Community Health: Analyzing, Evaluating and Planning Interventions for Conduction on a Norfolk-based Adolescent Population

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**Aggregate**

Our community health group, Teens with a Purpose (TWP), is located at Calvert Square, a neighborhood in Norfolk, VA.  The aggregates of TWP’s age group varied from 12 - 19 year olds. Though TWP specifically only qualifies teenagers to be in the program, they take the whole community into consideration when planning events.  Our purpose is to help the teens manage their eating habits in order to prevent heart disease, stroke, and diabetes. We plan to do this through educating the teens about nutrition, signs and symptoms, health awareness, and how to prevent said illnesses.  The reason we chose this route was because the aggregates themselves vocalized their history of diseases that runs through their families and can be managed and prevented through incorporation of a healthy eating style. We wanted the teenagers to improve and further their knowledge and education concerning what to eat, what not to eat, what their blood pressure meant, and how to maintain their health and wellness.  Building rapport by being professional and cordial to the teenagers was crucial in regard to how we were able to gain our ideas on how to assist them. According to Ehmke and Child Mind Institute (n.d.), trust, listening, and understanding the teenagers will help us have a better communication with one another. With that said, we plan to continue this method to supplement and strengthen our relationship with teenagers so that they will fully trust us and understand how determined we are to help them.

**Aggregate Characteristics**

The aggregate consisted of adolescents between the ages of 13-19-years-old, who were entering into high school or college.  The majority of the aggregate were of the African American race and in families with a financial status of a middle to low-income.  As we built rapport with the group, it was evident that there was a deficit in nutritional education. For instance, when asked about daily intake, there was an occasional mention of fruits and vegetables; however, the majority stated foods high in fat and sugar.  There was a significant difference in their perceived and actual health status with external and internal influences playing a key role.

The majority of the aggregate perceived their health status as nutritious, however, others were aware that they did not eat as healthy as they should.  Several of the teens would describe meals they ate throughout the day, not realizing their intake mainly consisted of carbohydrates and fats. Food items they mentioned included fried potato chips, macaroni and cheese, sandwiches made with white bread, and many more items of the same variety.  We also observed full sets of cakes within the facility and being taken home by the teens. Therefore, the majority of the aggregate’s health status is not what they perceived it to be. “…in many studies, although teenagers were completely aware of healthy and unhealthy foods, their nutritional behavior did not match their awareness in practice” (Shirazi et al., 2017, ¶12).  It was clear the aggregate misunderstood the concept of a healthy diet and instead considered eating three meals a day, regardless of the content, acceptable. Though, Niu et al. (2019) mentions that once children reach the adolescent years, their health behaviors are shaped by outside influences such as accessibility to physical activity, and social connectedness within schools or neighborhoods. External and internal factors affect the aggregate by impacting their overall nutritional knowledge and health status.

External influences within our aggregate comprised of family, friends, availability of grocery stores, and the proximity of fast food restaurants. Shirazi et al (2017) mentions that adolescents are more likely to imitate their parents regarding nutritional behaviors, whether they are healthy or unhealthy.  Similarly, teens tend to pursue nutritional behaviors of their peers to appear “trendy” or are pressured into following the friend group’s norms. On the other hand, the lack of grocery stores and close proximity of fast food restaurants in our aggregate’s location ultimately determined their food choices. Other than the community garden, there was one grocery store.  Nonetheless, it was lacking in many nutritional items that grocery stores in a higher-income population would have available.

Moreover, internal influences that affected our aggregate includes psychological factors, family health history, and their current knowledge of nutrition.  Psychological factors such as anxiety of depression can lead to an unhealthy dietary pattern. In the health survey prepared by our community health group (Appendix B), 75% of the aggregate said they had feelings of anxiety or depression and still experienced them or were coping with these emotions.  O’Neil et al (2014) conducted a review of studies where their findings highlighted the importance of the relationship between dietary patterns and mental health within adolescents. Therefore, our aggregate’s nutritional status could be impacted by their feelings of anxiety and depression. Not only this, but an adolescents’ knowledge of their family’s health history could indirectly impact their diet.  The teens in our aggregate were aware of their family’s medical history which consisted of stroke, diabetes, and hypertension. Mak et al (2019) correlated a strong relationship with family members that have a history of hypertension, alcohol consumption, as well as other conditions, to adolescents that have developed prehypertension. Consequently, despite our aggregate’s awareness of their family history, they are still at risk for developing the same health conditions in the future.  Without further intervention, a lack of nutritional knowledge in addition to other factors will negatively impact our aggregate’s overall health status.

