OPTIMIZING POPULATION HEALTH: STRATEGIES FOR ADVANCED LEVEL NURSES 2E



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Optimizing Population Health: Strategies for Advanced Level Nurses 2e

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University of West Florida

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Introduction

Background

Optimizing Population Health: Strategies for Advance Practice Nurses Second Edition was revised from ***Optimizing Population Health: Strategies for Advance Practice Nurses.*** The original book was developed for learners in the Master of Science in Nursing (MSN) program at the University of West Florida. Students in the MSN tracks of Family Nurse Practitioner, Nurse Educator and Nurse Leader are the focus of this book. Due to the continual evolving nature of population health, the author realized that printed textbooks could not keep up with the contemporary issues that future nurse educators, nurse leaders and nurse practitioners. The purpose of this resource is to provide an overview of population health essential concepts along with resources and strategies that can be used while completing a graduate degree in nursing as well as in practice. Resources are intended to be exemplary, but not exhaustive of all available resources, predominantly focused in the United States.

Updates

Optimizing Population Health: Strategies for Advance Practice Nurses Second Edition was updated to expand content in specific areas, noted below. The accessibility of this resources was enhanced as well as additional refences and course materials to support student learning. AACN Competencies were updated to align with the 2026 AACN Essentials.

1. Chapter 1- Epidemiology section added
2. Chapter 2- Expanded section on Trauma Informed Care
3. Chapter 3-Barriers and Opportunities for Health Promotion and Disease Prevention
4. Chapter 4- Separated previously combined sections on Communicable Disease Management and Emergency Preparedness Management and added more detailed content within these sections
5. Appendix C-Supplemental Materials was added to provide additional materials to enhance engagement with videos and/or websites relevant to advanced nursing practice

Overview

- Content is presented in 4 major chapters aligned with the 2026 AACN Essentials of Nursing in the introduction of each chapter.
- A crosswalk of content aligned with the 2026 AACN Essentials of Nursing is in Appendix B: Chapter Crosswalk Advanced-Level AACN Essentials
- Each chapter contains links to videos and websites to allow the reader to engage with the content through practical examples.
- Navigation to the next section is available on each page in the box on the bottom right hand side.

Open Educational Resources (OER)

This book has been created with minimal use of other open educational resources. You can find attributions and information regarding all of the resources utilized in this book at the end of every chapter in the “References and Attributions” sections. While this OER book was created for students in the MSN program at the University of West Florida, you are welcome to use this OER, customize it for your program, and share it again.

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Acknowledgements

I was honored to receive an ACE (Adapt, Create, Engage) Award to develop the original edition of this Open Educational Resource. I am appreciative of the University of West Florida's visionary leadership to support sustainable creative projects.

I would like to extend my sincere thanks to peer reviewers for their generous investment of time and thoughtful guidance throughout the revision of this textbook. Their insights, whether refining the approach to person-centered care and health literacy or sharpening the clarity, layout, and current evidence across chapters, were key to bringing this second edition to life. I am deeply grateful for their partnership and shared commitment to quality open-access resources in nursing education.

- **Cindy Gruwell MLS, MEd** Associate Librarian/Coordinator of Scholarly Communication John C. Pace Library University of West Florida
- **Dr. Ann Garton DNP, RN, CNE** Professor, St. Ambrose University
- **Dr. Prasanthi Ilankoon PhD, MPH, MSc, RN** Lecturer, University of West Florida

I am pleased that the creation of this book will save students at the University of West Florida and beyond on textbook costs while allowing them to have continued access to this book after their course ends.

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I: INTRODUCTION TO POPULATION HEALTH

Introduction
I.1: Population Health
I.2: Social Determinants of Health
I.3: Population Health Assessment
I.4: Epidemiology as a Foundation for Population Health Promotion
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References and Attributions

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Introduction

Chapter Introduction

Chapter one provides an introduction to population health, including a foundation for defining various populations focusing on demographic and geographic parameters. Readers will explore the impact on health from several social indicators. Strategies for synthesizing aggregate data and engaging in effective partnerships will be analyzed. An exploration of Healthy People will provide the advance practice nurse exemplars for improving population health.

Concepts in this chapter align with the American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026) as outlined in Table 1.1.

Table 1.1. Chapter Alignment with American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026)

Chapter Concepts	AACN Competencies
Population Health **Social Determinants of Health** **Population Health Assessment** **Epidemiology as a Foundation for Population Health Promotion** **Healthy People**	Manage population health. **(Domain 3.1)** Engage in effective partnerships **(Domain 3.2)** Consider the socioeconomic impact of the delivery of health care.(**Domain 3.3)** Advance preparedness to protect population health during disasters and public health emergencies..(**Domain 3.6)**

Click here to read next: 1.1 Population Health

definition

Characteristics of human populations (such as age, race, ethnicity, gender or income)

×Close definition

Belonging to or characteristic of a particular region.

×Close definition

An aggregate is a collection of data representing similar characteristics. (for example related to demographic or geographic similarities)

×Close definition

Healthy People is a comprehensive initiative aimed at improving health and well-being in the United States. The goals are

established each decade, with the current initiative identified as Healthy People 2030.

×Close definition

Serves as a model or example.

×Close definition

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I.1: Population Health

Image 1.1 Image close up of human hands showing heart shape gesture over earth globe and blue background used with permission through a Deposit Photos license

Image 1.1 Image of people in a diagram used with permission through a Deposit Photos license https://depositphotos.com/

Population Health

Population health refers to the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach that aims to improve the health of an entire human population. This concept encompasses three key components:

1. **Health Outcomes**:These are the measurable results related to health, such as disease prevalence, mortality rates, and overall well-being.
2. **Determinants of Health:** These factors influence health outcomes and include social, environmental, cultural, and physical aspects that impact populations throughout their lifetimes.
3. **Interventions**: Effective strategies and actions that link health determinants to desired health outcomes.

Population health emphasizes a shift from an individual-level focus to a broader perspective that considers the health of entire communities. By addressing Social Determinants of Health (SDOH) such as economic inequality, education, and access to resources, we can work toward reducing health disparities and promoting well-being for all.

Introduction to Social Inequalities in Health

YouTube Video

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View this YouTube Video online

National Institutes of Health(2015). Social Inequalities in Health[Video]

See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: 1.2 Social Determinants of Health

definition

Health outcomes are events that occur as a result of an intervention and are a measure of quality of care. They can include physical and psychological well-being, length of life, and quality of life

×Close definition

These factors influence health outcomes and include social, environmental, cultural, and physical aspects that impact populations throughout their lifetimes.

×Close definition

Effective strategies and actions that link health determinants to desired health outcomes.

×Close definition

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

×Close definition

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I.2: Social Determinants of Health

Social Determinants of Health

List of social determinants of health in a circular image

There are several different definitions of the Social Determinants of Health (SDOH). **Table 1.2.1** includes two definitions. Both definitions are included in this text to provide readers with the broad context of the impact of SDOH within the United States as well as globally.

Regardless of the definition, the common message is Social Determinants of Health (SDOH) are the non-medical factors that significantly influence health outcomes. These factors encompass the conditions in which people are born, grow, work, live, and age, as well as the broader forces and systems that shape daily life. There is an increased focus on understanding and addressing social determinants of health. By creating environments that promote health and well-being for everyone, we can work toward reducing disparities and improving overall population health.

“Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” (OASH, n.d.)

These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.” (WHO, 2024) (CDC, 2024)

Examples of social determinants of health

1. **Safe Housing, Transportation, and Neighborhoods:** Access to secure housing, reliable transportation, and safe neighborhoods impacts overall well-being.
2. **Racism, Discrimination, and Violence:** These social factors can profoundly affect health outcomes and quality of life.
3. **Education, Job Opportunities, and Income:** Educational attainment, employment opportunities, and income levels play a crucial role in health.
4. **Access to Nutritious Foods and Physical Activity Opportunities**: Availability of healthy food options and opportunities for physical activity influence health.
5. **Polluted Air and Water:** Environmental factors directly impact health and can lead to health disparities.

Social Determinants of Health contribute to health disparities and inequities. For instance, individuals without access to grocery stores offering healthy foods are at higher risk of conditions like heart disease, diabetes, and obesity. Addressing these determinants requires collaborative efforts across sectors such as education, transportation, and housing to improve environmental conditions and promote health for all. Table 1.2.2 provides resources for developing collaborative partnerships to address the SDOH.

Table 1.2.2 Resources to Develop Collaborative Partnerships (NORC, 2024)

Resource Source	Brief Description of Resource
Partnership Assessment Tool for Health	Includes resources for developing new partnerships.
Community Tool Box MAPP Guide	Includes resources for engaging local public health system partners.
Supporting Change Agents across Sectors to Improve Health and Equity in Rural Communities	Describes project findings related to health improvement change agents across sectors.

Strategies for Addressing the Social Determinants of Health

YouTube Video

This interactive element is not available in this format. Visit the link or scan the QR code to access it online.

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Medbridge (2022) Demonstration of Assessing for Social Determinants of Health [Video] https://www.youtube.com/watch?v=C-xyGRWjDx0

See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: 1.3 Population Health Assessment

definition

A difference between groups or aggregates. For example, Differences may occur by gender, race or ethnicity, education, income, disability, geographic location and sexual orientation among others.

×Close definition

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I.3: Population Health Assessment

Image 1.3.1 People Holding Hands Around the word Health

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Population Health Assessment

Population health assessment is an evidence-informed process that involves defining and assessing the health status and needs of a community(NACCHO, 2024). Advanced practice nurses conduct population health assessments for several important reasons:

Organizing and Engaging Partners: The assessment serves as foundation for any population health management strategy. It allows partners to establish a shared understanding of strengths and areas for improvement within the community.

Visioning: By practicing a collaborative process for a shared vision, nurses can assist a community in prioritizing needs effectively. This understanding enables collaborative efforts to build targeted solutions.

Collecting and analyzing data: Population health assessments guide health system planning by collecting and analyzing relevant data.

Developing Goals, Strategies and and Action Plan – Through a collaborative process involving stakeholder engagement, goals, strategies and an action plan are developed. This is an important part of population health assessment to ensure activities, timelines, member responsibilities and outcome measures are all included.

Evidence-Informed Decision-Making: Advanced practice nurses utilize population health assessments to make evidence-informed decisions about improving health outcomes. These assessments inform strategies, interventions, and resource allocation.

Economic Considerations: Advanced practice nurses use population health assessments to support cost-effective health promotion strategies. A cost-benefit analysis is often included to address priority concerns of a population and seek out necessary resources.

Population Engagement in Health Promotion In conducting community health assessment, it is essential to engage representatives from the population being assessed. Nurses should promote community member participation in developing strategies to improve their health. One strategy is community-engaged research, which provides opportunities for meaningful input into the development of health priorities and strategies. (Rhodes et al., 2018)

A comprehensive population health assessment is typically conducted at a community level of with groups of stakeholders from a variety of settings. Table 1.3.1 provides a sample list of assessment tools.

Table 1.3.1 Sample Community Assessment Tools (NORC, 2024)	
Area Deprivation Index	Health Impact Assessments
National Equity Atlas	PRAPARE Implementation and Action Toolkit
Opportunity Index	THRIVE: Tool for Health & Resilience in Vulnerable Environments
County Rankings	United Nations Human Development Reports
Community Health Needs Assessment	Community Tool Box MAPP Guide
Health-Related Social Needs (HRSN) Screening Tool	County Health Rankings & Roadmaps

In summary, population health assessments empower advance practice nurses to understand community health needs, collaborate with stakeholders and community members, and support optimal health outcomes in partnership with the population they serve.

