

NR 509 WEEK 1 DISCUSSION

TOPIC: Neighborhood and Built Environment

The United States Department of Health and Human Services has started to develop Healthy People 2030. One of the objectives that they are improving to work on is neighborhood and built environments. It has been defined that people's environments are high indicators of their health outcomes. What surrounds them typically influences their lifestyle that they desire to live. One of the goals of Healthy People 2030 is to ensure that people are able to focus on their health and safety within their communities where they work, live, learn, and of course play (Healthy People 2030, 2021).

Essentially this objective relates to everyone and their environments however, each environment is vastly diverse as well as their health outcomes. There are various opportunities within the communities that can aid with improving health outcomes from everyone that lives within them. From a local standpoint, resources should be easily identified for people to utilize however at times this might be the case. This has to do with the socioeconomic status that fluctuates within certain communities. There might be some communities that are located in underprivileged urban areas that are not financially stable to provide a stable medical outreach to their communities. Some communities may even not have appropriate or safe surroundings in order to go out for walks or be physically active. Whichever the situation one may be in, as future providers it would behoove us to be more aware of our surroundings and inquire about health or medical outreach programs that are available within our communities at this present moment.

Health disparities do emerge and tend to persist through complex mechanisms that include socioeconomic, environmental, and system-level factors (Brown et al., 2019). Minority populations are the ones that typically face various levels of mutually reinforcing structural disadvantages that contribute to poor health despite having promising health interventions that are beneficial to targeted individuals, interpersonal, and even specific communities that need the resources the most (Brown et al., 2019).

As future nurse practitioners it is highly imperative to ensure that health histories are being conducted adequately and thoroughly with each patient and their caregiver/family should they have one who is assisting in their care. Inquiring about their community and built environments can give the healthcare provider better perspective on how to build appropriate care plans for the patient. Asking questions that allow for attainable solutions and accountability are also key when inquiring about patient history as well. For example, asking the patient if they have history of tobacco use and if they do; how long ago did they smoke, use chewing tobacco, vape, or were they exposed to second-hand smoke at any point in their lives? Unless they are currently using then asking how often do they use tobacco products would be a viable question as well. The NP at this point can find outreach programs that allow for support groups for the patient to allow for smoking cessation or curate a program that is specified to their needs.

Another environmental question that is suitable to asking during patient history intake is if the patient lives in a heavily polluted environment or has been exposed to other factors that affect air quality. This question can then be correlated if the patient has any history of having allergies or asthma in the past or even currently. Various studies have proven that environmental stressors such as pollution can lead to