Edelman's Health Promotion Throughout the Life Span 11th edition Kudzma Test Bank

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Test Bank - Chapter 01

Q1: Which model of health is most likely used by a person who does not believe in preventive health care?

A. Clinical model (Correct)
B. Role performance model
C. Adaptive model
D. Eudaimonistic model

Rationale: The clinical model of health views the absence of signs and symptoms of disease as indicative of health. People who use this model wait until they are very sick to seek care. All the other options are models that in some way include the concept of preventive care.

Q2: A person with chronic back pain is cared for by their primary care provider, as well as receiving acupuncture. Which model of health does this person likely favor?

A. Clinical model
B. Role performance model
C. Adaptive model
D. Eudaimonistic model (Correct)

Rationale: The eudaimonistic model embodies the interaction and interrelationships among physical, social, psychological, and spiritual aspects of life and the environment in goal attainment and creating meaning in life. Practitioners who practice the clinical model may not be enough for someone who believes in the eudaimonistic model. Those who believe in the eudaimonistic model often look for alternative providers of care. The clinical model is favored by people who do not seek preventive care measures. The role performance model of health defines health in terms of individuals' ability to perform social roles. In the adaptive model of health, people's ability to adjust positively to social, mental, and physiologic change is the measure of their health.

Q3: Which of the following statements correctly describes Halbert Dunn's concept of high-level wellness?

A. Care recipients who are terminal or dying could not be classified as having high-level wellness.
B. The focus is on environment and the ability to achieve health on a personal and societal level. (Correct)
C. It provides a view of health which is in opposition to the eudaimonistic model of health.
D. It is most closely aligned with a clinical model of health.

Rationale: Dunn's construct of high level wellness assesses a person's wellness not only from the perspective of his relative health but also factors in his environment—favorable or unfavorable—to arrive at a more comprehensive determination of relative wellness. With this concept in mind, a person who is dying can be said to have achieved high-level wellness via emotionally preparing for death and/or supporting others toward this end. His concept defines health on both personal and societal levels. This model is similar to the eudaimonistic model of health which factors in physical,

social, psychological, and spiritual aspects as well as influences from the environment in defining health. For these reasons, choices A, C, and D would all be incorrect.

Q4: How is a state of physical, mental, spiritual, and social functioning that realizes a person's potential and is experienced within a developmental context known as?

A. growth and development.
B. health. (Correct)
C. functioning.
D. high-level wellness.

Rationale: Health, as defined in this text, is a state of physical, mental, spiritual, and social functioning that realizes a person's potential and is experienced within a developmental context. Although health is, in part, an individual's responsibility, health also requires collective action to ensure a society and an environment in which people can act responsibly to support health. The culture and beliefs of people can also influence health action.

Q5: Which of the following best describes an individual who has an illness?

A. Someone who has well-controlled diabetes
B. Someone with hypercholesterolemia
C. Someone with a headache (Correct)
D. Someone with coronary artery disease without angina

Rationale: Illness is composed of the subjective experience of the individual and the physical manifestation of disease (Hollingsworth & Didelot, 2010). Both are social constructs in which people are in an imbalanced, unsustainable relationship with their environment and are failing in their ability to survive and create a higher quality of life. Illness can be described as a response characterized by a mismatch between a person's needs and the resources available to meet those needs. Someone with a headache represents a person with an illness. A person can have a disease without feeling ill. The other choices represent disease.

Q6: Which US report is considered a landmark document in creating a global approach to health?

A. The 1995 Health Objectives for the Nation: A Midcourse Review
B. Healthy People 2020
C. Healthy People 2000 (Correct)
D. The US Surgeon General Report

Rationale: Healthy People 2000 (USDHHS, Public Health Service, 1996) and Healthy People 2000 Midcourse Review and 1995 Revisions (USDHHS, Public Health Service, 1996) were landmark documents in that a consortium of people representing national organizations worked with US Public Health Service officials to create a more global approach to health. Additionally, a management-by-objectives approach was used to address each problem area. These two documents became the blueprints for each state as funding for federal programs became linked to meeting these national health objectives.

Q7: Healthy people 2030 will be built upon the goals of Healthy people 2020 and is currently underway. Which of the following is one of the five overreaching goals for Healthy People 2030 (US Department of Health and Human Services)?

A. Decreased tobacco use in youth throughout the nation
B. Achieve overall well-being and healthy life expectancy (Correct)
C. Increased public funding for health insurance
D. Decreased hospital re-admission rates

Rationale: Healthy people 2030 has five overarching goals to The five goals relate to overall well-being and healthy life expectancy. Choices A, C, and D are possible strategies to achieve the state goals but they do not reflect the actual published overarching goals.

