**COMMUNITY**

**: CONCEPT OF COMMUNITY HEALTH NURSING**

As mentioned in the introduction to this module, community health is concerned with the promotion of health and prevention of diseases through close community participation

A community is a group of people (a large or small group) living in a certain geographical area and working together for a common goal. They share the same resources such as water, climatic and geographic conditions, health services, administration and leadership, as well as disadvantages such as shortages, risks   
and dangers.

**Functions of a Community**

Community functions are a medium for the growth and development of the community’s individual members. A good community is judged by the kind of people it produces.

The functions of a community include:

* Transmitting and sharing information, ideas and beliefs
* Educating its children about their culture (socialising) and welcoming newcomers into the group’s culture (acculturation)
* Producing and distributing services and goods
* Providing companionship and support to individual members and smaller groups
* Sharing and utilising space for living, schools, health facilities, fields, roads etc.
* Protecting individual and group rights and welfare.

**Remember: The greatest human possession is health.A healthy community is a productive community.**

**Characteristics of a Healthy Community**

* Safe and healthy environment, relatively free from natural and man-made hazards
* Community members have high standards of personal hygiene
* Adequate supply of wholesome water
* Availability of adequate nutritious food
* Suitable housing
* Harmonious interpersonal relationships among members
* Availability and accessibility of health care facilities
* Availability and accessibility of suitable educational, social and recreational facilities
* Gainful occupational activities (availability of stable or reliable sources of income)
* Sound communication infrastructure
* Communal approach to and participation in tackling community problems

**Problems that Affect the Health of the Community**

* Unsanitary environment
* Overcrowding
* Poverty
* Unclean and inadequate water supply
* Lack of nutritious food
* Unsafe environment
* Epidemic and endemic disease
* Unstable family life
* Illiteracy and ignorance
* Poor leadership and lack of participation
* Adverse weather conditions
* Poor infrastructure
* Political instability

**COMMUNITY SUB-SYSTEMS**

A community is made up of various sub-systems, all of which have a bearing on how people live and behave. For a community to function smoothly the various sub-systems must work in harmony. In the next sub-section you will look at the eight sub-systems found in a community and how they influence the health of its people.

A community has eight essential sub-systems, which interact and interrelate continuously. Take a look at each of these sub-systems in detail to understand how they influence the health of people living within a community.

* **Socio-cultural System**

This system is made up of all the customs and beliefs, family and kinships, leadership and power structures in society. This sub-system exerts a powerful influence on the lifestyles of the community members, their priorities and their attitudes and values towards health and illness.

For example some cultural factors promote either acceptance or stigma towards a certain illness. High-risk behaviour may be a result of cultural traditions.

* **Political System**

This sub-system is made up of the government and its development policies as well as political organisations.   
If there is political support towards improving health care delivery, the government provides the mechanism and structure for the planning, implementation and evaluation of the health care delivery system. The constitution of Kenya contains a declaration for the elimination of poverty, ignorance and disease; hence the establishment of the Ministry of Health and several other ministries

* **Economic System**

The government’s ability to provide health and other services to its citizens depends on the state of the economy. The poorer the economy of the country, the more disadvantaged its people will be. Low economic status is highly associated with malnutrition and communicable diseases.

* **Education System**

Education is the main tool of changing behaviour and improving individual and community health.   
Low educational status perpetuates under-development, harmful traditions and superstitions.

The educational system can be effectively used to pass health related information and messages that could significantly transform the perception of the communities on healthy living and prevention of illnesses.

* **Religious System**

The religious system may be a source of health promotion when its values and teachings positively influence lifestyles and healthy behaviour, for example, forbidding smoking, alcohol consumption, pre-marital and extra-marital sex.   
On the other hand, religious teachings may promote ill health, for example, by forbidding the followers from seeking treatment in hospitals.

* **Environmental System**

Environmental sanitation is one of the leading promoters of individual and community health. Clean water supply, proper disposal of waste and adequate housing are key to community wellness. Environmental pollution is a cause of various illnesses.

* **Communication and Transport System**

Communication includes all the means of contacting and exchanging information with one another such as roads, bridges, railroad, telephone, television, radio, computers, internet, fax, and postal services.

The communication system is important in spreading health messages. Transport aids in communication by moving people from place to place.

* **Health Care system**

The health care system exists to provide promotive, preventive, curative and rehabilitative services in hospitals, nursing homes, clinics, health centres, dispensaries, and through special health projects and programs.

The health care system is enhanced through linkages that bring together the government, non-governmental organisations, private institutions and individuals in providing continuous and comprehensive health services. These linkages strengthen the multi-sectoral approach of achieving health for all.

**CONCEPT OF COMMUNITY HEALTH**

Community health is the science and art of promoting health and preventing diseases through organised community participation.