Strategies to Engage Stakeholders

Community Member Engagement Resource Center

See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: Epidemiology as a Foundation for Population Health Promotion

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I.4: Epidemiology as a Foundation for Population Health Promotion

Epidemiology is the study of the distribution and determinants of health-related events in populations, and the application of this knowledge to control health problems (Centers for Disease Control and Prevention (CDC, 2025). It focuses on patterns of illness, factors that influence those patterns, and strategies to reduce disease burden.

Historically, epidemiology emerged from efforts to understand and prevent infectious diseases, but today it encompasses chronic disease, injury, environmental exposures, and social determinants of health. Modern epidemiology is central to population health, which aims to improve health outcomes for groups of people rather than individuals alone.

Epidemiology in Population Health

Population health emphasizes health outcomes, patterns of inequity, and the conditions that shape health.

1.4.1 Why the Data Modernization Initiative Matters

The **Data Modernization Initiative (DMI)** is the CDC's effort to upgrade the nation's public health data systems so they can respond faster and more effectively to emerging health threats.**(CDC, 2025)**

For you as a graduate-prepared nurse, DMI means:

- **Better, real-time data** to guide clinical and community decisions
- **Stronger connections** between hospitals, labs, and public health agencies
- **Improved surveillance systems** that detect outbreaks earlier
- **More reliable information** during disasters and emergencies

Epidemiology in Population Health provides the evidence needed to:

- Identify populations at greatest risk
- Understand how social, environmental, and behavioral factors influence health
- Detect emerging health threats
- Monitor trends over time
- Evaluate whether interventions improve outcomes

For graduate-prepared nurses, epidemiologic thinking strengthens the ability to design, implement, and evaluate health promotion strategies that address population health needs. Modernized data systems help ensure that nurses have the timely, accurate information needed to protect patients and communities, especially when rapid epidemiologic decision-making is essential. (CDC, 2025) Table 1.4.1 provides examples of data system application in healthcare.

Core Epidemiologic Concepts That Support Prevention

Distribution of Disease

Describing disease by person, place, and time helps nurses recognize disparities, geographic patterns, and seasonal trends that guide targeted prevention. (CDC, 2025) (WHO, 2024)

Determinants of Health

Epidemiology examines biological, behavioral, environmental, and social factors that influence health. This aligns directly with population-health frameworks such as Healthy People 2030, which emphasize social determinants (U.S. Department of Health and Human Services. (ODPHP, 2026)

Measures of Frequency

- Incidence (new cases)
- Prevalence (existing cases)These measures help determine where prevention efforts are most needed.

Collection of words in a word cloud related to epidemiology

Image 1.4.1 Collection of words in a word cloud related to epidemiology https://depositphotos.com/

Surveillance

Ongoing monitoring of health events allows early detection of problems and rapid response. Nurses contribute through reporting, assessment, and community engagement.(CDC, 2025) (WHO, 2024)

How Epidemiology Drives Prevention and Health Promotion

Primary Prevention

Epidemiologic data identify risk factors and high-risk populations, guiding interventions such as vaccination, health education, policy changes, and environmental improvements. Example: Surveillance showing rising asthma rates in a neighborhood may lead to air-quality interventions.

Secondary Prevention

Understanding the natural history of disease helps determine when screening is most effective. Example: Epidemiologic evidence supports screening guidelines for cancers, hypertension, and diabetes.

Tertiary Prevention

Epidemiology evaluates outcomes of treatment and rehabilitation programs, ensuring they reduce disability and improve quality of life. Example: Monitoring readmission rates for heart failure patients helps refine care pathways.

Health Promotion

Epidemiology informs health promotion by identifying:

1.4.2 Why This Matters for Nursing Practice

Graduate-prepared nurses use epidemiology to:

- Interpret data for decision-making
- Identify vulnerable populations
- Support community-based prevention
- Evaluate program effectiveness
- Advocate for equitable health policies

- Behaviors linked to disease
- Populations experiencing inequities
- Community strengths and assets
- Effective interventions

This allows advance practice nurses to design culturally relevant, evidence-based programs that improve population well-being. Epidemiology strengthens nursing leadership in population health, enabling nurses to move beyond individual care toward community-wide impact.

Epidemiology provides the foundation for understanding how diseases occur and how they can be prevented. When applied to population health, it helps nurses identify risk, guide interventions, and promote conditions that support well-being. By linking epidemiologic evidence with prevention strategies, nurses play a critical role in improving health outcomes across communities.(CDC, 2025) (WHO, 2024) Table 1.4.2 provides examples of how graduate prepared nurses use epidemiology to promote population health.

See Appendix C Supplemental Materials for more detailed information on this topic

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I.5: Healthy People

Healthy People 2030

Healthy People is a United States population health initiative developed by the Department of Health and Human Services (HHS) (OASH, n.d.). Each decade, data-driven national objectives are established to improve health and well-being over the next ten years. The current and fifth iteration of this population health initiative is Healthy People 2030 (CDC, 2020). Healthy People 2030 aims to create a healthier future for all by promoting collaboration, evidence-based strategies, and health equity.

Here are some key points about Healthy People 2030:

1. **Objective-Driven Approach**: It includes 359 core, 359 developmental, and 359 research objectives across various health topics. These objectives guide efforts to enhance public health outcomes and address health disparities.
2. **Social Determinants of Health (SDOH):** Healthy People 2030 emphasizes the impact of social determinants of health. These factors, such as access to education, economic stability, and neighborhood conditions, significantly influence people's well-being.
3. **Leading Health Indicators (LHIs)**: A subset of high-priority objectives called Leading Health Indicators drives action toward improving health. These LHIs focus on critical areas for intervention.
4. **Disparities Data Feature:** Healthy People 2030 provides a disparities data feature to track changes in disparities and identify areas for improvement at the national level1.
5. **Evidence-Based Resources:** The initiative offers hundreds of evidence-based resources to address public health priorities.

Strategies for Using Healthy People 2030 for Population Health Data

YouTube Video

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Office of Disease Prevention and Health Promotion(2023) Explore Healthy People 2030 Disparities Data [Video] https://www.youtube.com/watch?v=gS-0ERjhNaY

See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: Chapter 2 Introduction

Chapter 1 References & Attributions

definition

Department of Health and Human Services project to set data-driven national objectives to improve health and well-being over the next decade. It includes 355 core, measurable objectives.

×Close definition

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II: CULTURAL HUMILITY

II.1: Cultural Competence vs. Cultural Humility
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II.1: Cultural Competence vs. Cultural Humility

Word CULTURE with a hand drawing

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Cultural Competence

Cultural competence refers to the ability to engage knowledgeably with people from diverse cultures (Kibakaya & & Oyeku, 2022).

The concept of cultural competence emerged during the 1960s and 1970s, influenced by the sociopolitical climate of the civil rights movements. Cultural competence emphasizes acquiring knowledge about other cultures, assuming that greater knowledge leads to better practice. It implies that there is categorical knowledge one can attain about a group of people, which can lead to stereotyping and bias. It suggests an endpoint to becoming fully culturally competent, which may not be realistic (Lekas, Pahl & Fuller Lewis, 2020).

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Cultural Humility

Cultural humility is a concept that encourages self-reflection, openness, and learning in our interactions with people from diverse backgrounds(Greene-Moton & Minkler, 2020).

The term “cultural humility” was introduced in 1998. Cultural humility is a dynamic and lifelong process. It encourages self-reflection and personal critique. Acknowledges one’s own biases and recognizes the shifting nature of intersecting identities. Unlike cultural competence, cultural humility rejects the idea of an endpoint (Lekas, Pahl & Fuller Lewis, 2020).

Cultural humility recognizes that even in sameness, there is difference. Healthcare professionals will never be fully competent about the evolving and dynamic nature of a person’s experiences. Developing cultural humility involves understanding various aspects of identity, such as race, ethnicity, gender, sexual orientation, socioeconomic status, and education. Self-awareness is central to cultural humility therefore, health care professionals providers should ask questions about their own biases and how they perceive the people or populations(Nolan et al., 2021) (Salahshurian & Moore, 2024).

Cultural competence and cultural humility are not mutually exclusive. Effective interventions uphold both frameworks. While cultural competence provides knowledge, cultural humility encourages ongoing curiosity and self-awareness (Kibakaya & & Oyeku, 2022). Cultural humility involves ongoing learning, self-awareness, and a commitment to understanding and respecting diverse perspectives (Greene-Moton & Minkler, 2020). It’s about bridging gaps and promoting effective communication across cultures and treating the person, not the illness(Nolan et al., 2021).

Table 2.1.2 Examples of Cultural Aspects Applied to Population Health

A nurse who understands that certain cultural groups may have different beliefs about illness and healing. They adapt their communication style and treatment approach accordingly.

A nurse practitioner who respects a patient's cultural practices, such as dietary restrictions or traditional healing methods, while providing medical advice.

A nurse educator who incorporates diverse perspectives into the curriculum, ensuring that students learn about various cultures, histories, and traditions. This person actively listens to students from different backgrounds and creates an inclusive learning environment.

A nurse executive/leader who recognizes the importance of cultural nuances in negotiation styles. They adapt their leadership approach based upon various stakeholders within their organization.

In summary, cultural competence and cultural humility complement each other, allowing healthcare providers to engage effectively with diverse populations while continuously reflecting on their own biases and limitations (Kibakaya & & Oyeku, 2022).

Click here to read next: 2.2 Implicit Bias

definition

Cultural competence refers to the ability to engage knowledgeably with people from diverse cultures.

×Close definition

Cultural humility is a concept that encourages self-reflection, openness, and learning in our interactions with people from diverse backgrounds.

×Close definition

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II.2: Implicit Bias

Implicit Bias

Implicit bias, also known as implicit prejudice or implicit attitude, refers to negative attitudes that individuals are not consciously aware of (Gopal et al., 2021). These biases operate at an unconscious level and can influence behavior and perceptions of specific social groups. Implicit bias involves unconscious associations, beliefs, or attitudes toward any social group. It leads people to attribute certain qualities or characteristics to all members of a particular group, a phenomenon known as stereotyping. Explicit biases are intentional and controllable, while implicit biases are less conscious. People may express explicit disapproval of certain attitudes while still harboring similar biases unconsciously.

Image 2.2.1 Visual image of unintentional bias used with permission through a Deposit Photos licensehttps://depositphotos.com/

Implicit bias can be attributed to both natural brain tendencies and influence of environment and conditioning. Human brains naturally seek patterns and form associations (Dovidio et al., 2023). Humans tend to take mental shortcuts to simplify the overwhelming amount of information encountered (Gopal et al., 2021). Environmental influences that contribute to implicit associations include cultural conditioning, upbringing, and media portrayals. These implicit biases may not align with our conscious sense of self (Marcelin et al., 2022).

Implicit biases can impact behavior, decision-making, and interactions while contributing to disparities in areas like healthcare, education, and law enforcement (Schwartz, 2020). In the United States, people of color experience disparate outcomes compared to other populations which impact the quality of care received and ultimately aggregate health outcomes.

Strategies for Reducing Implicit Bias

Understanding implicit bias is critical because both positive and negative unconscious beliefs can lead to structural and systemic inequalities. However, because it operates outside our awareness, if we want to reduce it, we first need to become conscious of it (Schwartz, 2020). One strategy for impacting our own actions is to recognize unconscious thinking and societal influences This can be accomplished through self-reflection in an effort to regularly examine examine self biases and assumptions. Education is another strategy that can lead to learning about different social groups and challenge our own stereotypes while learning how to address those of others that may be harmful to populations (Sabin & Greenwald, 2022).

Implicit Associations Test

- Visit Project Implicit to learn more about Implicit Associations (Project Implicit, n.d.)

Taking the Implicit Associations Test (IAT) can help healthcare providers realize that everyone has implicit biases. Recognizing them for what they are increases the likelihood that harmful effects of implicit biases won't impact health outcomes for others. Unconscious bias towards a particular group can be reduced through interaction with members of that group.. Exposure to information that defies stereotypes that persist about groups or individuals, such as images of female scientists, can counter gender stereotypes(Gopal et al., 2021).. Although raising awareness is important, it's not enough. The most successful training programs are ones that allow individuals to discover their biases in a non-confrontational manner and also give them the tools to reduce and manage their biases (Schwartz, 2020)

Click here to read next: 2.3 Adverse Childhood Experiences

definition

Implicit bias involves unconscious associations, beliefs, or attitudes toward any social group

×Close definition

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II.3: Adverse Childhood Experiences

Adverse Childhood Experiences

Concept of Adverse Childhood Experiences write on sticky notes isolated on Wooden Table.

Image 2.3.1 Decorative image - Concept of Adverse Childhood Experiences write on sticky notes isolated on Wooden Table used with permission through a Deposit Photos license https://depositphotos.com/

Adverse Childhood Experiences (ACEs) refer to potentially traumatic events that occur during childhood (Gupta et al., 2021). These experiences can have lasting effects on an individual's health and well-being by changing brain development and affect how the body responds to stress (Centers for Disease Control and Prevention, n.d.). ACEs encompass a range of adverse events, including violence (such as physical or sexual abuse) and growing up in a family with mental health or substance use problems (Tzouvara et al., 2023).

ACEs are associated with poorer health outcomes later in life, including increased risk of substance use disorder, heart disease, obesity and mental health challenges.

Prevention and Response

Healthcare providers can mitigate the impact of ACEs by understanding risk factors and protective factors and creating supportive environments for children(Narayan et al., 2021) (Weems et al., 2021). These actions are considered trauma-informed approaches and include:

- Identifying those who have experienced ACEs
- Responding with sensitivity and understanding
- Promoting strong, thriving families and communities

YouTube Video

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CDC (2019). We Can Prevent ACEs [Video]

Click here to read next: 2.4 Trauma Informed Care

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II.4: Trauma Informed Care

Introduction

Trauma-informed care cannot be discussed without mentioning social justice. In fact, trauma-informed care is social justice. Imagine someone who is visiting a community clinic complaining of genital discharge. The patient is asked to undress and wait in the room for the health provider. The patient waits for 5 minutes and then starts screaming that they need to be seen. When the community health nurse enters the room to speak to the patient, the patient states that they need to leave now. They cannot wait any longer. The nurse speaks to the patient and discovers that the patient was raped years ago, and this experience is bringing back all those memories. The nurse then realizes they should have completed a trauma assessment before asking the patient to undress. The nurse then speaks with the patient and uses some of the grounding techniques learned in this chapter to get the patient to stay and be seen. A Healthy People 2030 goal is to increase access to high-quality comprehensive health care services (Office of Disease Prevention and Health Promotion, 2022). Providing every patient with trauma-informed care is a step toward achieving this goal (Arif & Schlotfeldt, 2021).

Trauma is understood as an exposure to physically or psychologically threatening event, whether acute or recurring, that leads to long-term impairment across an individual's emotional, social, and physical health (Marcelin et al., 2022). Trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, and geographic region. Trauma can occur at any age or developmental stage, and often, events that occur outside expected life stages are perceived as traumatic (e.g., a child dying before a parent, cancer as a teen, personal illness, job loss before retirement). It is not just the event itself that determines whether something is traumatic but also the individual's experience of the event.

A traumatic experience can be a single event, a series of events, and/or a chronic condition (e.g., childhood neglect, domestic violence). Traumas can affect individuals, families, groups, communities, specific cultures, and generations. Trauma overwhelms an individual's or community's resources to cope, and it often ignites the "fight, flight, or freeze" reaction at the time of the event(s). It frequently produces a sense of fear, vulnerability, and helplessness. Often, traumatic events are unexpected. Individuals may experience the traumatic event directly, witness an event, feel threatened, or hear about an event that affects someone they know. Events may be human made, such as a mechanical error that causes a disaster, war, terrorism, sexual abuse, or violence, or they can be the products of nature (e.g., flooding, hurricanes, tornadoes).

Two people may be exposed to the same event or series of events but experience and interpret these events in vastly different ways. Various biopsychosocial factors influence an individual's immediate response and long-term reactions to trauma. For most, regardless of the severity of the trauma, the immediate or enduring effects of trauma are met with resilience—the ability to rise above the circumstances or to meet the challenges with fortitude. For some people, reactions to a traumatic event are temporary, whereas others have prolonged reactions that move from acute symptoms to more severe, prolonged, or enduring mental health consequences (e.g., posttraumatic stress and other anxiety disorders, substance use, mood disorders) and medical problems (e.g., arthritis, headaches, chronic pain) (Gopal et al., 2021) Others do not meet established criteria for posttraumatic stress or other mental disorders but encounter significant trauma-related symptoms or culturally expressed symptoms of trauma (e.g., somatization, in which psychological stress is expressed through physical concerns). For that reason, even if an individual does not meet the diagnostic criteria for trauma-related disorders, it is important to recognize that trauma may still affect their lives in significant ways(Sukera et al., 2020)

Trauma-Informed Care (TIC) is an approach in the human service field that recognizes the widespread impact of trauma and aims to provide care that is sensitive to its effects. Here are the key principles and benefits of trauma-informed care.

Trauma informed teaching method yellow brochure example

Image 2.4.1 Trauma informed teaching method yellow brochure template. Students care. Leaflet design with linear icons. 4 vector layouts for presentation, annual reports. Arial, Myriad Pro-Regular fonts used with permission through a Deposit Photos license https://depositphotos.com/

Cultural Meanings of Trauma

It is critical that nurses do not presume to understand the meaning of a traumatic experience without considering the client's cultural context. Culture strongly influences the perceptions of trauma. Similarly, the sudden death of a family member or loved one can be less traumatic in a culture with a strong belief in a positive afterlife. Nurses need to recognize that their perceptions

of a specific trauma could differ from those of their clients. Be careful not to judge a client's beliefs in light of your own value system(Gopal et al., 2021).

Understanding the Impact of Trauma

Trauma-informed care involves a broad understanding of traumatic stress reactions and common responses to trauma. Nurses need to understand how trauma can affect treatment presentation, engagement, and the outcome of health services. Trauma affects everyone differently, including one-time, multiple, or long-lasting repetitive events. Some individuals may display criteria associated with posttraumatic stress disorder (PTSD), but many more individuals will exhibit resilient responses or brief subclinical symptoms or consequences that fall outside of diagnostic criteria. The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends on many factors, including individual characteristics, the type and characteristics of the event(s), developmental processes, the meaning of the trauma, and sociocultural factors(Gopal et al., 2021)(Sukera et al., 2020)

Trauma-Informed Care

- TIC shifts the focus from "What's wrong with you?" to "What happened to you?"
- It acknowledges that health care providers need a complete picture of a patient's life situation, both past and present, to deliver effective care with a healing orientation.
- By adopting trauma-informed practices, providers can potentially improve patient engagement, treatment adherence, and health outcomes.

Sources and Types of Trauma

The following section reviews various forms and types of trauma in no particular order. It does not cover every conceivable trauma that an individual, group, or community may encounter. The intent is to give nurses working in the community setting a broad perspective of the various categories and types of trauma. The classification of trauma as natural or caused by humans can significantly influence how people react to it and what types of assistance are mobilized in its aftermath. See Table 2.4.1 for a longer listing of trauma examples.

Table 2.4.1: Trauma Examples

Trauma Caused Naturally	Trauma Caused by People	
	Accidents, Technological Catastrophes	Intentional Acts

Table 2.4.1: Trauma Examples		
Tornado	Train derailment	Arson
Lightning strike	Roofing fall	Terrorism
Wildfire	Structural collapse	Sexual assault and abuse
Avalanche	Mountaineering accident	Homicides or suicides
Physical ailment or disease	Aircraft crash	Mob violence or rioting
Fallen tree	Car accident or malfunction	Physical abuse and neglect
Earthquake	Mine collapse or fire	Stabbing or shooting
Dust storm	Radiation leak	Warfare
Volcanic eruption	Crane collapse	Domestic violence
Blizzard	Gas explosion	Poisoned water supply
Hurricane	Electrolocation	Human trafficking
Cyclone	Machinery-related accident	School violence
Typhoon	Oil spill	Torture
Meteorite	Maritime accident	Home invasion
Flood	Accidental gun shooting	Bank robbery
Tsunami	Sports-related death	Genocide
Epidemic		Medical or food tampering
Famine		
Landslide or fallen boulder		

Core Principles of Trauma-Informed Care

- Safety: Patients and staff feel physically and psychologically safe throughout the organization.
- Trustworthiness and Transparency: Decisions are made transparently, building and maintaining trust.
- Peer Support: Individuals with shared experiences are integrated into the organization, enhancing service delivery.
- Collaboration: Power differences are leveled to support shared decision-making.
- Empowerment: Patient and staff strengths are recognized, validating resilience and healing abilities.
- Humility and Responsiveness: Biases, stereotypes, and historical trauma are acknowledged and addressed.

Benefits of Providing Trauma-Informed Care

- Positive Outcomes: TIC promotes physical, psychological, and emotional safety, leading to better well-being.
- Empowerment: Patients define their needs, goals, and choices about care and services.
- Avoiding Re-Traumatization: TIC prevents triggering past negative experiences during care.

2.4.2 Advanced Practice Nurse Examples of Trauma Informed Care Integration in Practice

(Barton et al., 2024) (CDC, 2022)

Nurse Educators

- **Curriculum Design:** Embed trauma-informed frameworks and collective trauma awareness into undergraduate and graduate clinical curricula.
- **Psychological Safety:** Foster non-punitive, transparent learning environments where students can debrief challenging clinical experiences without fear of evaluation bias.
- **Skill Simulation:** Utilize patient simulations to teach trauma-informed communication, active listening, and de-escalation strategies.

Nurse Leaders

- **Policy Integration:** Standardize organizational protocols to shift workplace culture from a compliance mindset toward patient-centered partnership and safety.
- **Workforce Support:** Establish peer support structures and debriefing mechanisms to mitigate staff burnout and secondary traumatic stress.
- **Environment Optimization:** Modify physical clinic spaces (lighting, room layouts, clear signage) to prioritize patient and staff safety and reduce environmental triggers.

Family Nurse Practitioners

- **Patient Engagement:** Reframe interactions by asking “What happened to you?” rather than “What is wrong with you?”, prioritizing patient choice and autonomy during examinations.
- **Transparent Communication:** Explain medical procedures in advance, obtain clear consent, and establish non-verbal stop-signals before performing physical exams.
- **Holistic Assessment:** Identify systemic trauma drivers, document triggers sensitivity, and connect patients to collaborative interprofessional resources

Strategies to Advance Trauma-Informed Care

YouTube Video

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CHCS (2024). Trauma-Informed Care Champions: From Treaters to Healers [Video]

See Appendix C Supplemental Materials for more detailed information on this topic

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Introduction

Chapter Introduction

Chapter two builds upon Chapter one by introducing the reader to several population health aspects that are essential to optimize population health. An exploration of cultural humility and implicit bias provides a foundation for understanding of some of the complexities of population health management. Further understanding concepts of Adverse Childhood Experiences and the impact of Trauma Informed Care provides advance practice nurses with a framework to approach interactions with populations in any setting.

Concepts in this chapter align with the American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026) as outlined in Table 2.1

Table 2.1 Chapter Alignment with American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026)

Chapter Concepts	AACN Competencies
Cultural Competence vs. Cultural Humility **Implicit Bias** **Adverse Childhood Experiences** **Trauma Informed Care**	Manage population health **(Domain 3.1)** Engage in effective partnerships.**(Domain 3.2)** Consider the socioeconomic impact of the delivery of healthcare. .**(Domain 3.2)** Advance population health policy that emphasizes collective well-being for populations served.(**Domain 3.4)**

Click here to read next: 2.1 Cultural Competence vs. Cultural Humility

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III: HEALTH PROMOTION

III.1: Levels of Prevention
III.2: Health Promotion Theories
III.3: Health Literacy
III.4: Health Disparities Advocacy
III.5: Barriers and Opportunities for Health Promotion and Disease Prevention
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III.1: Levels of Prevention

Levels of Prevention

Much of public health focuses on prevention—preventing injuries, preventing acute illnesses, preventing chronic conditions, even preventing unexpected death. The five levels of prevention in public health are primordial, primary, secondary, tertiary, and quaternary (Figure 3.1.1). Not all public health professionals or nurses may consider primordial and quaternary prevention in their work; the concepts of primordial and quaternary prevention entered the health care lexicon in 1978 and 1986, respectively, while the other three levels of prevention are familiar to generations of clinicians (Kisling & Das, 2023) (Martins et al., 2018).

Figure 3.1.1. Diagram with primordial, primary, secondary and tertiary levels of prevention conveying the message that levels of prevention in public health focus on different strategies to improve population health outcomes.

Figure 3.1.1 Diagram with primordial, primary, secondary and tertiary levels of prevention conveying the message that levels of prevention in public health focus on different strategies to improve population health outcomes. (See U.S. Department of Health and Human Services, 2023a; attribution: Copyright Rice University, OpenStax, under CC BY 4.0 license)

- **Primordial prevention** focuses on risk factor reduction for an entire population and is usually carried out through large social changes and national policy (Falkner & Lurbe, 2020).
  - The American Heart Association has emphasized following the DASH diet (dietary approaches to stop hypertension), participating in physical activity, keeping a healthy body mass index, avoiding smoking, and consuming low or no alcohol as primordial prevention strategies to avoid risk factors for poor cardiac health (Lloyd-Jones et al., 2021).
- **Primary prevention** involves interventions to prevent an adverse health outcome from occurring. Primary prevention interventions may target the population, groups, and communities at high risk of a particular condition. Immunizations and education on healthy lifestyle factors are two examples of primary prevention strategies.
  - Medication overuse headache occurs when those who experience headaches take medications to address their pain but then have rebound headaches from using medications too often. A group of researchers designed and implemented an education campaign and guidance for primary care providers and clients on stopping overused medications to prevent this type of headache (Diener et al., 2019).
- **Secondary prevention** focuses on early disease detection to diagnose conditions early and promptly treat them to stop or slow progression and minimize impact. Screening is the primary activity in secondary prevention, but other activities may be conducted.
  - During an ischemic stroke, blood flow to part of the client's brain is blocked. Following identification of an ischemic stroke, a secondary prevention strategy includes surgical placement of a stent to help restore blood flow (Diener & Hankey, 2020).
- **Tertiary prevention** strategies aim to lessen the negative impact of a health condition and prevent complications. Treatment through medications, surgical procedures, complementary modalities, therapies, and rehabilitation approaches are tertiary prevention activities.
  - Researchers studied an intervention to help individuals who are unhoused during the transition to becoming housed. Over six months, youth who were unhoused received outreach-based case-management services, individual and group mental health support, and peer support. Following program participation, the youth displayed gains in employment, education, and connection to mental health services (Kidd et al., 2019).
- **Quaternary prevention** aims to protect clients from health interventions that might cause more harm than good (Martins et al., 2018). To carry out quaternary prevention, clinicians attempt to avoid conducting tests and exams that are not essential to the client's plan of care or well-being. For social problems, public health professionals address the risks and harm associated with excessive intervention.
  - For example, if a client presented to the urgent care clinic with a runny nose, cough, and no fever for three days with clear lung sounds, the clinician may reason that the client has a viral upper respiratory infection instead of a bacterial upper respiratory infection. Antibiotics would not be needed given the likely viral cause. Additionally, a viral panel to determine the causative agent would yield interesting results but would not change the client's plan of care. Regardless of the virus, the client would be asked to avoid other people and public spaces, possibly wear a surgical mask when around others, hydrate, get rest, and use over-the-counter medications as needed.

Table 3.1.1. provides some examples of the levels of prevention applied to different health conditions. Of note, quaternary prevention is not included in the table, as the quaternary activities are generally focused on what clinicians should *not* do.

Table 3.1.1 Applied Examples of Levels of Prevention

Condition	Primordial	Primary	Secondary	Tertiary
Cervical cancer	Mandating health plan coverage of cervical cancer screening tests	HPV vaccine administration	Cervical cancer screening tests	Electrosurgical excision to remove diseased tissue from the cervix
Preeclampsia	Mandating health plan coverage of prenatal visits	Blood pressure monitoring and urine testing during pregnancy	Medications to control blood pressure	Immediate delivery of the baby on conversion to eclampsia
Migraine	Promoting migraine-friendly schools and offices	Educating individuals about migraine triggers	Medications for symptom relief and prevention	Specialized infusions for chronic pain management
Influenza	Use of masks, handwashing, and cough courtesy	Annual vaccine administration	Rapid influenza testing	Antiviral treatments
Food insecurity	Funding of social safety nets to reduce poverty and food inaccessibility	Food assistance programs and community gardens	Referrals to food banks and government assistance programs	Employment assistance, financial literacy, and budget training
Gun violence	Comprehensive gun control policies	Safe firearm storage education	Early identification of perpetrators and deployment of crisis response	Emergency care and support for victims
Youth social media and mental health	Positive digital citizenship and online behavior guidelines for students	Cyberbullying, privacy, safety, and screen time education	Twice-yearly mental health screenings in schools	Therapy programs to address mental health and promote coping strategies

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See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: 3.2 Health Promotion Theories

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III.2: Health Promotion Theories

Examples of Theories and Models Used in Health Promotion and Disease Prevention Programs

Ecological Models

- These models consider the interplay between individuals, their environments, and social systems. They emphasize the impact of social, economic, and cultural factors on health behaviors.
- Ecological models help us understand how various levels (individual, interpersonal, community, and societal) influence health outcomes.

The Health Belief Model

- This model focuses on an individual's perception of health threats and the likelihood of taking preventive action.
- Key components include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action.

Stages of Change Model (Transtheoretical Model)

Explore Further

Health Promotion and Disease Prevention Theories and Models– outlines key health behavior theories and models to help design and implement effective health promotion interventions in rural communities.

Center for Disease Control & Prevention About Violence Prevention-uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies.

Center for Disease Control & Prevention Suicide Prevention-outlines key theories such as the Health Belief Model, Social Cognitive Theory, and the Transtheoretical Model to guide effective suicide prevention campaign strategies and calls to action.

- This model describes how people progress through different stages when making behavior changes.
- The stages include precontemplation, contemplation, preparation, action, maintenance, and termination.

Social Cognitive Theory

- Social cognitive theory emphasizes the role of social influences, self-efficacy, and observational learning in shaping health behaviors.
- It considers how individuals learn from observing others and how their beliefs and expectations influence their actions.

Theory of Reasoned Action/Planned Behavior

A person's intention to perform a behavior (behavioral intention) is predicted by both

- a person's attitude toward the behavior
- subjective norms regarding the behavior

Priorities in Health Promotion

YouTube Video

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Global Health with Greg Martin (2022) Health Promotion[Video]

See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: 3.3 Health Literacy

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III.3: Health Literacy

Health Literacy Concepts

Definition: Health literacy refers to the ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health for themselves, their families, and their communities(CDC, 2023).

Why Is Health Literacy Important?

- **Trust and Engagement**: Using health literacy best practices builds trust and encourages individuals to engage in care and health-promoting behaviors(WHO, 2024).
- **Health Equity:** Health literacy is connected to health equity, which aims for everyone to achieve the highest level of health possible.
- **Plain Language:** Communicating in plain language, using preferred languages, and considering cultural context are essential for improving health literacy.

Personal Health Literacy

Empowers individuals to navigate health systems, communicate effectively with healthcare providers, and engage in preventive behaviors. Personal health literacy is the degree to which individuals have the ability to

Health Literacy Population Impact

(National Library of Medicine,2023)

- People with low health literacy skills are more likely to experience poor health outcomes, including hospital stays and emergency room visits.
- They may also make medication errors and struggle with managing chronic conditions.
- Additionally, they might skip preventive services, such as flu shots.
- In contrast, individuals with higher health literacy skills tend to make informed health decisions, leading to better overall health and longevity.

The video *Technology Outreach to Reduce Health Disparities and Stigma* describes a community based strategy to improve digital health literacy

- **Find:** Locate relevant health information.
- **Understand:** Comprehend health-related content.
- **Use:** Apply information to make informed health decisions for themselves and others.

Organizational Health Literacy

- Organizational health literacy focuses on how institutions and systems enable individuals to access and use health information.
- It involves creating environments where people can easily find, understand, and act upon health-related information.
- Organizations play a crucial role in promoting health literacy by providing clear communication, plain language materials, and culturally appropriate resources.

Digital Health Literacy

- The ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (WHO, 2023).

Examples of digital health literacy:

- access a personal electronic health record
- communicate electronically with health care team
- discern reliable online health information
- use health and wellness apps

3.3.1 Advanced Practice Nurse Examples of Health Literacy Integration in Practice (Wilandika et. al, 2023)

Family Nurse Practitioner (FNP): Serves directly as a primary caregiver and facilitator by evaluating patient literacy levels, explaining complex diagnoses/treatment plans in accessible terms, and guiding patients through shared medical decision-making. **Practice Example:** During a routine follow-up for a patient with newly diagnosed Type 2 diabetes, the FNP assesses the patient's comprehension of medication management. Instead of providing a dense written routine, the FNP uses a simplified visual chart for insulin dosing and asks open-ended questions like, "How will you explain to your spouse how to take this medication at dinnertime?" to confirm understanding.

Nurse Educator: Integrates health literacy content into nursing school curricula and trains future nurses to use patient-learning strategies, such as teach-back methods and simplified language. **Practice Example:** During clinical simulations or nursing skills labs, an educator teaches undergraduate students how to use the "teach-back" method when explaining discharge instructions. They guide students to avoid medical jargon (e.g., using "high blood pressure" instead of "hypertension") and have students evaluate patient understanding by asking them to repeat key care steps in their own words.

Nurse Leader: Establishes organizational policies, allocates educational resources, and designs care delivery models that reduce health literacy barriers and promote equity across care settings. **Practice Example:** A clinical nurse specialist or nurse manager conducts a health literacy audit of unit patient-education materials. They transition all printed discharge pamphlets and patient-portal summaries to a 5th-grade reading level with clear visual aids, and they update electronic health record (EHR) workflows to require staff documentation of health literacy screenings upon patient admission.

YouTube Video

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National Library of Medicine (2023). Technology Outreach to Reduce Health Disparities and Stigma [Video]

SMOG Index

Center for Health Communication This resource from the Harvard T.H. Chan School of Public Health provides a step-by-step guide on using the Simplified Measure of Gobbledygook (SMOG) formula to estimate the reading grade level of health-related texts and improve clarity.

> The SMOG Index ("Simple Measure of Gobbledygook") is a readability formula that estimates the years of formal education a person needs to fully understand a text based on its count of polysyllabic words across a 30-sentence sample.

Click here to read next: 3.4 Health Disparities Advocacy

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III.4: Health Disparities Advocacy

Sample Nursing Policy Advocacy Resources

- American Nurses Association
- American Association of Colleges of Nursing
- The American Hospital Association

Advocacy Concepts

Advocacy plays a crucial role in addressing health disparities and promoting equitable care. Here are some strategies for advance practice nurses to advocate effectively:

Policy Advocacy

Actively engage in advocating for policies that address health disparities. By supporting evidence-based policies, advanced practice nurses contribute to improving social and economic conditions that impact health outcomes among vulnerable populations. (Centers for Disease Control and Prevention, 2024).

Culturally Competent Communication

At an individual level, advanced practice nurses can make a significant impact by providing culturally competent communication by supporting policies that include culturally competent communication, such as translation and interpretation services and language access.
Understanding diverse backgrounds, beliefs, and practices helps reduce disparities in health outcomes. (Centers for Disease Control and Prevention, 2024).

Organizational Support

Healthcare organizations play a vital role in supporting nurses' efforts. By fostering an environment that encourages advocacy, organizations empower nurses to address health disparities effectively (Centers for Disease Control and Prevention, 2024).

Multisectoral Partnerships

Image 3.4.1. Image of three people collaborating on decision making for population health.

Imaged 3.4.1 Community Health Advocate Image Creative Commons CC0 1.0 Universal Public Domain Dedication https://commons.wikimedia.org/wiki/File:Community_Health_Advocate_-_The_Noun_Project.svg

Advanced practice nurses should collaborate with other sectors (such as education, housing, and social services) to address the root causes of health disparities. Other healthcare disciplines, such as physicians, are also focused on partnering to improve population outcomes. These partnerships enable a holistic approach to improving population health. (AMA, 2021) (Jack, 2021) (Williams et al., 2018)

Health in All Policies (HiAP)

Adopting a HiAP approach ensures that health considerations are integrated into all policy decisions. Nurses can advocate for policies that promote health equity and address social determinants of health. (CDC, 2016) (National Academies of Sciences, Engineering, and Medicine, 2021)

Remember, as advocates, advance practice nurses have a unique responsibility to champion the well-being of all individuals, especially those who are socially and economically disadvantaged. By advocating for policies that improve social conditions, you contribute to a healthier and more equitable society.

Strategies to Engage Community Partners *(Center for Care Innovations, 2024)*

- **Establish a personal connection**
- **Be honest**
- **Show up**
- **Schedule regular check-ins**
- **Take time to grow relationships**
- **Practice the power of the pause**
- **Offer incentives to people with lived experience who share their story**
- **Prepare to have some uncomfortable conversations.**
- **Craft community agreements.**

Visit 10 Ways to Create Effective Community Partnerships for more detail

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Click here to read next: Barriers and Opportunities for Health Promotion and Disease Prevention

definition

The act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, a group, a population, or a society) or for an issue, such as global health.

×Close definition

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III.5: Barriers and Opportunities for Health Promotion and Disease Prevention

Many factors influence the health of individuals and communities. A barrier is a circumstance or obstacle that keeps people from progressing toward achieving a positive health outcome. Barriers to health promotion and disease prevention exist at various levels, including the individual level, family level, system level, and community or population level. The health care setting may even present barriers. On the other hand, communities provide many opportunities for health promotion and disease prevention, particularly within health care. Nurses who understand barriers can capitalize on available opportunities.

Barriers to Health Promotion and Disease Prevention

Nurses should be aware of barriers, including barriers to economic stability and those that block access to high-quality education and health care, so they can plan to overcome them for clients or populations. Other barriers relate to neighborhood and built environment and to social and community contexts. These barriers can also contribute to health disparities, as described in Health Disparities. As discussed, the SDOH are barriers that can prevent an individual from obtaining the resources they need to achieve better health outcomes and improved quality of life (Healthcare Information and Management Systems Society, 2020; see Social Determinants Affecting Health Outcomes.) Table 3.5.1. provides individual and system-level examples of barriers to health promotion and disease prevention that may occur within each area of the SDOH.

Table 3.5.1 SDOH as Barriers to Health Promotion and Disease Prevention

Social Determinants of Health (SDOH)	Example of an Individual-Level Barrier	Example of a System-Level Barrier
Economic Stability	A client's primary provider instructs them to follow a low-sodium diet. The client will not receive a paycheck until Friday and only has $30 for the next 2 days. Rather than choose a salad from the grocery, the client chooses a fast-food meal to make the money they have last longer.	A client who has recently experienced respiratory difficulties lives in a rental apartment in a community with little stable housing. A neighbor reported mold in the building due to frequent water leaks. The client's primary provider is concerned that the apartment may be contributing to the client's respiratory condition. The client can barely afford the apartment and cannot afford to move.
Education Access and Quality	An individual with limited English proficiency has chest pain. Because they are not sure they can describe their symptoms, they choose to rest at home rather than seek health care.	A child is enrolled in a low-quality school with limited health resources, multiple safety concerns, and low teacher support. The child is diagnosed with type 1 diabetes and requires insulin injections twice during the school day. There is no school nurse.
Health Care Access and Quality	A client who does not drive lives in a rural area. She has arranged for her grandchild to drive her to an appointment for a mammogram 2 hours away, but the grandchild's vehicle is unreliable and is not drivable on the day of the appointment.	An urban clinic has experienced a shortage of providers following the COVID-19 pandemic. This has resulted in clients experiencing longer wait times and delayed care.
Neighborhood and Built Environment	A client is diagnosed with obesity and instructed by their primary provider to walk 30 minutes daily. The client lives in an urban area with a high crime rate. The only available walking locations are the city streets and a dimly lit park known for drug dealing and use. The client works 12-hour daytime shifts, so the only time they can walk is after dark.	An older adult client relies on a neighbor to perform weekly grocery shopping. The neighbor does not have a car and walks to the closest nearby store, approximately 1 mile away. The store has no fresh produce and is not a chain supermarket. A convenience store within a gas station is the only other store within walking distance. The client would like fresh fruits and vegetables, but these are unavailable.

Table 3.5.1 SDOH as Barriers to Health Promotion and Disease Prevention

Social Determinants of Health (SDOH)	Example of an Individual-Level Barrier	Example of a System-Level Barrier
Social and Community Context	A transgender teenager is bullied and experiences depression. They experience social rejection and isolation, decreased social support, and verbal abuse daily.	A family of color lives in a neighborhood that has historically been ignored for social improvements. The family's children were all considered small-for-gestational-age births.

The experience of structural racism results in chronic discrimination, stress, and depression, which has a further negative impact on the ability of those within historically marginalized populations and can create a further barrier to health promotion and disease prevention(Churchwell et al., 2020)

- Black, Hispanic, and Latino people; American Indians/Alaska Natives; and Pacific Islanders had a higher COVID-19 morbidity and mortality rate than White people.
- Counties that had over 45 percent of residents belonging to a historically oppressed group recorded higher rates of COVID-19 infection and mortality compared to counties with mostly White residents regardless of the county's poverty level.
- During the pandemic, there was a rise in anxiety and depression. Studies show that Hispanic and Latino adults (22 percent) and Black adults (18 percent) experienced a higher rate of substance use initiation or increase than White adults (11 percent) during this time (Churchwell et al., 2020).

As individuals and populations encounter these many barriers to health promotion and disease prevention, health outcomes begin to decline. Overcoming these barriers is the only way to successfully achieve positive health outcomes, as an individual or a population.

Barriers to Health Promotion and Disease Prevention Within a Health Care Delivery System

The structure of health care delivery systems is made up of internal and external factors that can influence health promotion and disease prevention, therefore impacting health outcomes. Internal factors include everything within the environment in which health care services are provided as well as the resources required for providing those services. These include, but are not limited to, leadership styles, organizational culture, policies and procedures, and information sharing. External factors include government's role in health care, community expectations and influences, ownership of the health care system, and the extent of services the system provides.

A nurse serving in a role related to health promotion and disease prevention may encounter internal or external barriers from the health care system. The system may lack financial or political support for health promotion implementation. There may be a lack of time for effective health promotion and disease prevention activities, particularly in competition with the day-to-day demands. Poor communication may exist between the various entities within and outside the health care system. Finally, others within the system may lack interest in health promotion and disease prevention (Rogers et al., 2021).

Factors That Influence Participation in Health Promotion Activities

How individuals and populations define health and health problems, and their perception of health's importance, influence any attempts to improve their health through health promotion activities. Three factors either support or form barriers to participation in health promotion activities:

- A predisposing factor includes any characteristics of the individual or population that affect personal motivation to bring a change in behavior, including their knowledge, beliefs, values, attitudes, and norms. An example of a predisposing factor leading to a positive health outcome would be the belief that smoking is harmful to health.
- Reinforcing factors occur in the form of positive or negative feedback, such as rewards or punishments, and the influence of a peer, teacher, family, or other person or group perceived as important. Continued receipt of feedback can motivate repetition of behavior. Using the smoking example, a reinforcing factor leading to a negative health outcome would be peer pressure to smoke.

- Enabling factors are social and environmental factors that facilitate or motivate attainment of specific behaviors, such as ease of access, availability, health-related laws, resources, and skills. An example of an enabling factor that leads to a negative health outcome would be the easy availability of cigarettes when other members of the family smoke. Table 3.5.2 provides additional descriptions and examples of these factors.

Table 3.5.2 Factors Influencing Participation in Health Promotion

Factors	Description	Examples	
Predisposing factors	Intellectual and emotional "givens" that tend to make individuals or populations more or less likely to adopt a healthy or risky behavior or lifestyle or to approve of or accept particular environmental conditions	Knowledge	A person is more likely to avoid using smokeless tobacco if they know it can lead to cancer.
		Attitudes	People who have participated in athletics as youths tend to see regular exercise as a normal part of life.
		Beliefs	A client may believe that if a food's label says "low fat," it is healthy to eat or that premarital sex is a sin, so teenagers should not be provided with condoms.
		Values	A person who values cleanliness is more likely to follow hand hygiene guidelines.
		Confidence	A client may not attempt to follow a weight loss regimen simply because they do not feel they are capable of doing so.
Enabling factors	Internal and external conditions directly related to the issue that help individuals or populations adopt and maintain healthy or unhealthy behaviors or lifestyles, or to embrace or reject particular environmental conditions	Availability of Resources	A person who abuses drugs is more likely to get help if recovery assistance is readily available to them.
		Accessibility of Services	If a specialist has a waiting list over a year long and is located 10 hours away, a client is less likely to agree to their care.
		Community and/or Government Laws/Policies	A person is less likely to drink alcohol if they live in a community that does not sell or serve alcoholic beverages.
		Issue-Related Skills	A person who is very organized and manages their time well will be more likely to stick to a prescribed health regimen.
Reinforcing factors	The people and community attitudes that support or make difficult adopting healthy behaviors or fostering healthy environmental conditions	Largely the attitudes of influential people or groups	A child from a family who supported the use of masks during the COVID-19 pandemic was more likely to wear a mask in public.