Q8: Which of the following statements accurately reflect primordial prevention?

A. It concerns interventions directed at the fetus while in utero to assure lifelong health.
B. It is a more modern term used interchangeably with primary prevention.
C. It is a health-promotion strategy which reflects policy-level interventions. (Correct)
D. It refers administering vaccines to prevent individuals from developing the disease.

Rationale: Primordial prevention is a fairly new concept which has been added to the more traditional modalities of primary, secondary, and tertiary prevention. Primordial refers to the time frame before a risk factor develops and before disease occurs. Primordial prevention reflects policy-level interventions which will serve to prevent disease. Such prevention is typically implemented at the "national, state, or community" levels. Examples of primordial prevention would be state regulations which mandate healthy food for school-based lunch programs or regulations which call for the elimination of trans fats in commercial foods. By contrast, primary prevention are those interventions which are directed at the individual in the interest of preventing disease. Vaccinating an individual against disease would be an example of primary prevention as would be education and interventions (exercise, low fat, avoiding excess salt) aimed at preventing cardiovascular disease before it occurs.

Q9: Which of the following represents a method of primary prevention?

A. Informational session about healthy lifestyles (Correct)
B. Blood pressure screening
C. Interventional cardiac catheterization
D. Diagnostic cardiac catheterization

Rationale: Primary prevention precedes disease or dysfunction. It includes health promotion and specific protection and encourages increased awareness; thus, education about healthy lifestyles fits this definition. Blood pressure screening does not prevent disease, but instead identifies it. Cardiac catheterization – either interventional or diagnostic – is an invasive procedure to either diagnose or treat cardiac or coronary artery disease.

Q10: Which of the following represents a recommended method of secondary prevention?

A. Self-breast examination education

B. Yearly mammograms (Correct)

C. Chemotherapy for advanced breast cancer

D. Complete mastectomy for breast cancer

Rationale: Screening is secondary prevention because the principal goal of screenings is to identify individuals in an early, detectable stage of the disease process. A mammogram is a screening tool for breast cancer and thus is considered a method of secondary prevention. Self-breast exams are no longer recommended due to low yield in detecting breast tumors. The other options are treatment oriented.

Q11: Which of the following represents a method of tertiary prevention?

A. Drunk driving campaign

B. Road blocks for drunk driving

C. Emergency surgery for head trauma after a motor vehicle accident

D. Physical and occupational therapy after a motor vehicle accident with head trauma (Correct)

Rationale: Physical therapy and occupational therapy are considered tertiary prevention. Tertiary prevention occurs when a defect or disability is permanent and irreversible. It involves minimizing the effect of disease and disability. The objective of tertiary prevention is to maximize remaining capacities. A drunk driving campaign would be primary prevention as it seeks to prevent drunk driving. Road blocks would fit into the realm of early detection before the person has caused injury to themselves or others. Emergency surgery is a life-saving procedure versus an intervention directed at prevention.

Q12: Which of the following would NOT be an appropriate focus of public health concerns?

A. Patients with heart failure (Correct)

B. Employees

C. Prisoners

D. Disabled persons

Rationale: Public health is population-based focusing on the determinants of health for defined populations. It is also grounded in social justice, focused on health promotion and disease prevention, driven by the science of epidemiology, and organizes community services (Keller et al., 2016). Population health is the outcomes (i.e., length of life, health-related quality of life, function) of a population that are influenced by patterns of health determinants, policies, and interventions (Kindig & Stoddart, 2015). Population is a group defined by a geographic area, or employees, ethnic groups, prisoners, or disabled people. It is not defined as a clinical patient group like patients with heart failure.

Q13: In reviewing a person's medical claims, a nurse realizes that the individual with moderate persistent asthma has had several emergency department visits and is not on inhaled steroids as recommended by the NHLBI asthma management guidelines. The nurse discusses this with the person's primary care provider. In this scenario, the nurse is assuming which role?

A. advocate.

B. care manager. (Correct)

C. consultant.

D. educator.

Rationale: Primary roles of the care manager include preventing duplication of services, maintaining quality and safety, providing education and advocacy, facilitating self-management, and reducing costs. Care managers base recommendation on reliable data sources such as evidence-based practices and protocols. The nurse acts as a care manager to assist the individual in navigating the complexities of health care and health decision-making. As advocates, nurses help individuals obtain the resources they are seeking through the health care system, try to make the system more responsive to individual and community needs, and help people develop the skills to advocate for themselves. Nurses may provide knowledge about health promotion and disease prevention to individuals and groups as a consultant. Nurses can bridge the health literacy gap through education.

