




Community Nursing and Home Based Health Care Part 1

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Guest lecture, Linn-Benton Community College Nursing Program
October 28, 2021, 9a – 11:20a

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Read.... Please!



- These sessions and experiences will be most helpful and interesting to you if you read the material.
- We will touch on some key points in your ATI Community Health Module and Fundamentals text in these lectures, but our focus will be to discuss application of the principles in the local community setting.

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Objectives – Part 1



1. Identify factors influencing community health.
2. Discuss the role of the RN in epidemiology and prevention of communicable diseases.
3. Compare and contrast community-based care, community health nursing, public health nursing, and community-oriented nursing.

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Objectives – Part 1



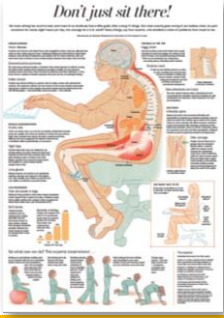
4. Describe the roles of nurses in the community setting and the various career opportunities available for community-based nurses.
5. Discuss the nurses role in emergency preparedness
6. Identify the role of the community health nurse in continuity of care

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Sitting


- Sitting is the new smoking
- <http://www.washingtonpost.com/wp-srv/special/health/sitting/Sitting.pdf>
- How long should we sit at any given time?

**Model what we know...
People look up to nurses!**



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What is health?




- World Health Organization definition: *State of complete physical, mental and social well-being, and not merely the absence of disease or infirmity*
- Health is *personal*; the “definition” of health varies based on a person’s values, personality, lifestyle, and age and is dependent on the environment and other socioeconomic variables.

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Communities and populations




- **Community** suggests shared geographic, civic, and social values and relationship; people working together, such as faith *community*
- **Population** often refers to a geographic area; can also mean a particular group of people with shared characteristics. Examples: homeless population, worker population, Latinx population
- **Aggregate** is a group of people with at least one shared personal characteristic. Example: Female teens of childbearing age

In practice, these terms are often used interchangeably

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“Community” as client



- An **“aggregate”** becomes the focus of care and the nursing process is applied to the group as a client instead of the individual member. Examples could include:
 - Department within a workplace (or the entire workplace)
 - Elementary schools within a school district
 - Oregon Health Plan members in East Linn County
 - Faith community or communities

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Community



- **Structure:** Refers to the general characteristics of a community - Demographics and data about healthcare services
- **Status:** Described by a variety of health indicators
 - Biological: **Morbidity/mortality** rates, life expectancy, risk factors for age groups, prevalence of lifestyle choices (i.e. nicotine)
 - Emotional: Mental health and consumer satisfaction with certain community markers (how people feel about things)
 - Social: Crime rates, community involvement, leadership capacity

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Community




- **Process:** Describes the overall effectiveness of the community
 - Do groups perceive a common purpose?
 - Do community members gather and interact?
 - Is there an established mechanism for conflict resolution?

Note: A community (or population, or aggregate) can be a site where care is provided... or a recipient of care interventions.

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What is community health nursing?



- Population-focused approach to planning, delivering and evaluating nursing care in a variety of settings outside the acute care setting.
- Community health nursing is usually autonomous with focus on the health and welfare of diverse clients across the lifespan.

- Goal:
 - Promote, preserve and maintain the health of a population by *bringing services* to individuals, families, and groups – continuity and improved access to care

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What is community health nursing?



- Population-focused approach to planning, delivering and evaluating nursing care in a variety of settings outside the acute care setting.
- Community health nursing is usually autonomous with focus on the health and **welfare** of diverse clients across the lifespan.

Welfare: the state of doing well especially in respect to good fortune, happiness, well-being, or prosperity


- Goal:
 - Promote, preserve and maintain the health of a population by *bringing services* to individuals, families, and groups – continuity and improved access to care

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What is community health nursing?

