

Exam 2 Study Guide

<https://jeopardylabs.com/play/n442-exam-2-review>

Refer to your Epidemiology rate worksheet to review the rate. There are 3 rate questions on this exam.

D & H-W Ch. 5	Framework for Health Promotion, Disease Prevention, and Risk Reduction	ATI Ch. 3 pg. 23-24, 26
<p>1. What is the focus of community health nurse regarding risk factors? Textbook</p> <p>a. Community health nurses are focused specifically on modifiable risks of acquiring disease.</p>		
<p>2. Define and be able to give examples of the following levels of prevention: – Textbook (Also look at pg 7-8 in ATI)</p> <p>a) Primary prevention</p> <p>i. Immunizations, driver’s safety classes, healthy water and air quality, health education classes, improving safety designs of equipment, fire safety, decreasing exposure to sun, use of environmentally safe products, using seat belts and earplugs and safety glasses.</p> <p>ii. Nutrition education, family planning and sex education, smoking cessation education, communicable disease prevention education, education about health and hygiene issues to specific groups (day care workers, restaurant workers), safety education (seat belt use, helmet use), prenatal classes, providing immunizations, and advocating for access to health care, healthy environments.</p> <p>b) Secondary prevention</p> <p>i. Blood lead level screening, PAP smears, PKU of newborns, mammograms, and TB tests</p> <p>ii. Community assessments, disease surveillance (communicable diseases), screenings, cancer (breast, cervical, testicular, prostate, colorectal), diabetes mellitus, hypertension, hypercholesterolemia, sensory impairments, tuberculosis, lead exposure, genetic disorders/metabolic deficiencies in newborns, and control of outbreaks of communicable diseases.</p> <p>c) Tertiary prevention</p> <p>i. Rehabilitation and palliative care</p> <p>ii. Maximization of recovery after an injury or illness (rehabilitation), nutrition counseling for management of Crohn’s disease, exercise rehabilitation, case management (chronic illness, mental illness), physical and occupational therapy, support groups, and exercise for a client who has HTN (individual).</p>		
<p>3. Define and give examples of health promotion programs and how to promote their effectiveness. Textbook Pg 103</p> <p>a. Health promotion is the process of enabling people to increase control over all modifiable</p>		

determinants of health to improve their health and well-being.

- i. Promote their effectiveness:
 - 1. Build healthy public policies
 - 2. Create supportive environments
 - 3. Strengthen community action
 - 4. Develop personal skills
 - 5. Reorient health services
- b. HP 2020 is designed to achieve two primary goals:
 - i. To increase quality and years of healthy life
 - ii. To eliminate any barriers to accessing care, specifically through health disparities.

4. Techniques to help client's develop health literacy. **Textbook - Pg 123 of text including "Ask Me 3"**

- a. Develop and disseminate health and safety information that is accurate, accessible, and actionable
- b. Promote changes in the healthcare system that improve health information, communication, informed decision making, and access to health services.
- c. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in childcare and education through the university level
- d. Support and expand local efforts to provide adult education. English language instruction, and culturally and linguistically appropriate health information services in the community.
- e. Build partnerships, develop guidance, and change policies
- f. Increase basic research and development, implementation, and evaluation practices and interventions to improve health literacy
- g. Increase the dissemination and use of evidence-based health literacy practices and interventions
- h. Ask Me 3:1
 - i. What is my main problem?
 - ii. What do I need to do?
 - iii. Why is it important for me to do this?

D & H-W Ch. 10	Cultural Competence: Awareness, Sensitivity, and Respect	ATI Ch. 2 pg. 13-15
<p>1. Define and give examples of culture. Textbook & ATI - Review pg. 13-14 in your ATI book and pg 219-221 in your textbook Think about what are cultural practices? Food, beliefs, how you seek healthcare, etc.</p> <ul style="list-style-type: none">a. Knowledge, values, practices, customs, and beliefs of a group<ul style="list-style-type: none">i. Properties of culture:		