Q14: During a home visit, a nurse assists an individual to complete an application for disability services. The nurse is assuming which role?

A. advocate. (Correct)

B. care manager.

C. consultant.

D. educator.

Rationale: The advocacy role of the nurse helps individuals obtain what they are entitled to receive from the health care system, tries to make the system more responsive to individuals' community needs, and assists individuals in developing skills to advocate for themselves. Care managers base recommendation on reliable data sources such as evidence-based practices and protocols. The nurse acts as a care manager to assist the individual in navigating the complexities of health care and health decision-making. As advocates, nurses help individuals obtain the resources they are seeking through the health care system, try to make the system more responsive to individual and community needs, and help people develop the skills to advocate for themselves. Nurses may provide knowledge about health promotion and disease prevention to individuals and groups as a consultant. Nurses can bridge the health literacy gap through education.

Q15: During a home visit, a nurse discusses the dangers of smoking with an individual. In this scenario the nurse is assuming which role?

A. advocate.

B. care manager.

C. consultant.

D. educator. (Correct)

Rationale: Health education is a primary prevention technique available to avoid major causes of disease. Teaching can range from a chance remark to a planned lesson. Teaching may range from a chance remark by the nurse, based on a perception of desirable individual behavior, to structurally planned teaching according to individual needs. Selection of the methods most likely to succeed involves the establishment of teacher-learner goals. The advocacy role of the nurse helps individuals obtain what they are entitled to receive from the health care system, tries to make the

system more responsive to individuals' community needs, and assists individuals in developing skills to advocate for themselves. Care managers base recommendation on reliable data sources such as evidence-based practices and protocols. The nurse acts as a care manager to assist the individual in navigating the complexities of health care and health decision-making. As advocates, nurses help individuals obtain the resources they are seeking through the health care system, try to make the system more responsive to individual and community needs, and help people develop the skills to advocate for themselves. Nurses may provide knowledge about health promotion and disease prevention to individuals and groups as a consultant.

Q16: A nurse is asked to provide an expert opinion about the development of an education program for newly diagnosed diabetics. In this scenario, the nurse is assuming which role?

A. advocate.
B. care manager.
C. consultant. (Correct)
D. educator.

Rationale: Nurses with a specialized area of expertise provide education about health promotion and disease prevention to individuals and groups as consultants. Some nurses have specialized areas of expertise or advanced practice, such as in gerontology, women's health, or community/public health, and they are equipped to provide information as consultants in these areas of specialization. Health education is a primary prevention technique available to avoid major causes of disease. Teaching can range from a chance remark to a planned lesson. Teaching may range from a chance remark by the nurse, based on a perception of desirable individual behavior, to structurally planned teaching according to individual needs. Selection of the methods most likely to succeed involves the establishment of teacher-learner goals. The advocacy role of the nurse helps individuals obtain what they are entitled to receive from the health care system, tries to make the system more responsive to individuals' community needs, and assists individuals in developing skills to advocate for themselves. Care managers base recommendation on reliable data sources such as evidence-based practices and protocols. The nurse acts as a care manager to assist the individual in navigating the complexities of health care and health decision-making. As advocates, nurses help individuals obtain the resources they are seeking through the health care system, try to make the system more responsive to individual and community needs, and help people develop the skills to advocate for themselves.

Q17: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals is known as what?

A. health-related quality of life.
B. evidence-based practice. (Correct)
C. a Healthy People 2020 goal.
D. the ecological model of health.

Rationale: When nurses or other clinicians use research findings and the best evidence possible to make decisions, the outcome is termed evidence-based practice. Evidence-based practice is defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals. The practice of evidence-based nursing means integrating individual clinical expertise with the best available external clinical evidence from systematic

research. None of the other options accurately achieve the functions described.

Q18: Which research methodology should be used to address the question, "What is the difference in the infection rates between individuals who receive twice-a-day dressing changes versus once-a-day dressing changes?"

A. Evidence-based practice research
B. Qualitative research
C. Quantitative research (Correct)
D. Clinical judgment research

Rationale: Quantitative research studies describe situations, correlate different variables related to care, or test causal relationships among variables related to care. Evidence-based practice research and clinical judgment research are not research methodologies; they are strategies used to answer clinical questions. Qualitative studies describe phenomenon or define the historical nature, cultural relevance or philosophical basis of aspects of nursing care.

