

EXAM  
CODE **546**

CATALOG  
NUMBER **NURx448**

# Community-Focused Nursing

CREDIT  
HOURS

**4**

LEVEL

**UPPER**

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## SECTION ONE

# Preparing for the Exam

## Before You Choose This UExcel Exam

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### Uses for the Examination

- Excelsior College, the test developer, recommends granting four (4) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education.
- Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.
- Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers **not enrolled** in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

### Examination Length and Scoring

The examination consists of approximately 130 questions, most of which are multiple choice; for samples of all the item types on this exam, see

the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have three (3) hours to complete the exam. Your score will be reported as a letter grade.

## UExcel Exam Resources

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### Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at:  
[www.excelsior.edu/bookstore](http://www.excelsior.edu/bookstore)

### UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.

### Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference

services, and many other resources. Special library pages relate to the nursing degree exams and other selected exams. To access it, visit [www.excelsior.edu/library](http://www.excelsior.edu/library) (login is required).

Our library provides:

- 24/7 availability
- The world's most current authoritative resources
- Help and support from staff librarians

## Online Tutoring

Excelsior College offers online tutoring through SMARTHINKING™ to connect with tutors who have been trained in a variety of academic subjects. To access SMARTHINKING, go to [www.excelsior.edu/smarthinking](http://www.excelsior.edu/smarthinking). Once there, you may download a copy of the SMARTHINKING Student Handbook as a PDF.

## MyExcelsior Community

MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in real-time chat groups, join online study groups, buy and sell used textbooks, and share Internet resources. **Enrolled students have automatic access from their MyExcelsior page.** Visit [www.excelsior.edu/myexcelsiorcommunity](http://www.excelsior.edu/myexcelsiorcommunity).

# Preparing for UExcel Exams

## How Long Will It Take Me to Study?

A UExcel exam enables you to show that you've learned material comparable to one or more 15-week college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a 3-credit course in a subject they don't know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

## Study Tips

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter
- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group** (if you are an enrolled student, search for partners on MyExcelsior Community)
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

## Using UExcel Practice Exams

We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.

Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).

## About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student's home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at [www.excelsior.edu/testprep](http://www.excelsior.edu/testprep).

## Preparing for This Exam

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### Using the Content Outline

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive. You may need to refer to other chapters in the recommended textbooks. **Chapter numbers and titles may differ in other editions.**

This content outline contains examples of the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

### Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.

## Recommended Resources for the UExcel Exam in Community-Focused Nursing

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The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see page 1 of this guide. You may also find resource materials in college libraries. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

These textbooks were used by the examination development committee to verify all questions on the exam.

### General

Clark, M.J. (2015). Population and Community Health Nursing (6th ed.) Upper Saddle River, NJ: Pearson.

Edelman, C., & Mandle, C. (2014). *Health promotion throughout the lifespan* (8th ed.). St. Louis: Mosby.

Stanhope, Marcia (2016). *Public Health Nursing: Population-Centered Health Care in the Community* (9th ed.). Elsevier Science (imprint Mosby).

**NOTE:** Both the Clark and the Edelman & Mandle textbooks include information regarding the national health objectives put forth in *Healthy People 2010*. Since the textbooks were published, the U.S. Department of Health and Human Services has released *Healthy People 2020*, which identifies new and revised objectives. The nursing faculty of Excelsior College recommend referring to the website: [www.healthypeople.gov](http://www.healthypeople.gov) for information regarding the most current national health objectives, list of topics, overarching goals, emerging trends, and population groups. The examination content outline has been updated to reflect these topic materials.

### **Epidemiology and Environmental Health**

The General textbooks above do not provide detailed information in the areas of Epidemiology and Environmental Health. The exam development committee recommends the following resources for coverage of this important content:

Centers for Disease Control (2005). *Epidemiology in the Classroom: An Introduction to Epidemiology*. <http://www.cdc.gov/careerpaths/k12teacherroadmap/classroom/index.html>

Lukes, E. (2007). Epidemiology basics for occupational health nurses. *American Association of Occupational Health Nurses*, 55(1), 26-31.

Stanhope, M., & Lancaster, J. (2014). *Public health nursing: Population-centered health care in the community, Revised Reprint* (8th ed.). St. Louis: Mosby. Chapters 10 (Environmental Health) & 12 (Epidemiology) only.

### **Journal Articles**

The articles listed below are arranged according to the content area to which they most apply. You are encouraged to read widely and review other articles of interest.

## **I. Concepts, Models, and Theories of Community Health Nursing**

Clayton, S., Chin, T., Blackburn, S., & Echeverria, C. (2010). Different setting, different care: Integrating prevention and clinical care in school-based health centers. *American Journal of Public Health*, 100 (9), 1592-1596.

Lang, Y.C. (2009). Occupational health nursing in the driver's seat for health promotion. *American Association of Occupational Health Nurses*, 57 (1), 9-11.

Racher, F.E., & Annis, R.C. (2008). Community health action model: Health promotion by the community. *Research and Theory for Nursing Practice: An International Journal*, 22(3), 182-191.

## **II. Epidemiology and Health Promotion**

Hess, J.E. (2009). Culturally sensitive health promotion plan for tuberculosis prevention and treatment in Mexican migrant farm worker populations. *Online Journal of Rural Nursing and Health Care*, 9 (2), 95-102.

Libbus, M.K., & Phillips, L.M. (2009). Public health management of perinatal hepatitis B virus. *Public Health Nursing*, 26 (4), 353-361.

McLemore, M.R., Miaskowski, C., Aouizerat, B.E., Chen, L., & Dodd, M.J. (2009). Epidemiological and genetic factors associated with ovarian cancer. *Cancer Nursing*, 32(4), 381-288.

Redmond, M.S., & Kalina, C.M. (2009). A successful occupational health nurse-driven health promotion program to support corporate sustainability. *American Association of Occupational Health Nurses*, 57(2), 507-514.

## **III. Global Environmental Health**

Barnes, G., Fisher, B., Postma, J., Harnish, K., Butterfield, P., & Hill, W. (2009). Incorporating environmental health into nursing practice: A case study on indoor air quality. *Pediatric Nursing*, 36 (1), 33-39.

Green, P.M., & Polk, L.V. (2009). Contamination: Concept analysis and nursing implications. *International Journal of Nursing Terminologies and Classifications*, 20 (4), 189-197.

Rehfues, E.A., Bruce, N., & Bartram, J.K. (2009). More health for your buck: Health sector functions to secure environmental health. *Bulletin of the World Health Organization*, 87 (11), 880-882.

Sattler, B., & Davis, A.D. (2008). Nurses' role in children's environmental health protection. *Pediatric Nursing*, 34 (4), 329-339.

Shendell, D.G., Alexander, M.S., & Huang, Y. (2010). Community environmental quality knowledge and awareness among nurses: Developing and piloting an assessment survey in schools. *Pediatric Nursing*, 36 (1), 18-23.

#### **IV. The Context of Community Health**

Burns, D., Costello, J., Haggart, M., Kerr, J., Longshaw, K., & Thornton, R. (2009). The public health challenge of obesity: Is it the new smoking? *Journal of Community Nursing*, 23 (11), 4-9.

Clark, S. (2009). Hail to the nurse. *Registered Nurse: Journal of Patient Advocacy*, 105 (3), 13-15.

Coursen, C.C. (2009). Inequalities affecting access to healthcare: A philosophical reflection. *International Journal for Human Caring*, 13 (1), 7-15.

Hall-Long, B. (2010). Nurse matters: Assuming your role in advocacy. *Home Healthcare Nurse*, 28 (5), 309-316.

Michaels, C., McEwen, M.M., & McArthur, D.B. (2008). Saying "no" to professional recommendations: Client values, beliefs, and evidence-based practice. *Journal of the American Academy of Nurse Practitioners*, 20, 585-589.

Starr, S., & Wallace, D.C. (2009). Self-reported cultural competence of public health nurses in a southeastern US public health department. *Public Health Nursing*, 26 (1) 48-57.