**Literature Review**

The Teens With a Purpose aggregate involves lower socioeconomic adolescents with actual and potential health issues involving the effects of poor nutrition such as hypertension, obesity, diabetes, and stroke.  The area in which our aggregate lives can be described as a food desert, therefore making healthful nutrition decisions difficult.

The American Nutrition Association (2019) defines food deserts through the USDA as “parts of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas” (“USDA Defines Food Deserts,” para. 1).  Upon completion of a windshield survey, we found that there is no easy access to grocery stores with fresh or healthful food, but rather convenience stores with cheap, nutrition-less snacks and microwavable dinners due to the middle to low socioeconomic status of our aggregate (see Appendix A for demographic information).  This places our aggregate in a food desert, which results in health risks and issues including hypertension, obesity, diabetes, and stroke, diseases that are commonly related. A nursing research article published in the *American Journal of Public Health* found that the food environment of neighborhoods including presence of a food desert is associated with obesity status, a disease that results in many comorbidities (Chen, Jaenicke, & Volpe, 2016).  The findings of this article can imply that our aggregate is at high risk for obesity and other chronic diseases associated with nutrition and access to healthful foods. The *International Journal of Caring Sciences* highlights the importance of obesity as a health problem in children because it increases risks for adult obesity and morbidity and mortality rates (Top, Kaya, Tepe, & Cam, 2019).  The article argues that obesity rates are higher in adolescents who have two or less meals per day, a likely common occurrence in our aggregate due to financial resources and food access (Top, Kaya, Tepe, & Cam, 2019).

According to a nursing research article published in *Advances of Chronic Kidney Disease*, hypertension is not only an increasingly relevant problem in adolescents, but it also is tending to remain an issue as they grow into adulthood (Samuels, Zavala, Kinney, & Bell, 2019). This issue is seen in the Teens with a Purpose aggregate due to the relatively high blood pressure results that were obtained during Fuse Fest.  The results of our blood pressure screening also showed that many of the adults in the community also have hypertension, so educating parents on healthy habits to lower their blood pressure may have an impact on preventing or lowering adolescent blood pressure as well.  The importance of this parent-adolescent relationship and hypertension is discussed in a nursing research article published in the *Journal of Adolescent Health*.  The study investigated the effects of parent-teen relationships and the onset of hypertension or prehypertension in adolescents, finding that there were both direct and indirect parent relationship effects on hypertension development in adolescents (Mak, Kim, & Wang, 2019).  The article explains that parental control, parental guidance over alcohol consumption, maternal responsiveness to mental health issues, and early family relationships all play a role in determining the likelihood and severity of young adult (pre)hypertension (Mak, Kim, & Wang, 2019).  From a health services administration perspective, a study showed the differences between hypertension management in community clinics versus primary care offices. It concluded that when comparing Medicaid patients in each setting, community health clinics were more likely to provide new antihypertensives than in private physician offices (Fontil, Bibbins-Domingo, Kieu, Guzman, & Goldman, 2017).  However, private offices provided fixed-dose combinations, which were more beneficial for hypertension control, whereas the distribution of these medications were limited in clinics, resulting in more uncontrolled hypertension in these community health settings (Fontil, Bibbins-Domingo, Kieu, Guzman, & Goldman, 2017). In conclusion, the article argues that community health clinic access to fixed-dose antihypertensives can improve hypertension control in those who are unable to visit primary care offices (Fontil, Bibbins-Domingo, Kieu, Guzman, & Goldman, 2017).  This intervention can be applied to our aggregate because through discussion it was evident that most of the population are unable to regularly visit a primary care physician, so community health clinics are more accessible and likely to be visited. If access to the most beneficial medications can be provided in these clinics, it is possible this population can be healthier and in more control of their high blood pressure.

Obesity has become an increasingly relevant issue among the U.S. population including it’s adolescents.  A nursing research article published in the *Journal of Adolescent Health* argued that neighborhood and school demographics play an important role in youth obesity and overweight status (Niu, Hoyt, & Pachucki, 2019).  The article states that neighborhoods and schools with lower parent education rates are associated with higher adolescent BMI’s, neighborhoods with more physical activity resources result in lower adolescent BMI’s (Niu, Hoyt, & Pachucki, 2019).  This article can be directly applied to our aggregate because the population demographics include lower socioeconomic status and limited neighborhood physical activity resources as well as lower SES high schools, the grade levels of most of our aggregate, which significantly impact the health and weight status of youth according to Niu, Hoyt, and Pachucki (2019).  A Hispanic nursing journal published an article that examined the risk factors associated with overweight adolescents (Vieira et al., 2016). The article explains that a study found risk factors for overweight and obesity in adolescents including abdominal obesity, eating habits of food high in added sugars and solid fats, family history of diseases, and hypertension (Vieira et al., 2016).  These findings show the interrelatedness between nutrition leading to obesity and diseases such as high blood pressure.

