

Community Health Proposal

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Community Health Proposal

We are a group of Registered Nurses in the RN-BSN distance learning program of Old Dominion University School of Nursing. Our purpose for writing this community health proposal is to suggest a way that community health nurses can address a serious health problem in their communities. We chose the problem of binge drinking and heavy drinking among adults in the Virginia Beach Health District. We present a plan that is designed to reach the members throughout the aggregate affected by this problem with an intervention that has maximum potential for an improvement in the health of the community.

Assessment

Aggregate Description

The focus of the aggregate is adults in the Virginia Beach community. Virginia Beach is an independent city in the southeastern portion of Virginia in the tidewater or coastal plains area. It is the most populous city in Virginia. It is bordered in the east by the Atlantic Ocean, the Chesapeake Bay to the north and North Carolina to the south. It is part of the Hampton Roads area. This area also contains the cities of Norfolk, Chesapeake, Newport News, Portsmouth, Suffolk, and Hampton. It is an area steeped in historical significance with numerous historical sites. Virginia Beach is a resort city with miles of beaches. According to The Guinness Book of World Records, the city has the longest pleasure beach in the world. One of the most famous and enduring landmarks at Virginia Beach is the three mile boardwalk. Virginia Beach is located at the southern end of the Chesapeake Bay Bridge-Tunnel, the longest bridge-tunnel complex in the world ("Virginia Beach History," 2014). Virginia Beach encompasses a 249 square mile area. Although tourism is the major contributor and generated \$108 million dollars for the city in

2013, the areas four naval bases and industries such as agriculture, computer software, engineering, and technical services also support the economy. ("Virginia Beach," 2015).

Methods to gain entry into this aggregate would be accomplished through various avenues such as local health departments, primary care physicians' offices, community health fairs, and local hospitals. A screening tool could be used at these locations and previously prepared educational materials would be made available to the patients and their families. Local high schools and colleges could be another entry point. Providing assessment and educational tools regarding the risks and consequences of binge drinking to high school and college students could potentially reduce the risk of them becoming adult binge drinkers.

Sociodemographic Characteristics

The population in 2013 was estimated to be 448,479 with a median age of 34.4 years old. The estimated median household income in 2012 was \$61,626 ("Virginia Beach," 2015). Approximately 73% of the population is over 18 years old. Virginia Beach has a diverse population consisting of 67.4% White, 19.6% African American, 7.3% Hispanic or Latino, 6.3% Asian/Pacific Islander, 4.2% two or more races, 2.1% other, and 0.4% American Indian or Alaska Native ("2014 Community Profile," 2014). It was reported that in 2012 the prevalence of heavy drinking for females in Virginia Beach was 8.7% and males 10.4%.

Health Status

Virginia Beach residents suffer from chronic illnesses such as obesity, diabetes, heart disease, high blood pressure, cancer, and behavioral or mental health issues. In 2011 the Virginia Beach area had a total of 2745 deaths. A report by Sentara Virginia Beach General

Hospital stated the leading causes of death in the area were malignant neoplasms, heart disease, and chronic lower respiratory diseases (*Sentara Community Needs*, 2013). Life expectancy is 81.5 years for females and 78 years old for males ("County Profile," n.d.).

Aggregate Comparison

Binge drinking is a serious concern for the healthcare of communities across the United States. It is a problem that is not discussed today among patients and their doctors. In a study by the Morbidity and Mortality Weekly Report analyzing binge drinking in 44 states and the District of Columbia, it was found that one out of five drinkers and one out of four binge drinkers never talked about their alcohol use with a doctor or healthcare worker. In addition, the study found that of the most severe binge drinkers, who drank more than 10 times a month, 65.1 % never discussed alcohol with their doctor (Vital signs, 2015).

Binge drinking is defined by the Virginia Department of Health for both men and women. For men it is defined as having five or more alcoholic drinks per occasion, and for women it is four or more drinks per occasion. The National Institute on Alcohol Abuse and Alcoholism (2011) states binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. Heavy drinking in men is defined as having two or more drinks in a day and for women it is having one or more drinks per day (Virginia Department of Health, 2013).

