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**Health Promotion and Maintenance**

**Health promotion** and maintenance services assistpatients to remain healthy, prevent diseases and injuries,detect diseases early, and promote healthierlifestyles. These services require patients’ active participationand cannot be performed solely by healthcare providers. Health promotion and maintenanceservices are based on the assumption that patients whoadopt healthy lifestyles are likely to avoid lifestyle relateddiseases, such as heart attacks, lung cancers,and certain infections. An example of health promotion and maintenanceservices is prenatal classes.

 By learning good nutritionaland weight management habits, an expectantmother can take better care of herself and her babyduring pregnancy and after the birth. This increasesthe chances of a normal pregnancy and the birth of ahealthy, full-term infant. Other examples of healthpromotion and maintenance include education aboutaerobic exercise and safe, responsible sexual activity.

Health promotion also includes the detection ofwarning signs indicating the presence of a disease in early stages. Early detection allows treatment to beminimal and less costly and fosters positive treatmentoutcomes. An example of early detection is breast self examinationand mammography, both aimed at detectingbreast cancer in its early stages, thereby providinga better chance for successful treatment.

**FINANCING HEALTH CARE**

The health care system in the United States is undersevere financial stress. Although there is renewed vigorto the public debate over health care reform, costscontinue to climb, as does the number of uninsuredcitizens, estimated at almost 50 million. In spite ofdecades of effort, legislative reforms and managed careinitiatives have had little success in cutting healthcare costs and increasing access to health care. The nation’sdilemma remains: how to provide high-qualityhealth care services to all citizens while keeping costsdown.In a monetary environment that is, one in which money is used as a unit of exchange,consumers exchange money for desired goodsand services.

In an efficient marketplace, the market price ofgoods and services serves to create an equilibrium inwhich supply roughly equals demand, and demandroughly equals supply. When demand exceeds supply,prices rise. When supply exceeds demand, prices fall.

Community Health Centers**:**

Community health centers are being more frequentlyused in many areas. Most centers use ateam approach involving physicians, nurse practitioners,and community nurses working togetherto provide health services. Most centers havediagnostic and treatmentfacilities that providemedical, nursing, laboratory,and radiologicalservices. Some centersmay also provide outpatientminor surgical proceduresthat allow clientsto remain at home whileaccessing health servicesas needed.

Rehabilitation Centers**:**

In many acute care facilities,discharge planningand rehabilitative needs are discussed at the time ofadmission. Rehabilitation centers or units are similarto some extended care facilities, where the client goalis to restore health and function at an optimum level.

Often clients are admitted to rehabilitation units afterrecuperating from the acute stage of an injury or illness.The rehabilitation unit then provides services tocomplete the recovery and restore a high degree ofindependence.Some common types of rehabilitation unitsinclude geriatric, chemical dependency, stroke, andspinal cord injury units. Nurses who work on theseunits have the responsibility of coordinating healthcareservices, providing skilled care when required,supervising less qualified personnel, and ensuringclient compliance with treatment regimens.

Models for Nursing Informatics:

The nursing community has made marked progress toward developing a discipline of informatics that is specific to the delivery of nursing care based on the science of nursing. Nursing has distinct and discrete information needs. The content and application of nursing information are substantively different from those of other disciplines. Data gathered by the nursing profession present unique problems for the use of information in the delivery of nursing care based on critical thinking

Data, Information, and Knowledge

In most theories of nursing informatics, *data* are defined as raw and unstructured facts. For example, the numbers 102 and 104 are raw data: By themselves, these numbers have little meaning because they lack interpretation. *Information* consists of data that have been given form and have been interpreted. If the numbers 102 and 104 are given additional descriptors so that they become a 25-year-old man with an oral temperature of 102°F and a heart rate of 104 beats per minute (bpm) taken on admission to the emergency room, they become information that has meaning to the nurse.

*Knowledge* takes the process one step further because it is a synthesis of data and information. Knowing that an oral temperature of 102°F is higher than normal and a heart rate of 104 bpm is faster than normal for a 25-year-old man, and combining that information with an understanding of human physiology and pharmacology, the nurse is able to decide what treatment should be given.