D & H-W Ch. 5	**Framework for Health Promotion, Disease Prevention, and Risk Reduction** **—PPTs & Lecture/Discussion**	**ATI Ch.1 pg 7-8; ATI Ch. 3 pg. 23-24, 26**

What is the focus of community health nurses regarding risk factors?

● Community health nurses are focused on modifiable risks of acquiring disease. The nurse will analyze trends in risk surveillance data and consider the physical, emotional, and psychosocial challenges people face when confronting disease, physical stressors, and the possibility of premature death

Define and be able to give examples of the following **levels of prevention**: – There are **many** questions asking you to critically think about each of these levels

● **Primary prevention:** maximizing health and wellness through strategies that are set in place before illness or injury is present
  ○ general health promotion; nutrition, hygiene, exercise, and environmental protection
  ○ specific health promotion -- immunizations
● **Secondary prevention:** maximizing health and wellness through strategies that are set in place at the early and active chronic stages of the pathogenesis of illness & injury
  ○ early detection and treatment of adverse health conditions
  ○ may result in the cure of diseases that are incurable at later stages, prevention of disability, and confinement of spread of communicable diseases
    ■ examples: pap smear for cervical cancer & skin test for TB
● **Tertiary prevention:** maximizing health and wellness through strategies that are set in place at the palliation and end-stage of disease and injury trajectories
  ○ employed after diseases or damaging events have occurred
  ○ intended to limit disability or rehabilitate or restore people to their maximum possible capacities
    ■ examples: meals on wheels, PT for stroke victims, halfway houses for recovering alcoholics

Define and **give examples** of health promotion programs and how to promote their effectiveness

Providing: providing essential input to interdisciplinary programs

Evaluating: evaluating health trends and risk factors

Working: working with communities or specific population groups within the community

Participating: participating in assessing and evaluating healthcare services

Techniques to help clients develop health literacy.(Found in book pg 123-124)

- Establishing a supportive learning environment
- Effective questioning (Nurses should ask these 3 questions)

    -What is my main problem?

    - What do I need to do?

    - Why is it important for me to do this?

- Evidence- based health literacy universal precautions

D & H-W Ch. 10	**Cultural Competence: Awareness, Sensitivity, and Respect** **PPTs & Lecure/Discussion**	**ATI Ch. 2 pg. 13-15**

Define and give examples of culture

Culture: a set of practices and behaviors defined by customs, habits, language, and geography that groups of individuals share

- includes language, religion, occupation, economics, art, politics, & philosophy
- beliefs, values, and patterns of behavior are learned and passed on from one generation to the next

Define and give examples of ethnocentrism, cultural safety, cultural humility, & cultural competence

Ethnocentrism: the tendency of people to assume that everyone else thinks the same way they do, and has the same worldview, logic, and culture

- a family that eats a big Christmas dinner of ham and sweet potatoes in the afternoon of Christmas day might assume that everyone celebrates the Christmas holiday that way

- a woman drives to work and has an office job, and she forgets that many other people commute on foot, or have an occupation that requires them to be physically active

Cultural safety: culturally appropriate health services to disadvantaged groups while stressing dignity and avoiding institutional racism, assimilation, and repressive practices

- ongoing learning about the health beliefs and practices of their clients and never dismissing or disrespecting folk traditions
  - communities in the US that use healing practices of Voodoo often feel that they have to hide their practices because the dominant society considers the religion unacceptable/evil

Cultural humility: requires nurses to continually self-evaluate and critique their own cultural assumptions and to advocate for their clients in a non paternalistic way

- a school nurse finds it impossible to be an expert on the health beliefs and practices of all the cultures, however, she understands the common health practices of some of the cultures
  - a teacher complains that a boy is wearing small magnets on his ears, which is against the dress code. after interviewing the child, the child the school nurse learns that he has been experiencing headaches in class

Cultural competence: considering cultural aspects of health, illness, and treatment for each client/community, as well as doing so at each stage of the nursing process

- understanding how cultural beliefs and practices influence our lives
- recognizing others' values and ways of life, respecting others
- setting aside biases and prejudices

How does a nurse define and demonstrate cultural competence?

