Special Populations

Denise Morris, Ed.D., MSN, RN
Guest Editor

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While special populations are sometimes clearly visible to us, more often they are hidden in plain sight. Special populations inhabit the margins of our society, and are imbedded deeply within our healthcare system. Sub groups like children, illegal immigrants, adolescents, caregivers, and pregnant ethnic minorities face complex and unique challenges as they attempt to navigate the healthcare advantages that others may more easily enjoy. Recent healthcare and economic changes have resulted in a sharp increase in a variety of special populations. Each group, without the economic stability or healthcare resources necessary in today’s society, is thus placed at a higher risk for adversity. Further, the influx of illegal immigrants and the federal mandates for education and healthcare have created a population with vast needs beyond healthcare alone, yet it is often the healthcare provider who becomes the gateway to care and case management.

Nurses are critical to the care of special populations, and are often the primary advocate for these groups. The authors of these 4 articles have explored some of the special populations at risk and highlighted the needs and concerns of these groups from the perspectives of nursing practice. As you read their articles, you will become familiar with the current literature and experiences of these nurses. I am convinced some, if not all of you, will emulate with enthusiasm and will recognize the familiarity of their practice challenges. Further, you will be encouraged to embrace your broad nursing roles for action and future research in special populations. As nurses you can shine the light on the hidden places within our healthcare system, advocate for the special populations and affect the lives of the disenfranchised. In the words of Margaret Mead (2005) “Never believe that a few caring people can’t change the world. For indeed that is all who ever have.” (p.242)

References
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4. Establish collaborative relationships with consumers, health professionals, and other advocacy organizations.
5. Safeguard the interests of health care consumers and nurses in the legislative, regulatory, and political arena.
6. Increase consumer understanding of the nursing profession.
7. Serves as an ambassador for the nursing profession.
8. Represent the voice of Delaware nurses in the national arena.

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Welcome to the August-September-October edition of the DNA Reporter publication. Articles written by our nursing peers for this issue are focused on the topic of “Special Populations.” I want to extend a special thank you to Denise Morris, EdD, MSN, RN for her willingness to serve as the current Guest Editor in highlighting the many health disparities and health care needs of the special populations presented in this edition, as well as the pivotal role nurses provide in meeting their needs in the community settings.

DNA participated at the national level: From July 23 through July 25, Leslie Veruci (Past-president), Sarah Carmody (Executive Director), and I attended the 2015 American Nurses Association (ANA) Membership Assembly. During this Membership Assembly we participated in discussions related to nursing practice at the national level, voted for nurses to fill positions on the ANA Board of Directors, and participated in hearings/voted on proposed amendments to ANA's bylaws. The ANA Membership Assembly was also a great opportunity to network and connect with other constituent members/organizations.

Delaware "Top Nurses" Recognized: On May 27th a gala was hosted by Delaware Today Magazine in honor of those nurses recognized by their professional peers to be “Top Nurses” in the state of Delaware. Via an online poll, nurses were selected by their peers to receive this recognition. What higher praise can you receive then that which is given to you by the individuals you work with every day, or those whom you have made an impact somewhere along their career path? Both the gala and May edition of the Delaware Today Magazine were a tribute to all nurses who authenticate the traits of “Ethical Practice. Quality Care” (American Nurses Association’s Nurses Week theme) everyday through their strong commitment, compassion, and care they display in their practice and profession. It was extremely rewarding to have nurses recognized for their leadership, dedication, and contribution to the profession and to share with the public the vital role nurses have in the care of patients.

New Forum for General Membership Meeting: I want to thank those members who attended the DNA’s General Membership Meeting that was held on Tuesday, May 25th. In the past, the General Membership meeting has been held immediately following the lunch break during the fall and spring conferences. After much discussion with members of the Board of Directors, it was decided to explore holding the meeting on a separate date and time to allow for more thorough discussions on key issues affecting the organization and the profession. We were excited to have an ample turnout of members for the first meeting and look forward to the next meeting this fall (date TBD). Discussions were focused on the organization's policies, as well as current legislative issues affecting nursing practice. It was refreshing to hear opinions, comments, and concerns from our members. We welcome all members to attend the next meeting!

