

ILLINOIS PUBLIC HEALTH NURSING TOOLBOX MANUAL

Prepared by

*Illinois Public Health Nurse Administrators
Public Health Nursing Roundtable
Orientation Subcommittee*

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Module IV: Public Health Nursing

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Please Note: Module IV is presented as follows, in 2 forms:

- a) **The abbreviated version**, which involves about 6 hours to complete. Those sections noted by ** are part of this version. Those not so marked may be passed over.
- b) **The in-depth version**, which includes the module in its entirety. It is included for those who have the time and interest to complete it. It includes approximately 8 hours of videotape plus approximately 10 – 12 hours of written material.

“Required References” are necessary for the completion of each unit, regardless of version.

**MODULE IV
UNIT I: NURSE PRACTICE ACT &
STANDARDS FOR PUBLIC HEALTH NURSING PRACTICE**

Description

Unit I of Module IV describes the Illinois Nurse Practice Act and the scope and standards of public health nursing.

Learning Objectives: At the completion of this Unit, the participant will be able to:

1. Describe the legal authority for the practice of nursing in the state of Illinois.
2. List at least 10 of the standards for the practice of public health nursing.

Required References:

Quad Council of Public Health Nursing Organizations. (1999). *Scope and standards of public health nursing practice*. Washington DC: American Nurses Association.

State of Illinois. (2000) *Nursing and Advanced Practice Nursing Act*.

Summary

This module will contain information related to the state nurse practice act and key points from "The Scope and Standards of Public Health Nursing Practice. Important information from the practice act include the purpose of the act, definitions, grounds for disciplinary action and key information pertaining to advanced practice nursing. Important information from "The Scope and Standards" include the extent of public health nursing practice, the tenets of public health nursing, how to distinguish public health nursing from other areas of practice, education, standards of care and standards of professional performance.

Content Outline for Nursing and Advanced Practice Nursing Act (2000)

Title 5 General Provisions

Section 5-5 Legislative purpose

Section 5-10 Definitions

Section 5-15 Application of the act

Title 10 Registered Nurses and Licensed Practical Nurses

Section 10-5 Prohibited acts

Section 10-45 Grounds for disciplinary action

Title 15 Advanced Practice Nurses [Review if Applicable]

Section 15-5 Definitions

Section 15-15 [a]

Section 15-20 Prescriptive authority

Section 15-50 Grounds for disciplinary action

Content Outline for Scope and Standards of Public Health Nursing Practice [1999]

Scope of Public Health Nursing Practice

Tenets of public health nursing [pp. 2-5]

Public health nursing specialty [pp. 6-10]

Guidelines for using standards [p 11]

Standards of Care [pp. 12-15]

Standards of Professional Performance

Study Guide:

- A. Read the Illinois *Nursing and Advanced Practice Nursing Act* (2000) - (Title 5, Title 10, and Title 15 [if applicable] using the Table of Contents as a guide for specific sections. (20 minutes)

The practice act may be downloaded from the following web sites:

<http://www.legis.state.il.us/ilcs/ch225/ch225act65articles/ch225act65sub1.htm>

<http://www.legis.state.il.us/ilcs/ch225/ch225act65articles/ch225act65sub2.htm>

<http://www.legis.state.il.us/ilcs/ch225/ch225act65articles/ch225act65sub3.htm>

Be prepared to answer the following questions:

1. What is the main purpose of the state nurse practice act?
2. How does the state assure protection of the public through its nurse practice act?

- B. Read the *Scope and Standards of Public Health Nursing Practice* by the Quad Council of Public Health Nursing Organizations. (1999) (20 minutes)

Be prepared to answer the following questions:

1. How is the goal of prevention of disease and disability for all people realized through the scope of practice?
2. What is the relationship between the tenets of public health nursing practice and the standards of practice?

MODULE IV: WHAT IS PUBLIC HEALTH NURSING
UNIT II: ASSOCIATION OF STATE TERRITORIAL DIRECTORS OF NURSING
(ASTDN) PUBLIC HEALTH NURSING PRACTICE MODEL

**** Description**

This module describes a model for the roles and responsibilities of public health nurses.

Learning Objectives: At the completion of this module, the participant will be able to:

1. List significant people and their contributions to the evolution of public health nursing.
2. Describe all aspects of the model and its application in public health nursing practice.

Required References:

American Nurses Association. (2002). *Public Health Nursing: A Partner for Healthy Populations*. Washington, D.C.: American Nurses Publishing.

**** Summary**

This module is based on the American Nurses Association (ANA) publication below. Information on the historical evolution, pioneer efforts and health services in public health nursing reveals a focus on populations. Nursing practice in the context of a model illustrates the role of nursing as an art and a science integrated with core public health functions and essential public health services. The authors have included excellent examples, particularly related to the essential services. The importance of public health nurses collaborating and partnering with others to provide health care is a recurring theme throughout the manual. The six short and insightful chapters highlighting the impact of various publications and professional organizations on public health nursing are followed by two final chapters of references and additional resources. A brief discussion of the differences between public health nursing and community-based nursing (a recent trend in today's changing health care environment) appears in one of the chapters after the discussion of the model. The following module guides the reader through selected content that provides rationale for past, present and future nursing practice.

Table of Contents

Chapter One:	Introduction [1-2]
Chapter Two:	Roots of Public Health Nursing [3-6]
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Chapter Four:	Nursing Activities for Each Essential Service [11-20]
Chapter Five:	Building Capacity Through Competency [21-24]
Chapter Six:	Challenges Ahead [25-26]
Chapter Seven:	References [27-28]
Chapter Eight:	Additional Resources [29]

Study Guide

- ** A. Read about the ATSDN Model (ANA, 2000) in five different sessions of approximately 30-minutes each. Be prepared to answer the questions associated with each chapter. The sessions indicate approximately thirty-minute intervals of study.

Session One

Chapter One

1. How might this manual address the needs of staff nurses, educators and leaders in public health nursing?
- ** 2. What relevance does this document have concerning the health care environment?

Chapter Two

1. Why is it important to note historical events and methods of the past in this manual?
2. Why is there a need to return to a greater emphasis on public health?

Session Two

Chapter Three

1. What is the benefit of using a model to guide practice?
2. How does the model incorporate all of the various responsibilities of public health nurses?

Sessions Three and Four

Chapter Four

1. How might a public health nurse begin the process of community assessment?
2. How feasible is it for public health nurses to apply the nursing process to communities?
3. Think about applying the nursing process to the community in which you currently work or interact. What would you do first, second, third and so forth?

Session Five

Chapter Five

1. How might public health professionals begin and continue to establish credibility in their communities?
- ** 2. How might you practice differently if your focus is truly on populations versus individuals?

Chapter Six

1. What are the challenges for public health nurses in the future?
- ** 2. How can nurses begin to address these challenges?

MODULE IV: UNIT III
PUBLIC HEALTH INTERVENTIONS: APPLICATIONS FOR PUBLIC HEALTH
NURSING PRACTICE - THE MINNESOTA MODEL

"PUBLIC HEALTH NURSING PRACTICE FOR THE 21st CENTURY" is produced and distributed by the Minnesota Department of Health, through a CDC grant. It is based on the model for public health nursing developed by the Association of State and Territorial Directors of Nursing. Several Minnesota public health nurses are the key authors of this work.

