Community Needs Assessment Tool

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Author Note

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# Part 1

**Target population**: Older adults, i.e. adults above the age of 65 in our community and require specific and person-centered care.

**Assessment**: Open-ended questionnaire

1. At what age did you retire?
2. Did you use an insurance plan to cover for your medical expenses?
3. Was your insurance plan provided by your place of employment?
4. Does it still cover your medical expenses?
5. How is life in retirement so far?
6. Was this something that you looked forward to?
7. Have you travelled for a bit?
8. Any health concerns that can possibly hinder the process?
9. How often do you visit family, or they visit you?
10. Do you take a number of prescription drugs in a day?
11. What are they prescribed for?
12. What illnesses and healthcare problems do you suffer from?
13. Would you consider hiring a full-time nurse for your own wellbeing?
14. If this nurse is someone you know, would you be more comfortable then?
15. How often do you visit your doctor?
16. Do you have a healthy and nutritional diet plan to follow?
17. Do you exercise?
18. What does your ideal day look like?

# Part 2

# Introduction

“Nobody ages like anybody else.” Germaine Greer could not have coined a better set of words. The aging community in the US needs due attention and care, more than any other population in the country. Given the fact that our current adult population, especially in the USA is dynamic, diverse, changing quickly and is capable of taking on more roles in society is a noteworthy fact. This is especially true, considering the capabilities of the population that preceded them. By the year 2030, according to an estimate presented in a report by *A State of Decay, Vol. IV* (OHA, 2018), the population of older adults, that includes individuals above the age of 65 is expected to reach an all time high of 74 million individuals. Thus, it is vital that their needs be addressed by a healthcare system that operates in a manner that looks after and treats the aging population in a manner than they deserve.

Thus, the maintenance of good health is essential for one’s personal care and wellbeing. In most case, older adults tend to overlook their healthcare needs. Older adults are at a point of their life when they are usually negligent towards their own health. This happens because of two reasons. Firstly, since they are used to others looking out for them, they are not used to self-care. Secondly, lack of medical insurance is another primary concern among the older adult population, which has a detrimental effect on their visit to the hospital, especially in an age with ever increasing healthcare costs. However, it is vital that such means are introduced where geriatric patients are properly treated by physicians in person-centered care, to avoid any negligence.

# Discussion

Aging and the associated process is always adapted to an individual. A number of biological theories work towards understanding the change that occur in a human body and how these changes impact the aging population. While it is true that the aging process varies from person to person and both nutrition and environment is a factor that plays a huge role in this regard. Add in the state of an individual’s immune system, metabolism and cell functions, and the process of aging are diversified. According to an estimate by the WHO, the most common ailments afflicting the older adult population includes diabetes, dementia, depression, hearing loss, cataracts, back and neck pain, and a number of chronic diseases (WHO, 2018). Thus, most of these ailments require older adults to take anywhere between four to five prescription drugs, along with a number of over the counter vitamins. Thus, it is estimated that by the year 2040, older adults with be taking 40%v of all prescription medication being used to treat a number of health concerns (Ouanounou & Haas, 2015).

Looking after older adults is more time consuming than it is to look after children. This is especially true considering the fact that they are more often than not challenged by their physical environment. Thus, healthcare professionals and other members of the community have to play a number of roles the older adult population. They need to take care of them, but also forge a conversational relationship with them in an effort to treat them effectively. Furthermore, they need to also educate them of the subject and ensure that they know that their needs come before all else and understand why the doctor is making the recommendation that he is and how it should be followed.

With the growing number of older adults, communities need to train professional healthcare providers that can cater to their exclusive needs. According to *Crossing the Quality Chasm* (Baker, 2001), there are three key principles that lay the basis of an improved system for the care of delivery in nursing homes. They include the comprehensive measures needed to address the needs of the older population in an effective manner. The services provided to them should be effective as well as efficient and motivating them to be an active participant in their own care. This means that the healthcare personnel dealing with such patients is capable of dealing with them in the first place. Additionally, giving healthcare personnel an opportunity to train and learn new ways to care for the aging, the system, and its expected outcomes will be vastly improved.

One of the models being used to improve the means for caring for the aging in a new and innovative way is the “Green House Model”, which aims to improve the needs and quality of life of residents living in a nursing home. It is an acknowledged fact that the people living in a nursing home require more care and attention then they are provided (Bourbonniere et al., 2009). They often do not have the required number of healthcare professionals necessary to take care of the patients. Nor do they have any choice with regard to the scheduling and they are often overworked and underpaid for their efforts. Here, the purpose of the Green House Model is to make the residents feel at home, by paying active attention to their care (White-Chu, Graves, Godfrey, Bonner, & Sloane, 2009). This model is based on the Eden Alternative, which aims to make the residents feel more comfortable at nursing homes (Barba, Tesh, & Courts, 2002; Hamilton & Tesh, 2002). This also allowed nurses to make up their own time table and gave them power over the scheduling details. The Green House Model GH takes things one step further by making a nursing home more social and inviting. The first provision in the models proposes that each nursing home has no more than 8 to 10 individuals. It should also be maintained like a home rather than a hospital, with the nurses disposing of a nurses’ station, a public address system or a medical cart (Kane, Lum, Cutler, Degenholtz, & Yu, 2007).  Secondly, the primary caregivers in such a facility should take on roles that include personal care and cooking and ensures that residents spend their time as they pleased. Thirdly, professional healthcare provided that includes physicians, nurses, pharmacists and social workers should come in on a regular basis to check in on the patients, while an on-call should be available round the clock.

Using the GH model has not only vastly improved the quality of life for nursing home residents. Furthermore, it has also motivated caregivers to look after the patients in a better and more efficient manner with immense improvement in the own work system (Bowers & Nolet, 2011; Zimmerman & Cohen, 2010).

# Conclusion

According to the standards American’s Nursing Association, nursing practice is individualized. Thus, the patient should be treated in a manner that respects his age, while identifying his needs and treating them accordingly. They should try to utilize theoretical and evidence-based knowledge to identify the needs of the patient. Furthermore they need to use both healthcare processes along with the human experience to ensure that they are meeting the needs of their patients, their ailments are diagnosed and they are being looked after. Following that, they need to identify the relevant outcomes, plan and then evaluate the care being delivered based on the current state of the patient’s health (Taylor, Lillis, Lynn, & LeMone, 2015).

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