Q19: The question, "What is the experience of teenagers who lose a sibling to cancer?" can best be answered by using which research methodology?

A. Evidence-based practice research
B. Qualitative research (Correct)
C. Quantitative research
D. Clinical judgment research

Rationale: Qualitative research studies describe phenomena or define the historical nature, cultural relevance, or philosophical basis of aspects of nursing care. Evidence-based practice research and clinical judgment research are not research methodologies; they are strategies used to answer clinical questions.

Q20: A nurse who uses findings from a randomized, controlled trial on the care of Foley catheters to change practice at an institution is practicing

A. evidence-based medicine. (Correct)
B. qualitative research.
C. quantitative research.
D. clinical judgment.

Rationale: When nurses or other clinicians use research findings and the best evidence possible to make decisions, the outcome is termed evidence-based practice. Evidence-based practice is defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individuals. The practice of evidence-based nursing means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Q21: Which of the following is most influenced by the social and economic environment of a community?

A. Social health policies (Correct)

B. Quality of care

C. Evidence-based practice

D. Practice guidelines

Rationale: Social policies concerning health are influenced by the social and economic environment of a population. Analysis of population trends and projections is necessary to help health professionals determine changing needs. This is not true of the other options.

Q22: Which was a major cause of death in the early twentieth century?

A. cancer.

B. cerebrovascular disease.

C. heart disease.

D. infections. (Correct)

Rationale: Infections and acute disease were the major causes of death in the early part of the twentieth century. While the other options accounted for deaths, infections were the most significant cause of deaths prior to the use of antibiotic therapies.

Q23: Which of the following groups of people are likely to show an increase in numbers between the years 2010 to 2030?

A. Persons age 65 and older (Correct)

B. Persons of White European descent

C. Infants due to rising birth rates

D. Population growth and character are unpredictable

Rationale: By the year 2050, it is predicted that the majority of people in the United States will not be of White European descent (US Census Bureau, 2023). In addition to changes in the ethnic and racial distribution within the population, the projected changes in age distribution will affect health-promotion practice. Considerable growth is expected in the proportion of the population that is 25 years of age and older. For example, the post-World War II baby boom will increase the number of persons in the 65-and-older age group between the years 2010 and 2030 (US Census Bureau, 2020). If there was a drop in births after 1960.

Q24: Which of the following demonstrates a nurse taking action to promote health and prevent disease?

A. Making a home visit to a person who is recovering from a heart attack

B. Administering medications to a cardiac care recipient in the hospital

C. Providing cardiopulmonary resuscitation during a heart attack

D. Educating a person about the advantages of a heart-healthy diet during a home visit (Correct)

Rationale: Health promotion and disease prevention commonly involves lifestyle choices across the life span. Educating a person about the advantages of a heart-healthy diet during a home visit serves to influence lifestyle choices. To promote health and wellness, an emphasis must be placed

on primary prevention. This is often related to actions such as education that influence lifestyle choices. The nurse educating a patient regarding a heart-healthy diet is engaging in primary prevention so as to prevent disease from occurring. Choices A, B, and C all involve interventions occurring after a disease has manifested.

Q25: Which factor may have the most influence in changing the health behavior of a single, adult patient who smokes and is the care provider for their mother, their own children, and grandchild?

A. Education regarding effects of smoking on their health
B. The satisfaction that they will not contribute to secondhand smoke
C. The availability of a weekly support group
D. Financial incentives rooted in a non-smoking lifestyle (Correct)

Rationale: Motivational factors play a large role in influencing attitudinal change. Programs for health promotion and health education are only part of the answer. Financial incentives for prevention may be another motivating factor, and health advocacy by professionals in the health field is critical. For this woman, who is financially responsible for the health and well-being of other individuals, finances will likely play a significant role in motivating her actions. Financial considerations might include reduced insurance rates, occupational bonus programs, money saved from not buying cigarettes, etc. The text states numerous times that education regarding the benefits of not smoking is not enough.