The material consists of three - 3 hour tapes, a Learning Guide and manual called "Public Health Interventions, Applications for Public Health Nursing Practice"; all of which are very valuable to this Toolbox learning process. It is highly recommended that all the tapes be viewed. However, if time is limited, the most informative section is Tape #1, the first 1 ½ hours. The rest of Tape #1 and Tapes #2 and #3 are explanations and examples of each of the 17 interventions.

MODULE IV: UNIT III
PUBLIC HEALTH INTERVENTIONS: APPLICATIONS FOR PUBLIC HEALTH
NURSING PRACTICE - THE MINNESOTA MODEL

SESSION I: SURVEILLANCE

Description

** This self-learning session describes the process of data collection, management, analysis and interpretation to plan, implement, and evaluate the health of the population served.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of surveillance to intervention activities.
2. Define epidemiology terms.
3. Explain the three parts of the "epidemiology triangle".

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 13-28.) Referred to throughout as the Minnesota Model and MDH (2001).

Summary

- ** Surveillance describes and monitors health events through ongoing and systematic collection, analysis, and interpretation of health data for the purpose of planning, implementing, and evaluating public health interventions. Surveillance is linked to the interventions of Investigation of disease and other health events, Monitoring, and Screening. (The Minnesota Model and MDH, 2001, p. 13)

Systems that are frequently mandated by law at the state or federal level of government are formal surveillance systems. Many PHNs practice informal surveillance when they notice certain trends in their practice.

The “epidemiology triangle” is the most common epidemiological model. The three components of the triangle are the agent, host, and environment. The agent is the disease or risk factor affecting health. The agent affects the host. Those factors that promote disease (or risk), not a part of the agent or host is considered to be the environment.

- ** The Minnesota Model: include the basic steps and best practices for surveillance (MDH, 2001, pp.15, 16 & 20-22).

Study Guide

Read *Surveillance* (pp 13-23) in MDH (2001) and answer the following questions. (30 min). Notes from Abby (16-19, & 23), would be especially helpful.

- ** Read page 18 “Examples of informal surveillance”, and page 19.
 1. An agency that could perform a “systems” example of surveillance of children with developmental delays in our county would be Children and Family Connections. T or F
 2. ‘Changing health department hours to accommodate working clients’ is an example of a change that might come about as a result of surveillance. T or F

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. Discuss with your supervisor the various diseases that your health department performs regular surveillance.
 1. How are the data collected?
 2. Where are they stored?
 3. How are they shared with state and federal agencies?

Visit the epidemiology website or review epidemiology reports (asthma, breast cancer, or heart disease) for your local health department. Alone or with colleagues at your agency,

Match the following epidemiology terms with their proper definition.

** 3. Thought to cause disease	a. Contagious
** 4. Is affected by the agent.	b. Prevalence
5. A case of unnecessary disease, disability, or untimely death whose occurrence is a warning signal that the quality of care may need to be improved.	c. Agent
6. A condition that spreads from person to person.	d. Sentinel event
7. Study of the distribution and determinants of communicable diseases and injuries in human populations.	e. Communicable
8. Combined number of new and old cases at any one point in time.	f. Host
** 9. A condition that is very communicable and spreads rapidly from person to person.	g. Epidemiology

B. Answer the following questions related to asthma or any other health condition:

1. What was the prevalence of asthma in 2000?
2. How does this compare to the prevalence of asthma in 1990?
3. Has your health department taken action to impact this public health problem?
If so, what programs/actions have been taken?

Answer key for *Surveillance/Study Guide*:

1-T, 2-T, 3-c, 4-f, 5-d, 6-e, 7-g, 8-b, 9-a

MODULE IV, UNIT III
SESSION II: DISEASE AND HEALTH EVENT INVESTIGATIONS

Description

** This self-learning session describes the process of evaluating threats to the health of a population.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of delegated investigations to other intervention activities.
2. Name 5 examples of problems identified and followed for disease and health event investigations.
3. Give three examples of best practices of such investigations.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 29-40).

Summary

- ** Disease and other health event investigation systematically gather and analyzes data regarding threats to the health of populations, ascertains the source of the threat, identifies cases and others at risk, and determines control measures. (MDH, 2001. P29). Disease and other health event investigation is closely linked to the interventions of *Case finding* and *Referral and follow-up*.
- ** Some examples of this intervention are investigation of: lice and scabies, mistreatment of vulnerable individuals, lead, food-borne and water-borne outbreaks, communicable diseases, (TB, meningitis, and giardia), vaccine-preventable disease (measles, mumps, rubella pertussis, and diphtheria), rabies, STDs, chemical spills, suicide, cancer, flooding, tornadoes, and natural disasters, asbestos. (MDH. 2001, p.31)

The Minnesota Model MDH (2001) includes basic steps and best practices for Disease and other health event investigation (pp. 32-38).

Study Guide

Read *Disease and other health event investigation* (pp. 29-38) in MDH (2001) and answer the following questions. (20 min)

- ** 1. The interventions *surveillance* and *disease event investigation* both utilize data gathering methodology. In what way are they different?

2. Which of the following problems would be *least* likely to be followed for *disease event investigation*?
 - a. lead
 - b. communicable diseases such as TB, meningitis, and giardia
 - c. food born and water borne outbreaks
 - d. lice and scabies
 - e. chemical spills

3. Give three examples of best practices for Disease and Other Health Event Investigation.

Answer key for *Disease and other Health Event Investigation/Study Guide*:

- **
1. Investigation is retrospective, initiated in response to unexpected event. Surveillance is looking ahead for expected events.
 2. Lice and scabies because the impact on public health is the least.
 3. Establish what constitutes a case. Consider whether investigation is the appropriate intervention given the circumstances. Utilize multiple data sources that include person, place, and time elements. Collect data that support the development of interventions at multiple levels or prevention. Is able to perform the roles warranted by the specific circumstances and agency resources. Seek out and utilize investigative data to influence policy development.

Learning Activities

Choose one or more activities as meets your needs and interests.

- **
- A. Through informal *surveillance* a public health nurse notes a pattern of an unusually high number of teen clients have had gonorrhea in the last year. Using the epidemiology triangle, identify the agent, host, and environment in this example. Contact your local STD department. Has the incidence of gonorrhea increased or decreased since 1990? What might account for the change? What programs does your health department have to decrease the incidence of STDs among teens?

 - B. Make a joint home visit with a lead investigator where you work. Interview the investigator regarding trends, prevalence of lead poisoning in the community where you make home visits.
 1. Which communities in your county are most at risk? Why?
 2. How has lead investigation impacted the incidence of lead poisoning in your community?

** Answer key for *Disease and other Health Event Investigation/Learning Activities*:

A. agent- bacterial infection of neisseria gonorrhea; host-teenage client; environment-social factors promoting transmission of the disease, such as sexual activity, unprotected sexual activity, knowledge deficit regarding disease and transmission, cultural values, lack of parental supervision....

MODULE IV, UNIT III SESSION III: OUTREACH

Description

** This self-learning module describes the location of populations of interest and populations at risk.

Learning Objectives: At the completion of this session, the participants will be able to:

1. Describe the relationship of outreach to other intervention activities.
2. List the basic steps in outreach.
3. Give an example of how *Outreach* is accomplished at your local health department.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 41 – 43)

Summary

** According to the Minnesota Model, *outreach* locates populations-of-interest or populations-at-risk and provides information about the nature of the concern, what can be done about it, and how services can be obtained. *Outreach* is closely linked to the intervention of *health teaching* and is often a precursor to *screening, disease and other health event investigation, and case finding* (MDH, 2001 p.40).