- Community health nurses assess the extent to which a community's health needs are met by combining elements of nursing and public health theory
- Community health practice is *in the community*
 - Care might be delivered from a central location such as a community health clinic, senior center, soup kitchen, etc.
 - Care might also be delivered at an individual or family's school, workplace, faith community, or home
 - Care may be direct or indirect




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Direct vs. indirect care

Direct care:
Familiar nursing model guides care of individuals and family, but in community setting




Community-based nursing

Indirect care:
Collaborative upstream thinking and systems thinking used in developing programs and interventions to improve health of a group



Community-oriented nursing



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	Community-based nursing	Community-oriented nursing
Focus of care	Individuals and families	Aggregates, communities, populations (public health) Can include at-risk or unserved individuals, families or groups
Primary goal	Management of acute and chronic conditions	Health promotion and disease prevention
Nursing activities	Direct (one-on-one) illness care: Management of acute and chronic conditions in settings where individuals, families, and groups live, work, and "attend"	Usually indirect ; program management Might include direct care of at-risk individuals and populations

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What types of nursing occur in the community?




- **Community-based care** includes healthcare or rehabilitation services performed OUTSIDE the acute care hospital facility.
 - Clinics, mobile care units
 - Surgery centers
 - Outpatient rehabilitation centers
 - Skilled nursing facilities
 - Assisted living communities
 - Consumer's home

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What types of nursing occur in the community?




- **Community-oriented nursing** combines principles of both.
 - Goal: Health promotion, illness prevention, early detection, and treatment provided within the community setting.


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What types of nursing occur in the community?




- **Community health nursing** focuses on how the health of individuals, families, and groups impact the health of the overall community.
 - Goal: Promote, protect, preserve, maintain health of the community by focusing on the individual, family, or group.




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What types of nursing occur in the community?



- **Public health nursing** focuses on how the health of overall community will eventually impact the health of individuals, families, and groups.
 - Goal: Prevent individual disease/disability, promote and protect the overall health of the community.



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Public health nursing “essential services”
Nursing process applied to community



- Conduct research to gain new knowledge and solutions to public health problems
- Population **ASSESSMENT**
 - Identify community health problems
 - Diagnose/investigate community health problems and health hazards
- **POLICY DEVELOPMENT** - evidence-based laws, practices
 - Inform, educate, empower
 - Mobilize partnerships to identify and solve health problems
 - Develop policies and plans to support community health efforts
- **POLICY, SYSTEMS, ENVIRONMENT**


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Public health nursing “essential services”
Nursing process applied to community



- **ASSURANCE**
 - Making sure healthcare is accessible to all
 - Enforce laws and rules that protect health and safety
 - Link people to services and ensure care when otherwise unavailable
- Ensure a competent public health and personal healthcare workforce
- Evaluate effectiveness, accessibility and quality of personal and population-based services

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Health promotion vs. health protection 


Health promotion: Motivated by the desire to increase well-being

Disease prevention, a.k.a., health protection: Motivated by the desire to avoid illness

Sometimes used interchangeably but they are not the same

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Prevention occurs at individual and community level in community health nursing

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Primary prevention 

- Prevents initial occurrence of a disease or condition; includes education, collaboration, lobbying, empowerment, advocating for environmental change through civic involvement
 - Neighborhood clean-up
 - Access to trail systems and daily exercise
 - Access to healthy food in neighborhood groceries
 - Lifestyle education (smoking, nutrition, hygiene, etc.)
 - Lifting devices for bed-bound consumer care

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Secondary prevention




- Reduces the impact of a disease through early detection and treatment
 - Community assessments for environmental hazards
 - Screen home and children for lead
 - Blood sugar screening and diabetes education for those diagnosed with pre-diabetes
 - Mammography and other cancer screenings
 - Lipid testing, EKG for heart disease
 - Trauma-informed care ([Trauma-informed Oregon](#))

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Tertiary prevention




- Tertiary interventions are intended to halt disease progression and/or restore functioning. Client debilitation – even death – could occur without intervention. Often requires collaboration.
 - Surgery for broken hip and physical therapy
 - Medication for glaucoma
 - Living Well with Chronic Conditions (class)
 - Case management
 - Lead abatement

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Examples for each prevention level?




