**University of Al-Mustaqbal / College of Nursing**

**Fourth Year Students / Family and Community Health Nursing**

**Lecture 5**

**Approaches To Community Health Nursing**

1. **Health Promotion**
2. **Case Management**
3. **Empowerment**
4. **Health Promotion**

“The process of enabling people to increase control over and to improve their own health.”

**Health promotion practice has undergone changes in its approach over time:**

* It began with medical approach focusing on immunization and screening for existing diseases, then shifted to a focus on changing individual risk behavior.
* An educational approach, often taken in health promotion, assumed that knowledge of healthy behavior would lead to behavior change in public.
* More recently, health promotion approaches have focused on:
* **Empowerment**, through the growth of individuals or groups.
* **Change in social and environmental conditions** that impede healthy behavior.
* Health promotion is based around the saying” prevention is better than cure” and it aims at preventing morbidity and mortality.

**Models Of Health Promotion**

1. Precaution Adopted Process Model
2. Theory of Reasoned Action
3. Health belief model
4. Pender’s health promotion model
5. Precede-peroceed model
6. Health- illness continuum model
7. Agent-host- environment model
8. **Precaution Adopted Process Model**

**Definition-** Is a stage model that describes the stages that occur in decisions to adopt or not adopt a health- related behavior (whether) or not to take a specific precautionary action.

**Stages Of Adoption Of Exercise Behavior**

1. **Theory Of Reasoned Action**: Is based on two premises-

**First**: Attitudes toward health-related behavior reflect a person’s attitudes toward the expected consequences of the behavior.

**Second**: is that attitudes are the product of subjective norms influenced by others.

1. **Health Believed Model**
* The health believe model is concerned with what **people perceive, or believe, to be true about themselves in relation to their health.**
* It based on **three components** of individual perceptions of threat of a disease:
1. Perceived susceptibility to a disease,
2. Perceived seriousness of a disease, and
3. Perceived benefits of action.
* It’s widely used in research and program development related to health promotion behaviors.

**Three Strategies For Health Promotion Affect Goal Accomplishment, They are:**

1. **Empowerment:**
* “The process of enabling communities to **inquire the knowledge and skills** to make informed decisions and allowing communities to make those decisions”.
* Focuses on the **environmental conditions** that affect people’s abilities to act in ways that promote health.
1. **Social Marketing:**
* Is the application of commercial marketing technologies to analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare or that of society.
1. **Health Education**:
* **A participatory learning process** that enable people to make informed decisions about health.
* It provides the information and skills that underlie the other two strategies; empowerment and social marketing.

**RE-AIM Framework For Evaluating Health Promotion**

* **(R)each**: Is the program **reaching the intended target**?
* **(E)fficacy**: What are the **program’s** intended and unintended **outcomes**?
* **(A)doption**: To what extent is the **program being implemented in multiple populations**?
* **(I)mplementation**: has the **program been implemented as planned**?
* **(M)aintenance**: to what extent have **program outcomes been maintained over time?**
1. **Case Management**

“ A process of identifying needs and arranging, coordinating, monitoring, and evaluating quality, cost-effective primary, secondary, and tertiary prevention services to achieve designated health outcomes”.

**Levels of Case Management**

* Individual case management
* Population case management

**Case Management Models**

1. Full-service models
2. Broker models
3. Hybrid models
4. Client-focused model
5. System-focused models
6. Social service models

**Client-Centered Goals/Benefits Of Case Management:**

1. Better coordination of care
2. Assistance in negotiating a complex health care system
3. Access to acceptable and affordable health care services
4. Attention to multiple health care needs
5. Attainment of positive health outcomes
6. Improved quality of life
7. Continuity of care and consistent assistance
8. Increased client satisfaction with care
9. Prevention of deterioration in health status
10. Decreased risk and need for acute care services
11. Empowerment and advocacy

**System-Centered Goals/Benefits Of Case Management:**

1. Cost containment and cost efficacy
2. Reduced duplication of services
3. Minimization of hospitalization and rehospitalization
4. Effective resource allocation
5. Elimination of inappropriate care
6. Increased access to services
7. Better communication among agencies and providers
8. Earlier discharge
9. Decreased paper work
10. Increased professional satisfaction
11. Financial viability

**Legal And Ethical Issues**

* **Abandonment**: termination of services to a client with continuing needs without notifying the client for services from another provider
* **Breach of Contract**: dropping a client from the plan without adequate failing to pay for care that should be covered
* **Negligence**: failure to act in a situation as a reasonable person if faced with the same situation
* **Negligent Referral**: a referral that results in harm or injury to the client because the case manager has not adequately assessed the competency of the provider or failure to make a referral when one is warranted.

**Population Indicators For Case Management**

* Populations with high-cost diagnoses
* Populations with high-volume diagnoses
* Populations that will experience significant benefit from case management services.

**Personal Indicators For Case Management**

* Reduced functional status
* History of substance abuse or mental illness
* Poor cognitive abilities
* A history of prior difficulty with compliance
* Age over 65 years
* A recent major life changes or change in self-image
* Potential for severe emotional response
* Unrealistic expectations regarding prognosis and probable outcomes
1. **Community Empowerment**

“ An enabling process through which individuals or communities take control over their lives or their environment”.



**Relationships of Community Empowerment to Other Similar Concepts**

**Community Empowerment Arises From Activities Related to:**

* **Community Development:** Providing a voice in decision making for disadvantaged groups in population.
* **Community Organizing:** Groups are helped to recognize common problems or goals.
* **Community Mobilization:** Working with groups to provide assessment, intervention, and evaluation.
* **Community Building**: Continuous efforts to engage in collective action to create new social capacities, networks for group action and support.

**Community Empowerment Results In Increased:**

* **Community Competence**, the ability of t community to engage in effective problem solving.
* **Community Capacity**, abilities, behaviors, values that enable individuals and groups to carry out functions and achieve their objectives.

**Levels of Empowerment:**

1. **Individual Empowerment**

− Focuses on improving individual skills and self- esteem as a precursor to taking control over one’s own life.

- May address

 • Intrapersonal (control and self- efficacy)

 • Interactional (interactions between people and environment)

 • Behavioral (developments of specific actions and skills)

1. **Community Empowerment**

 − Focuses on increased society participation and preparation for collective action to address common concerns or achieve common goals.