

POPULATION EXAM 2 FOCUS SHEET

Chapter 5:

1. What is the focus of community health nurses regarding risk factors? PP, pg. 102

1. Providing essential input to interdisciplinary programs that monitor, anticipate, and respond to public health problems in population groups, regardless of which disease or public health threat is identified
2. Evaluating health trends and risk factors of population groups and helping to determine priorities for targeted interventions
3. Working with communities or specific population groups within the community to develop public policy and targeted health promotion and disease prevention activities
4. Participating in assessing and evaluating healthcare services to ensure that people are informed of available programs and services and are assisted in the utilization of available services

2. Define and be able to give examples of the following levels of prevention: PP, ATI PG. 26, PG. 105-9

a) Primary Prevention

- Maximizing health and wellness through strategies that are set in place before illness or injury is present (main focus)
- Example:
 - use of seat belts (for adolescents)
 - hand washing
 - proper preparation of food (healthy water and air quality)
 - exercise
 - balanced nutrition and environmental protection and health education (use condoms to avoid STIs and HIV)
 - health promotion (e.g., immunizations, vaccines)
 - health education classes
 - fire safety
 - decrease exposure to sun
 - use ear plugs and safety glasses
- Less costly than treating disease and conditions after they occur

b) Secondary Prevention

- Maximizing health and wellness through strategies that are set in place at the early and active chronic stages of pathogenesis of illness and injury
- Main goal: Early detection and treatment of disease with the goal of limiting the severity and adverse effects and minimize the impact of a disease/ injury once it is in effect
- Examples:
 - Controlling outbreaks of communicable disease
 - Disease surveillance and community assessment
 - Pap smear for cervical cancer and skin test for tuberculosis
 - Screening/ routine screening
 - blood pressure screening
 - mammograms or other cancer screening
 - routine screening for STI's as a part of prenatal care
 - tuberculosis skin testing or QuantiFERON tests.
- May result in cure of diseases that are incurable at later stages, prevention of disability, and confinement of spread of communicable diseases
- Other ways to look at secondary prevention is in treatment at the earlier possible stages to prevent more serious exacerbation of a disease process. At the community level this could also be treatment of infected individuals in order to stop the spread of a communicable disease.

c) Tertiary Prevention

- Maximizing health and wellness through strategies that are set in place at the palliation and end stage of disease and injury trajectories
- Main goal: decrease complication and disability due to infectious diseases through treatment and rehabilitation (restore people to their maximum possible capacities)
- Examples:
 - Case management
 - Education given to specific population who already have a particular disease (HIV/ AIDS, cancer)
 - “Meals on wheels”
 - physical therapy for stroke victims
 - halfway houses for recovering alcoholics
 - restorative processes for a community devastated by a natural or physical disaster
- Tertiary prevention is the long-term management and treatment of clients with chronic conditions, such as HIV/AIDS and cancer, so that quality of life is maintained, despite the fact that the condition will not improve and will most likely worsen. Tertiary prevention includes rehabilitation and palliative care.

- The purpose is to limit the effects of the disease or damaging events and to rehabilitate or restore the individual or the community to their/its maximum possible capacity.

3. Define and give examples of health promotion programs pg. 127

Definition: The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior and toward a wide range of social and environmental interventions

Examples:

- Tobacco cessation classes or seminars.
- Weight loss programs that offer counseling and education
- On-site flu vaccines.
- Chronic disease management assistance and education (HF/T2DM/etc.)
- STD education and free screening.

4. How can a nurse promote the effectiveness of health promotion programs? Pg. 127

1. Build healthy public policies
2. Create supportive environments
3. Strengthen community action (involve all areas)
4. Develop personal skills (requires skills and knowledge)
5. Reorient health services

Support efforts to address health in all public policies and create environments where healthy choices are accessible by all.

5. Techniques to help clients develop health literacy. Pg. 120-2, PP 9

Health Literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions (individual's ability to read health information)

- Reduces the common mismatch that occurs between a clinician's level of communication and a client's level of comprehension.

