

Irving Street Women's Residence



601 S. Irving Street, Denver. Colorado. 80219

The Irving Street Women's Residence is a residential and support program designed to serve chronically homeless women (homeless for one continuous year or four times in three years) who are disabled or experience mental health issues.

The facility houses 25 women in 15 sleeping rooms and there is no maximum length of stay. The program includes a home-like environment where the women can live without the fear of having to return to the streets within a specific amount of time. The women are empowered to care for themselves by maintaining their living space in a healthy and sanitary manner, as well as participating in food preparation, planning their daily activities, and providing support to one another in the community living environment. The facility is staffed 24/7 with a Project Manager, Residential Coordinators, Case Managers, and a Part-Time Mental Health Worker/Consultant.

Residents are drawn exclusively through the One Home system, so individuals must have a completed a Vulnerability Index -Service Prioritization Decision Assistance Tool (VI-SPDAT) in order to be considered for their wait list.

Typical Clinical Shift:

- Prepare and teach a ServSafe Class to residents
- Assist with serving meals
- Therapeutic communication with residents
- Educate on health diseases and health maintenance
- Create brochures and posters to cover health topics
- Schedule medical appointments for residents; set up electronic medical record access
- Take Blood Pressure and Pulse measurement readings
- Run urine drug screenings
- Teach range-of-motion exercises
- Schedule activities for resident engagements, such as: decorating for upcoming holidays
- Assist with organization and sorting through donations
- Encourage group interactions
- Play board games
- Play card games
- Put together puzzles

we feed. we shelter. we support.



we care

**RELEASE OF CLAIMS AND AGREEMENT
TO INDEMNIFY VOLUNTEERS OF AMERICA**

In consideration of being granted permission to volunteer with Volunteers of America or any of its entities, I, on behalf of myself and my heirs, executors, administrators and assigns, hereby release Volunteers of America, its separate entities, agents, employees and officers from any claim for injuries I may incur of any kind, at any time, whether known or unknown, caused by or related to my volunteer work, which is not caused by the negligence of Volunteers of America, its separate entities, agents, employees or other volunteers.

I further agree to indemnify and hold harmless Volunteers of America and/or any of its separate entities, against all claims, demands, judgments and executions that Volunteers of America and/or its separate entities may sustain as a result of, or arising from my actions as a volunteer, that are beyond the scope of my assigned volunteer duties, whether or not such claims, demands, actions, judgments and executions are discovered during the period of my volunteer work.

I, _____(Printed Name) certify that I have read and understand this Release of Claims and Indemnification Agreement and execute it voluntarily, this day, _____(Date), with full knowledge of its significance.

Signature: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Witness Signature: _____

