

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2003

Advanced practice nursing health care needs assessment in an underserved community

Michael Dean Conrad

Anna Kampanartsanyakorn

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Public Health and Community Nursing Commons](#)

Recommended Citation

Conrad, Michael Dean and Kampanartsanyakorn, Anna, "Advanced practice nursing health care needs assessment in an underserved community" (2003). *Theses Digitization Project*. 2336.
<https://scholarworks.lib.csusb.edu/etd-project/2336>

This Thesis is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

ADVANCED PRACTICE NURSING HEALTH CARE NEEDS
ASSESSMENT IN AN UNDERSERVED COMMUNITY

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Nursing

by
Michael Dean Conrad
Anna Kampanartsanyakorn

June 2003

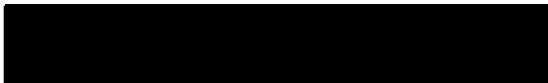
ADVANCED PRACTICE NURSING HEALTH CARE NEEDS
ASSESSMENT IN AN UNDERSERVED COMMUNITY

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

by
Michael Dean Conrad
Anna Kampanartsanyakorn

June 2003

Approved by:


Ellen Daroszewski, RN, PhD., Chair,
Nursing

5/6/03
Date


Susan Lloyd, RN, PhD. CNS


Anna Wilson, RN, MSN

ABSTRACT

This study assessed the health care needs of Rubidoux, California, an underserved community. The assessment was structured according to Jensen and Bowman's (2002) community assessment model. The components of the assessment included digital photographs, web-based Internet assessments, key informant interviews and community surveys. Digital photographs portrayed Rubidoux as an impoverished community. Web-based Internet demographics identified Rubidoux as a predominantly Hispanic community. Key informant interviews described many community members as having a low socio-economic status. Inadequate public transportation and a lack of access to adequate health care services were identified as major concerns.

This study resulted in two major recommendations for Rubidoux. An APN Case Manager would be recommended as the ideal provider to implement preventative health care services and increase access to health care in a community with limited medical services. Also recommended is the opportunity for community churches to partner with institutions to assess and implement community-based services to help meet the needs of the community and thus improve access to health care in Rubidoux.

ACKNOWLEDGMENTS

This thesis would not have been possible without the support of Ellen Daroszewski whose skillful guidance helped shape this thesis into a proud accomplishment. A special thanks to our colleagues Lynne Roy and Julie Pham for their contributions in the data collection of this study.

DEDICATION

This study is dedicated to my loving husband Chai and our two lovely daughters: Mindy and Abby. Thank you for your unconditional support, understanding and patient of this distracted wife and mother. I love and appreciate my family and my mom who always stands behind me on furthering my educational goals. Many thanks also go out to my colleagues and friends at John F. Kennedy Memorial Hospital in Indio for their supports and kindness.

AKS

This is dedicated to my loving wife, Annette, who has been supportive in both my undergraduate and Masters Degree in Nursing.

MDC

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	viii
CHAPTER ONE: INTRODUCTION	1
Statement of the Problem	4
Purpose of the Study	4
Theoretical Framework	5
Definition of Terms	6
CHAPTER TWO: REVIEW OF THE LITERATURE	
Nursing Case Management	8
Nursing in the Community	11
Now in Community Nursing	12
Advanced Practice Nursing in the Community	15
Advanced Practice Case Management in the Community	17
Summary	21
CHAPTER THREE: METHODOLOGY	
Introduction	24
Community Defined	24
Institutional Review Board Approval/Informed Consent	24
Components of the Assessment	25
Description of the Process of Assessment	25
Web-based Internet Assessment	25
Key Informant Interviews	26

Digital Photographs	26
Instruments	27
Written Surveys	27
Data Collection	28
Analysis	28
CHAPTER FOUR: RESULTS AND DISCUSSION	
Physical Environment	30
Education	31
Safety and Transportation	33
Politics and Government	35
Health and Social Services	36
Communication	38
Economics	39
Recreation	40
Religion	41
Informal Dimensions	42
Key Informant Interviews	42
Digital Photographs	43
Survey Findings	43
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS	
Analysis of Data	46
Physical Environment	46
Education	47
Safety and Transportation	47
Politics and Government	48

Health and Social Services	48
Communication	49
Economics	50
Recreation	50
Religion	50
Informal Dimensions	51
Limitations to the Study	51
Recommendations Community Health Needs and Services	53
Culturally Based Preventive Intervention	53
Advanced Practice Case Management	54
Opportunities for Partnerships	54
Nurse-Managed Clinic	55
Further Research	57
Conclusion	58
APPENDIX A: INSTITUTIONAL REVIEW BOARD	60
APPENDIX B: COMMUNITY ASSESSMENT MODEL	62
APPENDIX C: INFORMED CONSENT	64
APPENDIX D: CHURCH SURVEY	67
APPENDIX E: COMMUNITY SURVEY	69
APPENDIX F: SPANISH SURVEY	71
APPENDIX G: DIGITAL PHOTOGRAPHY	73
REFERENCES	76
ASSIGNED RESPONSIBILITIES PAGE	79

LIST OF TABLES

Table 1. Jurupa Public School District Student Enrollment and Characteristics	32
Table 2. 2002 Emergency Dispatches from Fire Station #38 in Rubidoux	33
Table 3. 2002 Crime Statistics in Rubidoux from Riverside County Sheriff's Department	34
Table 4. Local Hospitals	38
Table 5. Neighborhood Health Clinics	38
Table 6. U.S. Census Bureau (2000)	40
Table 7. Survey Findings	45

CHAPTER ONE
INTRODUCTION

One of the most important goals of Healthy People 2010 (2002) is to improve access to health care for all Americans. Health care access means being able to get the right health services, screenings, prevention information, medicines, and supplies when needed. Adequate access to health care and related services can increase appropriate use of the health care system and ultimately improve outcomes. To improve access to care Healthy People 2010 recommends: increasing the proportion of persons with health insurance, increasing the proportion of insured persons with coverage for clinical preventative services, and increasing the proportion of persons appropriately counseled about health behaviors. If these objectives are not achieved there will be a decrease in the quality and years of healthy life for many Americans.

Access to quality care has been a problem in Riverside, California. Limitations to care have been due to a shortage of health care providers and lack of facilities. According to the Riverside statistics, Riverside County has the lowest number of primary care physicians in the United States at 50.8 per 100,000

(USDHHS, 2000). Rubidoux, an unincorporated rural area neighboring the city of Riverside shares the same problem.

The community of Rubidoux is comprised largely of Hispanics and many individuals lack adequate access to comprehensive, high quality care services. Healthy People 2010 identify Hispanics, young adults, and uninsured persons as least likely to have a usual source of care. Among the nonelderly population approximately 33 percent of Hispanics persons lacked coverage in 1998, a rate that is more than double the national average (Healthy People 2010, 2002). The major issues in the Rubidoux community include inadequate public transportation, language barriers, and lack of preventative health care services.

The leadership of the advanced practice nurse (APN) case manager can help improve access to care. The large scope of knowledge that an advanced practice nurse encompasses can assist the client who is unsuccessful in accessing health services into one who successfully utilizes appropriate health care services by identifying those clients at high risk of not seeking healthcare and facilitating health care access for those with complicated health issues (Hinshaw, 2000). The APN Case Manager is expected to influence care at a systems level through establishing disease management strategies, health

promotion, disease prevention, and complication management programs across the continuum of health care services (Hamric, Spross, & Hanson, 2000). According to Mark (2000), case managers are instrumental in identifying those in need of health care services as well as ensuring availability of services. Case managers see opportunities in communities to complete health screenings, coordinate services through primary care, which increases access to health care.

One opportunity to facilitate health care access is through the government and their partnership with Faith-Based Community Initiatives. The initiative is designed to foster and build partnerships between the government and faith based organizations to increase access to quality primary and preventive health care, reduce health disparities and better coordinate health assets at the local level (HRSA, 2003). Through Faith-Based Community Initiatives the government strives to support organizations that serve people in need. Through the support of the government many organizations can help at-risk youths, elders in need, and homeless individuals and thus improve access to health care. President George Bush believes that all groups, faith-based or secular, large or small, should compete on

a level playing field, as long as they obey all legal requirements (J. Towey, personal communication via teleconference, February 18, 2003). He has made the Faith-Based and Community Initiative one of his Administration's priorities. Overcoming barriers that can block access to health services and improving health care accessibility and quality will require the combined effort of health care providers such as APN Case Managers, health plans, and health care consumers as well as government agencies at the Federal, State, and local levels.

Statement of the Problem

The major issue with the Rubidoux community is a lack of knowledge and assessment about access to the health care needs. Within the community there was only one small Hispanic clinic and the distance to the nearest county hospital for uninsured clients was 16.2 miles away.

Purpose of the Study

The purpose of this study was to gain information about the community through a comprehensive assessment. This information will allow providers to identify services and groups of people where the biggest gap exists in receiving needed health care services. This may provide the basis for the design of an advanced practice

preventative health intervention for the community. The objectives of the community assessment were to collect information on the perceived needs of the community members and evaluate resources in the area.

Theoretical Framework

Jensen and Bowman's Case Managers' Community Assessment Model was used in the study to provide a practical structure for assessing the community of Rubidoux (see Model Appendix B). The application of this theoretical framework in a community health needs assessment represents the first phase of the nursing process.