Health teaching should be provided in a supportive, shame-free learning environment using clear communication that is intentionally used.

the nurse can support client questioning by

- (a) making it clear that the nurse has time and wants to address questions;
- (b) sitting at the same level as the client (not standing);
- (c) looking at the client, listening attentively, and not interrupting;
- (d) helping the client to prioritize his or her questions; and
- (e) encouraging the client to write down questions before interactions with any healthcare provider (primary care provider, specialist, pharmacist)

An effective tool for community health nurses to teach clients is the Ask Me 3 Good Questions for Good Health. The questions are:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

TABLE 5.2 Skills and Tasks Required for Health Literacy	
Aspects of Health Literacy	Examples of Skills and Tasks
Information-literate	Reading ability Comprehend complex health information Identify key information from dense text Understand directions for medication Understand nutrition labels Understand and follow directions for varied health-related procedures and treatments Understand information to give informed consent Read and follow appointment slips Apply written information to make effective health-related decisions Find credible health-related information independently
Visually literate	Understand and apply information from graphs, charts, diagrams, pictures, graphic instructions
Communication-literate	Provide a health history Describe symptoms Ask and respond to health-related questions Listen and understand verbal instructions and teaching
Computationally literate	Calculate doses Calculate calories within specialized diets Measure liquid medications Calculate deductibles, co-payments, and premium costs
Analytically literate	Compare and analyze insurance costs and covered benefits Understand risk–benefit ratio of treatment options and health promotion activities Interpret test results (blood glucose, peak flow results, etc.)
Computer-literate	Operate a computer Navigate the internet Obtain, evaluate, and apply web-based health-related information Access and use personal information from a health portal

Source: Agency for Healthcare Research and Quality. (2010). *Health literacy universal precautions tool-kit*. AHRQ publication no. 10-0046-EF. Rockville, MD: AHRQ. Retrieved from <http://www.ahrq.gov/qual/literacy/index.html>; Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. Washington, DC: The National Academies Press;

Chapter 10:

1. What is culture and examples? PP 5, PG. 214

Definition: a set of practices and behaviors of a group

Examples:

- Music, fashion and art
- Language
- Economy and geography
- Religion
- Customs
- Habits
- Occupation
- Politics
- Philosophy

2. What is ethnocentrism, stereotype, cultural humility, & cultural competence and examples of each? PP. 18, PG. 216-7

- **Ethnocentrism:**

Assumption that others believe and behave as the dominant culture does, or the belief that the dominant culture is superior to others

(Assumption of cultural superiority)

- Example:

- Assuming you can reach all patients through email or telephone, but a patient has neither
- A family that cooks a lot for Christmas dinner assumes everyone celebrates the holiday
- Women drives to work and has an office job and forgets that people walk on foot
- Student nurse asks peer what they eat for dinner, and they responds by saying “regular food”

- **Stereotype:**

The belief that all members of a cultural group act alike, share the same beliefs and attitudes.

- Example:

- Girls should play with dolls
- Nurses are women

- **Cultural Humility:**

An acknowledgment that everyone's views are culturally influenced, that our own are not inherently better than those of our clients, and that our clients can teach us (requires the nurse to continually self-evaluate and critique their own cultural assumptions and to advocate for their clients)

- Example:

- Ask open-ended questions about beliefs and practices of the client and family.
- Ask about traditions. What does the client think may have caused an illness, and how has the client already tried to address it?
- Ex: 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, however they understand common health practices of some of the cultures
- Ex: boy wearing a small magnet in her ear but then finds out that it is because he gets headaches and it's supposed to help in the Chinese culture (the nurse explains this to the teacher)

- **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

- Example:

- Self-awareness of one's own culture
- A patient doesn't have to give up herbal medications
- Eye contact (some cultures find it disrespectful)
- Personal space
- Including the patients in the decision-making process and incorporating their preferences and practices when possible