- Falls
- Lead
- Diabetes

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Communicable disease surveillance in community health




- Nurse role in communicable disease prevention depends on the community care setting – will see in employee health in healthcare, but is primarily public health focus. In general:
 - Collecting and analyzing infectious disease data
 - Monitoring patterns to identify an outbreak and track origin
 - Communicable disease reporting

Communicable disease management in the community emphasizes control through immunization and other prevention measures, especially for hepatitis, tuberculosis, sexually transmitted diseases

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Prevention levels in community control of communicable disease




- **Primary:** Prevent occurrence through vaccination, elimination of the source (mosquitoes, for example), education prior to foreign travel
- **Secondary:** Post-exposure prophylaxis (rabies, HIV, etc.), quarantine, screening and case finding (contact tracing)
- **Tertiary:** Monitor treatment compliance (DOT), link consumers to needed rehabilitation resources

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Additional terms




- **Epidemiology:** study of health-related trends in populations for the purposes of disease prevention, health maintenance and health protection
- **Endemic:** disease or condition that is moderate and ongoing in a given location
- **Epidemic:** rate of disease greater than usual endemic level
- **Pandemic:** epidemic in multiple countries or continents
- **Attack rate*:** Number of people exposed to a specific agent who develop the disease/total number exposed

*There is more than one type of attack rate

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Rates - Morbidity




Incidence
Number of **new cases** in the population at a specific time/total population 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

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Rates - Mortality




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

Infant mortality rate
Number of infant deaths before 1 yo in one year/number of live births in the same year x 1,000 = ____ per 1,000

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Any exposure trends investigation is considered epidemiology.
8 existing cases of nosebleed/15 x 1,000 = 533
Incidence... or Prevalence?

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What defines a healthy community?




- **Healthy People 2020/2030** goals focus on **high quality, longer lives free of preventable disease, injury, disability, premature death and on health equity, reduced disparities, and improved health for all.** Renewed every 10 years.
- It can be a good place to begin learning about possible community health needs. Examples: physical activity, weight, nicotine and drug use, sexual behavior, injuries and violence, mental health, environmental quality, immunizations, access to care (including transportation issues)

Remember our definition of health - how a community defines and prioritizes health or health problems is unique to that community and must be explored through an assessment – including a windshield assessment - to get good info.

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Explore the site to drill down. You can even get state level info on this national website!




Where were we halfway through (2015)?

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What makes a community vulnerable?




- Limited economic resources – not just poverty, but near poverty (**Asset Limited Income Constrained Employed – ALICE**)
- Limited social resources – friends, family, faith community
- Extremes of age – often in poverty, at increased disease/injury risk
- Chronic disease and obesity
- History of abuse or trauma (assessment at <https://acestoohigh.com/>, free training at <https://traumainformedoregon.org/>)

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Community-specific assessments


- [Samaritan Health Services Community Health Needs Assessment](#) (updated every three years for each hospital community)
- [Linn County Community Health Assessment and Improvement Plan](#) (updated every five years)
- [Lebanon 2040 Vision and Community Strategic Action Plan](#)
- [Oregon Health Department State Health Assessment](#)
- [Robert Wood Johnson Foundation County Health Rankings](#)



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Linn County health issues identified from County Health Rankings – *includes Albany*


- Health outcomes (18/35):
 - Length of life (16/35), Quality of life (18/35)
- Health factors (11/35):
 - Health behaviors (14/35)
 - Clinical care (8/35)
 - Societal factors (14/35)
 - Physical environment (21/35)



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Community planning

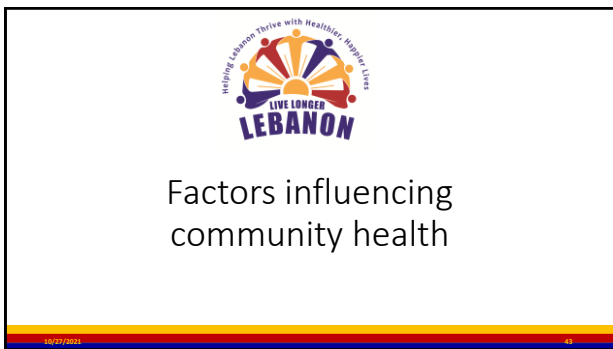
- Forward-thinking leaders address community health in planning
- It helps to have nurses at the table, but we are typically not paid to be there
- Somebody has to step up to the plate to bridge the gap – best if it is collaborative effort across sectors (government, schools, healthcare, workplaces, faith communities, retail, social services, etc.)
- **Best results are organic**



