N442 Exam 1

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

1. What are the 8 Principles of Public Health Nursing? **Textbook**

1. The client or unit of care is the population.

2. The primary obligation is to achieve the greatest good for the greatest number of people or people as a whole.

3. Public health nurses collaborate with the client as equal partners.

4. Primary prevention is the priority in selecting appropriate activities. (primary prevention is maximizing health and wellness through strategies that are set in place before illness or injury is present) Examples of primary prevention include- Immunizations, driver's safety classes, healthy water and air quality, fire safety, using seatbelts, using ear plugs and safety glasses. (more on pg 105) She emphasized these in lecture.

5. Public health nursing focuses on strategies that create healthy environmental,

social, and economic conditions in which populations thrive.

6. A public health nurse is obligated to actively identify and reach out to all who might benefit from a specific activity.

7. Optimal use of available resources and creation of new evidence-based strategies is necessary to ensure the best overall improvement in the health of populations.

8. Collaboration with other professions, populations, organizations, and stakeholder groups is the most effective way to promote and protect the health of the people.

a. Of the 8 principles of public health nursing – what is priority?

Primary prevention is the priority. “She mentioned in class trying to avoid illness instead of seeing to it later”.

ATI pg 5 Key principles of Public Health Nursing

1. Emphasize primary prevention
2. Work to achieve the greatest good for the largest number of people
3. Recognize that the client is a partner in health
4. Use resources wisely to promote best outcomes.

Public health nursing (PHN) = nursing that is community based and, most importantly, it is population focused. **

2. Who are the main influencers of the history of public health? **Textbook**

Lemuel Shattuck- Pointed out that much of the ill health and disability in American cities in 1850 could be traced to unsanitary conditions.

This report is now considered one of the fundamental documents in Public Health in the US.

Provided for the first systematic use of Birth and Death records and demographic data to describe the health of a population.

Recommendations became the foundation of sanitation movement in the US. Pg 17

Dorothea Dix- Political activist in the 19th century who became aware of the dreadful conditions in prisons and mental hospitals. Her efforts helped establish the first hospitals for the mentall ill and improved life for the mentall ill. Pg 17

Clara Barton- Established the American Red Cross. Distributed supplies to wounded soldiers during the civil war and cared for the casualties with the help of her team of nurses. Pg 18

Lillian Wald**- She and Mary Brewster founded the Henry Street Settlement house which provided acute and long term care for the sick, taught health and hygiene (fees were based on ability to pay). In lecture “Mother of public health nursing”. In 1912 founded the National Organization for Public Health Nursing which set the first professional standards for public health nursing. Founder of Columbia University’s

School of Nursing, she was an advocate for women's and childrens rights and helping with the establishment of United States Children's Bureau, National Child Labor committee, and the National Women's Trade Union League. Pg 18

Mary Breckinridge- Founded Frontier Nursing Services in 1925. Realized children's healthcare must begin before birth with care of the mother and continue throughout childhood, while including care for the entire family. Establish Frontier Graduate School of Midwifery in1939 (one of the first midwifery programs in the country) Pg 19

Winslow (1920) often called the father of public health define public health as "the science and art of preventing disease, prolong life, and promoting physical health and efficiency through organized community efforts for the sanction of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive tx of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of heath" Book pg 77

3. What are the achievements of public health (CDC) in the 20th century? **Textbook** Box pg 5 list ten great public health achievements in the US from 1900-1999

Vaccination

Changes in safety, effects of nutrition. Food regulation.

- Health departments were established in most states,
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco as a health hazard
- Vaccination
- Motor vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in coronary heart disease and stroke deaths

4. Examples of Social determinants of health. **Textbook** & **ATI**

Book pg 4. Social determinants of health are social conditions in which people live, their incomes, social status, education, literacy level, home and work environment, support network, gender, culture and availability of health services. These conditions have an impact on the extent to which a person of community possess the physical, social, and personal resources necessary to attain and maintain health.

Conditions in which people live

Income

Social Status

Education

Literacy Level

Home and Work Environment

Support Networks

Gender

Culture

Availability of Health Services

Economic Stability

Employment

Food Insecurity

Housing Instability

Poverty

<u>Education</u>

Early Childhood Education and Development

Enrollment in Higher Education

High School Graduation

Language and Literacy

<u>Social and Community Context</u>

Civic Participation

Discrimination

Incarceration

Social Cohesion

Health and Health Care

Access to Health Care

Access to Primary Care

Health Literacy

Neighborhood and Built Environment

Access to Foods that Support Healthy Eating Patterns

Crime and Violence

Environmental Conditions

Quality of Housing- **ex: lead poisoning from older home, mold from leaks

a. How do these differ from health disparities? Some population groups having fewer resources to offset the effects are disproportionately affected and Health Disparities result.

