
CHAPTER 5

Care of Special Populations

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Priority Concepts

Caregiving, Health Disparities

I. Special Population Groups

- A. The literature identifies numerous groups that may be designated as a special population group.
- B. For this chapter, the authors have identified certain special groups that would most commonly be encountered in the health care environment and require sensitivity regarding their health care needs.
- C. Vulnerable groups typically experience health disparities and inequalities and include people of color, those who are uninsured, those living in poverty or homeless, those with chronic illness or disabilities, immigrants, refugees, those with limited English proficiency, those who are incarcerated, and members of the LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) community.
- D. See [Box 5-1](#) for a list of special populations.
- E. See [Box 5-2](#) for a comprehensive nursing assessment tool written by the authors of this chapter, titled Special Populations Needs Assessment Tool, that can be used to obtain information from the client about his or her special needs in order to plan care. This tool can be adapted, based on the individual being cared for.
- F. Health care providers' self-awareness of their own **culture**, values, beliefs, ethics, personality, and communication style promotes optimal health outcomes for clients of diverse cultures. Recognizing one's own biases or prejudices and being respectful to all people despite differences can influence satisfaction of care.



An encounter with a client should elicit the client's unique perspectives based

on their cultural preferences because it will allow the nurse to understand what health care treatment will be realistic and acceptable.

- G. It is imperative for health care providers to understand that cultural groups share dominant characteristic however subcultures exist and stereotyping must be avoided.

II. Racial and Ethnic Minorities

- A. Due to the increasing diversity of the United States population, minorities are projected to become the majority.
- B. Racial and ethnic minorities are affected more often than their white counterparts by health care disparities and inequalities.
- C. Social determinants of health are conditions in which persons are born, grow, live, work, and age, including the health care system, and are correlated with health and health inequities.



- D. Cultural competence is a necessary ability for health care professionals to provide care for a diverse population and can help improve health outcomes and quality of care.
- E. Family members and friends should not be asked to be an interpreter for the client because of **confidentiality**, the potential for conflict of interest, and the risk associated with relaying inaccurate information; only specified individuals as designated by the health care agency should be asked to interpret for a client.
- F. Return explanation and demonstration (teach-back) are of particular importance when working with clients of various backgrounds to ensure safety and mutual understanding.



Some ethnic minorities report hesitancy in seeking health care due to a language barrier. Ineffective communication between the health care provider and the client can affect client safety or the client's ability to comply with follow-up care.

- G. Description and population-based risk factors
 - 1. African Americans or Blacks
 - a. This population has origins in Africa and the Caribbean.
 - b. Some in this population may be less likely to have health insurance coverage or a regular source of health care.
 - c. Nearly 50% of adults have chronic health conditions. For additional information, refer to <https://cdn.americanprogress.org/wp-content/uploads/issues/2010/12/pdf/disj>
 - d. Obesity, diabetes mellitus, hypertension, heart disease, asthma, and cancer are prevalent among this population.
 - e. Some leading causes of death among this population are heart disease, cancer, and stroke.
 - 2. Hispanics/Latinos
 - a. This population has origins in Mexico,

Puerto Rico, Cuba, South or Central America, or other Spanish culture or origin.

- b. Multiple subcultures have unique practices and behaviors. Providers must avoid stereotyping to ensure the delivery of culturally competent care to optimize health outcomes.
- c. Some in this population may not have health insurance coverage or a regular source of health care.
- d. Language barriers and lack of access to preventative care influence health.
- e. Approximately 35% of adults have chronic health conditions. For additional information, refer to <https://cdn.americanprogress.org/wp-content/uploads/issues/2010/12/pdf/disj>
- f. Lack routine health care and delay seeking health care for illness are common.
- g. Obesity, diabetes mellitus, end-stage renal disease secondary to diabetes, and cervical cancer are prevalent among this population.
- h. Some leading causes of death among this population are heart disease, cancer, and accidents.
- i. Important health topics include but are not limited to discussions surrounding diet and meal planning, exercise, and safe sex practices.

3. Native Hawaiian or other Pacific Islander

- a. This population has origins in the Pacific Islands, including Polynesia, Micronesia, and Melanesia.
- b. This population is noted to have higher rates of smoking, alcohol consumption, obesity, and diabetes mellitus.
- c. Some leading causes of death among this population are cancer, heart disease, accidents, stroke, and diabetes.
- d. There is a higher incidence of infant mortality and sudden infant death syndrome (SIDS).
- e. Hepatitis B, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS),

and tuberculosis are other diseases prevalent among this population.

4. American Indians and Alaska Natives

- a. This population has origins in North, Central, and South America and have tribal or community attachment.
- b. Some in this population may not have health insurance coverage or a regular source of health care.
- c. Cultural barriers, geographic isolation, and low income prevent this population from receiving quality health care.
- d. Smoking is a common practice; nearly one-third of this population older than age 18 years smokes and some consume alcohol in large amounts.
- e. This population is noted to have higher incidence of diabetes mellitus and stroke.
- f. Some leading causes of death among this population are heart disease, cancer, malignant neoplasm, cerebrovascular disease, and accidents.
- g. This population is at high risk for altered mental health, suicide, sudden infant death syndrome (SIDS), teenage pregnancy, liver disease, and hepatitis.
- h. There is a high incidence of infant mortality.

5. Asian American

- a. This population has origins in eastern Eurasia, Southeast Asia, or the Indian subcontinent.
- b. This population is disproportionately noted to have different types of cancer, tuberculosis, and hepatitis.
- c. Some leading causes of death among this population are cancer, heart disease, and stroke.
- d. Some older Asian-American women are at an increased risk for suicide.

H. Health care considerations for racial and ethnic minorities



1. Cultural competence is a mainstay in the effort to reduce racial and ethnic health care disparity.
2. The nurse and other health care professionals should be trained in health care variations and risk factors for

various populations in order to facilitate access to needed health care services.



3. It is important for the nurse to examine his or

her own cultural preferences in order to competently care for someone of a differing culture; emotional intelligence is a useful tool in caring for these special populations.

4. Knowledge of the various racial and **ethnic groups** in terms of cultural preferences, health risks, and health preferences is needed to deliver culturally competent health care.

III. Lesbian, Gay, Bisexual, Transgender, and queer or questioning Individuals

A. Commonly referred to as the LGBTQ community, this group is represented by a wide range of varying characteristics in terms of race, ethnicity, age, socioeconomic status, and identity.

B. Unfortunately, stigma and discrimination is a reason for their identification as a special population.



C. Often, there is a lack of awareness and understanding

among health care professionals in managing the health care needs of this population, therefore access to health care to meet their needs is less compared with other population groups.

D. Descriptions

1. The term *sexual orientation* is an encompassing term used to describe a person's behavior, identity, and desire. A variety of words may be used to describe sexual orientation, including *men-who-have-sex-with-men (MSM)*, *women-who-have-sex-with-women (WSW)*, or *gay, lesbian, asexual, bisexual, pansexual, queer, or same-gender loving*.