Educational interventions can influence some of these factors, while some are not as easily influenced. In the case of reinforcing factors, it may be useful to aim interventions at these influential people and groups to effectively impact an actual target individual or group (The University of Kansas, 2023).

When providing educational interventions, the nurse must also consider the health literacy of individuals. Health literacy involves each person's ability to find, understand, and use health information and services (HHS, 2021). Health literacy will was discussed in more detail in 3.3 Health Literacy.

Opportunities for Health Promotion and Disease Prevention Across Health Care Settings

The Ottawa Charter first introduced the term health promotion setting, a place or social context where daily activities and various factors interact to influence health and well-being. Health promotion settings are actively used and shaped to address health-related issues rather than used solely for delivering specific services or programs. Typically, settings have physical boundaries, defined roles for people, and an organizational structure (WHO, 2021b, p. 30). Health promotion settings exist in cities, hospitals, schools, universities and colleges, and workplaces (Kokko & Baybutt, 2022). These are described more in Table 3.5.3.

Table 3.5.3 Health Promotion Settings

Setting	Description	Examples
Health Promotion Cities	Global networks of cities that have come together to engage in health promotion and disease prevention	South-East Asia Healthy Cities Network The Partnership for Healthy Cities
Health Promotion Hospitals	First identified in the 1990s as a way to support hospitals that were beginning to put the Ottawa Charter into practice; now range from implementing one health promotion project, to assigning a specific role or department to health promotion, to playing a large part in promoting the health of the community	The Wellness Institute at Seven Oaks General Hospital in Canada
Health Promotion Schools	Established to enhance health through education and promotion for students, school staff, families, and the community	CDC's Adolescence and School Health
Health Promotion Universities and Colleges	Guided by the 2015 Okanagan Charter, *An International Charter for Health Promoting Universities and Colleges*, which calls on institutes of higher education to embed health into all aspects of campus culture and to lead health promotion actions and collaboration locally and globally	The University of Alabama at Birmingham Health Promoting University
Health Promotion Workplaces	Provide programs and policies to reduce health risks and improve the quality of life for workers	CDC's Workplace Health Promotion focused on hospital employees' health

See Appendix C Supplemental Materials for more detailed information on this topic

Click here to read next: Chapter 4 Contemporary Health Issues

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Introduction

Chapter Introduction

Chapter three moves from the background of population health characteristics to formulating strategies for optimal population health. The reader will explore Levels of Prevention and Health Promotion Theories to consider a variety of methods that will lead to optimizing population health. The advanced practice nurse will find that health literacy is applicable to any setting and often overlooked as health promotion plans are formulated. As stated in in previous chapters, the focus of engaging in effective partnerships is an essential strategy in population health and will be reinforced in this chapter through advocacy.

Concepts in this chapter align with the American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026) as outlined in Table 3.1.

Table 3.1 Chapter Alignment with American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026)

Chapter Concepts	AACN Competencies
Levels of Prevention	Manage population health.**(Domain 3.1)**
Health Promotion Theories	Engage in effective partnerships **(Domain 3.2)**
Health Literacy	Consider the socioeconomic impact of the delivery of health care **(Domain 3.3)**
Health Disparities Advocacy	Advance population health policy that emphasizes collective well-being for populations served. **(Domain 3.4)**
Barriers and Opportunities for Health Promotion and Disease Prevention	Demonstrate advocacy strategies **(Domain 3.5)**

Click here to read next: 3.1 Levels of Prevention

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IV: CONTEMPORARY HEALTH ISSUES

IV.1: Sustainable Development Goals
IV.2: Climate Change
IV.3: Communicable and Non-Communicable Disease Management
IV.4: Emergency Preparedness Management
References and Attributions
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IV.1: Sustainable Development Goals

Sustainable Development Goals

In these fragile and uncertain times for both humanity and the planet, advanced practice nurses play a crucial role in advancing global health and promoting well-being. The United Nations (UN) 2030 Agenda for Sustainable Development outlines 17 Sustainable Development Goals (SDGs) that aim to eradicate inequity, preserve the well-being of all species, and address health from whole-system and whole-planet perspectives (UN, 2024).

Advanced practice nurses, as leaders and agents of change, have the potential to contribute significantly to achieving these goals across various settings. Advanced practice nurses are essential global citizens working toward a healthier, more equitable world. Let us continue to champion sustainable development and well-being for all!

Background and Significance

- The UN 2030 Agenda emphasizes the importance of good health and partnerships (UN, 2024).
- Florence Nightingale's legacy inspires nurses to engage in global health efforts (Rosa et al, 2019).
- The SDGs provide a holistic framework to address health disparities and promote planetary well-being (Rosa et al, 2019).
- Ethical considerations guide advanced practice nurses in their pursuit of SDGs (Rosa et al, 2019), (Sensor et al. 2021).

Strategies for Advanced Practice Nurses

- Advanced practice nurses can advocate for social determinants of health, collaborate with diverse stakeholders, and drive measurable change using the SDGs (Sensor et al. 2021).

Sustainable Development Goals

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United Nations(2018). Do you know all 17 SDGs?[Video]

Click here to read next: 4.2 Climate Change

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IV.2: Climate Change

Nursing Influence on Climate Change

Stethescope with red maze depicting navigation challenges

Image 4.2.1 Stethescope with red maze depicting navigation challenges. Image used with permission through a Deposit Photos license https://depositphotos.com/

The World Health Organization (WHO) recognizes climate change as “the single biggest health threat facing humanity” (WHO, 2021). Nurses have been at the forefront of advocating for climate action. Their early engagement in the climate debate demonstrates their commitment to addressing environmental health issues. The nursing profession, comprising about 60% of health professionals worldwide, has unparalleled potential to influence climate action. Nurses work across clinical and public health sectors, making their collective impact significant (ANA, 2023),

Historical Milestones

- Florence Nightingale’s progressive work emphasized that all health is environmental health. Her treatise on ventilation and light in 1859 laid the foundation for nursing’s leadership in environmental health (ANA, 2023).
- The International Council of Nurses called on nurses to tackle environmental issues in 1986, recognizing their shared responsibility for protecting the world (ICN, 2018)
- Nurses began to understand that healthcare itself perpetuated climate change, leading to initiatives like *Health Care Without Harm*, which rebranded climate change as a public health concern (ANA, 2023).

Current Challenges and Opportunities

- Advanced practice nurses must integrate climate science and health into education, research, and practice(ANA, 2023) .
- Collaboration with other healthcare professionals, community organizations, and policymakers is essential to address climate-related health impacts through evidence-based mitigation and adaptation actions(ANA, 2023), (ICN, 2018) (WHO, 2021).

Advanced practice nurses continue to champion sustainable development, climate justice, and well-being for all. Let us act boldly within and across professional boundaries to safeguard our planet and humanity. Table 4.2.1 outlines some examples of nurses working with others to impact climate health.

Table 4.2.1 Examples of Health-Focused Environmental Organizations

Alliance of Nurses for healthy Environments
Health Care Without Harm
Nurses Climate Challenge
Planetary Health Alliance

Strategies to Advocate for Populations Impacted by Climate Change

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Alliance of Nurses for Healthy Environments (2018) Climate Change and Nursing [Video]

Click here to read next: 4.3 Disaster Management

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IV.3: Communicable and Non-Communicable Disease Management

Communicable and noncommunicable diseases represent the dual burden of disease globally and require nurses to integrate epidemiology, population health, clinical judgment, and systems-level thinking. Communicable diseases are caused by infectious agents and transmitted through various routes, while noncommunicable diseases (NCDs) arise from complex interactions among genetic, physiological, environmental, and behavioral factors.(Bhatt et al. 2021)

Communicable Diseases

Communicable diseases are illnesses caused by infectious agents such as viruses, bacteria, fungi, parasites or prions that can be transmitted from person to person, animals, or environmental sources. (WHO, 2026)

4.3.1 Epidemiological Triangle Example: Lyme Disease

This video lesson introduces the concept of the **epidemiological triangle**, a public health model used to understand how infectious diseases spread and how to prevent outbreaks (Global Health Education and Learning Incubator at Harvard University, 2025).

Major Types of Pathogens

- Viruses – genetic material within a protein shell; responsible for influenza, COVID-19, RSV.
- Bacteria – single-celled organisms; responsible for tuberculosis, strep throat.
- Fungi – cause localized or systemic infections (e.g., candidiasis).
- Parasites – protozoa, helminths; responsible for malaria, giardiasis.
- Prions – rare, abnormal proteins causing neurodegenerative disease.

Modes of Transmission

- Direct contact (respiratory droplets, sexual contact)
- Indirect contact (fomites, shared utensils)
- Food and water contamination
- Vector-borne transmission (mosquitoes, ticks)
- Vertical transmission (mother to fetus/newborn)
- Healthcare-associated transmission (procedures, devices)

Current Global and U.S. Trends

The CDC reports ongoing outbreaks including cyclosporiasis, E. coli, Listeria, Salmonella, and measles, demonstrating the persistent threat of foodborne, zoonotic, and vaccine-preventable diseases. (CDC, 2024)

Risk Factors

- Immunosuppression
- Age (young children, older adults)
- Pregnancy
- Occupational exposure (healthcare workers)

- Travel to endemic regions

Complications

- Pneumonia
- Sepsis
- Meningitis/encephalitis
- Dehydration
- Long-term sequelae (e.g., post-viral syndromes)

Prevention and Control Strategies

Graduate-level nurses must apply multi-layered prevention strategies aligned with public health models (Katz et al., 2023) (WHO, 2026)

- Vaccination programs
- Hand hygiene and respiratory etiquette
- Food safety practices
- Environmental sanitation and disinfection
- Vector control
- Safe sex practices
- Outbreak surveillance and reporting
- Isolation and quarantine protocols

Nursing Implications

- Lead infection-prevention initiatives
- Conduct syndromic surveillance in clinical settings
- Educate communities on transmission reduction
- Apply evidence-based isolation precautions
- Collaborate with public health agencies during outbreaks
- Integrate epidemiologic data into care planning

Noncommunicable Diseases (NCDs)

Noncommunicable diseases are chronic conditions not transmitted from person to person, typically of long duration and slow progression. They arise from interactions among genetic, physiological, environmental, and behavioral factors.(Roth et al., 2023) (GBD , 2023)

Global Burden

- NCDs caused 43 million deaths in 2021, representing 75% of non-pandemic global deaths. (Roth et al., 2023)
- 18 million people died prematurely (<70 years) from NCDs in 2021; 82% of these deaths occurred in low- and middle-income countries. (WHO, 2026)
- Four major NCD groups account for 80% of premature deaths:
  - Cardiovascular diseases (19 million)
  - Cancers (10 million)
  - Chronic respiratory diseases (4 million)
  - Diabetes (>2 million)

Risk Factors

Behavioral

- Tobacco use
- Physical inactivity
- Harmful alcohol use
- Unhealthy diets
- Air pollution (indoor and outdoor)

Metabolic

- Hypertension
- Hyperglycemia
- Hyperlipidemia
- Overweight/obesity

Environmental & Social

- Socioeconomic disadvantage
- Limited access to healthcare
- Urbanization and food environments
- Occupational exposures

Prevention and Control

World Health Organization (WHO) emphasizes cost-effective, population-level interventions

- Tobacco control policies
- Alcohol reduction strategies
- Salt reduction initiatives
- Promotion of physical activity
- Front-of-package nutrition labeling
- Air quality improvement
- Early detection and screening programs
- Universal health coverage expansion

(CDC, 2026)(WHO, 2025)

Nursing Implications

Graduate-level nurses play a critical role in:

- Leading chronic disease management programs
- Implementing evidence-based screening (BP, glucose, lipids, cancer screening)
- Counseling on lifestyle modification
- Coordinating interprofessional care
- Advocating for policy changes addressing social determinants
- Integrating palliative care for advanced NCDs
- Using population health data to design interventions

4.3.2Comparative Summary: Communicable vs. Noncommunicable Diseases

Feature	Communicable Diseases	Noncommunicable Diseases
Cause	Infectious agents (viruses, bacteria, fungi, parasites, prions)	Genetic, physiological, environmental, behavioral factors
Transmission	Person-to-person, vector, environment, food/water	Not transmissible
Onset	Often acute	Chronic, long-term
Prevention Focus	Immunization, sanitation, outbreak control	Lifestyle modification, risk factor reduction, screening
Global Burden	Persistent outbreaks; vaccine-preventable diseases	74% of global deaths; major cause of premature mortality
Nursing Role	Infection control, surveillance, education	Chronic disease management, policy advocacy, care coordination

The Role of Nurses in Communicable Disease Management

Image 4.3.2 Image with colorful animated drawing of a viral infection.