The number of adults drinking heavily and binge drinking in Virginia Beach is increasing. The percentage of adults who reported drinking heavily was higher than the national average. The prevalence of women binge drinking was higher and men binge drinking lower than the national average. In 2012, the prevalence of females heavily drinking was 8.7% for

females and 10.7 % for men, representing an increase of 2.3 percentage points in women and 1.7 points in men since 2005. These statistics indicate a rate that is higher than the national average, where the prevalence of females drinking heavily was 6.7%, and 9.9% for men. An increase in the percentage points of heavy drinkers occurred, but at a lower rate, of 1.5 points for females and 0.9 points for men. The binge drinking prevalence in Virginia Beach was 14.6% for females and 23.3% for men. This represents an increase of 3.1 percentage points in women and a decline of 0.3 points in men since 2005. Nationally, the average was 12.4% for females and 24.5% for men. The increase nationally was 1.6 percentage points for women and 0.4 in men (County Profile, n.d.). Among men in Virginia, 21.3% report binge drinking compared to 10.7% in women. Men report drinking heavily at a rate of 6.1% compared to 5.5% of women (Virginia Department of Health, 2013). This indicates that the increase in both heavy drinking and binge drinking is mostly being driven by an increase in alcohol consumption among women.

In the state of Virginia, the younger the adult, the more likely the individual is to report binge drinking and heavy drinking. Adults who are 18-24 report binge drinking at a rate of 30.5% and drinking heavily at 9.1%. Adults 25-34 report binge drinking at a rate of 24.5% and drinking heavily at 7.1 %. Adults 35-44, 45-54, and 55-64 report binge drinking at a rate of 17.7%, 13.8%, and 7.9% respectively, and heavily drinking at rates of 5.1%, 5.6%, and 5.0%. Adults who are over the age of 65 report binge drinking at a rate of 3.6 %, and heavily drinking at a rate of 3.7% (Virginia Department of Health, 2013).

The higher the education level, the more likely adults in Virginia are likely to report binge drinking as well as drinking heavily. Adults without a high school diploma report binge drinking at a rate of 13% and drinking heavily at 4.6%. Adults with a high school diploma, some college, and college graduates report binge drinking at a rate of 14.5%, 16.8%, and 17.2%

respectively. In addition, they report drinking heavily at a rate of 5.7%, 5.9%, and 6.2% respectively (Virginia Department of Health, 2013).

Income is also an important factor in determining binge and heavy drinking. Adults who made less than \$15,000 report binge drinking at a rate of 13% and heavily drinking at 4%. In comparison, adults who made more than \$50,000 reported binge drinking at a rate of 18.5%, and drinking heavily at a rate of 6.8% (Virginia Department of Health, 2013).

Non-Hispanic whites in Virginia report binge drinking at a rate of 17% and heavily drinking at a rate of 6.8%. Hispanics report binge drinking at a rate of 17.4% and drinking heavily at 4.1%. African-Americans report binge drinking at a rate of 12.2% and drinking heavily at 3.8%. All other races report binge drinking at a rate of 13% and drinking heavily at 3.7% (Virginia Department of Health, 2013).

Aggregate Problem

Excessive alcohol consumption is a major health concern for all Americans. The Surgeon General has reported that alcohol abuse is the number one cause of preventable deaths in the United States, claiming 79,000 lives every year. Binge drinking is a major source of the population's alcohol consumption. The Surgeon General reports that more than 50% of alcohol consumption in adults occurs while they are binge drinking. Alcohol is easily obtained and affordable for most Americans, making it easily accessible to the population (U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2011). This makes it important for healthcare professionals to work with patients on reducing their alcohol consumption and to avoid heavy drinking and binge

drinking. This is especially important for Virginia Beach, which has a higher degree of binge drinking than in Virginia and the United States.

Excessive alcohol use can lead to many health problems. The major health problems associated with binge drinking include intentional and unintentional injuries, such as falls and car crashes; alcohol poisoning; unintentional pregnancy; liver disease; high blood pressure; stroke; cardiovascular disease; neurological damage; children born with fetal alcohol spectrum disorders; poor control of diabetes and cancer (CDC, 2014b).

The disease processes that have the greatest impact on the body as a result of alcohol misuse include liver disease, neurological disease, cardiovascular disease and cancer. The risk of liver diseases increases greatly with alcohol abuse. The risk of cirrhosis is higher in women than men (CDC, 2014b). Research shows that most people believe chronic alcohol use has a greater impact on overall liver disease. Hatton et al. (2009) state that by the time a patient presents to the hospital with liver disease it is often too late. The mortality of alcohol-related cirrhosis is around one-quarter in the first few months, and these people never gain the chance to modify their drinking. The major neurological defect is memory loss.