#### **V. Community as Client: Application of the Nursing Process**

Bigbee, J.L., Hampton, C., Blanford, D., & Ketner, P. (2009). Community health nursing and cooperative extension: A natural partnership. *Public Health Nursing*, 26 (4), 346-352.

Sanders, B., Schneiderman, J.U., Loken, A., Lankenau, S.E., & Bloom, J.J. (2009). Gang youth as a vulnerable population for nursing intervention. *Public Health Nursing*, 26 (4), 346-352.

#### **VI. Roles and Strategies for Community Health Nursing**

Cervasio, K. (2010). The role of the pediatric home healthcare nurse. *Home Healthcare Nurse*, 28 (7), 424-431.

Cirminiello, C., & Terjesen, M. (2009). Case study: Home nursing care for a 62-year-old woman with multiple health problems. *International Journal of Nursing Terminologies and Classifications*, 20(2), 96-99.

Hall-Long, B. (2010). Nurse matters: Assuming your role in advocacy. *Home Healthcare Nurse*, 28 (5), 309-316.

Kaiser, K.L., Farris, N., Stoupa, R., & Agrawal, S. (2009). Public and community health nursing interventions with vulnerable primary care clients: A pilot study. *Journal of Community Health Nursing*, 26 (2), 87-97.

Kerker, B.D., Bainbridge, J., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., Forgione, L., Faciano, A., & Thorpe, L.E. (2011). A population-based assessment of the health of homeless families in New York City, 2001-2003. *American Journal of Public Health*, 101 (3), 546-553.

Perez, E. (2009). E-Health: How to make the right choice. *Nursing Forum*, 44 (4), 277-282.

#### **VII. Common Community Health Issues and Specific Aggregates**

Jaffe, S.J., & Schub, T. (2011, February 18). Intimate partner violence: Physical abuse. *CINAHL Information Systems*.

Kerker, B.D., Bainbridge, J., Kennedy, J., Bennani, Y., Agerton, T., Marder, D., Forgione, L., Faciano, A., & Thorpe, L.E. (2011). A population-based assessment of the health of homeless families in New York City, 2001-2003. *American Journal of Public Health, 101* (3), 546-553.

Kuntz, S.W., Frable, P., Qureshi, K., & Strong, L.L. (2008). Association of community health nursing educators: Disaster preparedness white paper for community/public health nursing educators. *Public Health Nursing, 25*(4), 362-369.

Phelan, A. (2010). Elder abuse and the community nurse: Supporting the patient. *British Journal of Community Nursing, 15* (10), 472-478.

Polivka, B.J., Stanley, S., Gordon, D., Taulbee, K., Kieffer, G., & McCorkle, S.M. (2008). Public health nursing competencies for public health surge events. *Public Health Nursing, 25* (2), 159-165.

Sattler, B., & Davis, A.D. (2008). Nurses' role in children's environmental health protection. *Pediatric Nursing, 34* (4), 329-339.

### **VIII. Community Health Nursing in Specialized Settings**

Cirminiello, C., & Terjesen, M. (2009). Case study: Home nursing care for a 62-year-old woman with multiple health problems. *International Journal of Nursing Terminologies and Classifications, 20*(2), 96-99.

Clayton, S., Chin, T., Blackburn, S., & Echeverria, C. (2010). Different setting, different care: Integrating prevention and clinical care in school-based health centers. *American Journal of Public Health, 100* (9), 1592-1595.

Dahl, A. (2010, February). Faith community nursing. *Minnesota Nursing Accent, 14-15*.

Hess, J.E. (2009). Culturally sensitive health promotion plan for tuberculosis prevention and treatment in Mexican migrant farm

workers populations. *Online Journal of Rural Nursing and Health Care, 9* (2), 95-102.

Kaiser, K.L., Farris, N., Stoupa, R., & Agrawal, S. (2009). Public and community health nursing interventions with vulnerable primary care clients: A pilot study. *Journal of Community Health Nursing, 26* (2), 87-97.

Lang, Y.C. (2009). Occupational health nursing in the driver's seat for health promotion. *American Association of Occupational Health Nurses, 57* (1), 9-11.

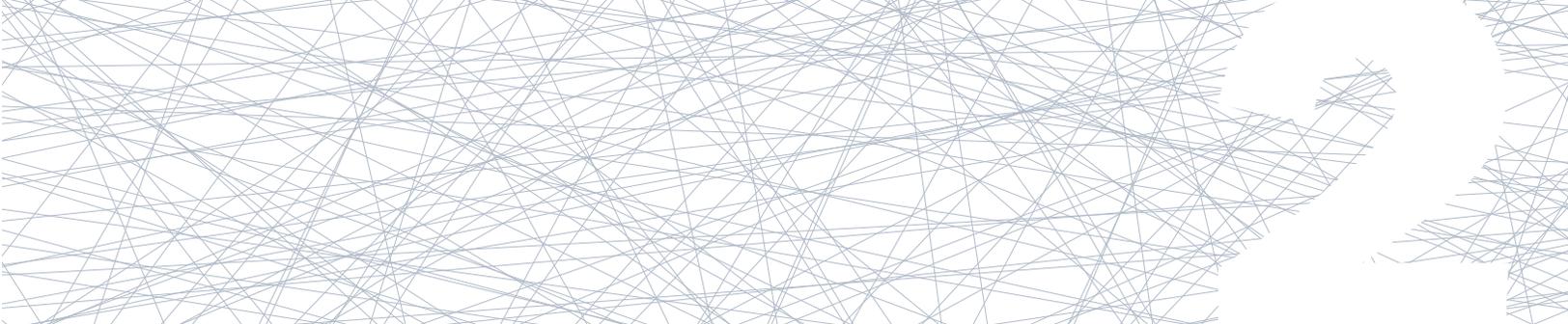
Lukes, E. (2010). The nursing process and program planning. *American Association of Occupational Health Nurses, 58* (1), 5-7.

Redmond, M.S., & Kalina, C.M. (2009). A successful occupational health nurse-driven health promotion program to support corporate sustainability. *American Association of Occupational Health Nurses, 57*(2), 507-514.

Tomczyk, D., Alvarez, D., Borgman, P., Cartier, M.J., Caulum, L., Galloway, C., Groves, C., Faust, N., & Meske, D. (2008). Caring for those who care: The role of the occupational health nurse in disasters. *American Association of Occupational Nurses, 56* (6), 243-250.

### **Reducing Textbook Costs**

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.



## SECTION TWO

# Content Outline

### **General Description of the Examination**

The UExcel Community Focused Nursing examination is based on material typically taught in a one-semester, three-credit, baccalaureate-level course in community-based nursing.

The examination measures the concept of client, which includes families, aggregates, and communities within the context of a complex and dynamic environment; the integration of the principles of epidemiology, demography, environmental sciences, and political organizations with nursing concepts and principles to provide a basis for community nursing practice; analysis and application of selected theories, health promotion/protection and disease prevention strategies; and the synthesis of population-based health and public health concepts to promote, maintain, and restore health of families, aggregates, and communities.

Those beginning study for the exam should be familiar with concepts taught in an associate degree nursing program.

### **Learning Outcomes**

After you have successfully worked your way through the recommended course of study, you will be expected to demonstrate the ability to:

1. use concepts, models, and theories to promote health, reduce risk, and prevent disease;
2. analyze relevant epidemiological and biostatistical data to assess health needs and priorities;
3. incorporate knowledge of environmental health risks to promote health and prevent disease;
4. identify the effect of current health care systems on the health of the community;
5. demonstrate knowledge of social, economic, political, legal, and regulatory issues that result in actual or potential disparities in access to quality care;
6. demonstrate knowledge of ethical issues and decision making when caring for families, aggregates, and communities;
7. identify collaborative strategies and partnerships to promote the health of the community;
8. identify professional roles for community health nurses including advocate, information manager, and educator;
9. identify evidence to support decision-making and needed change in practice;
10. use principles of cultural competence to provide for the health needs of the community.

## Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Community-Focused Nursing examination, the percent of the examination, and the hours to devote to each content area are listed below.

Content Area	Percent of the Examination	Hours of Study
I. Concepts, Models, and Theories of Community Health Nursing	15%	27
II. Epidemiology and Health Promotion	15%	27
III. Global Environmental Health	10%	18
IV. The Context of Community Health	15%	27
V. Community as Client: Application of the Nursing Process	10%	18
VI. Roles and Strategies for Community Health Nursing	10%	18
VII. Common Community Health Issues and Specific Aggregates	15%	27
VIII. Community Health Nursing in Specialized Settings	10%	18
<b>Total</b>	<b>100%</b>	

**NOTE:** Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

### I. Concepts, Models, and Theories of Community Health Nursing

**15** PERCENT OF EXAM | **27** HOURS OF STUDY

#### Clark (2008)

- Ch. 1, Community Health Nursing as Advocacy
- Ch. 2, The Population Context
- Ch. 4, Theoretical Foundations for Community Focused Nursing
- Ch. 6, The Global Context

Ch. 11, Health Promotion

Ch. 13, Community Empowerment

Ch. 14, Care of Families

Ch. 19, Meeting the Needs of Older Clients

#### Edelman (2010)

Ch. 1, Health Defined: Objectives for Promotion and Prevention

Ch. 5, Ethical Issues Relevant to Health Promotion

Ch. 7, Health Promotion and the Family

#### [www.healthypeople.gov](http://www.healthypeople.gov)

(review information under *About Healthy People*, determinants of health categories, foundation health measures, *Topics and Objectives* including the list of topic areas, new topics, their overview and emerging trends, and objectives for health topics)

#### A. Definitions, concepts, and standards of community health

1. Definitions

- a. Population groups
  - 1) Community
  - 2) Aggregate
  - 3) Family
- b. Population health—biological, psychological, and social well-being of a population
- c. Community health nursing—health promotion, health protection, and illness prevention in population groups
- d. Public health nursing—health promotion and prevention of disease for individuals and families with a community focus
- e. Outcomes of community health nursing and public health nursing practice
  - 1) Health promotion—activities designed to improve or maintain the health status of individuals, families, and communities
  - 2) Health protection—addressing health risks related to environmental factors and injury prevention
  - 3) Illness and disease prevention—interventions to prevent or alleviate specific health problems
- f. Levels of prevention
  - 1) Primary—actions taken to prevent the occurrence of health problems: health promotion, risk identification, and specific protection
  - 2) Secondary—early identification and treatment of specific health problems: diagnosis, screening, prompt treatment, and disability limitation
  - 3) Tertiary—activities aimed at returning the client to the highest level of function possible following the correction of a health problem: rehabilitation and prevention of recurrences
- g. Epidemiology—study of health and illness patterns and determinants in populations
- 2. Core public health functions
  - a. Assessment—identification of health-related problems
  - b. Policy development—advocacy and political action
  - c. Assurance—availability and access to health care services
- 3. Competencies and standards of public health nursing (PHN)
  - a. Quad Council PHN competencies—assessment, policy development, communication, cultural competency, community practice and PHN science, and management and leadership
  - b. Standards of care—assessment, diagnosis, outcomes identification, planning, assurance, and evaluation
  - c. Standards of professional performance—quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization
  - d. American Nurses Association (ANA) Code of Ethics
- 4. Ethical considerations and issues in community health nursing (for example: health care disparities, genetics, culture, end-of-life decision making)
- 5. *Healthy People 2020* (US Department of Health and Human Services)—a comprehensive, nationwide health promotion and disease prevention plan designed to promote and improve the health of all people in the United States during the second decade of the 21st century

- a. Goals – to achieve health equity, eliminate health disparities, and improve the health of all population groups
  - b. Objectives – the identification of expected benchmarks to improve the health of populations
    - 1) Immunization and infectious diseases (for example: reduce or eliminate cases of vaccine-preventable diseases, reduce new hepatitis C infections)
    - 2) Chronic health problems (for example: reduce coronary heart disease deaths, improve nutrition and weight status)
    - 3) Mental health problems (for example: reduce the suicide rate, reduce the proportion of adolescents with eating disorders)
    - 4) Substance abuse (for example: increase the proportion of adolescents never using substances, decrease the rate of alcohol-impaired driving)
    - 5) Injury and violence (for example: reduce fatal and nonfatal injuries, reduce children's maltreatment and exposure to violence)
    - 6) Homelessness (for example: increase the proportion of homeless adults with mental health problems who receive mental health services, eliminate food insecurity among children)
    - 7) Disaster preparedness (for example: reduce the time necessary to release information about a public health emergency, reduce the time to activate emergency personnel)
6. Global health—issues and trends impacting world health
- a. Centers for Disease Control and Prevention (CDC) global health priorities (for example: response to international disease outbreaks, global disease surveillance, research on global health problems)
  - b. Pan American Health Organization (PAHO) essential public health functions (for example: monitoring, surveillance, health promotion, policy development, reduction of the impact of emergencies and disasters)
  - c. Challenges and nursing activities to improve global health (for example: improving social conditions and child health, reducing substance abuse, preventing spread of communicable diseases, linking health systems and social processes)
- B. Models and theories for community health nursing**
- 1. Community-focused models
    - a. Neuman's Systems Model—clients and their environments: stressor penetration, basic structure, normal line of defense, flexible line of defense, lines of resistance, and reconstitution
    - b. Community-as-Partner Model—community is defined as a partner/system comprised of interacting subsystems
    - c. Dimensions Model—applies the nursing process and levels of prevention focusing on six dimensions of health: biophysical, psychological, physical, socio-cultural, behavioral, and health systems
    - d. Pender's Health Promotion Model—defines health as the actualization of inherent and acquired human potential through goal directed behavior
  - 2. Public health-focused models

- a. Public health nursing interventions model (for example: Interventions Wheel Model, Los Angeles County Public Health Nursing Practice Model)
  - b. Public health nursing model—a nursing intervention model based on multiple systems
3. Group processes—application of the nursing process to group development tasks (for example: forming, norming, negotiation)
  4. Family theories
    - a. Systems models—living patterns of family members (for example: von Bertalanffy, 1973; Friedman, 1998)
    - b. Developmental models—predictable family life stages (for example: Duvall and Miller, 1985; Carter and McGoldrick's Stages of Family Development, 1999)
    - c. Structural-functional models—ability of family to carry out necessary functions (for example: Friedman, 1998)
  5. Theories of aging
    - a. Biological (for example: genetic theory, error theory)
    - b. Psychological (for example: human needs theory, psychosocial development theory)
    - c. Sociological (for example: disengagement theory, continuity theory)

## II. Epidemiology and Health Promotion

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**15** PERCENT OF EXAM | **27** HOURS OF STUDY

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### Clark

**Ch. 4**, Theoretical Foundations for Community Focused Nursing

**Ch. 11**, Health Promotion

### Edelman

**Ch. 7**, Health Promotion and the Family

**Ch. 9**, Screening

### Stanhope & Lancaster (2012)

**Ch. 12**, Epidemiology

### Lukes, E. (2007)

Epidemiology basics for occupational health nurses. *American Association of Occupational Health Nurses*, 55 (1), 26-31.

### Centers for Disease Control (2005)

Epidemiology in the Classroom: An Introduction to Epidemiology.  
<http://www.cdc.gov/excite/classroom/>

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#### A. Basic concepts of epidemiology

1. Definition
2. Levels of prevention: primary, secondary, tertiary
3. Causality
  - a. Theories of disease causation (for example: physical sources, environmental, bacteriological agents, single-cause and multiple-cause)
  - b. Criteria for causality—five factors for establishing causal relationships
4. Risk—susceptibility, exposure potential, relative risk ratio, target groups
5. Rates of occurrence—birth rate; mortality, such as crude and age-adjusted death rates; morbidity, such as incidence, prevalence, case fatality rate, survival rate

#### B. Epidemiological models

1. Epidemiologic triad—agent, host, and environment

2. Web of causation—multiple factors interacting to increase risk of disease or the development of health problems
  3. Determinants-of-health model—human biology, environment, lifestyle, and health system(s)
- C. Types of outbreak investigation studies (for example: descriptive or correlation, cross-sectional, case control, cohort, intervention or experimental)**
- D. Health promotion programs**
1. Factors influencing health promotion programs (for example: interpersonal, institutional, community, public policy)
  2. Applying the nursing process in health promotion
    - a. Assessment of client attitudes, environmental factors, and obstacles from clients, health care systems, and providers
    - b. Planning health promotion strategies—identify goals and outcomes; incorporate interventions that have proven to be effective in population studies
    - c. Implementation of interventions—use of media and images
    - d. Evaluation of program—process evaluation and outcome evaluation
- E. Screening and injury prevention programs**
1. Screening programs
    - a. Considerations in decision making for screening
    - b. Sensitivity and specificity
    - c. Age-specific recommended screenings
  2. Injury prevention across the life span

### III. Global Environmental Health

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**10** PERCENT OF EXAM | **18** HOURS OF STUDY

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**Clark**

**Ch. 10**, The Environmental Context

**Edelman**

**Ch. 17**, Infant (section on chemical agents and radiation)

**Ch. 20**, School Age Child (section on biological, chemical, and radiological agents)

**Ch. 21**, Adolescent (section on biological, bacterial, and chemical agents)

**Ch. 22**, Young Adult (section on pollution, chemical agents, and environmental carcinogens)

**Ch. 23**, Middle-Aged Adult (section on environmental factors)

**Stanhope & Lancaster (2012)**

**Ch. 10**, Environmental Health

[www.healthypeople.gov](http://www.healthypeople.gov)

(review information under *Topics and Objectives* for environmental health)

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**A. Environmental hazards—local, national, and international/global**

1. Physical (for example: radiation, lead, noise, latex)
2. Biological (for example: contaminated food, water and air pollution, medical wastes)
3. Chemical and gaseous (for example: poisons; air, water, and industrial pollution; asbestos)

**B. Nursing process and environmental health**

1. Assessment—identification of health hazards and factors that increase risk (for example: age of population, air pollution, occupational hazards, environmental changes)
2. Planning—identification of interventions at primary, secondary, and tertiary levels

3. Implementation—creating community support for programs to reduce environmental hazards (for example: legislation for clean air, environmental monitoring of pollutants)
  4. Evaluation—determining effectiveness of interventions (for example: effectiveness of teaching regarding food sanitation)
- C. *Healthy People 2020* objectives related to global environmental health (for example: reduce toxic pollutants and exposure to pesticides, reduce the number of homes that have lead-based paint hazards, reduce the global burden of disease related to poor water quality and sanitation)**

#### IV. The Context of Community Health

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**15** PERCENT OF EXAM | **27** HOURS OF STUDY

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##### Clark

**Ch. 5,** The US Health System Context

**Ch. 6,** The Global Context

**Ch. 7,** The Policy Context

**Ch. 8,** The Economic Context

**Ch. 9,** The Cultural Context

##### Edelman

**Ch. 3,** Health Policy and the Delivery System

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##### A. The organization of community health care

1. Categories of health issues (for example: communicable diseases, chronic diseases, mental health, poverty and malnutrition, war and civil unrest)
2. Organizations and their roles and responsibilities
  - a. International (for example: World Health Organization [WHO], Pan American Health Organization [PAHO], Agency for International Development [AID], International Health Program Office, Peace Corps, International Council of Nurses [ICN], Sigma Theta Tau International [STTI])

- b. National (for example: Department of Health and Human Services [DHHS], US Public Health Service [USPHS])
  - c. State and local (for example: state and local health departments and their responsibilities)
- B. Social and cultural, economic, and political factors influencing community health**

##### 1. Social and cultural

- a. Definitions: culture, race, ethnicity, acculturation, cultural competence, values, social networks and support
- b. Social and cultural considerations impacting health
  - 1) Direct effects (for example: diet and food)
  - 2) Indirect effects (for example: cultural definitions of health and compliance with health remedies)
- c. Nursing responses to clients from other cultures (for example: cultural competence, cultural humility, ethnocentric perspective, cultural imposition, cultural blindness)
- d. Cultural assessment—including cultural values, beliefs and practices, social networks and support, biological and psychosocial factors, interpersonal relations, sexuality and reproduction, and perceptions of health and illness

##### 2. Economic

- a. Factors contributing to increased health care costs (for example, inflation, growth of prescription drug costs, increasing longevity, nature of third-party reimbursement)
- b. Factors affecting access to health care services (for example: poverty, lack of insurance, lack of transportation)

- c. Implications of poverty on health (for example: higher levels of illness and disease, delays in seeking care, increased use of emergency departments)
  - d. Cost and financing of health care—retrospective and prospective reimbursements (for example: fee-for-service, third-party payments, diagnosis-related groups [DRGs], capitation)
  - e. Private insurance programs (for example: health maintenance organizations [HMOs], managed care organizations [MCOs], preferred provider organizations [PPOs])
  - f. Public insurance programs (for example: Medicare, Medicaid, Children’s Health Insurance Program [CHIP])
3. Political
- a. Policy formation and the legislative process (for example: legislative proposals, progress of a bill through the legislative process, enacting legislation)
  - b. Regulatory agencies (for example: Environmental Protection Agency [EPA], Occupational Safety and Health Administration [OSHA]),
  - c. Nursing’s influence on policy making (for example: ethical decision making, advocacy, coalition building, lobbying, campaigning, holding office)

## V. Community as Client: Application of the Nursing Process

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**10** PERCENT OF EXAM | **18** HOURS OF STUDY

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### Clark

**Ch. 15**, Care of Populations

### Edelman

**Ch. 8**, Health Promotion and the Community

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#### A. Community assessment

1. Essential data for community health assessment
  - a. Physical (for example: aging, birth/death rates, distribution by gender and race, morbidity rates)
  - b. Psychological (for example: stress and coping, incidence and prevalence of psychiatric disorders, suicide rates)
  - c. Environmental (for example: geographic location, size, climate, housing, pollution)
  - d. Sociocultural (for example: norms, employment, income and education levels, family composition)
  - e. Behavioral (for example: dietary patterns, recreation and exercise, protective measures)
  - f. Health system (for example: availability, accessibility, level of performance)
2. Types and sources of data
  - a. Quantitative (for example: vital statistics, census figures, community surveys)
  - b. Qualitative (for example: key informant interviews, observation)
3. Methods for data collection (for example: observation, interview, survey, analysis of existing data)
4. Sources of data (for example: people, census figures, publications, the Internet)

## B. Diagnostic reasoning

1. Data analysis
  - a. Standards and national goals—comparison of community assessment data to identified standards and national goals to ascertain the needs and/or risks of the community and causal factors (for example: comparing data from a specific community to *Healthy People 2020* objectives)
  - b. History—comparing current data to the community's historical data
  - c. Perception of need—the health care problems/needs identified by community members
2. Identify causal factors/etiology
  - a. Health risk factors—behavioral, genetic, environmental
  - b. Access to health care (for example: indicators of access such as poverty or disparities)
3. Identify community strengths and weaknesses
4. Develop a nursing diagnostic statement based on identified strengths and weaknesses

## C. Collaborative planning

1. Prioritize community health needs
2. Identify nursing interventions at appropriate levels of prevention
3. Identify goals, objectives, and program evaluation criteria
4. Identify resources

## D. Implementation

1. Perform nursing interventions
2. Facilitate involvement of key stakeholders

## E. Evaluation

1. Types
  - a. Structure
  - b. Outcome evaluation
  - c. Process evaluation

2. Collecting, interpreting, and disseminating data

## VI. Roles and Strategies for Community Health Nursing

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**10** PERCENT OF EXAM | **18** HOURS OF STUDY

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### Clark

- Ch. 1**, Community Health Nursing as Advocacy
- Ch. 7**, The Policy Context (Section on Professional Roles)
- Ch. 11**, Health Promotion in Policy Development
- Ch. 12**, Case Management

### Edelman

- Ch. 1**, Health Defined: Objectives for Promotion and Prevention (section on the nurse's role)
- Ch. 5**, Ethical Issues Relevant to Health Promotion
- Ch. 10**, Health Education

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### A. Roles of the community health nurse

1. Client-oriented—direct provision of client services (for example: caregiver, educator, referral source, role model, primary care provider)
2. Delivery-oriented—services resulting in better care for clients (for example: coordinator, collaborator, liaison)
3. Population-focused—group-oriented services (for example: leader, change agent, community developer, researcher, coalition builder)

### B. Strategies for community health nursing

1. Ethical decision making
2. Counseling
3. Advocacy
4. Coalition building, mobilizing community partnerships, collaboration
5. Policy development
6. Case finding and surveillance
7. Case management

### C. The community health nurse as change agent

1. Assessment—investigate need for change
2. Planning—establish goals and strategies of change
3. Implementation—strategies to move toward change
4. Evaluation—assessing outcomes and their effects

**D. The community health nurse as educator**

1. Assessment—identify learning needs
2. Planning—prioritize learning needs and develop teaching plan consistent with cultural beliefs and practices
3. Implementation—execute teaching plan
4. Evaluation—assess teaching and learning processes, learning outcomes and effects on health

## VII. Common Community Health Issues and Specific Aggregates

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**15** PERCENT OF EXAM | **27** HOURS OF STUDY

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**Clark**

**Ch. 6,** The Global Context (section on global health issues and initiatives)

**Ch. 14,** Care of Families

**Ch. 16,** Meeting the Health Needs of Child and Adolescent Populations

**Ch. 17,** Meeting the Health Needs of Women

**Ch. 18,** Meeting the Health Needs of Men

**Ch. 19,** Meeting the Health Needs of Older Clients

**Ch. 20,** Meeting the Needs of Poor and Homeless Populations

**Ch. 27,** Care of Clients in Disaster Settings

**Ch. 28,** Communicable Diseases

**Ch. 29,** Chronic Physical Health Problems

**Ch. 30,** Community Mental Health Problems

**Ch. 31,** Substance Abuse

**Ch. 32,** Societal Violence

**Edelman**

**Ch. 2,** Emerging Populations and Health (section on homelessness)

**Ch. 7,** Health Promotion and the Family

**Ch. 25,** Health Promotion in the Twenty-First Century

**[www.healthypeople.gov](http://www.healthypeople.gov)**

(review information under *Topics and Objectives* including the overview and emerging trends related to the following aggregates: families, children and adolescents, and older adults)

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**A. Common health issues of populations across the life span**

1. Communicable diseases
  - a. General concepts
    - 1) Chain of infection
    - 2) Modes of transmission
  - b. Application of the nursing process with clients at risk for or experiencing communicable diseases

- c. Global trends (for example: disease eradication and elimination programs, new and emerging diseases)
- 2. Chronic health problems
  - a. Effects—personal, population, and societal
  - b. Application of the nursing process with clients at risk for or experiencing chronic health problems
- 3. Mental health problems
  - a. Effects—personal, family, and societal
  - b. Application of the nursing process with clients at risk for or experiencing mental health problems
- 4. Substance abuse
  - a. Effects of substance abuse—personal, family, and societal
  - b. Application of the nursing process with clients at risk for or experiencing substance abuse
- 5. Violence and abuse
  - a. Forms of violence (for example: family, intimate partner, older adult, child, workplace)
  - b. Application of the nursing process with clients at risk for or experiencing violence and/or abuse
- 6. Homelessness
  - a. Causes of homelessness—structural and personal
  - b. Application of the nursing process with clients at risk for or experiencing homelessness
- 7. Disasters
  - a. Elements of a disaster—temporal, spatial, and role
  - b. Disaster preparedness—including purposes, principles, and health considerations

- c. Considerations in disaster planning—including designating authority, developing communication and transportation systems, plans for notification and warning, logistical coordination, evacuation, rescue, care, recovery, and evaluation
- d. Application of the nursing process with clients at risk for or experiencing disasters

#### **B. Families as aggregate**

- 1. Types of families and characteristics (for example: nuclear conjugal, single-parent, cohabitating, communal)
- 2. Assessing family genetic risk—genogram
- 3. Application of the nursing process with families

#### **C. Children and adolescents as aggregates**

- 1. Worldwide health concerns of children—including infant mortality, low birth weight, congenital anomalies, obesity, malnutrition, unintentional injury, and neglect and abuse
- 2. Application of the nursing process with children and adolescents
- 3. *Healthy People 2020* objectives for children and adolescents (for example: increase the number of adolescents who have had a wellness checkup within the last 12 months, increase the proportion of parents who read to their young children, decrease the proportion of children who have poor sleep quality)

#### **D. Women as aggregate (including heterosexual, lesbian, bisexual, and transgendered clients)**

- 1. Worldwide health care issues of women (for example: heart disease, cancer, chronic pulmonary disease, HIV infection, malnutrition, obesity)
- 2. Application of the nursing process with women

#### **E. Men as aggregate (including heterosexual, gay, bisexual, and transgendered clients)**

1. Worldwide health care issues of men (for example: heart disease, cancer, chronic pulmonary disease, malnutrition, violence, injury)
2. Application of the nursing process with men

**F. Older adults as aggregate (age 65+ years)**

1. Worldwide health care issues of older clients (for example: heart disease, cancer, chronic pulmonary disease, Alzheimer's disease, malnutrition)
2. Application of the nursing process with older clients
3. *Healthy People 2020* objectives for older adults (for example: reduce the proportion of older adults who have moderate to severe functional limitations, increase the proportion of older adults who engage in leisure time physical activity, increase the proportion of health care workers with geriatric certification)

2. Health care services—assessment and screening, illness prevention, case management, rehabilitation services, emergency care
3. Application of the nursing process in school health
4. *Healthy People 2020* objectives for educational and community-based programs (for example: increase the proportion of elementary, middle, and high schools that provide health education to prevent problems related to unintentional injury, violence, tobacco, alcohol, and drug use, suicide, unintended pregnancy, HIV/AIDS, STD infections, unhealthy dietary patterns, and inadequate physical activity)

**B. Occupational settings**

1. Standards and competencies for occupational health nursing (for example: professional development, collaboration, research)
2. Application of the nursing process in occupational health
3. *Healthy People 2020* objectives for occupational safety and health (for example: reduce work-related injuries, reduce the rate of injury or illness due to overexertion or repetitive motion, increase the proportion of employees who have access to programs that prevent or minimize employee stress)

**C. Official and voluntary health agency settings**

1. Official: Local health departments
  - a. Core functions—assessment, policy development, and assurance
  - b. Responsibilities—preventing spread of disease, promoting healthy behaviors, responding to disasters, quality assurance, and enforcing health-related legislation
2. Voluntary: faith communities—nursing practice within a faith community
  - a. Roles and responsibilities of parish nurses—to increase access to health promotion and disease prevention and assist clients in need

**VIII. Community Health Nursing in Specialized Settings**

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**10** PERCENT OF EXAM | **18** HOURS OF STUDY

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**Clark**

- Ch. 21,** Care of Clients in the Home Setting
- Ch. 22,** Care of Clients in Official and Voluntary Health Agencies
- Ch. 23,** Care of Clients in the School Setting
- Ch. 24,** Care of Clients in Work Settings

[www.healthypeople.gov](http://www.healthypeople.gov)

(review information under *Topics and Objectives* including the overview and emerging trends related to educational and community-based programs and occupational safety and health)

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**A. School settings**

1. Components of school health nursing—health services, health education, nutrition services, staff health promotion, and counseling

b. Models

- 1) Institution-based—health care institution partners with a faith community to provide support for parish nursing
- 2) Congregational—the congregation operates independently in the development of parish nursing

