Community Health Projects
NURS 462/463 & 472/473 - Community Health
NURS 481- Transition to Professional Nursing Practice

Purpose of Assignment

The purpose of the community health projects (Healthy People Presentation, Clinical Application Papers 1 & 2, and CH poster presentation) are to guide the student through the process a complete community health initiative. First, the student identifies and applies national-level key health indicators and applies them to a community aggregate. Next, the student builds partnerships with stakeholders and community members and applies the nursing process to promote health and well-being. The final part of the project allows students to experience scholarly dissemination of their original projects.

Student Approach to Assignment

The group that I was assigned to in order to assist the community was the Healthy Living Center (HLC). The HLC is a facility in Norfolk, Virginia that aims to increase health awareness and education. It was designed to enable community members to take charge of their health and healthcare through interactive disease management education, collaborative self-management coaching, and building empowerment skills. This class is designed as a service to the community in order to educate about plant-based diets and chronic diseases. Participants at HLC diagnosed with obesity, hypertension, or diabetes/prediabetes participate in a 4-week long plant-based cooking class with an educational component tailored to the disease process. This program is making a difference in the community which is important because more than 45% of Virginians with diabetes have never taken a class on how to better manage their diabetes and many Norfolk neighborhoods are considered food deserts.

Reason for Inclusion of this Assignment in the Portfolio

This required portfolio assignment demonstrates my involvement in community-based nursing care provided in a culturally diverse environment. These assignments highlight the progress made throughout the year with our aggregate. Furthermore, this assignment portrays the dedication and involvement of nursing students throughout the community and how we can assist with basic needs through teamwork. A number of core nursing behaviors have been exemplified through my participation in these group projects which are detailed as followed:

- Critical Thinking
  - *Evaluates nursing care outcomes through the acquisition of data and the questioning of inconsistencies.*
    - Example: As discussed in the community health poster presentation, our group intervention was the reorganization of the program data for enhanced application. We

found that some inconsistencies in the HLC included data gathering, proper documentation, participant understanding, and long waits for taking the participants' vital signs. My clinical group implemented a telehealth intake appointment on the phone with newly registered participants that are signed up to take the HLC's cooking classes. During the appointment, we would go through the presurvey provided by our community partners and also obtain a 48-hour food log. We then provide a brief overview of the class and what to expect while answering any questions they may have. Through the evaluation of outcomes, we found that 82.9% of participants received a phone call before class and 92.5% of participants agreed their questions about class were answered before they started. Overall, this allowed us to streamline the process at the HLC and we learned that organization and communication are essential for enhanced learning in community settings.

- Nursing Practice
  - *Establishes and/or utilizes outcome measures to evaluate the effectiveness of care.*
    - Example: As discussed in the community health poster presentation, to measure the effectiveness of implementing a telehealth intake appointment we created a Telehealth Post-Survey. This survey had five questions which included, I received a phone call before my first class, my questions about the class were answered before I arrived, I would like surveys for class to be online, I would like surveys for class to be completed by paper in person, and class remaindered would be helpful. The participants would then answer the questions on the survey utilizing the Likert Scale which includes strongly disagree, disagree, neutral, agree, and strongly agree. We found that 92.5% of participants agreed their questions about class were answered before they started. In the end, we learned that telehealth phone calls improved participant understanding prior to the first class which allowed us to provide effective care during class.

  - *Implements traditional nursing care practices as appropriate to provide holistic health care to diverse populations across the lifespan.*
    - Example: As discussed in part one of the clinical application paper, the HLC's participants were primarily older adult African Americans'. Traditional nursing care practices included focused assessments at the HLC. This included taking the patient's vital signs, asking questions regarding their access to fresh foods, and at the end of the four-week class we would measure their Hemoglobin A1C (HgA1c) levels. Often, we would end up talking about perceived health barriers, with many being created by cultural influence. I would learn that many participants didn't know how to cook healthy foods and continued to eat how they did with their families. This poses a challenge within the community to change what is comfortable and known, to something that is different, foreign, and something that may not be accepted by others

around them. By the end of the four-week cooking class, many participants were surprised with how much they enjoyed plant-based cooking and were excited to learn how to cook these healthier meals because they knew it would have a positive impact on their health outcomes.

- Communication
  - *Expresses oneself and communicates effectively with diverse groups and disciplines using a variety of media.*
    - Example: As discussed in the community health poster presentation, a variety of media was used to communicate with the HLC's participants. We implemented a telehealth intake appointment system where we would call participants prior to their class starting and answer any questions that they had. We would then help them in filling out an online survey. If they did not have online access or needed assistance, we would read them the questions and answers and document their response. Lastly, during the HLC's classes, an educational lecture was provided. This included videos and PowerPoints on chronic diseases such as diabetes, hypertension, or obesity. These materials aided their learning and allowed them to fully participate in the program. Many of the participants stated that they found this style of learning very helpful and enjoyed being able to ask their provider and the nursing students questions.

