

N442 Exam 1 Spring 2022

D & H-W Ch. 1	Public Health Nursing: Present, Past and Future	ATI Ch. 1 & 2
<p>1. What are the 8 Principles of Public Health Nursing? Textbook To achieve the greatest good for the greatest number of people or people as a whole?</p> <p>a. Of the 8 principles of public health nursing – what is priority? Primary prevention is the priority in selecting appropriate activities (per ppt and instructor)</p>		
<p>2. Who are the main influencers of the history of public health? Textbook</p> <ul style="list-style-type: none"> - Lemuel Shattuck - Dorthea Dix - Clara Barton - Lillian Wald 		
<p>3. What are the achievements of public health (CDC) in the 20th century? Textbook Pg 5</p> <ul style="list-style-type: none"> - Vaccination - motor vehicle safety - safer workplaces - control of infectious diseases - decline in coronary heart disease/stroke deaths - Safer and healthier foods - Healthier mothers and babies - Family planning - Fluoridation of drinking water - Recognition of tobacco as a health hazard 		
<p>4. Examples of Social determinants of health. Textbook & ATI</p> <p>Are conditions in which people live, their work, their social status, their environment, their education level, their ___ and ___ environment, their support networks, their gender, their culture, and the availability of health services.</p> <p>a. How do these differ from health disparities? Social determinants oftentimes lead to health disparities (per instructor). Health disparity is lack of access.</p>		

<p>5. What are the Healthy People 2030 overarching goals? Textbook</p> <p>a. What are examples of how to achieve these goals?</p> <p>b. Which overarching goal is priority and why?</p>
<p>6. What are the core functions of the government? Textbook</p> <ul style="list-style-type: none"> - Assess healthcare problems - Intervene by developing relevant healthcare policy that provides access to services - Ensures that services are delivered and outcomes are achieved (per ppt)
<p>7. What is public health? Textbook</p> <p>activities that undertake to assure the conditions in which people can be healthy (per ppt).</p>

D & H-W Ch. 2	Public Health Systems	ATI Ch. 1 & 2
<p>1. Define and give examples of health disparities. Textbook</p> <p>a. What health disparities can be modified? Textbook</p>		
<p>2. What is the focus of Community health nursing? Textbook 31</p> <p>The reduction of disease through prevention and the improvement of the health in the community.</p> <p>a. How would you describe community health nursing?</p>		
<p>3. What is the overall goal of public health? Textbook & ATI</p> <p>Preventing disease and disability and promoting and protecting the health of the entire community (per ppt)</p>		
<p>4. What does the government regulate? Textbook</p> <p>FDA, OSHA, EPA, CDC, Health dept, social services (per instructor)</p>		
<p>5. How are public health departments funded? Textbook</p> <p>Funding is primarily for treatment and cures (per instructor)</p>		

D & H-W Ch. 3	Health Policy, Politics, and Reform	ATI: Ch. 9 pg. 84

<p>1. What are the goals of the Patient Protection and Affordable Care Act? Textbook</p> <ul style="list-style-type: none"> - Provide affordable health insurance coverage to most Americans - Lower costs - Improve access to primary care - Preventive care and prescription benefits - Cover pre-existing conditions - Extend young adults' coverage
<p>2. Give examples of politics influencing public health policy. Textbook</p> <ul style="list-style-type: none"> - Nutrition programs?
<p>3. What are the steps of health policy making? Textbook</p> <ul style="list-style-type: none"> - Setting an agenda - Policy formation - Policy adoption (big political problem, can take a while) - Policy implementation - Policy assessment - Policy modification
<p>4. How does politics influence healthcare? Textbook pg. 67 Influencing the allocation of resources needed to enable policy and involves the strategies needed to achieve the desired goals (per ppt).</p>
<p>5. What is the ANA Code of Ethics? Textbook Asserts the values and commitment to excellence for patients, society, and nurses individually and collectively as a profession (pg.67).</p>
<p>6. What are the ethical principles in community health nursing? Textbook & ATI Autonomy, nonmaleficence, beneficence, and justice (per ppt).</p>

D & H-W Ch. 4	Global Health: A Community Perspective	ATI Ch. 1 & 2
<p>1. What is the WHO's definition of health? Textbook International public health and developing countries</p> <p style="margin-left: 40px;">a. What does this look like? Millennium development goals</p>		
<p>2. Examples of global health disparities. Textbook</p>		
<p>3. What is global health? Textbook</p>		

4. What is causing a rise in noncommunicable diseases? Textbook
5. What are some negative and positive effects of globalization? Textbook