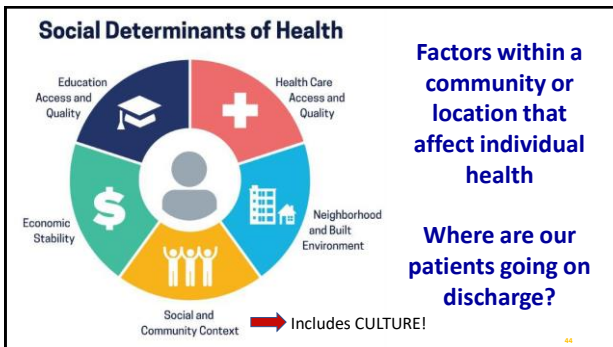
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Family unit can have a positive – or negative – influence on health, safety, and healthcare choices...



- Genetics
- Culture: Beliefs, values, attitudes, and behaviors in a family unit (or any group) influence health and safety and healthcare access and choices
- Environment: Living or working conditions that may contribute to illness or injury or promote health

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Community-oriented nursing happens where we live, work, learn, play, worship ... anywhere we receive care.

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We are all community-oriented nurses!
Raphael's story


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Health history considerations

- What is housing like?
- What does the consumer and other family members do for work?
- Smoking or vaping indoors?
- Remodeling recently?
- Pets? Type?
- Water quality
- How is sewage and waste disposed of?
- Pesticides?
- Where do children play?
- Neighborhood hazards? These could include busy roads, industry, etc.

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Environmental health



- Model environmental stewardship!
- Toxicology considers health effects of chemical exposures; nurses use this information in their environmental assessment
- Toxins: lead, pesticides, solvents, radon, etc.
- Air pollutants: CO, particulates, lead, aerosols, tobacco smoke, etc.
- Water pollutants: Wastes, industrial run-off, pesticides

- Contamination: food and food products with bacteria, radiation, pesticides, medication, etc.

All environments can impact health – especially home and work – Fact-based risk communication is critical:
[Risk = Hazard + Outrage](#)

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Risk perception – Sandman Model

“Safe”	“Risky”
1. Voluntary	Coerced
2. Natural	Industrial
3. Familiar	Exotic
4. Not memorable	Memorable
5. Not dreaded	Dreaded
6. Chronic	Catastrophic
7. Knowable	Unknowable
8. Individually controlled	Controlled by others

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Environmental assessment



I PREPARE acronym:

- I** Investigate potential exposures
- P**resent work – exposures, PPE, clothing brought home
- R**esidence – age of home, heating, chemicals, water
- E**nvironmental concerns - air, water, waste site, etc.
- P**ast work – exposures, farm work, military, volunteer, etc.

Activities – hobbies, gardening, fishing, soldering, alternative medicines


Referrals and resources – EPA, DEQ, Agency for Toxic Substances and Disease Registry, AAOHN, SAIF, OR OSHA, County health department

Educate – risk reduction, prevention, follow-up

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Environmental control




- An individual who believes they have control over their environment will have less stress and be more likely to engage in health-seeking behaviors.
- Those who believe their outcome is pre-determined and environment cannot be changed are not as likely to seek health.
- Those who seek harmony with the environment will look for a holistic way to balance body, mind, spirit.

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Access to care




- Community health nurses can help shift the focus from acute treatment of disease (curative model) to prevention
- Community assessment includes barriers to healthcare access – community health providers like faith community nurses can help reduce barriers
- Examples of barriers: Un(der)insured, language barriers, lack of providers, lack of transportation, social isolation, provider attitudes, computer access and/or literacy

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Culture




- Culturally and linguistically appropriate services (CLAS) standards
 - Language assistance and information in preferred language
 - Culturally appropriate care

Congruency between care and culture is essential; health beliefs are influenced by culture

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Cultural competence




- Skill in respecting individual dignity and preferences and acknowledging differences. Includes religion! Four dimensions:
 - Cultural preservation – Assisting to keep traditions
 - Cultural accommodation – Supporting practices that are beneficial
 - Cultural repatterning – Assisting to modify those not beneficial
 - Cultural brokering – Advocating, mediating, negotiating, intervening with healthcare culture on behalf of the client

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Cultural self-assessment




- Seek out a course on Unconscious or Implicit Bias!
- We need to ponder views on this, but even so, we are totally unaware of many of our preconceived notions – even if we think we are aware.
- Two hours of training required by OSBN prior to licensure and at renewal.