- Teaching
  - *Provides teaching to patients and/or professionals about health care procedures and technologies in preparation for and following nursing or medical interventions.*
    - Example: As discussed in part two of the clinical application paper, one of our alternative nursing interventions was providing Hemoglobin A1c education. We educated the participants on what Hemoglobin A1c levels meant and what levels were considered normal, prediabetic, or diabetic. After providing education and answering their questions we were able to conduct Hemoglobin A1c testing in the fourth and last class. We made sure to explain every step that we were performing and how long it would take. This preparation appeared to put many of them at ease and made them less nervous about the intervention.

  - *Evaluates the efficacy of health promotion and education modalities for use in a variety of settings with diverse populations.*
    - Example: As discussed in parts one and two of the clinical application papers, we discussed ways in which we taught our aggregate during the HLC's four-week courses. We utilized pre- and post-surveys to evaluate the efficacy of our health promotion and education sessions. The pre-survey was provided on the first week of class and the post-survey was provided on the fourth week of class. These surveys tested their understanding of information related to diabetes, hypertension, or obesity.

After reviewing the results, this helped identify our strengths along with areas of education that need to be improved. We would then hold a discussion during the educational lecture asking questions about proper nutrition and the chronic disease that their class was focusing on. Overall, this shows the ability to evaluate the efficacy of health promotion and education.

- Research
  - *Shares research findings with colleagues.*
    - Example: As discussed in the community health poster presentation, research shows that community-based nutrition interventions have proven effective in increasing fruit and vegetable consumption. This finding was shared during our presentation as it all relates back to our group's time at the HLC. We explained that the HLC is a community-based cooking class in Norfolk, Virginia that educated participants on how to cook plant-based meals so that it helps manage or prevent diabetes, hypertension, and obesity. During the last class, many individuals want to keep coming back so that they can continue to learn how to cook with different fruits and vegetables.

- Leadership
  - *Assumes a leadership role within one's scope of practice as a designer, manager, and coordinator of health care to meet the special needs of populations.*
    - Example: As discussed in parts one and two of the clinical application papers, we discuss the ways in which we assumed a leadership role in order to coordinate the HLC's teaching sessions to those at risk or who have chronic diseases in the Norfolk community. Our implementation of the telehealth intake appointments allowed us to streamline the process and make sure the participants felt prepared for the class. If the patients' vital signs or hemoglobin A1c levels were above the normal ranges, we would always recommend that they visit their healthcare provider to better address their healthcare needs. To our advantage, many of the participants' healthcare provider was Dr. Newby who runs a primary care office as well as the HLC. I was able to assist in both the educational lecture and the hands-on cooking portion of the class and answer questions that arose. Ultimately, we were able to discuss why nutrition is important and how to achieve adequate yet affordable nutrition along with new cooking skills and recipes.

  - *Initiates community partnerships to establish health promotion goals and implements strategies to meet those goals.*
    - Example: Throughout parts one and two of the clinical application papers, we discuss the HLC and the ultimate goal of educating the Norfolk community on disease management skills and how to take charge of their health through the use of healthy

cooking. We would then educate them on chronic diseases and different ways they can impact their health such as medication adherence, diet, and exercise. Before every class, we had the participants write out a 48-hour food log so that they can have a better understanding of what they were eating and also hold themselves accountable. Additionally, we would assist them in registering for the Supplemental Nutrition Assistance Program (SNAP) if we learned that any of them were having difficulty accessing fresh and nutritious foods. At the beginning of the first class, we would often help the participants set goals and by the end of the fourth week, many of them would start seeing small improvements which made them excited and more motivated to make a healthy change.

- Culture
  - *Maintains an awareness of global environmental factors that may influence the delivery of health care services.*
    - Example: As discussed in part two of the clinical application paper, we discuss our aggregate and how the majority of our participants are of lower socio-economic status. We need to understand their culture, learn their needs, and respect their lifestyle. The CDC states that there are currently 415 million people globally living with diabetes and it is expected that in 2040 these numbers will increase to half a billion people. The prevalence has been rising more rapidly in low- and middle-income countries. This may be due to many factors such as lack of access to regular screenings, inability to obtain proper medications, and the lack of knowledge on diet and exercise. In 2019, 37.3 million Americans, or 11.3% of the population had diabetes. Every year, the prevalence of diabetes continues to rise and is continuing to have a major impact. We explained that it is important to note that Norfolk, Virginia has a food insecurity rate of 13.2% which can be a major factor in increasing diabetes rates. Food insecurity is the limited or uncertain access to reliable and nutritious meals. The United States Department of Agriculture has identified many Norfolk neighborhoods as food deserts or as having low access to fresh foods. Research shows that food insecurity is associated with a higher probability of chronic diseases such as hypertension, coronary heart disease (CHD), and diabetes. Often, many families struggle to maintain good health due to several factors that are related to food insecurity. By showing our understanding, through the use of this paper, it demonstrates our awareness of global environmental factors.