3. How does a nurse define and demonstrate cultural competence? PG. 216, PP 10,13-4

- Nurse provides cares that is appropriate to the client's culture context
- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices preferred languages, health literacy and other communication needs
- Understanding how cultural beliefs and practices influence our lives
- Prior to collecting information about a client's culture, the first step for the nurse is to look at their own culture and how it impacts you and assess biases.
- Have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally
- Have the capacity to
 - o Value diversity
 - o Conduct self-assessment
 - o Manage the dynamics of difference
 - o Acquire and institutionalize cultural knowledge
 - o Adapt to diversity and the cultural contexts of the communities they serve

Chapter 16:

1. What are some risk factors for violence? ATI PG. 60

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

2. What are primary prevention for violence/ strategies to reduce societal violence? ATI PG. 61

- Teach alternative methods of conflict resolution, anger management, and coping strategies in community settings
- Teach people what to look for with signs of bullying and violence: this would be secondary because its technically screening.
- 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 to protect 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.
- 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.
- 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.

3. What is intimate partner violence (IPV) and what is included in intimate partner violence (IPV)? PG. 376-8

A pattern of assaultive and coercive behaviors which may include inflicted physical injury, psychological abuse, sexual, assault, progressive social isolation, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and they are aimed at establishing control by one partner over the other.

Risk Factors:

- Individual
 - o Low self-esteem, low income, low academic achievement
 - o Young age, aggressive behavior as a child
 - o Heavy alcohol/drug use
 - o Depression, anger and hostility, antisocial personality traits, history of being physically abused
 - o Unemployment, emotional dependence and insecurity, belief in strict gender roles, desire for power and control
 - o Perpetrating psychological aggression in relationships, victim of physical or psychological abuse as a child, experiencing poor parenting, and experiencing physical discipline as a child
- Relationship Factors
 - o Economic stress
 - o 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
- Community Factors/ Societal Factors
 - o Poverty and associated factors (e.g., overcrowding)
 - o Low social capital - lack of institutions, relationships, and norms that shape a community's social interactions
 - o Weak community sanctions against intimate partner violence (e.g., unwillingness of neighbors to intervene when violence is witnessed)
 - o Traditional gender roles (e.g., women should stay at home, be submissive, not enter the workforce; men support the family and make the decisions)

4. What is incorporated in screening for intimate partner violence (IPV)? PP. 17, PG. 381-2

- When screening and assessing for risk of IPV, nurses need to make questions a *normal and routine part of healthcare assessment* that fits in the context of the visit.
- Provide wallet size cards with information about IPV and resources can serve as a time-efficient clinical prompt from a universal education approach (*resources and referrals*)
- Ideal screening includes questions not only about physical and sexual abuse but also about emotional and financial abuse.
- Being able to screen for safety and dangerousness of the situation
- Asking mothers with a self-administered tool (written questionnaire, computer survey)
- Asking mothers directly, without the child present
- Nurses should use their own language in asking these questions, need to ensure that the questions are developmentally and culturally appropriate, and use language appropriate to the client's level of comprehension.
 - Begin the conversation by saying, *"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" or "Because we know that exposure to violence is so common and has negative effects on health, I talk to all my families about safety in their homes.* "questions listed as following:
 - 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?"
 - Has your current partner ever pushed, shoved, slapped, or otherwise physically hurt you?"
 - Every couple has arguments and disagrees-what happens when you and your partner disagree?"
 - Does your partner ever make you feel afraid or scared? Tell me more."
 - Are you currently being hurt by someone? Are you in a safe or unsafe situation?
- *Follow-Up questions* when a woman states that she is being abused:
 - 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?
 - Do you feel your partner is capable of hurting you or your children?
 - What actions have you taken?
 - 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.
 - Are you in danger now? Can you tell me more about this?