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Time orientation and social organization




- An individual focused on the past and unable to look toward the future will likely have less interest in health seeking.
- Family hierarchy impacts care decisions – include individuals that the consumer deems important
- Consumer may make decisions that are best for the family, not necessarily themselves

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Health beliefs and practices




- Biomedical beliefs – focus on identifying a cause for every effect – the body as machine. Most US healthcare systems function under this belief.
- Naturalistic beliefs – imbalance in nature is believed to cause disease; foundational in Eastern Medicine, also in some Mexican cultures
- Spiritual beliefs – beliefs that illness (and healing) is linked to a supernatural force. These beliefs include faith in a higher divine power, as well as witchcraft and voodoo.

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Examples of cultural assessment parameters




• Ethnicity	• Health promotion and maintenance practices
• Religious preference	• Types of health practitioners used
• Family structure	• Medicines, remedies, treatments, and therapies used
• Language and literacy needs	• Insurance status; how they view insurance
• Communication needs	
• Education	
• Cultural values related to health	
• Food patterns	

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Cultural assessment




Data collection process and analysis:

1. Start with self-identified information: ethnic background, religious preference, family structure, food patterns, health practices.
2. Inquire about client's perception of health needs
3. Use information to assess how cultural factors impact nursing intervention effectiveness

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Cultural assessment considerations




- Use the consumer’s last name unless they say otherwise
- Introduce your name and explain your position
- Be authentic about what you know and don’t know about their culture
- Find out what they know about their health status and if they intend to follow a treatment plan; encourage questions.
- Incorporate their preferences into care; make no assumptions.

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Using interpreters




- Interpreters should be trained.
- Avoid using family members, and if possible, use an interpreter from another community
- Consider consumer preferences regarding interpreter age and gender
- Differences in socioeconomic status, religious affiliation, education level and spoken dialect can create challenges
- Federal programs are mandated to improve access to non-English speakers

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Global health influences


- Sanitation, climate change, maternal health, nutrition
- Inadequate resources and infrastructure in developing nations
- International travel (disease transmission)
- Wars; political unrest
- Availability of clean water, air
- Natural and man-made disasters



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Organizations



- World Health Organization
- Veterans Health Administration
- United States Department of Health and Human Services (many important sub-agencies, including CDC, FDA, NIH, etc.)
- Oregon Health Authority (many important sub-agencies, including WIC, Oregon Health Plan and Medicaid, Communicable Disease, OSBN)
- County health department

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Social Determinants of Health



The diagram is a circular wheel with a central human figure icon. It is divided into five colored segments, each with an icon and a label:

- Education Access and Quality** (dark blue segment with a graduation cap icon)
- Health Care Access and Quality** (red segment with a white cross icon)
- Neighborhood and Built Environment** (light blue segment with a house and building icon)
- Social and Community Context** (yellow segment with an icon of three people holding hands)
- Economic Stability** (green segment with a dollar sign icon)

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Live Longer Lebanon
a community health-improvement coalition

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Live Longer Lebanon!



- Multidisciplinary; grass-roots
- Purposes:
 - Remove silos and improve collaboration and communication
 - Reduce redundancy and identify gaps
 - Improve social determinants of health
 - Expose the community to positive health messages
 - Support Lebanon's Community Strategic Plan
- Tagline: "Helping Lebanon thrive with healthier, happier lives"

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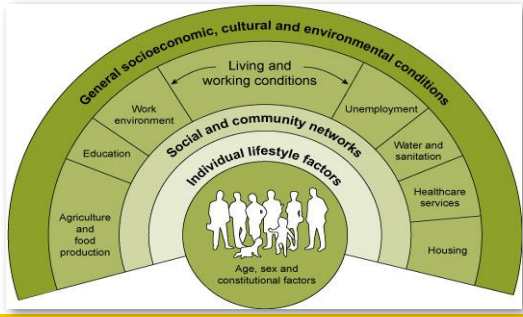
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We knew we must address our social and lived environments in East Linn County before we could impact health behaviors.