In 2014, a results review was published regarding the prevalence rates of Type I and Type II diabetes in United States adolescents ages 0-19, which includes our aggregate age of 12-19 (Dabelea et al.).  According to the study, 6,666 per 3.4 million adolescents were diagnosed with Type I diabetes in 2009, and 819 of 1.8 million youth were diagnosed with Type II diabetes in 2009 (Dabelea et al., 2014). Overall, there was between a 21.1% and 30.5% increase in both diabetes types over just eight years (Dabelea et al., 2014).  *The Journal of Diabetic Nursing* investigated the relationship between demographic characteristics of adolescents with Type I diabetes and their self-care status’ (Parisa & Marzieh, 2019).  It showed that there is a significant relationship between self-care status and place of residency, and that there is a need for community diabetes clinics in order to educate adolescents on the self-care needed to prevent and control their diabetes so that complications are kept at a minimum (Parisa & Marzieh, 2019).  This can be applied to our aggregate because access to private health care is likely limited and regular screenings for diseases as common as diabetes are minimal. If education regarding prevention and control of high blood sugars was provided as well as clinics in which these specific demographic teenagers can visit, complications of diabetes and the rates of diabetes itself may be able to be controlled.

A study investigated by Georgia State University Health professors explain that stroke has many modifiable risk factors that can be used to prevent or delay the onset of stroke; however, being African American, which the majority of our aggregate is, increases the chances of stroke significantly (Aycock, Clark, & Hayat, 2017).  The study highlights the importance of early life interventions so that this risk can be reduced, and introduces a model called the Stroke Counseling for Risk Reduction (SCORRE), that is meant to educate the youth population on stroke, its effects, and how to prevent it (Aycock, Clark, & Hayat, 2017). Results include feasibility for the SCORRE model and can be used in underserved populations including our aggregate to educate African American adolescents on the importance of reducing the risk of stroke (Aycock, Clark, & Hayat, 2017).

**Comparing and Contrasting the Aggregate with the United States Populous**

As previously stated, Teens with a Purpose’s goal is to impact the lives of juveniles through various modalities in hopes that teenager involvement will provide change and growth amongst themselves, their peers, and their community.  Teens with a Purpose is composed of numerous adult volunteers and mentors who assist in providing the teenagers with a safe space to express themselves as well as express their voice without inhibition or societal diminishment. In regard to similar organizations targeting the youth and adolescent population between the ages of 12-19, multiple nationwide organizations exist.  For example, establishments such as the Boys and Girls Clubs of Southeast Virginia exist to accomplish similar tasks as Teens with a Purpose. The Boys and Girls Clubs of Southeast Virginia encourage students to grow their health, express themselves artistically, and advance their education (Boys & Girls Clubs, n.d.). Additionally, this organization promotes the advancement of participants’ self-esteem and provides opportunities to engage in enjoyable activities appropriate for the aggregate’s age range.  Some differences exist between Teens with a Purpose and the Boys and Girls Clubs of Southeast Virginia. Most notable differences include the lack of weekly financial obligation necessary to participate in Teens with a Purpose activities. For the Boys and Girls Clubs of Southeast Virginia, a monetary expense is required to take part in club endeavors (Boys & Girls Clubs, n.d.). Furthermore, the Boys and Girls Clubs of Southeast Virginia often incorporate S.T.E.M. activities whereas Teens with a Purpose focuses on self-awareness as well as personal pride.  Finally, the Boys and Girls Clubs of Southeast Virginia contain a larger age range for participants from 6-18 years old (Boys & Girls Clubs, n.d.).

In regard to differences between the aggregate and the community, Teens with a Purpose members do not correlate statistically in terms of racial presence in the overall Norfolk community.  In the city of Norfolk, 43.1% of inhabitants identify as black whereas in Teens with a Purpose nearly all of the aggregate is black with a few Latino groups and those of mixed race (Norfolk Department of Development, 2014).  Not only is this finding a sign of instability concerning resource distribution, but a significant problem as these teens are located within a neighborhood in which alcohol and drug activity is common, as signified by a majority of respondents who participated in Appendix B’s questionnaire.

