients.

2. over nutrition – over consumption of one or more nutrient over a period lead to obesity.

3. Imbalance - outcome of relative deficiency or excess diet under nutrition is serious problem affect the health of weaned infants and preschool children in developing countries.

Proteins ---------- kwashiorkor, marasmus or both

Retinol (vit A) ---------- night blind, xerophthalmia

Keratomalacia.

Thiamin ---------- Beriberi

Riboflavin ---------- angular stomatitis, cheilosis,

Scrotal dermatitis, corneal

Vascularization.

Niacin ---------- Pellagra (GIT disturbance, dermatitis , dementi

Vitamin C ---------- Scurvy.

Vitamin D ---------- Rickets.

Vitamin K----------Hemorrhagic diseases.

Iron, folic acid, Vit. B12----------Anemia.

Iodine---------- Goiter.

Obesity :- condition in which the individual over weight due to

Deposition of fat in the adipose tissue.

Can be assessed by *body mass index =weight /height

Square (18—22)

*Skin fold measurement

Complication :-physical disability ,metabolic disorder,

Cardiac disorder ,prone to accidents ,

Low life expectancy .

Roles of community health nurse in nutritional services

1. Participate in Nutritional Screening :- process of discovering

   Risk factors associated with nutritional problems(malnutrition),

   Screening criteria must be simple, straightforward and easy to

   Administer. Screening useful in establishing priorities for efficient

   Use of time and money. Its goal to raise consciousness about importance of nutrition in disease prevention.

2 .Improve the nutritional state of population:-by encourage breast Feeding ,identify food stuff of value ,advise about proper storage and preservation, provide nutrition education programs as part of curriculum, improve cultural ,ethnic and social nutritional practices.

3. Community nurse should assist in nutritional rehabilitation programs .

4. Community nurse should have research activities to promote health of people.

5. CHN needs to use all audio visual media for health education.

Recommendations for a healthy diet

Diet with many calories and too much fat, cholesterol, and sodium ,insufficient carbohydrates and fibers, such diet cause high rates of obesity and certain diseases(heart disease, high blood pressure, stroke ,NIDDM ,cancer.

1. **Wide variety of foods:** eating a variety of foods – energy, protein, vitamins, minerals and fiber.

   Ask yourself this question: how many different foods do least in a typical day? Wide variety is at least 15 different foods.

2. **A balance between exercise and diet**: for adult a healthy weight falls within certain range related to ones height, healthy weight goals through long term success of eating and exercise.

   Exercise should be 30 minutes or more of physical activities on most –preferably all days of the week.

3. **Food low in fat, saturated fat, and cholesterol:** the total fat goal depends on calories needed; an amount that provides 30% or less of calories is suggested. The chart below shows upper limit on the grams of fat per day that corresponds to various daily calorie

Calorie Level	total fat per day	saturated fat per day
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53g	< 18 g	< 1600	
2200	≤73g		<24g
2800	≤93g		<31g

4. **Plenty of grain products, vegetables, and fruits:** grain, fruits and vegetabl**es** are integral parts of varied diet. They provide a variety of vitamins, C, B6 ,A –minerals(potassium,) and complex carbohydrates (starch) the only source of fiber .Folic acid , is B vitamin that reduce neural tube defects ,present in oranges ,orange juice, strawberries ,pineapple juice ,and plantains .

5. **Food moderate in sugar:** sugar come in many forms, table sugar (fructose) ,brown sugar, honey, syrup ,glucose (dextrose),fructose, maltose, and lactose.

Diet high in sugars have not been shown to cause diabetes but contributed to tooth decay.

6. **Food moderate in salt and sodium**: populations with low salt diet, less common to have high blood pressure than those with high salt intake.

7. **Moderate use of alcohol:** alcoholic beverages supply calories but few nutrients. Higher level of alcohol intake raises the risk of high blood pressure, stroke ,heart disease ,cancers ,accidents ,violence ,suicide birth defects ,and overall mortality .too much alcohol cause liver cirrhosis, pancreas inflammation ,damage of brain and heart .

References

Mary A and Melanie McEwen 2011.. Community /Public Health Nursing, Promoting the health of population , 5th edition ,USA .

Mary Jo Clark . Community health Nursing, Advocacy for population health .5th edition .,USA. 2008.

Japee Brothers .Basic Concept of community health nursing ,second edition .**2009.**

Environmental Health and Safety Services

Learning objectives:

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

1. Define environment and environmental health.
2. Describe the broad areas of environmental health.
3. Identify aggregates at risk of environmental health problems.
4. Explain factors that affect environmental health.
5. Explain nursing process to solve an environmental health.

Environment:-is the sum of all natural and manmade living and non living visible and tangible things that surround a given host at a given time.

