



NMNEC Concept: **Community**

Mega Concept: Participant Attribute

Category: Health Care Participant

Concept Name: Community

Concept Definition:

The patient as a group of people who share common interests, who interact with each other, and who function collectively within a defined social structure to address common concerns.

Scope and Categories:

- Geographic: A country, regional, state, county, city, town, village, or rural grouping of people
- Ideological: A group of people bound by a common belief system or interest; not limited to religious preferences (i.e. social activism, political affiliation, hobbies, support groups, etc.)
- Tribal: Combination of geographic and ideological groupings, usually reference indigenous populations
- Financial: Groups with similar incomes and access (or lack thereof) to resources
- Occupational: People with similar types of employment (bankers, lawyers) or with similar overall outcomes (medical professionals, legislators)
- Educational: People linked by educational level and/or academic experiences
- Virtual or electronic: People joined by social networking or online services

Attributes/Criteria:

- Usually refers to a group of people that share beliefs, goals, interests, or perspectives.
- May or may not occupy shared geography.
- Physical place and time in which the population lives and works
- “Cultural group that has shared beliefs, values, institutions, and social systems.” (Schoon, et al., 2019, p. 3)

Theoretical Links:

- Community-as-Partner Model: Based on Neuman’s model. (Anderson & McFarlane, 2019)
- Community-Based Approach Key Assumptions (Nilsen, 2006)
 - Community Focus: The community is a unit of identity and the focal point for health and safety programs
 - Community Member Participation: Involvement of community members in defining health/safety problems and finding the solutions
 - Intersectoral Collaboration (community coalitions): Involvement among different community sectors and organizations for a common purpose.



NMNEC Concept: **Community**

- Substantial Resource Requirements: Investment of fiscal, technical, political, human, and relationship resources to accomplish goals.
- Long-Term Program View: Allocation of sufficient time to develop program, trust, stakeholder buy-in, and sustainability.
- Multifaceted interventions: Behavioral and structural (environmental) interventions addressing multiple risk factors in multiple settings.
- Population Outcome: The measure of achieving communitywide health and safety effects.

Context to Nursing/Healthcare:

“Population-based, community-focused practice changes community norms, community attitudes, community awareness, community practices, and community behaviors. They [PHNs] are directed toward entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population actually changes.” ((Schoon, et al., 2019, p.14)

Knowledge	Skills	Attitudes
Explain how community norms, resources, and expectations can impact the health and wellness of a community.	Navigate online resources such as the Centers for Disease Control, Healthy People 2020, and State Healthy People plans.	Appreciate the interconnectedness of inpatient and outpatient nursing roles and their impact on community health.
Compare and contrast the communication techniques used for individuals and families with the techniques needed to communicate with a community.	Assess barriers to community health and wellness, taking into consideration factors such as education level, socioeconomic status, cultural practices, and biases.	Value that an active partnership with a community will take time, resources, persistence, and trust.

Interrelated Concepts:

- **Culture:** Culture and language are driving forces in how health care services are delivered and perceived.
- **Health Disparities:** Health disparities can arise from community-level deficits (such as environmental, social, financial, and political factors) that limit choices that support health and can expose a community to factors that negatively impact health.
- **Health Care Delivery Systems:** Must be designed and implemented with the needs of the community in mind.



NMNEC Concept: **Community**

- **Technology and Informatics:** Implementation of technology tools can help identify community needs and provide innovative healthcare solutions to underserved communities.
- **Health Policy:** The nexus for influencing and designing effective and innovative healthcare solutions for society.

New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

- Population Health
- Disaster Preparedness
- Environmental Health Assessment
- Vulnerable Populations

Optional Exemplars

- Neighborhoods
- Cities
- Homeless
- Veterans
- Rural
- Urban
- Global community-based health resources
- Health promotion, disease & injury prevention across the lifespan



NMNEC Concept: **Community**

References:

Anderson, E., & McFarlane, J. (2019). *Community as partner: Theory and practice in nursing*. (8th ed.). Wolters Kluwer.

Nilsen, P. (2006). The theory of community based health and safety programs: A critical examination. *Injury Prevention*. 12(3), 140-145. <https://doi10.1136/ip.2005.011239>

Schoon, P. M., Porta, C. M., & Schaffer, M. A. (2019). *Population –based public health clinical manual: The Henry Street model for nurses* (3rd ed.). Sigma Theta Tau International.