Q26: Which of the following "investment" themes has been identified by the National Institute of Nursing Research (NINR)? (Select all that apply.) *(Select all that apply.)*

A. Interprofessional collaboration
B. Improving the quality of life (Correct)
C. End-of-life care (Correct)
D. Increasing physical activity among Americans

Rationale: The National Institute of Nursing Research (NINR) serves as the focal point in developing research themes for the future of the profession. NINR supports research to establish a scientific base for the care of individuals throughout the life span; from the management of individuals during illness and recovery to the reduction of the risks of disease and disability. The four "investment" themes NINR has identified are promoting personalized health strategies using symptom science, promoting health and preventing disease, improving the quality of life for individuals with chronic disease through self-management, and end-of life and palliative care through compassion (NINR, 2022). In fact, the Healthy People 2020 and Healthy People 2030 objectives match many of these themes.

Q27: Which interventions address both the National Institute of Nursing Research themes and the overall goals of the Healthy People 2020 and Healthy People 2030 as it pertains to leading health indicators? (Select all that apply.) *(Select all that apply.)*

A. Establishing a new park with a well-lit track (Correct)
B. Establishing a smoking cessation campaign (Correct)
C. Providing reduced-cost transportation passes to senior citizens
D. Providing free condoms at all federally funded health clinics (Correct)

Rationale: Establishing a new park with a well-lit track, establishing a smoking cessation campaign, and providing free condoms at all federally funded health clinics all address the National Institute of Nursing Research themes and the Healthy People 2020 and Healthy People 2030 with respect to leading health indicators. A park, smoking cessation campaign, and free condoms all address the themes of promoting health and preventing disease as well as the goal of increasing quality and years of healthy life. While, providing reduced-cost transportation passes to senior citizens may indirectly affect the health of this population, this measure does not directly relate to the themes of the National Institute of Nursing Research. The NINR strives to promote health and prevent disease, improve quality of life through symptom management, and support palliative and end-of-life care, innovation, and nurse scientists. Similarly, the stated overall goals of Healthy People 2020 and Healthy People 2030 is to increase quality and years of healthy life and eliminate health disparities.

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Review Questions - Chapter 01

Q1: The client who would be least likely to participate in health teaching activities would choose which model?

A. Clinical model (Correct)

B. Adaptive model

C. Role performance model

D. Eudaimonistic model

Rationale: The clinical model of health has the absence of signs and symptoms of disease as indicative of health. People who use this model of health to guide their use of health care services may not seek preventative health services, or they may wait until they are very ill to seek care. Personal responsibility for health may not be a motivating factor for this individual because the provider is responsible for dealing with the health problem and returning the person to a state of health. Attempts at health-promoting activities may not be effective with this person. The role performance model can perform social roles as indicative of health. This model is the basis for work and school physical examinations and physician-excused absences. The adaptive model of health can adapt positively to social, mental, and physiological changes indicative of health. The eudaimonistic model of health uses exuberant well-being as indicative of health. This model is also more congruent with integrative modes of therapy. Health promotion as presented in this text is most consistent with this model of care. It provides for optimum level wellness for any given individual and takes into account any immutable constraints to health which may be present for a particular person.

Q2: The nurse is teaching about primary prevention and includes which educational statement in the instructions?

A. Everyone should participate in colorectal cancer screening.

B. Health teaching about the risk factors of heart disease should be performed. (Correct)

C. Limiting disability is a vital role of nursing since preventive measures are therapeutic.

D. The nurse is involved in minimizing the effects of disease and disability by surveillance and maintenance.

Rationale: Primary prevention precedes disease or dysfunction. Primary prevention intervention includes health promotion, such as health teaching about risk factors for heart disease, and specific protection, such as immunization against hepatitis B. Its purpose is to decrease the vulnerability of the individual or population to disease or dysfunction. People are taught to use appropriate primary preventive measures. Screening is secondary prevention because the principle goal is to identify individuals in an early, detectable stage of the disease process. Delayed recognition of disease results in the need to limit future disability in late secondary prevention. Tertiary prevention occurs when a defect or disability is permanent and irreversible. The process is minimizing the effects the disease and disability by surveillance and maintenance activities aimed at preventing complications and deterioration. A new concept has been introduced called Primordial Prevention which deals with issues of health and prevention on a legislative and societal basis. It would involve passing legislation to promote health and reduce healthcare disparities. The Affordable Care Act would be

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an example of Primordial Prevention.

