

# A community based education nursing essay

[Health & Medicine](#), [Nursing](#)



Introduction Health literacy is an on-going problem in the United States. For more than twenty (20) years health literacy has been a barrier to self-management of health care needs, compliance, and understanding. Nurses must be more effective in utilizing "teachable moments", with each patient encounter. Traditional patient teaching strategies may no longer be adequate in providing the needed education and support to patients, families and caregivers. Nurses will need to employ multiple strategies of patient teaching and avail themselves in various settings, to meet the ever-changing needs of our patients. Implementing new strategies, for patient specific teaching, will certainly meet resistance, as it will require a commitment from all stakeholders. Nurses provide a valuable service through patient education. The change proposed, within this paper, is specific to the education of patients, in the community, for their on-going health care management.

## **Health Literacy**

Health literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (National Network of Libraries in Medicine, 2012, ¶ 1). The National Safety Foundation's, Ask Me 3 Health Literacy report states, "the health of 90 million people in the U. S. may be at risk because of the difficulty some patients experience in understanding and acting upon health information" (Kirsh, et al, 2011, ¶ 1). "Literacy is one of the strongest predictors of health status. In fact, all of the studies that investigated the issue report that literacy is a stronger predictor of an individual's health status than income, employment status, education level,

and racial or ethnic group" (Weis, 2009, p. 13). Proposed ChangeThe " call to educate patients" is certainly not new to health care; in fact, " the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has mandated that client and family education be a part of comprehensive care since 1993." (Freda, 2004, ¶1). However, patients continue to lack basic health care knowledge competence, strategies for effective implementation of the information, and confidence in self-management. Patient education can help promote well-being through compliance and prompt detection of significant manifestations. Through establishment of community-based educational opportunities and resources, patients, families and caregivers can access, gain knowledge, and build confidence in managing their health care needs. StakeholdersPatients, families, and caregivers will be able to increase their understanding and working knowledge of health care issues as they navigate through times of wellness and illness. Physicians and Nurse Practitioners will be able to refer patients to the Community-Based Education Project for patient specific plans for educational programs and one-on-one time with a health care educator. The community, at large, will be able to utilize the Community-Based Education Project to strengthen their knowledge and understanding and will find the project to be a useful resource in their lives. Financial supporters would be able to demonstrate their commitment to the community and health and wellness. A project director, designated to oversee the legal and financial aspects of the project, is to be appointed. Health care educators, and support staff, would establish, maintain, and update resources, programs, and access to health information. Strategies for ChangeThe Community-Based Education Project, depending on

the community needs, size, and funding, would be the hub for a variety of educational materials, resources, and educators. The community would access the project, much like a library. Within the facility, computers, books, brochures, and teaching tools are available. A schedule of on-site or telehealth teaching classes will be provide teaching of current health care issues affecting the community. Nurses will be onsite for scheduled appointments for patient-specific teaching. These appointments provide physician-designated teaching strategies, such as anticoagulant or diabetic monitoring and management strategies. In addition, nurses will provide encouragement and support to the community members. Computer animated software programs, internet access to health-related websites and resources, and up-to-date medication information demonstrates the type of education promoted at the site. Barriers & Obstacles With any change, there is resistance. Marquis & Beck writes, " many forces are driving change in contemporary healthcare, including rising health-care costs, declining reimbursement, workforce shortages, increasing technology, the dynamic nature of knowledge, and a growing elderly population" (2012, p. 163). Financial aspects seem to be the most dramatic barrier or obstacle to implementing the Community-Based Education Project. There are federal, state, and local programs that may be accessible for assisting to fund and maintain the project. Insurance companies often require that patient care and health promotion teaching, as a component to outpatient nursing services, like home health, thus may be willing to provide support. Housing of the Community-Based Education Project could prompt an obstacle to implementation, however each community could determine the best location

for their unique needs- some may choose to have the project within the community health department, or as a sub-service of the library, health care institution or facility, even a local church may be willing to house the project. Strategic planning meetings will be conducted, to promote open communication of needs, expectations and to promote awareness. "

Whenever possible, all those who may be affected by change should be involved in planning for that change" (Marquis & Beck, p. 171). Anticipating the potential for " abuse" of online services, the project would consider limiting access to networking sites or email accounts, and other sites that are not in keeping with the purpose of the project. Nurses' Role Education has been a component of nursing all throughout history. Nurses would serve an integral role of marketing the project and services to physician, hospitals, health promoters, and the community. Nurses would survey the stakeholders of each community to find the most common health care needs and tailor the schedule of events according to those needs. Scheduled appointments would help determine the nursing work force needed to meet the requests for one-on-one education, as well as group opportunities. The nurses would be responsible to report the community involvement, needs, and usefulness of the project to the Project Director (based on the original structure and financial support). Conclusion

**A community-based education project would provide on-going teaching to not only patients, families, and caregivers, but it would provide health information and promote wellness within the community that it serves. The change would require the health care community to join forces and support the neighborhoods to which they serve. Making resources available through a variety of media meets various literacy levels, ages, and educational needs may reduce hospitalization, re-hospitalization, and unnecessary emergency department visits.**

**Patients who have a clear understanding of their after-hospital care instructions, including how to take their medicines and when to make follow-up appointments, are 30 percent less likely to be readmitted or visit the emergency department than patients who lack this information, according to a study funded by the Agency for Healthcare Research and Quality (AHRQ) and published in the February 3, 2009, issue of the *Annals of Internal Medicine* (Krames, n. d., p. 2).**

Nurses can efficiently and effectively evaluate, monitor, and provide on-going and pertinent health education to patients. Learning is more readily facilitated, and accepted, in non-threatening environments as well as when they are experiencing less stress. Allowing patients to remain in their community, work with their own schedule, and develop a nurturing and therapeutic relationship with the project nurses will enhance wellness.