The ten subsystems in Jensen and Bowman's model include: physical environment, education, safety and transportation, politics and government, health and social services, communication, economics, recreation, religion, and informal dimensions. These subsystems can be thought of as the formal consistent structures of effective community assessment (Jensen & Bowman, 2002). In addition, the community can be conceptualized as the client. Within this conceptualization the community is defined as a group or aggregate of people within a geographical boundary and represents the unit of practice (Jensen & Bowman, 2002).

Definition of Terms

Case Management - The Case Management Society of American defined case management as a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. Case Management Society of America - Standards of practice for case management. Little Rock, AR. Case Management Society of America, 1995.

Advanced Nursing Practice - The American Nurses Association's Scope and Standards of Advanced Practice Registered Nursing (1996) defines the central activities of Advanced Practice Nurses as follows: Advanced practice registered nurses manifest a high level of expertise in the assessment, diagnosis, and treatment of the complex responses of individuals, families, or communities to actual or potential health problems, prevention of illness and injury, maintenance of wellness, and provision of comfort. The advanced practice registered nurse has a master's or doctoral education concentrating in a specific area of advanced nursing practice, had

supervised practice during graduate education, and has ongoing clinical experiences. Advanced practice registered nurses continue to perform many of the same interventions used in basic nursing practice. The difference in this practice relates to a greater depth and breadth of knowledge, a greater degree of synthesis of data, and complexity of skills and interventions. American Nurses Association, (1996) Scope and standards of advanced practice registered nursing. Washington, DC: Author.

CHAPTER TWO

REVIEW OF THE LITERATURE

There is a lack of information in the literature on describing the process of case management in the community. There is even less literature focused on the role of the Advance Practice Nurse (APN) in community case management. In fact, many disciplines are even unfamiliar with the concept of an APN in the community. The literature reports many studies conducted by registered nurses in case management including high-level assessments, interventions, and monitoring of complex health care issues while collaborating between the team, patient and primary care providers. The results of these reports demonstrated positive outcomes that were evidenced by cost effectiveness, efficiency, and high patient and physician satisfaction.

Nursing Case Management

Case managers practicing in hospitals have greatly improved preventive care. In a study conducted using a multidisciplinary case management approach, Taylor et al. (1996) predicted that a nurse managed smoking intervention program would improve cessation rates in hospitalized smokers. The nurse-case managers enhanced the

effectiveness of the intervention by ensuring that nicotine replacement was used properly. The hospitalized patients who smoke prior to hospitalization and who were motivated to quit were randomized to intervention or usual-care groups and followed for the next year. The intervention included a meeting with the nurse-case manager, nicotine replacement therapy and nurse-initiated phone contacts after discharge instructions by the nurse on how to quit. Patients receiving usual care received a standardized message, which is a printed self-help pamphlet from the American Heart Association entitled "Calling it Quits." The findings suggested that a nurse-managed cessation intervention did significantly increase cessation rates for hospitalized patients. The interventions produced a 28% cessation rate at one year, compared with a 14% cessation rate in the placebo group. The nurse-case managers may have enhanced the effectiveness of the intervention by helping to ensure not only that nicotine replacement therapy was prescribed, if indicated, but also that it was used properly.

Doyle (2001) reviewed multiple literatures which indicated that nursing case management has been identified as one strategy that can positively impact health care by promoting quality, cost-effective care for high-risk

populations. Clinical pathways and practice guidelines assist the case manager toward quality, cost-effective care and provide a basis for outcome measurement. Incorporating the core components such as patient selection, assessment, planning, implementation, and evaluation are necessary for a successful case management process. As a component of the nursing profession, nurse case managers continue to grow and refine their role. Successful case management programs will result from the removal of barriers, thoughtful planning, strong communication skills, leadership support, and an organizational culture that rewards and supports critical thinking from case managers.

Woolbright (1997) investigated how pediatric nursing case management improved children's health services and decreases duplication of services and the misuse of the emergency department. The study examined the effects of pediatric nursing case management on the number of Emergency Department (ED) visits of chronically ill children before, during and after case management. The number of ED visits basically remained the same before and during case management and some cases had demonstrated a remarkable progress when working with case manager.

Nursing in the Community

Nursing has a long history of service to the Community. Lillian Wald, a registered nurse, coined the term "public health nurse" in 1893 to describe nurses who practiced preventive care and the preservation of health in underserved communities (Jewish Women's Archive, 2001). Wald's basic idea was that a nurse's knowledge of health care and relationship with the neighborhood should constitute the starting point for health care service to the community. Wald began teaching public health nursing at Columbia Teacher's College in 1899 (Jewish Women's Archive, 2001). Her students engaged in field training by providing health care at the "house" on Henry Street in lower Manhattan in New York. The Henry Street Settlement continues to exist today providing a range of services including a community mental health clinic, a battered women's shelter, transitional residences for homeless families and single women, three day care center, a senior center, multi-disciplinary arts center, arts-in-education programming, home care initiative, and a broad Spectrum of educational, employment, recreational, camping, community service, after-school, counseling, and leadership development programs for youth (Henry Street Settlement, 2001)

Early in the 20th century public health was defined as a science and an art that was concerned with preventing disease, prolonging life, and promoting health and efficiency through organized community effort (American Public Health Association, 1996). Over the last century the model of nursing service related training in the community has developed and expanded paralleling the development and expansion of public health and the roles of registered nurses.

Now in Community Nursing

The history of case management dates back to the early 1900's and has its roots in public health initiatives that managed the health and social services for individuals and families (Mark, 2000). Today the emphasis remains on containing costs, but has shifted to different methods; utilization management, disease management, self-care, guideline-based primary care practice, and health and illness risk screening (Mark, 2000). Case managers in the community have similar functions as hospital-based case managers, which include coordinating and facilitating clinical services and conducting utilization management and discharge management. The only difference for the case managers in

the community is that they must also attend to the long-term needs of their clients.

In order for case managers to be successful in their many endeavors, their role must be recognized, accepted and clarified (Mark, 2000). There are several studies in regard to the role of case manager in different settings.

Bristow and Herrick (2002) described the role of the Emergency Department (ED) nurse case manager roles. The roles consisted of performing clinical assessments and monitoring the necessity for hospital admissions. Case managers were to identify problems resulting from data gathering and prevent further problems related to patient care. The nurse case manager also acts as a resource to the interdisciplinary team. The ED nurse case manager understands emergency care, disease processes, utilization management, and payer requirements. The Case Manager acts as a liaison with Primary Care Providers, clinics, and community agencies. Coordination of patient services may include follow-up appointments, phone calls, and arranging home health care and durable medical equipment. The coordination of care across the continuum decreases fragmentation, allows for effective utilization of resources, and contains costs.

Bristow and Herrick indicated that by using the dyad team consisting of a social worker and nurse case manager in the ED can improve discharge planning, prevent the number of inappropriate admissions, decrease costs, and improve patient and staff satisfaction. The Dyad team using the skills of both the Social Worker and the Nurse Case Manager improved the effectiveness of collaborating with the community to link patients to the appropriate resources, thereby decreasing the use of the ED as a primary care provider.

Thrift (1999) described a program where case managers played an important role in the disability management. With the case managers care coordination, an employer increases productivity through efficient management and reporting of employee lost time. Emphasis includes preventing unnecessary unscheduled absenteeism and returning the employee to maximum function as soon as medically appropriate. San Bernardino County's implementation is an example of a County's administrator beginning an employee health and productivity program for 3300 employee by case managers, the county had save approximately \$3 million annually. At the center of employee health and productivity issues are the case managers. The case managers' expertise is the knowledge

that intervention produces results. The article concluded that the case managers are the key to integrated health and disability management initiatives.

Goodwin (1999) conducted a study using cardiac rehabilitation for congestive heart failure (CHF). Cardiac rehabilitation can improve a client's functional ability, alleviate activity-related symptoms, improve quality of life, and restore and maintain physiological, psychological, and social status. Case managers, who are the experts in health promotion and prevention, assessment, and coordination of services are the ideal providers of comprehensive home cardiac rehabilitation. The study substantiates the benefits case management and home cardiac rehabilitation for patients with CHF. The end result was positive outcomes such as increased efficiency and high satisfaction scores.

Advanced Practice Nursing in the Community

In the late 1950s and early 1960s discussion about the expansion of nursing functions increased, especially as related to domains of practice traditionally as seen as "medical". There was the shortage of primary care physician, which was acute in the 1960s and 1970s (Hamric, Spross & Hanson, 2000). The trend toward medical

specialization drew increasing numbers of physicians away from primary care, leaving many areas underserved. One innovation growing out of the shortage of physicians and the Vietnam War was the introduction of the physician assistant role in the 1960s (Hamric, Spross, & Hanson, 2000) Nursing practice was also evolving in the 1960's with an increasing desire for autonomy. Advanced practice training for nurses began in the 1960's. The first Nurse Practitioner Program was established at the University of Colorado in 1965. The advanced practice nurse (APN) is a registered nurse (RN) with advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all RNs. Advanced Practice Nurses include Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Nurse Anesthetists (Hamric, Spross, & Hanson, 2000).

According to the American Nurses Association (2002) "Advanced practice nurses aren't low-priced doctor substitutes." They are first and foremost registered nurses, a profession with its own educational and licensing requirements, and regulatory oversight by boards of nursing in all 50 States, and competency standards and continuing education requirements. Advanced Practice Nurses are skilled in performing a wide range of initial,

or primary, health services, especially screening and preventive services, that if ignored, can lead to far more serious and costly health problems down the line" (ANA, 2002). Advanced practice nurses work collaboratively with physicians and other health professionals to coordinate health services for the best outcome for the patient.