Environmental Health :-comprises those aspects of human health , including quality of life that are determined by physical ,chemical ,biological social ,and psychological problems in the environment .it s also refers to the knowledge and practice of assessing ,correcting ,controlling and preventing those factors that can potentially affect the health of present and future generations.

Elements of Environment: (areas)

1. **Living patterns: -** the relationship among people, communities and their surrounding environment, that depend on habits cultural values and customs. e.g drunk driving, urban crowding, noise exposure, smoke ,unabated traffic .
2. **Work Risk**:-includes poor employment, potential injury and illness within work e .g, toxic poisoning, machine operating hazards, electrical hazards, repetitive motion injuries, carcinogenic particulate inhalants, dust pollutants.

3. Atmospheric Quality: - refers to the amount of protection in the atmospheric layers, the risks of severe weather and the purity of the air, e .g destruction of ozone layer, tornadoes, electrical storms.

4. Water Quality:-refers to availability, mineral content level, toxic chemical pollution, and pathogenic microorganism levels

E.g. contamination of drinking water by human waste, oil spills in the water ways, pesticides infiltration into ground water, and water contamination by industrial pollutants.

5. Housing: - refers to the availability, safety, structural strength,

Cleanliness, and location, included public facilities and family welling. E.g, homelessness, fire hazards .rodent and insect infestation, poisoning from lead paints, unsafe neighborhood.

6.Food quality :-refers to availability and relative cost of food, variety and safety, health of animal and plants sources, e .g malnutrition , bacterial food poisoning, carcinogenic additives ,improper food labeling .

7.Waste Control :-is the management of waste materials resulting from industrial and municipal processes, human consumption ,and effort of minimize waste production , e.g using non biodegradable plastics, poorly designed solid waste dumps , inadequate sewage systems, transport and storage of hazardous waste, illegal industrial dumping.

8. Radiation Risks: barriers that prevent human exposure and other life form, e.g include nuclear power emission health dangers post by various forms of ionizing radiation relative to radioactive hazardous wastes, medical and dental radiography and nuclear weapon danger.

9. Violence Risks ;- include victimization through the violence of particular groups and the general levels of aggression in psychosocial climates , e.g hand guns ,hate crimes ,pervasive image of Violence in media ,homicide ,violence against women and children.

Factors Affecting Environmental Health

1. **Population Explosion:**-the rapid increase of our population has harmful and unfavorable effect on environment by overcrowding and depletion of natural resources.
2. **Industrialization;**-they generate waste products as gases, effluents, solid materials, thermal waste which released directly to air, rivers and drains on land with harmful effects.
3. **Urbanization: -** village people migrate to towns and cities for employment, education resulting in overcrowding and slum on unauthorized land.
4. **Modern agriculture practices:-**using chemical fertilizers and insecticide causes harmful effects on living micro organisms.
5. **Deforestation: -** mean removal or reducing forest. It reduce the amount of cultivation, reduce amount of water in air then change climate with adverse effect on environment.
6. **Radioactive substances: -** used in laboratories, hospitals and power plants, manufacture nuclear bombs, all discharged into the air, water and pollute them.
7. **Natural disaster:-**like floods, earthquakes, droughts, cyclones, volcanoes, landslides all cause disruption of environment.

Major Global Environmental Concerns

Nurse must work with public to promote environmental legislation, regulation, and greater social control over corporations, domestic and foreign governments that concerned to health damaging environments.

Action must include both local and global environmental policies , with special concern on

1. Ozone depletion.
2. Global warming.
3. Fossil fuel burning.

4. Marine dumping.

5. Active land mine abandonment in war torn areas.

6. Mass relocation of refugees across national borders.

7. Destruction of tropical rain forests.

Assessment of Environmental Health

During assessment of environmental health the environment can be divided into functional locations such as home, school, work place, & community.

For each one there is a unique exposure in addition to over lapping exposure. In assessing environments, determine whether an exposure is in the air, water, soil, or food. Whether it is chemical, biological, radiological exposure.

Applying Nursing Process in solving an environmental health:

When you suspect that a client s health problem is being influenced by environmental factors follow the nursing process and note the environmental aspects of problem in every step.

1. **Assessment:** include inventories & history questions that cover environmental issues.
2. **Diagnosis:** relate the disease & the environmental factors in diagnosis.
3. **Goal setting:** include outcome measures that eliminate the environmental factors.
4. **Planning**: look at community policy & laws as method to facilitate the care needs for the client, include environmental health personnel planning.
5. **Intervention:** coordinate medical, nursing and public health actions to meet the client s needs.
6. **Evaluation**: examine criteria that include intermediate and long term responses of the client as well as the recidivism of the Problem.

References:

Mary A and Melanie McEwen . Community /Public Health Nursing, Promoting the health of population , 5th edition ,USA .2011.

Mary Jo Clark, Community health Nursing, Advocacy for population health .fifth edition . USA ,2008.