Comparing the Teens with a Purpose aggregate to that of the state’s demographic yields even greater contrast as those of White/Caucasian race encompass 69.5% of the state’s population while only 19.9% of the population is Black/African American (United States Census Bureau, 2018).  Additionally, those of Latino/Hispanic heritage comprise only 9.6% of the Virginian society (United States Census Bureau, 2018).

Finally, the overall United States populace further extends the marginalization as White/Caucasian individuals embody 76.5%, Black/African Americans make up 13.4%, and Latino/Hispanics encompass 18.3% respectively (United States Census Bureau, 2018).  One noteworthy similarity between the national and state demographic yielded a 10.2% populous of individuals under the age of 65 living without health insurance (United States Census Bureau, 2018).

**Population Needs**

The priority nursing diagnosis for this community is readiness for enhanced nutrition.  Because the focus for our aggregate is to promote nutritional teaching and health promotion.  After gathering assessment data, the nutritional knowledge basis needs to be more comprehensive.  Some of the teenagers were aware of what comprises a healthy diet, while others had a vague idea but really were not sure or were completely wrong all together.  We can provide all the education necessary, but if we do not address the aggregate’s willingness to accept and implement this information, our interventions will not be effective.

The secondary diagnosis is deficient knowledge related to lack of education.  Throughout our observations, surveys, and discussions with the aggregate, it became clear that individuals in the community were unaware of proper health knowledge.  Notably, one woman who came to the booth did not want her blood pressure taken as she “[knew she had] good blood pressure” because she ate no salt in her diet; she said this as she stood there with a handful of fries in her hand.  Additionally, a number of individuals who were aware that they had hypertension claimed that they did not take their blood pressure on a regular basis, instead took it “as needed,” further demonstrating deficient knowledge on health maintenance.

Finally, looking as a whole a third diagnosis is deficient community health.  As noted, the data collected from blood pressure readings at Fuse Fest showed there is an elevated presence of hypertension in the community.  Addressing community health is essential to facilitating positive systemic change.

**Health Planning**

As the focus of our education and interventions center on nutritional education, we must take a creative approach to ensure the teenagers want to implement these practices into their daily lives by assessing their readiness for enhanced nutrition.  As mentioned previously, if the aggregate does not have a desire to change their habits, they will not. We will formulate our health planning to incorporate tangible success with innovative objectives focused on truly making the teens feel like this process is about them, which will empower them to assimilate it into their daily life.

First, we will continue to work with Teens with a Purpose to grow their community garden.  Throughout the experience thus far, we have been able to use this activity to both build rapport and relationships as well as provide nutritious foods for both the aggregate and surrounding community.  They have a wide variety of fruits and vegetables that promote healthy eating as the teenagers feel accomplished for growing their own food and this excites them to want to incorporate it into their diet.  We plan to continue to attend each week and will measure this success not only quantitatively by seeing the products of gardening, but also qualitatively as the teens build enthusiasm about incorporating fresh fruits and vegetables into their diet.

Secondly, we will promote healthy recipes that use these fruits and vegetables as well as educate the teens on the makeup a balanced diet.  We will work with the teens to create these recipes, ensuring it is food that both they and their families will both enjoy and be able to afford to make.  We will measure the success of this intervention by using the teach-back method about a healthy diet as well as surveying how many of the aggregate actually incorporated these recipes into their family meal routine over the coming months.

**Alternative Interventions**

There are several alternative interventions in this aggregate that need to be addressed to ensure safety and concerns of the community.  One objective that needs to be spoken on is the traffic sign and street safety. This is a big concern and danger to the community. There is only a crosswalk and a pedestrian crossing sign that separates the building from the garden.  Pedestrians have the right of way to cross the street but most cars do not stop and wait for people to cross. There should be stop signs implemented on both sides of the road, preferably stop signs with flashing lights that alert when a pedestrian is walking.  Stop signs can assist pedestrians in crossing by stopping one or more approaches of traffic. Because the aggregate consists of mainly teenagers, it is vital to prevent unwanted injuries and promote street safety. Additionally, stop signs can reduce the number of severe crashes at an intersection.  I witnessed a variety of adolescents cross the street unattended on multiple occasions. Minors should be accompanied by an adult when crossing streets to prevent any harmful injuries.