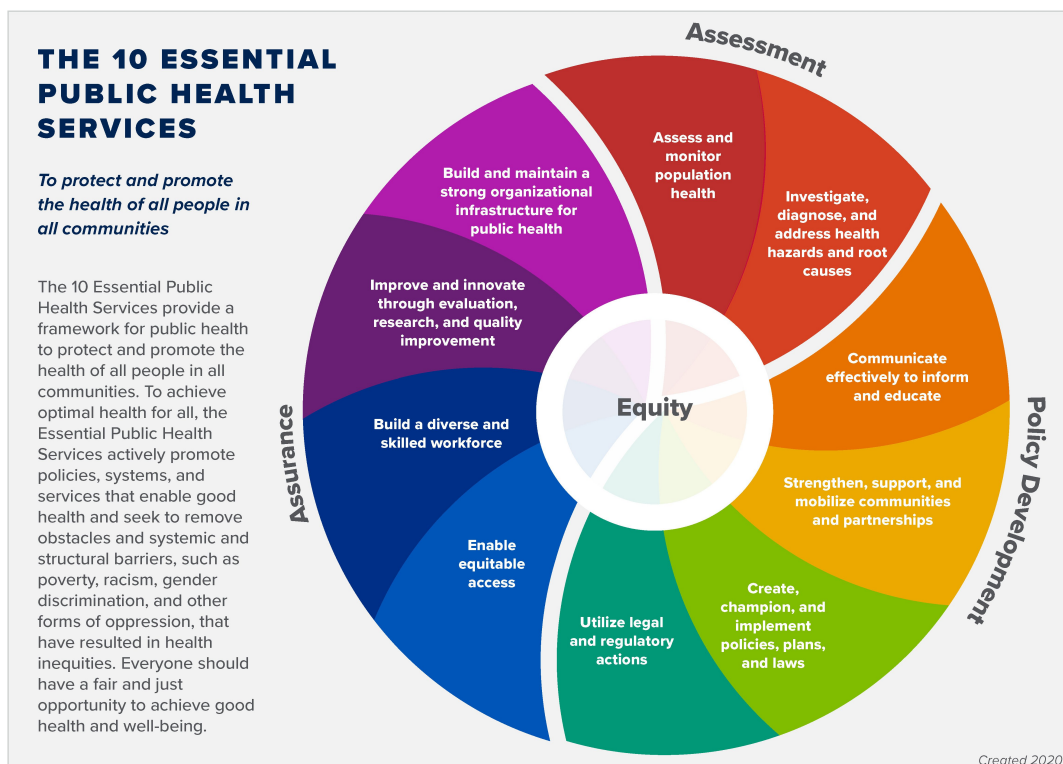
COMMUNITY HEALTH KEY POINTS

Review

- Therapeutic Communication
- Depression
- Anxiety
- Hypertension
- Diabetes

10 ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor health status.
- Diagnose and investigate health problems.
- Inform, educate, and empower people.
- Mobilize community partnerships.
- Develop policies and plans that support the individual.
- Enforce laws and regulations that protect health.
- Link people with needed services that they need.
- Assure a competent public health and personal healthcare workforce.
- Evaluate effectiveness.
- Research for new insights and innovative solutions.



THERAPEUTIC COMMUNICATION TECHNIQUES

Client-centered type of communication to build and help relationships with clients, families, and all relationships



DO

- Allow client to control the discussion
- Give recognition/validation
- Active listening!
- Use open-ended questions

Don't be a **LOSER**, be an active listener!

- L** Lean forward toward the client
- O** Open posture
- S** Sit squarely facing the client
- E** Establish eye contact
- R** Relax & listen

EXAMPLES

"Is there something you would like to talk about?"

"Tell me more about that"

"So you are saying you haven't been sleeping well?"

"Tell me more about ____"



DON'T

- Ask "why"
- Ask too many questions
- Give advice
- Give false reassurance
- Change the conversation topic
- Give approval or disapproval
- Use close-ended questions/statements

EXAMPLES

"Don't worry!"

"I think you should ____"

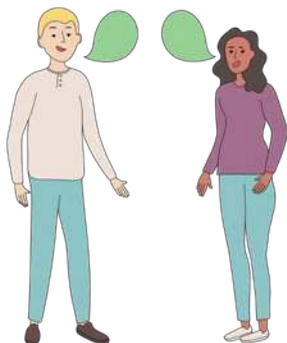
"Don't be silly"

"That's great!"

THERAPEUTIC COMMUNICATION CAN BE BOTH...

VERBAL COMMUNICATIONS

Words a person speaks

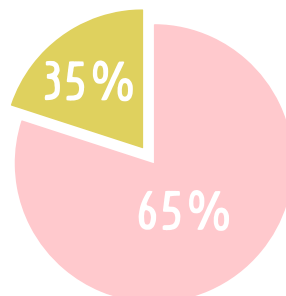


NON-VERBAL COMMUNICATIONS

You may say all the "right" things but deliver it poorly



- Facial expressions
- Eye contact
- Posture
- Movement
- Appearance
- Body language
- Vocal cues
(yawning, tone of voice, pitch of voice)



TYPES OF DEPRESSION

MAJOR DEPRESSIVE DISORDER (MDD)

Has at least 5 of these symptoms every day for at least 2 weeks:

- Depressed mood
- Too much or too little sleep
- Indecisiveness
- Thoughts of death (suicide)
- ↓ ability to think/concentrate
- Not able to feel pleasure
- ↑ or ↓ motor activity
- Weight fluctuations (5% change within a month)

FACTS

- MDD impairs the client's normal functioning
- MDD is not the same depression seen in bipolar disorder
- MDD is not a mood swing, it's constant

TREATMENT PHASES FOR MDD

ACUTE: 6 - 12 weeks

Hospitalization & medications may be prescribed

GOALS:

- ↓ Depressive symptoms
- ↑ Functionality

CONTINUATION: 4 - 9 months

Medication is continued

GOALS:

- Prevent relapse

MAINTENANCE: 1+ year

Medication may be continued or be phased out

GOALS:

- Prevent relapse & further depressive episodes

Treatment for the client will reflect what phase they are in!



PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Depression that occurs during the luteal phase of the menstrual cycle.

