

Overview of Community Health Nursing

Community health nursing is a population-focused approach to planning, delivering, and evaluating nursing care.

Community health nursing is a broad field that allows nurses to practice in a wide variety of settings. Community health nurses promote the health and welfare of clients across the lifespan and from diverse populations.

Nurses working in the community should have an understanding of the foundations of community health nursing, the principles guiding community health nursing, epidemiology, and health promotion and disease prevention.

Foundations of community health nursing

- Concepts related to public health are evident throughout history as provisions were made to care for the poor or displaced. Advances in knowledge about health led to appropriate education of providers and regulation of water and other environmental factors.
- The Public Health Service was developed in 1798, and nursing care in homes was implemented in the early 1800s. Later in the century, efforts began to establish local health boards to monitor disease, promote health, and collect statistics about the community.
- Various theories and specific definitions of care guide nursing practice in the community.

COMMUNITY HEALTH NURSING THEORIES

- **Systems thinking** studies how an individual, or unit, interacts with other organizations or systems. Systems thinking is useful in examining cause and effect relationships.
- **Upstream thinking** is used to focus on interventions that promote health or prevent illness, as opposed to medical treatment models that focus on care after an individual becomes ill.
- Nursing theory provides the basis for care of the community and family. Theorists have developed sound principles to guide nurses in providing high-quality care. Examples of nursing theories appropriate for community health include the following.

Nightingale's Environmental Theory

- Highlights the relationship between an individual's environment and health.
- Depicts health as a continuum.
- Emphasizes preventive care.

Health Belief Model

- Purpose is to predict or explain health behaviors.
- Assumes that preventive health behaviors are taken primarily for the purpose of avoiding disease.
- Emphasizes change at the individual level.
- Describes the likelihood of taking an action to avoid disease based on the following.
 - Perceived susceptibility, seriousness, and threat of a disease
 - Modifying factors (e.g., demographics, knowledge level)
 - Cues to action (e.g., media campaigns, disease effect on family/friends, recommendations from health care professionals)
 - Perceived benefits minus perceived barriers to taking action

Milio's framework for prevention

- Complements the health belief model.
- Emphasizes change at the community level.
- Identifies relationship between health deficits and availability of health-promoting resources.
- Theorizes that behavior changes within a large number of people can ultimately lead to social change.

Pender's Health Promotion Model

- Similar to Health Belief Model.
- Does not consider health risk as a factor that provokes change.
- Examines factors that affect individual actions to promote and protect health.
 - Personal factors (biological, psychological, sociocultural), behaviors, abilities, self-efficacy
 - Feelings, benefits, barriers, and characteristics associated with the action
 - Attitudes of others, and competing demands and preferences

ESSENTIALS OF COMMUNITY NURSING

- **Determinants of health** are factors that influence the client's health. These can include nutrition, stress, education, the environment, finances, and social status/stigma (prejudice).
- **Health indicators** (mortality rates, disease prevalence, levels of physical activity, obesity, tobacco or other substance use) describe the health status of a community and serve as targets for the improvement of a community's health.
- **Nurses** determine a community's health by examining the degree to which the community's collective health needs are identified and met.

- **Community** is a group of people and institutions that share geographic, civic, and/or social parameters. Communities vary in their characteristics and health needs.
- Community health nursing involves a synthesis of nursing and public health theory.
- The goals of community health nursing are to promote, preserve, and maintain the health of populations by the delivery of health services to individuals, families, and groups in order to influence “community health.”
- Community health nurses are nurses who practice in the community. They usually have a facility from which they work (community health clinic, county health department), but their practice is not limited to institutional settings. Care is often delivered in a setting that is part of the client’s environment (home, school, workplace).
- The community or a population (an aggregate who shares one or more personal characteristics) within the community is the “client” in community health nursing. **Qpcc**
- Community health nurses can develop long-term relationships with clients while working directly with families and groups over a long period of time.

Public health nursing

- Public health nursing is population-focused, and involves a combination of nursing knowledge along with social and public health sciences. The goal of public health nursing is promoting health and preventing disease.
- Public health provides 10 essential services, one of which is to conduct research to gain new knowledge and solutions to public health problems. The remainder fall under the three core functions of public health, according to www.cdc.gov.