Excessive drinking can cause a person to black out and not be able to recall events for hours at a time. Heart disease is another major health issue caused by binge drinking. Alcohol use causes problems with the arteries and blood vessels that circulate blood throughout the body.

One of the major side effects is an increase in blood pressure. The Cancer Council (n.d.) states that drinking alcohol increases the risk of developing some cancers of the mouth, throat, esophagus, bowel, liver and breast. Oral cancers are six times more common in alcohol drinkers than in non-drinkers.

Alcohol misuse negatively impacts the safety and well-being of all members of the community, not just the individual or aggregate engaging in this behavior. Because of the myriad health and social problems that arise from a high prevalence of alcohol misuse, it is a priority health problem in the Virginia Beach Community. Members of the aggregate need information about harmful effects of drinking on their health and safety, and empowerment to set goals of low-risk drinking or total abstinence. In addition, understanding what a standard drink is and how to consume alcohol slowly will help combat this problem (Project Turnabout, 2012).

Analysis

Successful implementation of a plan to address the problem of binge drinking and heavy drinking will require partnering with existing community fixtures, involving them in the process. Partner agencies will help identify measures already in place, and recommend members of the target population to involve in planning activities. Collaboration with these community partners will also be needed to implement a program in a way that the community will benefit the most.

Existing resources in the Virginia Beach Department of Human Services for the treatment of substance abuse and other mental health conditions include two outpatient treatment facilities, an adult day treatment program, case management, Project Link: case management and other supportive services to pregnant and parenting women and their children whose lives have been affected by substance use, and an inpatient detoxification and rehabilitation center. Esser et al. (2014) note that the majority of binge drinkers are not alcohol dependent. The aforementioned

services, which are directed toward treating addiction and operating at the tertiary level of prevention, cannot be relied upon to provide a viable means to address binge drinking.

Other existing community assets are aimed at primary prevention, such as the Prevention Unit of the Department of Human Services. This unit aims to empower “individuals, families, and communities to work together, promoting their strengths and potentials” (City of Virginia Beach, Human Services, 2015). These services are designed to enhance protective factors and to reduce risks factors. Most are school-based programs provided at individual schools, which include: Families and Schools Together (FAST), Choices, Navigators, and a robust DARE program in all middle schools. The Substance Abuse Prevention Coalition primarily focuses on programs which serve the youth population. The sole resource in the community directed at prevention in adults is a strategy of the unit that relies on information dissemination, providing “general information on drugs of abuse and has a variety of educational materials and videos available for the general public and for staff to borrow” (City of Virginia Beach, Human Services, 2015). Therefore, increasing primary, and especially secondary, interventions directed at prevention of alcohol abuse in the adult population is the objective for this community health project. Findings from the Sentara Virginia Beach Community Health Needs Assessment (2013) reinforce this identified need, with 43% of survey respondents identifying alcohol use as an important community health concern, and 70% identifying a community service gap in behavioral health services including substance abuse.

Planning

Interventions and Goals

The use of secondary preventive interventions in the form of screening and brief intervention (SBI) is well-documented as an approach that is effective in preventing binge drinking, and is evidence-based (Vital Signs, 2015; NIAAA, 2015). It is an approach that combines a short screening for drinking behaviors followed by brief education about what constitutes a healthier pattern of alcohol consumption that is within recommended guidelines. The assessment portion of the SBI by a trained nurse asking questions verbally or having the client write down answers to questions, which are then scored. The CAGE (see Appendix A) and the AUDIT (see Appendix B) are both validated tools used to carry out this method. The client is to be provided with the information after the screening regardless of having a positive screen for alcohol misuse. A nurse-led program has been successfully implemented for screening and brief intervention (SBI) through public health clinics in Alaska (CDC, 2014a). The SBI intervention has also been successfully carried out in a variety of settings including primary care, emergency rooms, prenatal care, criminal justice, and college campuses (NIAAA, 2015). Registered nurse-led screening, brief intervention and referral to treatment (SBIRT) is increasingly recognized by professional organizations as effective, cost-effective and acceptable (“APNA position paper”, 2012). The group chose the SBI intervention as it is likely the most effective way to address the problems of binge drinking and heavy drinking in the Virginia Beach area. The best setting to carry out the SBI intervention is an environment that allows for privacy and confidentiality. A space that provides this requirement is sufficient. At minimum, a screening station that is sufficient distance from other participants is required. A space that provides this requirement is sufficient. At minimum, a screening station that is sufficient distance from other participants is required. In settings where adequate

privacy cannot be provided, education about the effects of alcohol misuse and keeping drinking within recommended guidelines can still take place.