- Have you ever needed emergency medical care as a result of how you were hurt? Can you tell me more about this?
 - How has the abuse affected you? Do you ever think about hurting yourself, cutting, stopping eating, or purging food?
 - Have you ever thought about or been granted a restraining order? What happened?
 - Have you ever left? What happened? What obstacles did you face?
 - What are your fears about your children? Are you worried about their safety?
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- Providers must guard against making judgmental gestures, even if subtle and unintentional because they may have an impact on the interaction between client and providers.
 - Avoid blaming the victim
 - Nurses must work to *build trust* and not assume its existence
 - *Be honest about what nurses can and cannot do (keeping things confidential and mandatory reporting)*

5. What are conditions associated with intimate partner violence (IPV) and pregnancy? Pg. 379

- *Premature death*
- *Low birth weight*
- *Preterm labor/ prematurity*
- Disability
- Poor mental health (*depression*, isolation, and panic attack)
- Delay entry into prenatal care
- Migraine headaches, chronic pain, arthritis
- High blood pressure
- Gastrointestinal problems
- Inconsistent use of birth control
- High risk behaviors (tobacco use, substance abuse and sexual risk taking)

6. What are the long-term consequences of violence according to Healthy People 2020? PG.380

- Premature death
- Disability
- Poor mental health
- High medical cost
- Lost productivity

7. What are signs and symptoms of child abuse? ATI PG. 60

- Unexplained injury
- Unusual fear of the nurse any others
- Fractures, including older healed fractures
 - o Presence of injuries/wounds/fractures in various stages of healing
- Injuries/wounds not mentioned in history
- Subdural hematomas
- Trauma to genitalia
- Malnourishment or dehydration
- General poor hygiene or inappropriate dress for weather conditions
- The parent considers the child to be a “bad child”

8. What would you expect to find in abuse, neglect, or self-neglect of an elderly? ATI PG. 60

- Abuse
 - o Unexplained or repeated physical injuries
 - o Physical neglect and unmet basic needs
 - o Rejection of assistance by a caregiver
 - o Financial mismanagement
 - o Withdrawal and passivity
 - o Depression
- Self-neglect
 - o living alone don't have a person to remind to take care of yourself
 - o rejection of assistance by caregiver
 - o basic needs are unmet

9. What is the nurse's response to suspected abuse of the elderly? PP. 21, PG 383

- They are mandated to report the abuse to the appropriate agency.
- Considerations when making a mandatory report:
 - o Talk to adult victim about filing a mandatory report (concern the safety in doing)
 - o Identify resources available to victims
 - o Safety planning

Chapter 18:

1. Which groups are part of vulnerable and underserved populations? PP. 5, ATI PG. 59

- The economically disadvantaged
- Rural populations
- Severe mental illness
- Racial and ethnic minorities
- Survivors of violence
- The uninsured
- Pregnant adolescents
- Low-income children
- Immigrants or migrant workers
- Violence
- The elderly
- Substance abusers
- The homeless
- Veteran status
- Prisoners/ex-convicts
- Those with HIV
- Individuals who have limited access to or encounter barriers to health care services
- Those with other chronic health conditions/ disability

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

Eliminating health disparities, achieving health equity, attaining health literacy to improve health and overall well-being of all

3. How would you describe vulnerable populations?

- Individuals to be susceptible to negative events and little or no control over the effects of these events
- It can be manifested by an interaction of internal and external factors
- Higher risk of developing health problems due to a greater exposure to health risk and adverse health outcomes

4. What are the National Health Goals for vulnerable populations? ATI PG 59

- Increasing the number of ppl who have a routine primary care provider
- Increasing the number of ppl who have health insurance
- Reducing the number of ppl who are unable to access, or have a delay in accessing, health care services and prescribed medications.
- Reducing the number of ppl 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? ATI PG. 59, PP 6

- Low income
- Difficulty accessing health care, uninsured or underinsured
- Poor self-esteem
- Young or advanced age
- Chronic stress
- Environmental factors
- Presence of communicable disease
- Racial and ethnic minority status
- Disparities for minority groups that differ across each population