**Aims of Community Health**

Community health aims to achieve the following:

* Improved sanitation in the environment
* Prioritisation of the community’s needs
* Control of communicable diseases
* Health education to promote healthy behaviour and practices
* Early diagnosis and prevention of disease
* Disease surveillance
* Case/contact tracing and treatment
* Empowerment of all individuals to realise their rights and responsibilities for the attainment of good health for all

**Goals of community health**

The main goals of community health are to:

* Identify community health problems and needs
* Plan ways of meeting community health needs
* Implement activities geared towards meeting the community health needs
* Evaluate the impact of community health services/activities

**Benefits of community health**

A successful community health programme is one in which the community and health care providers collaborate to achieve the following benefits:

* Increased life expectancy (life span) of every individual
* Decreased mortality rates particularly of mothers and children
* Decreased morbidity rates from all causes
* An increase in the total well-being (physical, mental and social) of every individual
* An increase in the quality of life for all people
* Overall social and economic development of the population
* Equitable distribution of resources
* Having looked at the aims, goals, and benefits of community health, you will now explore the activities which you are expected to undertake in community health, also referred to as the scope of community health.

**Community health activities**

* Health education, counselling, and the training of other health workers
* Community health assessment and diagnosis
* Information, education and communication
* Environmental sanitation and supply of adequate clean wholesome water
* Food hygiene and household food security
* Personal hygiene
* Vector and pest control
* Control of communicable diseases
* Provision of prenatal services to pregnant women
* Provision of family planning services
* Provision of child health/welfare services for children under five years old
* Provision of school health services
* Home visiting and home-based nursing care
* Occupational/industrial health
* Care of the disabled, the elderly, the disadvantaged, the chronically ill
* Inter-sectoral collaboration

**PRINCIPLES OF COMMUNITY HEALTH**

A principle is a basic belief, theory, or rule that has a major influence on the way in which something is done.

Principles are the basic ideas of conduct or rules of action. They provide the community health nurse with a clear and rational framework to guide their work.

**Principles of Community Health (Alma Ata Declaration - WHO 1978)**

* Availability of health care for all people and at a cost they can afford
* Promotive and preventive aspects of health care
* Integration of curative and preventive services
* Active participation of individuals and communities in the planning   
  and provision of care
* Development of maximum potential for self-care
* Utilisation of all levels and types of community manpower
* Inter-sectoral approach

**Principles of Community Health (Hentsch - 1985)**

* Health care should be shaped around the life patterns of the population. It should meet the needs of the community.
* Primary health care should be an integral part of the national health system.
* Health care activities should be fully integrated with the activities of the other sectors involved in community development such as agriculture, education, public works, housing and communication.
* The local population should be actively involved in the formulation and implementation of health care activities, so that health care can be brought into line with local needs and priorities.
* The health care offered should place a maximum reliance on available community resources, especially those that have hither to remained untapped and should remain within the cost limitations relevant to each country.
* The majority of interventions should be undertaken at the most peripheral practice level of the health services and by the workers most suitably trained for performing these activities.

**Principles of Community Health Nursing**

* Community health nursing services should be available to all, according to their health needs regardless of sex, age, culture, religion, social or economic status, race, political affiliation, ethnicity or nationality.
* A community health nursing must have clearly defined objectives and purposes for its services.
* Community health nursing should not be a vertical programme. A community health nurse must work with other stakeholders in the development, implementation, monitoring and evaluation of the community health programme.
* Community health nursing should involve the community right through the planning implementation and evaluation of the programme.
* The community health nursing should build the capacity of the community to run their own health programme for the purpose of sustainability. These include training of the Communities Own Resource Persons (CORPs).
* Health education and counselling for the individual, family and community are integral parts of community health nursing.
* Community health nursing services should be based on the identified needs of the patient and there should be continuity of services to the patient.
* Community health nursing should work within the community’s culture and norms without compromising professionalism.
* Community health nursing is a service and there should therefore be no room to demand favours, gifts or bribes from clients.
* Community health nursing is dynamic and the nurses should therefore actively participate in continuing professional development so as to keep abreast with new developments.
* Community health nursing services should develop proper guidelines and maintain proper records and reports.

**Remember: The community health nurse must maintain ethics as well as a professional relationship with all the individuals and groups in the community, at all times.**

**The Roles and Functions of a Community Health Nurse**

The Roles and Functions of a Community Health Nurse

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| **Roles** | **Functions** |
| Manager | Organizing and managing health care programs, being a team leader for nursing and supervising community health nursing activities. |
| Implementer | Implementing community health action/programs in collaboration with the other stakeholders in community health. Creating community awareness and interest in their health. Developing the community’s ability to assess their health status and resources. Sharing knowledge and skills with the community on how to improve their health and to prevent illness. |
| Advocator | Advise the health care providers, planners and other agencies on the needs/problems of the community. |
| Advisor | Sharing technical health information with individual families and communities. |
| Health educator | Teaching individuals and families how to prevent disease and improve  their health. |
| Assessor/Identifier | Assessing the health status of the community. Identifying existing and potential health needs/problems and resources in the community. |
| Planner | Planning for health action with the other health team members and community members. |
| Evaluator | Evaluating the performance and the outcome of community health activities. |
| Researcher | Carrying out surveys, studies and research to identify problems related to  your work. |
| Trainer | Training other community health workers, both designated and voluntary community-based health workers. |

**HOME VISITING**

Home visits are an important part of your work as a community health nurse as they allow you to see families and their needs in their own homes.