Advanced Practice Case Management in the Community

Advanced practice nurses in the role of case manager in community-based settings can effectively influence the health in impoverished populations (Falk-Rafael, 2001). Waszynski, Murakami, and Lewis (2000), a group of advanced practice nurses partnered with a major insurer in the design and implementation of care coordination model for high-risk older adults. Waszynski et al. discussed the process of such an undertaking, highlight the successes and barriers encountered. The key elements of the program included early identification and regular reassessment of each member's acuity level; fostering close partnerships between individual or teams of APNs and groups of physicians; and uninterrupted clinical management of high risk across the health care continuum. The model was designed to achieve the following outcomes: to support the physician management of high risk, chronic individuals; to

increase or maintain the health of members; and reduce health care costs. Outcome studies have demonstrated a substantial net saving by decreasing acute care admission, reducing hospital days, and trimming primary care physicians' visit if possible. There was a significant reduction in the costs of health care for members enrolled in the program.

Nelson and Arnold-Powers (2000), described the experience of frail elders in a community case management program within a managed care setting. The study asked participants to define quality in Nursing Case Management (NCM) programs and to describe their experience with managed care as a healthcare delivery system. Many of the participants were dissatisfied with the impersonal care they thought they received from their primary care provider. A community-based Nurse Case Manager program, implemented by a nurse practitioner, was effective in buffering against frail, older clients alienated from their managed care health delivery system. Clients reported that the relationship between themselves and their case manager was of paramount importance. The relationship enabled the NCM to deliver appropriate health educational materials, to serve as liaison between patient and physician and to help the client learn to navigate the

healthcare system. The study reflected the benefits of community case management towards client goals of safety, support, and control. Several studies support positive outcomes of NCM services for older patients. A NCM intervention proved effective in improving quality of life and reducing hospital stays and reducing medical costs for older patients with congestive heart failure.

Brooten, Youngblut, Deatruck, Naylor, and York (2003) described patient problems and APN interventions in each of five clinical trials. They established links among patient problems with APN intervention, APN time and number of contacts, patient outcomes, and healthcare costs. The sample consisted of APN interaction logs with 333 subjects in the intervention groups of five randomized trials: one from very low birth weight infant study, one from the cesarean birth study, one from the high-risk pregnancy study, one from the hysterectomy study and one from the study of elders with cardiac medical and surgical diagnoses.

The findings were the groups with greater mean APN time and contacts per patient had greater improvements in patients' outcomes and greater healthcare cost savings. Of the APN interventions, surveillance and health teaching, guidance, and counseling were the predominant APN

functions in all five patient groups. To conclude the study, the dose of APN time and contacts make a difference in improving patient outcomes and reducing health care costs. Skills needed by APNs in providing transitional care include well-developed skills in assessing, teaching, counseling, communicating, collaborating, knowing health behaviors, negotiating systems and having condition-specific knowledge about different patient problems.

Chase, Gage, Stanley, and Bonadonna (2000) described a new role of APN in case management, the Psychiatric Consultation/Liaison Nurse (PCLN) role. The standard of practice for PCLNs address their consultation, collaboration, and education roles in relation to nurses and other healthcare providers. Psychiatric Consultation Liaison Nurses hold master's degrees in psychiatric and mental health nursing and are certified by the American Nurses Credentialing Center as a clinical specialist. The four PCLNs who worked in a 550-bed teaching hospital had proven that their roles did improve patient care processes and outcomes while also being cost effective. The article illustrated four case studies on how the PCLN facilitated and enhanced case management in complex cases in an inpatient setting. The work of PCLNs increased patients'

satisfaction with overall care and provided risk management when helping unhappy, frightened, or angry healthcare consumers.

Summary

Although the definition of case management is consistent with the nursing process framework, it does not fully address the specialized clinical nursing expertise that seems essential to achieve optimal cost and quality outcomes in certain clients who require health promotion or illness management. There is a lack of information in the literature and few examples, which describe the process of case management in the community. For example, in the study of Lee, Mackenzie, Dudley-Brown, and Chin, (1998), case management has been suggested as an innovative strategy within facilities the linking of quality and cost effective care. However, there is little consensus about what is actually being introduced under the name of case management. It is suggested that this absence of a clear understanding of case management has been an obstacle in moving forward case management practice and research.

The study presents a critical review of the issues surrounding case management with an attempt to unravel

issues relevant to the implementation of case management into community nursing practice. It is concluded that there is a need for different definitions of case management as a result of the differences in the cultural and health care contact in which it is being practiced. Also, if case management programs are to be comprehensively developed, there needs to be more co-ordinated effort in examining not only the expected outcomes but also the structure and process of these programs so that findings of similar case management programs can be compared to provide evidence for future improvement.

There is little literature focused on the role of advanced practice nurses (APN) in community case management. The advanced practice nurse role in the case management is still an evolving role. Advanced Practice Nurses are stepping forward as providers who are able to provide safe, highly skilled, cost-effective care that results in high patient satisfaction. Additionally, patients generally select a provider whom they feel will listen and address their needs; APNs have a history of providing patient-focused care. It makes sense to move forward with the advanced practice nurse-managed primary care delivery clinics. However, further research is a must

to demonstrate outcomes-based research. The services that APNs can provide must be described. Then the APNs' positive impact on both client outcomes and costs will be more visible.

CHAPTER THREE

METHODOLOGY

Introduction

A descriptive community assessment was conducted to identify and describe the needs of a rural community in Riverside, California and describe the available health care services. This study was part of a larger ongoing community health needs assessment to develop programs and services for the development of a nurse-managed clinic in partnership with Life Church.

Community Defined

The community parameters were discussed with Life Church Community Development Committee and the boundaries for the assessment were identified as a five-mile radius from the church site. Ron M. Gibson, Pastor of Life Church granted permission to conduct a community assessment survey.

Institutional Review Board Approval/Informed Consent

Before any community assessment data was collected the Institutional Review Board of California State University, San Bernardino, approved the study (Appendix A). Participants were adults (over the age of 18 years).

Participants included those who attended the Sunday Service at Life Church, community members, and key informants using convenient sampling. Informed consent was given to all participants (see Appendix C).

The process of data collection included web-based internet assessments, key informant interviews, windshield surveys, and digital photographs. Key informant interviews were conducted with community members and a church leader. Additionally, two written surveys were developed to collect demographic data, identify problems, and establish a need for a program (see Appendix D & E).

Components of the Assessment

There were ten components of the model which included: physical environment, education, safety and transportation, politics and government, health and social services, communication, economics, recreation, religion, and informal dimensions.

Description of the Process of Assessment

Web-based Internet Assessment

An extensive Internet search of Jurupa.com was initially conducted. The site provided a general overview of a prior study and statistics in Jurupa. The statistics

revealed the major healthcare system problems in the community. Web-based internet searches identified health care facilities (see table 4). In addition, the U.S. Census (2000) Bureau provided demographic information including sex, age, and race and average household income of the community members (see table 6).

Key Informant Interviews

An interview was conducted by one of the researchers on the topic of education. The school nurse who is responsible for four local schools was interviewed. A second interview was conducted with one of the elders at Life Church. The discussions centered on the governance of the church and future plans of the church. The third interview was conducted with Rubidoux's District Board of Supervisors was visited to obtain a current assessment of their general view of the unique qualities and needs of the community.

Digital Photographs

A Sony 707 digital camera was used to photograph the neighborhood as part of the windshield assessment. Two photographs were taken with the intent to display the poor housing conditions and abandoned businesses (see Appendix G).

Instruments

Written Surveys

Two surveys were designed for the study. One survey was created for the church community of Life Church (see Appendix D). The second survey was modified to be used for the population of the community that did not attend Life Church (see Appendix E). The U.S. Census Bureau (2000) reported that the Rubidoux population was comprised of 54.3% Hispanics and 24.4% speak English less than "very well." Therefore, a Spanish version of the community survey was also utilized (see Appendix F). Both surveys recorded the sex (gender), age, ethnicity, religion, educational level, and city of residence. It was also important to identify if the participant worked, worshiped, or had family or friends in the community to determine whether they were part time or full time community members. The surveys also asked if the participants would come to the church for health care. The last question of the survey asked about what healthcare services would be most likely to be used if offered at Life Church.

Data Collection

The church survey was distributed as a bulletin insert on a Sunday morning service. Congregational members attending Life Church's service on that day and willing to participate completed the survey. A church liaison was available to answer any questions that were related to the survey.

The researchers and a Spanish interpreter implemented the community survey on a Saturday morning. A cross-sectional accidental convenient sample was obtained from the community. Community members were randomly approached by the researchers and were invited to participate in the study by completing the survey. The four main sites on Mission Boulevard included a local family restaurant, Laundromat, grocery store and Mexican market. The majority of community members completed the survey independently; however, most of the Spanish-speaking community members requested assistance from the interpreter.

Analysis

The data was extracted and coded for analysis. The standard Statistical Package for the Social Sciences (SPSS, 7.5 Version) was used to analyze the data. Cross

tabs were used to obtain the means and standard deviation of each component of the survey.