The Minnesota Model (MDH, 2001) includes the basic steps and the best practices for *Outreach*. (pp. 43, 44 & 46-49).

** “Outreach” refers to those at risk who are unknown to an agency. “In reach” refers to people with previous or ongoing contact with an agency. (Minnesota Model and MDH, 2001 p.45) Utilizing members of the target population in “focus groups” can provide valuable insight into which outreach methods might work best.

Study Guide

Read *Outreach* (pp.41-53 from the Minnesota Model and MDH) and answer the following questions.

** Read pages 41 – 42 “Examples at All Practice Levels”. Read page 50.

1. Interventions performed by the federally funded breast and cervical health program at your health department is an example of a community level intervention. T or F
2. A visit by a PHN to follow up on an abnormal pap' is an example of an individual/ family level intervention. T or F

- ** 3. Which of the following interventions/methods would not likely be used in concert with outreach?
- health teaching
 - focus groups
 - case-finding
 - social marketing
 - all of the above are related to outreach
- ** 4. List the basic steps for outreach in the correct order:
- Implement and monitor the outreach plan.
 - Design supplemental activities that eliminate or overcome the barriers that were encountered the barriers.
 - Develop an outreach plan using information from an assessment of the community's health.
 - Evaluate the results of the outreach implementation.

Answer key to *Outreach/Study Guide*:

- False, a systems example
- True
- e
- c, a, d, b

Learning Activities

Choose one or more activities as meets your needs and interests

- Develop a community example of implementation of *Outreach* for undocumented clients who could potentially develop breast cancer at some time in the future.
- Attend an *Outreach* group/class from the Breast and Cervical Cancer Prevention Program at your local health department. Interview staff about their most effective outreach methods. Do they use focus groups to plan their outreach activities? What programs does your local health department offer for women's health?

Answer key for *Outreach/Learning Activities*:

PHN's provide information about breast self-exams/ mammography and where to go for low cost mammography screening. This information would be offered in Spanish, with pictures. This information would be available in laundry mats, churches, health clinics, Mexican groceries, and at temp labor agencies.

MODULE IV: UNIT III
SESSION IV: CASE FINDING

Description

** This self-learning module describes the process of locating identifying individuals and families with identified risk factors and connecting them with resources.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Identify the relationship between case finding and other interventions.
2. List 5 barriers to services that put individuals at risk.
3. Identify the basic steps for case finding.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 55-62).

Summary

- ** *Case finding* locates individuals and families with identified risk factors and connects them to resources. (Minnesota Model and MDH, 2001, p. 55). *Case finding* only operates at the individual/family level of intervention
- ** *Case finding* is the individual/family practice level of *Surveillance, Disease and other event investigation, Outreach, and Screening*. It often leads to *Referral and Follow-up* (MDH, 2001, p. 56).

The Basic steps for Case-finding include:

1. Identify individuals at risk. (Using other interventions)
2. Connect with networks (formal and informal) to find those at risk.
3. Initiate activities to provide information about the nature of the risk, what can be done about it, and how services can be obtained.
4. If the level of risk suggests endangerment to the individual, family, or community, the PHN should provide direct access to necessary services.
5. Fulfill all reporting requirements mandated by state laws and regulations, such as those regarding reportable contagious diseases or indicators of child maltreatment. (MDH, 2001, pp. 57, 58)

The Best Practices for Case-finding include:

1. Utilize data obtained from surveillance, disease and other event investigation, outreach.
2. Resort to more intensive and less conventional means, depending on the resources available and the urgency associated with locating the person of concern.

Study Guide

Read the *Outreach* section of the Minnesota Model (MDH, 2001, pp.55-62) and answer the following questions. (20 minutes)

** Read pages 55 – 56, “Examples at All Practice Levels”.

1. A PHN attempts to locate and follow-up on a client that tested positive for an STD at her annual pap screening. She has no phone and has not responded to registered mail. This is an example of case-finding resulting from:
 - a. surveillance
 - b. disease and health event investigation
 - c. outreach
 - d. screening

** 2. Case-finding is always practiced at the individual/family level. T or F

** 3. List 5 barriers to services that put individuals at risk for not receiving services or treatment.

4. List examples of information that the PHN could obtain on an initial assessment that might prevent problems with case finding.

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. Identify the most common barriers to service that you see in your practice. What are some internal and external resources (agencies) in your county for overcoming these barriers?
- B. Discuss with colleagues, the most unconventional method of case finding that you have used. Were they successful?

Answer key to *Case-finding/Study Guide*:

1 – d;

2 – T;

3. isolation, knowledge deficit regarding risk, language barrier, illiteracy, cognitive impairment, lack of transportation, lack of health insurance or financial resources, contrasting cultural or religious beliefs, lack of child care, fear of being “reported”;

4. next of kin, emergency contact, friend contact, other address, church involvement, employer, partner/husband’s employer, other agencies involved with the family, school child may attend, medical provider.

MODULE IV: UNIT III
SESSION V: SCREENING

Description

** This self-learning module describes the process of identifying individuals with unrecognized health risk factors or asymptomatic disease.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of screening to other intervention activities.
2. List circumstances under which screening is not ethical.
3. Give examples of how PHNs use screening in their practice.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 63-78).

Summary

** Screening identifies individuals with unrecognized health risk factors or asymptomatic disease conditions in populations. The three types of screening are: mass screening, targeted screening, and periodic screening (MDH, 2001, p. 63). *Social marketing and outreach* are frequently done prior to *screening*. *Screening* often provides opportunities for *health teaching and counseling* and often leads to *referral and follow-up*.

The Minnesota Model and MDH describe the basic steps and best practices for screening (see pp 65-67 and pp70-72)

** *Screening and monitoring* are often confused. *Screening* identifies those at risk, affects many, and focuses on well populations. *Monitoring* has the purpose of tracking progress affects only a few, and focuses on persons with known disease (MDH, 2001, p. 68).

** Common screenings conducted by PHN's: TB screening at a correctional facility, HIV screening, anemia for pregnant women, hypertension at work sites, growth and developmental screening with Headstart children, pregnancy testing at women's health clinics, hearing and vision screening with school aged children, screening for violence risk, DDST screening of children with suspected delays, blood glucose screening at senior health clinics. (MDH, 2001, p. 69).

Study Guide

Read *Screening* from the Minnesota Model material (MDH, 2001, pp. 63-72) and answer the following questions. (30 minutes)

** Read page 68.

- ** 1. Which of these characteristics do not apply to screening?
- The purpose is to track progress once disease identified.
 - Focuses on well populations.
 - Is implemented on many people.
 - Its purpose is to identify those at risk.
2. Screening seniors at a Senior housing establishment for HTN is:
- An intervention at the systems level.
 - An intervention at the community level.
 - An intervention at the individual level.
4. The newborn screening test done on all infants is:
- An intervention at the systems level.
 - An intervention at the community level.
 - An intervention at the individual/family level.
5. Name circumstances under which screening is not ethical.
6. List 5 characteristics of a suitable screening test.

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. Discuss with group the screening activities that PHNs in your program are typically involved in. What are some other screening activities that PHNs are involved in at your health department?
- B. Discuss with colleagues, the problems/disease you think your program should be screening for (and isn't) on a regular basis? How could you implement screening (research) for this problem? Why is it necessary to provide counseling and health teaching in conjunction with screening?

