

Community Health Nursing Roles

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Abstract

This paper is an analysis of Community Health Nursing Roles. It compares and contrasts the roles of the community focused health nurse with the roles and focus of the nurse working in the community with individual clients. Educational preparation, settings, and funding for these roles are also examined.

Community Health Nursing Roles

Community Health Nursing is defined in Mosby's Medical Dictionary (as cited in The Free dictionary, 2011) as

a field of nursing that is a blend of primary health care and nursing practice with public health nursing. The community health nurse conducts a continuing and comprehensive practice that is preventive, curative, and rehabilitative. The philosophy of care is based on the belief that care directed to the individual, the family, and the group contributes to the health care of the population as a whole. The community health nurse is not restricted to the care of a particular age or diagnostic group. Participation of all consumers of health care is encouraged in the development of community activities that contribute to the promotion of, education about, and maintenance of good health. These activities require comprehensive health programs that pay special attention to social and ecologic influences and specific populations at risk. Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.

This definition explains the intermingling of the roles of the community health nurse (CHN). The CHN works within the community to promote and preserve the health of the population (Maurer & Smith, 2009, p. 3, Box 1-1). While the assessment of needs by the CHN may occur at the population level, implementation of the programs and services may begin at the level of individuals and progress to include families, groups, communities, and systems (Maurer & Smith, 2009, p. 3). The care given by the CHN may be given to individuals and families, “however, they are cared for in the context of the vision of a healthful community” (Maurer & Smith, 2009, p.6).

Community Health Nursing Roles

By the definition given above, the CHN may work with individuals or groups. With community-based nursing care of individual clients, direct care is provided to individuals and their families to promote their health. The nursing process is used to coordinate care developed for a specific individual while still maintaining the vision for a healthy community. When caring for the individual or family, the CHN attempts to optimize their health while understanding that an individual's health "is affected markedly by the community, environment, and society in which they live (Pender, Murdaugh, & Parsons, 2006, p.8).

In the nursing care of communities and aggregates as clients, the nursing process involves the treatment of groups with the CHN focusing on the benefit to the whole group or community (Maurer & Smith, 2009, p.13). An example of a blending of both types of roles of the CHN is the federally funded Women, Infants, and Child (WIC) program to promote and improve nutrition in low-income families. WIC funds are distributed by the federal government at the state and local level and have made significant improvements in the health of mothers and children (USDA, 2003). Upper levels of management report at the state and federal level and focus the nursing process on the community/aggregate of women and children as a whole. CHNs acting as field managers provide actual care to the individual families (Maurer & Smith, 2009, p.59) by using the nursing process to assess and treat these individuals. The field managers (maternal support nurses) of the Grand Traverse County Health Department (GTHD) are required to submit a risk assessment of each family to the State of Michigan (C. McKee BSN, personal communication, February 11, 2011). In doing so, there is a blending of roles as the individually focused nurse assists the community-focused nurse in her assessment role. The upper level management CHNs and public health specialists are then responsible for identifying

and developing plans for the health of the community from this data. In Grand Traverse County, WIC funds are disbursed through the health dept. K. Mikovitz BSN, GTHD nursing administrator, develops community programs, oversees, and coordinates the efforts of CHNs (field managers), dieticians, and other personnel to see that the needs of the community are recognized and met (L. Hardy BSN, personal communication, February 11, 2011). In addition, GTHD field managers coordinate other programs such as immunizations, maternal infant health program, children's special health care services and others to promote health within the community while caring for the individual. In 1995, the Community Health Assessment Data showed nearly 40% of the Grand Traverse Area's children did not have access to adequate health care (L. Hardy BSN, personal communication, February 11, 2011). The assessment of this problem within the community was brought to the attention of local hospitals by health department administrators (CHNs and other specialists) and a plan was developed. Through the collaboration of five area health departments, physicians' offices, and Munson Healthcare, Healthy Futures is a program that ensures all area children under three have access to health care, immunizations, adequate nutrition, and breast feeding support for mothers (L. Hardy BSN, personal communication, February 11, 2011). The information and service this program provides facilitates the health of five communities and the individuals within these communities. L. Hardy BSN, Healthy Futures coordinator uses the data gathered from the Healthy Futures enrollment forms (done on admission to the maternity department) to direct the CHNs to families in need. The Maternal support nurses (field managers) from the five health departments assess and coordinate the care of the individual clients. This month, in an attempt to establish a relationship with these families identified as high risk prior to hospital discharge, a health department nurse met with the family prior to the infant's discharge from the neonatal intensive

care unit. It is hoped that this practice will continue in order to assist transition from hospital to home care (L. Hardy BSN, personal communication, February 16, 2011). The health departments and hospital fund this program cooperatively through state and federal funding, grants, hospital budget, and private donations.