<ul style="list-style-type: none">1. Dynamic, not static2. Shared, not private3. Learned, not inherited <p>b. Cultural Practices:</p> <ul style="list-style-type: none">i. Eye contact, personal space, etc.
<p>2. Define and give examples of ethnocentrism, stereotype, cultural humility, & cultural competence. Textbook</p> <p>a. Ethnocentrism: the assumption that others believe and behave as one's own culture does, or the belief that one's own culture is superior to others.</p> <ul style="list-style-type: none">i. EX: 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- even that everyone celebrates the Christmas holiday that way - even that everyone celebrates the holiday. Christmas as a holiday at all, as well as specific Christmas rituals, differ significantly across cultural groups, even for those living near each other. <p>b. Cultural humility:</p> <ul style="list-style-type: none">i. This requires nurses to continually self-evaluate and critique their own cultural assumptions and to advocate for their clients in a non paternalistic way.ii. Ask open-ended questions about beliefs and practices of the client and familyiii. Ask about traditions. What does the client think may have caused an illness, and how has the client already tried to address it?<ul style="list-style-type: none">1. EX: a school nurse interacting with students from many cultural groups finds it impossible to be an expert on the health beliefs and practices of all the cultures.1. They understand the common health practices of some of the cultures. <p>c. Cultural competence: Openness to and respect for others' ideas and ways of life; curiosity, patience, and self-awareness of one's own culture and culturally mediated ideas.</p> <ul style="list-style-type: none">i. EX: Openness to others ideas and ways of life, respect, curiosity, patience, and self awareness of one's own culture and culturally mediated ideas.
<p>3. How does a nurse define and demonstrate cultural competence? Textbook</p> <p>a. In nursing, cultural competence means considering cultural aspects of health, illness, and treatment for each client or community, as well as doing so at each stage of the nursing process</p> <p>b. Giger describes cultural competence as "A dynamic, fluid, continuous process whereby an individual, system, or healthcare agency finds meaningful and useful care delivery strategies based on knowledge of the cultural heritage, beliefs, attitudes, and behaviors of those to whom they render care"</p>

D& H-W Ch. 16	Violence and Abuse	ATI Ch. 7 pg 59-61
<p>1. What are some risk factors for violence? ATI - Also, look at pg 378 in your textbook (Table 16.1)</p> <ul style="list-style-type: none"> a. History of being abused or exposure to violence b. Low self-esteem c. Fear and distrust of others d. Poor self-control e. Inadequate social skills f. Minimal social support/isolation g. Immature motivation for marriage or childbearing h. Weak coping skills 		
<p>2. Primary prevention for violence: strategies to reduce societal violence. ATI</p> <ul style="list-style-type: none"> a. Teach alternative methods of conflict resolution, anger management, and coping strategies in community settings b. Organize parenting classes to provide anticipatory guidance of expected age-appropriate behaviors, appropriate parental responses, and forms of discipline c. Educate clients about community services that are available to provide protection from violence d. Promote public understanding about the aging process and about safeguards to ensure a safe and secure environment for older adults in the community e. 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 f. Encourage 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 g. 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 		
<p>3. What is incorporated in screening for IPV? Textbook & ATI</p> <ul style="list-style-type: none"> a. To begin the conversation about IPV, you may say "I now ask all my clients about past or current abuse in their lives because I recognize its impact on one's well-being. I ask so that I can help my clients identify help and support." Screening questions need to be culturally and developmentally framed. Such questions include the following: <ul style="list-style-type: none"> i. Are you currently experiencing or have you ever experienced physical or emotional harm/abuse in an intimate relationship? Has anyone ever forced you to engage in sexual activity that you did not want to participate in? ii. Has your current partner ever pushed, shoved, slapped, or otherwise physically hurt you? iii. Every couple has arguments and disagrees - what happens when you and your partner disagree? iv. Does your partner ever make you feel afraid or scared? Tell me more. v. Are you currently being hurt by someone? Are you in a safe or unsafe situation? (When I see a client with a bruise such as this, I want to make sure he or she is safe). 		

- b. Follow-Up questions when a woman states that she is being abused
- i. Can you tell me the worst thing that has ever happened? What happened? When did it happen? Where did it happen? Where were the children? Was a weapon used?
 - ii. Do you feel your partner is capable of hurting you or your children?
 - iii. What actions have you taken?
 - iv. What are your fears? What would you like me to help you with? Please help me understand what is happening. I would like to help.
 - v. Are you in danger now? Can you tell me more about this?
 - vi. Have you ever needed emergency medical care as a result of how you were hurt? Can you tell me more about this?
 - vii. How has the abuse affected you? Do you ever think about hurting yourself, cutting, stopping eating, or purging food?
 - viii. Have you ever thought about or been granted a restraining order? What happened?
 - ix. Have you ever left? What happened? What obstacles did you face?
 - x. What are your fears about your children? Are you worried about their safety?
- c. Injury Prevention Objectives:
- i. Prevention and reduction of firearm-related deaths
 - ii. Identification of improper firearm storage in home
 - iii. Surveillance of external causes of injury in emergency departments
 - iv. Decreased incidence of homicide, child maltreatment, and physical assaults
 - v. Prevention and reduction of sexual assaults
 - vi. Elimination of weapon possession by adolescents on school property.