2. The term *transgender* is used to describe individuals who do not identify as a person with their birth sex. Other terms to describe transgender individuals, include *male-to-female (MTF)*, *female-to-male (FTM)*. For additional information, refer to GLAAD Media Reference Guide: Transgender at <https://www.glaad.org/reference/transgender>.

3. Important research is needed with regard to the health care needs of various gender identities.



4. Using the preferred pronoun when addressing

these clients is important in developing and maintaining a rapport.

E. Risk factors



1. Some LGBTQ persons may be less likely to

- access health care than other population groups due to stigmatization and fear of being viewed as different.
2. There are no health disparities specifically associated with this population as a group; however, there are members within this population who experience inequity in health care management due to a variety of other factors.
 3. Some in this group may not have health insurance.
 4. Transgender individuals may be less likely than other groups to have certain screenings completed, such as mammograms, breast exams, cervical cancer screening, testicular cancer exams, and prostate screening.
 5. Sexually transmitted infections are of concern in this population.
 6. HIV and AIDS are more prevalent among certain members of this group, particularly MSM and MTF transgender persons.
 7. Additionally, syphilis and gonorrhea, human papilloma virus (HPV), and anal cancer rates are higher among this population.
 8. Lesbians are more likely to be overweight or obese.
 9. Gay and bisexual men may be more likely to have eating disorders and body image disorders.
 10. Breast cancer and cervical cancer rates tend to be higher among lesbian and bisexual women, likely a result of decreased screening and nulliparity.
 11. The LGBTQ population is more likely to smoke than other population groups. Additionally, alcohol and drug abuse may be more common in some individuals.
 12. Depression and suicide rates tend to be higher in this group than other population groups.
 13. Rejection from friends, family members, and social support systems may be a stressor.
 14. Teenage members of the LGBTQ population are more likely to be threatened, bullied, injured, raped, and victimized. For these reasons, school absenteeism can be a problem.
 15. LGBTQ youth are at risk for physical abuse by family members due to their sexual orientation.
 16. Many same sex couples desire children; there may be some barriers to child-rearing for this population, such as the expenses associated with adoption, artificial insemination, and surrogacy.



Members of the LGBTQ population are less likely to have

family members who can assist them with elder or disability care. Additionally, certain benefits may not be available to them, such as spousal death benefits, which could impact their ability to manage finances and expenses associated with health.

17. Health promotion measures should focus on depression screening, assessing for suicide, educating on safe sex practices, and counseling for alcohol and drug use.



F. Health care considerations for the LGBTQ population

1. Health care professionals need to create a welcoming, nonjudgmental environment when caring for this population.
2. Measures such as altering signage on paperwork, such as documents asking for gender identification, will better serve the health needs of this population; additionally, the health care facility should develop institutional policies inclusive of all gender identities and preferences. Such measures will allow the health care provider to treat the client according to their preferences while also maintaining an understanding of their risk factors based on biological drivers of health.
3. Training to work respectfully with the LGBTQ population should be provided for all health care personnel.
4. Use of open-ended questions and refraining from making judgments during client encounters are important.
5. Health promotion measures should focus on screening for depression, assessing for suicide, and educating on safe sex practices.
6. Additional screening within this population should include HIV blood testing, syphilis blood testing, urine *Neisseria gonorrhoeae* and anal *Chlamydia trachomatis* for those with insertive intercourse in the last year, rectal *N. gonorrhoeae* and *C. trachomatis* for those with receptive anal intercourse in the last year, and pharyngeal *N. gonorrhoeae* for those with receptive oral intercourse in the last year.
7. Hepatitis A vaccination is recommended for MSM.
8. Anoscopy should be used to examine the anus and rectum as indicated, with particular attention paid to those infected with HIV.
9. Mammography and cervical cancer screening should be initiated for lesbian and bisexual women.

10. A careful sexual history and appropriate counseling is important for all members of the LGBTQ population.
11. Nonoccupational postexposure prophylaxis (nPEP) or the use of prophylactic antiretrovirals before and after potential HIV exposure should be initiated.
12. Transgender persons taking hormone therapy need to be monitored at regular intervals; associated complications, such as polycythemia occurring with exogenous testosterone use, should be detected and treated early.
13. Transgender persons who have undergone sexual reassignment surgery should have the respective preventive screenings. For example, MTF should have breast cancer screening by way of mammography if they are older than 50 years. Additionally, FTM should still have mammography routinely as indicated due to the risk for residual breast tissue to develop cancerous growth.

IV. Homeless

- A. Affects men, women, children, and persons of all racial and ethnic backgrounds.
- B. Family units can be affected as a whole.



C. Risk factors

1. There is a risk for early death related to chronic illness, substance abuse, environment exposures, communicable diseases, cardiovascular and respiratory disorders, skin disorders, and mental illness.
2. Nearly half of this population experiences mental health issues and coexisting substance abuse disorders.
3. Malnutrition and poor dentition are common and can lead to further health complications.
4. Disability often results from illness; disability becomes a barrier to employment, which further augments the problem of homelessness.
5. Infants affected by homelessness often have low birth weights and are more likely to die within the first 12 months of life.
6. Children affected by homelessness are sick more often with illnesses such as asthma, iron deficiency, lead poisoning, ear infections, gastrointestinal illness, and mental health and behavioral problems.
7. Children may begin to act out or become less attentive in the classroom when basic needs are not met.
8. Youth experience health problems related to risk-taking behaviors such as alcohol and drug abuse,

depression, suicide, unintended pregnancy, and sexually transmitted infections (STIs), including HIV/AIDS.

9. Women experience high rates of unintended pregnancy and physical and sexual abuse.



D. Health care considerations for the homeless

1. Identification of those who are homeless should be done through avenues such as outreach programs.
2. The initial health care visit and every visit thereafter need to be done with a nonjudgmental, nonthreatening approach.
3. The nurse should focus on reported symptoms first—this will encourage adherence and follow-up.
4. Subsequent care should include health maintenance, attention to social problems and/or mental health problems, and establishing an emergency contact person if available.



Homeless individuals often experience poor nutrition, sleep

deprivation, violence, physical trauma, emotional trauma, and long-term exposure to toxic agents.

5. Homeless individuals may not adhere to medical treatment recommendations and therefore require close follow-up.
6. This population tends to lack health insurance, have longer hospital stays, and have poorer health outcomes.
7. Common conditions in the homeless population are listed in [Box 5-3](#).
8. Certain medications should be avoided in the homeless population due to the potential for serious interactions with alcohol and recreational drugs; the potential for abuse; risk for dehydration; and contraindications in chronic conditions ([Box 5-4](#) lists some of these medications).
9. Multiple resources are available to increase access to health care for the homeless population. See <https://www.aafp.org/afp/2014/0415/p634.html> for more information.

