

D & H-W Ch. 1S

**Social Determinants of Health Case study-Introduction
Past and Future**

Public Health Nursing: Present,

ATI Ch. 1 & 2

1. What are the 8 Principles of Public Health Nursing? **Textbook Pg 11**
 - i. The client or unit of care is the population.
 - ii. The primary obligation is to achieve the greatest good for the greatest number of people or number of people as a whole.
 - iii. Public health nurses collaborate with the client as an equal partner.
 - iv. Public health nurses collaborate with the client as an equal partner
 - v. Primary prevention is the priority in selecting appropriate activities.
 - vi. Public health nursing focuses on strategies that create healthy environmental, social, and economic conditions in which populations may thrive.
 - vii. A public health nurse is obligated to actively identify and reach out to all who might benefit from a specific activity or service.
 - viii. Optimal use of available resources and creation of new evidence-based strategies is necessary to assure the best overall improvement in the health of populations.
 - ix. Collaboration with other professions, populations, organizations, and stakeholder groups is the most effective way to promote and protect the health of the people.
- b. Of the 8 principles of public health nursing – what is priority principle for community health?
 - i. Primary obligation is to achieve the greatest good for the greatest number of people or people as a whole.
2. Who are the main influencers of the history of public health? **Textbook (I listed the 2 she pointed out in in the powerpoints during lecture)**
 - a. Lillian Wald- Created district nursing- founder of public health nursing- Henry Street House
 - b. Mary Breckinridge- Frontier nursing- Army nurse core
3. What are the achievements of public health (CDC) in the 20th century? **Textbook Pg 6**
 - a. vaccinations
 - b. motor vehicle safety
 - c. safer workplaces
 - d. control of infectious diseases
 - e. decline in coronary heart disease and stroke deaths

- f. safer and healthier foods
 - g. healthier mothers and babies
 - h. family planning
 - i. fluoridation of drinking water
 - j. recognition of tobacco as a health hazard
4. Think of examples of social determinants of health. **Textbook, ATI, & SDOH case study: Introduction**
- i. Nutrition, social support and stress, education, finances, transportation and housing, biology and genetics, personal health practices
 - b. How do these differ from health disparities?
 - i. Health disparities are the differences in healthcare and health outcomes resulting from health determinants. **Pg 4**
 - c. Compare positive versus negative social determinants of health.
 - i. higher income leads to more access to healthcare while low income leads to disparities
 - ii. higher education leads to better understanding of healthcare while low education and poor literacy leads to worse understanding of ones health **Pg 4**
5. Match the Social determinants of health with the key influencing factors. **Textbook, ATI, & SDOH case study: Introduction Pg 8 of case study packet**
- a. Economic stability
 - i. employment, food insecurity, housing instability, poverty
 - b. Education
 - i. early childhood edu. and development, enrollment in higher edu., high school grad, language and literacy
 - c. Health and health care
 - i. access to health care, primary care, and health literacy
 - d. Neighborhood and build environment
 - i. healthy foods, crime/violence, environmental conditions, quality of housing
 - e. Social and community context
 - i. civic participation, discrimination, incarceration, social cohesion
6. What are the Healthy People 2030 overarching goals? **Textbook pg 10**
- 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

7. What are examples of how to achieve these goals?
 - a. active participation in one's one health through education and lifestyle changes
 - b. reviewing own medical records, including lab results
 - c. monitoring positive and negative effects of prescription and OTC medications
 - d. showing up for scheduled tests and procedures
 - e. follow diet recommendations
 - f. losing weight if needed
 - g. avoid tobacco and rec drug use
 - h. engage in exercise programs
 - i. education self about one's own conditions
8. Which overarching goal is a priority and why?
 - a. Personal responsibility for health, choices, and healthcare decisions
 - b. This is a "vital component of healthcare change"
 - c. if people have more interest in their own health, they will do more to maintain it
9. What are the core functions of the government? **Textbook pg 4**
 - a. assess healthcare issues
 - b. intervene by developing relevant healthcare policy that provides access to services
 - c. ensures services are delivered and outcomes achieved
10. What is the overall goal of public health? **Textbook & ATI pg 10**
 - a. reduction of disease through prevention and improvement of health in the community, both nationally and internationally

D & H-W Ch. 2

Public Health Systems

ATI Ch. 1 & 2

1. Define and give examples of health disparities. **Textbook pg 37**
 - i. health disparity: difference in the quality of healthcare delivered or obtainable, often tied to race/ethnicity or socioeconomic status (pg 29)
 - ii. marginalized and oppressed groups of people
 1. living below the poverty level
 2. poorly educated
 3. race/ethnicity minority
 4. Gender.
 5. Sexual identity and orientation
 6. Disability status or special health care needs
 7. Geographic location (rural and urban)

- a. What health disparities can be modified? **Textbook pg 37**
 - a. infant mortality
 - b. cancer screening
 - c. cardiovascular disease
 - d. diabetes
 - e. HIV/AIDS
 - f. immunizations
 - g. mental health
 - h. hepatitis, syphilis
 - i. TB

2. What is the focus of Community health nursing? **Textbook pg 103**
 - a. Give examples
 - i. Identification of needs and the protection and improvement of collective health within a geographically defined area **(Slide 3)*******
 - b. How would you describe community health nursing?
 - i. The nurse helps people in the community to change lifestyles, provide preventative services (immunizations), and providing screening programs **(ATI p.7)*******

3. What is the overall goal of public health? **Textbook & ATI**
 - a. promoting health and preventing disease **(ATI p.4)*******

4. What does the government regulate and which agencies are involved? **Textbook**
 - FDA- food, drug, devices
 - EPA- environment
 - OSHA- occupational health

5. How are public health departments funded? **Textbook (p. 31)*******
 - a. Federal government allocates taxes
 - b. Block grants
 - c. entitlement programs

D & H-W Ch. 3

Health Policy, Politics, and Reform ATI: Ch. 9 pg. 84

1. What are the goals of the Patient Protection and Affordable Care Act? **Textbook pg 5**
 - a. provide affordable health insurance coverage to most Americans
 - b. lower costs improve access to primary care
 - c. add to preventive care and prescription benefits
 - d. offer coverage to those with pre-existing conditions

- e. extend young adults' coverage under their parents' insurance policies
2. Give examples of politics influencing public health policy. **Textbook p. 53**
 - a. Legislation providing substantial solutions for the health problems that threaten the safety of the citizens or their government*****
 3. What are the steps of health policy making? **Textbook pg 54**
 - a. setting a plan/agenda
 - b. policy formulation
 - c. policy adoption
 - d. policy implementation
 - e. policy assessment
 - f. policy modification
 4. How does politics influence healthcare? **Textbook pg 53 & 55**
 - a. provide the power needed to influence critical decisions regarding the allocation and distribution of resources
 - b. policies can be made into legislation to give substantial solutions for health problems that threaten the health and safety of the citizens
 5. What is the ANA Code of Ethics? **Textbook pg 67**
 - a. Provision 1: The nurse practices with compassion and respect for every person's inherent dignity, worth, and unique attributes.
 - b. Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
 - c. Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
 - d. Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
 - e. Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
 - f. Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality healthcare.
 - g. Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
 - h. Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

- i. Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the profession's integrity, and integrate principles of social justice into nursing and health policy.
6. What are the ethical principles in community health nursing, and how are they applied?

Textbook & ATI (slide 29)

- a. Respect for Autonomy: Individuals select those actions that fulfill their goals
- b. Nonmaleficence: No harm mis done e when applying standards of care
- c. Beneficence: Maximize possible benefits and minimize possible harms
- d. Distributive Justice: Fair distribution of the benefits and burden in society is based on the needs and contributions of its members

D & H-W Ch. 4

Global Health: A Community Perspective ATI Ch. 1 & 2

1. What is the WHO's definition of health? **Textbook pg 77**
 - a. "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"
2. Think of examples of what this looks like.
3. Think of examples of global health disparities. How are these impacted by social determinants of health globally? **Textbook Slide 10 intro to population global health**
 - a. Social Determinants of Health
 - i. Conditions in which people live
 - ii. income
 - iii. social status
 - iv. education
 - v. literacy level
 - vi. Home and work environment
 - vii. support network
 - viii. gender
 - ix. culture
 - x. availability of health services
 - b. Health Disparities
 - i. Poverty
 - ii. Environmental threats
 - iii. Inadequate access to health care
 - iv. individual and behavioral factors
 - v. Educational inequalities

vi. Race and ethnicity

vii. Gender

viii. Sexual identity and orientation

ix. Disability status or special health care needs

x. Geographic location

4. What are examples of global health? **Textbook p.76*******
 - a. Ebola
 - b. Zika

5. What is causing a rise in communicable diseases compared with noncommunicable diseases globally? **Textbook p.79**
 - a. tobacco use
 - b. alcohol consumption
 - c. poor diet
 - d. lack of physical activity

6. What are some negative and positive effects of globalization? Give examples **Textbook*******
 - a. Providing affordable and quality care is a goal but is still be worked towards

D & H-W Ch. 6

Epidemiology: The Science of Prevention ATI Ch. 3 pg. 23-24

1. Define the following epidemiologic models: – **Textbook**
 - a. Epidemiologic Triad- 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. p 140
 - b. Wheel of Causation- deemphasizes the agent as the sole cause of the disease, whereas it emphasizes the interplay of physical, biologic, and social environments. p 141
 - c. Web of Causation- model that strongly emphasizes the concept of multiple causation while deemphasizing the role of agents in explaining illness. p 141
 - d. Natural History of Disease Model- integrates the pathogenesis of an illness with primary, secondary, and tertiary prevention measures. p 142

2. What sources give health-related data? What are they best used for? **ATI** (Informatics PPT & Activity)
 - a. US Census Beureau provides health realted data (think data that influences health factors like age, sex, race, dissabilities, income...)
 - b. Health realted data is useful in developing public health policies regardin disease managment and evlauate efficiency of communicable disease programs.

3. What is the epidemiologic process and how does it compare to the nursing process? What is the same? **Textbook**
 - a. The assessment, planning, implementation and evaluation is all the same in the two processes. Epidemiologic process is based on a population while the nursing processes is client based.
4. How has morbidity and mortality changed in the last 150 years? **Textbook *******
 - a. Morbidity and mortality have progressed in the last 150 years due to improvements in healthcare
5. How is epidemiology used to investigate outbreaks of diseases? **Textbook, ATI, & Epidemiology-Rate calculation sheet**
 - a. By using incidence and prevalence rates to measure the existence of a particular disease. ATI pg 24

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. **Textbook** pg 155-156& **ATI**
 - crude rate: general rates that measure the occurrence of the condition being investigated in the entire population
 - adjusted rate: These provide a valid way to compare two populations without the confounding variable affecting the results
 - incidence rate: Measure of the probability that people without a certain condition will develop the condition over a period of time, often a year.
 - period prevalence rate: existence of a condition during a period of time.
 - point prevalence rate: existence of a condition at a specific point in time and provides a picture of an existing situation for a group of people.
2. 11 Rate calculations – Fill in the Blank – Review your Rate Calculation Worksheet