Health disparities or differences in health care and health outcomes experienced by one population compared with another.

5. What are the Healthy People 2030 overarching goals and examples of how to

achieve these goals? **Textbook & PPT**

PPT 1. Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.

2. Achieve health equity, eliminate disparities, and improve health of all groups.

3. Create social and physical environments that promote good health for all

4. Promote quality of life, healthy development, and healthy behaviors across all life stages.

5. Encourage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

Personal responsibility for health to achieve these goals include- Actively participating in one's own health through education and lifestyle changes, reviewing one's own medical records including lab results, and monitoring both positive and negative effects of medications, Show up for scheduled tests and procedures, follow dietary recommendations, lose weight if needed, avoid drugs and alcie (alcohol???), exercise, and educate yourself on personal conditions.

a. Which overarching goal is priority and why?

#3. Create social and physical environments that promote good health for all = Primary prevention.

6. What are the core functions of the government? **Textbook**

Pg 5

1. Assess healthcare problems

2. Intervene by developing relevant healthcare policy that provides access to services

3. Ensures that services are delivered and outcomes achieved.

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

1. Define and give examples of health disparities. **Textbook**

•Poverty

•Environmental threats

•Inadequate access to health care

•Individual and behavioral factors

•Educational inequalities

•Race and ethnicity

•Gender

•Sexual identity and orientation

•Disability status or special health care needs

•Geographic location (rural and urban)

2. What is the focus of Community health nursing? **Textbook**

Focus on the aggregate

Promote prevention

Encourage community organization

Practice the ethical theory of the greater good

Model leadership in health

Use epidemiologic knowledge and methods

a. How would you describe community health nursing?

(ATI) a population-focused approach to planning, delivering, and evaluating nursing care. A broad field that allows nurses to practice in a wide variety of settings. Community health nurses promote the health and welfare of clients across the lifespan and from diverse populations.

Community- group of people and institutions that share geographic, civic, and or social parameters. Vary in their health needs

3. What is the overall goal of public health? **Textbook** & **ATI**

The goal of public healthcare is to keep populations healthy through a broader “reach” than connection at the individual level.

population-based practice, defined as a synthesis of nursing and public health within the context of preventing disease and disability and promoting and protecting the health of the entire community

Primary obligation is to achieve the greatest good for the greatest number of people or people as a whole. **know

The central goal of public health is the reduction of disease through prevention and the improvement of health in the community, both nationally and internationally.

4. <u>What does the government regulate?</u> **<u>Textbook</u>**

The federal government creates policy, financing, and regulatory enforcement when a service that benefits citizens is identified and available. Example: government efforts to improve public health include providing free drug info on government published data bases, disaster preparedness plans, and quality indicators of child health.

Public health entities of regulation are often related to food, drugs, devices, occupational health, and the environment through CDC, Public Health Law program, Department of Health and Human Services, and National Prevention Council.

The federal government makes public health policy.

***** know what is regulated and by who:**

FDA regulates food, drugs, and devices (FDD), occupational health is OSSHA, EPA is environmental

5. <u>How has healthcare changed in the United States over time?</u> **<u>Textbook-</u>**

Healthcare has been evolving toward a multifaceted system that empowers patients and clients rather than providers- ensure patients have access to high-quality care, regardless of their income, where they live, the color of their skin, or how old or ill they are. Shift to PATIENT-CENTERED CARE- clients are active participants in their care

Shift from cure to prevention and from individual to community care

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

1. <u>What are the goals of the Patient Protection and Affordable Care Act?</u> **<u>Textbook</u>**

Because of vast disparities in healthcare access and quality Obama signed the Patient

Protection and Affordable Care Act (March of 2010) making health care a priority issue.

Goals: ? Provide funds to organizations, health centers, and initiatives with goals of creating healthy communities and assisting vulnerable populations through Community Transformation Grant Book pg 65

Book pg 69 Goal in improving the overall healthcare system and the quality of care included expanding health insurance coverage, shifting the focus of the healthcare delivery system from treatment to prevention and reducing the costs and improving the efficiency of healthcare.

