

Population-Based Public Health Nursing Practice

Population-based public health nursing:

- Has a focus based on entire populations possessing similar health concerns or characteristics.
- Is based on an assessment of community needs.
- Addresses the broad determinants of health.
- Considers multiple levels of practice.
- Considers multiple levels of prevention with preference for primary prevention.

Levels of Practice

The ultimate goal of all levels of population-based practice is to improve population health. Public health interventions may be directed at entire populations within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk. Interventions at each of these levels of practice contribute to the overall goal of improving population health.

Population-based individual-focused or family-focused practice changes knowledge, attitudes, beliefs, practices, and behaviors of individuals. This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population-at-risk.

Population-based community-focused practice changes community norms, community attitudes, community awareness, community practices, and community behaviors. They 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.

Population-based systems-focused practice changes organizations, policies, laws, and power structures. The focus is not directly on individuals and communities but on the systems that impact health. Changing systems is often a more effective and long-lasting way to impact population health than requiring change from every single individual in a community.

Public health professionals determine the most appropriate level(s) of practice based on community need and the availability of effective strategies and resources. No one level of practice is more important than another; in fact, most public health problems are addressed at all three levels, often simultaneously.

Levels of Prevention

“Prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect after it has occurred.”¹ Not every event is preventable, but every event does have a preventable component.

Prevention occurs at primary, secondary, and tertiary levels:

Primary prevention both promotes health and protects against threats to health. It keeps problems from occurring in the first place. It promotes resiliency and protective factors or reduces susceptibility and exposure to risk factors. Primary prevention is implemented before a problem develops. It targets essentially well populations.

Secondary prevention detects and treats problems in their early stages. It keeps problems from causing serious or long-term effects or from affecting others. It identifies risks or hazards and modifies, removes, or treats them before a problem becomes more serious. Secondary prevention is implemented after a problem has begun, but before signs and symptoms appear. It targets populations that have risk factors in common.

Tertiary prevention limits further negative effects from a problem. It keeps existing problems from getting worse. It alleviates the effects of disease and injury and restores individuals to their optimal level of functioning. Tertiary prevention is implemented after a disease or injury has occurred. It targets populations who have experienced disease or injury.

Source

Minnesota Department of Health, Public Health Nursing Section. (2000). *Public Health Nursing Practice for the 21st Century: National Satellite Learning Conference; Competency Development in Population-based Practice October 5, November 2, December 7, 2000*. St. Paul, MN: Minnesota Department of Health, Public Health Nursing Section. Retrieved May 7, 2001, from the World Wide Web:
<http://www.health.state.mn.us/divs/chs/phn/material.htm>

¹Turnock, B. (1997). *Public Health: What it is and how it works*. Gaithersburg, MD: Aspen Publishers, Inc.

Designing Meaningful, Measurable Objectives

The next step in the program planning process after selecting indicators is writing objectives. Objectives may be written at both the health status and intermediate levels. Health status objectives tend to have a longer time frame; intermediate objectives measure changes that ultimately lead to changes in health status.

Each goal usually has several objectives. Objectives are statements that indicate in what specific ways you intend to reach your stated goal. Objectives are concrete and measurable statements of how the goal will be reached. There are different levels of objectives; all of them are important. The objectives that you choose are the basis of both program planning AND program evaluation.

Objectives generally follow the format: “By [time frame], [percent of change] of [who or what] will [indicator].”

Examples:

_____	,	_____	of	_____	will	_____
By when?		% Change		Who		Indicator
_____	,	_____	of	_____	will	_____
By when?		Who		% Change		Indicator

All objectives measure change. Measuring change requires a baseline. If a baseline does not exist it must be established before a measure of change can take place.

Types of Objectives: Outcome, Intermediate, Process

1. Outcome Objectives

Outcome objectives measure the end result of the intervention or strategy. They may measure the impact on the overall problem, ultimate goal, side effects, or social and economics consequences. Outcome objectives tend to be long-term and often measure changes in health status of a population (frequently described in terms of morbidity or mortality).

2. Intermediate Objectives

Intermediate objectives link the outcome objectives to the process objectives. They describe the changes that will occur that ultimately result in or produce the desired outcome. They are precursors to attaining the outcome. Intermediate objectives have shorter time frames and clearly reflect what can be accomplished and measured within the time period of the program plan. Intermediate objectives assess measures which have a high probability of reducing a health problem or increasing resiliency/capacity. These objectives measure the impact of specific interventions designed to achieve the outcome. Intermediate objectives measure changes in organizations, laws, policies, and power structures at the systems level, changes in community norms, attitudes, awareness, beliefs, practices, and behavior at the community level, and knowledge, attitude, beliefs, values, skills, circumstances, behaviors, and practices at the individual/family level.

3. Process Objectives

Process objectives are the methods of the intervention. They detail the specific tasks that will be carried out within a specified time frame. Process objectives describes the input; the means by which the intervention or strategy will be implemented. They include inputs, participation, and reactions.

The most convincing, useful program planning and program evaluation have measurable, meaningful objectives at all levels, and should reflect the theory of action underlying the strategies.

Source:

Minnesota Department of Health, Public Health Nursing Section. (2000). Public Health Nursing Practice for the 21st Century: National Satellite Learning Conference; Competency Development in Population-based Practice October 5, November 2, December 7, 2000. St. Paul, MN: Minnesota Department of Health, Public Health Nursing Section. Retrieved May 7, 2001, <http://www.health.state.mn.us/divs/chs/phn/material.htm>

The components of an objective include:

- Who will change (Target population)
- What will change (Indicator)
- Time frame of change
- The amount of change (Either the proportion of the target population expected to show change or the amount of change expected on the indicator)