Answer key for the intervention *Screening/Study Guide*:

- 1 - a
- 2 - b
- 3 - a
4. There is no known treatment, there is no known benefit to self or others in knowing, and the cure is perceived as worse than the disease itself, or treatment exists but is too expensive or too far away to access.
5.
 - relatively inexpensive
 - non-intrusive
 - reliable (consistent when performed more than once on the same individual)
 - easy and quick to administer
 - confidentiality is maintained

MODULE IV: UNIT III
SESSION VI: REFERRAL AND FOLLOW-UP

Description

** This Unit of Module IV describes the Referral and Follow-up process at the Community level, the Systems Level, and the Individual and/Family Level .

Learning Objectives: At the completion of this session, the participant will be able to:

1. Describe the relationship of referral and follow-up process in relationship to other aspects of public health nursing interventions.
2. List the basic steps in the referral and follow-up process.
3. Give three examples of best practices in the referral and follow-up process.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 79 – 92)

Summary

** This section of the Minnesota Model (MDH, 2001) begins with a definition of the Referral and Follow-up process and provides examples of process at all levels of practice, i.e. at the Community level, the Systems Level, and the Individual and/Family Level. It explains the relationship of this aspect of interventions to other aspects. Eight Basic Steps are provided for the Individual/Family Practice Level and the Systems and Community Practice Levels.

** Individual/Family Practice Level

1. Establish an effective working relationship with the client.
2. Clarify the need for the referral with the client.
3. Assist the client in establishing realistic outcomes for the referral.
4. Explore the availability of resources with the client.
5. Encourage the client to select the resources they prefer and to initiate the contact whenever reasonable.
6. Facilitate the referral process when necessary.
7. Follow up after the referral has been made to determine with the client the extent to which the referral was successful.
8. Recognize that all steps in this process must be completed to assure success.

(MDH, 2001, p. 83)

**

Systems and Community Practice Levels

1. Utilize linkages with other providers, organizations, institutions, networks, etc., to monitor the community's capacity to provide the resources/ services needed by populations at risk.
2. Produce strategies for services and resources development.
3. Participate in implementing those strategies selected, which fall within the public health agency's mission and goals.
4. Participate in evaluating the strategies' effectiveness in developing needed services and resources. (MDH, 2001, p. 84)

**

Best Practices for Referral and Flow-up

1. Develops referrals, which are timely, merited, practical, tailored to the client, client controlled, and coordinated.
2. Establishes a relationship based on trust, respect, caring, and listening.
3. The client is an active participant in the process and the PHN involves family members as appropriate.
4. Allows for client dependency in the client-PHN relationship until the client's self-care capacity sufficiently develops.
5. Respects the client's right to refuse a referral.
6. Develops comprehensive, seamless, client-sensitive resources that routinely monitor their own systems for barriers.
7. Uses multiple methods of follow-up to reinforce the referral process. (MDH, 2001, p. 88)

Study Guide

Read the Public Health Interventions Applications for Public Health Nursing Practice Referral and follow-up section (pp79-92), especially "Notes from Abby" (pages 81,83, 89) in the Minnesota Model material (MDH, 2001). (30 minutes)

** Read page 81.

Be prepared to answer these questions:

1. Give an example of follow-up and referral.
2. List the four basic steps in follow-up and referral.
3. Describe the role of the client in follow-up and referral.

Learning Activities

Choose one or more activities as meets your needs and interests.

Discuss with your supervisor the referral and follow-up process for your agency and answer the following questions as they relate to your reading materials.

- A. What are the basic steps in the referral and follow-up process for individuals or families? (pp. 82-83)
- B. What are the basic steps in the referral and follow-up process for system and community level? (p. 84)
- C. Give two examples of the best practices for referral and follow-up. (p. 85)

Review your agency referral and follow-up procedure and discuss with colleagues the answers to the following questions.

1. List 3 agencies most utilized by your clients.
2. Visit the 3 agencies and report back your findings to other staff.
3. If studying as a group, divide up and come back with information.

MODULE IV: UNIT III
UNIT VII: CASE MANAGEMENT

Description

** This Unit of Module IV describes the Case Management aspects of public health nursing interventions. Case management optimizes the self-care of individuals, families and system capabilities of to coordinate and provide services.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe how case management is carried out in sequence of other intervention activities.
2. List the basic steps in case management .
4. Give three examples of best practices in case management.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 93 – 111.)

Summary

** This section begins with a definition of Case Management and provides examples of the process at all levels of practice, i.e. at the Community level, the Systems Level, and the Individual/Family Level. It explains the relationship of this aspect of interventions to other aspects. Basic Steps are provided for the Individual/Family Practice Level and the Systems and Community Practice Levels.

** Characteristics of Case Management

1. Focus on development of the self-care capabilities of communities, systems, individuals, and families.
2. Promotion of the efficient use of resources.
3. Stimulation of the creation of new services where needed.
4. Assurance of quality care along a continuum of service delivery.
5. Decrease in the fragmentation of care across settings.
6. Enhancement of clients' quality of life.
7. Cost containment.

(MDH, 2001, p. 93)

**

Basic Steps for Case management Individual/Family

1. Provide effective outreach and case finding to all individuals and or families considered at risk or otherwise meeting your agency's priority criteria and offer case management.
2. Involve those individuals and or families assessing their level of functioning. Determine the resources and services necessary to attain and or maintain an adequate and safe quality of life. Through the process, develop a trust relationship; this step is essential to successful case management.
3. Involve those individual and families in investigating available resources and services and designing a plan to access them.
4. Link the individuals and or families with needed services and resources, including financial resources.
5. Work cooperatively with other disciplines as the complexity of the circumstances requires.
6. Collaborate with individuals and or families in coordinating the services and implementing the plan in a logical sequence.
7. Provide advocacy or "troubleshooting" to resolve potential or actual barriers in service provision.
8. Evaluate progress toward the established health outcomes with the individuals and or families revise plan elements as needed. (MDH, 2001, p. 95)

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Basic Steps for Systems and Community Practice in Case Management

1. Identify discrete sub-groups within the population (for example, all frail elderly living alone or all families with children with disabilities) whose quality of life is at risk.
2. Gather and analyze information regarding services and resources that are needed but unavailable, inaccessible, or unacceptable (e.g., services that are culturally inappropriate).
3. Communicate with community organizations and systems in a position to address these gaps.
4. Collaborate with community organizations and systems to assure adequacy and equity or resources and services developed.
5. Routinely evaluate the community's capacity to meet the quality of life needs of populations-at-risk identified through community assessment. (MDH, 2001, p. 95)

**

Case Management Models

1. Generalist Model
2. Primary-Therapist-as-Case Manager Model
3. Family Model
4. Supportive Care Model
5. Volunteer Model

(MDH, 2001, p. 99)

Study Guide

In the Minnesota Model (MDH, 2001), read the Case Management section (pp 93-112), especially “Notes from Abby” (pages 96, & 97) (2001). (30 minutes)

** Read pages 105-106 “Research Report”

Be prepared to answer these questions:

1. Give an example of case management at the individual/family level and the system/community level.
2. List two of the basic steps in case management for each level of care.
3. Give three examples of best practice in case management.

Learning Activities

Choose one or more activities as meets your needs and interests.

A. Discuss the definition of Case Management for your agency and answer the following questions.

1. What are the basic steps in case management for individuals or families? (p. 95)
2. What are the basic steps in system and community level case management? (p. 97)
3. Case management optimizes what aspects of individuals and families self-care and what aspects of systems and communities to deliver services? (p. 93)

B. Discuss with your supervisor special needs in your caseload and be prepared to:

1. Present a case to staff utilizing all the steps in case management, which includes Referral, Follow-up, Advocacy and Delegation.
2. Identify groups in your caseload or area in which case management is difficult due to language, location, etc., and how you would go about providing case management services.