Image 4.3.2 Animated drawing of coronavirus. Image by Prawny via Pixabay

Nurses are crucial in communicable disease management, their roles vary between settings and populations. Focus of communicable disease management is on prevention as well as mitigation.(National Academies of Sciences, Engineering, & Medicine, 2021)

Family Nurse Practitioners (FNPs) Family Nurse Practitioners (FNPs) play essential roles in communicable disease management (AANP, 2022). FNPs contribute significantly to preventing, managing, and educating patients about communicable diseases. Table 4.3.3 outlines key aspects of their role.

Nurse Educators Nurse educators play essential roles in communicable disease management. Nurse educators contribute significantly to preventing and managing communicable diseases through education, advocacy, and collaboration. (Rafferty-Semon et al., 2017) Table 4.3.3 outlines key aspects of their role.

Nurse Leaders play critical roles in communicable disease management. Nurse leaders are essential in effectively managing communicable disease crises. .(AONL, 2019) Table 4.3.3 outlines key aspects of their role.

4.3.3 Advanced Practice Nurse Roles in Communicable Disease Management

Click on role to see detail

Interactive Content

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Click here to read next: Emergency Preparedness Management

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IV.4: Emergency Preparedness Management

Introduction

A disaster is an event that can be human-made or environmental (or a combination of both) that causes suffering and demands more resources to manage than the community can provide. Disaster preparedness includes planning and anticipating all forms of hazards and establishing protocols for management in an ever-changing environment. Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

Emergency preparedness and response is a key role for all nurses (American Nurses Association [ANA], 2022). Many states now require registered nurses to serve as emergency first responders in emergency departments. Public health nurses are involved in helping individuals and communities prepare for emergencies and natural disasters such as hurricanes and floods. Public health nurses also work with cities and states to assist in preparedness and recovery plans. Since public health nurses are familiar with the characteristics of different communities, the principles of preparedness, and person-centered planning for recovery, they are key members of disaster response and recovery teams. Nurses can gain specialization in National Healthcare Disaster Certification through the American Nurses Association (ANA, 2022).

Disaster Management Cycle

The terms *emergency* and *disaster* often are used interchangeably. This common use of terms can be confusing. It is easiest to understand an emergency and a disaster as being at two ends of a scale in which the size of an incident and the resources to deal with the incident are matched to varying degrees. At one end of the spectrum, emergencies are usually small-scale, localized incidents that are resolved quickly using local resources. However, small-scale emergencies can escalate into disasters when there has been inadequate planning, inadequate resources, or wasteful use of resources. Resource management is one aspect of emergency management.

At the other end of the spectrum, disasters are typically large-scale and cross geographic, political, and academic boundaries. Disasters require a level of response and recovery greater than local communities can provide (Federal Emergency Management Agency [FEMA], 2022). *Hazard* is another term often used interchangeably with disasters. It is important to note that a hazard includes acts of nature as well as human-contrived events, but a hazard cannot become a disaster unless the community or population is left vulnerable. Protection from hazards includes safety consciousness in addition to disaster preparedness. The “all hazards” approach to disaster preparedness includes proactive measures to help communities plan, prepare, educate, respond, and recover from disasters (Martin et al., 2011). Managing disasters can be organized into mitigation and preparedness, response, and recover, or the disaster management cycle (Figure 4.4.1).

The disaster management cycle: mitigating and preparedness, response, and recovery.

Figure 4.4.1: Disaster Management Cycle (Adapted from Romão & Pereira, 2022)

Disaster Prevention (Mitigation)

The prevention phase includes actions taken to prevent or reduce the cause, impact, and consequences of disasters. Public health nurses work with city and state planners to examine local opportunities for mitigating disasters. Examples of hazard mitigation include:

- Tying down homes or barns with ground anchors to withstand wind damage
- Digging water channels to redirect water and planting vegetation to absorb water
- Constructing levees or permanent barriers to control flooding
- Reinforcing fencing to prevent animal escapes

Disaster Preparedness

The preparedness phase includes planning, preparing, and providing educational activities for events that cannot be mitigated.

Public health nurses are involved in all stages of disaster preparedness in the community and with partner agencies.

Community-wide disaster preparedness examples include these activities:

- Developing and educating community members on disaster preparedness plans for what to do, where to go, or whom to call for help in a disaster
- Exercising plans through drills, tabletop exercises, and full-scale exercises
- Creating a supply list of items that are useful in a disaster
- Walking around a farm and identifying vulnerabilities to high winds
- Working with agencies like food banks and Meals on Wheels to provide additional emergency provisions to vulnerable populations during months of the year when increased extreme weather is more likely to occur.

Disaster Response

The response phase occurs in the immediate aftermath of a disaster. During the response phase, businesses and other operations do not function normally. Personal safety and well-being in an emergency and the response phase's duration depend on the preparedness level. Examples of response activities include:

- Implementing disaster response plans
- Conducting search and rescue missions
- Taking actions to protect yourself, your family, your animals, and others
- Addressing public perceptions about food safety

Disaster Recovery

Restoration efforts occur concurrently with regular operations and activities during the recovery period. The recovery period from a disaster can be prolonged. Examples of recovery activities include:

- Preventing or reducing stress-related illnesses and excessive financial burdens
- Rebuilding damaged structures based on advanced knowledge obtained from the preceding disaster
- Reducing vulnerability to future disasters

Community nurses can offer trauma-informed care to affected individuals and groups (FEMA, 2022).

Six Phases of a Disaster

Communities often experience commonalities as they go through disasters. Figure 4.4.1. depicts the six common phases. Public health nurses need to familiarize themselves with shared responses from community members to improve their ability to provide therapeutic trauma-informed care.

A graphed line depicts the different phases of disaster over time.

Figure 4.4.2.: Phases of Disaster (Adapted from "Crisis Counseling Assistance and Training Program Guidance," from FEMA, 2023)

Long Description for Figure 4.4.2

The line begins with the pre-disaster phase, with warning and threat before the disaster impacts. The curve rises during the heroic phase and peaks at the honeymoon phase, marked by community cohesion. It then drops into disillusionment, where people work through grief. The dips as the curve rises are labeled trigger events and anniversary reactions. The curve gradually rises to the reconstruction phase, representing a new beginning.

Bioterrorism

A *biological attack*, or bioterrorism, is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature but could be changed to increase their ability to cause disease, make them resistant to current medicines, or increase their ability to be spread into the environment. Biological agents can spread through the air, water, or food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread

from person to person; some, like anthrax, cannot.

Syndromic Surveillance

In the chapter about epidemiology, the topic of case surveillance was introduced. The methods used in case surveillance were applied to an early detection system called syndromic surveillance. Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments—before a diagnosis is confirmed—public health departments can detect unusual levels of illness to determine whether a response is warranted. Syndromic surveillance was developed as a way to detect potential bioterrorism events early but has been applied to many other conditions (Henning, 2004).

Syndromic data can serve as an early warning system for public health concerns such as influenza outbreaks and has been used in responses to opioid overdoses, lung injury associated with e-cigarette or vaping product use, Zika virus infection, and natural disasters.

The National Syndromic Surveillance Program

The National Syndromic Surveillance Program collects, analyzes, and shares electronic patient encounter data received from emergency departments, urgent and ambulatory care centers, inpatient health care settings, and laboratories. Data are then integrated into a national shared platform that allows community health departments to further analyze data. Public health officials use these data in a timely and actionable manner to detect, characterize, monitor, and respond to events of public health concern. Data are detected and sent to a “Bio-Sense” platform housed by the Centers for Disease Control and Prevention (CDC). Read more about the Biosense system on the CDC website.

Agents of Bioterrorism

Bioterrorism agents can be separated into three categories, depending on how easily they can be spread and the severity of illness or death they cause. Category A agents are considered the highest risk, and Category C agents are those that are considered emerging threats for disease.

Category A

These high-priority agents include organisms or toxins that pose the highest risk to the public and national security because they can easily be spread or transmitted from person to person. Category A agents:

- Can result in high death rates and have the potential for major public health impact
- Might cause public panic and social disruption
- Require special action for public health preparedness

Examples of Category A agents include:

- Smallpox
- Botulism
- Anthrax
- Tularemia
- Viral hemorrhagic fevers (Ebola, Lassa)
- Bubonic plague

Category B

These agents are the second-highest priority because they are moderately easy to spread. Category B agents:

- Can result in moderate illness rates and low death rates
- Require specific enhancements of CDC’s laboratory capacity and enhanced disease monitoring

Examples of Category B agents include:

- Typhus fever
- Ricin toxin
- Diarrheagenic *E. coli*
- West Nile virus

Category C

These third-highest priority agents include emerging pathogens that could be engineered for mass spread in the future because they are easily available.

Category C agents:

- Are easily produced and spread
- Have the potential for high morbidity and mortality rates
- May have major health impact

Examples of Category C agents include:

- Hantavirus
- Influenza virus
- Tuberculosis
- Rabies virus (CDC, 2006)

Delivery Mechanisms for Biological Agents

The delivery of biological agents as a means of bioterrorism can occur in the following ways:

- Direct contact (subcutaneous anthrax)
- Simple dispersal device (airborne, nuclear)
- Water and food contamination
- Droplet or blood contact

Recognition of a Bioterrorism Event

Warnings signs of a bioterrorism event:

- Rapidly increasing disease incidence throughout the community
- A disease that is occurring in an unusual area
- An endemic occurring at an unusual time
- A large number of people dying rapidly with similar presenting manifestations
- An unusual number of dead or dying animals
- The unusual presence of liquids, vapors, or odors

A public health emergency following the deliberate or unintentional release of biological agents will require a coordinated response among public health authorities, health care providers and facilities, veterinarians, and community leaders.