Q3: Public health nurses are involved in supporting active health-promotion strategies such as

A. supporting clean water.
B. advocating for vitamin D in all milk.
C. supporting sanitary sewage systems.
D. participating in an individual daily exercise program. (Correct)

Rationale: Health-promotion strategies are either active or passive. Passive strategies involve the individual as an inactive participant or recipient. Examples of passive strategies include public health efforts to maintain clean water and sanitary sewage systems, and efforts to introduce vitamin D in all milk to ensure that children will not be at risk for rickets when there is little sunlight. Active strategies depend on the individual becoming personally involved in adopting a proposed program of health promotion. Examples of lifestyle changes are daily exercise as part of a physical fitness plan and a stress-management program as part of daily living. As with all nursing interventions, client input and involvement are the desired goals. Health promotion is not a unilateral endeavor on the part of the nurse or other provider but rather a collaborative process which involves patient participation in both goal setting and implementation of plans and strategies for healthcare.

Q4: Nurses in the school setting can participate in health-promotion activities through creating nut-free schools. This would protect hypersensitive children from life-threatening allergic reactions to peanuts and other nut products. This type of program is an example of which of the following interventions?

A. Primary (Correct)
B. Secondary
C. Tertiary
D. Emergent

Rationale: Primary prevention interventions are considered health protection when they emphasize shielding or defending the body (or the public) from specific causes of injury or disease. An example is creating nut-free schools to protect hypersensitive children from life-threatening allergic reactions to peanut and other nut products. Such initiatives have largely been the result of grassroots parent organizations working with formal community organizations to adopt policies that protect the health of these children. Nurses may be involved in the parent organizations or the school or public health boards that review the proposed policies. Secondary prevention ranges from providing screening activities and treating early stages of disease to limiting disability by averting or delaying the consequences of advanced disease. Tertiary prevention occurs when a defect or disability is permanent and irreversible. Emergent care is not associated with health-promotion activities. It deals with health problems as they present although for some conditions, it may be appropriate to initiate tertiary prevention measures to avoid further sequela of the disease process.

Q5: In addition to changes in ethnic and racial distribution within the population, it is expected that changes in _____ distribution will affect health-promotion practice.

A. geographical

B. environmental

C. age (Correct)

D. social

Rationale: In addition to changes in the ethnic and racial distribution within the population, the projected changes in age distribution will affect health-promotion practice. Considerable growth is expected in the proportion of the population that is 25 years of age and older. Analysis of population trends and projections helps health professionals determine changing needs. Additionally, analysis of the social and economic environment is necessary for developing social policy concerning health. Geographical, environmental, and social aspects are not expected means of impacting health-promotional practices although social and environmental concerns determine health outcomes. At the upper extreme, the number of persons older than 85 is rapidly expanding. This age group represents the fastest growing segment of the population with widespread implications for health care and, especially, the underlying economics of healthcare.

Q6: Which of the following is a novel overarching goals for Healthy People 2030?

A. Decrease tobacco use in youth throughout the nation.

B. Achieve health equity and eliminate disparity for all groups.

C. Increase funding for universal health insurance especially for the indigent.

D. Include input from key community members, the public and legislators. (Correct)

Rationale: Unlike previous versions of the Healthy People initiative, Healthy People 2030 will seek input from the public in the form of key leaders, key constituents and the public, in general. This iteration of Healthy People will be the first permutation to do so. The five overarching goals for Healthy People 2030 are as follows: Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all. Create social, physical, and economic environments that promote attaining full potential for health and well-being for all. Promote healthy development, healthy behaviors and well-being across all life stages. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all. Choice B is an overarching goal from Healthy People 2020 and it is not novel. Most of the versions of Healthy People strived to address disparities in healthcare in one form or another. This goal is very similar to the 2nd goal for Healthy People 2030 which also seeks to eliminate healthcare disparities. Choices A, and C are possible strategies which might support achieving one or more of the goals but they do not reflect the actual overarching goals, as articulated by the US Department of Health and Human Services.

Q7: Which of the following statements accurately reflects the concept of primordial prevention?

A. It concerns interventions directed at the fetus while in utero to assure lifelong health.

B. It is a more modern term used interchangeably with primary prevention.

C. It is a health-promotion strategy which reflects policy-level interventions. (Correct)

D. It refers administering vaccines to prevent individuals from ever developing the disease.

Rationale: Primordial prevention is a fairly new concept which has been added to the more traditional modalities of primary, secondary, and tertiary prevention. Per the text: "Primordial refers to the time frame before a risk factor develops and before disease occurs." Primordial prevention

reflects policy-level interventions which will serve to prevent disease. Such prevention is typically implemented at the "national, state or community levels." Examples of primordial prevention would be state regulations which mandate healthy food for school-based lunch programs or regulations which call for the elimination of trans-fats in commercial foods. Another example would be the Affordable Care Act which has many provisions for preventive care. By contrast, primary preventions are those interventions which are directed at the individual in the interest of preventing disease. Vaccinating an individual against disease would be an example of primary prevention as would be education and interventions (exercise, low fat, avoiding excess salt) aimed at preventing cardiovascular disease before it occurs. Screening for disease so as to facilitate early detection and early interventions would be secondary prevention. Cervical cancer screening (Pap testing) would be an example of secondary prevention aimed at early detection and treatment of cervical cancer. Tertiary prevention are those interventions which seek to minimize the impact of a disease, once it develops. Preventing contractures in stroke patients or educating patients with asthma as to how to reduce allergens in the environment would be examples of tertiary prevention.