MODULE IV: UNIT III
SESSION VIII: DELEGATED FUNCTIONS

Description

** This Unit of Module IV describes the legal functions of the registered nurse in public health agencies to accept tasks he/she is asked to perform by someone in authority and those tasks he/she asks others to perform.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of delegated functions to other intervention activities.
2. List the basic steps in delegated functions.
3. Give three examples of best practices in delegated functions.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 113-120),

Summary

** This chapter begins with the definition for delegated functions, which are direct care tasks a registered professional nurse carries out under the authority of a health care practitioner, as allowed by law. Delegated functions include any direct care tasks a registered professional nurse entrusts to other appropriate personnel to perform. Also, it speaks as to how delegated functions relate to other interventions. A delegated function focuses on a single aspect of nursing practice, that of delegation. It can be described in two ways, the PHN as the delegator, or the delegatee.

**

Five R's of Delegation

1. Right Task
2. Right Circumstances
3. Right Person
4. Right Direction/Communication
5. Right Supervision

The same set of the “five rights” needs to be considered when the nurse is the delegatee (that is, accepting delegation from a health care professional as allowed by law). A Registered Professional Nurse can delegate responsibility but not accountability, unless it is to someone with the same licensure.

(MDH, 2001, pgs. 115-117)

Best Practices for Delegated Functions

1. Accurately interprets the Nurse Practice Act and related rules.
2. Operates under established agency and/or professional standards, procedures and protocols.
3. Relies on quality improvement mechanisms to direct the development and improvement of delegation processes.
4. Monitors practice trends and interprets their impact on delegations.
5. Document delegation action either to the nurse or by the nurse.

(MDH, 2001, pgs. 118-119)

Study Guide

Read the Public Health Interventions Applications for Public Health Nursing Practice Delegated Functions section of the Minnesota Model (MDH, 2001, pp113-120), especially “Notes from Abby” (pages 117 & 119). (30 minutes)

Be prepared to answer these questions:

1. Give one example of each delegated function at the individual/family level, the system level and the community level.
2. List two of the basic steps for each delegated functions working alone and with others.
3. Give two examples of best practice in delegated functions.

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. Discuss with your supervisor delegation process in your agency and be prepared to answer the following questions.
 1. Differentiate between the delegator and the delegatee. (p. 114)
 2. What are the five R’s when delegating to nursing personnel? (p. 115-116)
 3. Describe what a Registered Professional Nurse can delegate and what he/she cannot delegate.
- B. Review with your supervisor the Nurse Practice Act.
 1. Identify a potential/current problem in your caseload or area.
 2. Describe the process of delegation utilizing a community, a system, and an individual/family example.

MODULE IV: UNIT III
SESSION IX: HEALTH TEACHING

Description

** This unit encompasses the role and aspects of Health Teaching for the PHN. It identifies its relationship to other intervention within the Public Health Systems Wheel. Health teaching not only reaches out to the individuals, families, systems and communities, but also to providers of health care.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Define Health Teaching.
2. Understand the basic steps for health teaching.
3. Observe the 7 best practices for health teaching.
4. Understand how provider education impacts the health status of populations.
5. Understanding collaborative production, of health teaching.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (p. 121-150).

Summary

** “Health teaching communicates facts, ideas, and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices and skills of individuals, families, systems and/or communities.” (MDH, 2001, p. 121)

Seven qualities are necessary for successful health teaching. These qualities include knowledge, attitude, value, belief, behavior, practice, and skill. (p. 121)

Health teaching is used in conjunction with virtually all interventions. It is frequently implemented in conjunction with or sequentially to counseling and/or consultation. (p. 122)

Effective methods of health teaching include oral communication, non-verbal communication, group teaching, and written communication.

“Provider education is defined as the application of health teaching to change the knowledge, attitudes, values, beliefs, behaviors, practices, and skills of SYSTEMS within communities, whose mission also impact the health status of populations.” (p.131)

“When a PHN needs to change attitudes, behaviors, beliefs, knowledge, practices, and/or skills of groups and organization in the community, provider education is the intervention of choice.” (p. 131-132)

The PHN has the ability to complete a comprehensive assessment of systems in a community that influences health. In targeting the educational content to the level of the provider and enhancing the basis of his/her professional credibility, approaches are structured and carefully crafted to disseminate the information.

Study Guide

Read the Minnesota Model material (MDH, 2001), pages 121-135, including the "Notes from Abby" on pages 133-135 and be prepared to answer the following questions.

** Read page 135, "Notes from Abby".

1. Define Health Teaching. (p. 121)
2. Identify 3 relationships of Health teaching to the other relations within the Public Health Wheel. (p. 122)
3. Specify the 4 types of communication. (p. 126-27)

Answer key for *Health Teaching/Study Guide*:

1. "Health teaching communicates facts, ideas, and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices and skills of individuals, families, systems and/or communities."
2. Relationships of health teaching to other interventions: 1) "Health teaching is used in conjunction with virtually all interventions. 2) Frequently implemented in conjunction with or sequentially to counseling and/or consultation. 3) Health teaching influences the knowledge, attitudes, values, beliefs, practices, skills and behaviors of individuals, families, systems, or communities. 4) Counseling focuses on the emotional component inherent in any attempt to change. 5) These most often occur together, or in succession and are often repeated in a cycle."
3. Types of communication: Oral, nonverbal, group, and written communication.

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of Health Teaching in MHD (2001) on page 122, discuss with your supervisor an example of health teaching that involved staff within your agency.
- B. In a discussion with colleagues, describe the support systems and barriers in your agency to excellent health teaching. How would you help new staff nurses develop their health teaching skills? What system could you implement for ongoing improvement of health teaching by all staff members in your agency?

MODULE IV: UNIT III
SESSION UNIT X: COUNSELING

Description

** “Counseling establishes an interpersonal relationship with a community, system, family, or individual intended to increase or enhance their capacity for self-care and coping. Counseling engages the community, system, family or individual at an emotional level.” (p. 151)

Learning Objectives: At the completion of this session, the participant will be able to:

1. Define Counseling.
2. Differentiate consultation from other interventions within the Public Health Wheel.
3. Understand the basic steps in counseling.
4. Identify the 5 best practices for counseling.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (p. 151-159).

**** Summary**

“Counseling is an intervention frequently implemented in conjunction with, or sequentially to, health teaching and/or consultation.” (MDH, 2001, p. 152)

“Counseling focuses on the emotional component of inherent in any attempt to change.” (p. 152)
It also “creates a cycle of new knowledge, emotional response, actions, consideration of alternative actions.” (p. 152)

Counseling should have a therapeutic outcome (have a healing effect). “Counseling intends is to clarify problems, relive tension, facilitate problem solving, encourage friendship and companionship, enhance understanding, encourage insight and relieve stress.” (p. 153)

The PHN must be cautious not to confuse counseling with psychotherapy. A PHN is a vehicle for change therefore she/he must have a high level of self-awareness. (p. 155) It is important that the PHN uses self-monitors throughout the counseling relationship. In turn the PHN assures that the client defines the focus of the counseling, establishes and maintains boundaries avoiding the gray zones.