Another intervention to fulfil the objective is to provide free nutrition counseling for Teens with Purpose.  Nutrition counseling is a collaborative process that involves the counselor and patient. In this session, the counselor and patient establish “nutrition, physical activity priorities, goals, and individualized action plans that acknowledge and foster responsibility for self-care to treat an existing condition and promote health” (Nutrition Intervention, 2019).  To plan the nutrition intervention, it is vital to prioritize the nutrition diagnosis, determine patient focused outcomes, and identify the resources needed for the individual. To implement nutrition counseling, the counselor would carry out the plan and communicate with the patient. Individualizing the patients data helps in matching nutrition interventions strategies strictly based on client's needs and values.  Nutrition counselors should additionally provide a health promotion program to utilize ways to prevent high blood pressure at an early age. Because the teenagers had little to no knowledge about the concept of blood pressures at Fuse Fest, this would help increase their awareness about nutritious foods and which foods to avoid.

**Conclusion**

Overall, this experience has allowed us the opportunity to practice our therapeutic communication as well as successfully perform community health assessment through identifying social determinants of health.  We have been able to play a role in the Teens with a Purpose organization and will likely be able to incorporate beneficial teaching and interventions. We anticipate our coming semester and look forward to utilizing our recently gathered assessment data to guide our actions in the near months as well as for the rest of our careers.

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**Appendices**

**Appendix A:**

**Windshield Survey Form**

Observers: Brandon Sparrer, Jeanne Laxa, Aleah Yeager, Kayla Saunders, Sewit Tecleab, Caroline Geradts

Weather: Sunny, humid              Temperature \_84F\_\_\_\_\_\_

City \_\_\_\_Norfolk, Va                Neighborhood : Calvert Square

Day/Date/Time \_\_Wednesday / June 5, 2019 / 1600\_\_\_\_\_\_

*A. Neighborhood Boundaries*

􀂉 What are the boundaries of the neighborhood?

         The neighborhood was approximately .25 miles x .25 miles and sandwiched between East Virginia Beach Boulevard and a strip mall on the left.  Overall the neighborhood sits between East Olney Road and East Virginia Beach Boulevard. The “Teens with a Purpose” Building and Garden is located on the Church Street side of Calvert Square.

􀂉 Are there commercial streets or areas?

         Major nearby streets include East Brambleton Avenue, Church Street, East Olney Road, East Virginia Beach Boulevard, and Tidewater Drive.

􀂉 Does the neighborhood have an identity, a name visible?

The neighborhood is named Calvert square.  A sign on the front of one of the buildings indicates the neighborhood identity.  Additionally, a sign is visible off of Tidewater Dr.

*B. Housing*

􀂉 What is the age of the houses, type of architecture, construction material of houses? How many stories?

They seemed to be brick houses that were connected to each other with two stories.

􀂉 Are there single, multifamily dwellings, mobile homes?

There are multifamily dwellings.

􀂉 Do houses have space/lawns around them? Are they well groomed?

Yes, some did have lawns in front of them and a shared backyard with the neighboring houses. The front yards were littered with trash. Backyard still had trash, but not as much.

􀂉 What is the general condition of the houses? Are there signs of disrepair (broken doors,

  windows, railings)?

The houses were in an adequate condition. No signs of dramatic disrepair.

􀂉 Are there cars in the driveway? Does it appear everyone is at work?

There weren’t many cars in the driveway. It was around 5pm and adults seemed to be home.

􀂉 Are there vacant houses, boarded up or dilapidated buildings?

Not in this neighborhood.

􀂉 Are there many houses for sale?

No, did not see any.

􀂉 Are there streetlights, sidewalks, curbs, gutters, open drainage ditches?

There are sidewalks, curbs, drains/gutters, and lights.

*C. Open Spaces*

􀂉 How much open space is there?

         Right across from the Vivian C Mason Art and Tech Center is the community garden that Teens With a Purpose has established.  This is a garden created in an urban setting, so the ground around the beds is rock and barren, but the beds were built in wooden boundaries to keep the soil and water in tact.  There are a couple of baseball fields, a large cemetery, and a few green spaces in the area, but overall most of the area is populated by buildings, stores, etc.

􀂉 Are there parks and recreational areas in the neighborhood? Are they lighted?

         There are recreational areas, as evidenced by the baseball fields, which appear to have overhead lighting, unsure if the lighting is functional (was not there during dark hours).  There is a dog park in the area and again a few green spaces, but no real “parks” within the boundaries.

􀂉 Is the open space public or private? Who uses it?

         The open space is public and it appears that members of the community use it as a gathering place.  People were collected there listening to music and holding conversations.