Comparison and Contrast

The CHN that is involved in caring for the community assesses the needs of that community by data collected from personal observations, surveys, and other research. This nurse may also use data available from larger demographic or epidemiologic studies (Maurer & Smith, 2009, Chap 15). The focus is on what will make this a healthier community and this is where the responsibility lies. The CHN whose primary focus is the community seeks to empower the members of the community “to participate in creating healthful communities” (Maurer & Smith, 2009, p. 6). These nurses are usually specialists with master’s degrees in community health nursing or public health (Maurer & Smith, 2009, p. 24). Certification is available to these master’s prepared nurses as an advanced public health nurse (Maurer & Smith, 2009, p. 25). These nurse specialists provide primary, secondary and tertiary care to the community. Ensuring that the community offers the ability to maintain health by maintaining clean water and asepsis is an example of primary care. Another primary intervention would be educational programs to prevent poor health choices such as smoking. Providing screening for health problems such as hypertension recognized in the community and by larger demographic studies would be an example of secondary care. Changing and controlling already recognized disease states or providing access to care for people with disease is an example of tertiary care (Maurer & Smith, 2009, pp.10-11). The settings for these CHNs vary with whatever community they are serving. The most predominate setting is the local health departments (Maurer & Smith,

2009, p.744). Governmental funds at the federal, state and local level finance the health departments. A small amount of public health is funded by voluntary agencies supported by public donations and philanthropic trusts (Maurer & Smith, 2009, p.71). Agencies such as the American Cancer Society depend on donations from the public to provide public health programs for the specific aggregate of the prevention, detection, and treatment of cancer (Maurer & Smith, 2009, p.71).

The CHN that works with individual clients has the responsibility to care for the individual within community health guidelines. This nurse acts as a case manager by planning and ensuring the client has access to the care and services needed by that individual (Maurer & Smith, 2009, p.19). This CHN is focused on providing care for an individual or family unit but as stated previously “they are cared for in the context of the vision of a healthful community” (Maurer & Smith, 2009, p.6). They, too, plan primary, secondary and tertiary care but this time the focus is personalized. The individual focused CHN works in many of the same settings as the specialist CHN. These generalist’s “are expected to assist advanced practice community/public health nurses with master’s degrees, interdisciplinary teams, and community members in conducting community-wide data collection, analyses, and priority setting” (Maurer & Smith, 2009, p.23).

These CHNs are Bachelor prepared and are considered generalists. The Bachelor of Nursing programs provide instruction in public health not provided by associate degree programs that makes the BSN more suited to practice population-focused care (Maurer & Smith, 2009, p.3, p. 757). As of 2005, new credentialing is not available at this educational level although currently certified nurses may renew (Maurer & Smith, 2009, p.25). In a survey studying why there was a lack of interest in certification by CHNs causing the elimination of certification, 22%

of the individual CHNs surveyed were not aware the C/PHN credential ever existed (Bekemeier, 2009, p. 947). Lack of financial benefits and external recognition were considered the obstacles to pursuing this certification in the past (Bekemeier, 2009, p. 946).

Conclusion

“Nurses make up the largest single discipline in public health” (Bekemeier, 2009, p. 944). CHNs are uniquely qualified to influence healthcare reform as they “often have visions about health that others do not know are possible” (Maurer & Smith, 2009, p.5). With the changes in health-care and the increase of the elderly population of the United States, both types of CHNs will be needed in the future to guide public policy regarding health-care reform, develop programs for health promotion and act as case managers as the shift away from inpatient care continues. CHNs need to advance their educational levels and reconsider certifications to support their qualifications to guide this country in future health-care directions.

References

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Appendix**Community Health Nursing Roles Paper Grading Rubric**

Name:	Possible points	Earned points
Community-based nursing care description and examples	20	
Nursing care of communities and aggregates as clients, description and examples	20	
Comparison of a & b	20	
Contrast of a & b	20	
Includes professional references, including textbook	10	
Writing clear, with good grammar and spelling, and APA	10	
Total	100	

Comments: