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Final Exam Study Guide

There will be approximately 10 Med Math questions on this exam. Remember, 50% will be an alternate format question (med math, SATA, etc.). Also, remember to review the Social Determinants of Health Case Study parts that we looked at in class. Total of 75 questions.

D & H-W Ch. 1	**Public Health Nursing: Present, Past and Future**	**ATI Ch. 1 & 2**

1. Examples of Social determinants of health. **DHW** pg. 4 & **ATI** pg. 59
   a. How do these differ from health disparities?

   All these conditions have an impact on the extent to which the person or community possesses the physical, social, and personal resources that are necessary to obtain and maintain health.

a. Conditions in which people live
b. Income
c. Social status
d. Education
e. Literacy level
f. Home and work environment
g. Support networks
h. Gender
i. Culture
j. Availability of health services
k. How do these differ from health disparities?
    0. Differences in healthcare and health outcomes experienced by one population compared with another
        i. Linked with social economic or environment disadvantages
            0. Examples:
                0. Poverty
                1. Environmental threats
                2. inadequate access to healthcare
                3. Individual and behavioral factors
                4. Educational inequalities
                5. Race and ethnicity
                6. Gender

7. Sexual identity and orientation
8. Disability status or special healthcare needs
9. Geographic location (Rural and Urban)

2. What are the Healthy People 2030 overarching goals? **DHW** pg. 10 (Box 1.2), 34, & 187
   a. What are examples of how to achieve these goals?
   b. Which overarching goal is the priority and why?

a. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
b. Achieve health equity, eliminate disparities, and improve the health of all groups.
c. Create social and physical environments that promote good health for all.
d. Promote quality of life, healthy development, and healthy behaviors across all life stages.
e. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all. (Newly added 2020-2030)
f. Which overarching goal is priority and why?
   0. Commonly found in all of them: Improving quality of life for everyone

D & H-W Ch. 2	Public Health Systems	ATI Ch. 1 & 2

1. Define and give examples of health disparities. **DHW** pg. 29 & 37

Poverty, enviromental threats, inadequate access to healthcare, individual and behavioral factors, educational inequalities, race and ethnicity, gender, sexual identity, disability status or special health care needs, geographic location (urban/rural)

   a. What health disparities can be modified? **DHW** pg. 37

2. What is the focus of community health nursing? **DHW** pg. 31
   a. How would you describe community health nursing and apply it?

a. Community health nurses are focused specifically on modifiable risks of acquiring disease.

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

1. Give examples of politics influencing public health policy. **DHW** pg. 68

No smoking indoors and age restrictions on smoking, seat belt laws, car and health insurance mandates

Politics are the process of influencing the allocation of resources need to enable policies, and involve the strategies needed to achieve the desired goals.

Allocation of funds ie state and federal tax $

D & H-W Ch. 4	Global Health: A Community Perspective	ATI Ch. 1 & 2

1. What is the WHO's definition of health? **DHW** pg. 76-78

A state of complete mental, physical, and social well being and not merely the absence of disease or infirmity.

   a. What does this look like?

   The highest level of health involving self actualization or reaching one's true potential. Example a person with Diabetes can still be "healthy" if they have the diseased managed and are living to the best of their ability.

D & H-W Ch. 5	Framework for Health Promotion, Disease Prevention, and Risk Reduction	ATI Ch. 3 pg. 23-24, 26

1. Define and be able to give examples of the following levels of prevention: – **DHW** pg. 105-107 & **ATI** pg. 7-8

   a) Primary prevention = EDUCATION - trying to avoid it from ever occurring in first place.

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.

ii. Nutrition education, family planning and sex education, smoking cessation education, communicable disease prevention education, education about health and hygiene issues to specific gourps (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.

   b) Secondary prevention - Assessment/ Screening are key words. Early Diagnosis leads to early treatment. That is the point of screening.

i. Blood lead level screening, PAP smears, PKU of newborns, mammograms, and TB tests

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.

c) Tertiary prevention - Rehab / Maintain We are trying to change and recover from abuse for example from an abusive relationship. This is like catching the disease late.

i. Rehabilitation and palliative care

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).

2. Define and give examples of health promotion programs and how to promote their effectiveness. **DHW** pg. 105-109

School nurse notice high obesity in low income living areas. She drives and sees no grocery stores, but sees fast-food restaurants all over instead: What could she help promote?

Think tax breaks for healthy grocery stores coming in; after school exercise program; Education regarding eating healthy.

a. Health promotion is the process of enabling people to increase control over all modifiable determinants of health to improve their health and well-being.

0. Promote their effectiveness:

0. Build healthy public policies
1. Create supportive environments
2. Strengthen community action
3. Develop personal skills
4. Reorient health services

b. HP 2020 is designed to achieve two primary goals:

0. To increase quality and years of healthy life

i. To eliminate any barriers to accessing care, specifically through health disparities.

D & H-W Ch. 6	Epidemiology: The Science of Prevention	ATI Ch. 3 pg. 23-24

1. What are the steps of investigation of an outbreak? **DHW** pg. 148

Establish the existence of the outbreak
Describe the outbreak according to person, place, and time
Formulate and test hypotheses as to the most probable causative factors
Implement a plan for control of the outbreak and prevention of further outbreaks
Evaluate results, prepare reports, and conduct further research if necessary

D & H-W Ch. 7	Describing Health Conditions: Understanding and Using Rates	ATI Ch. 3 pg. 23-24

1. Define the different epidemiologic rates and proportions (Specific death rate, Incidence, Prevalence. Prevalence Proportion, case specific and cause-specific mortality rates **DHW** pg. 157- & **ATI** pg. 8-9

a. Incidence and prevalence rates:
    0. used to measure the existence of a particular disease and allow the nurse to compare the rate of disease in one population to another, even though there can be different numbers of people in a given population
b. Mortality rates:
    0. provide information about the cause of death. Crude mortality rates: examine overall death rates. Cause-specific rate,. Infant mortality ratio: deaths at specific times across the lifespan
c. Attack rate:
    0. number of people exposed to a specific agent who develop the disease divided by total number of people exposed

2. 10 Rate calculations – Fill in the Blank – Review your Rate Calculation Worksheet—These will be from all topics throughout the course.

DHW: Ch. 9	Planning for Community Change	ATI: Ch. 4

1. What are some primary prevention interventions? **DHW** Pg. 105

a. General health promotion, such as nutrition, hygiene, exercise, and environmental protection
b. Specific health promotion (ex: immunization)
c. Difficult to measure
d. Less costly than treating disease and conditions after they occur
e. ATI: Pg. 9
    0. Family planning and sex education
    i. Smoking cessation education
    ii. Communicable disease prevention education
    iii. Education about health and hygiene issues to specific groups (day care worker, restaurant workers)
    iv. Safety education (seat belt use, helmet use)
    v. Prenatal classes
    vi. Advocating for access to health care, healthy environments.

Important-Exercise programs , maintaning healthy weight, food and sex education. This is done to prevent the disease. Education is the key

2. What are SMART goals and objectives? **DHW** Pg. 200-202

a. S - Specific, or significant, stretching, stimulating, simple, self owned, strategic, sensible…
b. M. - Measurable, or meaningful, motivating, manageable, maintainable...
c. A. – Achievable, or attainable, action-oriented, appropriate, agreed, assignable, ambitious, accepted, audacious…
d. R. - Relevant, or rewarding, results-oriented, resourced, recorded, reviewable, robust…
e. T. – Time based or time-bound, time- lined, track-able…

a. **Examples:** Be able to identify examples in application-based problems
Not SMART: the program will reduce teen pregnancy.
SMART: the number of births to girls aged 19 and younger in Springfield will be reduced by 20% from 40 births in 2010 to 32 fewer in 2015.
Not SMART: Fewer teens will start smoking
SMART: The proportion of high school sophomores in the state of georgia who report having ever smoked a cigarette on the youth behavioral risk factor survey in 2020 will be no more than 7%
Not SMART: the number of older minority residents of River City receiving a flu shot will double.
SMART: The number of people aged 50 and older who receive a flu shot at a clinic sponsored by RC3-1 and who identify themselves as Hispanic or Latino will increase 50% in the fiscal year 2015 over the baseline number of fiscal year 2012.

3. Give examples of Process versus Outcome evaluations. **DHW** p 204 & **ATI** pg. 30

4. What is the WHO's Commission on Social Determinants? **DHW** Pg. 187
a. Expand knowledge of the social determinants of health and establish a system to measure and monitor health inequity.
b. Ensure more equitable distribution of power, money, and resources.
c. Improve conditions under which all people are born, grow, live, work, and age to minimum standards.

5. How do you evaluate the community program? **DHW** Pg. 203 & **ATI** pg. 35
- What are the steps that you do in the evaluation? **DHW** Pg. 203-204 (prioritization goes by the steps – you won't jump to step 5 without completing step 1)Planning for the evaluation of a program includes, when possible, measuring pre intervention levels of health status or behavior using the same evaluation criteria to establish a baseline for comparison with program results

a. The evaluation plan often includes both process and outcome evaluations
    0. Process evaluations focus on how well the program was implemented and looks at processes, activities, and capacity building
    i. Outcome evaluation focuses on the extent to which the intervention achieved its objectives for changes in knowledge, skills, or health behaviors and for improvement in community health status.
b. Measures used for evaluation include both quantitative and qualitative data

We are going to meet on Thursday . How many times we met and we followed the process.

- What are the steps that you do in the evaluation? **DHW** Pg 203-204 (prioritization goes by the steps – you won't jump to step 5 without completing step 1)

a. Develop evaluation **questions** "focused on what happened, how well it happened, why it happened the way it did, and what the results were"
b. Determine indicators or **measures** you will use to answer your evaluation questions
c. Identify where you will find the **data** you need to measure your indicators and answer your questions
d. Decide what **method** you will use to collect data
e. Specify the **time frame** for when you will collect data
f. Plan how you will analyze your **data based** on the type of data you are using
g. Decide how you will **communicate** your results

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

1. What competencies does a nurse need to demonstrate culturally competent care? **DHW** pg. 216, 218-220 & **ATI** pg. 13-14

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.

Think about what are cultural practices…Food, values, practices, customs, and beliefs of a group

Eye contact, personal space

DHW: Ch. 11	Community Assessment	ATI: Ch. 4

1. Where can you get information for the community assessment specifically for injuries and violence? **ATI** pg. 32-35

Specifically for injuries and violence **ATI pp. 32-35**

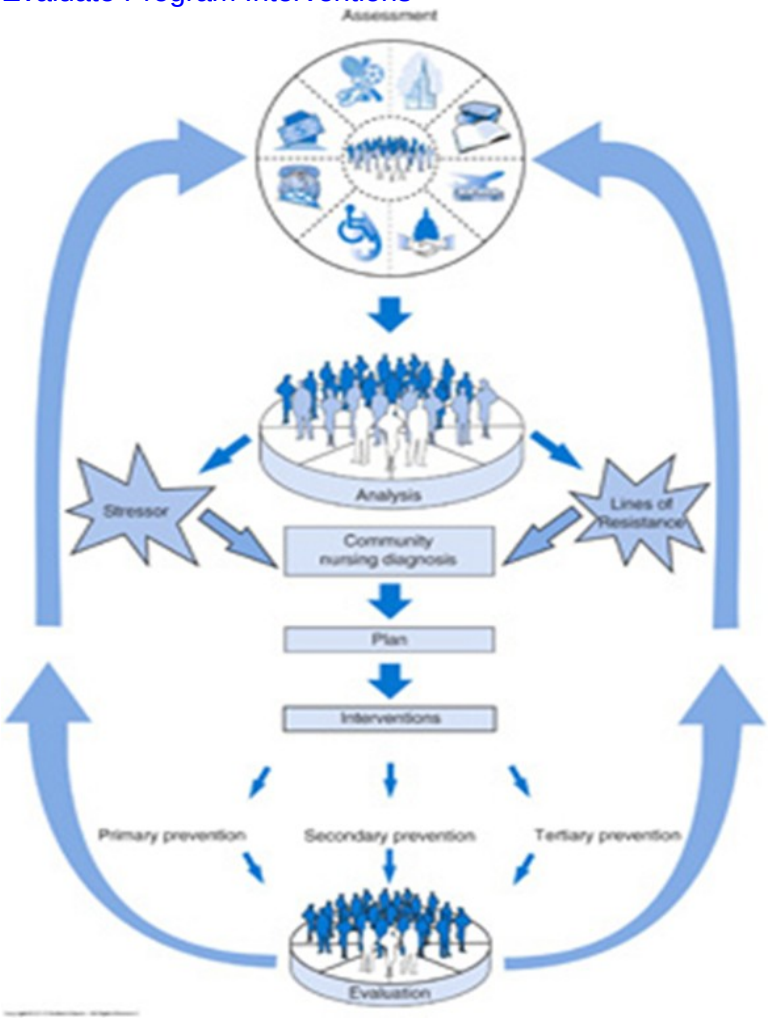
a. Windshield Survey, interviews, community forum, participant observation, focus groups, and surveys.
b. United States Census Bureau- Tax info and health related information
c. The Centers for Disease Control and Prevention- Disease related
d. Local government Websites

police report, death statistic/certificates (health department), coroners office,

Also look at PPT! LOOK AT PPT know what each site can tell us (VITAL STATISTICS, CENSUS BUREAU, COUNTY HEALTH DEPARTMENT

2. Review the Community Assessment process. **DHW** Pg. 190-198 & **ATI** pg. 32-34 (See Figure 4.1). This is similar to the Nursing Process.

a. Define the community
b. Collect Data
c. Analyze Data
d. Establish Community Diagnosis
e. Plan Programs
f. Implement Programs
g. Evaluate Program Interventions

h. 

3. How do you get primary (direct) and secondary data for community assessments? **ATI** pg. 32-33

- Which do you get direct data from?

a. Primary (direct):
    0. Informant interviews and community forum (open public meetings) ATI
    i. BOOK:
        0. Community forums, focus groups, key informants, participant

observation, and surveys.

b. Secondary Data:
   0. Use of existing data
      i. Death and birth statistics, census data, mortality and morbidity data, health records, minutes from meetings, and prior health surveys.

DHW Ch. 12	Case Management, Care Management, and Home Health Care	ATI Ch. 5 pg. 42 Ch. 9 pg. 81-83
Look at this as related to community case management		

DHW Ch. 13	Family Assessment	ATI Ch. 6 pg. 53-54

DHW – Ch. 14	Risk of Infectious and Communicable Diseases	ATI Ch. 3 pg. 23-25

1. What are the steps of an outbreak investigation? **DHW** pg. 303
   a. Table 14.3 (ESC F IEC)
      0. Establish and verify diagnosis of reported cases; identify agents.
      i. Search for additional cases; collect critical data and specimens.
      ii. Characterize cases by person, place, and time.
      iii. Formulate and test tentative hypotheses regarding possible causative factors
      iv. Implement control measures to control the outbreak
      v. Evaluate efficacy of control measures
      vi. Communicate findings; prepare written reports.

Gather all the data first, timeframe , formulate hypothesis and implement control measures.

I recall seeing this, but do not remember the answers... sorry.

DHW – Ch. 15	Emerging Infectious Diseases	ATI Ch. 3 pg. 23-25

1. What are Primary prevention strategies for infectious/communicable diseases? **ATI** pg. 25-26

ATI page 26 Prevent the occurrence of infectious disease (immunizations).

Educate the public regarding the need for immunizations and about federal and state immunization programs,

counsel clients traveling to other countries about protection from infectious diseases and refer to health departments for information about mandatory immunizations

Educate the public regarding prevention of disease and ways to eliminate risk factors and exposure (Hand hygiene, universal precautions, proper food handling and storage, use of insecticides, and the use of condoms)

2. What are Secondary prevention strategies for infectious/communicable diseases? **ATI** pg. 25-26

ATI 25-26 (There was SATA that asked about secondary measure)

ATI pg 26 **Increase early detection through screening and case finding.**

Refer suspected cases of communicable disease for diagnostic confirmation and epidemiologic reporting

Provide post exposure prophylaxis (Hep A, **Rabies) (only one vaccine) page 75 , prevention - vaccine can be given within three days of exposure.**

Quarantine clients when necessary

Use partner notification and contact tracing to identify and screen individuals who have been exposed to a communicable disease.

3. What are the nationally notifiable diseases? **ATI** pg. 25-26

OMG THERE ARE A TON BUT HERE THEY ARE!!!

ATI Pg 26

Anthrax

Botulism

Cholera

Congenital Rubella Syndrome

Diphtheria

Giardiasis

Gonorrhea

Hep A, B ,C

HIV

Influenza/associated pediatric mortality

Legionellosis/Legionnaires disease

Lyme Disease

Malaria

Meningococcal disease

Mumps

Pertussis

Poliomyelitis, paralytic

Rabies (human or animal)

Rubella (German Measles)

Salmonellosis

Severe Acute Respiratory Syndrome- Associated coronavirus disease (Sars-CoV)

Shigellosis

Smallpox

Syphilis

Tetanus/C. Tetani

Toxic Shock Syndrome (TSS) other than Streptococcal

Tuberculosis

Typhoid Fever

TB

Vancomycin-intermediate and vancomycin-resistant

Viral Hemorrhagic Fever

Staphylococcus aureus (VISA/VRSA)

Page 26 ATI list and PP slide 14 (SATA)

Correct, there is a SATA It's everything but ENTEROVIRUS and C. Difficile

Herpes and C. difficile are not notifiable .