**D. Home setting**

1. Standards of Home Health Nursing Practice
2. Distinguishing between home health and community health nursing

## SECTION THREE

# Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 25–30 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which nursing intervention is an example of primary prevention?
  - 1) conducting a smoking relapse program with a group of workers
  - 2) conducting scoliosis screening in seventh and eighth grade classes
  - 3) teaching appropriate nutrition with a group of pregnant adolescents
  - 4) encouraging range-of-motion exercises for clients engaged in an arthritis self-help group
2. Which action by the nurse is an example of tertiary prevention?
  - 1) conducting blood pressure screenings for older adults at a local parish
  - 2) instructing a group of patients with diabetes mellitus regarding safe disposal of used insulin syringes
  - 3) advising community leaders about the importance of water fluoridation
  - 4) counseling families of children with elevated blood lead levels to minimize further lead exposure
3. Which program provides goals and objectives for improving the nation's health and measuring the health status of specific populations?
  - 1) Healthy Start
  - 2) Step Up to Health
  - 3) Healthy People 2020
  - 4) Healthy Communities

4. Which assessment action on the part of the community health nurse could make use of the determinants of health epidemiologic model as an organizing framework, but could not be addressed using the epidemiologic triad model?
- 1) assessing biological risk factors of a client with a family history of coronary heart disease and diabetes
  - 2) assessing factors that place a family at economic risk after a change in employment status of the major provider
  - 3) assessing availability, accessibility, and utilization of health care by families who are homeless
  - 4) assessing the impact of secondhand smoke on the health of families with members who are heavy smokers

**Note:** This is an example of fill-in-the-blank questions.

- 5a. A school district nurse identifies 330 new cases of head lice during the year. The school population is 7,250 students. What is the incidence rate per 1,000 students?

- 5b. Another school district nurse treated 450 students for head lice during the school year. At mid-year the school population is 8,700. What is the prevalence rate per 1,000 students?

6. A community health nurse observes an increase in the level of occurrence of leukemia among children in a certain geographic region within the past year. What is the most appropriate initial action for the nurse to take?
- 1) Contact the Centers for Disease Control.
  - 2) Compare the community's incidence rates with those of the state.
  - 3) Interview patients' families to obtain an in-depth health history.
  - 4) Arrange for support groups for families of terminally ill children.
7. Which pair of terms is included in the determination of morbidity rates of a population?
- 1) risk and susceptibility
  - 2) consistency and specificity
  - 3) prevalence and incidence
  - 4) cause and effect
8. When reviewing test results on ozone levels in the community, the community health nurse notes that during the summer months, the level increased 0.2 parts per million. The nurse should expect an increased occurrence of which health effect?
- 1) deaths due to lung cancer
  - 2) low-birth-weight babies
  - 3) problems related to contact dermatitis
  - 4) respiratory illness in older adults
9. Which statement accurately describes proprietary home health agencies?
- 1) They are publicly financed agencies that are funded by tax revenues and that operate in areas where there are few providers of care.
  - 2) They are for-profit agencies owned by individuals or corporations whose funding sources include third party insurance payers and private payments.
  - 3) They are nonprofit agencies that provide home health care and whose funding sources include donations, third party payers, and some private payments.
  - 4) They are independent nonprofit or for-profit agencies affiliated with a larger institution to provide care for clients who are terminally ill.

10. Which action by the nurse demonstrates an understanding of culturally competent care?
  - 1) Ask new clients to describe what they do to stay well.
  - 2) Use touch to demonstrate caring with clients from diverse ethnic groups.
  - 3) Assess the clients' use of folk remedies so as to teach about their hazards.
  - 4) Include ethnic foods as part of the teaching plan with each client.
11. The community health nurse teaches a community program about ethnic culture and mental health. Which statement by a participant indicates that the teaching has been effective?
  - 1) "Biological factors do not vary across cultures."
  - 2) "Risk factors are relatively consistent across cultures."
  - 3) "Cultural differences do not affect psychiatric diagnosis."
  - 4) "Normal behavior is relative to a specific culture."
12. The nurse is obtaining data for the biophysical component of a community assessment. What is the best way to get this information?
  - 1) Drive through the community to observe its natural characteristics.
  - 2) Meet with community leaders to get their views about the adequacy of health care services.
  - 3) Survey a sample of citizens about diet, exercise, and leisure activities.
  - 4) Obtain birth and death rate information from the state health department.
13. Which activity best indicates that the nurse is knowledgeable about strategies that enhance program implementation?
  - 1) calls the program coordinator daily to determine if program deadlines have been met
  - 2) consults with community leaders weekly to solicit their input about program goals and objectives
  - 3) schedules daily meetings of the planning group so that members can share information
  - 4) sends a weekly update to everyone involved to inform them about that week's progress
14. Which activity by the nurse is the best example of population-oriented community health nursing?
  - 1) Act as liaison between hospitals and home care agencies.
  - 2) Coordinate care for families with children who are ventilator dependent.
  - 3) Refer adolescent mothers for prenatal care.
  - 4) Create a grass roots coalition to address domestic violence.
15. A community health nurse new to an urban area finds that several families near an industrial complex are complaining of eye irritations and respiratory conditions. To become an effective community advocate in this situation, the nurse should carry out which measure first?
  - 1) Organize a protest by families to be held at the industrial complex.
  - 2) Report the major industries in the complex to environmental authorities.
  - 3) Refer the affected families to community legal aid agencies.
  - 4) Identify the degree to which clean air laws are enforced in the community.

16. Which activity by the community health nurse best describes an advocacy effort on behalf of the homeless population?

- 1) Lobby the legislature regarding homeless issues.
- 2) Provide care at homeless shelters.
- 3) Educate homeless people about diabetic foot care.
- 4) Conduct immunization clinics for children who are homeless.

**Note:** This is an example of a multiple-choice, multiple-answer question. Such questions are featured in licensure exams, and are appearing in selected Excelsior College Examinations, as well.

17. When interpreting and reinforcing provider recommendations, the community health nurse is functioning in which of the following roles? (Select all that apply.)

- 1) referred resource
- 2) liaison
- 3) educator
- 4) collaborator
- 5) coordinator

18. A community health nurse is collaborating with a local health department to formulate a hepatitis B prevention initiative. Based on Healthy People 2020 objectives, the nurse recommends that the target population should include which group?

- 1) college students
- 2) hemodialysis patients
- 3) food preparation workers
- 4) older adults with diabetes

19. A community health nurse is working with families experiencing problems associated with a substance abuser. Which approach by the nurse may assist the family members in coping with the consequences of substance abuse?

- 1) reinforcing existing defense mechanisms
- 2) supporting current patterns of family interaction
- 3) counseling to stabilize the families' systems
- 4) reorganizing and redistributing family roles without the abuser

20. Which action by the school nurse is most important in preventing violence in the school?

- 1) promoting a strict discipline policy based on out of school suspension
- 2) developing a trusting relationship with students and teachers
- 3) reinforcing and supporting students' rights to silence
- 4) promoting physical education and exercise programs to reduce stress

21. A city has been targeted as an area at high risk for severe flooding. Which is the best indication that the city is prepared to handle a potential flood disaster?

- 1) a successful mock disaster experience
- 2) crisis intervention training for health professionals
- 3) news media that acquaint the public with community agencies available to help in a disaster
- 4) public service announcements that encourage people not to ignore disaster warnings

22. In establishing a school program to promote mental health in adolescents, the nurse should consider which goal to be of primary importance?