Study Guide

Read the Minnesota Model material (MDH, 2001) pages 151-160, including "Notes from Abby" on pages 153, 155 and 157 and be prepared to answer the following questions.

** Read pages 153, 157, 158 and 159, "Notes from Abby".

1. Define Counseling. (p. 151)
2. Identify the four of the initial eight basic steps for Counseling.
- ** 3. Why is it important to maintain boundaries?
4. What is the most critical skill to effective counseling?

Answer key for the intervention *Counseling/Study Guide*:

1 - "Counseling establishes an interpersonal relationship with a community, system, family or individual intended to increase or enhance their capacity for self-care and coping.

2- Counseling engages the community, system, family, or individual at an emotional level."

3 - Because the counseling requires an interpersonal relationship that presumes an emotional level of involvement.

4 - Communication.

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. In a discussion with colleagues, describe the support systems and barriers in your agency to excellent counseling.
- B. How would you help new staff nurses develop their counseling skills?
- C. What system could you implement for ongoing improvement of counseling by appropriate staff members in your agency?

MODULE IV: UNIT III
SESSION XI: CONSULTATION

Description

** This unit encompasses the role and scope of Consultation for the PHN. It identifies its relationship to other interventions within the Public Health Systems Wheel. Consultation enables the PHN to seek information, generates optional solutions, be interactive in problem solving with the individual, family, system and/or community. (p. 165)

Learning Objectives: At the completion of this module, the participant will be able to:

1. Define Consultation.
2. Differentiate implement consultation with other interventions within the Public Health Wheel.
3. Understand the basic steps for consulting.
4. Observe the 5 Best practices for consulting.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section . (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (p. 165-172).

**** Summary**

“Consultation is an intervention frequently implemented in conjunction with, or sequentially to, health teaching and/ or counseling. Health teaching influences knowledge, attitudes, values, beliefs, practices, skills, and behaviors.” (p. 166) Whereas “counseling focuses on the emotional component inherent in any attempt to change.” (p. 166) “Consultation seeks to generate alternative solutions to problems.” (p. 166)

With consultation, the PHN develops a contract with the client. Both clearly understand what is expected. “In the CPR + F Model, the PHN and the client repeat a loop consisting of: Commitment x Purpose x Roles + Feedback until they are both satisfied that they mutually understand what the request is and what the expected outcomes are. In the model, the following definitions apply: 1) Commitment = investment both the PHN and client are willing to put into the endeavor; 2) Purpose = what the client wants/what PHN can provide; 3) Role = who will do what and when, 4) Feedback =planned points of evaluation where client and PHN evaluate how they are doing and if they should continue.” (p. 169)

In the role of consultant the PHN becomes an “advocate, joint problem solver, identifier of alternatives and linker to resources” (p. 170). “She/he is also a fact finder, process consultant, and an informational specialist.” (p. 170). Finally the PHN “collaboratively formulates options with the client, and assists all clients in identifying opportunities for change and improvement.” (p. 170).

Study Guide

Read the Minnesota Model material (MDH, 2001), pages 165 to 172, including the "Note from Abby" on page 172 and be prepared to answer the following questions.

** Read page 172.

1. Define consultation.
2. Identify the basics steps to Consultation.
3. Explain CPR+F.
4. Identify three common pitfalls as stated by Ulschak and SnowAntle.

Answer key for *Consultation/Study Guide*:

- 1 - "Consultation seeks information and generates optional solutions to perceived problems or issues through interactive problem solving with a community, system, family or individual. The community, system, family or individual selects and acts on the option best meeting the circumstances." (p. 165)
- 2- Basic steps to Consultation: 1). Establish an interpersonal relationship with the client by engaging in actions that establish the PHN's credibility and promote a sense of trust on the part of the client. 2). Clarify the client(s)' perception of the problem or issues, the underlying causes, and the expected results from the consultation process. 3). Asses the client(s)' circumstances, involving them in data collection. 4). Establish a plan of action or contract. 5) Identify the support necessary to facilitate plan implementation. 6) Evaluate the process and outcome. (pgs. 167-168)
- 3- In the CPR + F Model, the PHN and client repeat a loop consisting of "Commitment X Purpose X Rules + Feedback" until they both are satisfied that they mutually understand what the request is and what the expected outcomes are. In the model: **Commitment** = investment both PHN and client are willing to put into this endeavor; **Purpose** = what client wants/what PHN can provide; **Roles** - who will do what and when; **Feedback** = planned points of evaluation where client and PHN evaluate how they are doing and if they should continue. (pg. 169)
- 4 - Promising more than can be accomplished; taking on a problem or decision for which a PHN does not have appropriate training or experience; agreeing to provide consultation without measurable desired outcomes; and agreeing to a contract despite lack of clarity in any of the CPR+F elements.

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of Consultation in MHD (2001) on pages 165-166, discuss with your supervisor an example of consultation, from your agency's perspective.
- B. In a discussion with colleagues, describe the support systems and barriers in your agency to excellent consultation.
- C. How would you help new staff nurses develop their consultation skills?
- D. What system could you implement for ongoing improvement of consultation skills for appropriate staff members in your agency?

MODULE IV: UNIT III
SESSION XII: COLLABORATION

Description

** This self-learning module describes the process of achieving a common goal through enhancing the capacity of one or more or more persons or organizations committed to the promotion and protection of health.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of collaboration to other intervention activities.
2. List the basic steps in collaboration.
3. Give three examples of best practices of collaboration.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 177-210).

** **Summary**

“Collaboration commits two or more persons or organizations to achieving a common goal through enhancing the capacity of one or more of them to promote and protect health.” (p. 177)

“Collective action is the generic term for interventions characterized by groups of people or organizations that come together to address issues that matter to them jointly. Community organizing, coalition building, and collaboration are all examples of collective action. Because of this, they share many features, especially at the community level of practice.” (p. 178)

“Like community organizing and coalition building, collaboration is one method of building collective action

Similarities:

- Empowerment is an enabling process through which individuals or communities take control of their lives and environment. It is a basic concept of collective action, although it is not always called "empowerment."
- Emphasis is placed on "beginning where the people are."
- Reliance on the process of community engagement at the level of community-focused practice; all reflect the principles of collective action.

Differences:

- Unlike coalition building and community organizing, collaboration requires a willingness to enhance the capacity of one or some of the collaborative members over and above one's own interests in order to achieve the desired collective goals.
- Unlike coalition building and community organizing, collaboration can and should occur at the individual/family level of PHN practice. (p. 178)

Study Guide

Read the Minnesota Model materials (MDH, 2001), pages 177-192, including "Notes from Abby" on pages 179, 183, 186 and 192 and be prepared to answer the following questions.

** Read page 183.

1. What is involved in collaboration interventions?
2. Identify 6 factors influencing the success of collaboration.
3. What is risk training?