ASSESSMENT: Using systematic methods to monitor the health of a population

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.

POLICY DEVELOPMENT: Developing laws and practices to promote the health of a population based on scientific evidence

- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.

ASSURANCE: Making sure adequate health care personnel and services are accessible, especially to those who might not normally have them **Qa**

- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.
- Ensure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Population-focused nursing

- Population-focused nursing includes assessing to determine needs, intervening to protect and promote health, and preventing disease within a specific population (individuals at risk for hypertension, individuals without health insurance, individuals with a specific knowledge deficit).
- The Public Health Intervention Wheel is a widely used model for public health interventions and is available through the Minnesota Department of Health at www.health.state.mn.us.
- Community partnership occurs when community members, agencies, and businesses actively participate in the processes of health promotion and disease prevention. The development of community partnerships is critical to the accomplishment of health promotion and disease prevention strategies.

KEY PRINCIPLES OF PUBLIC HEALTH NURSING

- Emphasize primary prevention.
- Work to achieve the greatest good for the largest number of individuals.
- Recognize that the client is a partner in health.
- Use resources wisely to promote the best outcomes.

1.1 Community health nursing

	<i>Community-oriented nursing</i>	<i>Community-based nursing</i>
FOCUS OF CARE	Aggregates, communities, populations (public health) Can include at-risk or unserved individuals and families	Individuals and families
PRIMARY GOAL	Health promotion and disease prevention	Management of acute or chronic conditions
NURSING ACTIVITIES	Usually indirect (program management) Can include direct care of at-risk individuals and populations	Direct (one-on-one) Illness care: Management of acute and chronic conditions in settings where individuals, families, and groups live, work, and “attend” (schools, camps, prisons)

Principles guiding community health nursing

Factors to consider when providing community health nursing practice include the following.

- Ethics
- Advocacy
- Evidence-based practice
- Quality
- Professional collaboration and communication

ETHICS

- The Public Health Code of Ethics identifies the ethical practice of public health. Ethical considerations include preventing harm, doing no harm, promoting good, respecting both individual and community rights, respecting autonomy and diversity, and providing confidentiality, competency, trustworthiness, and advocacy.
- Community health nurses are concerned with protecting, promoting, preserving, and maintaining health, as well as preventing disease. These concerns reflect the ethical principle of promoting good and preventing harm. Balancing individual rights vs. rights of community groups is a challenge.
- Community health nurses address the challenges of autonomy and providing ethical care. Client rights include the right to information disclosure, privacy, informed consent, information confidentiality, and participation in treatment decisions.
- As nurses participate in research in the community setting, it is important to use ethical decision-making to promote client rights.
- Public health nurses can apply ethical principles through core functions as they collect and manage information (assessment), develop policies that are in the best interest of the people in an area (policy development), and create interventions that promote healthcare equality across population groups (assurance).

ADVOCACY

Client advocate is one role of the community health nurse. The nurse plays the role of informer, supporter, and mediator for the client. The following are basic to client advocacy.

- Clients are autonomous beings who have the right to make decisions affecting their own health and welfare.
- Clients have the right to expect a nurse–client relationship that is based on trust, collaboration, and shared respect; related to health; and considerate of their thoughts and feelings.
- Clients are responsible for their own health.
- It is the nurse's responsibility to advocate for resources or services that meet the client's health care needs.
- Advocating for clients requires assertiveness, placing priority on the client's values, and willingness to progress through the chain of command for resolution.
- Nurses act as advocates for communities and populations through efforts to change health care systems and improve quality of life. An example of public health advocacy includes nurses working to promote access to clinics for individuals who live in rural communities.

1.2 Application of ethical principles to community health nursing

Respect for autonomy

Individuals select those actions that fulfill their goals.

SITUATIONS: Respecting a client's right to self-determination (making a decision not to pursue chemotherapy)

Nonmaleficence

No harm is done when applying standards of care.

SITUATIONS: Developing plans of care that include a system for monitoring and evaluating outcomes

Beneficence

Maximize possible benefits and minimize possible harms.

SITUATIONS: Assessing costs, risks and benefits when planning interventions

Distributive justice

Fair distribution of the benefits and burden in society is based on the needs and contributions of its members.

