

Care of Specific Populations

Community health nurses identify vulnerable populations and implement measures to improve health through direct care or improving health care access, and by changing the physical environment, health care culture, and health policies.

Community health nurses care for many individuals who are members of specific populations and more prone to impaired health or negative outcomes associated with illness and disease.

FACTORS THAT CAN THREATEN HEALTH

- Low income
- Difficulty accessing health care, uninsured or underinsured
 - Uninsured or underinsured individuals access health services less often and have decreased management of chronic conditions.
- Poor self-esteem
- Young or advanced age
- Chronic stress
- Environmental factors
- Presence of communicable disease
- Racial and ethnic minority status
 - Individuals of ethnic or racial minorities often face social, environmental, and economic barriers. These barriers are linked to reduced access to care, decreased use of preventive care, and poorer health outcomes.
- The disparities for minority groups that differ across each population
- Detailed information on the health status and concerns for minority populations in the United States is available through the Office of Minority Health website.

VULNERABLE POPULATIONS

- Vulnerable populations are those that have multiple risk factors for negative health outcomes.
 - Identifying modifiable risk factors and targeting interventions can promote better health outcomes for the populations. This promotes population resilience.
- Vulnerable populations include individuals who are subject to issues such as the following.
 - Violence
 - Substance use disorders
 - Mental health issues/illnesses
 - Poverty and homelessness
 - Rural residency
 - Migrant employment
 - Veteran status
 - Disability

HEALTH DISPARITIES

- Significant differences in health status and access to health services across varied groups.
- Health disparities can be linked to gender, ethnicity, race, education, and income differences.
 - Nurses should be aware of health disparities, and intervene to reduce disparities when possible.
 - The *Healthy People* initiative has a goal to eliminate disparities to achieve health equity.

NATIONAL HEALTH GOALS

- Goals to address for vulnerable populations include the following.
- Increasing the number of people who have a routine primary care provider
 - Increasing the number of people who have health insurance
 - Reducing the number of people who are unable to access, or have a delay in accessing, health care services and prescribed medications
 - Reducing the number of people who have disabilities who report physical barriers to accessing health and wellness programs in the community

NURSING ACTIONS

- Create rapport and provide a safe environment.
- Be knowledgeable about population characteristics. When the client is an individual, investigate individual's preferences that may differ from population trends.
- Facilitate care coordination among providers, facilities, and community resources.
- Advocate for the needs of the population, with focus on preventive services.
- Assist the client to obtain as much control over personal health and healthcare as possible.
- Develop an interprofessional network to assist with improving the health of the population.

Violence

TYPES WITHIN COMMUNITIES

Homicide

- Homicide is often related to substance use.
- Most homicides are committed by someone known to the victim and occur during an argument.
- Violence often precedes homicide within families.
- Rates of homicide are increasing among adolescents more than in other age groups.

Assault

- Males are more likely than females to be assaulted.
- Youths are at a significantly increased risk.

Rape

- Rape is often unreported.
- Most incidences of rape are spousal (marital) or acquaintance (date) rape.
- Females are more likely than males to be raped. The risk of rape is increased in cities, between 8 p.m. and 2 a.m., on the weekends, and in the summer months.

Suicide

- According to the CDC:
 - Rates of suicide are highest among individuals 45 to 64 years of age.
 - Females are more likely to attempt suicide; however, males are more likely to complete suicide.
 - Caucasians are more likely than other ethnic groups to commit suicide.
- Risk factors for suicide include depression or other mental health disorders, substance use, having access to a firearm, and partner violence or neglect issues.

Violence

PHYSICAL VIOLENCE occurs when pain or harm results.

- **Toward an infant or child**, as is the case with shaken baby syndrome (caused by violent shaking of young infants)
- **Toward a spouse or partner**, such as striking or strangling the partner
- **Toward an older adult** in the home (elder violence), such as pushing an older adult parent and causing her to fall ☹
- **Toward a nonspouse or nonpartner**

SEXUAL VIOLENCE occurs when sexual contact takes place without consent.