ACA was put into place to improve the quality, access, and the affordability of healthcare. Expanded healthcare access to children; can stay on parents insurance until age 26 vs 18, insurers are no longer allowed to exclude children from coverage because of preexisting conditions, and access had been expanded through state based health insurance exchanges for uninsured families.

The goal of the PPACA is to help provide affordable health insurance coverage to most Americans, lower costs, improve access to primary care, add to preventive care and prescription benefits, offer coverage to those with pre-existing conditions, and extend young adults' coverage under their parents' insurance policies.

2. Give examples of politics influencing public health policy. **Textbook**

Politics has a far-reaching effect on healthcare

The government should be interested in health matters when a problem affects a specific group OR a whole population

Politics can have either a positive or negative effect on healthcare

Political parties don't necessarily agree on healthcare policies but ultimately it has to be a process which includes both parties.

Political solutions can be reached at both the federal and state levels Pg 53

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

Providing free drug information on government published databases, establishing disaster preparedness plans, and creating quality indicators for child health

3. <u>What are the steps of health policy making? **Textbook**</u>

1. Setting an agenda- The problem of common interest is identified for a specific community or group.

3 key factors in this stage include the significance of the problem, the political support for addressing the problem, and the ability to perceive the viability of proposed alternative solutions for the problem.

Book example- Smoking government encourages or discourages through different policies along w/nurses as political advocates for achieving health improvements

2. Policy formation- the possible and available alternative policies are identified and a specific policy is selected. Book example: Smoking all possible and effective policy

measures such as no smoking indoors, tobacco industry regulated at state local and federal levels, should be addressed and discussed to select the most effective policy in reducing the prevalence of smoking

3. Policy adoption- The process of selecting the policy that should gain support, power, and directions for the legislators. Book example: tobacco all proposed policies need to gain support from stakeholders at the different levels starting from state levels and ending at local along w/ nurses role in reflecting and directing the selection process.

4. Policy implementation- Stage in which the actual carrying out of the policy takes place by using the available human and financial resources.

5. Policy assessment- Evaluation of the implemented policy

6. Policy modification- the policy can be maintained, changed, or eliminated according to its level of appropriateness.

4. How does politics influence healthcare? **Textbook**

Provides substantial solutions for the health problems that threaten the health and safety of the

citizens. Politicians control and determine the allocation of resources. Politicians must agree on the most prevalent health issues and on how to address them as they impact the nation's health.

Politics are the process of influencing the allocation of resources needed to enable policies, and involve the strategies needed to achieve the desired goals. Politics also reflects how conflicts and problems are expressed and resolved in the context of society and involves choices and influences based on power dynamics. Additionally, politics helps in answering questions regarding who participates or who influences governmental decision-making and who benefits and who does not.

5. What is the ANA Code of Ethics? **Textbook- the ethical standards for all members of the profession. No one outside of nursing can alter it.**

The public healthcare of ethics identities the ethical practice of public health. Ethical considerations include preventing harm, doing no harm, promoting good, respecting both individual and community rights, respecting autonomy and diversity and providing confidentiality, competency, trustworthiness, and advocacy.

BOOk pg 67 Noteworthy to address the role of ANA if the following

1. *Code of ethics for Nurses*- asserts the values and commitment to excellence for patients, society, and nurses individually and collectively as a profession

2. *Social Policy Statement*-Details the authority based on the social responsibility of the profession to society. Serves as the nursing contract between the profession of nursing and society to uphold the highest values and standards in delivering its service of nursing care
3. *Scope and Standards of Practice in Nursing*-Delineates the scope of nursing practice and then defines the standards of professional nursing practice and accompanying competencies.

6. <u>What are the ethical principles in community health nursing?</u> **<u>Textbook & ATI</u>**

a. Ethics
b. Advocacy
c. Evidenced Based practice
d. Quality
e. Professional collaboration and communication

BOOK PG 67 ethical principals or provisions

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, group,

community, or population

3. The nurse promotes, advocates for and protects the rights, health, and safety of the patient.
4. The nurse has the authority accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duties as 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.
6. The nurse through individual and collective effort, established, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality healthcare.
7. The nurse in all roles and settings, advances the profession through research and quality inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate policies of social justice into nursing and health policy.