SITUATIONS: Determining eligibility for health care services based on income and fiscal resources

EVIDENCE-BASED PRACTICE

Evidence-based practice involves using best practices, expert opinion, and client preferences to change the delivery of client care. The goal is to improve client outcomes.

Data

- The nurse should appraise data collected from research to measure whether bias was minimal (**quality**), the number of studies, participants, or strength of effect (**quantity**) and whether the results are repeatable (**consistency**). The nurse then analyzes the data for application to practice.
- Data is also classified to determine the strength of the information. The nurse should seek the highest level of evidence available and choose information that is validated by systematic peer-review.

In the community

- Evidence-based practice improves public health as nurses develop policies to improve the health of specific groups. The public health nurse can use evidence to provide new solutions for groups of people (assessment), provide information to communities (policy development) and evaluate the effectiveness of the health care environment for groups (assurance).
- An example of evidence-based practice in community health includes the use of high levels of evidence to support media campaigns regarding immunization guidelines.

- The Task Force on Community Preventive Services produces a guide that reviews health promotion and disease prevention guidelines compared to the available evidence. The task force then determines whether there is sufficient or strong evidence to implement an intervention and lists which ones have insufficient evidence to show that they are effective.
- The nurse must consider several factors when applying evidence to practice: cost, benefit to the client, client satisfaction, safety, and client specific factors, such as culture and demographics. An intervention that is appropriate on the client or family level might not work when the nurse is caring for communities or populations of people.
- Nurses in the community setting can contribute to the body of evidence by implementing research studies in the practice setting and in collaboration with educational institutions, health care facilities, and through community-based participatory research (CBPR).
 - CBPR includes partners, professionals, and community residents in identifying health issues and intervening.
 - The CBPR approach fosters support from community members, develops leadership within the community, and promotes a positive collaborative relationship with health professionals.

QUALITY

- Quality assurance, quality improvement, and quality management are part of improvement of health care. Detailed information about quality improvement is available in the **NURSING LEADERSHIP AND MANAGEMENT REVIEW MODULE**.
- Quality care is promoted through licensure and credentialing of health care providers, adherence to facility policies, professional development, and compliance with legal guidelines. Specialty certification is available for many community health roles.
- Quality report cards for managed care and public health organizations provide data about the effectiveness of care. Community health report cards can include health profiles, needs assessments, information about quality of life and health status.
- Nurses can use information from quality report cards in developing or revising strategies for care of communities. An example of increasing quality in community health is educating clients who have diabetes mellitus on how frequently their provider should perform glycosylated hemoglobin testing.

Total quality management (TQM)

TQM is an approach that seeks to improve quality and performance which meets or exceeds expectations.

Continuous quality improvement (CQI)

- CQI is an approach to quality management that emphasizes the organization and its processes and systems and uses objective data to analyze and improve processes.
- Public health nurses follow the continuous quality improvement process in carrying out roles of assessment, assurance, and policy development on an ongoing basis. Nurses can evaluate quality by examining the following aspects of care.
 - **Effectiveness:** providing services to those who will benefit
 - **Timeliness:** reducing waits and harmful delays in providing and receiving care
 - **Client-centered:** ensuring client values guide decision-making
 - **Equity:** providing equal care without discriminating against gender, race, sexual orientation, socioeconomic status
 - **Safety:** avoiding injuries to clients from the care intended to help them
 - **Efficiency:** avoiding waste in supplies, ideas, or energy

PROFESSIONAL COLLABORATION AND COMMUNICATION

- Nurses in various community settings use communication skills in caring for individuals, collaborating in teams and groups, interacting with other professionals, and informing the public and stakeholders.
- The nurse facilitates communication with the client through transfers from one level of care to another, across the continuum of care.
- Nurse leaders use professional communication in roles such as mentoring, coaching employees, managing conflict, and supervising programs.
- Community health nurses should take care to use clear language with a respectful tone when using written, electronic, or print correspondence.
- The nurse should incorporate knowledge about variations in verbal and nonverbal communication, literacy needs, and client preferences when interacting with clients and groups.
- As with all aspects of health care, the nurse in the community setting is bound by laws regulating privacy and confidentiality in all forms of communication.

