Introduction to the main idea

Community Assessment

The primary aim of community care practitioners is to enhance people's health in their caregiving roles. To address this challenge, nursing professionals employ all the theories and capabilities of healthcare and health promotion practice. This entails employing demographic and epidemiological approaches to analyze the community's wellness and evaluate its health needs. Hence, this study will discuss the process of performing community assessments and generating community and aggregate diagnoses.

It is the community nurse practitioner's responsibility to define the community. It is understandable for the nurse to be concerned about how they would deliver services to such a vast and atypical "client" since fewer and more confined organizations make up a community instead of just urban centers. A fundamental part of public health practice is the use of methods and approaches to health issues that guarantee the majority of individuals receive the most advantages (Kass, 2001). In order to do this, the nurse strives to maximize the utilization of resources. The healthcare professional acknowledges that providing services to every community member is unrealistic. Instead of treating individuals as units of care, an alternative approach views the entire community as a unit of service, and it works collaboratively with members of the community utilizing the nursing process. Therefore, the community is not merely the setting or area where public health nursing operates; it emphasizes community health nursing care. The nurse collaborates with community people to identify community concerns and offer solutions to increase the community's health subsequently.

Evidence to Support the claims

In a culture extremely worried about increasing healthcare expenditures, preventing health issues becomes critical. In addition to minimizing the occurrence of illness in people, community health nurses must analyze the more outstanding aggregate—its arrangements,

environment, and associated health risks—to build more robust upstream preventive initiatives. Before implementing the nursing approach, a community health nurse must characterize a community and identify its features. The nurse can then begin the evaluation and diagnostic phase using epidemiological methodologies. Comprehensive evaluation data is vital to conducting successful primary preventive programs within a community. Gathering this data is one of the influential healthcare factors stated in the Institute of Medicine's (1988) initial report on the future of public health. Community Health Nurses are involved in analyzing the community's health and the ability to respond to health-related issues. The nurse offers an essential contribution to the formulation of healthcare policy by ensuring improved statistics (Kruk & Freedman, 2008).

An aggregation is a group of people related to one another by some shared feature. Members of a community may have common traits such as residency in the same city, affiliation with the same religious organization, or comparable demographic factors such as gender, age, or ethnic origin. The aggregate of older people, for example, contains primarily retirees who typically have typical ages, economic difficulties, life experiences, hobbies, and worries. They are likely to have similar viewpoints on contemporary issues and trends since they have lived through significant societal changes over the previous 50 years. Many senior individuals are concerned about maintaining excellent health, living a healthier lifestyle, and accessing appropriate healthcare services. These similar objectives are incorporated into key objectives and practices, which serve as favorable characteristics of shared interests of a community and its own. Communities can also be made up of overlapping aggregates, with some individuals belonging to more than one.

A common challenge may bring people together; even though they may have nothing else in connection with one another, their eagerness to see concerns addressed drives them together. Some examples of common challenges include environmental degradation, growing adolescent suicide rates, and forthcoming municipal council elections. The community of solutions typically disbands following problem resolution, although it may detect additional shared challenges afterwards.

Each of these characteristics may be shared by individuals who are geographically separated or live in close proximity to one another. However, in many cases, closeness makes it easier for individuals to see their commonalities and build a sense of belonging. Such individuals feel more connected due to this active exchange of qualities.

A healthy community is a movement that empowers community people to make exemplary health improvements in their own lives. Involving more than 1400 cities globally, the model underlines that interconnection among individuals and public and commercial sectors is crucial for community groups to examine the issue of poor health (D'Onofrio & Trusiani, 2018). Health Impact Assessments (HIAs) are promoted in urban communities to consider the health repercussions of innovative policies and interventions being implemented (Robert Wood Johnson Foundation, 2010). These analyses of projects, such as the potential effect of transportation infrastructure and sick leave legislation, are critical for urban and municipal activities from a public health perspective. Each neighborhood and aggregate will probably have its view on essential health characteristics. Indeed, a community's notion of health may differ from community health nurses (Kegler et al., 2006). Nevertheless, care providers and healthcare professionals engage with societies in establishing efficient solutions that are appropriate to inhabitants. Developing community competency is a term used to describe the

process of increasing a community's ability to solve future difficulties. Assuring that entities, including the Department of Health, are actively involved in assisting communities with medical conditions and the amount to which participants have effectively worked together on prior challenges is assessed by community nurse practitioners. This data helps the nurse assess the community's characteristics and opportunities for long-term problem-solving.

A community windshield survey is often conducted by a community health worker motoring or traveling about a neighborhood and gathering organized observations about the surrounding area. By using "sight, sense, and sound," the nurse may get an understanding of the environmental layout, incorporating geological features and the positioning of authorities, businesses, corporate entities, and industries, and can identify potential areas of concern for the environment. The windshield survey allows nurse practitioners to observe residents and their participation in the community.

References

D'Onofrio, R., & Trusiani, E. (2018). *Urban Planning for Healthy European Cities*. Springer International Publishing. https://doi.org/10.1007/978-3-319-71144-7

Kass, N. E. (2001). An Ethics Framework for Public Health. *American Journal of Public Health*, *91*(11), 1776–1782. https://doi.org/10.2105/AJPH.91.11.1776

Kegler, M. C., Norton, B. L., & Aronson, R. (2006). Skill improvement among coalition members in the California Healthy Cities and Communities Program. *Health Education Research*, *22*(3), 450–457. https://doi.org/10.1093/her/cyl109

Kruk, M. E., & Freedman, L. P. (2008). Assessing health system performance in developing countries: A review of the literature. *Health Policy*, *85*(3), 263–276. https://doi.org/10.1016/j.healthpol.2007.09.003

Robert Wood Johnson Foundation, 2010. (2020). Chronic Conditions.