􀂉 Is there trash, rubble, or abandoned cars in the open spaces?

         There was a considerable amount of trash scattered around the open spaces - chip bags, soda bottles, cigarette butts, etc.  There was also a lot of rubble in some of the spaces - loose rocks, construction debris, etc. It was difficult to tell exactly if the car was abandoned, but it did appear that there were some dilapidated cars that just seemed to be parked there.

*D. Shopping Areas*

􀂉 What types of stores are in the area (shopping centers, neighborhood stores, grocery stores,

drug stores, laundries, etc.)?

There are lower cost stores in a shopping center nearby including Save-A-Lot Food Store and Family Dollar, and a Shop-N-Go as well as a Watergate Food Mart on different streets. There is a Citgo gas station and a BP gas station. There are many salons and hair supply places in shopping centers surrounding the neighborhood. There are also Chinese take-out restaurants, a seafood market, and a laundry and dry cleaning store. There are a couple local restaurants spread out around the neighborhood.

􀂉 How are these resources distributed in the area? Are they spread throughout?

The Food Bank is near Teens With a Purpose, and well placed in the center of the projects. The other stores are pretty much surrounding the neighborhood, with the exception of Save-A-Lot Food Store and Family Dollar in the same shopping center.

􀂉 Are there ethnic stores, ones that display other than English language?

There are Chinese takeout places, however I did not see any stores with other languages displayed on them.

􀂉 Do signs advertise tobacco, alcohol?

There is a Tobacco Plus store located in a shopping center near Teens With a Purpose. I also saw a Watergate Food Mart and Shop-N-Go also advertising cigarettes.

*E. Schools*

􀂉 Are there schools in the neighborhood? Are they public or private?

There are two elementary schools nearby. They are both public schools. There are no private schools in the neighborhood.

􀂉 Are there play areas, sports fields connected to the schools?

There is a playground as well as a field attached to both schools.

􀂉 Is graffiti evident in the schools?

I did not observe any graffiti at either school.

􀂉 Do the school grounds appear to be well-kept?

The school grounds do not look necessarily well-kept and appealing, however the grass is cut and there is no excess trash or disorganization around either school.

􀂉 Are there school bus stops or crossing guards?

School was not in session when I did this survey, since it is summer vacation.

*F. Religion*

􀂉 What churches to do you see? Who uses the churches?

The two churches most accessible included the Greater Metropolitan AME Zion Church, a church that includes primarily Methodist African Americans and the New Calvary Baptist Church nearby, another predominantly African American Church catering to those of Baptist faith practices.

􀂉 Do you see evidence of their use for other than purely religious purposes?

Upon initial surveillance, neither church advertised extraneous use beyond religious services and bible studies.

*G. Human Services*

􀂉 Where are hospitals and health services located in relation to the neighborhood?

         The closest hospital in the area is Norfolk General, which is 2 miles away.  The only real health service in the area is a mental health community service office, but there is not even an urgent care in closer proximity than the hospital.

􀂉 Are there physician offices, health clinics or centers, dentist offices?

         There is one dentist office, one physician office, one family health care center, and one rehabilitation center.

􀂉 Are there alternative medicine centers (acupuncture, massage, etc.)?

         There is no acupuncture and only one massage center, but it does not seem to be used an alternative medicine method.

􀂉 Are spiritualists advertised?

         There were no advertisements for spiritualists.

􀂉 Are social agencies (welfare, WIC, social services) available?

         The Department of Human Services, Norfolk City WIC, a social service division office, and a youth and family services department are located close by.

􀂉 Are there senior centers and child care facilities?

There were no senior centers and two child care facilities are present.

*H. Transportation*

􀂉 How do people get in and out of the neighborhood (car, bus, train, bike, walk)?

It appears that many community members walk, however some people drive.

􀂉 Are the streets and roads conducive to good transportation and community life?

The streets have a high crime and poverty rates. However, I noticed a great amount of community members walking to the grocery store across the street.

􀂉 Are the streets in good condition? Are they paved? Gravel? Brick? Dirt?

The streets are in good condition and are paved with concrete sidewalks.

􀂉 Are formal bus stops or public transportation signs visible?

The bus stop signs are visible to community needs.

􀂉 Is public transportation available? If so, how frequently?

Hampton Roads Transit, a public transportation system, is available from 6:30am to 6:30pm.

􀂉 Is this a high-traffic area? Are speed limit signs or speed zones posted?

The area is not a high traffic area, and there are speed limit signs and speed zones posted.