The Role of Nurses in Disaster Management

Nurses are crucial in disaster management, spanning various stages of the disaster lifecycle – from prevention and preparedness to response and recovery. (Firouzkouhi et al., 2021) Their responsibilities in disaster management include the following: (National Academies of Sciences, Engineering, & Medicine, 2021)

Risk Assessment

Community health assessment, also known as community health needs assessment, is a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. A community health improvement plan is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. In turn, this information can help with developing a community health improvement plan by justifying how and where resources should be allocated to best meet community needs (CDC, 2018).

Disaster Planning

A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information can help planners develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs before disaster strikes.

Community health assessments benefits include:

- Image with the words Disaster Management in the center of a diagram with circular arrows depicting the ongoing relationship between the Preparedness Phase, Response Phase, Recovery Phase and Mitigation Phase.

  Image 4.4.3 Disaster Management Diagram. Image used with permission through a Deposit Photos license https://depositphotos.com/

  Improved organizational and community coordination and collaboration

- Increased knowledge about public health and the interconnectedness of activities
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements (CDC, 2019)

- Preparedness
- Mitigation
- Response
- Recovery
- Health Promotion and Disease Prevention
- Capacity Building and Training
- Continuity of Care

Nurse educators play a crucial role in disaster management, contributing to preparedness, response, and recovery efforts. Nurse educators play a vital role in preparing the next generation of nurses to effectively respond to emergencies and safeguard public health. Table 4.3.1 outlines key aspects of their role. (Rafferty-Semon et al., 2017) (National Academies of Sciences, Engineering, & Medicine, 2021)

Nurse leaders play critical roles in disaster management, extending beyond direct patient care. Table 4.3.1 outlines key aspects of their role (AONL, 2019) (National Academies of Sciences, Engineering, & Medicine, 2021)

Family Nurse Practitioners (FNPs) play significant roles in all phases of disaster management. FNPs are essential in disaster management, combining clinical expertise with a holistic approach to care Table 4.3.1 outlines key aspects of their role.(AANP, 2022) (National Academies of Sciences, Engineering, & Medicine, 2021)

When the Storm Hits: Applying Epidemiology in Disaster Response

Background

In early September, the coastal city of Harbor Point is struck by a Category 4 hurricane that causes widespread flooding, infrastructure damage, and displacement of more than 40,000 residents. Local hospitals remain functional but are overwhelmed by injuries, exacerbations of chronic illness, and emerging environmental health concerns.

The county activates its Disaster Epidemiology and Response Team, following CDC guidance on rapid assessment, surveillance, and public health action. A graduate-prepared nurse, Jordan, is assigned to support epidemiologic activities during the response.

Phase 1: Rapid Needs Assessment

Within 48 hours, Jordan joins a multidisciplinary team conducting a Community Assessment for Public Health Emergency Response (CASPER) to gather household-level data.

Key Findings

- 22% of households report loss of access to medications.
- 18% report injuries sustained during evacuation or cleanup.
- 12% report respiratory symptoms linked to mold exposure.
- Several neighborhoods lack safe drinking water.

These data help prioritize resource distribution and guide emergency messaging.

Phase 2: Disaster Surveillance

Jordan helps establish disaster surveillance, consistent with CDC recommendations, to track health events in shelters and clinics.

Surveillance Data Reveal

- Increasing cases of gastrointestinal illness in two large shelters.
- Rising skin infections among residents involved in debris removal.
- A cluster of carbon monoxide poisoning linked to improper generator use.

Jordan works with shelter managers to implement prevention measures, including hygiene stations, generator safety education, and environmental assessments.

Phase 3: Epidemiologic Analysis for Prevention

Using collected data, Jordan identifies priority risks and recommends targeted interventions:

Primary Prevention

- Public messaging on generator safety, mold cleanup, and safe water use.
- Distribution of PPE (gloves, masks) for cleanup activities.

Secondary Prevention

- Screening for dehydration, respiratory symptoms, and wound infections in shelters.
- Rapid testing for gastrointestinal pathogens when clusters appear.

Tertiary Prevention

- Coordinated follow-up for individuals with chronic diseases whose care was disrupted.
- Referral pathways for mental health support after traumatic exposure.

Phase 4: Communication and Public Health Action

Jordan contributes to daily situation reports summarizing epidemiologic findings. These reports guide decisions such as:

- Deploying mobile clinics to high-risk neighborhoods.

- Increasing water purification resources.
- Enhancing surveillance for mold-related respiratory illness.

The integration of epidemiology into disaster response ensures that interventions are data-driven, timely, and targeted.

Discussion Questions

1. How did rapid needs assessment support early disaster response efforts?
2. Which surveillance findings required immediate public health action?
3. How did epidemiologic reasoning guide prevention strategies across primary, secondary, and tertiary levels?
4. What additional data would strengthen ongoing disaster response?
5. How can nurses advocate for long-term recovery using epidemiologic evidence?

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Appendix A: Image Credits

Appendix B: Chapter Crosswalk Advanced-Level AACN Essentials

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Introduction

Chapter Introduction

Chapter 4 provides an overview of some contemporary population health topics that impact society today. Advanced practice nurses should be aware of global health and how the Sustainable Development Goals align with regional health priorities. Climate change provides an opportunity for advocacy and policy. The section on management of disaster and communicable diseases outlines roles of various advanced practice nurses.

Concepts in this chapter align with the American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026) as outlined in Table 4.1.

Table 4.1 Chapter Alignment with American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026)

Chapter Concepts	AACN Competencies
Sustainable Development Goals Climate Change Communicable & Non-Communicable Disease Management Emergency Preparedness Management	Manage population health **(Domain 3.1)** Engage in effective partnerships. **(Domain 3.2)** Advance population health policy that emphasizes collective well-being for populations served. **(Domain 3.4)** Demonstrate advocacy strategies **(Domain 3.5)** Advance preparedness to protect population health during disasters and public health emergencies **(Domain 3.6)**

Click here to read next: 4.1 Sustainable Development Goals

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I: Introduction to Population Health

H

health disparities
I: Introduction to Population Health
III: Health Promotion
health literacy
III: Health Promotion
health promotion
I: Introduction to Population Health
III: Health Promotion
Healthy People
I: Introduction to Population Health

I

implicit bias
II: Cultural Humility

L

levels of prevention
III: Health Promotion

O

opportunities
III: Health Promotion

P

population health
I: Introduction to Population Health
population health assessment
I: Introduction to Population Health
public health
I: Introduction to Population Health

R

references
II: Cultural Humility
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IV: Contemporary Health Issues

S

social determinants of health
I: Introduction to Population Health
Sustainable Development Goals
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T

theories
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II: Cultural Humility

W

Wellness
I: Introduction to Population Health

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GLOSSARY

Glossary

A

advocacy | The act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, a group, a population, or a society) or for an issue, such as global health.

aggregate | An aggregate is a collection of data representing similar characteristics. (for example related to demographic or geographic similarities)

C

Cultural competence | Cultural competence refers to the ability to engage knowledgeably with people from diverse cultures.

Cultural humility | Cultural humility is a concept that encourages self-reflection, openness, and learning in our interactions with people from diverse backgrounds.

D

demographic | Characteristics of human populations (such as age, race, ethnicity, gender or income)

Determinants of Health | These factors influence health outcomes and include social, environmental, cultural, and physical aspects that impact populations throughout their lifetimes.

disparities | A difference between groups or aggregates. For example, Differences may occur by gender, race or ethnicity, education, income, disability, geographic location and sexual orientation among others.

E

exemplars | Serves as a model or example.

G

geographic | Belonging to or characteristic of a particular region.

H

Health Outcomes | Health outcomes are events that occur as a result of an intervention and are a measure of quality of care. They can include physical and psychological well-being, length of life, and quality of life

Health Outcomes: | Measurable results related to health, such as disease prevalence, mortality rates, and overall well-being.

Healthy People | Healthy People is a comprehensive initiative aimed at improving health and well-being in the United States. The goals are established each decade, with the current initiative identified as Healthy People 2030.

Healthy People 2030 | Department of Health and Human Services project to set data-driven national objectives to improve health and well-being over the next decade. It includes 355 core, measurable objectives.

I

Implicit bias | Implicit bias involves unconscious associations, beliefs, or attitudes toward any social group

Interventions | Effective strategies and actions that link health determinants to desired health outcomes.

S

Social Determinants of Health | Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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Image 1.2. The 10 Essential Public Health Services retrieved from https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Image 1.3.1 People Holding Hands Around the word Health image used with permission through a Deposit Photos license https://depositphotos.com/

Image 1.4.1 Collection of words in a word cloud related to epidemiology https://depositphotos.com/

Chapter 2

Image 2.1.1 Hand writing the word CULTURE image used with permission through a Deposit Photos license https://depositphotos.com/

Image 2.2.1 Yellow piece of paper shaped like human brain profile with the word “unconscious bias” on a bulletin board with strings reaching to 4 different pieces of orange paper with the words “income”, “old”, “gender” and “tall” used with permission through a Deposit Photos licensehttps://depositphotos.com/

Image 2.3.1 Decorative image- Concept of Adverse Childhood Experiences write on sticky notes isolated on Wooden Table used with permission through a Deposit Photos license https://depositphotos.com/

Image 2.4.1 Trauma informed teaching method yellow brochure template. Students care. Leaflet design with linear icons. 4 vector layouts for presentation, annual reports. Arial, Myriad Pro-Regular fonts used with permission through a Deposit Photos license https://depositphotos.com/

Chapter 3

Figure 3.1.1. Diagram with primordial, primary, secondary and tertiary levels of prevention conveying the message that levels of prevention in public health focus on different strategies to improve population health outcomes. (See U.S. Department of Health and Human Services, 2023a; attribution: Copyright Rice University, OpenStax, under CC BY 4.0 license)

Image 3.4.1. Image of three people collaborating on decision making for population health. Community Health Advocate Image Creative Commons CC0 1.0 Universal Public Domain Dedication https://commons.wikimedia.org/wiki/File:Community_Health_Advocate_-_The_Noun_Project.svg

Chapter 4

Image 4.2.1 Stethescope with red maze depicting navigation challenges. Image used with permission through a Deposit Photos license https://depositphotos.com/

Image 4.3.1 Image with colorful animated drawing of a viral infection. Image by Prawny via Pixabay

Image 4.4.3 Image with the words Disaster Management in the center of a diagram with circular arrows depicting the ongoing relationship between the Preparedness Phase, Response Phase, Recovery Phase and Mitigation Phase. Image used with permission through a Deposit Photos license https://depositphotos.com/

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Chapter Crosswalk Advanced-Level AACN Essentials

Chapter Crosswalk with American Association of Colleges of Nursing Core Competencies for Nursing Education (AACN, 2026)

Competencies	Chapter
3.1 Manage population health.	**Chapter 1 Introduction to Population Health** **Chapter 2 Cultural Humility**
3.2 Engage in effective partnerships.	**Chapter 1 Introduction to Population Health** **Chapter 2 Cultural Humility** **Chapter 3 Health Promotion** **Chapter 4 Contemporary Health Issues**
3.3 Consider the socioeconomic impact of the delivery of health care.	**Chapter 1 Introduction to Population Health** **Chapter 2 Cultural Humility** **Chapter 3 Health Promotion** **Chapter 4 Contemporary Health Issues**
3.4 Advance population health policy that emphasizes collective well-being for populations served.	**Chapter 3 Health Promotion** **Chapter 4 Contemporary Health Issues**
3.5 Demonstrate advocacy strategies.	**Chapter 3 Health Promotion** **Chapter 4 Contemporary Health Issues**

Competencies	Chapter
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	**Chapter 1 Introduction to Population Health** **Chapter 4 Contemporary Health Issues**

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