V. Socioeconomically Disadvantaged Individuals and Families

- A. Disadvantage in the socioeconomic sense can correlate with poor health outcomes.
- B. Education level, income, family, social support, and community safety are factors that can influence health and health outcomes.
- C. In addition to healthy lifestyle and access to routine, quality care,

the social determinants of health are equally as important in promoting positive health outcomes.

D. Risk factors



1. Individuals of low socioeconomic status (SES)

are more likely to engage in risky health behaviors such as smoking, alcohol use, recreational drug use, physical inactivity, poor nutrition, and engagement in criminal violence.

2. Due to limited financial means to purchase health insurance, pay for health care services, and afford healthy foods and other resources, these individuals are at a higher risk for chronic disease and any diseases associated with primary prevention.
3. The health of children can be affected later in life due to risk factors.

E. Health care considerations for socioeconomically disadvantaged individuals and families

1. Social work services are helpful in connecting this population to needed health care services, as well as resources to assist in paying for health care.
2. Direct-pay clinics, an emerging model of health care, offer access to affordable health care services.

VI. Uninsured and Underinsured Individuals

- A. Individuals with low incomes are most at risk for being uninsured or underinsured.
- B. Intuitively, those who are uninsured or underinsured are at increased risk for health complications due to lack of access to care and the likelihood that preventive care services and chronic disease management will not be sought.
- C. Most individuals receive health insurance coverage through an employer. If the employer doesn't offer this coverage, the employee is at risk for being uninsured or underinsured.
- D. Medicaid is an option for some low-income families who meet eligibility criteria. Commercial insurance is another option but may still be cost prohibitive depending on the individual circumstance. The client should be referred to social work or financial services to apply for Medicaid.
- E. Risk factors: Refer to risk factors for socioeconomically disadvantaged individuals and families.
- F. Health care considerations for uninsured and underinsured individuals: Refer to health care considerations for socioeconomically disadvantaged individuals and families.

VII. Intellectually Disabled Individuals

- A. Intellectually disabled individuals are at high risk for certain health disorders.
- B. Often, these disorders go untreated due to atypical symptom presentation, which leads to secondary problems later in life.

C. Communication barriers between health care professionals and those with an intellectual disability presents a unique challenge in identifying and managing health care needs in this population.



D. These clients tend to be poor historians, and it may be necessary to take more time to ask questions in a variety of different ways.

E. Risk factors

1. Common health conditions include motor deficits, epilepsy, allergies, otitis media, gastroesophageal reflux disease (GERD), dysmenorrhea, sleep problems, mental illness, vision and hearing impairments, constipation, and oral health problems.
2. These clients tend to eat quickly, so choking and aspiration presents a safety risk.
3. Certain conditions can cause changes in behavior; for example, there may be eating disturbances due to GERD or self-injury due to presence of an ear infection.

F. Health care considerations for intellectually disabled individuals

1. Functional behavioral assessment is important in identifying existing health problems.
2. Awareness of altered behavior as a manifestation of an illness is important in early identification and prevention of secondary problems.
3. Health interventions should be focused on treating a medical condition, followed by behavioral interventions to prevent continued behavioral response to an illness.

VIII. Battered Individuals and Victims of Abuse or Neglect



Health care professionals are often the first point of contact for victims of abuse or neglect.

A. Abuse of the older client (refer to [Chapter 19](#) and [Chapter 67](#))

B. Child abuse: Consequences are long lasting, both impacting initial development and influencing health as an adult. (refer to [Chapter 67](#)).

C. Females are affected more than men.

D. Sequelae of abuse or neglect include physical, somatic, psychological, behavioral, sexual, and pregnancy-related effects.

E. Risk factors

1. Children birth to 1 year of age are at risk for maltreatment—the majority are victims of neglect; maternal socioeconomic status and parental behavioral issues impact a child's risk.
2. Victims are prone to certain health effects as a result of the abuse or negligence; these effects can include

- bruises, sprains or broken bones, chronic fatigue, shortness of breath, muscle tension, involuntary shaking, changes in eating and sleeping patterns, sexual dysfunction, and fertility issues.
3. Mental health issues can arise, including post-traumatic stress disorder (PTSD), nightmares, anxiety, uncontrollable thoughts, depression, anxiety, low self-esteem, and alcohol and drug abuse.
 4. Feelings of hopelessness, lack of worth, apprehension, discouragement, inability to trust others, questioning spiritual faith, and lack of motivation are common.
 5. Children who witness violence are prone to fearfulness, anxiety, depression, and problems in school.



F. Health care considerations for battered individuals and victims of abuse or neglect

1. Treat victims with compassion and respect.
2. Acknowledge and respect the dignity of each person.
3. It may be necessary to take photographs of injuries for legal reasons.
4. Nurses are mandated reporters of domestic violence and abuse incidents.
5. Cleaning and dressing wounds, administering pain medications, use of assistive devices such as for sprains or fractures, education for self-management and seeking safety, and emotional support may be needed in the care of these victims.
6. Provide parental education and support programs and increase awareness of potential child maltreatment.

IX. Single Parents

- A. Women are usually the single parent.
- B. Single parenthood places individuals at increased risk for disability and resultant poor health later in life.
- C. These individuals may be living in poverty and may be less likely to have health insurance coverage.
- D. Children may also be afflicted by health problems when raised by a single parent.
- E. Risk factors
 1. Single parents are at increased risk for cardiovascular events, mental health problems, and overall increased mortality.
 2. Children growing up in a single-parent household may be at increased risk for dropping out of school, be idle in school, have lower grade point averages, have lower aspiration for higher education, and experience poorer attendance in school.



F. Health care considerations for single parents

1. Access to community organizations can assist in alleviating some burden and provide needed services such as child care, food security, health care including immunizations, and employment.
2. Assist single parents with a child of the opposite sex to address the child's sexual development.
3. Preventive screenings are important in this population due to risk factors and the negative effects of stress from single parenting.

X. Foster Children

A. As a result of childhood adversity and trauma, this population is at increased risk for health problems later in life.

B. Needs that often go unmet for children in foster care include physical, mental, behavioral, and dental health.

C. Risk factors

1. Some children in foster care may have complex health conditions, including asthma, diabetes mellitus, food allergies, seizure disorder, organ transplant, HIV, immunosuppression, renal disease, congenital diseases, cystic fibrosis, prematurity, and those requiring assistive devices and technology.
2. Other conditions may include dental problems, eating disorders, encopresis, enuresis, and mental health concerns (Box 5-5).



D. Health care considerations for foster children

1. Community resources are important for this population and facilitate the provision of health, safety, stability, and permanency.
2. Social workers should be included in the care of a foster child to facilitate access to community resources.
3. Medically equipped homes may be needed, as well as in-home nursing care services.
4. Frequent health visits may be needed for children transitioning from foster care to home.

XI. Individuals With Mental Illness

A. Lifestyle choices, disease processes, psychotropic medications, and limited access to health care contribute to a shorter life span.