DNA Bus Trip to our Nation's Capital: The Delaware Nurses Association Bus Trip to the U.S. Capital will be held on Tuesday, September 8th. Please plan to join us as we travel to Washington D.C. to discuss health care concerns with our state legislators. It is always an enjoyable event and a chance to network with other nurses within our state.

Delaware Excellence in Nursing Practice Awards: The Delaware Organization of Nurse Leaders will hold the Delaware Excellence in Nursing Practice Awards event on September 24th. Information related to the program can be found on the DONL website at www.DelawareONE.org/Excellence_awards.html Please plan to attend this event to celebrate nursing excellence!

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Jennifer Santini. BSN, RN earned her ADN from Delaware Technical & Community College in Georgetown, DE, a BSN equivalent from Walden University, and is currently completing her MSN in Nursing Education. Jennifer started her nursing career in 1999, working with severely disabled adults and children at Harber Healthcare in Lewes. She later worked as a staff nurse in Med-Surg, Pediatrics, and Oncology at Beebe Healthcare, Lewes, DE. She is currently teaching at Delaware Technical & Community College in Georgetown, DE. Jennifer can be reached by email at jsantini@one.net.

According to 2011 U.S. Census Bureau projections, there are roughly 52.0 million Hispanics living in the United States representing approximately 16.7% of the U.S. total population with an expected jump to 30% by 2050 (Centers for Disease Control [CDC], 2013). In Delaware, the Hispanic population currently makes up approximately 8.2% of the total population, and in Georgetown, Delaware Hispanics make up 48% of the total population (City-Data-Advum, Inc., 2014; Delaware Health and Social Services [DHSS], 2005; Ruggiano, 2008). This growing population raises awareness of the healthcare needs of this special group. The Hispanic population in the U.S. face many disparities, one of which is receiving late, or no prenatal care.

Early prenatal care is crucial to the health of both mother and baby; however, only 60% of Hispanic women initiate prenatal care in the first trimester compared to 80% of white women (Valdez, 1999). Knowing that Latina women are at higher risk for complications, it is imperative to increase access to healthcare services. Women who receive late, or no prenatal care have the highest uninsured rates of any racial or ethnic group within the United States (U.S. DHSS, 2014). It is estimated that 11.1 million immigrants are here illegally, making up half of Hispanic descent, meaning that they have little or no access to healthcare (Pew Research, 2013). Since the children who are born here are legal citizens, it is important that they are born as healthy as possible.

Granting any kind of access to health care for immigrants is becoming a focal point of Congressional debate under the 1996 Welfare Reform Act. Undocumented pregnant women are ineligible for federally-funded prenatal care, but due to rule changes in 2002, states now have the option to provide prenatal care to undocumented immigrant women by extending Children's Health Insurance Programs (CHIP) coverage to the unborn child, known as the unborn child policy (Catholic Legal Immigration Network, Inc., 2013). Currently, 20 states offer this access to pregnant immigration; however, Delaware is not one of them even though the Hispanic population has increased by 15% in the past ten years (Ruggiano, 2012). Without a change to the existing law in Delaware, undocumented immigrant women will continue to go without prenatal care simply because many lack the resources to receive prenatal care and many times lack the knowledge to understand the importance.

With immigration reform and illegal immigration currently being a hot topic in the United States, many obstacles can be anticipated. Although many immigrants the mothers are not eligible for federal benefits of any kind, their babies will be citizens by birth, meaning that the children are eligible for Medicaid as soon as they are born. Many states are currently fighting the same battle and the judges of the Second Circuit of the United States Court of Appeals ruled that illegal immigrant mothers who came to the United States before the age of 18 in January of 2001 are entitled to pre-natal care (Sengupta, 2001). Additional arguments are that illegal immigrants are being given preferential treatment while taxes are increased on citizens (O’Hanlan, 2013). However, preventing immigrants from getting prenatal health benefits is financially irresponsible and can be far more costly in the future since health care spending and contribute to a less healthy U.S. population (Mukherjee, 2013). In a study done in 2000 comparing initial and long-term costs and outcomes for California undocumented immigrant women and their children, with and without prenatal care was found that for every dollar not spent on prenatal care, there would be an additional cost of $3.33 for postnatal care and $4.63 in incremental long-term cost (American Public Health Association [APHA], 2013). Furthermore, hospitals cannot turn away patients based on ability to pay, as known as the Emergency Medical Treatment and Active Labor Act (EMTALA) which states that state and federal governments, as well as the hospital end up paying for the care, in turn raising health care rates (Mukherjee, 2013). Mukherjee (2013) also reported soon after EMTALA’s passage, lawmakers authorized a special Medicaid fund that partially subsidizes emergency treatments for undocumented immigrants, costing $82 billion per year, much of which is used on delivering babies for pregnant, undocumented women arriving to the emergency room.

There is no easy answer to this problem, however, in order to protect public health and provide the best start for the future of the citizens. It is imperative to provide care. It can be also argued that health care is a basic human right and that not providing care may have an undesirable effect on the health of the nation. In order to reduce barriers to prenatal health care, culturally appropriate health promotion, intervention, and advocacy programs are needed.

Although many of these patients are here illegally, it does not change their need for health care. Providing early prenatal care can be cost effective for the United States as the children we are providing care for are our future citizens (McCurdy, 2013). Being an advocate for this program does not mean that one necessarily believes that the arrtists this population has made; it does, however, hold the belief that health care is a basic human right. By educating the public on the social and economic impacts of lack of access to prenatal healthcare services, positive change can be made.

References


Jennifer Santini, BSN, RN earned her ADN from Delaware Technical & Community College in Georgetown, DE, a BSN equivalent from Walden University, and is currently completing her MSN in Nursing Education. Jennifer started her nursing career in 1999, working with severely disabled adults and children at Harber Healthcare in Lewes. She later worked as a staff nurse in Med-Surg, Pediatrics, and Oncology at Beebe Healthcare, Lewes, DE. She is currently teaching at Delaware Technical & Community College in Georgetown, DE. Jennifer can be reached by email at jsantini@one.net.
As of 2012, the National Alliance for Caregiving and AARP reported that there were 65.7 million caregivers that made up 29% of the population in the United States. The caregiver services provided were valued at $450 billion per year in 2011. According to Healthy People 2020, one of every 5 adults in the United States will be 65 years old or older by 2030, and a large percentage will have debilitating conditions that will require around-the-clock caregiving (Mast, 2012). According to Gwyther et al. (2010), it is estimated that one in every five households in the United States provide support to elderly or disabled family members for 18 or more hours per week. Caregivers can be defined as providing unpaid assistance for the physical and emotional needs of another person (University of California, San Francisco, Human Resources Department [UCSF], 2015). A caregiver often helps with basic tasks and activities of daily living. Tasks which include grocery shopping, meal preparation, medical supply management, taking medications, transportation to appointments, shopping, and managing their health ailments. These caregivers are often aging spouses who are frail and often help with basic tasks and activities of daily living. These caregivers often have a deficit in knowledge of how to properly care for their loved one. In the caregiver role, coping refers to the things people do to resolve stressful situations. These mediating processes of stress and strain were found to help with depression and anxiety among family caregivers of elders with chronic illnesses. Evidence of positive coping included both social and professional caregiver health and wellness (Bacon et al., 2012).

Resources
There are many resources available in the community for caregivers that include Senior Centers, adult day care programs, caregiver support groups, public transportation, meals on wheels, and more. According to findings from the National Alliance for Caregiving and AARP (NACA), caregiving was identified as the third most important health-care concern facing older adults in the United States. Washington, DC: AARP (n.d), 49% of caregivers stated that they used one of three specific types of aids to help them care for their elderly loved ones. The most commonly used was public or outside transportation services (29%), resources related to medication assistance (28%), and respite services (12%). Only 19% of caregivers reported receiving training, while 78% reported needing more training and assistance with at least 14 topics related to caregiving (NACA, n.d.). According to the National Alzheimer’s Association (2011), caregivers benefited from interventions such as individual/group therapy, education/training and support, and home visits by community nurses. Additional research needs to be conducted that focuses on ways to improve the quality of life for caregivers. Possible improvement efforts mentioned in the studies reviewed were to improve interventions of delivering new information and education to caregivers. One area of concern could be a lack of knowledge or modern technology. This may help improve the care process. House-caregiver communication and education especially in the areas of medication administration and symptom management. Caregivers can also access online support groups that allow for sharing and working together to provide them the opportunity to network with other caregivers.

Conclusion
In examining the literature on the special population of caregivers, it was clear that the goal of the therapist is to empower him or her to better manage stress while being able to provide safe and effective care. Problems occur when the patient’s condition declines and caregivers are not able to provide services to their patient to remain at home with a caregiver. One of the prevention objectives listed in Healthy People 2020 is to reduce the number of caregivers who report an unused need for caregiver support services. The goal is to reduce the number of caregivers who report an unused need for caregiver support services.
The newest infusions of school-aged students in Delaware are children from south of the North American land borders. Most of these children are from the impoverished regions of Guatemala. Speaking little English and having only a first to third grade education, these children have endured great hardships to pave a path to the American dream (Starkey, 2014). Many of these children were sent alone to America by their parents and families knowing that their children will not be sent back. It is a risk they take to avoid such poor living conditions, and out of desperation even an American refugee camp is a lifestyle improvement. By United States policy any child (under age 18) who comes to this country unaccompanied by a parent is considered abandoned or homeless and will be retained (Starkey, 2014). Due to our compulsory education laws, these children with limited language and educational deficits are absorbed into our education system. In order to meet their specialized language and acculturation needs, Melissa Oates, School Administrator, developed the Accelerated Preliterate English Language Learners (APELL) program for the Indian River School District, Sussex County, Delaware. In addition, Dr. McMillen has received numerous awards for educational excellence in nursing. Dr. McMillen can be reached by email at Eugene.McMillen@isd.k12.de.us

Nursing Challenges

Health and Wellness

This APELL population has a myriad of health and wellness challenges. To begin with, the priorities of daily life in their home country are based on survival, making the #1 priority the earning of money. Health needs and education are the 2nd and 3rd priorities, respectively, but as the APELL students come from an area of the world with little to no health care provisions, they do not understand the emphasis Americans place on health. In fact, school nurses are most likely the APELL students’ first contact with a health care professional (M. Oates, personal communication, February 12, 2015). For example, most APELL students are not immunized due to the lack of public provisions in their native country. It is not until school nurses send them for immunization updates via the Delaware Public Health system that the APELL students receive their first series of inoculations. In the APELL students’ world, they believe they have received all needed shots. The follow-up for the 2nd and 3rd inoculations is difficult for APELL students to understand. Cultural perceptions that one only seeks healthcare when ill, coupled with limited transportation and no insurance, can make this basic practice become a logistics nightmare.

Another major health concern in this population is Tuberculosis. These children are coming from areas that the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) has identified as “Foreign-born persons from high-prevalence areas, such as Asia, Africa, and Latin America” (CDC, 2009). Even if they have had an x-ray, Delaware requires these high-risk children to have the Mantoux PPD skin test. In my school alone, the prevalence of positive (greater than 10mm) PPD’s is forty percent. Next, Public Health initiates treatment which entails witnessed 76 doses of Isoniazid 300mg PO (INH) (Delaware Health and Social Services, Division of Public Health, 2015). This takes about 9 months to accomplish. Bear in mind the general health belief of this population is that, “if I am not sick, why do I need to take medicine?” This results in medication compliance concerns. On a positive note, at the completion of the regimen, the Department of Public Health issues a certificate of completion validation that shows evidence of treatment.
Many times it is the behaviors in school that signal the existence of these past traumas. The collaboration of the school nurse, the school psychologist, and the school administration is often necessary to manage events such as head traumas with residual psychological and physical manifestations. These children may have been severely injured but received no health care because they were poor and hospitals were too far away. Traumatic Brain Injury (TBI) is rare, but left untreated following the trauma, TBI can have considerably worse lifelong neurological issues.