6. What are the 7 A's of Challenges for elders in rural areas? PG. 439

1. Availability
 - a. Insufficient number and diversity of formal services and providers; *lack of acceptable services* and human service infrastructure .
2. Accessibility
 - a. *Shortages* of adequate, appropriate, and *affordable transportation*; cultural and geographic isolation
3. Affordability
 - a. *Poverty* and inability to pay for services.
4. Awareness
 - a. Low levels of information dissemination; *literacy issues*
5. Adequacy
 - a. *Lack of service* standards and evaluation; evidence-based practice comprised
6. Acceptability
 - a. *Reluctant to ask for help*
7. Assessment
 - a. *Lack of basic information* on what is needed using research rigor and analyses

7. What are primary prevention to prevent disabilities? ATI PG. 67-8

- Responsible alcohol use (to prevent liver damage)
- Connect clients with resources to maximum self-care ability
- Ensure public buildings are accessible to individuals who have a physical disability
- Implement programs to improve quality of life

Chapter 19:

1. Why is it important to understand the premises of environmental health?

PP. 4, 22, ATI PG. 15, PG. 457

Environmental health: the quality of air, land, water, and other surroundings with which people come into contact and how those factors influence human health.

- Nurses incorporate the perspective of how the environment effects human health not only for communicable diseases but chronic diseases as well.
- Nurses need to understand that the environment can have positive or negative effects on people's health to be an active participant in surveillance for environmental contaminants and risks to the public's health.
 - Examples:
 - People with asthma may experience more asthmatic episodes on days when air quality is poor
 - Lead to less pollution from cars which can in turn improve air quality
 - People in a community can choose to walk instead of drive to store or to schools (help increase their activity levels and decrease obesity or other chronic diseases)
- Nurses should understand and be able to assess environmental risks to the public and advocate for policies that support healthy environments.
- Nurses identify environmental health risk, participate in research, and use advocacy to improve environmental quality
- Nurses can contribute to environmental health by using environmentally friendly practices and materials, as well as providing information to the public about environmental health (raise awareness)
- Nurses use toxicological information to understand the specific effects that environmental hazards have on populations at risk or following exposure

2. What is the formula used to determine the amount of risk? PP.6

Risk= hazard + exposure

A process used to determine the like hood or probability that adverse effects such as illness or disease will occur in a group of people because of exposure to an environmental contaminant.

3. What is environmental epidemiology? PG. 454

Field of public health science that focuses on the incidence and prevalence of disease or illness in a population from exposures in their environments.

4. Why are children more vulnerable to environmental exposures? PP. 20, 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 with 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. What are risk factors for lead poisoning? Pg. 460

- Paint, contaminated dust, and air
- *Lead-based paints in homes built prior to 1978 (in older houses)*
- *Chips/dust may be ingested or inhaled*
- Some water pipes may contain lead
- Can be found in some products such as toys and jewelry
- Sometimes in imported candies, or traditional home remedies
- Some jobs/hobbies involve working with lead-based products, and may cause parents to bring lead into the home (i.e. stained-glass work)
- Children who live near airports may be exposed to lead in the air/soil from aviation fuel.

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

1. Asthma
2. COPD
3. Chronic and acute exposure to particulate matter can increase the risk of cardiovascular and respiratory diseases.”

Chapter 7:

1. Specific Death Rate

- Cause-specific mortality rate = (# of deaths from a stated cause in 1 year)/(mid-year population)x100,000
- Age-specific mortality rate = (#of people in a specific age group dying in 1 year)/(mid-year population of the specific age group) x 100,000

2. Epidemiology - Prevalence.

(Measure of existing disease in a population in a specific period/point)/(total population in the same period/point) x 100,000

3. Epidemiology -Proportion

Proportional mortality ratio = (# of deaths from a specific cause within a time period)/(total deaths in the same time period) x 100