** 4. Effective collaborative action depends on what conditions?

5. What does Abby say successful collaborations are like?

Answer key for *Collaboration/Study Guide*:

- 1 - The core components of effective collaboration include: effective leadership, both formal and informal; members who, with the leaders, are committed to the work; shared values and sense of purpose among leaders and members; functioning linkages or relationships between the collaborative and related groups and individuals; effective strategies and sufficient resources for achieving goals, functional structure that supports the collaborative work; and internal systems that are adequate to support the structure. (p. 188)
- 2 - Environment, Membership, Process/structure, Communication, Purpose, and Resources
- 3 - Abandoning the professional role and assuming a co-equal nonhierarchical relationship and assuming more responsibility for taking action and creating solutions and results.
- ** 4 - "1). Perception of potential "win-win" outcomes for all collaborators; 2) Existence of an open communication system among the partners, which allows for ownership of the problem, as well as responsibility for its resolution; 3) Shared risks among all partners; risks become the essential motivators for working together; and 4) Early establishment of those boundaries which an agency or its representative will not go beyond." (p. 188)
- 5- They are "more like trysts than great romances." (p. 183)

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of collaboration in MHD (2001) on pages 177-178, discuss with your supervisor an example of collaboration involving your agency.
- B. In a discussion with colleagues, describe the support systems and barriers in your agency to excellent collaboration.
- C. How would you help new staff nurses develop their collaboration skills?
- D. What system could you implement for ongoing improvement of collaboration skills for all staff members in your agency and with outside agencies?

MODULE IV: UNIT III
SESSION UNIT XIII: COALITION BUILDING

Description

** This self-learning module describes the process of promoting and developing alliances among constituencies for a common purpose.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of coalition building to other intervention activities.
2. List the basic steps in coalition building.
3. Give three examples of best practices of coalition building.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 211-234).

**** Summary**

“Coalition building promotes and develops alliances among organizations or constituencies for a common purpose. It builds linkages, solves problems, and/or enhances local leadership to address health concerns.” (P. 211)

“Collective action is the generic term for interventions characterized by groups of people or organizations that come together to address jointly issues that matter to them. Community organizing, coalition building, and collaboration are all examples of collective action and have many common features - especially at the community level of practice.

Like community organizing and collaboration, coalition building is one method of building collective action.

Similarities:

- Empowerment is an enabling process through which individuals or communities take control of their lives and their environment. It is a basic concept of collective action, although it is not always called "empowerment."
- Emphasis is placed on "beginning where the people are."
- Reliance on the process of community engagement at the level of community-focused practices; all reflect the principles of collective action.

Differences:

- Unlike community organizing, coalition building may be brought about by outside organizations or influences rather than the community itself.
- Unlike collaboration, coalition building does not require enhancing the capacity of other organizations or constituencies within the coalition.
- It is a primarily a systems level of practice.” (p. 212)

Study Guide

Read the Minnesota material (MDH, 2001) pages 214 - 224, including "Notes from Abby" on pages 213 and 217 and be prepared to answer the following questions:

** Read pages 224 - 225, "Research Reports".

- **
1. What are the requirements of working together?
 2. What are vital technical details of a coalition structure to achieve success?
 3. What are warning signs of coalition problems?
 4. What should coalition leadership be aware of?
 5. What are the "Six R's of Participation" that lead to a coalition member satisfaction?

Answer key for *Coalition Building/Study Guide*:

** 1 - Expertise in communication, negotiation and conflict management. (p. 213)

2 - a) Life expectancy of the coalition; b) Location, frequency, and length of meetings; c) Membership criteria; c) Decision-making process Agenda setting; and e) Rules for participation. (p. 216-216)

3 - "a). Poor group dynamics; b) Membership or participation concerns; c) Focus on too many long-term goals without enough short-term "wins" to add energy to the group; d) Poor planning or inadequate resources that make goal attainment difficult; e) External changes affecting the coalition's mission". (p. 216)

4 - "a) Hidden agendas; b) Differences in preferences for styles of action; c) Polarization around issues of racism, elitism, insensitivity to member limitations, or general intolerance of difference; d) Members forwarding their own personal views rather than that of the organization or interest they represent." (p. 221)

5 - Recognition, Respect, Role, Relationship, Reward, Results. (p. 211)

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of Coalition Building in MHD (2001) on pages 211-212, discuss with your supervisor an example of coalition building in your community.
- B. In a discussion with colleagues, describe the support systems and barriers in your community for coalition building.
- C. What system could you implement in your community to improve opportunities for coalition building?

MODULE IV: UNIT III
SESSION XIV: COMMUNITY ORGANIZING

Description

** This self-learning module describes activities to assist communities and individuals and families achieve common goals.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of community organizing to other intervention activities.
2. List the basic steps in community organizing.
3. Give three examples of best practices in community organizing.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 235-261).

**** Summary**

“Community organizing helps community groups identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they collectively have set.” (p. 235)

“Collective action is the generic term for interventions characterized by groups of people or organizations that come together jointly to address issues that matter to them. Community organizing, coalition building, and collaboration are all examples of collective action. Because of this, they share many common features - especially at the community level of practice.” (p. 236)

“Like coalition building and collaboration, community organizing is one method of building collective action.

Similarities:

- Empowerment is an enabling process through which individuals or communities take control of their lives and their environment. It is a basic concept of collective action, although it is not always called "empowerment."
- Emphasis is placed on "beginning where the people are."
- The process of community engagement is relied upon at the level of community-focused practice; all reflect the principles of collective action.

Differences:

- The impetus for community organizing must be identified by the community itself and not by an outside organization or change agent.
- Unlike collaboration, community organizing does not intend to provide opportunities for organizational or personal transformation.

- Unlike collaboration, community organizing does not occur at the individual/family-focus level of practice.
- It is primarily a community level of practice. (p.236)

Study Guide

Read the Minnesota model material (MDH, 2001), pages 235-241, including "Notes from Abby" on pages 237, 241 and 247 and be prepared to answer the following questions:

** Read pages 237 and 247, "Notes from Abby".

1. Effective collective action incorporates what principles or tenets?
2. Differentiate between community empowerment, community development community building and community regeneration.

Answer key for *Community Organizing/Study Guide*:

- 1 - a) The whole is greater than the sum of its parts; b) The process of coming together for joint action is the same; c) Organizing a collective at the local level has an impact on the national level more than the other way around; d) Involves a challenge to the existing power structure; e) Goals of any collective action should include not only a change in a particular problem or issues, but the empowerment of large numbers of people to be active participants in the process. (p. 237)
2. "Community empowerment is a "social-action process that promotes participation of people, organizations, and communities toward the goals of increased individual community control, political efficacy, improved quality of community life, and social justice." Community empowerment is a central goal of all community organizing. ... "Community organizing efforts that result in improved community competence. The central goal of these types of community organizing is usually focused on economic development as the main mechanism for competency development." "Community organizing efforts that emphasize participation in decision making and planning by those in the community affected by the change are called community building. Community building places greater emphasis on enabling communities to play the lead role in their own development, so that "community empowerment occurs rather than just community betterment." ... "Community building models which focus on promotion community strengths and assets are yet another variation of community organizing." (p. 241)

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of examples of Community Organizing (MHD, 2001) on pages 235-236, discuss with your supervisor how your agency participates in community organizing..
- B. In a discussion with colleagues, describe the support systems and barriers in your community for community organizing.

MODULE IV: UNIT III
SESSION XV: ADVOCACY

Description

** This self-learning module describes the process of pleading someone's cause and developing the individual, family or community's ability to plead their own cause.

Learning Objectives: At the completion of this module, the participant will be able to:

1. Describe the relationship of Advocacy to other intervention activities.
2. List the basic steps in advocacy.
3. Give three examples of best practices in advocacy.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 263-283).