Conclusion

The experiences of this special population can result in physical and psychological scars. Despite these experiences and health concerns, the children are polite, caring, and passionate about their integration into our society. They have endured vast prejudices being here and placed added pressure on our already-strained educational budgets (Loughlin & Gliha, 2015). Caring for these children offers opportunities where nurses can make a difference in the lives of disenfranchised children.

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Adolescent Health: A Brief Review of the Literature

Brian A. Hoover, BSN, RN

Adolescents experience a wide range of changes throughout their stages of development that influences their lifestyle formation and decision-making processes into adulthood. These changes can potentially influence decision making in regards to eating, participating in physical activity, and engaging in risk-taking behaviors (violence, substance abuse, sexual practices, etc.). As a result, adolescent health is becoming an important local and global health issue requiring attention. Areas of concern include physical health such as obesity, psychological health that includes depression, suicidal ideation, physical dating violence (PDV), and safety related and risk-taking behaviors such as sexual activity and substance abuse.

According to the Centers for Disease Control and Prevention’s (CDC) Youth Behavior Risk Surveillance (YBRS) of 2013, 13.7% of school students are considered obese, and 16.6% are considered overweight (Kann et al., 2014). The rate of overweight children in the United States has almost doubled in the last ten years to 45% (Power, Bindler, Goetz, & Daratha, 2010). In a cross-sectional study performed in Canada, the rate of obese children between the ages of 6 years and 17 years has doubled to 8.6% (Morrin, Turcotte, & Perreault, 2013). In terms of physical health, adolescents and teens preferred high calorie and less healthy snacks to fruits and vegetables (Power et al., 2010). Further, they participated in fewer physical activities and spent more time engaged in sedentary activities such as computer use and gaming. According to Kann et al. (2014), 41.3% of adolescents and teens spent three hours or more playing video games or sitting in front of a computer, and 32.5% spent three hours or more watching television.

In addition to nutrition and activity concerns, adolescents suffer an alarmingly high incidence of psychological health symptoms. These psychological symptoms were reported as: 30% feeling sad or hopeless for at least two weeks or longer, and 17% had considered attempting taking their own lives, almost 14% made an actual plan, and 8% made an actual attempt (Kann et al., 2014). In the area of safety approximately 10% experienced PDV or sexual dating violence, and less than 9% engaged in safe sex practices among the almost 47% of adolescents and teens who declared being sexually active (Kann et al., 2014).

Contributing Factors

Social factors such as busy schedules can contribute to poor physical health and often present as barriers for better nutrition and exercise. Despite school lunch programs based upon USDA standards and education for students and parents, adolescents and busy parents frequently rely upon packaged and fast foods to save time from cooking and results in a culture of blame (Child Nutrition, 2010). According to Power et al. (2010), teachers often blamed parents for not teaching about children’s food eating habits, while the parents blamed the schools for not providing the necessary education and healthy school lunch options. Indeed, the children blamed their parents for not providing the right food to eat and for not being able to provide transportation to and from after school physical activities. While factors like neighborhood safety, affordability of equipment, and high cost of school activities create barriers for student’s exercise, student’s limitations to physical activity are directly related to a lack of interest and lack of time (Morrin et al., 2013).