CHAPTER FOUR

RESULTS AND DISCUSSION

Jensen and Bowman's Case Manager Community Assessment Model provided a structured process of assessing the ten subsystems (see Appendix B). The community assessment is an exercise by which a community partnership gathers information in a community, such as preliminary information to gauge the context for collaboration, formed partnership, and developing a shared vision. Through a community assessment the APN can make the best use of existing resources and offer the best response to local conditions. The information on the assessment may include current strengths, concerns, and conditions of children, families, and the community.

Physical Environment

Rubidoux appears to be an older community with a rich history dating back to the turn of the century. Rubidoux lies west of the city of Riverside and is adjacent to the 60 Freeway. Upon exiting the 60 freeway on Rubidoux Boulevard there is a slight smell of manure that probably comes from the horses in this rural area. Mission Avenue and its cross streets are poorly maintained streets with many potholes. Many of the businesses have rod iron bars

installed for security purposes, including the local Mexican market, which had graffiti on its walls. Several homes and businesses are boarded up and abandoned. The local chiropractor had a folding security metal sheet on the side of the building that made his practice look like a prison.

Homes are poorly maintained with chipped paint and cluttered yards. Many homeowners have chain link fence and own yard dogs. Neighborhoods lack sidewalks and bike trails.

Education

There are three schools in the Jurupa Public School District that serve the local children of the community. The closest school is the InaArbuckle Elementary School (K-6th grade), which is only two blocks from the Life COGIC. Mission Middle School (7th-8th grade) and Rubidoux High (9th-12th grade) are located outside of the five-mile radius. There are no private schools within the five miles radius. After the analysis of the School District Data Summary (Table 1), it was noted there is a high percentage of Hispanic students within the school district. There is also a large percentage of English Learner (Limited English Proficient), and the highest percentage in the

InaArbuckle Elementary School (48.9%). There are also a significant high number of students that are on the free or reduced price meal program in InaArbuckle Elementary School (96.4%).

During the key informant interview the school nurse at InaArbuckle Elementary School identified that there is a lack of after school programs provided by the school district due to state budget cuts. According to the school nurse informant, there is a sufficient amount of medical services provided by the local Rubidoux Resource Center, which is funded by the Public Health Department for the children within the school district. Additionally, there

Table 1. Jurupa Public School District Student Enrollment and Characteristics

School	# of students	Special ED	Hispanic	White
InaArbuckle Elementary (k-6 th)	741	64 (8.6%)	618 (83.4%)	55 (7.4%)
Mission Middle (7 th -8 th)	974	130 (13.3%)	207 (21.3%)	55 (7.4%)
Rubidoux High (9 th -12 th)	2432	304 (12.5%)	1489 (61.2%)	691 (28.4%)

School	African American	English Learner	Free or Reduced Meal
InaArbuckle Elementary (k-6 th)	56 (7.6%)	362 (48.9%)	714 (96.4%)
Mission Middle (7 th -8 th)	74 (7.6%)	258 (26.5%)	626 (64.3%)
Rubidoux High (9 th -12 th)	195 (8.0%)	506 (20.8%)	1046 (43.0%)

are local programs such as dental services, Teeth-R-Us Grant (Fluoride Program), Miles of Smile (Free dental clinic), vision services, immunization and Project Kind (medical, dental and vision services for the no fund student).

Safety and Transportation

American Medical Response (AMR) responds to 911 calls in the existing area. In an emergency situation, AMR transports patients to Riverside Community Hospital, the nearest medical center that is approximately three miles away. The local fire department reports more calls for medical aid than fires (see Table 2).

The Sheriff's Department has jurisdiction over the Rubidoux area. Their major concern has been reported thefts in the area (see table 3). Burglary and auto thefts ranked the highest when compared to the other

Table 2. 2002 Emergency Dispatches from Fire Station #38 in Rubidoux

Reason for Dispatch	No. of dispatches
Fire (combined)	131
False alarms	137
Medical Calls	1,389
Public Service	111
Assists	674
Total calls	2,495

unincorporated areas. There were a total of 122 auto thefts in the Rubidoux area in 2002 (E. Clayton, personal communication February 27, 2003).

Table 3. 2002 Crime Statistics in Rubidoux from Riverside County Sheriff's Department

Incident Type	Incident Total
Homicides	0
Sex Crimes	32
Robberies	14
Assaults	162
Burglaries	160
Thefts	198
Auto Thefts	122
Arsons	3

The major source of public transportation is provided by the Riverside Transit Agency (RTA), which provides bus service to Rubidoux on route #29, on an hourly basis. There are also three other routes that transport community members downtown. Many seniors prefer the dial-a-ride and the Jurupa Valley Senior Shuttle, but often complain about the service. Jurupa Valley Senior shuttles fails to transport seniors to medical appointments. Whereas Dial-A-Ride requires seniors to call one week in advance and then are often unreliable. There is a need to provide

transportation to medical appointments, especially for the elderly.

Politics and Government

Community development and maintenance is based on many key players in the local neighborhoods. Some key players are residents, businesses, banks, and community organizations. Support from federal, state and local government are all part of vision, mission and direction of whether or not an area will flourish or decline. Since Rubidoux is considered an unincorporated community, it is directly governed by the Board of Supervisors. Hence, key informant interview with the Riverside county government was essential for evaluating the community needs.

The county government is aware and concerned about the existing and growing slums and blighted neighborhoods. The area is designated as a high needs area and Jurupa Valley Redevelopment Project Area (Ordinance 763) was approved in July 9, 1996 to improve and develop the territory. The county's focus is primarily on county programs to alleviate the deterioration and offer assistance to residence and business to rebuild the central core of Rubidoux. Comprehensive revitalization program administered by the county redevelopment agency

offers assistance such as façade improvements, housing, lighting, landscaping and sidewalk projects (A. Stephens, personal communication January 30, 2003).

Summarized government findings revealed a lack of government infrastructure in the community and awareness of health care needs such as transportation for medical services and scarce medical services in the vicinity to care for the underserved residents.

Health and Social Services

There are three major hospitals that may service the local population of this community assessment (see Table 4). They are Riverside Community Hospital, Arrowhead Regional Medical and Riverside County Regional. The distance of each facility from the Life COGIC ranges from 3.8 miles to 16.2 miles. The local resident who has health insurance will be able to access his or her health services at Riverside Community Hospital. For the resident who is undocumented or has no insurance coverage, he or she will have to obtain the health services at Riverside County Regional because it is the county medical center that serves the Riverside County's residents. While this geographical distance may not seem far, to the family

struggling with transportation issues on a daily basis, it is a huge barrier to accessing healthcare.

There are two local medical clinics, Mission Health Medical Center (0.7 mile from Life Church) and the Jurupa Family Clinic (part of Regional Medical Center), which is 5.4 miles away from Life Church (see Table 5). Both provide primary care, family planning, prenatal care, screening, immunization, TB clinic, pregnancy testing, well childcare, nutrition and woman infant care.

Rubidoux Resource Center is providing some social programs such as English as a second language classes, cooking classes, legal services counseling, Healthy Children Connections, in home childcare visits, free immunization, and van services which are only available in the mornings, Monday thru Thursday. The Department of local services also has a revitalization plan for a Self-Sufficiency Center. The center is suppose to provide public assistance to low income families and very low income individuals needing assistance, referral services, and direct programs in childcare, healthcare, and job training. Because of the California State budget cuts, the plan is on hold till next fiscal year 2004.

Table 4. Local Hospitals

Location	Approximate Mileage from COGIC
Riverside Community Hospital 4445 Magnolia Riverside, Ca 92501	3.8 miles or 7 minutes
Arrowhead Regional Medical 400 N. Pepper Ave Colton, Ca 92324	7.7 miles or 13 minutes
Riverside Regional Medical Center 26520 Cactus Moreno Valley, Ca 92555	16.2 miles or 19 minutes

Table 5. Neighborhood Health Clinics

Location	Hours of Operation
Mission Health Medical Center 5780 Mission Blvd. Riverside, Ca 92509 Approximately Mileage from Life Church 0.7 miles	Monday-Saturday 8:00-18:00
Jurupa Family Care Clinic 9415 Mission Blvd Riverside, CA 92509 Approximately Mileage from Life Church 5.4 miles	Monday-Friday 8:00-17:00

Communication

Modern technology allows for multiple modes of communication within a community. Telephone (residential

and cellular), television (local broadcasting and cable), internet, radio, newspaper and magazines are just a few examples. For purposes of this assessment, local communication sources were identified. Local sources specific to Rubidoux included two local newspapers, four radio stations, billboard, posters, and flyers. Word of mouth is another important communication mode.

Economics

Disinvestments in urban neighborhoods like Rubidoux have accelerated the decline of underserved communities. This has lead to deterioration, diminished tax bases, increased crime and deteriorating infrastructure. The 2000 U.S. Census Bureau profile for general demographics in Rubidoux revealed 54.3% of the total population are Hispanic or Latino and 36.2% are White, 7.3% Blacks or African Americans and 2.2 % Asians. The total population consisted of 29,180.

In addition, the employment rate is 54.1%, but more significantly the unemployment rate is 6.5% versus 5.8% for the nation (see Table 6). The federal poverty level for the nation is at 11.8%. In comparison 17.2% of families in the community are below the federal poverty level. A staggering 40.4% of females are classified as

head of household without a husband in Rubidoux (U.S. Census Bureau, 2000).