- certain principles will make nurses more culturally competent: **openness to others' ideas and ways of life; respect, curiosity, patience, and self-awareness of one's own culture and culturally medicated ideas**
- the humility to know that one can always learn more about a certain client's culture and that person as an individual
- perform a cultural competence self-assessment, improve communication and language barriers, participate in online chats and networks, and directly engage in cross-cultural interactions with clients.

D& H-W Ch. 16	**Violence and Abuse** **PPTs & Lecture/ Discussion**	**ATI Ch. 7 pg 59-61**

What are some risk factors for violence?

- History of being abused or exposed to violence
- Low self-esteem
- Fear and distrust of others
- Poor self-control
- Inadequate social skills
- Minimal social support/isolation
- Immature motivation for marriage or childbearing
- Weak coping skills.

Primary prevention for violence: strategies to reduce societal violence

- Teach alternative methods of conflict resolution, anger, management, and coping strategies in community settings
- Organize parenting classes to provide anticipatory guidance of expected age-appropriate behaviors, appropriate parental responses, and forms of discipline
- Educate clients about community services that are available to provide protection from violence
- Promote public understanding about the aging process and about safeguards to ensure a safe and secure environment for older adults in the community
- Assist in removing or reducing factors that contribute to stress by referring caretakers of older adult clients to respite services, assisting an unemployed parent in finding employment, or increasing social support networks for socially isolated families
- Encouraging older adults and their families to safeguard their funds and property by getting more information about a financial representative trust, durable power of attorney, a representative payee, and joint tenancy
- Teach individuals that no one has a right to touch or hurt another person, and make sure they know how to report cases of abuse

What is incorporated in screening for IPV (intimate partner violence)? (pg 381-383)

nurses should know what resources are available and how to respond to the needs of the client before asking questions

- screening includes questions about physical abuse, sexual abuse, emotional abuse, and financial abuse

What are the long-term consequences of violence according to Healthy People 2020?

- hospitalization
- brain injury
- poor mental health
- disability

● premature death
What is IPV and situations that put people at risk for IPV? ● **intimate partner violence** ● Low self-esteem. ● Low income. ● Low academic achievement/low verbal IQ. ● Young age. ● Aggressive or delinquent behavior as a youth. ● Heavy alcohol and drug use. ● Depression and suicide attempts. ● Anger and hostility.
What are conditions associated with IPV and pregnancy? ● IPV has been associated with poor pregnancy weight gain, infection, anemia, tobacco use, stillbirth, pelvic fracture, placental abruption, fetal injury, preterm delivery, and low birth weight
What are signs and symptoms of child abuse? ● Unexplained injury ● Unusual fear of the nurse and others ● Injuries/wounds no mention in history ● Fractures, including older head fractures ● Presence of injuries/wounds/fractures in various stages of healing ● Subdural hematomas ● Trauma to genitalia ● Malnourishment or dehydration ● General poor hygiene or inappropriate dress for weather conditions ● Parent considers child to be a "bad child"
Primary prevention strategies to prevent child abuse and injury due to violence. ● Teach alternative methods of conflict resolution. anger management, and coping strategies in community settings ● organize parenting classes to provide guidance of expected age-appropriate behaviors ● educate clients about community services that are available to provide protection from violence ● promote public understanding about the aging process and about safeguards to ensure a safe and secure environment for older adults in the community ● assist in removing or reducing factors that contribute to stress by referring caretakers of older adult clients to respite services, assisting an unemployed parent in finding employment, or increasing social support networks for socially isolated families.

●	teaching individuals that no one has the right to touch or hurt another person, and make sure they know how to report a case of abuse.

What would you expect to find in abuse or neglect of an elder?

- Unexplained or repeated physical injuries
- physical neglect and unmet basic needs
- rejection of assistance by caregiver
- financial mismanagement
- withdrawal and passivity
- depression

Nurses' response to suspected abuse of the elderly

- Build trust and confidence with the client
- focus on the client rather than the situation
- assess for immediate danger
- provide emergency care as needed
- work with the client to develop a plan for safety
- make needed referrals for community services and legal options
- if abuse has occured, complete mandatory reporting, following state and agency guidelines

D& H-W Ch. 18	**Underserved Populations** **PPTs & Lecture/Discussion**	**ATI Ch. 7 pg 59-64**

Which groups are part of vulnerable and underserved populations?