Social factors affecting psychological and safety concerns for their adolescents are associated with living in poverty stricken areas, and being evicted from their homes by their parents, often leading to depression, substance use, and violent activity. A primary influencing factor was a lack of an adult mentor for social guidance and support (Seil, Desai, & Smith, 2014). According to the CDC (2012), suicide among adolescents and teens is the third leading cause of death for this age group. Further, Healthy People 2020 indicated that mental health is a leading health indicator and if left untreated can lead to high risk behaviors, such as substance abuse, violence, self-harm, and suicide (Healthy People 2020). Depression among teenagers and teens is difficult to recognize and identify making it equally difficult to address and potentially prevent it. Depression can lead to risk taking behaviors, such as substance abuse, physical dating violence (PDV), physical violence in general, and suicide. In the U.S. more anti-bullying programs have been put in place in schools to reduce teen depression and attempted suicide. Depression, suicidal ideation, and suicide attempts are hard to identify and detect in order to prevent adolescents or teens from attempting to take their own lives. The World Health Organization (WHO) published its first report on suicide as being a global phenomenon that is preventable (World Health Organization [WHO], 2014). For a national response to be effective, the WHO suggested that a governmental and non-governmental response is required. These responses need to involve communities and encourage the media for responsible reporting of suicide. They also need to be created to increase surveillance in communities in an effort to increase preventative measures before any suicide occurs.
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Conclusion
Physical health is a concern for adolescents in regards to a lack of healthy foods, physical activity, with an increased risk for obesity leading to greater complications into adulthood. Physical activities are less available to adolescents and teens living in impoverished or dangerous neighborhoods, making it harder for them to commute by walking, or be able to participate in afterschool programs due to lack of sufficient transportation. Mental health and safety are continuing concerns in regards to violence, depression, substance abuse, and suicide with minimal resources available or known to adolescents and teens. School programs are focusing more on the importance of physical health and wellbeing compared to mental health needs. Suicide is a widespread phenomenon in the U.S. and has garnered the attention of The World Health Organization to publish a report to address its global impact.

Nurses acting as advocates, educators, and promoters of self-care and self-efficacy will provide the necessary assistance for adolescents to perform more adult functions independently. Nursing interventions that take into account physical, psychological, safety, and social aspects of adolescent and teen health should be emphasized. If one or more of these aspects were out of balance, then the others would begin to decline as well. The literature found more interventions focused on physical activity and nutrition rather than mental health, while none of the literature reviewed had any mental health initiatives that encompass nurses.

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New! Now offering monograms!
Delaware Today Magazine Top Nurses Gala 2015
At its 2015 Annual Meeting the American Medical Association announced three major initiatives for the coming year. One of these initiatives is to target hypertension and diabetes in order to help Americans lead healthier and happier lives. The two conditions cost Americans a half trillion dollars in health care expenditures each year.

The Medical Society of Delaware, through a grant from the Delaware Division of Public Health and assistance by our educational partner Million Hearts Delaware, has created free web-based continuing medical education activities focused on hypertension and pre-diabetes, with Delaware-specific resources. Primary care physicians and specialists, nurses, pharmacists and other health care professionals are strongly encouraged to participate in these free educational offerings.

These activities have been approved for AMA PRA Category 1 Credit.

Learn the answers to your questions about identifying and managing hypertensive and pre-diabetic patients with free web-based continuing medical education activities.

Meet the patient, Ms. Jones, and follow her course of treatment to control her hypertension. It is recommended that the Hypertension modules be taken in order.

HYPERTENSION Module 1
“Early Intervention, Identification, & Screening for Hypertension”
http://doiop.com/hypertension-1

HYPERTENSION Module 2
“Treatment of Hypertension”
http://doiop.com/hypertension-2

HYPERTENSION Module 3
“Empowering Patients in the Control of Hypertension”
http://doiop.com/hypertension-3

PRE-DIABETES
“Pre-Diabetes in Children, Teens, and Adults”
A diagnosis of pre-diabetes can be an incentive to improve one’s health, as progression from pre-diabetes to Type 2 diabetes is not inevitable.
http://doiop.com/pre-diabetes

What are the best ways to screen for hypertension?
What tools are best to screen for pre-diabetes?
Which blood pressure guide should I use for my patients?
How can I motivate patients to make lifestyle changes?

Here’s a true story!
A nurse was named in a lawsuit after a 20-year-old male saw her in an urgent care clinic. Later, she tested positive for one of the most dangerous forms of bacterial meningitis.

Case summary:
• The nurse attended to the patient and determined that he needed to go to the ER within 5 minutes of the patient arriving at the clinic.
• The patient’s girlfriend took him directly to the hospital, where he was treated by a physician who performed a head CT scan. The patient showed no fever and normal blood pressure, the patient had a deep vein compression and the patient had no history of meningitis.

Despite this, her defense costs topped $125,000.

The Professional Liability Insurance offered through Mercer Consumer to members of AMA can save you from the devastating costs related to defending yourself in a lawsuit. Learn more and get a free quote. Call 800-375-2764 or visit www.proxliability.com/69545.

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