4. What are the long-term consequences of violence according to Healthy People 2020? **Textbook**

- a. Premature death
- b. Disability
- c. Poor mental health
- d. High medical costs
- e. Lost productivity
- f. PTSD?

5. What is IPV and is included in IPV? **Textbook**

- a. IPV is Intimate Partner Violence
 - i. It depends on culture, discipline, theoretical framework, and philosophical perspectives.
- b. Risk Factors for IPV
 - i. Individual Risk Factors
 1. Low self-esteem, low income, low academic achievement, young age, aggressive behavior as a child, heavy alcohol/drug use, depression, anger and hostility, antisocial personality traits, history of being physically abused, unemployment, emotional dependence and insecurity, belief in strict gender roles, desire for power and control, perpetrating psychological aggression in relationships, victim of physical or psychological abuse as a child, experiencing poor

<p style="text-align: center;">parenting, and experiencing physical discipline as a child</p> <ul style="list-style-type: none"> ii. Relationship Factors <ul style="list-style-type: none"> 1. Economic stress, marital conflicts (e.g., fights), marital instability (e.g., divorce/separation), dominance/control of relationship by one partner over another, and unhealthy family relationships and interactions iii. Community Factors/Societal Factors <ul style="list-style-type: none"> 1. Poverty and associated factors (e.g., overcrowding), low social capital - lack of institutions, relationships, and norms that shape a community's social interactions, weak community sanctions against intimate partner violence (e.g., unwillingness of neighbors to intervene when violence is witnessed), and traditional gender roles (e.g., women should stay at home, be submissive, not enter the workforce; men support the family and make the decisions)
<p>6. What are conditions associated with IPV and pregnancy? Textbook</p> <ul style="list-style-type: none"> a. Depression and panic attacks b. Migraine headaches c. Chronic pain d. Arthritis e. High blood pressure f. Gastrointestinal problems g. Inconsistent use of birth control h. Delayed entry into prenatal care
<p>7. What are signs and symptoms of child abuse? ATI</p> <ul style="list-style-type: none"> a. Unexplained injury b. Unusual fear of the nurse and others c. Injuries/wounds not mentioned in history d. Fractures, including older healed fractures e. Presence of injuries/wounds/fractures in various stages of healing f. Subdural hematomas g. Trauma to genitalia h. Malnourishment or dehydration i. General poor hygiene or inappropriate dress for weather conditions j. Parent considers child to be a "bad child"
<p>8. What would you expect to find in abuse, neglect, or self-neglect of an elder? Textbook & ATI - pg 60</p> <ul style="list-style-type: none"> a. Unexplained or repeated physical injuries b. Physical neglect and unmet basic needs c. Rejection of assistance by caregiver d. Financial mismanagement e. Withdrawal and passivity

f. Depression

9. What is the nurse's response to suspected abuse of the elderly. **Textbook & ATI - pg 383**

a. They are mandated to report the abuse to the appropriate agency.

D& H-W Ch. 18

Underserved Populations

ATI Ch. 7 pg 59-64

1. Which groups are part of vulnerable and underserved populations? **Textbook & ATI**

a. A subgroup of the population that has a higher risk of developing health problems due to a greater exposure to health risk because of marginalization in sociocultural status, access to economic resources, age, or gender.

- i. Violence
- ii. Substance use disorders
- iii. Mental health issues/illnesses
- iv. Poverty and homelessness
- v. Rural residency
- vi. Migrant employment
- vii. Veteran status
- viii. Disability

2. Which overarching goal of Healthy People 2020 would most apply to the vulnerable or underserved populations? **Textbook pg 432**

a. A specific goal directed at eliminating health disparities and health care inequities

3. How would you describe vulnerable populations? **Textbook & ATI - pg 59**

- a. Are those that have multiple risk factors for negative health outcomes
- b. Social groups who have an increased relative risk or susceptibility to adverse health outcomes
- c. Health risks of certain groups of people who have a greater disproportionate risk of poor health often identify the individual people who make up these groups

4. What are the National Health Goals for vulnerable populations? **ATI - pg 59 SATA**

- a. Increasing the number of people who have a routine primary care provider
- b. Increasing the number of people who have health insurance
- c. Reducing the number of people who are unable to access, or have a delay in accessing health care services and prescribed medications
- d. Reducing the number of people who have disabilities who report physical barriers to

accessing health and wellness programs in the community

5. What are key factors that determine who is a part of a vulnerable or underserved population? **Textbook & ATI**

- a. Low income
- b. Difficulty accessing health care, uninsured or underinsured
- c. Poor self-esteem
- d. Young or advanced age
- e. Chronic stress
- f. Environmental factors
- g. Presence of communicable disease
- h. Racial and ethnic minority status
- i. Disparities for minority groups that differ across each population
- j. Detailed information on the health status and concerns for minority populations in the United States is available through the Office of Minority Health website