The first goal of the program is to reduce the percentage of males who report binge drinking from 23.3% to 22.3%, and to reduce the percentage of females who report binge drinking from 14.6% to 13.6% by the next Institute for Health Metrics and Evaluation analysis. The second goal of the program is to reduce the percentage of males who report heavy drinking from 10.4% to 10.1% by the next Institute for Health Metrics and Evaluation analysis, and reduce the number of females who report heavy drinking from 8.7% to 8.4%.

Alternative Interventions

Haines & Spear (1996) found that many college students thought that binge drinking was the norm, and that they could decrease self-reported binge drinking by changing those perceptions. Basically by making people aware that it is not normal to drink excessively in one sitting, they may not be as likely to binge drink. This could be accomplished by an educational campaign of the general public discussing that four or more drinks in a two hour period is too many. Even just a simple billboard defining binge drinking may help people to think before they drink.

Another intervention that has shown moderate success in studies is a text message program for people who are deemed at risk. The text messages talk about binge drinking and provide education about binge drinking. These texts require participants to respond, which gives them instant feedback. A study in 2014 by Suffoletto et al. found that enrolling young adults in a text message program for 12 weeks after visiting the emergency department produced a modest improvement in self-reported binge drinking. This intervention is also cost effective.

Evaluation

Evaluation Plan

Evaluation of the secondary preventive interventions, in the form of SBI, will consist of surveys to providers as well as the clients who were screened using the SBI. The surveys would be emailed and mailed yearly in order to determine the perceptions of both the health care providers and clients served regarding the use of SBI to reduce binge drinking (Anderson & McFarlane, 2011). The surveys would be important to determine the level of satisfaction in the community for the program. In addition to surveys to establish program impact, statistics from the criminal justice department would be reviewed annually to determine if the number of alcohol and substance-related crimes had decreased since the implementation of the program.

Though research shows the use of SBI is an effective screening tool, many practitioners cite lack of time and training as barriers to the implementation of SBI in practice (Harris, 2014). Research shows that technology based SBI screenings are often better implemented by both practitioners as well as clients because it allows a level of privacy not experienced in a face to face situation. Significant reductions in alcohol consumption scores and alcohol related problems were observed at both the 6 month and yearly follow-ups with a technology based SBI as opposed to a traditional brochure, in one primary care setting among university health patients in New Zealand (Harris, 2008). Implementation of technology based SBI screenings, as well as alcohol intervention training for the primary care practitioners will need to be a focus for the community health nurses of Virginia Beach, in order to fully evaluate the effectiveness of interventions on reducing the incidence of binge drinking.

Evaluation Recommendation

Increase the population range by implementation of the SBI beyond just individuals utilizing the Health Department. An evaluation tool of those current programs that enhance protective factors and reduce risk factors could identify strengths and weaknesses in these programs. Community health nurses could focus on ways to improve the current programs. In addition to the current programs in the area, creation of programs specific to at-risk individuals would be beneficial. This requires identifying those at-risk adolescents and designing programs that target the needs and provide resources to these individuals. Community health nurses are a great resource for finding these individuals and surveying the individuals, which would be beneficial to creating these new programs. This could be in conjunction with the SBI. There is also a need for increased research in programs beyond prevention. Prevention is key however there is a need for resources in the community that aid adults in removing binge drinking from their lifestyle to improve their health.

Conclusion

Assessment of the Virginia Beach community exposed a problem of binge and heavy drinking among its adult aggregate. An analysis of community resources showed a gap in prevention services. Interventions in the form of SBI, education and awareness were proposed. Ongoing evaluation by survey and improvement in health data would inform future planning efforts.

Developing a community health program that addresses substance use disorders is challenging. However, community organizations and health care providers share the responsibility of partnering to provide this important health service to its members. Community health nurses can contribute by performing population-based nursing practice to employ

screening, teaching, counseling and referral along with evidence-based practice as with SBI and other education. Nurses must look beyond the boundaries of traditional roles to find creative ways to solve health needs, including the use of new technologies. The next step for nurses in Virginia Beach is to play an active role in advocacy by becoming involved in policy-development and enforcement measures, which are also among the most effective ways to control risky drinking behaviors.