Q8: A nurse works with a local school to implement a nutrition education program, coordinate follow-up care for students with chronic conditions, advise community leaders on public health strategy, and collect data to evaluate program outcomes. Which combination of nursing roles is most exemplified in this scenario?

A. Educator, Case Manager, Consultant, Researcher (Correct)

B. Clinical Auditor, Administrator, Advocate, Deliverer of Services

C. Consultant, Educator, Financial Analyst, Hospital Technician

D. Administrator, Healer, Researcher, Clinical Auditor

Rationale: These roles align directly with the nurse's actions: teaching (Educator), coordinating care (Case Manager), providing guidance (Consultant), and analyzing outcomes (Researcher). While advocate and Deliverer of Services might apply partially, there is no indication that the nurse manages operations (administrator). Financial analyst, clinical auditor, and hospital technician are not nursing roles related to health promotion in this context.

Q9: Mr. Rodriguez is a 62-year-old man recently discharged from the hospital following a stroke. A home health nurse visits him weekly to monitor his rehabilitation progress, adjust medication if needed, provide mobility training, and coordinate care with his physical therapist and nutritionist. Which level of prevention is the nurse primarily implementing in this scenario?

A. Primary prevention

B. Secondary prevention

C. Tertiary prevention (Correct)

D. Quaternary prevention

Rationale: Tertiary prevention focuses on reducing complications, improving quality of life, and restoring function after a disease or health event has occurred. The nurse is helping Mr. Rodriguez recover from a stroke, manage his condition, and prevent further disability - which aligns perfectly with tertiary-level care. Primary prevention would involve things like promoting exercise, healthy eating, or smoking cessation before a stroke happens - not after. Secondary prevention would involve things like blood pressure screenings or identifying warning signs of a stroke before a stroke happens - not after. There is no indication of unnecessary or potentially harmful

interventions that would suggest quaternary prevention is being practiced.

Q10: A public health organization is developing a strategy to improve health outcomes for residents in a densely populated urban neighborhood. The plan includes working with local schools to promote physical activity, create walkable city designs, increase access to nutritious food, and incorporate social determinants of health into policy development. Which of the following best describes the approach being used?

A. Population health management targeting individuals with chronic diseases

B. Public health initiatives focused on individual treatment plans

C. A clinical medicine framework addressing acute care needs of the population

D. A health promotion strategy aligned with public health and Health in All Policies (Correct)

Rationale: The correct answer reflects a population-based approach grounded in health promotion and social determinants, consistent with public health and Health in All Policies initiatives. Population health management focuses on clinical populations, such as people with heart failure. Public health does not center on individual treatment plans; rather, it focuses on communities and preventive efforts. A clinical medical framework is incorrect since it emphasizes acute care, which aligns more with traditional clinical medicine and not with broad public health strategies.

Q11: Four distinct models have been used to describe concepts of health. Which of the following statements accurately describe some of the models used? (Select all that apply.) *(Select all that apply.)*

A. In the clinical health model, health and illness are defined by achieving age-related activity standards.

B. The role performance model of health defines health in terms of individuals' ability to perform social roles. (Correct)

C. The clinical model is the basis for occupational health evaluations.

D. In the adaptive model of health, people's ability to adjust positively to social, mental, and physiological change is the measure of their health. (Correct)

E. In the eudaimonistic model, exuberant well-being indicates optimal health. (Correct)

Rationale: The role performance model of health defines health in terms of individuals' ability to perform social roles. Role performance includes work, family, and social roles, with performance based on societal expectations. Illness would be interpreted as the failure to perform roles at the level of others in society. This model is the basis for occupational health evaluations. In the adaptive model of health, people's ability to adjust positively to social, mental, and physiological change is the measure of their health. Illness occurs when the person fails to adapt or becomes maladaptive to these changes. In the clinical model, health is defined by the absence, and illness as evidenced by the absence of conspicuous signs and symptoms of disease. In the eudaimonistic model, exuberant well-being indicates optimal health. This model emphasizes the interactions between physical, social, psychological, and spiritual aspects of life and the environment that contribute to goal attainment and create meaning.