B. Many clients with mental illness do not receive preventive screenings.

C. Risk factors

1. Cardiovascular disease, metabolic disease, nutritional problems, musculoskeletal disease, sexual dysfunction, pregnancy complications, and obesity-

- related cancers are prevalent diseases among this population. Additionally, family history is a significant risk factor for mental illness.
2. Side effects of psychotropic medications may contribute to an altered health state.
 3. Obesity is linked to lifestyle factors in this population, such as lack of exercise and poor diet, as well as features of their illness noted as depression or disorganized thought processes.
 4. Certain psychotropic medications can contribute to weight gain.
 5. Metabolic syndrome is prevalent among clients with schizophrenia.
 6. Clients with schizophrenia, schizoaffective disorder, and bipolar disorder have a higher incidence of diabetes mellitus.
 7. Side effects from psychotropic medications, such as sedation, weight gain, and increased appetite, contribute to the incidence of diabetes mellitus in this population.
 8. Diabetic ketoacidosis is more prevalent in those with schizophrenia, and it may be due to an interaction with psychotropic medications.
 9. Cardiovascular disease appears to be higher in individuals with major depression, bipolar disorder, and schizophrenia and is associated with greater morbidity and mortality. This may be associated with excessive sleep, lack of exercise, and poor nutrition.
 10. Coronary artery disease, cerebrovascular disease, and sudden cardiac death occur at a higher rate in those with schizophrenia.
 11. Due to the higher frequency of substance abuse, risky sexual behaviors, and lack of knowledge regarding risks, individuals with mental illness are at increased risk for viral illness, particularly HIV and hepatitis.
 12. Respiratory diseases are more prevalent in individuals with mental illness, including tuberculosis, pneumonia, and chronic obstructive pulmonary disease (COPD).
 13. Cancer risk is higher due to lifestyle choices, medications, and comorbidities.
 14. There is an association with low bone mineral density and osteoporosis development in individuals with schizophrenia, schizoaffective disorder, major depression, and bipolar disorder.
 15. Sexual dysfunction can result from mental illness as well as the medication used to treat it.
 16. Obstetric complications can occur in women with

- schizophrenia.
17. Dental health tends to be poor in individuals with mental illness.
 18. Xerostomia from reduction in salivary gland flow due to medications can result in difficulty maintaining oral hygiene and overall health.



D. Health care considerations for individuals with mental illness

1. Due to lack of insurance by many, individuals with mental illness have a difficult time accessing needed health care services.
2. Family and social service support are important for these individuals.
3. Governmental insurance has expanded to cover individuals in need of mental health care.
4. Mental health screenings should be completed regularly for all individuals, which allows for prompt and accurate treatment strategies to prevent further health complications.
5. Refer to Unit 18, Mental Health Disorders, for additional information about this special population.

XII. Older Adults

- A. Elder abuse is a concern for this population; health care providers are mandated to report if there is suspicion of elder abuse. The most common type of abuse is neglect.
- B. There are many health problems that can occur in the older client (Box 5-6 lists some of these health problems).
- C. See Chapter 19 for more information on common health conditions experienced by older adults and care of the older adult.

XIII. Military Veterans

- A. This population is at increased risk for injury-related and stress-related health illnesses.
- B. Risk factors
 1. Mental health or behavioral adjustment disorders are common.
 2. Substance use disorder with tobacco, alcohol, or other drugs is a risk in this population.
 3. PTSD is extremely common among this population.
 4. Traumatic brain injury can occur as a result of external force injuries.
 5. Limb amputations and disfigurement are common.
 6. Long-term health problems may result from exposure to chemicals and environmental irritants.
 7. Military veterans can experience issues leading to homelessness.



C. Health care considerations for military veterans

1. Identifying and treating mental health disorders assists in mitigating suicide risk.
2. Treatment of comorbid conditions such as PTSD may help address substance use disorder.
3. Use of screening tools in identifying substance use disorder is helpful.
4. Treatment of PTSD includes exposure therapy, psychotherapy, and family/group therapy as appropriate.
5. Suicide among this population occurs on a daily basis.
6. Veterans' Affairs Services can assist in managing some of the health issues experienced by these individuals.

XIV. Prisoners



The environment of a prison can predispose a person to different health conditions, such as tuberculosis, HIV, STIs, or other infectious diseases.

- A. Rape is a concern for this population.
- B. Social determinants of poor health are often present in prisoners.
- C. Risk factors: Prisoners are more likely to have asthma, diabetes, hypertension, heart disease, and mental illness.
- D. Communicable diseases are also a concern for this population: human immunodeficiency virus (HIV), hepatitis, and tuberculosis (TB).
- E. Health care considerations for prisoners
 1. The correctional facility is usually the sole provider of health care for this population.
 2. Screening protocols and procedures for individuals in this setting need to be consistent.
 3. Educational and vocational programs may help mitigate the health problems associated with living in a prison.
 4. History of incarceration increases risk of poor health due to limited opportunities to reform; inadequate housing, employment, and education; and lack of family stability.
 5. Failure to address mental health issues among this population may contribute to repeated crimes when released from prison.

XV. Immigrants and Refugees

- A. Mental health problems are a primary issue for this population as a result of tortuous events.
- B. Additional challenges include learning to speak English, raising children, employment, housing, accessing health care, transportation, and overcoming cultural barriers.



C. Risk factors

1. **Acculturation** to the U.S. culture increases risk for poor health. This includes eating a less healthy diet, increased smoking, drug and alcohol abuse, and lack of family support.
2. Common health problems include accidental injuries, hypothermia, burns, gastrointestinal illness, cardiovascular events, pregnancy complications, diabetes, poor nutrition, and hypertension.
3. Other conditions that could result from the process of migration include tuberculosis, HIV, hepatitis, influenza, vector-borne disease, Middle Eastern respiratory syndrome, coronavirus, measles, mumps, rubella, polio, as well as antimicrobial resistance.
4. Refugees are at increased risk for STIs (HIV), lead poisoning, malaria, parasitic disease, and mental health issues due to war, violence, and rape occurring in camps.

D. Health care considerations for immigrants and refugees

1. A process for offering services and treating immigrants and refugees should be available regardless of insurance status.
2. This population may be eligible for short-term medical assistance in the United States but then may lack health care coverage due to ineligibility for state medical assistance or inability to afford private health insurance.
3. Vaccinations should be provided.
4. Breast-feeding should be encouraged to help prevent future health problems and to promote immunity.
5. An individual with a communicable health condition should be treated before entering the new country of residence.

XVI. Individuals With Chronic Illness

- A. Individuals with multiple chronic illnesses are a health concern.
- B. Chronic illness is the leading cause of death and disability in the U.S.; the prevalence increases with age, and it is a major cause of disability.



C. Chronic illnesses include cardiovascular disease, cancer,

respiratory disease, diabetes, mental disorders, vision and hearing impairment, oral diseases, bone and joint disorders, and genetic disorders.

- D. Often, more than one chronic illness exists at one time, and new chronic illnesses develop as a result of previous illness.
- E. Poor health outcomes and high health care costs are associated

with chronic illness.