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Sector by sector approach consistent with public health science – *and our capacity and budget!*


- Schools
- Faith communities
- Worksites
- Community organizations
- Restaurants
- Grocery stores

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Ten to Thrive!

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How we work



- We are a healthy community idea incubator
 - An idea is brought to the table, researched, brainstormed, and if approved, someone takes the lead
 - Others provide support according to interest and capacity
 - Result: A stand-alone community-based initiative


You are welcome to attend (Zoom) our lively meetings, the 4th Wednesday of most months. Next meeting: December 1, 2021 at 7am.

Email livelongerlebanon@gmail.com to be added to our email list

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Initial initiatives - Schools



- LCSD
 - Welcome Center
 - Wellness Champions
 - Well-being offerings for staff
- Boys and Girls Club
- Safe Routes to Schools - Walking School Bus
- 5-2-1-0 Challenge - May, 2018
 - LCSD
 - Boys and Girls Club
 - Community

- 5 Five or more servings of fruits and veggies
- 2 Two hours or less of leisure screen time
- 1 One hour or more of physical activity
- 0 ZERO sugary drinks


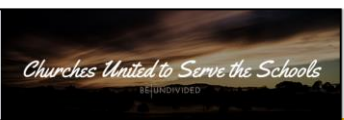
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Our transition into the faith sector occurred naturally...





- "Lebanon BeUndivided" launched
 - Inspired by [BeUndivided](#) video shown at Live Longer Lebanon meeting
 - Meeting many school needs and still going strong

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Faith Community Health Network

- FCN/HM class held in *Lebanon* in late in 2018 – first in 10 years!
- Building a team to provide spiritual care, transitional care, and advocacy to the vulnerable – great transition option for RNs after leaving paid work
- Recently received a sizable grant
- You are welcome to attend our meetings on the 4th Wednesday of most months.
- **Next meeting: December 8, 2021, 4:30p**

Email us at faithcommunityhealthnetwork@gmail.com to be added to the email list for meeting notifications.

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Foundations of Faith Community Nursing and Health Ministry Course now offered annually in partnership with LBCC Extended Learning and Samaritan Health Services






2018 2020



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Examples of existing work and new initiatives based on community need

- Hosting another 5-2-1-0 challenge in schools and the community in February.
- Working with officials to promote emergency preparation in the community, focusing on schools, churches, families.
- Exploring strategies to improve lives of those suffering from mental health challenges and who have inadequate housing and supports

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Helping Lebanon Thrive with Healthcare - Helping Lives
LIVE LONGER LEBANON

Principles guiding community health nursing practice

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Ethics



- Public health code of ethics: prevent harm, do no harm... respect individual and community rights and differences.
- Community health nurses protect, promote, preserve, maintain health and prevent disease
- Clients (consumers) have a right to autonomy, information disclosure, privacy, informed consent, confidentiality, and to have a voice in care decisions

Balancing individual rights and community rights can create ethical dilemmas

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Meet Diane
Retired Army Nurse – Veteran.
Newly home alone; middle-aged daughter recently moved to Colorado.





Story and photo used with Sarah McCraw's permission.

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Advocacy





- Community health nurse serves as informer, supporter, and mediator.
- Client (consumer) has a right to a care relationship that is based on trust, collaboration, shared respect, and consideration for thoughts and feelings; they are responsible for their own health but the nurse's role as advocate is critical
- Advocacy requires assertiveness and a willingness to take an issue up the management chain as needed – whether for an individual or a community

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Meet Ron
Retired
machinist,
recent
widower





Story and photo used with Ron's permission.