EMOTIONAL VIOLENCE, which includes behavior that minimizes an individual's feelings of self-worth or humiliates, threatens, or intimidates a family member.

NEGLECT includes the failure to provide the following.

- **Physical care**, such as food, shelter, and hygiene
- **Emotional care** and/or stimulation necessary to achieve developmental milestones, such as speaking and interacting with a child
- **Education** for a child
- Needed **health or dental care**

Economic maltreatment

- Failure to provide for the needs of a vulnerable person when adequate funds are available
- Unpaid bills when another person is managing the finances
- Theft of or misuse of money or property

INDIVIDUAL ASSESSMENT FOR VIOLENCE

INDIVIDUAL RISK FACTORS FOR VIOLENCE

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

RECOGNIZING POTENTIAL CHILD ABUSE/NEGLECT

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

RECOGNIZING POTENTIAL OLDER ADULT ABUSE ☹

- Unexplained or repeated physical injuries
- Physical neglect and unmet basic needs
- Rejection of assistance by caregiver
- Financial mismanagement
- Withdrawal and passivity
- Depression

COMMUNITY ASSESSMENT

SOCIAL AND COMMUNITY VIOLENCE RISK FACTORS

- Work stress
- Unemployment
- Media exposure to violence
- Crowded living conditions
- Poverty
- Feelings of powerlessness
- Social isolation
- Lack of community resources (playgrounds, parks, theaters)

STRATEGIES TO REDUCE SOCIETAL VIOLENCE Q_s

PRIMARY PREVENTION

- Teach alternative methods of conflict resolution, anger management, and coping strategies in community settings.
- 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 protection 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.

SECONDARY PREVENTION

- Identify and screen those at risk for abuse and individuals who are potential abusers.
- Assess and evaluate any unexplained bruises or injuries of any individual.
- Screen all pregnant women for potential abuse. This might be the one time in some women's lives that they can access the health care system on a regular basis.
- Refer sexual assault or rape survivors to a local emergency department for assessment by a sexual assault abuse team. Caution the client not to bathe following the assault because it will destroy physical evidence.
- Assess and counsel anyone contemplating suicide or homicide, and refer the individual to the appropriate services.
- Support and educate the offender, even though a report must be made.
- Assess and help offenders address and deal with the stressors that can be causing or contributing to the abuse (mental illness, substance use).
- Alert all involved about available resources within the community.
- Advocate for legislation designed to assist older adult independence and caregivers and to increase funding for programs that supply services to low-income, at-risk individuals.

TERTIARY PREVENTION

- Establish parameters for long-term follow-up and supervision.
- Make resources in the community available to survivors of violence (telephone numbers of crisis lines and shelters).
- If court systems are involved, work with parents while the child is out of the home (in foster care).

- Refer to mental health professionals for long-term assistance.
- Provide grief counseling to families following the death of a family member to suicide or homicide.
- Develop support groups for caregivers and survivors of violence.

CARING FOR CLIENTS WHO EXPERIENCE VIOLENCE Q_{ecc}

- Build trust and confidence with a client.
- Focus on the client rather than the situation.
- Assess for immediate danger.
- Provide emergency care as needed.
- Work with the client to develop a plan for safety.
- Make needed referrals for community services and legal options.
- If abuse has occurred, complete mandatory reporting, following state and agency guidelines.

Substance use disorders

- Substance use disorders involve the maladaptive use of substances resulting in threats to an individual's health or social and economic functioning.
- Substance use disorders have significant effects on family dynamics, and often lead to codependency.
- Substance use disorders negatively affect family life, public safety, and the economy. They cause more disability, death, and illness than any other health condition.
- Recovery from substance use disorders occurs over years and usually involves relapses. A strong support system, including 12-step programs and self-help groups for family members, is important.
- Community health nurses are front-line health professionals who are able to assist those who have substance use disorders.

DEPENDENCE

Dependence is a pattern of pathological, compulsive use of substances and involves physiological and psychological dependence.

- Cardinal indicators of dependence include manifestations of tolerance and withdrawal.
- Denial is also a primary indication of dependence and can include the following.
 - Defensiveness
 - Lying about use
 - Minimizing use
 - Blaming or rationalizing use
 - Intellectualizing
 - "Going with the flow" (agreeing there is a problem, vowing to make a change, but the change doesn't occur)

HEALTH PROBLEMS

Alcohol, tobacco, and other substance use disorders can cause multiple health problems, including the following.

- Low birth weight
- Congenital abnormalities
- Accidents
- Homicides
- Suicides
- Chronic diseases
- Violence
- Disability

ALCOHOL USE

- Alcohol is the most commonly used substance in the U.S. It is socially acceptable, as well as easily accessible.
- Alcohol is a depressant. Alcohol dulls the senses to outside stimulation and sedates the inhibitory centers in the brain.
- People who frequently and consistently drink alcohol develop a tolerance, an increased requirement for alcohol to achieve the desired effect.

EFFECT OF ALCOHOL

- The direct effect of alcohol is determined by the blood alcohol level.
- The body processes alcohol dependent on several factors.
 - Size and weight of the drinker
 - Sex (affects metabolism)
 - Carbonation (increases absorption)
 - Time elapsed during alcohol consumption
 - Food in the stomach
 - The drinker's emotional state
 - Type of alcohol
- Excess alcohol that is not metabolized circulates in the blood and affects the central nervous system and the brain.

WITHDRAWAL

- Following prolonged use, manifestations of alcohol withdrawal appears within 4 to 12 hr.
- It is important to determine the time of the last drink the client ingested in order to accurately monitor for manifestations of withdrawal.

MANIFESTATIONS OF WITHDRAWAL

- Irritability
- Tremors
- Nausea
- Vomiting
- Headaches
- Diaphoresis
- Anxiety
- Sleep disturbances
- Tachycardia
- Elevated blood pressure

TOBACCO USE

- Smoking is the most important preventable cause of death in the U.S., according to the Centers for Disease Control and Prevention. **QESP**
- Nicotine is a stimulant that temporarily creates a feeling of alertness and energy. Repeated use to avoid the subsequent "down" that will follow this period of stimulation leads to a vicious cycle of use.
- Tolerance to nicotine develops quickly.
- Cigarette smoking results in deep inhalation of smoke, which poses the greatest health risk (cancer, cardiovascular disease, respiratory disease).
 - Cigars, pipes, and smokeless tobacco increase the risk of cancers of the lips, mouth, and throat.
 - Passive smoking (exposure to secondhand smoke) poses considerable health risks (respiratory disease, lung cancer) to nonsmokers.

OTHER SUBSTANCES

Marijuana has a low level of toxicity. Although it is legal in some states, it is considered the most commonly used illegal substance in the U.S. Users can develop tolerance and dependence with long-term use, but withdrawal manifestations are minimal.

Other stimulants include caffeine, amphetamines, methamphetamines, and cocaine.

Other depressants include barbiturates, benzodiazepines, chloral hydrate, and GHB.

Opiates include morphine, heroin, codeine, and fentanyl.

Hallucinogens (psychedelics) produce anxiety, paranoia, impaired judgment, and hallucinations. Some examples are lysergic acid diethylamide (LSD), phencyclidine (PCP), and MDMA (ecstasy).

Inhalants are volatile substances that are inhaled (huffed). Death can result from acute cardiac dysrhythmias or asphyxiation.

INDIVIDUAL ASSESSMENT **QCC**

- Establish rapport with the client. Pose questions in a matter-of-fact tone. Be nonjudgmental. Communicate that the purpose of questioning is because of the effects that different practices can have on an individual's health. Use therapeutic communication.
- Seek information about specific substances used, methods of use, and the quantity (packs, ounces) and frequency of use.
- Elicit information about consequences experienced (blackouts, overdoses, injuries to self/others, legal or social difficulties).
- Determine if the individual perceives a substance use problem.
- Discuss the individual's history of previous rehabilitation experiences.
- Gather family history of substance use and social exposure to other substance users.

PHYSICAL ASSESSMENT FINDINGS

VITAL SIGNS: Varies depending on the substance being used.

APPEARANCE: Individual can appear disheveled with an unsteady gait.

EYES: Pupils can appear dilated or pinpoint, red, and with poor eye contact.

SKIN: Can be diaphoretic, cool, and/or clammy. Needle track marks or spider angiomas can be visible.

NOSE: Can be runny, congested, red, and/or cauliflower-shaped.

TREMORS: Fine or coarse tremors can be present.

STRATEGIES TO REDUCE SUBSTANCE USE DISORDERS

PRIMARY PREVENTION

- Increase public awareness, particularly among young people, regarding the hazards and risks of dependence associated with substance use (public education campaigns, school education programs).
- Encourage development of life skills.
- Assist in the formation of parental action and awareness groups, such as Mothers Against Drunk Driving (MADD).

SECONDARY PREVENTION

- Identify at-risk individuals and assist them to reduce sources of stress, including possible referral to social services to eliminate financial difficulties or other sources of stress.
- Screen individuals for substance use disorders.

TERTIARY PREVENTION

- Assist the client to develop a plan to avoid high-risk situations and to enhance coping and lifestyle changes.
- Refer the client to community groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- Monitor pharmacological management (nicotine replacement therapy, methadone programs).
- Provide emotional support to recovering substance users and their families, including positive reinforcement.

Mental health

National Alliance for the Mentally Ill (NAMI) is an advocacy group that works to reduce stigma and provide services for clients who have mental health disorders and their families.

- Individuals who have severe mental illness can experience stigma, marginalization, lack of social support, and inadequate treatment.

CHARACTERISTICS OF MENTAL HEALTH DISORDERS

- Occurs across the lifespan
- High risk of substance use disorders
- High suicide risk
- Increased occurrence of chronic disease

SPECIFIC DISORDERS

- Affective disorders (bipolar disorder, major depressive disorder)
- Anxiety disorders (obsessive-compulsive, panic, phobias, posttraumatic stress)
- Schizophrenia
- Dementia
- Conduct disorders
- Personality disorders

FACTORS AFFECTING MENTAL HEALTH

- Individual coping abilities
- Stressful life events (exposure to violence, disasters)
- Social events (recent divorce, separation, unemployment, bereavement)
- Chronic health problems
- Stigma associated with seeking mental health services

STRATEGIES FOR IMPROVING MENTAL HEALTH

PRIMARY PREVENTION

- Provide education to populations regarding mental health issues.
- Teach stress-reduction techniques.
- Implement parenting classes.
- Organize bereavement support groups.
- Promote protective factors (coping abilities) and risk factor reduction.

SECONDARY PREVENTION

- Screen to detect mental health disorders.
- Work directly with at-risk individuals, families, and groups through formation of a therapeutic relationship.
- Conduct crisis intervention.

TERTIARY PREVENTION

- Perform medication monitoring.
- Provide mental health interventions.
- Make referrals to various groups of professionals, including support groups. **QTC**
- Maintain the client's level of function to prevent relapse or frequent rehospitalization.
- Identify behavioral, environmental, and biological triggers that can lead to relapse.
- Assist the client in planning a regular lifestyle and minimizing sources of stress.
- Educate the client and family regarding medication adverse effects and potential interactions.

Poverty and homelessness

- The federal poverty level is used to help determine which individuals can receive financial assistance (Medicaid, welfare).
- Individuals living in poverty are unable to pay for food, transportation, shelter, clothes, and medical care.
- Community regions that are characterized by poor housing, low employment rates, and increased rates of death and disease can be described as neighborhood poverty.
- Extreme poverty leads to inadequate housing and homelessness.
- Homeless individuals are those who do not have a regular nighttime residence, and can include individuals who temporarily reside in a shelter, institution, or on the street.
- Incidence and prevalence counts can be used to number homeless individuals. The number is often inaccurate due to difficulty locating homeless individuals who can be transient, staying with friends, or residing in difficult-to-access locations.
- Health care for individuals who are impoverished or homeless is often only in times of acute exacerbation or crisis.

POVERTY

CHARACTERISTICS OF INDIVIDUALS EXPERIENCING POVERTY

- Insufficient insurance coverage
- High-risk work and living environments
- Poor nutrition
- Increased stress
- Less likely to engage in preventive activities or seek treatment for health problems
- Increased rate of chronic illness and accompanying physical limitations
- Increased morbidity and mortality rates

HOMELESSNESS

HOMELESS POPULATION CHARACTERISTICS

- Adults who are unemployed, earn low wages, or are migrant workers
- Female heads of households
- Families with children (fastest-growing segment)
- People who have a mental illness (large segment)
- Veterans
- People who have substance use disorders
- Unaccompanied youth
- Adolescent runaways (high incidence of lesbian, gay, bisexual, and transgender [LGBT] adolescents)
- Survivors of violence or neglect
- People who have HIV or AIDS
- Older adults who have no place to go and no support system **QTC**

HEALTH ISSUES OF HOMELESS POPULATIONS

- Upper respiratory disorders
- Tuberculosis
- Skin disorders (athlete's foot) and infestations (scabies, lice)
- Substance use disorders
- HIV/AIDS
- Trauma
- Mental health disorders
- Dental caries
- Hypothermia and heat-related illnesses from environmental exposure
- Malnutrition

STRATEGIES FOR PREVENTING HOMELESSNESS AND ASSISTING INDIVIDUALS WHO ARE HOMELESS

- **Prevent individuals and families from becoming homeless** by assisting them in eliminating factors that can contribute to homelessness.
 - Refer those who have underlying mental health disorders to therapy and counseling.
 - Enhance parenting skills that can prevent young people from feeling the need to run away.
- **Alleviate existing homelessness** by making referrals for financial assistance, food supplements, and health services. **QTC**
 - Assist homeless clients in locating temporary shelter.
 - Assist clients in finding ways to meet long-term shelter needs.
 - If homeless shelters are not provided in the community, work with government officials to develop shelter programs.
- **Prevent recurrence of poverty, homelessness, and health problems** that result in conditions of poverty and homelessness.
 - Advocate and provide efforts toward political activity to provide needed services for people who have mental health disorders and are homeless.
 - Make referrals for employee assistance and educational programs to allow clients who are homeless to eliminate the factors contributing to their homelessness.

Rural residency

- Rural areas typically have less than 20,000 residents. Frontier areas have less than six persons per square mile.
- Urban areas typically have 20,000 to 49,999 residents, with larger central cities having a population of 1 million people or more.
- In general, low population densities are linked to decreased access to care, decreased health status, and decreased health-seeking behaviors.
- Community health nurses who practice in rural settings often face challenges of limited resources and isolation from other providers. These nurses care for clients who have a broad range of conditions and are at ages across the lifespan.

HEALTH STATUS OF RURAL RESIDENTS

- Higher infant and maternal morbidity rates
- Higher rates of diabetes mellitus
- Higher rates of obesity
- Less likely to meet physical activity recommendations
- Higher rates of suicide
- Increased trauma/injuries from lightning; farm machinery; drowning and boating; and snowmobile, all-terrain vehicle, and motorcycle crashes
- Increased occupational-associated risks (agriculture, fishing, mining, and construction are the most dangerous industries)
- Less likely to seek preventive care
- Increased risk for skin cancer from sun exposure
- Higher rates of respiratory complications from exposure to pesticides and chemicals
- Risk for stress-related health problems and poorer mental health

BARRIERS TO HEALTH CARE IN RURAL AREAS

- Distance from services
- Lack of personal/public transportation
- Unpredictable weather or travel conditions
- Inability to pay for care (underinsured/uninsured)
- Shortage of rural hospitals/health care providers

PRIORITY NEEDS FOR RURAL HEALTH

- Cancer prevention and care
- Mental health care
- Substance use prevention and treatment
- Immunization programs
- Family planning

NURSING ACTIONS FOR RURAL HEALTH

- Assist clients with identifying and applying for assistance programs.
- Use cultural competence when planning interventions.
- Establish trusting partnerships with key individuals in the community.
- Use existing relational ties between residents to foster community outreach initiatives.
- Teach prevention and protection measures for exposure to the elements and chemicals.

Migrant employment

- Seasonal and migrant workers are often employed in farming. Employment occurs during the time period required for caring for and harvesting crops.
- Migrant workers make a temporary home during employment at a specific location, and can be paying for their family to live in a different, permanent home at the same time.
- Agricultural workers are not covered under common labor laws (Fair Labor Standards Acts, Occupational Safety and Health Administration protections). Minors 12 years old and older are not covered under the Child Labor Act and can work alongside family members, even under hazardous conditions.
- The Migrant Health Act provides funding for migrant health centers across the U.S., which serve about one-fifth of the migrant worker population. The Department of Labor has regulations regarding standards for migrant and seasonal agricultural workers.
- Most migrant farmworkers do not speak English as a first language, and can face barriers of discrimination or ineligibility for services. Undocumented workers might not seek services due to fear of deportation.
- The nurse should use cultural competence to design care for individuals and groups of seasonal and migrant farmworkers. **Qccc**

HEALTH PROBLEMS OF MIGRANT WORKERS

- Dental disease
- Tuberculosis
- Chronic conditions
- Stress, anxiety, and other mental health concerns
- Leukemia
- Iron deficiency anemia
- Stomach, uterine, and cervical cancers
- Lack of prenatal care
- Higher infant mortality rates
- STIs, HIV/AIDS

Pesticide exposure

Pesticide exposure is a significant problem among farm workers. **Qs**

SUBJECTIVE FINDINGS: Headache, dizziness, dyspnea, nausea, abdominal cramps, poor concentration, eye irritation

OBJECTIVE FINDINGS: Confusion, irritability, muscle weakness and twitching, nasopharyngeal irritation, vomiting, rash

COMPLICATIONS: Long-term exposure is linked to cancer, reproductive problems, Parkinson's disease, liver damage, and behavioral issues. Impaired fetal development can occur among pregnant women exposed to pesticides, even from secondary exposure (contaminated clothing from a family member).

- Food insecurity
- Inconsistent income with yearly cycles of unemployment
- Poor and unsanitary working and housing conditions
- Exposure to environmental pesticides in agricultural settings
- Less access to dental, mental health, and pharmacy services
- Inability to afford care
- Reduced availability of services (distance, transportation, hours of service, lack of health record tracking)
- Language barriers and cultural aspects of health care
- Discrimination
- Immigration status (fear that seeking services will lead to deportation)

STRATEGIES FOR RURAL AND MIGRANT HEALTH CARE

Ensure informational material provided incorporate language or cultural specifications. Consider reading ability and health literacy of individuals.

PRIMARY PREVENTION

- Educate regarding measures to reduce exposure to pesticides (hand washing after working, washing food picked from fields before consumption, changing clothes after work).
- Teach regarding accident prevention measures.
- Provide prenatal care.
- Mobilize preventive services (dental, immunizations).

SECONDARY PREVENTION

- Create testing programs for tuberculosis and prenatal diagnostic testing.
- Implement screening programs.
 - Pesticide exposure
 - Skin cancer
 - Chronic preventable diseases
 - Communicable diseases
 - Anemia (children)

TERTIARY PREVENTION

- Treat for manifestations of pesticide exposure.
- Mobilize primary care and emergency services.
- Promote rehabilitation following work-related musculoskeletal injuries.
- Educate clients who have diabetes mellitus or anemia regarding appropriate nutrition.

- The Department of Veterans Affairs (VA) estimates there are 21.6 million veterans in the U.S.
 - Approximately 2 million are women.
 - Approximately 9.9 million are over the age of 65. ©
- Veterans Health Administration (within the U.S. Department of Veterans Affairs) is responsible for purchasing coverage and delivering health care to veterans and dependents.
 - Nation's largest integrated health care system
 - Inpatient and outpatient services
 - Hospitals
 - Outpatient clinics
 - Home health services
 - Hospice and palliative care services
 - Nursing homes
 - Residential rehabilitation treatment programs
 - Readjustment counseling centers

VETERAN HEALTH ISSUES

- Mental health (posttraumatic stress disorder, traumatic stress reactions, anger, depression)
- Substance use disorders
- Suicide
- Infectious diseases
- Exposures to herbicides, chemicals, radiation
- Traumatic brain injuries
- Spinal cord injuries
- Traumatic amputations
- Cold injury
- Military sexual trauma
- Hearing impairments
- Visual impairments

STRATEGIES FOR VETERAN HEALTH CARE

- Coordinate referrals to available veteran resources.
- Advocate for continued strengthening of the Veterans Health Administration health care system.
- Assist clients to transition from active duty status to veterans.
- Ensure continuity of care between acute and outpatient settings.
- Develop partnerships with local agencies to strengthen resources and achieve mutual goals. ©

POSSIBLE STAKEHOLDERS FOR PARTNERSHIPS

- State and local veteran groups
- Offices of rural health
- Local aging services
- Community service organizations
- State and local health departments
- Faith-based organizations
- Public safety departments
- Various media outlets
- Employment services

Disability

- Disability indicates a factor in the body, senses, or mind that affects the way a person interacts in the daily environment. Exact definitions are determined by specific agencies and groups based on data collection needs.
- Individual or group living environments (unsanitary conditions, poor nutrition, stress), aging, chronic illness, injury, substance use, and genetics can cause physiological or psychological disability.
- Clients who have a disability can use different terminology to describe their condition, including the terms disabled, challenged, or compromised.
- About one-fifth of the U.S. population reports having a disability, some to the extent that it prevents the individual from living alone. Globally, 650 million people have a form of disability.
- The Americans with Disabilities Act was the initial legislation to promote rights for individuals who have a disability.
- The Individuals with Disabilities Education Act (IDEA) also promoted the rights of children who have disabilities and their parents. IDEA ensures free public education and accommodations to prepare the child for independent living, assists with funding of the education, and evaluates the effectiveness of the education. *Qccc*

EFFECTS OF DISABILITY

- Cost of chronic management
- Decreased employment rates
- Decreased household income and increased poverty rates
- Decreased opportunity for physical activity (physical impairment)
- Isolation and possible self-image issues
- Possible altered roles of family members
- Increased risk for abuse
- Possible inability to live independently
- Presence of comorbidities

NURSING ACTIONS

The nurse provides care to individuals who have a disability and their families, as well as to groups within the community.

- Implement primary prevention measures to prevent disability (such as responsible alcohol use to prevent liver damage).
- Identify disability and chronic disease as early as possible.
- Connect clients with appropriate resources to promote maximum self-care ability.
- Connect families with respite care and counseling.
- Advocate for the rights of individuals, families, and groups dealing with disabilities.
- Ensure public buildings are accessible to individuals who have a physical disability.
- Implement programs to improve quality of life.

Other at-risk populations

IMMIGRANTS

- Often have a waiting period to receive financial assistance for medical care
- Unauthorized immigrants are only eligible for immunizations, school lunch, treatment for communicable disease, and emergency care.

NURSING ACTIONS

- Use cultural competence when planning care.
- Identify risk factors specific to the culture and race.

REFUGEES

- Forced to leave place of origin due to disaster, war, or threatening environment.
- Eligible for Temporary Assistance for Needy Families, Medicaid, and Supplemental Security Income.

NURSING ACTIONS

- Assess mental health status and coping following crisis.
- Help individuals apply for assistance programs.