Table 6. U.S. Census Bureau (2000)

	Household Income \$	Unemployment Status %	Below Poverty Status %
Rubidoux	Median \$38,731	6.5	17.2
California		6.9	
National	Median \$40,800	5.8	11.8

Recreation

Several parks surrounding Rubidoux provide activity for families, such as Rancho Jurupa Park. Rancho Jurupa has three lakes for fishing and a playground for the children. The closest park is Mt. Rubidoux, which is well known for their dog park. Currently under reconstruction is the Youth Center located on Riverview Street where children can go swimming in the summer and play baseball. An all around activity for many members in the community is horseback riding in the very rural areas by their home or up the trails toward Jurupa.

Religion

Forty-five churches were identified in the Rubidoux community, with twenty-four located within five miles of Life Church. Several of those churches were visited over the course of two Sunday mornings. When possible, church bulletins were obtained and congregational members or pastors were briefly interviewed regarding ethnicity and size of the church, the percentage of members who commuted to church to worship, and any health related services or activities within the congregation

More than 50% of the churches were small, with less than one hundred members and church members predominately commuted to the Rubidoux area to worship. Thirteen bulletins were collected and reviewed. Six bulletins had no mention of any health related issues. The remaining seven bulletins included at least one or more of the following topics: Prayer requested for the sick and shut-in (5); visitation for sick and shut-in (4); sermon notes regarding death/abortion/pregnancy (1); article regarding upcoming low-cost food distribution (1); article recognizing RNs in congregation (1); event announcement regarding infant car seat safety check (1); and event announcement regarding education for home day care (1).

Informal Dimensions

Informal dimensions were assessed through community member interviews and windshield assessment. Limited informal dimensions were identified, including gatherings at local family restaurants, a swap meet, social events at the Senior Center, and family events. Events in the surrounding area mentioned by Rubidoux community members included a Teen Expo, the "Community Pride" Scholarship Pageant, the 28th Annual Rodeo, a Children's Christmas Party, and the Annual Fiesta sponsored by the Chamber of Commerce.

Key Informant Interviews

During the interview with the school nurse she disclosed that there is a high percentage of Hispanic students within the school district. Many of the parents at the school sites are in the low social economic status. The nurse also addressed issues of language barriers and transportation as major problems within the school district.

The elder at the Life Church was able to define the community and acknowledge that the church needed to reach all people and see themselves as a multiracial church. Lastly, the Board of Supervisors signified a meeting with Life Church discussing business plans. The Board is aware

of the problems with access to health care and is supportive of a nurse-managed clinic, however they are unable to provide financial support.

Digital Photographs

Photographs of the businesses portrayed the community as impoverished with crime being a major issue indicated by the rod iron security bars installed on the majority of small businesses (see Appendix G). Small shops on Mission Boulevard included a Mexican market, bail bondsman, Laundromat, family restaurant and a liquor store

Survey Findings

The survey findings entailed; age, gender, ethnicity, education, residence, health insurance, transportation, willingness to come to Life Church and type of health services needed. The findings indicated that the church population was much different from the community of Rubidoux. According to the survey there were 208 participants surveyed from the church and 92% were African American. There were 37 participants from the community surveyed and 43% were Hispanic, which closely resembled the figures from the U.s. Census Bureau. Therefore, there were two subpopulations (See table 7). There were also differences in educational level, gender, place of

residence, and transportation needs. The average church participants were younger, lived outside of Rubidoux, and had more people with a higher degree of education than the community population.

However, both communities had similar results when asked about which type of health services were needed. Many people left this question blank, which is an indication that there is a lack of knowledge related to which health services that would benefit both aggregate communities. Many participants left this question blank secondary to the presumed financial barriers, personal barriers, and lack of health care resources. Twenty-nine percent of each population indicated a need for preventative services such as cholesterol screening, blood pressure checks, diabetes care and routine physical examinations.

Table 7. Survey Findings

Demographic Variables	Church Setting n = 208		Community Setting n = 38	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Age (yrs)	39.7	11.58	42.9	14.16
	Percentage		Percentage	
Ethnicity				
Black	92		3	
Hispanic	2		43	
White	4		49	
Gender				
Female	75		50	
Male	25		50	
Reside at 92509				
	10		79	
Education				
High School	15		38	
Some college	14		19	
College Grad	34		14	
Health Insurance				
Private	72		45	
Medicare	14		18	
None	11		29	
Transportation				
Car	98		87	
Bus	1.5		8	
Walk	0		2.6	
Willing to come to Life Church for medical Services				
	80		53	
Type of Health Services				
No answer	35		37	
Preventive	29		29	

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Comprehensive data from a community assessment was collected to help identify the health care concerns and available community health care resources of Rubidoux. A survey was used to collect demographic data, to establish a need for a program or service, to identify use patterns of services and facilities, and to identify strengths and problems. Assessment to obtain baseline data is critical before implementing health promotion programs. The data revealed serious problems in the community of Rubidoux related to access to adequate health care.

The challenges with access to health care included a lack of centralized services, medical, social service providers, and language barriers. In addition there is inadequate public transportation and poor housing development. These challenges, in conjunction with the expanding population, present a serious barrier for the provision of adequate health care in the community.

Analysis of Data

Physical Environment

The windshield survey of the community reflected a low socio-economic status of the residents. Homes that

were poorly maintained represented the impoverished state of the community.

The rod iron bars on many local businesses indicated that there is a high rate of crime. Therefore, it can be concluded that there are substandard hazardous housing issues within unsafe neighborhoods.

Education

The analysis of the school district data (Table 1) reflected a high percentage of Hispanic students within the school district. This statistic mirrors the population of the community. There is also a large percentage of English learners (limited English proficiency). The emerging Hispanic population faces hardships in receiving health care services especially when English proficiency is limited. There are a significant and high numbers of students that are on the free or reduced price meal program that reflect the low socioeconomic status of the community.

Safety and Transportation

Key informant interviews from community members indicated that transportation and lack of the available reliable resources is a large problem. The lack of appropriate public transportation is an important factor that influences the ability of community members to access

health care. According to the approximation, all health care facilities distance ranged from 3.8 miles to 16.2 miles (see Table 4). There is insufficient transportation to transport the community members to and from health care services in and outside of the community.

Theft and safety was also a concern because of the high rate of auto thefts. The local fire department also responds to more medical calls than fires, which indicates lack of access to a more appropriate source for medical intervention.

Politics and Government

Government findings reveal a lack of government infrastructure in the community and a lack of awareness of health care needs such as transportation for medical services and medical services in the vicinity. There is a lack of funding support to implement any health care clinic from the local government per informant interview.

Health and Social Services

The most serious problem was access to a near-by hospital for uninsured residents. The closest medical center that an uninsured community member access is 16.2 miles away from Rubidoux. While this geographical distance may not seem far, to the family struggling with transportation issues, it presents a huge barrier to

accessing healthcare. There is also only one medical clinic in the community which offers some primary care services to the Hispanic and low-income population.

There is deficient health care access in this community. There are insufficient neighborhood health clinics, insufficient health care providers and insufficient clinic hours for the local community. The U.S. Department of Health Resources and Services Administration (2000) defined medically underserved as those communities with inaccessible health care professionals, services, insufficient hours of operation, or distance that the population must struggle with transportation to access. Therefore, it can be concluded that this Rubidoux community in Riverside, California is medically underserved.

Communication

Communication problems identified are language and culture barriers. The local newspaper and the web sites are not translated in Spanish. However, many interpreters are available such as the Resource Center with pamphlets in English and Spanish. Word of mouth is an important mode of communication for this community.

Economics

Rubidoux is an underserved community with a lack of involvement from the Board of Supervisors in financing for additional health care facilities. The median income is lower than the median national income. The unemployment rate remains higher than the national average. There are more families below poverty level than the national statistics. Many females are single head of the household.

Recreation

There are adequate parks, but the recreation centers require a fee that the lower income persons may not be able to afford. There is a lack of recreation for the adolescent population especially with the on-going construction of the Recreation Center. The school nurse informant indicated that there is a lack of funding for after school programs. There is a need to provide activities for youths such as a Self-Sufficiency Center that will provide healthcare and job training to the low-income families.

Religion

There are 45 churches in the Rubidoux community, with 25 located within five miles of Life Church. More than 50% of the churches are small, with less than 100 members and church members predominately commute to the Rubidoux area

to worship. Data on the religious subsystem in Rubidoux show that there are an adequate number of churches; that churches are powerful, and that religious leaders could be used as a resource for implementing a community plan, typically with the Life Church. There is a lack of affiliation or church function activity between any of the 25 churches. There are opportunities for health related community alliances between the churches.

Informal Dimensions

Limited informal dimensions were identified, including gatherings at local family restaurants, a swap meet, social events at the Senior Center and family events. The informal dimensions of the community could be expanded and enhanced by forming block parties and community meetings to discuss how residents can improve the community.

Limitations to the Study

There were several limitations to the study. The assessment period for this study was too short, comprised of 10 weeks, resulting in a limited time to complete the assessment. Additional time would be beneficial to complete a more thorough assessment of an underserved population such as Rubidoux. If further research is

completed in this underserved area it is recommended to include additional researchers and to include more participants to better represent the community.

A total of 246 participants completed the survey. Two hundred and eight participants that completed the survey were members at the Life Church. Seventy-eight percent of the church members did not reside in Rubidoux. Therefore, the population did not represent the greater community residents of Rubidoux. Only 38 surveys were conducted outside of Life Church and only nine surveys were completed in Spanish. This did not represent the community as previously defined. Further data collection is needed with expanded demographics to further assess other important community variables such as annual income of the persons who do not have health care insurance.