Home visiting is one of the essential community health services that you should provide. It has two main purposes:

* It allows you to follow up individual families at home to find out why some health problems persist in the community despite efforts to prevent or control them, for example malnutrition, communicable diseases, or repeated failure to attend clinics, especially if the family is at risk
* It keeps you aware of what is going on in your   
  catchment area.

In order for you to conduct home visiting successfully, you need to have the following skills:

* Good technical skills and knowledge of preventive and therapeutic measures
* Good communication skills and   
  teaching ability
* Good leadership skills and rational thinking to make sound judgments
* Good counselling skills and an understanding of human relations

During home visits you act on your own, making decisions on the spot and carrying them out.   
You need to be prepared. When planning and implementing home visits, you should be guided by some basic principles in order to make a   
success of it.

**Principles of Home Visiting**

Home visits should be:

* Planned and of benefit to the patient
* Purposeful, clear and meet the patient‘s needs
* Regular and flexible according to the needs of the patient
* Educative to the patient. Home visits provide an excellent opportunity   
  for health education
* Used to demonstrate principles of health
* Convenient and acceptable to the patient
* Respectful of the patient‘s right to refuse care
* Recorded in the appropriate case file

If you follow these basic principles when planning your home visits, you will find your home visits fun and productive.

**The Process of Home Visiting**

The process of home visiting is carried out in five phases.

* 1. **Entry or Initiation Phase**

The community health nurse shares information with the patient on the reason and purposes for home visits. This interaction may occur in a hospital ward or at a clinic.

* 1. **Pre-visit Activities**

Before the actual home visit, you have to look for information regarding the patient and the family. You also need to gather information regarding the location of the house, distance from your health facility and the physical address. During pre-visit activities, you should investigate the community resources, assemble supplies and prepare for the first contact with the patient at their doorstep.

* 1. **Home Visiting** **phase**

This is the working phase during which you put into action your planned health activities. During this phase you must establish trust and rapport with the patient and the family so that there can be a positive interpersonal relationship   
(a professional nurse-patient relationship). This relationship will enhance the achievement of the mutually determined health-oriented goals

* 1. **Termination Phase of Visit**

This occurs when the health oriented goals have been met. Termination of home visits can occur due to any of the following reasons:

* The patients’ health has been restored and the patient can function without the nurse
* The patient has changed their residence
* The community health nurse has transferred the patients’ care to another nurse or agency.
  1. **Post-visit Activities**

Post-visit activities include recording and reporting important events of the home visits, and sharing the reports with the appropriate authorities and individuals about the patient family

**Advantages and Disadvantages of Home Visiting**

There are many good nursing reasons (advantages) for carrying out home visiting. Though the activity does have its disadvantages, they are quite insignificant compared to its advantages. You should therefore try to overcome them through careful planning so that they do not prevent you from carrying out this important activity.

**Advantages of Home Visiting**

* Home visiting gives a more accurate assessment of the family structure and behaviour in their natural environment.
* Home visits provide an opportunity to observe the physical environment of the home and identify barriers to, and resources for achieving family health.
* At home, the nurse works with the patient first hand to implement health action using realistic resources.
* By meeting the family on its home ground the nurse will be enhancing the family’s sense of control and active participation in meeting its health needs.
* It provides an excellent opportunity to implement planned health care.
* It provides an opportunity to learn about the home and family situation.
* It provides an opportunity to render health care services to the family members in their own surroundings.
* It creates a good understanding between the nurse and the patient and builds a good image of nurses.
* It provides an opportunity to clarify the doubts and misconceptions raised by family members.
* It provides an opportunity to observe and appreciate family practices and progress of care given by the nurse and others.

***Home visiting provides an excellent opportunity to implement health care which was planned or was started in the hospital.***

**Disadvantages of Home Visiting**

The disadvantages of home visiting include the following:

* Home visits consume a lot the nurse's time and energy as well as transport fuel (petrol or diesel) or bus fare.
* Unforeseen events may occur during home visits, which will interfere with planned activities.
* The patient’s family may not accept the nurse due to various factors such as cultural or religious differences, personal characteristics of the nurse and the patient or to some extent, socio-economic status of the nurse and the patient.
* Confusion of the nurse’s role in a community where there may be a lack of knowledge and understanding of the role of the community health nurse.