- 1) maintenance of personal hygiene to encourage peer relationships
- 2) promotion of self-esteem to recognize personal strengths
- 3) promotion of self-concept based on productivity and approval from others
- 4) improvement of social skills in relationships with adults

23. The school nurse is designing a substance abuse educational outreach for seventh and eighth graders. Which of the following nursing diagnoses would be most accurate?
- 1) need for drug abuse education due to a student telling the nurse he saw a classmate smoking pot
  - 2) need for drug abuse education due to a high prevalence of drug abuse in the surrounding community
  - 3) need for drug abuse education due to the nurse knowing this is an impressionable age
  - 4) need for drug abuse education due to national curriculum recommendations
24. Which action by the occupational health nurse is appropriate when evaluating the effectiveness of body mechanics education?
- 1) writing a nursing diagnosis containing a statement of the probable underlying cause
  - 2) assessing the health status of the total employee population
  - 3) focusing on the incidence of back injuries
  - 4) collaborating with team managers within the occupational setting
25. Which of the following is a primary challenge of faith for community health nurses?
- 1) maintaining boundaries
  - 2) accessing clients for health promotion
  - 3) aligning of belief systems with clients
  - 4) case finding

## SECTION FOUR

# Rationales

### 1.(IA1f1)

- 1) Instructing workers about smoking relapse is an example of tertiary prevention. Emphasis is placed on rehabilitation and preventing smoking relapse.
- 2) Screening school children for scoliosis is secondary prevention. Secondary prevention activities include screening, early diagnosis, and treatment for existing health problems.
- \*3) Teaching proper nutrition to pregnant adolescents is an example of primary prevention. Primary prevention is action taken before the occurrence of a health problem and activities can include promoting behaviors and an environment conducive to health.**
- 4) Encouraging range-of-motion exercises for clients with arthritis is an example of tertiary prevention. Tertiary prevention focuses upon helping clients achieve optimal levels of health including rehabilitation and prevention of further health problems.

### 2.(IA1f3)

- 1) Blood pressure screening is an example of secondary prevention. Secondary prevention activities can include screening, early diagnosis, and treatment for existing health problems.
- 2) Instructing patients with diabetes mellitus is secondary prevention. Emphasis is placed on resolving health problems and preventing serious consequences.
- 3) Advising community leaders about the importance of water fluoridation is primary prevention. Primary prevention activities are undertaken prior to the onset of health problems and are directed toward avoiding occurrence.
- \*4) Counseling families of children with elevated blood lead levels is tertiary prevention. Tertiary prevention focuses upon returning the patient to an optimal level of health and preventing further health problems.**

### 3. (IA5)

- 1) Healthy Start is a research program designed to evaluate the effectiveness of interventions for reducing cardiovascular risk factors in preschool centers.
- 2) Step Up to Health is a project to increase physical activity for older adults by encouraging walking, dancing, and low impact exercises.
- \*3) Healthy People 2020 is a national program that identifies health objectives and benchmarks to track and monitor the health progress of population groups.**
- 4) Healthy Communities programs emphasize local involvement in sustaining health by addressing health issues, making decisions, and setting policy.

**\*correct answer**

#### 4.(IID3)

- 1) Biological factors correspond to host-related factors in the epidemiologic triad model.
- 2) Lifestyle factors correspond to the social environment in the epidemiologic triad model.
- \*3) Assessment of factors associated with the health care system is not addressed in the epidemiologic triad model.**
- 4) Only agent, host, and environment are included in the epidemiologic triad model.

#### 5.(IIA4)

- \*5a) Incidence rate = number of new cases of head lice during the year divided by the total population at risk × 1,000.**

$$330 \div 7,250 = .04555 \times 1,000 = 45.5 \text{ per } 1,000$$

- \*5b) Prevalence rate = total number of cases of head lice divided by the total population at risk at mid-year.**

$$450 \div 8,700 = .052 \times 1,000 = 52 \text{ per } 1,000$$

#### 6.(IIA4)

- 1) Contacting the Centers for Disease Control is inappropriate without additional assessment data. The nurse's initial action should be to gather additional assessment data by comparing incidence rates with those of the state.
- \*2) Incidence rates are defined as the number of new cases of leukemia during the past year, divided by the population at risk. An increased incidence of leukemia would warrant further investigation by the nurse.**
- 3) Interviewing patients' families to obtain health histories is not the most appropriate initial action because the significance of the health problem has not been identified.
- 4) Arranging for support groups to assist families is more appropriate after gathering assessment data and identifying actual and potential community health problems and strengths.

#### 7.(IIA4)

- 1) This is one of the three basic concepts that underlie epidemiologic perspectives on health and illness. Risk is the probability that a given individual will develop a specific condition. Susceptibility is the ability to be affected by factors contributing to a particular health condition.
- 2) Consistency and specificity are two of the criteria used in determining causality.
- \*3) Morbidity is described in terms of the incidence and prevalence of a condition.**
- 4) Cause and effect fall under the concept of causality. This concept is based on the idea that one event is the result of another event.

#### 8.(IIIB3)

- 1) Deaths due to lung cancer would be more likely to increase due to pesticide or radiation exposure.
- 2) High levels of environmental toxins may contribute to low-birth-weight babies.
- 3) When assessing environmental health, the nurse knows that high levels of noise not only compromise human hearing, but also can contribute to dermatological problems.
- \*4) Air pollution primarily affects the respiratory system of older adults. Older adults are less able to detoxify environmental toxins because of changes in their cardiovascular, renal, pulmonary, and immune systems.**

\*correct answer

### 9. (IVA2c)

- 1) Proprietary home health agencies are independently owned and operate on a for-profit basis.
- \*2) Proprietary agencies are independent home health agencies owned by individuals or corporations that operate on a for-profit basis. In 1965, the Medicare home health benefit was established to provide home care to older adults and others who qualified for Medicare.**
- 3) Proprietary home health agencies are independently owned and operate on a for-profit basis.
- 4) Proprietary home health agencies are independently owned and operate on a for-profit basis. They do not promote care to just the terminally ill.

### 10.(IVB1d)

- \*1) The culturally competent health care provider does not assume that other cultures are similar to the provider's own and is nonjudgmental in examining the beliefs, values, attitudes and practices of other cultural groups.**
- 2) Touch may not be an acceptable demonstration of caring in some cultures.
- 3) Many routine practices in the biomedical culture can be modified to accommodate the cultural beliefs and practices of other cultural groups.
- 4) A challenge for the culturally competent health care provider is recognizing when it is appropriate to incorporate elements of culture in the plan of care and where those elements may be harmful and should be eliminated or modified.

### 11.(IVB1a)

- 1) Biological factors vary across cultures due to racial characteristics.
- 2) Genetic inheritance and biological factors vary across cultures as do risk factors.
- 3) Cultural groups differ in their definition of what constitutes mental health and mental illness and in their attitudes toward mental illness.
- \*4) The culture of any particular group is unique with its own beliefs and behaviors.**

### 12.(VA1a)

- 1) The biophysical component of a community assessment includes age, genetic inheritance, and physiological function of community members.
- 2) The biophysical component of a community assessment includes age, genetic inheritance, and physiological function of community members.
- 3) The biophysical component of a community assessment includes age, genetic inheritance, and physiological function of community members.
- \*4) Population factors related to age include birth and death rates. Annual birth rate provides information on the growth of the younger segments of the population. Death rate information provides valuable information regarding the health status of the population.**

### 13.(VD2)

- 1) Identifying preparatory steps to each activity and listing them in sequence fosters implementation of the program as planned.
- 2) Soliciting community leaders for their input about program goals and objectives occurs during program planning and plan acceptance.
- 3) The first implementation strategy to employ is to assign responsibility for coordination of the total effort to one person.
- \*4) This is an appropriate implementation strategy. Another strategy is periodic consultation with those implementing the program to address any difficulties that arise.**

**\*correct answer**

#### 14.(VIA3)

- 1) This is a delivery-oriented role of a CHN which is designed to enhance the operation of the health care system. Roles in this category include coordinator or care manager, collaborator, and liaison.
- 2) This is a delivery-oriented role of a CHN which is designed to enhance the operation of the health care system. Roles in this category include coordinator or care manager, collaborator, and liaison.
- 3) This is a delivery-oriented role of a CHN which is designed to enhance the operation of the health care system. Roles in this category include coordinator or care manager, collaborator, and liaison.
- \*4) Population-oriented roles are directed toward the priority of maintaining and restoring the health of the population. Coalition builder is one of the population-oriented roles. Coalition building is the process of creating temporary or permanent alliances of individuals or groups to achieve a specific purpose.**

#### 15.(VIB3)

- 1) Advocacy activities fit into a cycle of documentation, analysis, action, and documentation of effect.
- 2) A second function of the nurse is determining the point at which advocacy will be most effective.
- 3) The final function of the nurse as advocate is to prepare clients to speak for themselves.
- \*4) Collecting facts related to the problem is an important first step in determining the need for advocacy. A CHN advocate should get a detailed chronological account of events related to the problem for which advocacy is needed.**

#### 16.(VIB3)

- \*1) A task of advocacy is presenting the client's case to the appropriate decision makers.**
- 2) This action provides primary care.
- 3) As educator, the CHN provides others with information to make informed decisions on health matters.
- 4) This action provides primary care.