F. Optimal care for individuals with multiple chronic illnesses may be limited because of multiple health needs present.

G. Many health professionals do not feel adequately prepared to manage individuals with multiple chronic illnesses.

H. Risk factors

1. Individuals with one chronic illness are at risk for developing multiple chronic illnesses.
2. Modifiable factors include an unhealthy diet, physical inactivity, and tobacco use.
3. Nonmodifiable factors include age and genetics.
4. Other risk factors include globalization; urbanization; population aging; elevated blood pressure, blood glucose, and blood lipids; and increased weight.

I. Health care considerations for individuals with chronic illness

1. Follow-up care is important in promoting health for individuals with chronic illness.
2. Focusing on a single illness does not effectively manage an individual with multiple chronic diseases —rather, the “big picture” needs to be understood in managing these clients.
3. Interprofessional collaboration is important in safely managing individuals with chronic diseases.
4. Nurses play a key role in facilitating communication between providers and specialists.
5. Inclusion of the client and support person(s) in health care decisions helps increase adherence to a complex health care regimen.

Box 5-1

Some Special Population Groups

Racial and ethnic minorities
Lesbian, gay, bisexual, transgender, and queer or questioning individuals
Homeless
Socioeconomically disadvantaged individuals and families
Intellectually disabled individuals
Battered individuals and victims of abuse or neglect
Single parents
Foster children
Individuals with mental illness
Older adults
Military veterans
Prisoners
Immigrants and refugees

Box 5-2

Special Populations: Needs Assessment Tool



Not all questions listed in the assessment tool will need to be used for the assessment. The nurse should make a judgment on appropriate questions for each population and should ask questions within that list, if appropriate for the client, based on the *General Background Questions*. Use the *General Background Questions* as a guide to determine additional questions that need to be included in the assessment.

Initial

- Introduce self and describe your role.
- I would like to ask you some questions so that we have information about your individualized needs. Do I have your permission to ask you some questions?

General Background Questions

- Are you comfortable talking to me?
- What name would you like us to use to address you?
- Do you feel you are able to adequately answer questions regarding your health?
- What is your age?
- Is there a specific gender in which you identify yourself with?
- What is your ethnicity?
- What is your primary language spoken?
- Do you understand and speak English?
- In which language do you wish to communicate?
- Do you need an interpreter?
- Do you have any cultural, religious, or spiritual preferences you would like us to consider in your plan of care?
- Do you have any dietary preferences that you would like us to include in your plan of care? Describe your eating patterns in a 24-hour period.
- Do you exercise? What do you do and how often?
- Do you use any remedies when you are sick?
- What do you do when you are sick?
- What is your living situation? Where do you live? Who do you live with? Do you have children?
- Do you have a support system?
- Would you like to name a support person or emergency contact person?
- Do you have access to financial resources needed to live?
- Do you have health insurance?

- Do you feel safe at home or where you live? Have you been abused within the last 12 months? Do you encounter crime or violence in your life? Is anyone hurting you, physically or emotionally or in any other way? Have you ever or are you being bullied?
- Do you smoke, drink alcohol, or use any type of drug?
- Do you have or need a health care proxy?
- Do you have an advance directive? If not, would you like more information about this?
- When was the last time you sought health care? For what reason?
- Do you have any fears about seeing your provider?
- Do you currently or have you ever had a communicable disease?
- Have you traveled outside of the country recently?
- Do you have a history of mental illness?
- Have you ever had feelings of committing suicide?
- Are you a veteran or member of the military?
- Do you have any chronic, long-term illness, disability, or other past medical history?
- Have you ever been incarcerated?
- Are you an immigrant or refugee?

Further Questions Based on Living Situation

- Do you have a home? Do you live alone? Who do you live with at home?
- Do you drink alcohol? Any other type of drug use?
- Have you been exposed to environmental irritants?
- Have you had problems with asthma, anemia, lead exposure, ear infections, gastrointestinal illness, or mental illness?
- Are you willing to follow-up on your health care recommendations if given the necessary resources?

Further Questions Based on Financial Status and Access to Resources

- What is your education level?
- What is your income?
- Do you have family you are in contact with?
- Is anyone in your immediate family disabled?
- Do you have a support system?
- Do you live in a safe community?
- Do you seek health care on a routine basis?
- Are you willing to work with a social worker to increase your access to community resources?

Further Questions Based on Health Insurance Coverage

- What health insurance do you have?
- Do you have the financial means to pay for your health care?
- Are you willing to work with a social worker to seek health coverage?

Further Questions Related to Abuse

- Do you have or have you had any bruises, sprains, broken bones, fatigue, shortness of breath, muscle tension, involuntary shaking, changes in eating or sleeping, sexual dysfunction, or fertility problems?
- Do you experience nightmares, anxiety, uncontrollable thoughts, depression, anxiety, or low self-esteem?
- Do you have anxiety or depression? Felt suicidal?
- Do you ever feel hopeless, worthless, apprehensive, discouraged, lack motivation, lack faith, or question your trust for others?
- If a child: do you have any problems at school? Are you bullied?

Further Questions Based on Racial/Ethnic Background

- Are there any resources you need to ensure your ability to follow-up on your health care recommendations?
- Do you have any past medical history or family history of chronic diseases such as diabetes mellitus, hypertension, heart disease, stroke, cancer, renal disease, injuries or accidents, depression, or anxiety?

Further Questions Based on Gender and Sexual Orientation

- Can you describe your sexual orientation preferences?
- Which pronoun would you like to be referred to by (he, she, other)?
- Do you seek regular and routine health care? When were you last seen?
- When was your last breast exam, mammogram, Pap smear, testicular exam, prostate exam?
- Do you do a breast self-examination or a testicular self-examination?
- Do you have any past medical history?
- Are you sexually active? If so, how many partners do you have?
- Do you have any difficulties with eating or maintaining a stable weight?
- Do you smoke, drink alcohol, or use any other type of drugs?
- Do you ever feel suicidal? If so, do you have a plan?
- Do you have any problems with depression or anxiety? Have you ever felt suicidal?
- Do you take hormone therapy?
- Are you up-to-date on your immunizations?
- Do you have children? If not, do you wish to or plan on having children?
- Do you feel you have access to necessary resources such as health care or other

benefits?

Further Questions Related to Mental Illness

- Do you seek routine health care?
- Describe your eating habits in a 24-hour period.
- Describe your activity level.
- Do you have any past medical history?
- Do you take any medications? If so, do you experience any side effects?
- Do you smoke, drink, or use any other type of drugs?
- Do you experience depression or anxiety? Have you ever had thoughts of suicide?
- Are you sexually active? If so, do you employ safe sex practices? How many partners do you have?

Further Questions Related to Veteran/Military Status

- Do you have any problems with mental illness, such as post-traumatic stress disorder?
- Have you had any traumatic brain injuries?
- Have you had any injuries?
- Describe your living situation.
- Are you interested in any community support groups?

Further Questions Related to Incarceration

- Have you ever been a victim of abuse or rape?
- Do have any past medical history, particularly asthma, diabetes mellitus, hypertension, heart disease, mental illness, or communicable diseases?

Further Questions Related to Immigration

- Do you have problems with mental illness?
- Are you able to speak English?
- Do you have access to resources such as housing, transportation, health care, education services?
- Do you have any past medical history such as accidents, injuries, hypothermia, gastrointestinal illness, heart problems, pregnancy complications, diabetes, hypertension, malnutrition, or infectious or communicable disease?

Further Questions Related to Chronic Illness

- Do you have access to a primary health care provider?

- Do you see a specialist on a regular basis?
- Are you able to follow-up on the recommendations made by your primary health care provider and/or specialist?

Summary

- Is there anything else you would like to share regarding your ability to maintain your health or any other issue or concern?

Authors of the *Special Populations: Needs Assessment Tool*: Linda A. Silvestri, Angela E. Silvestri, and Paula Richards

Box 5-3

Common Problems in the Homeless Population

Anxiety
 Bipolar disorder
 Cognitive disorders
 Communicable diseases
 Complications from poor hygiene, poor living conditions, prolonged sun exposure, and prolonged standing
 Coronary artery disease
 Dental problems
 Diabetes mellitus
 Domestic violence and rape
 Frostbite
 Heart failure
 Heat exhaustion
 Hyperlipidemia
 Hypertension
 Injury from violence
 Lice, scabies, bacterial infections
 Major depressive disorders
 Peripheral vascular disease
 Post-traumatic stress disorder
 Schizophrenia
 Sexually transmitted infection
 Skin and foot conditions
 Substance abuse
 Suicide
 Traumatic brain injury
 Unintended pregnancy

Box 5-4

Some Medications That Should Be Avoided in the Homeless Population

- Albuterol
- Benzodiazepines
- Beta blockers
- Bupropion
- Calcium channel blockers
- Clonidine
- Nonsteroidal antiinflammatory drugs
- Quetiapine
- Some diabetic medications, particularly sulfonylureas
- Statins

Maness, D. L. & Khan, M. (2014). Care of the homeless: An overview. *American Family Physician*, 89(8), 634-640.

Box 5-5

Mental Health Concerns for Foster Children

- Attention-deficit hyperactivity disorder
- Aggressive behavior
- Anxiety disorder
- Bipolar disorder
- Depression
- Mood disorder
- Post-traumatic stress disorder
- Reactive detachment disorder
- Sleep problems
- Personality disorder
- Prenatal drug and alcohol exposure effects

Box 5-6

Some Health Problems That Occur in Older Adults

- Alzheimer's disease
- Arthritis
- Cancer
- Dementia
- Depression

Diabetes Mellitus
Falls
Heart disease
Influenza
Obesity
Oral/dental health problems
Osteoporosis
Pneumonia
Poverty
Respiratory diseases
Shingles
Substance abuse

Practice Questions

1. Which teaching method is **most effective** when providing instruction to members of special populations?
 1. Teach-back
 2. Video instruction
 3. Written materials
 4. Verbal explanation
2. Which health concern(s) should the nurse be aware of as risk factors when caring for clients of African American descent? **Select all that apply.**
 - 1. Cancer
 - 2. Obesity
 - 3. Hypertension
 - 4. Heart disease
 - 5. Hypothyroidism
 - 6. Diabetes mellitus
3. The nurse is planning care for a client of Native Hawaiian descent who recently had a baby. The nurse develops a teaching plan and includes information about which measure that is related to a newborn complication within this ethnic group?
 1. Safe sleeping
 2. Car seat safety
 3. Breast-feeding
 4. Baby-proofing
4. The nurse is planning care for an assigned client. The nurse should include information in the plan of care about prevention of human immunodeficiency virus (HIV) for which individuals specifically at risk?
 1. Lesbian persons
 2. Men-who-have-sex-with-men (MSM)
 3. Women-who-have-sex-with-women (WSW)

4. Female-to-male (FTM) transgender persons
5. Which therapeutic communication technique is **most** helpful when working with transgender persons?
 1. Using open-ended questions
 2. Using their first name to address them
 3. Using pronouns associated with birth sex
 4. Anticipating the client's needs and making suggestions
6. Which special population should be targeted for breast cancer screening by way of mammography? **Select all that apply.**
 - 1. Male-to-female (MTF)
 - 2. Female-to-male (FTM)
 - 3. Men-who-have-sex-with-men (MSM)
 - 4. Women-who-have-sex-with-men (WSM)
 - 5. Women-who-have-sex-with-women (WSW)
7. The nurse is volunteering with an outreach program to provide basic health care for homeless people. Which finding, if noted, should be addressed **first**?
 1. Blood pressure 154/72 mm Hg
 2. Visual acuity of 20/200 in both eyes
 3. Random blood glucose level of 206 mg/dL (11.47 mmol/L)
 4. Complaints of pain associated with numbness and tingling in both feet
8. The nurse is preparing discharge resources for a client being discharged to the homeless shelter. When looking at the discharge medication reconciliation form, the nurse determines there is a **need for follow-up** if which medication was prescribed?
 1. Glipizide
 2. Lisinopril
 3. Metformin
 4. Beclomethasone
9. The nurse is completing the admission assessment for a client who is intellectually disabled. Which part of the client encounter may require more time to complete?
 1. The history
 2. The physical assessment
 3. The nursing plan of care
 4. The readmission risk assessment
10. The nurse working in a correctional facility is caring for a new prisoner. The client asks about health risks associated with living in a prison. How should the nurse respond?
 1. "Health care is very limited in the prison setting."
 2. "Living in a prison isn't different than living at home."
 3. "Living in a prison can predispose a person to different health conditions."
 4. "Living in a prison is similar to living in a condominium complex or dormitory."

11. The nurse is caring for a female client in the emergency department who presents with a complaint of fatigue and shortness of breath. Which physical assessment findings, if noted by the nurse, warrant a **need for follow-up**?
1. Reddened sclera of the eyes
 2. Dry flaking noted on the scalp
 3. A reddish-purple mark on the neck
 4. A scaly rash noted on the elbows and knees
12. The nurse working in a community outreach program for foster children plans care knowing that which health conditions are common in this population? **Select all that apply.**
1. Asthma
 2. Claustrophobia
 3. Sleep problems
 4. Bipolar disorder
 5. Aggressive behavior
 6. Attention-deficit hyperactivity disorder (ADHD)
13. The nurse planning care for a military veteran should **prioritize** nursing interventions targeted at managing which condition, if present, that commonly occurs in this population?
1. Hypertension
 2. Hyperlipidemia
 3. Substance abuse disorder
 4. Post-traumatic stress disorder
14. The nurse caring for a refugee considers which health care need a **priority** for this client?
1. Access to housing
 2. Access to clean water
 3. Access to transportation
 4. Access to mental health care services
15. Which action by the nurse will **best** facilitate adherence to the treatment regimen for a client with a chronic illness?
1. Arranging for home health care
 2. Focusing on managing a single illness at a time
 3. Communicating with one provider only to avoid confusion for the client
 4. Allowing the client to teach a support person about their treatment regimen

Answers

1. *Answer:* 1

Rationale: When providing education to members of special populations, return

explanation and demonstration (teach-back) are of particular importance to ensure safety and mutual understanding. This method is the most reliable in confirming client understanding of the instructions. Video instruction, written materials, and verbal explanation are helpful and may be incorporated with the teach-back method.

Test-Taking Strategy: Note the **strategic words**, *most effective*. Note that the correct option—the teach-back method—is the **umbrella option**, and encompasses all other options. Recall that asking the client to perform return demonstration is the best way to confirm understanding.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching and Learning

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Client Education; Health Promotion

Reference: Lewis et al. (2017), p. 56.

2. **Answer:** 1, 2, 3, 4, 6

Rationale: Obesity, diabetes mellitus, hypertension, heart disease, asthma, and cancer are prevalent among this population. Hypothyroidism is not a particular risk factor. It is important to understand risk factors associated with health and the interplay of genetics, which can result in trends or patterns for specific ethnic groups.

Test-Taking Strategy: Note the **subject**, health concerns for African Americans. It is necessary to know the health risks associated with this group and that hypothyroidism is not a concern in order to answer this question correctly.

Level of Cognitive Ability: Analyzing

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process: Assessment

Content Area: Foundations of Care: Spirituality, Culture, and Ethnicity

Health Problem: N/A

Priority Concepts: Caregiving; Health Promotion

Reference: U.S. Department of Health and Human Services Office of Minority Health. (2019). Profile Black/African Americans. Retrieved from <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>

3. **Answer:** 1

Rationale: The Native Hawaiian population has a disproportionately higher rate of infant mortality compared with other ethnic groups. Sudden infant death syndrome (SIDS) is a major cause of infant mortality. Safe sleeping is an important measure to prevent this newborn complication. Car seat safety, breast-feeding, and baby-proofing are important safety measures but are not specific to Native Hawaiians.

Test-Taking Strategy: Note the **subject**, newborn teaching and a newborn complication for the Native Hawaiian population. It is necessary to know that infant mortality and SIDS is higher in this population. Recalling that safe sleeping is an

important measure in decreasing infant mortality will direct you to the correct option.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching and Learning

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Client Education; Safety

Reference: (U.S. National): CDC 2015. *Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports.* Table C.

http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_09.pdf

4. Answer: 2

Rationale: MSM (men-who-have-sex-with-men) are at a higher risk for HIV and acquired immunodeficiency syndrome (AIDS). Although anyone who is sexually active should be counseled on prevention of sexually transmitted infection, the other populations mentioned are not at an increased risk for HIV/AIDS.

Test-Taking Strategy: Note that options 1 and 3 are **comparable or alike** and therefore can be eliminated. Recalling that MTF (male-to-female) rather than FTM (female-to-male) are at risk for HIV/AIDS will assist you in eliminating option 4.

Level of Cognitive Ability: Analyzing

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching and Learning

Content Area: Foundations of Care: Special Populations

Health Problem: Adult Health: Immune: Immunodeficiency Syndrome

Priority Concepts: Client Education; Safety

Reference: Ard, K. L. (n.d.). *Improving the health care of lesbian, gay, bisexual, and transgender people: Understanding and eliminating health disparities.* Retrieved from <https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf>

5. Answer: 1

Rationale: The use of open-ended questions is most helpful in communicating with transgender persons because it assists in refraining from judgment and allows the client the opportunity to express their thoughts and feelings. The nurse should address the client with the name that the client prefers, so the first name may not necessarily be their preference. For the transgender person, it is likely that they would like to be addressed using pronouns associated with the sex they identify with now, which typically is not their birth sex. Anticipating the client's needs and making suggestions may be seen as passing judgment, so the nurse should refrain from doing this.

Test-Taking Strategy: Note the **strategic word**, *most*. Recalling that clarification with the client regarding name preference for any client will assist you in eliminating option 2. Recalling that use of pronouns associated with birth sex is inappropriate will assist you in eliminating option 3. Noting the words *making*

suggestions in option 4 will assist you in eliminating this option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Caring

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Professional Identity; Safety

Reference: Ard, K. L. (n.d.). *Improving the health care of lesbian, gay, bisexual, and transgender people: Understanding and eliminating health disparities*. Retrieved from <https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf>

6. **Answer:** 1, 2, 4, 5

Rationale: Transgender persons who have undergone sexual reassignment surgery should have the respective preventive screenings. For example, MTF should have breast cancer screening by way of mammography if they are older than 50 years. Additionally, FTM should still have mammography routinely as indicated due to the risk for residual breast tissue to develop cancerous growth. WSW and WSM should have screening as well.

Test-Taking Strategy: Note the **subject**, indications for mammography. Recalling that this test is primarily indicated for females will direct you to the correct options.

Level of Cognitive Ability: Analyzing

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process—Planning

Content Area: Foundations of Care: Special Populations

Health Problem: Adult Health: Cancer: Breast

Priority Concepts: Health Promotion; Self-Management

Reference: Ard, K. L. (n.d.). *Improving the health care of lesbian, gay, bisexual, and transgender people: Understanding and eliminating health disparities*. Retrieved from <https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf>

7. **Answer:** 4

Rationale: The nurse should address the complaints of pain and numbness and tingling in both feet first with this population. If the client perceives value to the service provided, they will be more likely to return for follow-up care. While the blood pressure, blood glucose, and vision results are concerning, the client's stated concern should be addressed first.

Test-Taking Strategy: Note the **subject**, the finding to be addressed, and focus on the **strategic word**, *first*. Recalling that adherence is a problem for this population will direct you to the correct option. Also note that the correct option is the only subjective finding.

Level of Cognitive Ability: Analyzing

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process—Assessment

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Clinical Judgment; Health Promotion

Reference: Maness, D. L., & Khan, M. (2014). Care of the homeless: An overview. *American Family Physician, 89*(8), 634-640.

8. **Answer:** 1

Rationale: There are a number of medications that should be avoided, if possible, for the homeless person due to the safety risks. Glipizide is an oral hypoglycemic medication and is classified as a sulfonylurea. A major side effect of this medication is hypoglycemia, which presents a safety risk to the homeless person. Lisinopril is an angiotensin-converting enzyme inhibitor. Although there are side effects that should be included in discharge instructions, there is less of a threat to safety with this medication, and the benefits of it are important. Metformin is an oral biguanide and is used for type 2 diabetes mellitus. Hypoglycemia is less of a concern with this medication compared with other oral hypoglycemics. Beclomethasone is an inhaled corticosteroid used for obstructive lung disease, and although there are side effects that the client should know about, there is not a particular safety risk associated with this medication for the homeless person.