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Appendix A

CAGE Questionnaire

1. Have you ever felt you should *cut* down on your drinking?

· Yes

· No

2. Have people *annoyed* you by criticizing your drinking?

· Yes

· No

3. Have you ever felt bad or *guilty* about your drinking?

· Yes

· No

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*eye-opener*)?"

· Yes

· No

The CAGE can identify alcohol problems over the lifetime. Two positive responses are considered a positive test.

Note. Adapted from "Screening for Alcohol Use and Alcohol Related Problems," *Alcohol Alert*.

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<http://pubs.niaaa.nih.gov/publications/aa65/aa65.htm>

Appendix B

AUDIT Questionnaire

1. How often do you have a drink containing alcohol?				
Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?				
1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
4. How often during the last year have you found that you were not able to stop drinking once you had started?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
5. How often during the last year have you failed to do what was normally expected from you because of drinking?				

Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
7. How often during the last year have you had a feeling of guilt or remorse after drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
9. Have you or someone else been injured as a result of your drinking?				
No	Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?				

No	Yes, but not in the last year	Yes, during the last year
<p>The Alcohol Use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year. A score of 8+ on the AUDIT generally indicates harmful or hazardous drinking. Questions 1–8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.</p>		

Note. Adapted from “Screening for Alcohol Use and Alcohol Related Problems,” *Alcohol Alert*.

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<http://pubs.niaaa.nih.gov/publications/aa65/aa65.htm>

Honor Pledge

"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 violators of the honor system. I will report to Honor Council hearings if summoned."

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Health Planning Project Proposal**

Grade Rubric

Criteria	Comments	Points
<p>Introduction [10 points]</p> <p>1. Identify yourself and your interest in making the proposal</p> <p>Assessment [20 points]</p> <p>1. Specify level of aggregate selected for study.</p> <ul style="list-style-type: none"> o Identify and provide a general orientation to the aggregate. o Include why this aggregate was selected and the method used for gaining entry. <p>2. Describe specific characteristics of the aggregate including</p> <ul style="list-style-type: none"> o Socio-demographic characteristics o Health status o Suprasystem influences <p>3. Provide relevant information gained from literature review, especially in terms of characteristics, problems or needs that one would anticipate finding with this type of aggregate.</p> <ul style="list-style-type: none"> o Include comparison of health status of chosen aggregate with other similar aggregates, the community, the state, and/or the nation. <p>4. Identify health problems and/or needs of specific aggregate based on comparative analysis and interpretation of data collection and literature review.</p> <ul style="list-style-type: none"> o Include (when possible) input from clients regarding their perceptions of needs. o Give priorities to health problems and/or needs and indicate how these priorities are 		

<p>determined.</p>		
<p>Planning [20 points]</p> <ol style="list-style-type: none"> 1. Select one health problem and/or need for intervention and identify ultimate goal of intervention. <ul style="list-style-type: none"> o Identify specific, measurable objectives as (mutually agreed on by student and aggregate, when possible) 2. Identify environmental planning considerations (space, resources) 3. Describe alternative interventions necessary to accomplish objectives. <ul style="list-style-type: none"> o Include consideration of interventions at each systems level where appropriate. o Select and validate intervention (s) with highest probability of success. (Note: Interventions may include using existing resources and/or developing resources.) 		
<p>Evaluation [20 points]</p> <ol style="list-style-type: none"> 1. Develop a plan for evaluation of the project including: <ul style="list-style-type: none"> o Strategies (tools if appropriate) o Timeframe(immediate, ongoing) 2. Make recommendations for further action based on evaluation and how to communicate these to appropriate individuals. <ul style="list-style-type: none"> o Discuss implications for community health nursing 		
<p>Conclusion [10 points]</p> <ol style="list-style-type: none"> 1. Provide a summary of your proposal 2. Include your recommendation for “the next step” 		
<p>Organization [20 points]</p> <ol style="list-style-type: none"> 1. Includes ODU SON title page 2. Adheres to APA format (including in text citations and reference page) 3. Uses correct spelling, grammar, syntax 4. Includes Honor Code (1 point) 5. Includes Grade Rubric (1 point) 		
<p>Total 100 points</p>		