**\*correct answer**

#### 17.(VIA1)

1. Referral is the process of directing clients to resources required to meet their needs.
- \*2) One of the functions of the liaison role is to interpret and reinforce provider recommendations.**
- \*3) Assessing clients' need for education, developing a health educator plan, and presenting the health education is an important function for the CHN when interpreting and reinforcing provider recommendations.**
- 4) As a collaborator, the CHN engages in joint decision making regarding action to be taken to resolve client health problems.
- 5) Coordination is the process of organizing and integrating services to best meet client needs in the most efficient manner.

#### 18. (VIA1b)

- 1) College students are not identified in Healthy People 2020 as being at risk for hepatitis B. Vaccination for hepatitis B is often required for college admission, so this population is not at high risk.
- \*2) Due to potential exposure to bloodborne pathogens, hemodialysis patients are at risk for hepatitis B infection and are identified as a high risk group in Healthy People 2020.**
- 3) Food preparation workers may be at risk for hepatitis A but are not identified as being at high risk for hepatitis B infection in Healthy People 2020.
- 4) Older adults with diabetes are not identified in Healthy People 2020 as being at high risk for hepatitis B infection.

#### 19.(VIIA4b)

- 1) Reinforcing existing defense mechanisms does not assist families in dealing with a substance abuser. By providing information about substance abuse and the defense mechanisms used by both the abusers and their families, the families can be helped to see their role as co-dependents or enablers.
- 2) Making positive changes in family interactions is a goal in the care and treatment of families of substance abusers. Maintaining current family patterns may not assist in alleviating problems.
- \*3) A goal in the care of families of substance abusers is to stabilize the family system. Linking families to support services and family therapy is an important strategy in maintaining the cohesion and stability of the families.**
- 4) Assisting the families in developing new patterns of interaction and structure may improve family communication and problem-solving skills. It is important to include the substance abusing member to prevent further alienation.

#### 20.(VIIA5b)

- 1) The American Academy of Pediatrics notes inappropriateness of out of school suspension as likely to exacerbate school problems and lead to crime, depression, and substance abuse.
- \*2) Strategies for preventing violence in schools include promoting trust and respect between students and adults.**
- 3) Strategies for preventing violence in schools include breaking the code of silence among students as it relates to school violence.
- 4) While exercise is good to reduce stress it is not specific to prevention of school violence.

#### 21.(VIIA7b)

- \*1) Response planning is secondary prevention. As such, disaster response plans are implemented in disaster drills to determine their potential effectiveness in real-life situations. Evaluation of drills is used to revise the plan as needed before an actual disaster occurs.**
- 2) Prevention and minimization of adverse effects involves primary prevention.
- 3) Prevention and minimization of adverse effects involves primary prevention.
- 4) Prevention and minimization of adverse effects involves primary prevention.

#### 22.(VIII A3)

- 1) Illness prevention includes teaching hygiene and other measures to prevent communicable diseases.
- \*2) Sound mental health is promoted by a strong self-image developed throughout childhood.**
- 3) Needing approval from others is not a basis for promotion of self-concept.
- 4) Education for effective interpersonal skills another aspect of primary prevention with the school population.

#### 23.(VIII A3)

- 1) This contains no statement of the probable underlying cause of the problem.
- \*2) This diagnosis contains a statement of the probable underlying cause of the problem. Such a statement provides direction for efforts to resolve the problem.**
- 3) Nursing diagnoses are based on actual and collected assessment data.
- 4) Nursing diagnosis contains a statement of the probable underlying cause of the problem.

#### 24.(VIII B2)

- 1) Nursing diagnoses are written after the assessment phase of the nursing process, not during the evaluation phase.
- 2) Assessment is the first step in the nursing process.
- \*3) Evaluation focuses on the achievement of desired outcomes of care and the processes used to achieve those outcomes.**
- 4) It is during the implementation phase of the nursing process that collaborating with others in the work settings frequently occurs.

#### 25.(VIII C2)

- \*1) Maintaining boundaries and setting parameters, especially when the needs of the congregation exceed time and resources available, is a challenge of faith community nurses.**
- 2) Access to clients is an advantage of faith-based nursing.
- 3) Typically, the faith-based community nurse embraces belief systems similar to those of the clients served.
- 4) Case finding is an advantage of faith-based nursing.

## SECTION FIVE

# Taking the Exam

## Registering for Your Exam

### Register Online

[www.excelsior.edu/examregistration](http://www.excelsior.edu/examregistration)

Follow the instructions and pay by Visa, MasterCard, American Express, or Discover Card.

### Examination Administration

Pearson Testing Centers serve as the administrator for all Excelsior College computer-delivered exams. The Disability Services office at Excelsior College is responsible for considering requests for reasonable accommodations (exceptions for individual students with documented disabilities). If you are requesting an accommodation due to a disability, download and complete a Request for Accommodation form that can be accessed by visiting the Excelsior College website at [www.excelsior.edu/disability-services](http://www.excelsior.edu/disability-services).

### Computer-Delivered Testing

You will take the exam by computer, entering your answers using either the keyboard or the mouse. The system is designed to be as user-friendly as possible, even for those with little or no computer experience. On-screen instructions are similar to those you would see in a paper examination booklet.

We strongly encourage you to use the online tutorial before taking your exam at a Pearson Testing Center. To access the tutorial, go to [www.pearsonvue.com/uexcel](http://www.pearsonvue.com/uexcel) and click on the Pearson VUE Tutorial link on the right hand side of the page.

## On the Day of Your Exam

### Important Reminders

On the day of your exam, remember to:

- dress comfortably: the computer will not mind that you're wearing your favorite relaxation outfit
- arrive at the test site rested and prepared to concentrate for an extended period
- allow sufficient time to travel, park, and locate the test center
- be prepared for possible variations in temperature at the test center due to weather changes or energy conservation measures
- bring your ID, but otherwise, don't weigh yourself down with belongings that will have to be kept in a locker during the test.

### Academic Honesty Nondisclosure Statement

- All test takers must agree to the terms of the Excelsior College Academic Honesty Policy before taking an examination. The agreement will be presented on screen at the Pearson VUE Testing Center before the start of your exam.
- Once the test taker agrees to the terms of the Academic Honesty Nondisclosure Statement, the exam will begin.

### If you choose not to accept the terms of the agreement

- your exam will be terminated
- you will be required to leave the testing center

- you will not be eligible for a refund. For more information, review the Student Policy Handbook at [www.excelsior.edu/studentpolicyhandbook](http://www.excelsior.edu/studentpolicyhandbook).

Student behavior is monitored during and after the exam. Electronic measures are used to monitor the security of test items and scan for illegal use of intellectual property. This monitoring includes surveillance of Internet chat rooms, websites, and other public forums.

### **Information About UExcel Exams for Colleges and Universities**

A committee of teaching faculty and practicing professionals determines the learning outcomes to be tested on each exam. Excelsior College Center for Educational Measurement staff oversee the technical aspects of test construction in accordance with current professional standards. To promote fairness in testing, we take special care to ensure that the language used in the exams and related materials is consistent, professional, and user friendly. Editorial staff perform systematic quantitative and qualitative reviews to ensure accuracy, clarity, and compliance with conventions of bias-free language usage.

Excelsior College, the test developer, recommends granting four (4) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

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