

**COMMUNITY-BASED
PARTICIPATORY HEALTH
PROMOTION AND PREVENTION:
AN ADVANCED PUBLIC HEALTH
NURSING ROLE**

*P.A. Kulbok, DNSc, RN, PHCNS-BC, FAAN
E. Thatcher, MSN, RN, PhD Student
E. Park, BSN, RN, BS-PhD Student*



**FUNDED BY THE
VIRGINIA FOUNDATION
FOR HEALTHY YOUTH**

July 1, 2009 – June 30, 2012



OBJECTIVES

- ❑ To examine the evolution of advanced public health nursing (APHN) roles that address extant, complex community level problems such as rural substance abuse.
- ❑ To apply an ethnographically-informed and community participatory model of community and environmental assessment as the basis for designing a rural youth substance use prevention program.
- ❑ To describe the core PHN competencies that undergird evolving community participatory APHN roles.

INTRODUCTION



PHN practice is population-focused requiring unique knowledge, competencies, and skills.



Early PHN roles extended beyond sick care to encompass advocacy, community organizing, health education, and political and social reform.



Contemporary public health nurses practice in collaboration with agencies and community members.

INTRODUCTION

- At an advanced level, PHN knowledge and competencies challenge nurses to take a leadership role:
 - To assess the assets and needs of communities and populations and
 - To propose solutions through partnership.

- Community- or population-focused solutions have widespread influence on health and illness patterns of multiple levels of clients including:
 - Individuals, families, groups, neighborhoods, communities, and the broader population *(ACHNE, 2003)*.

BACKGROUND AND HISTORY

- ❑ Health care as healing, or treating those already sick, maintained dominance over preventive care for centuries.
- ❑ As preventive health care emerged during the mid-19th century, a moral tension arose between giving resources to the needy and teaching them how to meet their own needs.
- ❑ Early PHN struggled with the role and continues to struggle with appropriate interventions that will achieve quick results, but also have lasting improvements in the population.

BACKGROUND *(CON'T)*

□ PHN initiatives in advocacy, community organizing, and political reform to improve the health of populations:

- Lillian Wald, 1900's, New York City.
- Mary Osborne, 1920's, Mississippi.
- Nancy Milio, 1960's, Detroit.