Rubidoux is also considered an unincorporated community and is directly governed by the Board of Supervisors. There is a lack of government infrastructure in the community, which resulted in little formal structure in the community. The results from this community cannot be generalized to other communities.

Recommendations Community Health Needs and Services

Culturally Based Preventive Intervention

Hispanic persons comprised a large percentage of the Rubidoux population. This population may have been skeptical of preventative measures or may have had identified cultural barriers for not accessing health care. Many Hispanics elect to seek health care professionals as a last resort, often when they are in the terminal stages of a disease. The uneducated immigrant population may not know what constitutes good health (Purnell, 2000). Therefore, the primary care need for this community is for preventative health care education. This will help patients shift to a preventative-oriented health care system. Continued progress in the delivery of clinical preventative services will require better collection and reporting on the delivery of recommended services. This information will allow the community and providers to identify services and groups of people where the biggest gaps exist in receiving perceived needed health care services.

By analyzing the data, it is imperative that health care communication and services be provided in a culturally and linguistically sensitive manner. A

bilingual APN is recommended who can communicate to the non-English speaking Hispanic population. When improving access to preventive care, the APN will address many barriers, such as lack of knowledge, skepticism about the effectiveness of prevention, and lack of money to pay for preventive care (Healthy People 2010, 2002).

Advanced Practice Case Management

An Advanced Practice Nurse Case Manager in the community would be the most appropriate health care professional to lead the community in increasing access to health care. Case management is one mechanism that has been implemented in order to ensure that a healthy balance between access, cost, and quality is maintained (Mullahy, 1998). The large scope of knowledge that an APN encompasses can assist the client who is unsuccessful in accessing health care services into one who successfully utilizes appropriate health care services. The APN identifies those clients at high risk of not seeking health care and facilitates health care access for those with complicated issues (Hinshaw, 2000).

Opportunities for Partnerships

In the big picture there is an opportunity for Life Church to partner with other institutions to assess and implement community-based services to meet the needs of

the community. Community health partnerships are valuable allies in research efforts. Researchers will need to first complete a thorough assessment of the community. Baseline assessment data is critical before implementing health promotion programs directed at large scale social or environmental changes (Pender, Murdaugh & Parson, 2000). Community partnerships can play a strategic role in creating the total community capacity to respond to health needs. In addition, they can set the expectation that health care system will function as a copartner with other systems in the community to shape public policy and the environment to foster conditions for healthy living (Pender, Murdaugh & Parson, 2000).

There is an opportunity for the Life Church to have a bilingual individual to liaison between the church and the local government. In addition, a liaison between the Life Church and the local organizations and businesses is also recommended for community empowerment and successful outcomes.

Nurse-Managed Clinic

There is an urgent need for preventive and primary care services in the community surrounding the Rubidoux including physical exams, health screenings, health education, advocacy, and relationship based-care which is

considerate and respectful of the diversity and culture of the community residents. All services could be provided by APNs. Nursing practice is based on building respectful therapeutic relationships with individuals, groups, and communities. APNs in nursing centers can provide the primary care most necessary to the health of this community when there is lack of medical providers.

At a nurse-managed clinic, the community will benefit from the scrutiny and health care services of advanced practice health care professionals. Considering that public health and advanced practice nursing are based on educating a population on health care activities focused on prevention and health maintenance, projects implemented by the nurse managed clinic may continue to an effect by improving the health of the community and teaching the community how to monitor and take better care of itself. Interactions with health care providers will reinforce to the community the idea of health care advocacy. The clinic should meet twice a week during the implementation phase and be re-evaluated in six months.

At this clinic, there should be some consideration on the transportation component of the assessment. There should be some funding available to implement some type of program to provide transportation for the community to and

from the clinic and follow-up appointment with the medical provider.

Further Research

Further research into the health needs of this community population is recommended. The perception of wellness and illness of this community at large should be studied. Knowing why the local population chose specific health care sites to attain their health services would provide further insight into their choices.

Knowing why there is a high number of local populations have no insurance coverage would provide further insight on future program planning. Poverty has a greater influence on health and illness than does race. Without adequate incomes, the low social economic groups are unable to provide for the basic necessities of food, shelter and clothing. They are often unable to pay for health care because their money must be used for more immediate necessities. Likewise, preventive services are often not used.

Transportation is an important factor for the community to access any health care provider. Perhaps transportation opportunities for the community should be reassessed and any local medical services should include transportation.

Conclusion

Deficient health care access is apparent in Rubidoux including lack of local health care clinics. There is also an issue with lack of transportation for the community to and from health care appointments. The closest health care facility for the uninsured persons is 16.2 miles away, which further increase the limitation to access of care. Problems with access to care may result in the community member delaying access to healthcare professionals for medical management of acute and chronic disease, which will decrease the quality and years of healthy life for many Americans.

A community assessment is the first step in assisting community population with health problems and concerns. Data evaluating the community balance will indicate how well the community subsystems are functioning to meet the health needs of the community. The APNs are responsible for assessing this data and make decisions about nursing services.

Advanced Practice Community Health Nurse foundation lies at the heart of primary prevention and health promotion (Waszynski, Murakami, & Lewis, 2000). Advanced Practice Nurses must work with groups, families, institutions and the population to identify high risk of

illness, disability, and premature deaths and identify resources in the community.

Success lies in using a multidisciplinary approach to reduce the risk and improve the health of the community. The advanced practice case managers in community health are key players in conducting high-level assessments; program planning and encouraging collaboration and coordination between the Life Church and its community. Jenson and Bowmen's (2002) community assessment was applicable for the Rubidoux community. Through this community assessment, the APN can make the best recommendation for program implementation, which is best suited for the population in the Rubidoux community.

APPENDIX A
INSTITUTIONAL REVIEW BOARD



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397

February 10, 2003

Mr. Michael Conrad, Ms. Julie Pham,
Ms. Anna Kampanartsanyakorn, Ms. Lynne Roy
c/o: Dr. Ellen Daroszewski
Department of Nursing
California State University
5500 University Parkway
San Bernardino, California 92407

**CSUSB
INSTITUTIONAL
REVIEW BOARD**
Exempt Review
IRB# 02059
Status
APPROVED

Dear Mr. Conrad, Ms. Pham, Ms. Kampanartsanyakorn, & Ms. Roy;

Your application to use human subjects, titled, "Jurupa, California Community Health Needs Assessment" has been reviewed and approved by the Institutional Review Board (IRB). Your informed consent statement should contain a statement that reads, "This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino."

Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise. If your project lasts longer than one year, you must reapply of approval at the end of each year. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Secretary. Mr. Gillespie can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at mgillesp@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