Test-Taking Strategy: Note the **strategic words**, *need for follow-up*. Specific knowledge about the medications identified in the options and knowledge of the medications that should be avoided with the homeless clients is needed to answer this question. Remember that sulfonylureas present the risk of hypoglycemia.

Level of Cognitive Ability: Analyzing

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process—Planning

Content Area: Foundations of Care: Safety

Health Problem: N/A

Priority Concepts: Health Promotion; Safety

Reference: Maness, D. L., & Khan, M. (2014). Care of the homeless: An overview. *American Family Physician, 89*(8), 634-640.

9. **Answer:** 1

Rationale: Intellectually disabled clients tend to be poor historians, and it may be necessary to take more time to ask questions in a variety of different ways when collecting the history data. The physical assessment, nursing plan of care, and readmission risk assessment portions, although they rely on the history, take less time because they require less client questioning.

Test-Taking Strategy: Note the **subject**, conducting an admission assessment for an intellectually disabled client and the part that may take more time to complete. Recalling that individuals in this special population group are poor historians and that use of questioning in a variety of ways may be necessary will direct you to the correct option.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Assessment

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Communication; Functional Ability

Reference: May, M. E., & Kennedy, C. H. (2010). Health and problem behavior among people with intellectual disabilities. *Behavioral Annals of Practice*, 3(2), 4-12.

10. **Answer:** 3

Rationale: The environment of a prison can predispose a person to different health conditions, such as tuberculosis, human immunodeficiency syndrome, sexually transmitted infections, or other infectious diseases. Option 1 does not address the client's question. Options 2 and 4 convey incorrect information.

Test-Taking Strategy: Note the **subject**, health conditions associated with living in a prison. Remember that the prison is a confined environment, and a variety of infectious diseases are prevalent.

Level of Cognitive Ability: Applying

Client Needs: Safe and Effective Care Environment

Integrated Process: Teaching and Learning

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Communication; Health Promotion

Reference: Issues in Science and Technology. (n.d.). *Correctional health is community health*. Retrieved from <http://issues.org/32-1/correctional-health-is-community-health/>

11. **Answer:** 3

Rationale: The client in this question should be screened for abuse. Battered women experience bruises, particularly around the eyes, red or purple marks on the neck, sprained or broken wrists, chronic fatigue, shortness of breath, muscle tension, involuntary shaking, changes in eating and sleeping, sexual dysfunction, and fertility issues. Mental health issues can also arise, including post-traumatic stress disorder, nightmares, anxiety, uncontrollable thoughts, depression, anxiety, low self-esteem, and alcohol and drug abuse. Reddened sclera, a dry rash on the elbows, and flaking of the scalp do not pose an indication of abuse.

Test-Taking Strategy: Note the **strategic words**, *need for follow-up*. Also focus on the **data in the question** and select the option that indicates the most concern and is indicative of abuse. Remember that battered women often present with bruising around the eyes or on the neck.

Level of Cognitive Ability: Analyzing

Client Needs: Safe and Effective Care Environment

Integrated Process: Nursing Process/Assessment

Content Area: Foundations of Care: Special Populations

Health Problem: Mental Health: Violence

Priority Concepts: Communication; Health Promotion

Reference: Very Well Mind (2019). *Top warning signs of domestic abuse*

<https://www.verywellmind.com/signs-someone-is-being-abused-66535>

12. *Answer:* 3, 4, 5, 6

Rationale: Foster children are at risk for a variety of health conditions later in life, including ADHD, aggressive behavior, anxiety disorder, bipolar disorder, depression, mood disorder, post-traumatic stress disorder, reactive detachment disorder, sleep problems, prenatal drug and alcohol exposure, and personality disorder. Claustrophobia and asthma are not specifically associated with foster children.

Test-Taking Strategy: Note the **subject**, health concerns for foster children. Recall that mental health is a major concern for this population. This will assist in directing you to the correct options.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process—Planning

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Development; Health Promotion

Reference: American Academy of Pediatrics. (n.d.). *Healthy foster care America*. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/HFCAJudgesToolkit.pdf>

13. *Answer:* 4

Rationale: Post-traumatic stress disorder (PTSD) is extremely common in this population. Identifying and treating mental health disorders assists in mitigating suicide risk. Treatment of comorbid conditions such as PTSD may also help address any substance use disorder. Use of screening tools in identifying substance use disorder is helpful. Treatment of PTSD includes exposure therapy, psychotherapy, and family/group therapy. Hypertension and hyperlipidemia are important but not the priority; the risk of suicide and other safety concerns associated with PTSD are the priority for this population.

Test-Taking Strategy: Note the **strategic word**, *prioritize*. This phrase indicates that although all options may be important, one option is a priority due to safety considerations. Also note that options 1 and 2 are **comparable or alike** and therefore can be eliminated. Although substance abuse may be a concern, PTSD is the priority.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process—Planning

Content Area: Foundations of Care: Special Populations

Health Problem: Mental Health: Post-Traumatic Stress Disorder

Priority Concepts: Health Promotion; Safety

Reference: US National Library of Medicine. (2017). *Veterans and military health*. Retrieved from <https://medlineplus.gov/veteransandmilitaryhealth.html>

14. *Answer:* 4

Rationale: Mental health problems are the primary issue for this population as a result of tortuous events. While all other options are important for all clients, they do not address the specific needs of this special population.

Test-Taking Strategy: Note the **strategic word**, *priority*. This indicates that all options are important and are most likely correct. It is necessary to recall that due to the potential trauma experienced by refugees, mental health is a priority.

Level of Cognitive Ability: Applying

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process—Planning

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Clinical Judgment; Health Promotion

Reference: Global Citizen. (2018). *The 7 biggest challenges facing refugees and immigrants in the US*. Retrieved from <https://www.globalcitizen.org/en/content/the-7-biggest-challenges-facing-refugees-and-immig/>

15. **Answer:** 1

Rationale: Nursing follow-up visits are important in promoting health for individuals with chronic illness; therefore, arranging for home health care is an important strategy.

Focusing on a single illness does not effectively manage an individual with multiple chronic diseases—rather, the “big picture” needs to be understood in managing these clients. Interprofessional collaboration is important in safely managing individuals with chronic diseases, and often involves consulting with specialist providers. Nurses play a key role in facilitating communication between providers and specialists. Inclusion of the client and support person(s) in health care decisions helps increase adherence to a complex health care regimen, and the nurse should be the facilitator of this communication.

Test-Taking Strategy: Note the **strategic word**, *best*. Recalling that these clients often have complex histories and health care needs will assist you in choosing the option that relates to nursing support services.

Level of Cognitive Ability: Applying

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process—Planning

Content Area: Foundations of Care: Special Populations

Health Problem: N/A

Priority Concepts: Health Promotion; Safety

Reference: Usherwood, T. (2017). Encouraging adherence to long-term medication. *Australian Prescriber*, 40(4), 147-150.