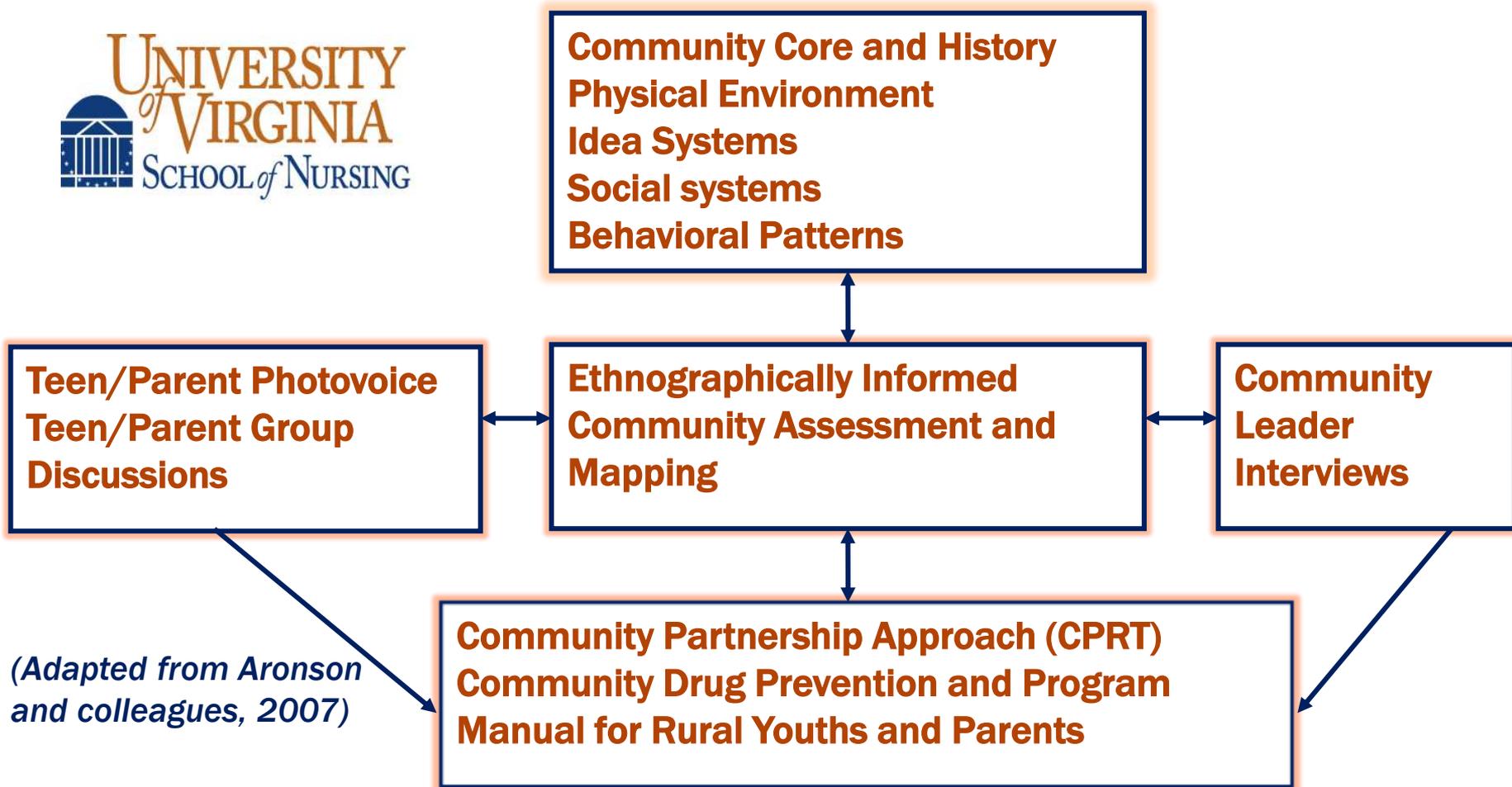
THE COMMUNITY PARTICIPATION AND ETHNOGRAPHIC MODEL *(KULBOK ET AL., 2012)*

- ❑ Builds on community-based participatory research (CBPR) by engaging community members and leaders in action steps from problem identification to project evaluation and dissemination.
- ❑ CBPR is:
 - grounded in critical and social action theory;
 - builds partnerships with community members across SES;
 - focuses on community assets and resources rather than on deficits; and,
 - seeks balance between the community and practitioners through shared leadership, co-teaching, and co-learning opportunities *(Israel, Eng, Schulz, & Parker, 2005)*.

THE MODEL (CON'T)

- ❑ Socio-cultural contexts, systems, and meaning emerge through collaboration between public health nurses and community members.

- ❑ Ethnographic work in substance use prevention provided a foundation for the model (*Agar, 1973; Agar, 1986; Karim, 1997; Trotter, 1993*).
 - Local community knowledge of substance nonuse and use to provide a rich understanding of health assets and community needs;
 - The environment surrounding substance-related health and illness,
 - Community and population conditions; and
 - Attitudes, beliefs, and traditions related to substance nonuse- or use.



*(Adapted from Aronson
and colleagues, 2007)*

Figure 1. A Community Participation and Ethnographic Model

YOUTH SUBSTANCE USE

- ❑ Rural communities have high rates of smoking and smokeless tobacco use and tobacco use is correlated with alcohol and other drug use.
- ❑ Healthy People 2020 points to long-term health threats of youth substance use and the need to increase the proportion of youth who remain substance free (*DHHS, 2010*).
- ❑ Yet many rural counties have little knowledge of effective strategies to prevent substance use.



THE PROJECT

- ❑ Duration: Three years
- ❑ Community based participatory team (CPRT):
 - Interdisciplinary researchers and community members (4 community leaders, 12 youths, and 8 parents)
- ❑ Aims/Phases:
 - Establish the CPRT
 - Conduct community assessment
 - Create prevention program effectiveness criteria
 - Pilot youth substance use prevention program
- ❑ Methods:
 - Community assessment, Interviews (Community leaders, youth, and parents), Photovoice, GIS mapping, and Ethnographic approach



COMPETENCIES FOR COMMUNITY PARTICIPATORY ROLES

❑ Analytic assessment skills

- Active communication to gain in-depth insights about the community's assets and needs

❑ Cultural competence skills

- Understand invisible factors in the community that promote health, such as assets, values, and strengths, to give voice and empower diverse sub-groups and populations.



COMPETENCIES FOR COMMUNITY PARTICIPATORY ROLES

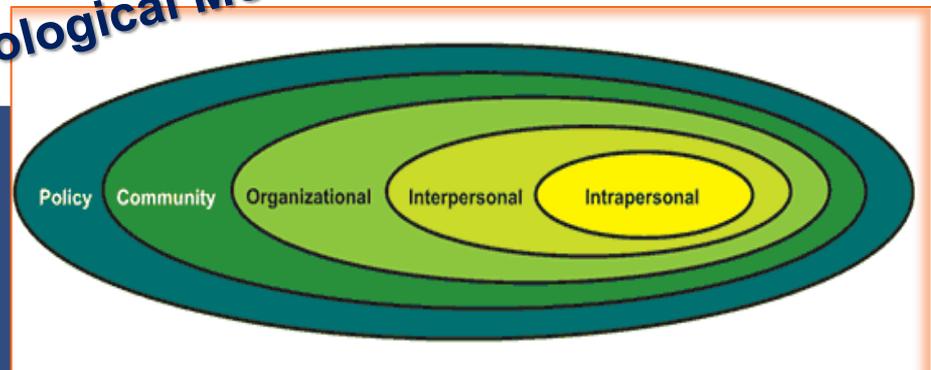
□ Program planning skills

- Plans population-level interventions guided by relevant theories, concepts, models, policies, and evidence.