6. What are the 7 A's of Challenges for elders in rural areas? **Textbook & ATI- pg 439 box 18.5**

- a. Availability
 - i. Insufficient number and diversity of formal services and providers; lack of acceptable services and human service infrastructure
- b. Accessibility
 - i. Shortages of adequate, appropriate, and affordable transportation; cultural and geographic isolation
- c. Affordability
 - i. Poverty and inability to pay for services
- d. Awareness
 - i. Low levels of information dissemination; literacy issues
- e. Adequacy
 - i. Lack of service standards and evaluation; evidence-based practice compromised
- f. Acceptability
 - i. Reluctance to ask for help
- g. Assessment
 - i. Lack of basic information on what is needed using research rigor and analyses

7. Primary prevention to prevent disabilities **ATI pg 67**

- a. Responsible alcohol use to prevent liver disease and what else?
- b. Identify disability and chronic disease as early as possible
- c. Connect clients with appropriate resources to promote maximum self-care ability
- d. Connect families with respite care and counseling

- e. Advocate for the rights of individuals, families, and groups dealing with disabilities
- f. Ensure public buildings are accessible to individuals who have a physical disability
- g. Implement programs to improve quality of life

D& H-W Ch. 19	Environmental Health	ATI Ch. 2 pg 15-16
<p>1. The importance of understanding the premises of environmental health. Textbook & ATI</p> <ul style="list-style-type: none"> a. Nurses identify environmental health risk, participate in research, and use advocacy to improve environmental quality b. Nurses can contribute to environmental health by using environmentally-friendly practices and materials, as well as providing information to the public about environmental health c. Toxicology considers how exposure to chemicals can have negative effects on health. Nurses use toxicological information to understand the specific effects that environmental hazards have on populations at risk or following exposure. Data is available through the National Library of Medicine d. <u>Roles of the Nurse</u>: ATI PG 15 <ul style="list-style-type: none"> i. Facilitate public participation in measures to improve the environment ii. Perform individual and population risk assessments iii. Implement risk communication iv. Conduct epidemiological investigations v. Participate in policy development 		
<p>2. What is the formula used to determine the amount of risk? Textbook</p> <ul style="list-style-type: none"> a. RISK = HAZARD + EXPOSURE b. Risk assessment <ul style="list-style-type: none"> i. a process to determine the likelihood or probability that adverse effects such as illness or disease will occur in a group of people because of exposure to an environmental contaminant. 		
<p>3. What is environmental epidemiology? Textbook</p> <ul style="list-style-type: none"> a. Field of public health science that focuses on the incidence and prevalence of disease or illness in a population from exposures in their environment. 		
<p>4. Why are children more vulnerable to environmental exposures? Textbook 479</p> <ul style="list-style-type: none"> a. Children's body systems are still rapidly developing b. Children eat, drink, and breathe more in proportion to their body size than adults c. Children's breathing zone is closer to the ground compared with adults 		

<ul style="list-style-type: none"> d. Children’s bodies may be less able to break down and excrete contaminants. e. Children’s behaviors can expose them to more contaminants (i.e. crawling, putting things in their mouths) f. Children spend time in places outside of their homes where environmental hazards may exist (i.e. playing in the dirt at school, daycare, etc.)
<p>5. Risk factors for Lead poisoning Textbook & CDC Website Handout Pg 460 19.1</p> <ul style="list-style-type: none"> a. Lead-based paints in homes built prior to 1978. <ul style="list-style-type: none"> i. chips/dust may be ingested or inhaled b. Some water pipes may contain lead c. Can be found in some products such as toys and jewelry d. Sometimes in imported candies, or traditional home remedies e. Some jobs/hobbies involve working with lead-based products, and may cause parents to bring lead into the home (i.e. stained glass work) f. Children who live near airports may be exposed to lead in the air/soil from aviation fuel.
<p>6. Which health conditions in the population make clients more vulnerable to environmental pollutants? Textbook</p> <ul style="list-style-type: none"> a. “Chronic and acute exposure to particulate matter can increase the risk of cardiovascular and respiratory diseases.” Page 482- second paragraph under “Air Quality” <ul style="list-style-type: none"> i. Textbook is kinda vague on this...have not found specific health conditions as of yet

D& H-W Ch. 7	Epidemiology-Incidence, prevalence, & Rate calculation	ATI Ch. 32 pg 24
1.	Specific death rate.	
2.	Epidemiology- Prevalence	
3.	Epidemiology-Proportion	