􀂉 Is there a major highway near the neighborhood? Whom does it serve?

There is Interstate 264 located near the neighborhood; it serves the community.

*I. Protective Services*

􀂉 What evidence do you see of police, fire, and emergency services?

There are police officers that drive by the neighborhood quite frequently.

􀂉 Are there fire station houses, fire hydrants?

There is a fire hydrant and fire department located on Church Street, which is a block away from the center.

􀂉 Do houses have security systems?

Houses do not have security systems

􀂉 Is there evidence of Neighborhood Watch programs?

There is a neighborhood watch program created by the City of Norfolk Police Department.

􀂉 Are there emergency shelters for neighborhood use (e.g., tornado shelters)?

Yes, the emergency shelter is named For Kids. It is a non profit organization that provides housing for homeless children or children impacted by a natural disaster. There are also local ministries and the Salvation Army emergency men's shelter

*J. Neighborhood Life*

􀂉 Whom do you see on the streets (women, men, mothers with children, teenagers, elderly)?

There were men, women, and children of varying ages in the area. Some individuals were walking with groceries, mothers and/or fathers walking their children or pushing them in strollers, and others sitting on their porches.

􀂉 What ethnic groups are part of the neighborhood? Bilingual signs?

The majority of the neighborhood consisted of African Americans, with some White and Hispanic or Latino. There were no Bilingual signs present.

􀂉 Are there informal gathering places/hangouts? What are they? For whom (teens, men, etc.)?

Yes, there were individuals hanging out across from the “safe creative community space”, near the apartment buildings. There were some older adult males and teens hanging out in the area.

􀂉 Are there social clubs or cultural organizations?

Other than Teens With a Purpose building, there were no visible social clubs or organizations in the area. There were a few church buildings and a community center in the area where organizations may occur.

􀂉 Is there evidence of interaction among neighbors?

It is very clear that the neighbors interact with each other. Some neighbors were conversing in their yards and walking around the neighborhood together.

􀂉 Is there evidence of homelessness?

Yes, there were a few people sitting on the sidewalk with signs asking for any assistance.

􀂉 What animals do you see (stray dogs, watch dogs)?

There were a couple of stray cats, however, there were watch dogs and dogs outside in peoples’ yards.

􀂉 Are there parks or other recreational facilities in the neighborhood? Public or private?

Yes, there is a recreational center that is open to the public.

Adapted from Guidelines for a Windshield Survey, Indiana School of Nursing, Department of Community Health Nursing.

**Appendix B:**

**Sample Health Survey**

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_

Favorite color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day of the month you were born: \_\_\_\_\_\_\_\_\_\_\_

1.    What do you usually eat for meals (breakfast, lunch, dinner)?

2.    How often do you see your doctor?

3.    Has your family had any of the conditions listed below? (circle all that apply)

   Stroke, diabetes, high blood pressure, heart disease

   Other :

4.    Who lives in your house with you?

5.    Have you ever used a medication not prescribed to you, marijuana, or street drugs?

a.    If yes, how often?

b.    Does anyone in your household consume any of these substances?

6. Do you currently drink alcohol?

a. If so, how much and how often?

7. Do you currently use nicotine products (i.e., cigarettes, e-cigs, juul, etc.)?

a. If so, how much and how often?

8. Have you ever experienced any feelings of anxiety or depression (i.e., fast heart beat or feeling so down that you don’t want to get up in the morning)?

a. Are you currently experiencing any of these feelings?

9. Do you engage in any physical activity?

10. Do you feel safe at home?

**Honor Code**

I pledge to support the honor system of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community it is my responsibility to turn in all suspected violations of the Honor Code.

Signatures: Kayla Saunders, Sewit Tecleab, Aleah Yeager, Jeanne Marie Laxa, Caroline Geradts, & Brandon Sparrer

Date: 08/10/19

**Grading Rubric**

**Community Health Project Paper: Part I**

**Purpose:** To allow students the opportunity to gain entry and assess a population within their community. Students have an opportunity to work collaboratively to complete this assignment.

**Audience:** Your audience are your peers. Imagine you are writing for yourself before you had your CH I course and clinical experience. Use professional language, but define terms.

**Format:** APA format. Provide examples of tables and graphs as appendices.

**Task:** Working with the community, students will identify and prioritize a community diagnosis and develop a plan to address it. Students will be assigned to a voluntary community based coalition, school, civic organization, occupational health setting OR develop a new practice site for the duration Community Health I and II. For the Health Planning Project, students will work together in small groups to conduct the needs, as perceived by the community, will be identified. Students will then complete a literature review, and investigate what resources are currently available to meet these needs.