□ Community dimensions of practice skills

- Uses input from a variety of community/aggregate stakeholders in the development of public health programs and services.

Ecological Model



PHN CORE COMPETENCIES

Domain 1: Analytic and Assessment Skills

Domain 2: Policy Development/Program Planning Skills

Domain 3: Communications Skills

Domain 4: Cultural Competency Skills

Domain 5: Community Dimensions of Practice Skills

Domain 6: Public Health Sciences Skills

Domain 7: Financial Management and Planning Skills

Domain 8: Leadership and Systems Thinking Skills



DISCUSSION

- ❑ Complex, behavior-driven health problems, such as substance abuse, obesity, and violence require creative and innovative interventions firmly based in the community.
- ❑ A “cookie cutter” approach to community or population interventions is not likely to be effective.
- ❑ Interventions that “fit” a community and engage multiple stakeholders are essential for sustainability.

DISCUSSION

- ❑ Nationally vetted interventions for complex community problems may come in the form of “toolkits” with many optional programs and interventions to choose from.
- ❑ Use of the *Community Participation and Ethnographic Approach* can take advantage of these rigorously designed interventions, but increase the likelihood that they “fit” the community.
- ❑ The community participatory process gives structure to the people and methods involved in selecting or designing interventions.



DISCUSSION

- ❑ Education of advanced practice PHN's should include these competencies
 - So PHN's are prepared to take leadership roles in community participatory, multi-sectoral interventions
 - To address some of the toughest health issues in our present and future.
- ❑ The community participatory process gives structure to the people and methods involved in selecting or designing interventions.

REFERENCES

- Agar, M.H. (1973). Ethnography and the addict. In: Nadar, L., and Maretzki, T.W., (eds.) *Cultural Illness and Health*. Washington, DC: American Anthropological Association.
- Agar, M.H. (1986). *Speaking of Ethnography*. Beverly Hills, CA: Sage Publications
- Aronson, R.E., Wallis, Anne B., O'Campo, P.J. & Schafer, P. (2007). Neighborhood mapping and evaluation: A methodology for participatory community health initiatives. *Maternal Child Health Journal*, 11, 373 – 383.
- Aronson, R.E., Wallis, A.B., O'Campo, P.J., Whitehead, T.L., & Schafer, P. (2007). Ethnographically informed community evaluation: A framework and approach for evaluating community-based initiatives. *Matern Child Health J*, 11, 97-109.
- Karim, G. (1997). In living context: An interdisciplinary approach to rethinking rural prevention. In E.B. Robertson, Z. Sloboda, G.M. Boyd. L. Beatty & N.J. Kozel, eds. *Rural substance abuse: State of knowledge and issues* (National Institute of Drug Abuse, Monograph 168). Rockville MD: US Department of Health and Human Services.
- Kulbok, P.A., Thatcher, E., Park, E., Meszaros, P.S. (May 31, 2012). Evolving public health nursing roles: focus on community participatory health promotion and prevention. *OJIN: the online journal of issues in nursing* vol. 17, no. 2, manuscript 1.

REFERENCES (CON'T)

- Lundy, K. S., & Bender, K. W. (2001). *History of community health and public health nursing*, in Community Health Nursing: Caring for the Public's Health. Sudbury, MA: Jones and Bartlett.
- Milio, N. (1970). 9226 Kercheval: The storefront that did not burn. Ann Arbor, MI: University of Michigan Press.
- Minkler, M. & Wallerstein, N. (eds) (2003). *Community-Based Participatory Research for Health*. San Francisco, CA: John Wiley & Sons, Inc.
- Stanhope, M., & Lancaster, J. (2011). *Public health nursing: Population-centered care in the community (8th ed.)*. St. Louis, MO: Mosby.**
- Trotter, R. (1993). Ethnographic methods and inhalant use among three ethnic populations. Paper presented at the Inhalant Conference, Fort Collins, CO, August 1993.**
- Wang, CC and MA Burris, "Empowerment through Photovoice: Portraits of participation." *Health Education Quarterly* ,Vol. 21(2): 171-186. 1994.**