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

1. Examples of determinants of health. **Textbook** & **ATI**

a. Physical environment

b. Social environment

c. Health behaviors

d. Individual health

e. Access to health services

f. Overall health policies and interventions

Client or environmental factors that influence the client's health. These can include nutrition, social support and stress, education, finances, transportation and housing, biology and genetics, and personal health practices.

2. What is the WHO's definition of health? **Textbook**

Efforts are directed primarily to safely conquer disease and to help advance professionals and healthcare systems which allow this to occur with efficiency and effectiveness.

The World Health Organization (WHO) in 1947 defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1947, p. 1). The WHO definition of health encompasses the highest level of health, involving self-actualization or reaching one's true potential.

a. What does this look like?

The highest level of health, involving self-actualization or reaching one's true potential.

3. Examples of global health disparities. **Textbook**

4. What is global health? **Textbook**

Global health was defined by the Institute of Medicine (IOM, 1997) as "health problems, issues, and concerns that transcend national boundaries and may best be addressed by cooperative actions and solutions" (p. 2). Global health is a dynamic concept with many components.

An area for study, research, or practice that places a priority on improving health and achieving equity for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions, involves many disciplines within and beyond the health sciences, and promotes interdisciplinary collaboration, and is a synthesis of population-based prevention with individual-level clinic care.

Book pg78 when discussing global health several factors need to be considered. Determinants of health to be considered: physical environment, social environment, health behaviors and coping skills, access to health services, healthy child development, and employment and

working conditions.

5. <u>What is causing a rise in noncommunicable diseases?</u> **<u>Textbook</u>**

Tobacco use

Excessive alcohol consumption

Poor diet and lack of physical activity

Health promotion, education, and skilled healthcare could address this

6. <u>What are some main global health issues?</u> **<u>Textbook-</u> 70% of deaths caused by noncommunicable diseases**

Cardiovascular disease (ischemic heart disease/stroke), cancer, chronic pulmonary disease and diabetes account for 80% of noncommunicable disease deaths. Also a burden are reproductive health (women and infants dying from birth complications) and HIV

7. What are some negative and positive effects of globalization? **Textbook PG 91-92**

Negative – Physicians and nurses moving to highly developed countries where they can work in more favorable conditions, called “brain drain”. Which leads to problems such as low wages, unsafe environments, the need for better living conditions and facilities, lack of opportunity to be promoted, and usually heavy workloads and long working hours. Spreading disease, overworked,

Positive – Workers who migrate gain new skills in the receiving countries and can return to

their native countries revitalized with education and new outlooks on solving the problems, called “brain gain”.

Learn new skills and new outlooks to educate their workers,

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

1. Define the following epidemiologic models: – **Textbook**

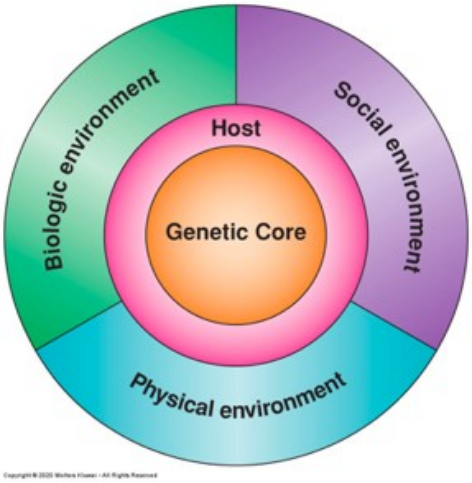
a) Epidemiologic Triad

In this model, the agent is an organism capable of causing disease. The host population is at risk for developing the disease. The environment is a combination of physical, biologic, and social factors that surround and influence both the agent and the host. HEALTH STATUS IS DETERMINED BY THE INTERACTION OF THE HOST, AGENT, AND ENVIRONMENT. NOT ONE FACTOR