BENEFITS OF PROFESSIONAL COMMUNICATION

- Increased client adherence to prescribed treatment plan
- Reduced admissions to acute care
- Reduced cost of care
- Shared decision-making with client and family
- Reduced medication errors

COMMUNITY HEALTH EDUCATION

Community health nurses regularly provide health education in order to promote, maintain, and restore the health of populations. This is accomplished through a variety of means, such as community education programs.

In designing community education programs, nurses must take into account the barriers that make learning difficult. Some of these obstacles include age, cultural barriers, poor reading and comprehension skills, language barriers, barriers to access, and lack of motivation. Effective community health education requires planning. 

LEARNING THEORIES

Behavioral theory: Use of reinforcement methods to change learners' behaviors

Cognitive theory: Use of sensory input and repetition to change learners' patterns of thought, thereby changing behaviors

Critical theory: Use of ongoing discussion and inquiry to increase learners' depth of knowledge, thereby changing thinking and behaviors

Developmental theory: Use of techniques specific to learners' developmental stages to determine readiness to learn, and to impart knowledge

Humanistic theory: Assists learners to grow by emphasizing emotions and relationships and believing that free choice will prompt actions that are in their own best interest

Social learning theory: Links information to beliefs and values to change or shift the learners' expectations

LEARNING STYLES

Community health nurses enhance the provision of education by addressing learning styles and domains of learning.

Visual learners: Learn through seeing and methods such as note taking, video viewing, and presentations. These learners "think in pictures."

Auditory learners: Learn through listening and methods such as verbal lectures, discussion, and reading aloud. These learners "interpret meaning while listening."

Tactile-kinesthetic learners: Learn through doing and methods such as trial and error, hands-on approaches, and return demonstration. These learners gain "meaning through exploration."

DOMAINS OF LEARNING

Cognitive domain: Involves knowledge and the development of intellectual skills; for example a client discusses how sodium intake will affect blood pressure.

Affective domain: Involves a change in attitude and development of values; for example a client expresses acceptance of having a colostomy and maintains self-esteem.

Psychomotor domain: Involves the performance of a skill; for example, the community nurse teaches a client how to self-administer insulin.

DEVELOPMENT OF A COMMUNITY HEALTH EDUCATION PLAN

- First, identify population-specific learning needs. 
- Consider population-specific concerns and effects of health needs on the population to determine the priority learning need.
- Select aspects of learning theories (behavioral, cognitive, critical, developmental, humanistic, social learning) to use in the educational program based on the identified learning need.
- Identify barriers to learning, and learning styles (visual, auditory, tactile-kinesthetic).
- Design the educational program.
 - Set short- and long-term learning objectives that are measurable and achievable.
 - Select an appropriate educational method based on learning objectives and assessment of participants' learning styles.
 - Ensure written educational materials are at a 5th to 6th grade readability level.
 - Select content appropriate to learning objectives and allotted time frame.
 - Select an evaluation method that will provide feedback regarding achievement of short-term learning objectives, and long-term impact on behavior.
- Implement the education program. Ensure an environment that is conducive to learning (minimal distractions, favorable to interaction, learner comfort, readability).
- Evaluate the achievement of learning objectives and the effectiveness of instruction.

Epidemiology

Epidemiology is the study of health-related trends in populations for the purposes of disease prevention, health maintenance, and health protection.

- Nurses use epidemiological principles to provide health interventions to targeted groups.
- Epidemiological calculations provide numerical information about the impact of disease and death on populations and aggregates.
- The epidemiological process is a systematic method of targeting a specific health need with the goal of improving health. Epidemiology provides a broad understanding of the spread, transmission, and incidence of disease and injury. This information is an important component of community assessment and program planning.
- Community health nurses are in the unique position of being able to identify cases and recognize patterns of disease, eliminate barriers to disease control, and provide education and counseling targeted at a disease condition or specific risk factors. 

EPIDEMIOLOGICAL TRIANGLE (1.3)

Epidemiology involves the study of the relationships among an agent, host, and environment (known as the epidemiological triangle). Their interaction determines the development and cessation of communicable diseases, as they form a web of causality, which increases or decreases the risk for disease.