D & H-W Ch. 6	Epidemiology: The Science of Prevention	ATI Ch. 3 pg. 23-24
<p>1. Define the following epidemiologic models: – Textbook</p> <p>a) Epidemiologic Triad pg 23 ATI: the classic model, the belief that health status is determined by the host (variables), the agent(physical/heat/trauma; biologic/virus; chemical/medicine/pollutants; nutritional; psychosocial/stress/support system), and the environment(biological/plants/toxins, physical/light/heat/air/radiation, social/culture/education/politics/demographics).</p> <p>b) Wheel of Causation: the genetic core is primary focus</p> <p>c) Web of Causation: a model that looks at multiple factors, more focused and realistic. Looking at populations and not individuals</p> <p>d) Natural History of Disease Model: looks at how diseases affect humans</p>		
<p>2. What sources give health-related data? What are they best used for? ATI (Informatics PPT & Activity) CDC, health dept,</p>		
<p>3. What is the difference between the epidemiologic process and the nursing process? What is the same? Textbook Same: assessment, diagnosis, planning, implementation, and evaluation. Difference: you're looking at population and data. Think community vs the individual.</p>		
<p>4. How has morbidity and mortality changed in the last 150 years? Textbook</p>		
<p>5. Why do we investigate outbreaks? Textbook to identify the source in order to establish control and to institute measures that will prevent future episodes of disease.</p>		

D & H-W Ch. 7	Describing Health Conditions: Understanding and Using Rates	ATI Ch. 3 pg. 23-24
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1. Define the different epidemiologic rates and proportions. **Textbook & ATI**
 - Rate: **the primary measurement used to describe either the occurrence or the existence of a specific state of health or illness.**
 - Proportions: **a type of ratio that includes the quantity in the numerator as a part of the denominator; it is the relationship of a part to the whole.**

2. 5 Rate calculations – Fill in the Blank – Review your Rate Calculation Worksheet

“Hints”

- 10 great ph achievements in the US slide is important.
- medicaid= income in low

<https://www.healthcare.gov/>

Best known was John snow, who studied cholera and its contamination of the water supply, Broad Street Pump?

Primary prevention: education

Know about cause and case specific rates

Ppt notes

The epidemiologic triad is the classic model based on the belief that health status is determined by the interaction of the characteristics of the host, agent, and environment, not by any single factor.

Host factors, sometimes called intrinsic factors, include both variable (modifiable) and absolute (nonmodifiable) factors. Age, race, and genetic makeup are examples of absolute, or nonmodifiable, factors. Lifestyle, exercise level, nutrition, health knowledge, and motivation for achieving optimal wellness are examples of host factors that are variable, or modifiable.

Agents can be classified into five groups. These agents may be *physical*, such as heat and trauma; *chemical*, such as pollutants, medications, and drugs; *nutritional*, such as the absence or excess of water, vitamins, fats, proteins, and carbohydrates; *psychosocial*, such as stress, social isolation, and social support; and *biologic*, such as bacteria, viruses, arthropods, toxins, and conditions that interfere with the normal function of the body.

Environmental factors are frequently divided into three categories: biologic, physical, and social. The biologic environment is composed of plants, animals, and the toxins they produce; this includes pathogenic microorganisms, vectors that carry the infectious agents, and the reservoirs where infectious agents are normally found. The physical environment includes light, heat, air, atmospheric pressure, radiation, geologic factors, and the structures in the environment. The social environment includes culture, technology, educational opportunities, political systems, demographic characteristics, sociologic factors, and economic and legal systems.

The wheel of causation de-emphasizes the agent as the sole cause of disease, whereas it emphasizes the interplay of physical, biologic, and social environments. Interaction between the host and environment, with or without an identifiable agent, remains the major determinant of health status in all epidemiologic models.

The web of causation is an epidemiologic model that strongly emphasizes the concept of multiple causation while de-emphasizing the role of agents in explaining illness.

These causal webs are more focused and realistic, and they may be as intricate and complex as needed. By making the pathways explicit in a web of causation, a diagram deepens understanding and provides a framework for statistical analysis. It also serves as a valuable practical guide. Public health professionals use web of causation models such as this to design methods that interrupt the chain of events that lead to adverse states of health.

In 1958, Leavell and Clark developed a conceptual model for the natural history of any disease affecting humans. The initial interactions between the agent, host, and environment occur during the prepathogenesis period. Primary prevention measures specific to the disease can be implemented at this stage to prevent its onset in a population of well people. The period of pathogenesis begins when there are biologic, psychological, or other responses within the host. Secondary prevention measures focus on early diagnosis and prompt treatment. This can limit resulting disabilities when implemented during the early stages of the disease. Tertiary prevention follows with rehabilitation measures that enable the individual to function at his or her maximum capability.

Rate = the primary measurement used to describe the occurrence (frequency or quantity) of a state of health in a specific group of people in a given time period. It is a proportion that includes the factor of time. Rates are used to quantify either the occurrence (incidence) or the existence (prevalence) of states of health or illness. Using rates rather than counting cases takes both the size of the population at risk and the time frame into account.

Ratio = simply one number divided by another. (*950 male victims/50 female victims*)

Proportion= one number divided by another in which the numerator is a subset of the denominator (included in) and is expressed as a percentage. (*950 male victims/1000 total victims x 100 = 95% of the victims were male*)