b) Wheel of Causation

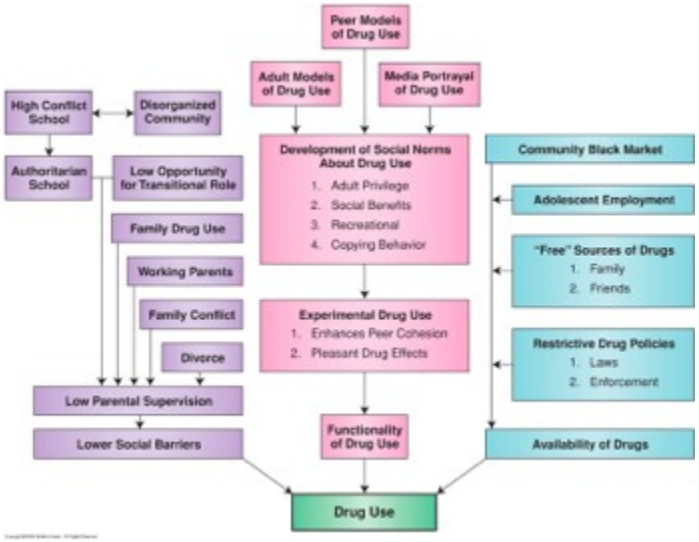
The wheel of causation *de-emphasizes the agent* as the sole cause of disease, whereas it emphasizes the interplay of **physical, biologic, and social environments**. Interaction between the host and environment, with or without an identifiable agent, remains the major determinant of health status in all epidemiologic models. more complex, investigates how all factors interact and how multiple factors contribute to a disease. not just the agent- used for more complex things without an agent such as

cardiovascular disease



c) Web of Causation

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



d) Natural History of Disease Model- integrates pathogenesis of illness with primary, secondary, and tertiary prevention measures. Primary prevention is used during the prepathogenesis period. Secondary prevention focuses on early diagnosis and prompt treatment. Tertiary maximizes quality of life.

2. What sources give health-related data? What are they best used for? **ATI** (Informatics PPT & Activity)

a. Census, CDC, IDPH, County Health Department

b. Management of disease outbreak

c. Tracks the point of origin of some diseases, develop public health policies regarding disease management, evaluate of communicable disease programs

Community assessments provide information about sex, age, socioeconomic characteristics, and cultural and ethnic distribution. They access vital statistics including morbidity and mortality rates, accessibility and availability of healthcare services. Health beliefs, norms, values, goals, needs, practices are obtained from focus groups, interviews, or surveys.

3. How would you use epidemiology? What is the purpose of epidemiology? **Textbook** &

ATI

Nurses use epidemiological principles to provide health interventions to targeted groups. Epidemiological calculations provide numerical information about the impact of disease and death on populations and aggregates.

	Epidemiologic Process (Population Based)	**Nursing Process (Client Based)**
Assessment	·Data are gathered from reliable sources ·Nature, extent, and scope of problem are defined ·Problem described by person, place, and time	·An individual client database is established ·Data are interpreted
Diagnosis	·Tentative hypothesis is formulated ·Data analyzed to test the hypothesis	·Healthcare needs and assets are identified ·Goal and objectives for care are established
Planning	·Plans are made for control and prevention of the condition or event	·Processes for achieving goals are selected
Implementation	·Actions are initiated to implement the plan	·Actions initiated to achieve goals
Evaluation	·Actions are evaluated and report is prepared	·Extent of goal achievement is determined

·Further research is conducted 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. **Textbook** & **ATI**

crude—measurement of the occurrence of the health problem or condition being investigated in the entire population

Ex: number of deaths in 1 year/ mid-year population x 100,000

a. Adjusted—statistical procedure that removes the effects of differences in the composition of a population, such as age, when comparing one with another. Valuable way to compare two populations without variables such as age affecting the results.
b. Incidence rate—measure of the probability that people without a certain condition will develop that condition over a period of time

   Ex: number of new cases developing in a population at risk during a specific time.

   #new cases of disease over period of time/ # of persons at risk (population) over that

period of time x 1000 or 100,000

1.0 + relative risk indicates that the risk is greater in the exposed groupLow

c. Prevalence rate—measures the number of people in a given population who have an existing condition at a given point in time

Ex: number of cases in the population at a specific time/ population x 1000

i. Period- number of **existing cases** in a population **over a period** of time/ total state population x 100,000

ii. Point- measure of existing disease in a population at a specific time . ex: # of cases of a disease from a speicfic cause for one month for the state/ population of state x 100,000

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

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

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

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

Rate Calculating:

Rate = # of conditions or events in a designated time period x Base multiple of 10

Population at risk during the same period of time

Incidence Calculating:

The number of new cases of a disease that occur during a specified period of time divided by the number of persons at risk of developing the disease during that period of time.

# of new cases of disease over

a specific period of time

Incidence = ----------

# of persons at risk of disease

over that specific period of time

Prevalence Calculating:

The number of affected persons present in the population divided by the number of people in the population

# of cases

Prevalence = ----------

# of people in the population