Due: One written Project due the final week of clinical rotation or at discretion of the clinical faculty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Poor | Novice | Proficient | Excellent |
| **Assessment** |  |  |  |  |
| * Aggregate (10) | Aggregate in not well identified or defined. Rationale for aggregate selection missing. Lacks discussion for how entry to community is gained  (0-3) | Aggregate identified but not defined. Rationale for selection not thoroughly discussed. Identifies methods for gaining entry to community aggregate.  (4-6) | Discusses introduction to aggregate. Includes rationale for aggregate selection. Methods for gaining entry to community identified.  (7-9) | Discusses introduction to aggregate. Includes rationale for aggregate selection and process. Methods for gaining entry to community discussed, including  any research or tools utilized.  (9-10) |
| * Aggregate Characteristics (25) | Socio-demographics not supported by data.  Health Status determined by student opinion, not supported by objective and subjective data.  Internal and External influences missing or lacks accuracy. (0-10) | Socio-demographics supported by opinion and 2 or less data sources.  Health Status determined by student opinion, not supported by objective and subjective data.  Internal and External influences missing or lacks accuracy. (11-17) | Utilizes 2-4 or more data sources to define socio-demographic characteristics. Discusses **actual** and **perceived** health status. Identifies both internal and external influences affecting aggregate health. (18-23) | Utilizes 4 or more data sources to define socio-demographic characteristics. Discusses **actual** and **perceived** health status. Identifies both internal and external influences affecting aggregate health.(24-25) |
| * Literature Review * Resources (15) | Conducts literature review of less than 3 current nursing research articles plus utilizes current research from other professions. Research not well applied to the characteristic, problems/needs of aggregate (0-6) | Conducts literature review of less than 4 current nursing research articles plus utilizes current research from other professions. Research not well applied to the characteristic, problems/needs of aggregate (7-10) | Conducts literature review of less than 5 current nursing research articles plus utilizes current research from other professions. Applies research to the characteristic, problems/needs of aggregate (11-13) | Conducts literature review of 5 or more current nursing research articles plus utilizes current research from other professions. Applies research to the characteristic, problems/needs of aggregate (14-15) |
| * Compare/Contrast (10) | Lacks comparison of target aggregate with similar aggregates, the community, the state and/or the nation  (0-3) | Compares target aggregate with similar aggregates, the community, the state and/or the nation  (4-6) | Compares and contrasts target aggregate with similar aggregates, the community, the state and/or the nation  (7-9) | Compares and contrasts target aggregate with similar aggregates, the community, the state and/or the nation. Provides specific examples and/or current statistics. (9-10) |
| * Population Needs (Nursing Diagnoses) (5) | Nursing Diagnoses identified but lacks 2 or more of the following components-lacks **rationale, theory support**, and or **prioritization( 0-2)** | Nursing Diagnoses identified but lacks 1-2 of the following components-lacks **rationale, theory support**, and or **prioritization (3)** | Appropriate **Nursing Diagnoses** (plural) with **rationale** and **theory support** and **prioritization** applied to aggregate. (4) | Appropriate **Nursing Diagnoses** (plural) with **rationale** and **theory support** and **prioritization** applied to aggregate. Health problems/needs include comparative analysis and interpretation of data collection and current research. (5) |
| **Planning** |  |  |  |  |
| * Health Planning/Needs (15) | Lacks identifies one priority Nursing Diagnosis which needs intervention. Provides generalized objectives. (0-6) | Identifies one priority Nursing Diagnosis which needs intervention. Provides generalized objectives. (7-10) | Selects and discusses one priority Nursing Diagnosis which needs intervention. Provides specific, measurable objectives. (11-13) | Selects and discusses one priority Nursing Diagnosis which needs intervention. Provides specific, measurable objectives. (14-15) |
| * Alternative Interventions (10) | Does not discuss alternative interventions, does not include identification of resources.  (0-3) | Identifies but does not discuss alternative interventions, does not include identification of resources.  (4-6) | Includes description of alternative interventions necessary to fulfill objectives. Lacks full discussion of resources.  (7-9) | Includes description of alternative interventions necessary to fulfill objectives. Discusses either existing, developing or resources. (9-10) |
| **Format (10)**  **APA, Spelling, Grammar** | Greater than 5 errors.  (0-3) | 4-5 errors  (4-6) | 2-3 errors  (7-9) | 0-1 errors (9-10) |