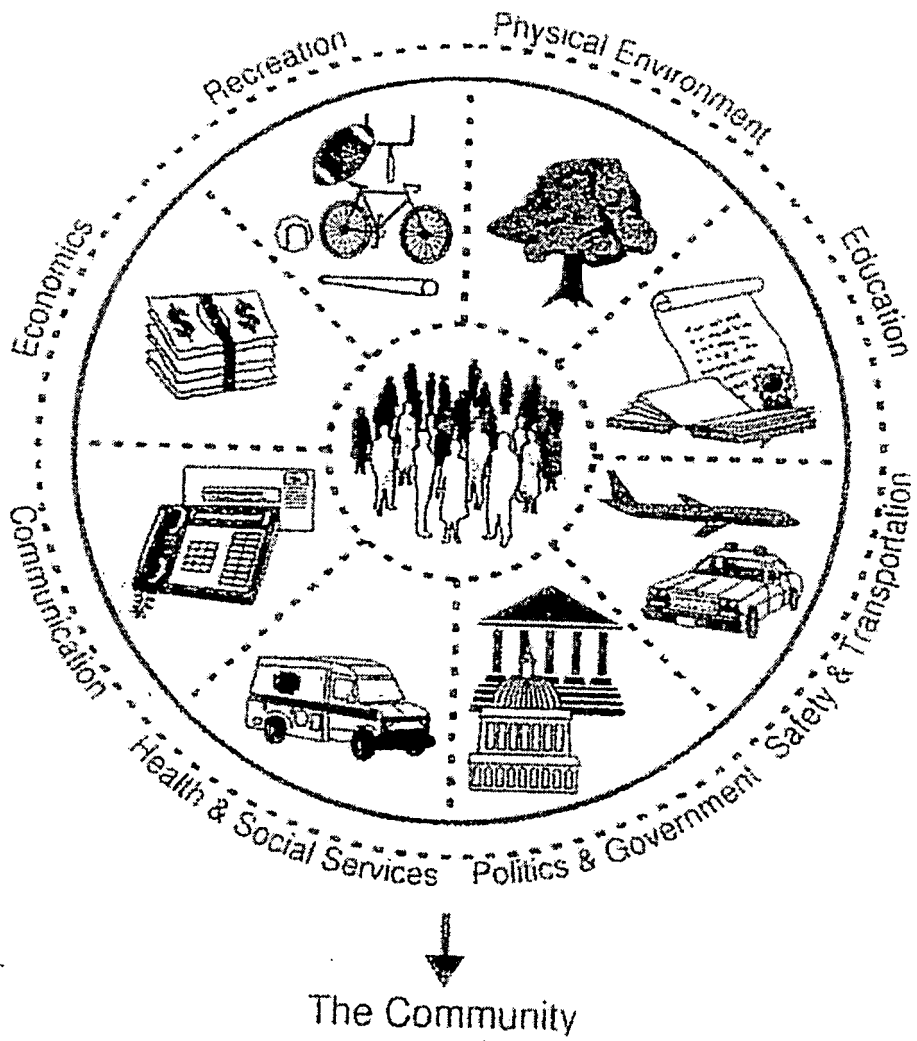
Sincerely,

Joseph Lovett, Chair
Institutional Review Board

JL/mg

cc: Dr. Ellen Daroszewski, Department of Nursing

APPENDIX B
COMMUNITY ASSESSMENT MODEL



APPENDIX C
INFORMED CONSENT

INFORMED CONSENT

You are being asked to participate in a study called a community health needs assessment. The purpose of the study is to collect information about the health needs of people in the Jurupa, California community including yourself, your family and others in the community. This information will be used to develop programs and services at the Life Church of God in Christ. This study is being conducted by Dr. Ellen Daroszewski, a nurse and professor, in the Department of Nursing at California State, University San Bernardino and four nursing graduate students. Dr. Daroszewski can be reached at (909) 880-7238 if you have any questions about the study. This study has been approved by the Institutional Review Board at California State University, San Bernardino. If you decide you would like to participate in the study you can participate in two different ways. You can talk about your health care experiences or fill out a questionnaire in English or Spanish. Participation will take approximately 15 minutes. You do not need to tell us your name or any information that could identify you. We will record you sex (gender), age, ethnicity, religion, educational level, city of residence, ask you if you have any health care needs, and ask you if you live, work, worship, or have family in the community. All of the information that is collected will be kept confidentially and used only by the study. You do not have to answer any question, which you do not want to answer. There are no risks to participating in this study. If after participating you feel uncomfortable about the information you gave you may have your answers back. Ms Anna Wilson, a member of the Life Church of God in Christ is available to talk to you if you would like to talk to someone at the church about your participation. You can contact Ms. Wilson at (909) 633-1927. Your participation may benefit yourself and other people in the community by helping the church provide health programs and services that the community needs.

CONSENTIMIENTO INFORMADO

Usted esta invitado a participar en un estudio llamado evaluación de necesidades médicas de la comunidad. El propósito del estudio es coleccionar información de las necesidades médicas de las personas en la comunidad de Jurupa, California incluyendo usted, su familia, y otros en la comunidad. Esta información será usada para desarrollar programas y servicios en la iglesia Life Church of God in Christ. Este estudio es conducido por la Dra. Ellen Daroszewski, una enfermera y profesora, en el Departamento de Enfermería en la Universidad del estado de California en San Bernardino y cuatro estudiantes graduados en enfermería. Se puede llamar a la Dra. Daroszewski al numero (909) 880-7238 si tiene alguna pregunta sobre el estudio. Este estudio ha sido aprobado por el Consejo de Revisos Institucionales en la Universidad del estado de California en San Bernardino. Si usted decide participar en el estudio usted puede participar en dos maneras. Usted puede hablar sobre sus experiencias de cuidado médico o puede llenar un cuestionario en inglés o español. Participación tomará aproximadamente 15 minutos. Usted no necesita decirnos su nombre o cualquier información que pueda identificarlo. Nosotros registraremos su sexo (genero), edad, raza, religión, nivel educacional, ciudad de residencia, preguntar si usted tiene necesidades médicas y si trabaja, vive, adora, o tiene familia en la comunidad. Toda la información que es coleccionada será confidencial y usada solamente para el estudio. Usted no tiene que contestar cualquier pregunta que no quiera contestar. Participar en este estudio no tiene riesgos. Si después de participar usted se siente incomodo sobre la información que ha dado se le puede devolver sus respuestas. La Sra. Anna Wilson, un miembro de la iglesia Life Church of God in Christ esta disponible para hablar con usted si desea hablar con alguien en la iglesia sobre su participación. Usted puede llamar a la Sra. Wilson al numero (909) 633-1927. Su participación puede beneficiar a usted y a otras personas en la comunidad ayudando a la iglesia proveer programas de salud y servicios que se necesitan en la comunidad.

APPENDIX D
CHURCH SURVEY

Church Survey

Please answer all questions.

1. What is your current age? _____ years
 2. What is your ethnicity?
 Black;
 White;
 Hispanic;
 Asian;
 Other (Identify) _____
 3. What is your gender?
 Female
 Male
 4. What is your city and zip code of residence? _____
 5. How much school have you completed?
 Less than 9 yrs
 High School graduate or GED
 Some college or trade school
 College graduate
 6. What kind of health insurance do you have?
 Private (HMO, Kaiser, Blue Shield, etc)
 Medicare/MediCal
 None
 Other (identify): _____
 7. How do you get to your Doctor?
 Car
 Bus
 Walk
 Other (describe) _____
 8. Would you be willing to come to the church for health care?
 Yes
 No
 9. What health care services would you be most likely to use if offered at Life COGIC?
-

Thank you for participating- please place in offering.

APPENDIX E
COMMUNITY SURVEY

Community Survey Please answer all questions.

1. What is your current age? _____ years
2. What is your ethnicity?
 Hispanic;
 Black;
 White;
 Asian;
 Other (Identify) _____
3. What is your gender?
 Female
 Male
4. What is your city and zip code of residence? _____
5. Which category best describes you?
 Full time community member
 Part time community member
 Work or provide services in the community
 Worship in the community
 Have friends or relatives in the community
6. How much school have you completed?
 Less than 9 yrs
 High School graduate or GED
 Some college or trade school
 College graduate
7. What kind of health insurance do you have?
 Private (HMO, Kaiser, Blue Shield, etc)
 Medicare/MediCal
 None
 Other (identify): _____
8. How do you get to your Doctor?
 Car
 Bus
 Walk
 Other (describe) _____
9. Would you be willing to come to the Life Church of God in Christ for health care?
 Yes
 No
10. What health care services would you be most likely to use if offered?