4. What is herd immunity? **DHW** pg. 330 & 333; **ATI** pg. 25

Textbook pg 330 Type of immunity in which a **large proportion of people in a population are not susceptible to a communicable disease and the few people who are susceptible will not likely be exposed and contract the illness**

I think there was a scenario question about this.. Something along the lines of "non immune people" however it is pretty easy to spot the correct one.

Book pg 106 Herd immunity is a type of passive immunity Book pg 106

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

1. What are the conditions associated with IPV and pregnancy? **DHW** Pg. 377

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

2. What are the signs and symptoms of child abuse? **ATI** pg. 60

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"
k. Do not pick the option with blue coloring on the buttocks since birth.

3. What would you expect to find in an elder's abuse, neglect, or self-neglect? **DHW** Pg. 383-384 & **ATI** pg. 60

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

They may reject assistance of caregiver due to abuse.

Think about elders and safety issues. What kinds of things would make an elder higher risk. - falls, stairs, trying to cook, or medication management, driving.

4. What are primary prevention interventions against child abuse? **DHW** pg. 384 & **ATI** pg. 60-61

D& H-W Ch. 18	Underserved Populations	ATI Ch. 7 pg. 59-64

1. Which overarching goal of Healthy People 2030 would most apply to the vulnerable or underserved populations? **DHW** Pg. 187, 431-462 & **ATI** pg. 59

a. A specific goal directed at eliminating health disparities and health care inequities - THIS EXACT PHRASE

D& H-W Ch. 19	Environmental Health	ATI Ch. 2 pg. 15-16

1. Why are children more vulnerable to environmental exposures? **DHW** Pg. 479

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
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.

DHW – Ch. 20	Community Preparedness: Disaster and Terrorism	ATI Ch. 8

1. What client classifies as a "Black" triage tag? **DHW** pg. 498; **ATI** pg. 74

Expectant, dead or non salvageable given available resources

a. Don't have a pulse, barely breathing, not spontaneously breathing when repositioned.
b. Victim unlikely to survive given severity of injuries, level of available care, or both

2. What client classifies as a "Red" triage tag? **DHW** pg. 498; **ATI** pg. 74

Critical patient, unstable, requiring immediate intervention. For example a patient with heavy chest pain, heart attack, and pt who is not able to breath.

a. Critical
b. Unstable, requiring immediate intervention
c. Victim can be helped by immediate intervention and transport
d. Requires medical attention within minutes for survival (up to 60)
e. Includes compromises to the patient's ABCs.

***** PREGNANT WOMEN ARE AUTOMATICALLY RED TAGS*** – seen on the exam.**

3. What is the nurse's response to a potential chemical threat to a school? **ATI** pg. 76

DHW Ch. 22	School Health	ATI Ch.5 pg. 44-45

1. What are Primary, Secondary, and Tertiary prevention techniques for school health?

DHW Pg. 105-109, 560-561 & **ATI** pg. 44-45
2. Be able to give examples of the school nurse's role as a case manager. **DHW** pg. 247-8 & **ATI** pg. 44-45, 81-83
3. Identify safety education for adolescents. **DHW** pg. 559-567 & **ATI** pg. 44-45

DHW Ch. 23	**Faith-Oriented Communities & Health Ministries in Faith Communities**	**ATI Ch.5 pg. 44**
1. Primary prevention, secondary & tertiary prevention interventions in faith-based nursing. **DHW** pg. 579 & ATI pg. 44		

DHW Ch. 24	**Palliative and End-of-Life Care**	**ATI Ch. 5 pg. 42**
1. Identify the services of hospice care. **DHW** pg. 591 & **ATI** pg. 42		
2. Dose calculations for the hospice nurse.		