- **The agent** is the physical, infectious, or chemical factor that causes the disease.
- **The host** is the living being that an agent or the environment influences.
- **The environment** is the setting or surrounding that sustains the host.

EPIDEMIOLOGICAL CALCULATIONS

Epidemiology relies on statistical evidence to determine the rate of spread of disease and the proportion of people affected. It also is used to evaluate the effectiveness of disease prevention and health promotion activities and to determine the extent to which goals are met.

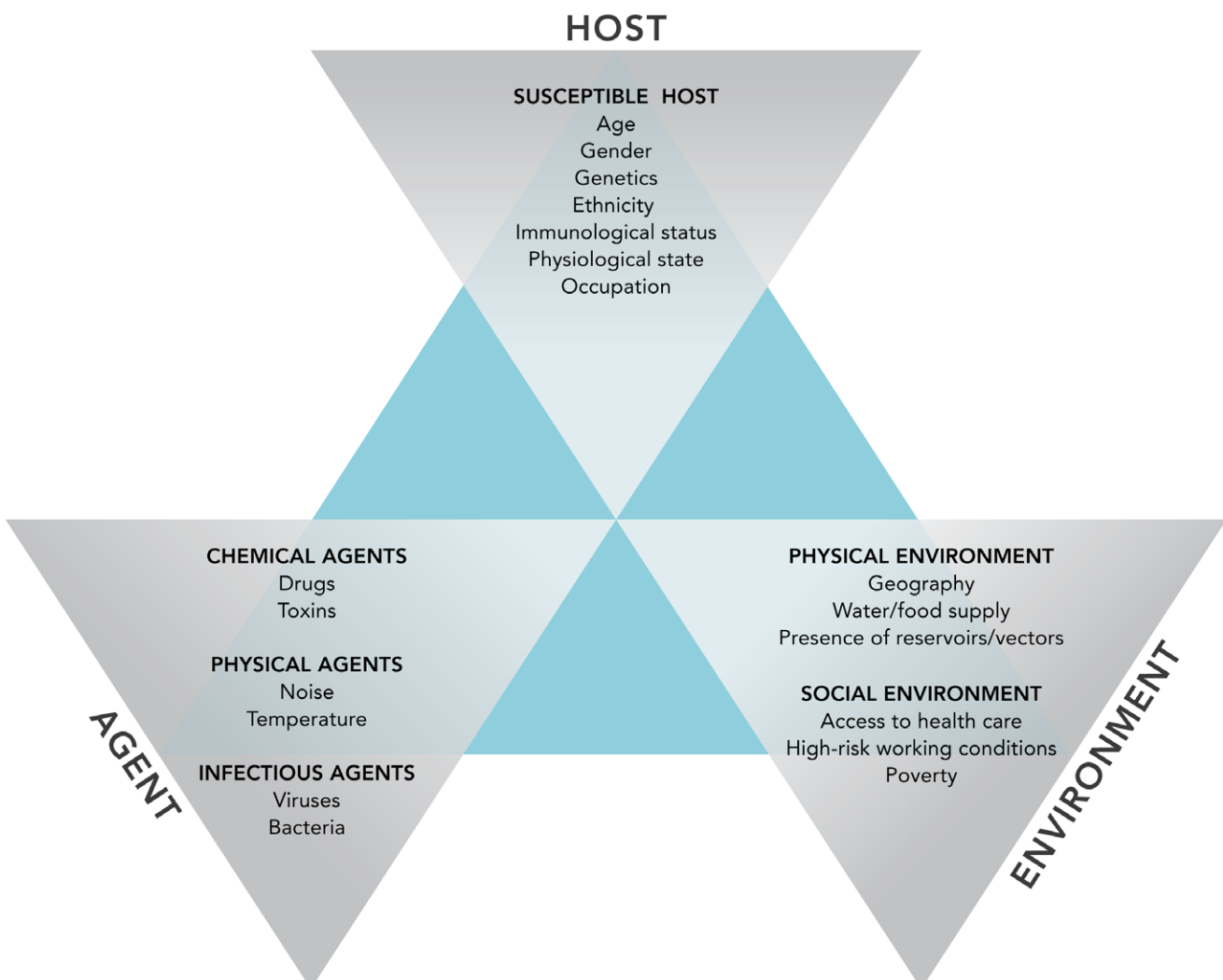
INCIDENCE AND PREVALENCE RATES

Incidence and prevalence rates are used to measure the existence of a particular disease, and allow the nurse to compare the rate of disease in one population to another, even though there can be different numbers of people in a given population.