Q12: Health is considered to be a metaparadigm for nursing and includes which of the following components? (Select all that apply.) *(Select all that apply.)*

A. Person (Correct)
B. Health (Correct)
C. Environment (Correct)
D. Nursing (Correct)
E. Psychosocial wellness

Rationale: Health is defined as a state of physical, mental, spiritual, and social functioning that realizes a person's potential and is experienced within a developmental context. Health is considered to be part of the metaparadigm for nursing, which includes the four components of person, health, environment, and nursing. Health encompasses spiritual, developmental, and environmental aspects over time. Psychosocial wellness is not considered to be one of the four components of the metaparadigm for nursing.

Q13: Which of the following agencies or initiatives have been driving forces in health care reform and the prevention of disease in society? (Select all that apply.) *(Select all that apply.)*

A. The Healthy People Initiatives (Correct)
B. Health Insurance Portability and Accountability Act
C. US Department of Health, Education, and Welfare (Correct)
D. Patient Protection and Affordable Care Act (Correct)
E. US Department of Health and Human Services (Correct)

Rationale: Public health has always had the prevention of disease in society as its focus. Over the past 30 years, the promotion of health and individual responsibility moved to the forefront within public health. A key milestone in promoting health was the advent of the Healthy People initiative, under the auspices of the US Department of Health, Education, and Welfare. The US Department of Health and Human Services is now responsible for the Healthy People objectives. Both of these agencies are concerned with health promotion and prevention. The Affordable Care Act has many provisions for health prevention. By contrast, the Health Insurance Portability and Accountability Act is not associated with the prevention of disease in society. Instead, it covers confidentiality of patient information and continuation of employer-provided healthcare insurance after a person terminates employment with a given employer or company.

Q14: Which of the following statements accurately reflects the distinctions and relationships between health, illness, and disease according to the provided definitions? (Select all that apply.) *(Select all that apply.)*

A. Health is defined solely as the absence of disease and infirmity.
B. Illness is a subjective experience and includes psychological, spiritual, and social dimensions. (Correct)
C. Disease results from the failure of adaptive mechanisms and may be influenced by multiple interacting factors. (Correct)
D. A person with a chronic disease cannot be considered healthy.
E. Health is influenced by individual responsibility, collective action, environment, culture, and spirituality. (Correct)

Rationale: The text defines illness as the subjective experience of the individual and states it has physical, psychological, spiritual, and social components. This recognizes that illness isn't just about diagnosable conditions - it involves how individuals perceive and respond to their state of health. Disease is described as arising when a person's adaptive responses fail to overcome stressors, leading to functional or structural disturbances. It's also framed as an ecological concept, emphasizing multiple interacting factors - not just a single cause. The broader definition of health integrates individual behavior and external factors such as society, environment, and belief systems. Culture and collective action are explicitly mentioned as necessary to support conditions for health, along with physical, spiritual, and social elements. Health is not simply the lack of illness or disease, it's a dynamic state of well-being across multiple domains including spirituality, development, and social function. A person with a chronic disease can be considered healthy if they can adapt, find meaning, and function well - even while living with a disease.

Q15: Which of the following statements reflects the overarching goals of Healthy People 2030? (Select all that apply.) *(Select all that apply.)*

A. Promote healthy development, behaviors, and well-being across all life stages. (Correct)

B. Focus solely on treating disease rather than preventing it.

C. Eliminate health disparities and achieve health equity. (Correct)

D. Create social, physical, and economic environments that support full health potential. (Correct)

E. Engage leadership and the public across sectors to design policies that improve health. (Correct)

Rationale: One of the overarching goals of Healthy People 2030 reflects a lifespan approach to health, emphasizing early intervention and sustained well-being from infancy through older adulthood. Healthy People 2030 prioritize reducing disparities and improving health outcomes for all populations. Achieving health equity is central to its mission. The initiative recognizes that health is shaped by the conditions in which people live, work, and play. Creating supportive environments is essential for enabling individuals and communities to thrive. Healthy People 2030 promotes cross-sector collaboration, encouraging public, private, and nonprofit organizations to work together in shaping health-promoting policies and systems. Healthy People 2030 emphasizes prevention and promotion of well-being over reactive treatment rather than solely treating disease.