Thank you for participating

APPENDIX F
SPANISH SURVEY

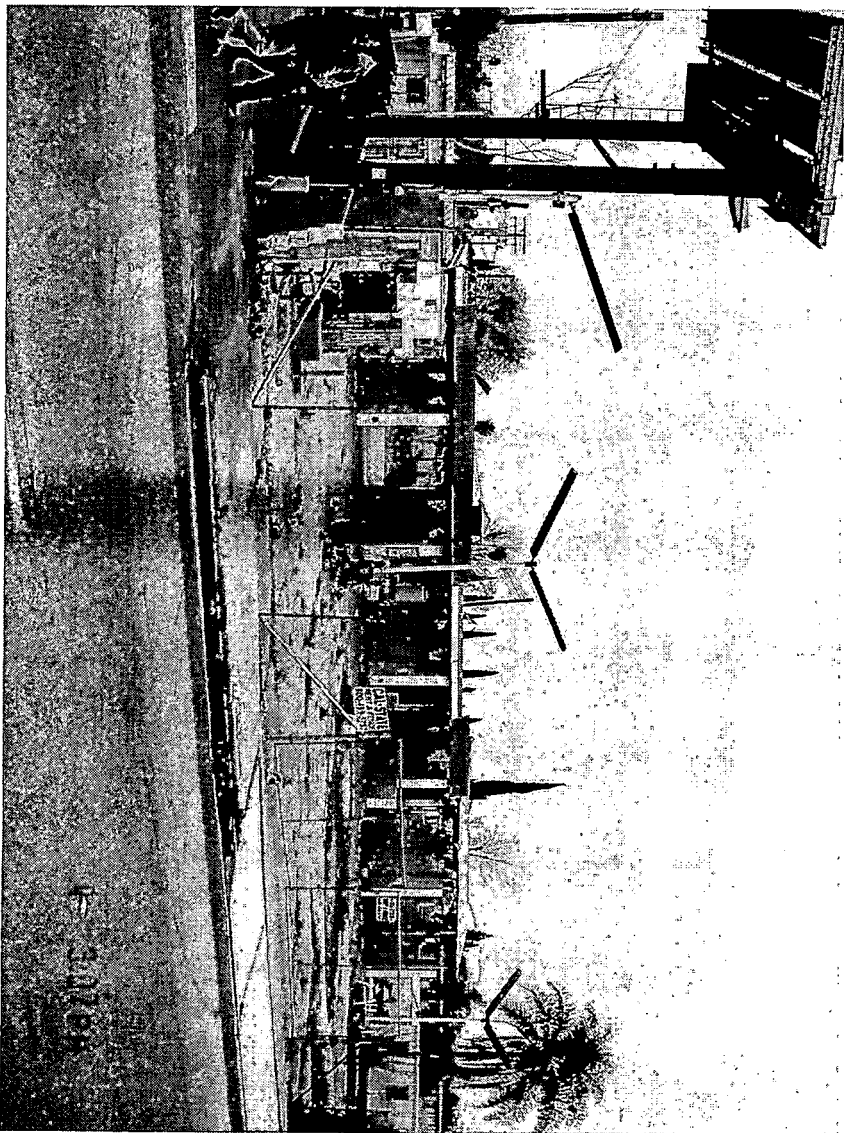
ENCUESTA DE LA COMUNIDAD

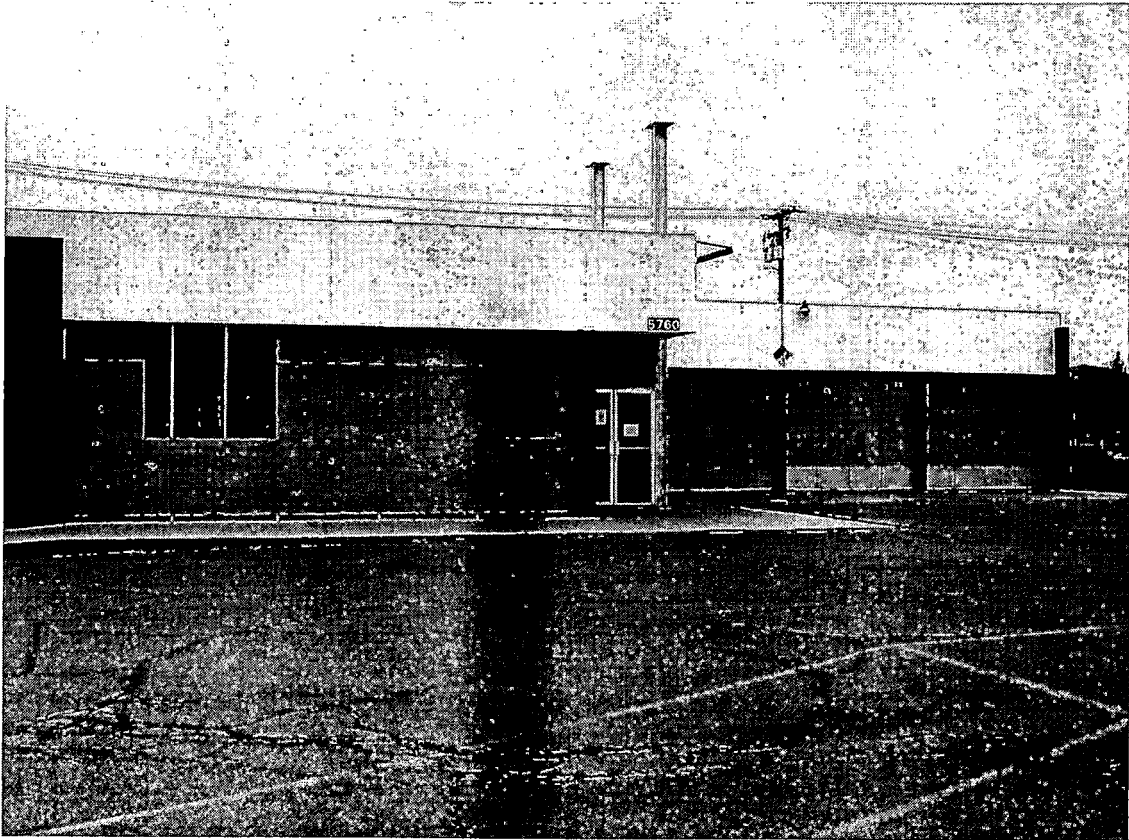
Por favor de contestar todas las preguntas.

1. ¿Cuántos años tiene? _____ años
2. ¿Cuál es su raza?
 Americano-Africano
 Blanco;
 Hispano;
 Asían
 Otro (Identifique) _____
3. ¿Cuál es su sexo (genero)?
 Mujer
 Varón
4. ¿Dónde vive y cual es su código postal? _____
5. ¿Cuál categoría lo describe mejor a usted?
 Miembro de la comunidad todo el tiempo
 Miembro de la comunidad parte del tiempo
 Trabaja o provee servicios en la comunidad
 Adora en la comunidad
 Tiene amigos o familiares en la comunidad
6. ¿Cuántos años de escuela ha cumplido?
 Menos de 9 anos
 Escuela Superior o GED
 Alguna universidad o escuela vocacional
 Graduado de la universidad
7. ¿Cuál es su seguro médico?
 Privado (HMO, Kaiser, Blue Shield, etc.)
 Medicare/MediCal
 Ningún
 Otro (identifique): _____
8. ¿Cómo llega a su médico?
 Auto
 Autobús
 Caminar
 Otro (describa) _____
9. ¿Estaría usted dispuesto a ir a la iglesia Life Church of God in Christ para cuidado médico?
 Sí
 No
10. ¿Cuales servicios de cuidado médico usaría si se ofrecen?

Gracias por participar.

APPENDIX G
DIGITAL PHOTOGRAPHY





REFERENCES

- American Nurses Association. (1996). Scope and standards of advanced practice registered nursing. Washington, DC: Author.
- American Nurses Association. (2002). Retrieved March 15, 2003, from <http://wwwnursingworld.org/readroom/fsadvprc.htm>
- American Public Health Association. (1996). The definition and role of public health nursing: A statement of APHA public health nursing section. Washington, D.C. APHA
- Bristow, D. P., & Herrick, C. A. (2002). Emergency Department Case Management. Lippincott's Case Management, 7(3), 121-125.
- Brooten, D., Youngblut, J. M., Deatricks, J., Naylor, M., & York, R. (2003). Patient Problems, Advanced Practice Nurse (APN) Intervention, Time and Contacts Among Five Patient Groups. Journal of Nursing Scholarship, 35(1), 73-79.
- Case Management Society of America. (1995). Standards of Practice for Case Management. Little Rock, AR.
- Chase, P., Gage, J., Stanley, K. M., & Bonadonna, J. R. (2000). The Psychiatric Consultation/Liaison Nurse Role in Case Management. Nursing Case Management, 5(2), 73-77.
- Doyle, A. (2001). Developing a Successful Nurse Case Management Program. Issues in Interdisciplinary Care, 3, 115-119.
- Falk-Rafael, A. R. (2001). Empowerment as a Process of Evolving Consciousness: A Model of Empowered Caring. Advanced Nursing Science, 24(1), 1-16.
- Goodwin, B. A. (1999). Home Cardiac Rehabilitation for Congestive Heart Failure: A Nursing Case Management Approach. Rehabilitation Nursing, 24(4), 143-147.
- Hamric, A. B., Spross, J. A., & Hanson, C. M. (2000). Advanced Nursing Practice. Philadelphia: W.B. Saunders Co.

- Healthy People 2010. (2002). Retrieved March 7, 2003, from <http://www.healthypeople.gov/document/HTML/Volume1/01Access>
- Health Resources and Services Administration. (2003). Retrieved April 1, 2003, from <http://www.hrsa.gov>
- Henry Street Settlement. (2001). Retrieved April 5, 2003, from <http://www.henrystreet.org/site/PageServer?pagename=abthome>
- Hinshaw, A. S. (2000) Nursing Knowledge for the 21st Century: Opportunities and Challenges. Journal of Nursing Scholarship, 32(2), 117-123.
- Jensen, S., & Bowman, J. (2002). Community Assessment for the Case Manager. The Case Manager, 59-62.
- Jewish Women's Archive. (2001). Lillian Wald. Retrieved March 7, 2003, from <http://jwa.mit.edu/exhibits/wald/1wfram8.htm>
- Jurupa.com. (2003). Retrieved March 6, 2003, from <http://jurupa.com>
- Lee, D. T. Mackenzie, A. E., Dudley-Brown, S., & Chin, T. M. (1998). Case Management: A Review of the Definitions and Practices. Journal Advance Nursing, 27(5), 933-939.
- Mark, D. D. (2000). Health Policy and Case Management. Journal of Case Management, 2(3), 160-168.
- Mullahy, C. (1998). Cost Benefit Analysis Reports: An Effective Outcomes Reporting Tool. Journal of Care Management, 5, 32-06.
- Nelson, J. M., & Arnold-Powers, P. (2001). Community Case Management for Frail, Elderly Clients: The Nurse Case Manager's Role. Journal of Nursing Administration, 31(9), 444-450.
- School District Data Summary. (2002). Retrieved March 15, 2003, from <http://data1.cde.ca.gov/dataquest/Cbeds3.asp?cYear=2001-02>

- Taylor, B. C., Miller, N. H., Herman, S., Smith, P. M., Sobel, D., Fisher, L., & DeBusk, R. F. (1996). A Nurse-Managed Smoking Cessation Program for Hospitalized Workers. American Journal of Public Health, 86(11), 1557-1560.
- The Community Health Status Report, USDHHS. (2002). Retrieved March 15, 2003, from <http://www.communityhealth.hrsa.gov>
- Thrift, J. (1999). Case Managers at the Helm of Return-to-Productivity Programs. Case Manager, 10(4), 75-79.
- U.S. Census Bureau. (2000). Retrieved March 8, 2003, from <http://factfinder.census.gov/servlet/QTable>
- Waszynski, C. M., Murakami, W., & Lewis, M. (2000). Community Case Management: Advanced Practice Nurses as Care Managers. Journal of Case Management, 2(3), 148-152.
- Woolbright, D. (1997). Pediatric Case Management in the Emergency Department. Nursing Management, 28(10), 39-42.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Michael Conrad & Anna
Kampanartsanyakorn

2. Data Entry and Analysis:

Assigned Leader: Anna Kampanartsanyakorn
Assisted By: Michael Conrad

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Assigned Leader: Anna Kampanartsanyakorn
Assisted By: Michael Conrad

b. Methods

Assigned Leader: Michael Conrad
Assisted By: Anna Kampanartsanyakorn

c. Results

Team Effort: Michael Conrad & Anna
Kampanartsanyakorn

d. Discussion

Team Effort: Michael Conrad & Anna
Kampanartsanyakorn