Incidence: Number of new cases in the population at a specific time ÷ population total x 1,000 = ____ per 1,000

Prevalence: Number of existing cases in the population at a specific time ÷ population total x 1,000 = ____ per 1,000

1.3 Epidemiological triangle



MORTALITY RATES

Mortality rates provide information about cause of death. Public health workers can examine overall death rates (**crude mortality rate**), deaths from specific causes (**cause-specific rate**, **case fatality rate**), or deaths at specific times across the lifespan (**infant mortality ratio**, **age-specific rate**).

Crude mortality rate: Number of deaths ÷ population total x 1,000 = ____ per 1,000

Infant mortality rate: Number of infant deaths before 1 year of age in a year ÷ numbers of live births in the same year x 1,000 = ____ per 1,000

ATTACK RATE

A disease or condition is endemic when there is a moderate, ongoing occurrence in a given location.

Epidemic: Occurs when the rate of disease exceeds the usual (endemic) level of the condition in a defined population.

Pandemic: Condition occurs when an epidemic occurs in multiple countries or continents.

Attack rate: Number of people exposed to a specific agent who develop the disease ÷ total number of people exposed

THE EPIDEMIOLOGICAL PROCESS

Determine the nature, extent, and possible significance of the problem. During this phase of the process, the nurse collects information from as many sources as possible. This information is then used to determine the scope of the problem.

Using the gathered data, formulate a possible theory. At this time, the nurse projects and explores the possible explanations.

Gather information from a variety of sources in order to narrow down the possibilities. The nurse assesses all possible sites for amassing information related to the disease process. The nurse evaluates the plausibility of the proposed hypothesis.

Make the plan. In this phase of the process, the nurse focuses on breaking the cycle of disease. The nurse should identify and consider all factors influencing the spread of the disease. The nurse establishes priorities to break the chain of transmission and to control the spread of the disease.

Put the plan into action. Using all available means, the nurse puts the plan for controlling the disease into action.

Evaluate the plan. The nurse gathers pertinent information to determine the success of the plan. Using this plan, the nurse evaluates the success in prevention of the spread of the disease.

Report and follow up. The nurse synthesizes evaluation data into a format that is understandable. Then the nurse evaluates successes and failures and bases follow-up on the evaluation information.

Health promotion and disease prevention

- National health goals guide nurses in developing health promotion strategies to improve individual and community health.
- Community health nurses participate in three levels of prevention: primary, secondary, and tertiary.

HEALTH PROMOTION

- National health goals are derived from scientific data and trends collected during the prior decade. These goals are based on those issues that are considered major risks to the health and wellness of the United States' population. **QEBP**
 - *Healthy People* was initiated in 1979, and every 10 years, publishes the national health objectives that serve as a guide for promoting health and preventing disease.
 - *Healthy People* is coordinated by the U.S. Department of Health and Human Services, along with other federal agencies, and transitioned to *Healthy People 2020* in January 2010.
- *Healthy People* serves as a measure for quality of health. The national health goals guide the nurse in developing health promotion strategies to improve individual and community health.
- *Healthy People* initiatives have shown that implementing health promotion and disease prevention strategies leads to decreased expense for healthcare and improves the length of the client's lifespan.
- The community health nurse actively helps people to change their lifestyles in order to move toward a state of optimal health (physical and psychosocial).
- Preventive services include health education and counseling based on scientific evidence, immunizations, taking preventive medication, lifestyle changes and other actions that aim to prevent a potential disease or disability.
- The community health nurse provides preventive services in multiple community settings.
- The community health nurse is often responsible for planning and implementing screening programs for at-risk populations.
- Successful screening programs provide accurate, reliable results, can be inexpensively and quickly administered to large groups, and produce few if any adverse effects.
- The nurse should evaluate a potential screening method to determine whether it can be used consistently (reliability), it demonstrates accuracy of measurement (validity), and how effective it is at identifying an individual with a particular condition (predictive value).