- the economically disadvantaged
- racial/ethnic minorities
- the uninsured
- low-income children
- elderly, homeless
- HIV, chronic health conditions, severe mental illness, survivors of violence, pregnant
- immigrants/migrant workers
- substance abusers, those with limited access to healthcare services

1. Which overarching goal of Healthy People 2020 would most apply to the vulnerable or underserved populations?

   ○ Achieve health equality, eliminate disparities, and improve the

health of all groups

2. How would you describe vulnerable populations?   ○ a population that have multiple risk factors for negative health outcomes

3. What are the National Health Goals for vulnerable populations?
 	
    ● increase the number of people who have a primary care provider
    ● increase the number of people who have health insurance
    ● reduce the number of people who are unable to access, or have a delay in accessing, health care services and prescribed medications
    ● reducing the number of people who have disabilities who report physical barriers to accessing health and wellness programs in the community

4. What are key factors that determine who is a part of a vulnerable or underserved population?
 	
    ○ violence
    ○ substance abuse
    ○ mental health issues / illness
    ○ poverty and homeslessness
    ○ rural residency
    ○ migrant employment
    ○ verteran status
    ○ disability

5. What are the 7 A's of Challenges for elders in rural areas? (pg 439)
 	
    ○ Availability - Insufficient number and diversity of formal services and providers; lack of acceptable services and human service infrastructure.
    ○ Accessibility - Shortages of adequate, appropriate, and affordable transportation; cultural and geographic isolation
    ○ Affordability - Poverty and inability to pay for services
    ○ Awareness - low levels of information dissemination; literacy issue
    ○ Acceptability - Reluctance to ask for help
    ○ Assessment - Lack of basic information on what is needed using research rigor and analyses.
    ○ Adequacy - Lack of service standards and evaluation; evidence-based practice compromised.

6. Primary prevention to prevent disabilities   ○ Primary prevention such as wearing a seatbelt, abstaining from drinking alcohol while pregnant to prevent illness or injury helps prevent disabilities. The preventions are set in place to prevent exposure to hazards that cause disease, injury, altering a person's

ability to do things.

D& H-W Ch. 19	**Environmental Health** **PPTs & Lecture/ Discussion**	**ATI Ch. 2 pg 15-16**

1. The importance of understanding the premises of environmental health.

   ○ Relates to the quality of the air, land, water, and other surroundings with which people come into contact

2. What is the formula used to determine the amount of risk?(Found in PP-slide 6)

   - Risk = hazard + exposure

3. What is environmental epidemiology? (Found in PP- slide 16)

   - is a field of public health science that focuses on the incidence and prevalence of disease or illness in a population from exposure in their environment.

4. Why are children more vulnerable to environmental exposures? (Found in PP- slide 19 also in book pg 479)

   - Body systems are still rapidly developing
   - Eat,drink, and breathe more in proportion to their body size than do adults
   - Breathing zone is closer to the ground compared to adults
   - Bodies may be less able to break down and excrete contaminants
   - Behaviors can expose them to more contaminants
   - Spending time outside home where environmental hazards may be present.

5. Risk factors for Lead poisoning (Book - page 460)

   ○ Age- infants and younger children are at risk for lead poisoning
   ○ Living in older homes - use of lead paint - homes built before 1978 nay have lead paint on walls, windows, or painted surfaces
   ○ Using a heat gun to remove paint that contains lead - lead can travel in dust

6. Which health conditions in the population make clients more vulnerable to environmental pollutants?

- ○ Asthma
- ○ Immunocompromised clients

D& H-W Ch. 7	**Epidemiology-** **Incidence, prevalence,** **& Rate calculation**	ATI Ch. 3 pg 24

1. Specific death rate.

- ○ Specific death / total death

2. Epidemiology- Prevalence.

- ○ Number of existing cases in the population at a specific time / population total x 1,000 = _____ per 1,000

3. Epidemiology-Proportion

- ○ proportion is a type of ratio that includes that quantity in the numerator as a part of the denominator; it is the relationship of a part to the whole

- ○ ex: There are 4 boys and 8 girls, a total of 12 in a group. What is the percentage of boys in this group?
                      4-12 *10 = 3.33% of the group are boys.