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Evidence-based practice



- In the community, this includes best practices, expert opinion, and consumer preferences to change care and improve outcomes
- Assessment, policy (along with systems, environment) and assurance
- Consider: cost, benefit, satisfaction, safety, culture, and demographics - an evidence-based intervention appropriate for an individual may not be appropriate for an aggregate
- More community health research is needed

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Continuous quality improvement in community health



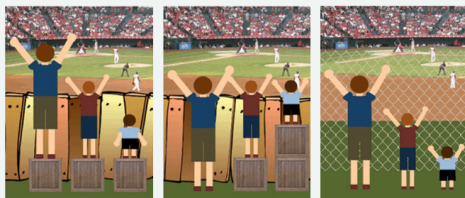
- Effectiveness – providing services to those who benefit
- Timeliness – reducing waits and delays
- Client-centered – client values drive decisions
- Safety – assuring care does no harm
- Efficiency – avoiding waste in supplies, ideas, energy
- Equity – care without discrimination; trauma-informed

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EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

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Professional collaboration and communication



- Spoken, written, electronic, or print communication should be professional, clear and consider verbal and non-verbal communication challenges and literacy needs, along with client preferences
- Needed for communicating with client and groups, collaborating with teams, informing the public, interacting with other professionals, managing conflict, de-escalation...

Privacy and confidentiality!

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Ethics applied in community health nursing

Ethical principle	Definition	Situation example
Respect for autonomy	Individuals select actions that fulfill their goals	Respecting a consumer's right to self-determination (making a decision NOT to accept chemo)
Non-maleficence	No harm is done in the process of care delivery	Developing plans that include monitoring and evaluating outcomes
Beneficence	Maximize benefit, minimize harms	Assessing costs, risks, benefits when planning interventions
Distributive justice	Fair and appropriate distribution of benefits, risks and costs within a society. In healthcare context, this requires patients with similar cases to be treated in a similar manner, and for there to be overarching equality of access to finite health resources.	Determining eligibility for healthcare based on income and fiscal resources

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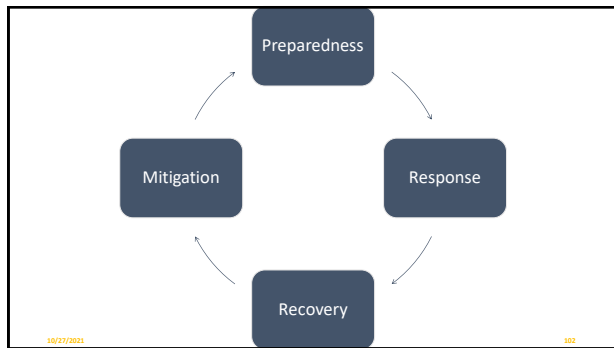
Emergency Management



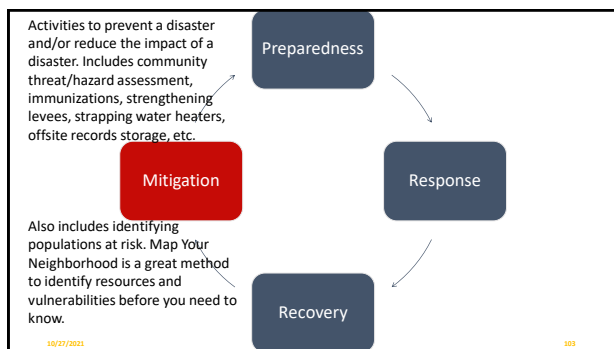
- Disaster is an event that overruns resources and causes human suffering.
- Nursing can play a role in all phases of emergency management cycle.