DISEASE PREVENTION

Primary prevention

Prevention of the initial occurrence of disease or injury

- Nutrition education
- Family planning and sex education
- Smoking cessation education
- Communicable disease prevention education
- Education about health and hygiene issues to specific groups (day care workers, restaurant workers)
- Safety education (seat belt use, helmet use)
- Prenatal classes
- Providing immunizations
- Advocating for access to health care, healthy environments

Secondary prevention

Early detection and treatment of disease with the goal of limiting severity and adverse effects

- Community assessments
- Disease surveillance (communicable diseases)
- Screenings
- Cancer (breast, cervical, testicular, prostate, colorectal)
- Diabetes mellitus
- Hypertension
- Hypercholesterolemia
- Sensory impairments
- Tuberculosis
- Lead exposure
- Genetic disorders/metabolic deficiencies in newborns
- Control of outbreaks of communicable diseases

Tertiary prevention

- Maximization of recovery after an injury or illness (rehabilitation)
- Nutrition counseling for management of Crohn's disease
- Exercise rehabilitation
- Case management (chronic illness, mental illness)
- Physical and occupational therapy
- Support groups
- Exercise for a client who has hypertension (individual)

Application Exercises

1. A nurse manager at a community agency is developing an orientation program for newly hired nurses. When discussing the differences between community-based and community-oriented nursing, the nurse should include which of the following situations as an example of community-based nursing? (Select all that apply.)
 - A. A home health nurse performing wound care for a client who is immobile
 - B. An occupational health nurse providing classes on body mechanics at a local industrial plant
 - C. A school nurse teaching a student who has asthma about medications
 - D. A parish nurse teaching a class on low-sodium cooking techniques
 - E. A mental health nurse discussing stress management techniques with a support group
2. A nurse is advocating for local leaders to place a newly approved community health clinic in an area of the city that has fewer resources than other areas. The nurse is advocating for the leaders to uphold which of the following ethical principles?
 - A. Distributive justice
 - B. Fidelity
 - C. Respect for autonomy
 - D. Veracity
3. A nurse is preparing an education program on disease transmission for employees at a local day care facility. When discussing the epidemiological triangle, the nurse should include which of the following factors as agents? (Select all that apply.)
 - A. Resource availability
 - B. Ethnicity
 - C. Toxins
 - D. Bacteria
 - E. Altered immunity
4. A nurse is developing a community health education program for a group of clients who have a new diagnosis of diabetes mellitus. Which of the following learning strategies should the nurse include for clients who are auditory learners?
 - A. Showing informational videos
 - B. Providing equipment to practice hands-on skills
 - C. Supplying outlines for note-taking
 - D. Facilitating small group discussions
5. A community health nurse is implementing health programs with several populations in the local area. In which of the following situations is the nurse using primary prevention?
 - A. Performing a home safety check at a client's home
 - B. Teaching healthy nutrition to clients who have hypertension
 - C. Providing influenza immunizations to employees at a local preschool
 - D. Implementing a program to notify individuals exposed to a communicable disease

PRACTICE Active Learning Scenario

A school nurse is planning prevention activities for students. Use the ATI Active Learning Template: Basic Concept to complete this item.

RELATED CONTENT

- Define primary prevention.
- Define secondary prevention.
- Define tertiary prevention.

NURSING INTERVENTIONS

- Include two primary prevention activities the nurse should plan.
- Include two secondary prevention activities the nurse should plan.
- Include two tertiary prevention activities the nurse should plan.