DHW Ch. 25	**Occupational Health Nursing**	**ATI Ch. 5 pg. 42-43**
1. Primary, Secondary, & Tertiary prevention techniques related to occupational health. **ATI** pg. 43		
2. Occupational health risks for farmers and agricultural workers. **DHW** pg. 342-344 & **ATI** pg. 54-55		
3. Roles of OSHA, FMLA, NORA. **DHW** pg. 616, 630-631 & **ATI** pg. 42-43		

Scenario Question: Pick which agency this relates to

a. OSHA - Occupational Health and Safety Administration
   0. Develops and enforces workplace health regulations to protect the safety/health of employees. Provides education to employers about workplace health and safety.
b. FMLA - Family Medical Leave Act
   0. Allows an employee to leave work for up to 12 weeks in the event that they or a family member have a serious illness. The employee can then return to work without penalty.
      i. Employee must be with the company for a minimum of 12 months or 1,250 hours to qualify for FMLA
c. NORA - National Occupational Research Agenda : **KEYWORD FOR NORA IS RESEARCH**
   0. A partnership program to stimulate innovative research and improved practices for safer, healthier workplaces
      i. Is specifically directed toward the study of disease/injury, the workforce/environment, and the research methods for studying occupational health.

4. Emergency planning in the workplace. **DHW** pg. 635-636

635-636

Look at paragraph & What you get from it. Emergency exits, etc. Shelter in place, etc.

a. Components
   0. Key personnel in charge of specific, necessary tasks
      i. Escape routes have been set
      ii. Predesignated areas have been assigned and employees have participated in actual drills
      iii. Committee evaluates all risks, security/safety equipment, plans, evacuation routes/procedures
b. Functions of the plans
   0. Procedures for personnel that stay in the building to make sure everyone gets out. Includes people who administer first aid and fire extinguishers
      i. Appropriate PPE must be worn by all personnel that handle dangerous materials and chemicals
      ii. Shelter in place policies for emergencies involving facilities that are not able to evacuate
      iii. Knowing what to do when an alarm goes off, where to go and how to get there quickly and orderly.
      iv. Plans are in place for resuming operations after an all-clear is given.

5. Incidence rate versus prevalence rate related to occupational health nursing. **DHW** pg. 633-635 & **ATI** pg. 24

	SDOH Case Study	

1. Understanding the key influencing factors for social determinants of health. **Case Study #1**

2. Compare and contrast a food desert and a food swamp. **Case Study #4**

   a. Food Desert: Geographic location where there is an area that does not have healthy food options or grocery stores in a specific location.
   b. Food Swamp: A "Swamp" of one fast food restaurant after another, or over saturation of liquor stores, corner delis, etc. No grocery stores.

3. What are questions used for screening for possible food insecurity? **Case Study #4**

   a. Will food run out within the past 12 months.
   b. Within the last 12 months, are we worried the food will run out?

Two questions that are widely used to do screening for food insecurity are the following:

- Within the past 12 months, we were worried whether our food would run out before we got money to buy more?
- Within the past 12 months, the food we bought just did not last and we did not have money to get more?

Not sure of these questions…

4. What interventions could a school nurse use to combat food insecurity? **Case Study #4**

   a. Provide snacks within his/her nurse office
   b. Send food home
   c. Free lunches in the summer time within certain states. (Illinois offers one)
   d. Where are the food banks/ criteria : provide resources to the child's parents etc.
   e. Screening for food insecurity.

5. Primary prevention intervention for food insecurity. **Case Study #4**

   a. Educate about healthy foods
   b. Advocate for child
   c. Meals on Wheels for older adults which is very low cost

1. Sources of population related data for homelessness and housing insecurities SATA

PLACES: Local data for better health https://www.cdc.gov/places/index.html

County Health rankings

Kids Count 2021

United States Census Bureau, CDC, United States Interagency Council on Homelessness, Zero to Three State of Babies Yearbook 2020

7. What screening questions does the CHN ask to identify housing insecurity? **Case study #3 & DHW pp 102-109**

8. Health outcomes associated with housing insecurities. **Case Study #3 (SATA)**

Poor health, lower weight, developmental risk in infants and children

Increased odds of child lifetime hospitalizations and fair/poor child health.

Homeless infants are known to have poor birth outcomes and poorer outcomes in asthma diagnosis, higher ED use, and healthcare costs

9. How is population-level data used to influence clinical practice? **Case Study #3**

This data helps nurses determine which issues are **quantitatively** most important to address in clinical practice. There is a question asking about this, and the answer is quantitatively in it.

Example knowing substance use or syphilis is increasing may guide resource allocation in a particular practice or community.

The same knowledge may encourage the nurse to seek out more evidence on the topic or attend a continuing education event.

Knowing that a certain area has a high prevalence of a condition can assist planners on where to locate new or specific services.

Policy initiatives developed based on population level data (Census) may influence resource and services allocation.