**** Summary**

“Advocacy pleads someone's cause or acts on someone's behalf, with a focus on developing the community, individual, or family's capacity to plead their own cause or act on their own behalf.” (p. 263) “Advocacy is frequently used with other interventions, such as referral and follow-up, community organizing, and policy development and enforcement. Policy development is often not successful unless carried out in conjunction with advocacy.” (p. 264)

“Basic steps for advocacy:

1. Assess the nature and source of the issue to be addressed.
2. Determine the appropriate target for the advocacy intervention.
3. Establish the objectives with the client.
4. Negotiate the action plan with the client. The plan must consider the client's capacity to speak or act on their own behalf and the assistance they desire.
5. Determine resource availability.
6. Assess to what extent the advocacy target may be receptive, and adjust the action plan accordingly.
7. Implement.
8. Evaluate.”

(MHD, 2001, p. 265)

Study Guide

Read the Minnesota Model material (MHD, 2001) on pages 263-271, including "Notes from Abby" on pages 266, 267 and 271 and be prepared to answer the following questions.

** Read pages 267 and 271.

1. What are four actions characteristic of advocacy? (p. 266)
2. What are three major aspects of "consumer-centric advocacy?" (p. 268)
3. List three advocacy models. (p. 268)

** 4. See p. 270. Rate your comfort level and competence self in the following areas?
The scale is 1 through 5 (1 is the LEAST possible; 5 is the MOST possible).

Educating:	I am comfortable ____	I am competent ____
Persuading	I am comfortable ____	I am competent ____
Bargaining:	I am comfortable ____	I am competent ____
Campaigning:	I am comfortable ____	I am competent ____
Directly Contesting:	I am comfortable ____	I am competent ____

5. What major roles do the media in advocacy intervention play?

Answer key for *Advocacy/Study Guide*:

- 1 - a) Being assertive, b) Taking risks, c) Communicating and negotiating well, d) Identifying resources and obtaining results. (p. 266)
- 2 - a) Maximum transfer of knowledge to the client, b) Prominent client participation in c) decision making, d) The client's freedom to implement decisions
- 3 - a) Bureaucratic advocacy, b) Physician advocacy, c) Client advocacy (p. 268)
- 5 - a) Educator, b) Supporter, c) Promoter, d) Supplement (p. 269)

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of advocacy in MHD (2001) on pages 63-264 and discuss with your supervisor how staff members perform this role in your agency.
- B. In a discussion with colleagues, describe the support systems and barriers in your agency to advocacy.
- C. How would you help new staff nurses develop their advocacy skills?
- D. What system could you implement for ongoing improvement of advocacy for all staff members in your agency and with outside agencies?

MODULE IV: UNIT III
SESSION XVI: SOCIAL MARKETING

Description

** This self-learning module describes the use of marketing principles to influence knowledge, values, beliefs and practices related to health.

Learning Objectives: At the completion of this session, the participant will be able to:

1. Describe the relationship of social marketing to other intervention activities.
2. List the basic steps in social marketing.
3. Give three examples of best practices in social marketing.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 285-311).

Summary

** “Social marketing utilizes commercial marketing principles and technologies for programs designed to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population-of-interest.” (p.285) “Social marketing is like health teaching in that both are implemented to change attitude and behavior. In public health nursing, health teaching is probably more frequently used at the individual/family and systems practice levels. Social marketing is more frequently utilized at the community level of practice. At that level, social marketing overlaps with advocacy at the community level, where it is often implemented as media advocacy. In this role, it has the potential to be implemented simultaneously with any other intervention utilizing a mass media strategy.” (p.286)

Study Guide

Read the Minnesota material (MHD, 2001), pages 285–297, including "Notes from Abby" on pages 292 and 297 and be prepared to answer the following questions.

** Read pages 293 and 297, “Notes from Abby”.

1. What are integral questions for developing a communications strategy? (p. 289)
2. What is one method of conducting a message concept testing? (p. 289-290)
3. What is Stage 3 of Basic Steps for Social Marketing? (p. 291)
- ** 4. What is the key to social marketing effectiveness?

Answer key for *Social Marketing/Study Guide*:

- 1 -
 - a) Who is the audience and what are they like?
 - b) What is the action they should take and what are they doing now?
 - c) What are the obstacles that stand between the audience and the desired behavior?
 - d) What is the audience's benefit from engaging in the behavior?
 - e) What is the support for that benefit?
 - f) What are the best openings for reaching the audience?
 - g) What image should communication convey? (p.289)

- 2 -
 - a) Central site interviews; or
 - b) Omnibus surveys; or
 - c) Theater style testing; or
 - d) In-depth interviews; or
 - e) Focus group interviews; or
 - f) Professional and field interviews (p.289-290)

- 3 - Evaluation. It includes conducting an outcome evaluation and refining the social marketing strategy. (p. 291)

- ** 4 - The key is knowledge of the target population (especially the influence of demographic and cultural characteristics).

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. After reading the examples of Social Marketing on pages 285-286 in the Minnesota Model materials (MHD, 2001), ask your supervisor to discuss an example of Social Marketing used in your agency.
- B. In a discussion with colleagues, describe the support systems and barriers in your agency to social marketing.
- C. How would you help new staff nurses develop their social marketing skills?
- D. What system could you implement for ongoing improvement of social marketing for all staff members in your agency and with outside agencies?

MODULE IV: UNIT III
SESSION XVII: POLICY DEVELOPMENT AND ENFORCEMENT

**** Description**

"Policy development places health issues on decision-makers' agendas, acquires a plan of resolution and determines needed resources. Policy development results in laws, rules and regulations, ordinances and policies. Policy enforcement compels others to comply with the laws, rules, regulations, ordinances and policies created in conjunction with policy development." (MDH; 2001, p 313)

Learning Objectives: At the completion of this session, the participant will be able to:

1. Describe the relationship of policy development and enforcement to other intervention activities.
2. List the basic components of policy development.
3. Give three examples of best practices in policy development and enforcement.

Required References:

Minnesota Department of Health Division of Community Health Services, Public Health Nursing Section. (2001). *Public Health Interventions: Applications of Public Health Nursing Practice*. St. Paul: Minnesota Department of Health. (pp. 313-337).

**** Summary**

"...Public policy that promotes health will reflect the following principles:

- A long-term view
- Political commitment
- Processes and structures that allow different sectors to work together (for example, coalitions, collaboratives, councils, task forces, etc.)
- Public support
- Community-driven process
- Multifaceted strategies
- Credibility and expertise on the parts of both the initiator and spokesperson
- Win/win solutions
- A new organizational culture to maintain it
- Health may be a useful metaphor for addressing issues such as social injustice and environmental deterioration" (MDH; 2001, p.322)

Study Guide

Read the Minnesota model material (MDH, 2001), pages 313-337 and be prepared to answer to following questions:

** Read pages 313 – 316 and 321.

1. What is a helpful question to ask to reframe a problem into a policy issue?
2. What is a frequent co-intervention with policy enforcement?
3. There are 5 basic categories of "tools" or methods that can be used when designing policy. Name 3 of them.
4. Fill in the blanks: "Overall, policy development is largely an informal process requiring _____, presence, and _____."

Answer key for *Policy Development and Enforcement/Study Guide*::

1. What could or should be done about this issue?
2. Advocacy (p. 314)
3. Authority tools, Incentive tools, Capacity tools, Symbolic tools, Learning tools. (p. 316)
4. "Overall, policy development is largely an informal process requiring patience, presence, and timing." (p. 321)

Learning Activities

Choose one or more activities as meets your needs and interests.

- A. Observe a Board of Health meeting, identifying what policies are being developed and why.
- B. Identify a problem or issue of interest. Reframe that problem into a policy. Discuss the accuracy and validity of this new policy with your supervisor.