Application Exercises Key

1. A. **CORRECT:** The nurse should include wound care to an individual in the home as an example of community-based nursing, which involves management of acute and chronic conditions in a community setting.
 B. The nurse should include teaching a class in the occupational setting as an example of community-oriented nursing, which involves health care of individuals, families and groups to improve the collective health of the community.
 C. **CORRECT:** The nurse should include teaching a single student in the school setting as an example of community-based nursing, which involves management of acute and chronic conditions in a community setting.
 D. The nurse should include teaching a class to members of a faith community as an example of community-oriented nursing, which involves health care of individuals, families and groups to improve the collective health of the community.
 E. The nurse should include discussion with a group in the mental health setting as an example of community-oriented nursing, which involves health care of individuals, families and groups to improve the collective health of the community.
 NCLEX® Connection: Health Promotion and Maintenance, Health Promotion/Disease Prevention
2. A. **CORRECT:** The nurse is advocating for the leaders to uphold the ethical principle of distributive justice, which is the fair distribution of benefits and burden in society.
 B. The nurse is not advocating for the leaders to uphold the ethical principle of fidelity, which involves keeping commitments and following through with promises.
 C. The nurse is not advocating for the leaders to uphold the ethical principle of respect for autonomy, which is supporting the rights of individuals to determine and pursue personal health care goals.
 D. The nurse is not advocating for the leaders to uphold the ethical principle of veracity, which is the concept of telling the truth.
 NCLEX® Connection: Management of Care, Ethical Practice
3. A. The nurse should include resource availability as an environmental factor when discussing the epidemiological triangle.
 B. The nurse should include ethnicity as a host factor when discussing the epidemiological triangle.
 C. **CORRECT:** The nurse should include toxins as an agent when discussing the epidemiological triangle.
 D. **CORRECT:** The nurse should include bacteria as an agent when discussing the epidemiological triangle.
 E. The nurse should include altered immunity as a host factor when discussing the epidemiological triangle.
 NCLEX® Connection: Safety and Infection Control, Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
4. A. The nurse should show informational videos as an appropriate learning strategy for clients who are visual learners.
 B. The nurse should provide equipment to practice hands-on skills as an appropriate learning strategy for clients who are tactile-kinesthetic learners.
 C. The nurse should supply outlines for note-taking as an appropriate learning strategy for clients who are visual learners.
 D. **CORRECT:** Facilitating small group discussions provides an opportunity for clients who are auditory learners to learn as they listen to information. This is an appropriate strategy for the nurse to include for this group.
 NCLEX® Connection: Health Promotion and Maintenance, Health Promotion/Disease Prevention
5. A. The nurse is using secondary prevention when performing a home safety check.
 B. The nurse is using tertiary prevention when teaching healthy nutrition to clients who have hypertension.
 C. **CORRECT:** The nurse is using primary prevention when providing influenza immunizations to employees at a local preschool because the goal is to prevent the occurrence of disease or injury.
 D. The nurse is using secondary prevention when implementing a program to notify individuals exposed to a communicable disease.
 NCLEX® Connection: Health Promotion and Maintenance, Health Promotion/Disease Prevention

PRACTICE Answer

Using the ATI Active Learning Template: Basic Concept

RELATED CONTENT

Primary prevention: Strategies that prevent the initial occurrence of disease or injury

Secondary prevention: Strategies that lead to early detection and treatment of disease with the goal of limiting severity and adverse effects

Tertiary prevention: Strategies that maximize recovery after an injury or illness

NURSING INTERVENTIONS

Primary prevention activities

- Teaching healthy heart curriculum (nutrition, exercise, not smoking)
- Educating about dental health
- Discussing safety (seat belts, bicycle helmets, stranger safety)
- Administering immunizations
- Teaching about communicable disease transmission
- Providing sex education
- Advocating for safe playground equipment
- Providing substance use prevention education

Secondary prevention activities

- Performing tuberculin skin tests
- Performing routine checks for pediculosis
- Taking measures to control communicable disease outbreaks
- Screening for lead exposure
- Implementing scoliosis screenings
- Identifying students at risk for suicide or self-harm
- Performing vision and hearing screenings
- Measuring heights and weights
- Identifying indicators of child abuse or neglect

Tertiary prevention activities

- Teaching about allergic triggers for students who have asthma
- Administering medications to treat chronic conditions (asthma, attention deficit hyperactivity disorder, seizure disorders)
- Monitoring glucose levels and administering insulin to students who have diabetes mellitus
- Discussing and planning for nutritional needs of students who have cystic fibrosis
- Developing communication methods for students who have autism spectrum disorders

NCLEX® Connection: Health Promotion and Maintenance, Health Promotion/Disease Prevention