PREGNANT ADOLESCENTS

- Limited education and job opportunities
- Increased risk for poverty and homelessness
- Increased risk for school problems
- Increased incidence of violence
- Increased risk of malnutrition
- Increased risk for low birth weight or premature infants

NURSING ACTIONS

- Assist with early identification of pregnant adolescents, including early initiation of prenatal care.
- Provide pregnancy counseling, including alternative courses of action.
- Provide instruction and encouragement in the parenting role in home and peer group-settings.
- Assist in applying for assistance programs (prenatal services, Women, Infants, and Children [WIC]).
- Promote education about self-care during pregnancy.

INCARCERATED POPULATIONS

- Increased rates of mental health disorders. The presence of major mental health disorders increases the risk for multiple incarcerations.
- Increased incidence of rape and assault in the prison system
- Health care regulated through the Federal Bureau of Prisons (Department of Justice) to promote rights of inmates
- Increased rates of chronic disease, when compared with the general population

NURSING ACTIONS

- Implement health promotion and counseling during routine care.
- Assist with the design of program to re-integrate individuals into society.
- Foster follow-up with community mental health centers.
- Provide transitional care to reduce the risk of future violent behavior

INDIVIDUALS IN SEXUAL OR GENDER MINORITIES

- Can face barriers to adequate health care
- State variations in rights for benefits and adoptions
- Can have increased risk for psychological distress and substance use disorders
- Can face social stigma and discrimination
- Health disparities include poorer mental health, increased risk for disability, and increased risk for substance use disorder

NATIONAL HEALTH GOALS

- Increase survey and monitoring systems that include standardized questions to allow individuals to identify sexual or gender preference.
- Reduce adolescent bullying.
- Increase health insurance coverage.
- Reduce the proportion of persons who experience major depressive episodes.
- Reduce adult tobacco and illicit drug use.
- Increase the number of individuals who have a routine health care provider.

NURSING ACTIONS

- Advocate increasing access to care.
- Support the development or maintenance of healthy families. *Qccc*
- Provide opportunities and safe environments for clients to discuss care concerns.

Active Learning Scenario

A nurse is reviewing data that will assist with the development of a program to improve health outcomes of vulnerable populations. Use the ATI Active Learning Template: Basic Concept to complete this item.

RELATED CONTENT: List at least two national health goals that address vulnerable populations.

UNDERLYING PRINCIPLES: List at least three issues that affect vulnerable populations.

NURSING INTERVENTIONS: Include at least two strategies to improve access to health care for vulnerable populations.

Application Exercises

1. A nurse at a community clinic is conducting a well-child visit with a preschool-age child. The nurse should identify which of the following manifestations as a possible indication of child neglect? (Select all that apply.)
 - A. Underweight
 - B. Healing spiral fracture of the arm
 - C. Genital irritation
 - D. Burns on the palms of the hands
 - E. Poor hygiene
2. A nurse is planning interventions for migrant farm workers in a rural area. Which of the following should the nurse include as part of primary prevention?
 - A. Establish food banks at locations throughout the community.
 - B. Provide employers handouts on recognizing pesticide toxicity.
 - C. Partner with clinics to provide on-site care for acute injuries.
 - D. Create handouts on identifying skin cancer in multiple languages.
3. A community health nurse is developing an education program on substance use disorders for a group of adolescents. Which of the following information should the nurse include when discussing nicotine and smoking?
 - A. Smoking is the fifth-most preventable cause of death in the United States.
 - B. Nicotine is a central nervous system depressant.
 - C. Withdrawal effects from smoking are minimal.
 - D. Tolerance to nicotine develops quickly.
4. A community health nurse is developing strategies to prevent or improve mental health issues in the local area. In which of the following situations is the nurse implementing a tertiary prevention strategy?
 - A. Providing support programs for new parents
 - B. Screening a client whose partner recently died for suicide risk
 - C. Teaching a client who has schizophrenia about medication interactions
 - D. Discussing stress reduction techniques with employees at an industrial site
5. A nurse at an urban community health agency is developing an education program for city leaders about homelessness. Which of the following groups should the nurse include as the fastest-growing segment of the homeless population?
 - A. Families with children
 - B. Adolescent runaways
 - C. Individuals who have experienced spouse or partner violence
 - D. Older adults