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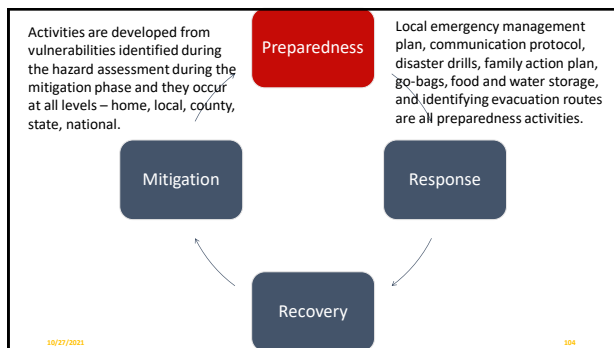
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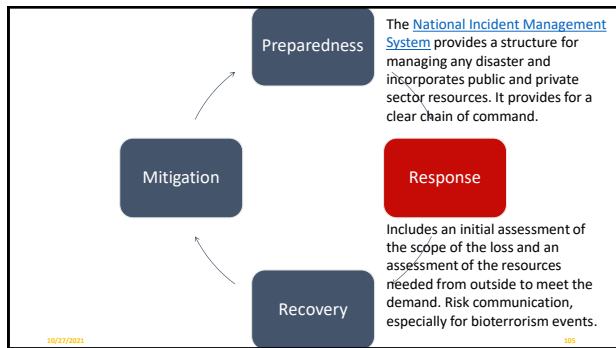
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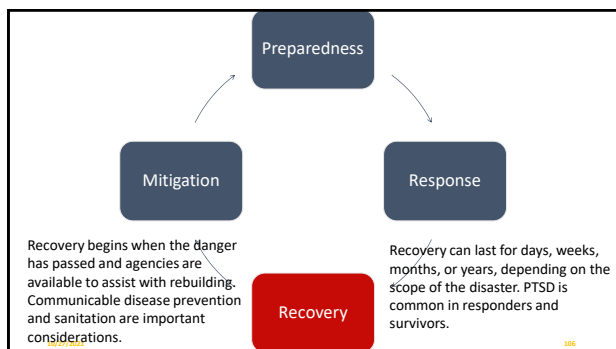
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Phases of emotional reaction during a disaster



- Heroic – Intense excitement, concern for survival. Often manifests as a rush of support from outside the area
- Honeymoon – Affected individuals bond and share their experiences
- Disillusionment – Depression and exhaustion among responders, frustration with delays in aid and/or aid distribution
- Reconstruction – Adjusting to the new reality; new normal. Counseling may be needed. Those affected begin looking ahead.

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Community health nurses can help with...


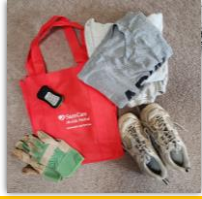


- It is best to get involved in the beginning, i.e. signing up for [Medical Reserve Corps](#)
- Risk assessment
- Disaster planning, including triage plans
- Disaster response, including activating disaster plan, performing triage, providing leadership, assisting with shelter safety and health
- Disaster recovery – Reassess care needs of those affected; may include home visits, coordinate/provide care in shelters, provide or refer for psychological treatment
- Evaluate the response and adjust the plan accordingly

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Where to start?

- Make small changes to improve safety and health in your work environment
- Begin emergency preparedness with fellow students – challenge each other to put an emergency bag by the bed... after putting one by your own!
- [Map your neighborhood!](#)
- Set up an account on the [Ford Family Foundation Select Books](#) website

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Community nurse roles




- Client advocate – involvement in professional associations, civic organizations, school board, fire district board, city council, and more.
- Educator – Providing educational opportunities for individuals, groups, politicians, local community leaders, etc.

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Community nurse roles




- Collaborator – Collaborating creates synergy! Partnerships and coalitions can effectively address common concerns among different communities as well as within a single community
- Counselor – Community members seek out nurses for health- and non-health related concerns, often about resources. Be mindful of scope of practice.

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Community nurse roles




- Case manager – Commonly makes referrals to or collaborates with other entities.
Be aware of ever-changing policies and funding, and also of redundancies. It is a trauma-informed practice to tell them as much as you can about what they might experience, including long waits for appointments.

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Nurses work in a variety of community settings, each with standards of practice; some have specific scope definitions by the Oregon Nurse Practice Act - **NIMBLE**



- [Public health nursing](#)
- [Faith community nursing](#) (called parish nursing in the past)
- [School nursing](#)
- [Occupational health nursing](#)
- [Disaster nursing \(Service Corps\)](#)
- [Correctional nursing](#)

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Nurses work in a variety of community settings, each with standards of practice

- Substance abuse nursing
- Homeless outreach nursing
- Geriatric nursing in community-based care
 - Assisted living
 - Skilled care
 - Home health

Community nursing is an autonomous role requiring integrity, solid problem-solving & conflict resolution skills, and excellent communication skills.



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The nursing process is still the nursing process regardless of setting...

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Questions?



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