SYMPTOMS

- Emotional
- ↑ Eating
- ↓ Energy
- ↓ Concentration



SUBSTANCE INDUCED DEPRESSIVE DISORDER

Depression associated with withdrawal or the use of alcohol and drugs.



PERSISTENT DEPRESSIVE DISORDER (DYSTHYMIA)

A more mild form of depression compared to MDD, although it can turn into MDD later in life.

POSTPARTUM

Depression that happens after a woman goes through childbirth. The woman may feel disconnected from the world. She may have a fear of harming her newborn.



SEASONAL AFFECTIVE DISORDER (SAD)

Depression that occurs seasonally. Often occurs during the winter months when there is less sunshine.

TREATMENT: Light therapy

TREATMENT

ANTIDEPRESSANTS

- SSRIs
- SNRIs
- TCAs
- MAOIs

NON-PHARMACOLOGICAL THERAPIES

- Light therapy
- St. John's wort

ELECTROCONVULSIVE THERAPY (ECT)

Used for clients who are unresponsive to other treatments. Transmits a brief electrical stimulation to the patient's brain.

THE PROCEDURE

- The client is asleep under anesthesia
- The client will not remember and is unaware of the procedure
- Muscle relaxants may be given to ↓ seizure activity & ↓ risk for injury
- Client may have memory loss, confusion, & headache post-procedure



NURSING CONSIDERATIONS

- Safety is a priority. Those struggling with depression have a higher suicide risk.

INITIATE SUICIDE PRECAUTIONS:

- Remove sharp things
- Keep medications out of reach
- Remove objects that may be used for strangulation (wires)

- Help the client identify coping methods & teach alternatives if needed
- Provide local resources such as churches, local programs, community resources, etc.

ENCOURAGE:

- Physical activity
- Self-care
- Supportive relationships
Individual therapy, support groups, & peer support

DIFFERENT TYPES OF ANXIETY DISORDERS

NORMAL

WORST

MILD

MODERATE

SEVERE

PANIC

LEVELS OF ANXIETY	Normal/healthy amount of anxiety. Allows one to have sharp focus & problem solve.	Thinking ability is impaired. Sharp focus & problem-solving can still happen just at a lower level.	Focus & problem solving are not possible. Feelings of doom may be felt.	Most extreme anxiety. Unstable & not in touch with reality.
SYMPTOMS	Nail-biting Tapping Foot jitters	GI upset Headache Voice is shaky	Dizziness Headache Nausea Sleeplessness Hyperventilation	Pacing Yelling Running Hallucinations

ANXIETY DISORDERS	Separation Anxiety Disorder	Experiences extreme fear of anxiety when separated from someone they are emotionally connected to. This is a normal part of infancy, but not a normal part of adulthood.
	Specific Phobia	Irrational fear of a particular object or situation. SOME EXAMPLES: ▪ Monophobia - Fear of being alone ▪ Zoophobia - Fear of animals ▪ Acrophobia - Fear of heights
	Social Anxiety Disorder (Social Phobia)	Fear of social situations or presenting in front of groups. They fear embarrassment. They may have symptoms (real or fake) to escape the situation.
	Panic Disorder	Reoccurring panic attacks that last 15 - 30 minutes with physical manifestations.
	Agoraphobia	Extreme fear of certain places where the client feels unsafe or defenseless. May even be too fearful of places to maintain employment.
	Generalized Anxiety Disorder (GAD)	Uncontrolled extreme worry for at least 6 months that causes impairment of functionality.

AGORA
MEANS
"open space"

OBSESSIVE COMPULSIVE DISORDERS	Obsessive Compulsive Disorder (OCD)	OBSESSION: Recurrent thoughts COMPULSION: Recurrent acts or behaviors This obsessiveness is usually because it decreases stress & helps deal with anxiety.
	Hoarding Disorder	Compulsive desire to save items even if they have no value to the person. It may even lead to unsafe living environments.
	Body Dysmorphic Disorder	Preoccupied with perceived flaws or imperfections in physical appearance that the client thinks they have.

HYPERTENSION

HYPERtension = **HIGH** BP

Most accurate diagnosis for HTN

CATEGORIES	SYSTOLIC (SQUEEZE)	DIASTOLIC (DECOMPRESS)
HYPOTENSION	< 100	< 60
NORMAL	< 120	< 80
PRE-HTN	120 - 139	80 - 89
STAGE 1 HTN	140 - 159	90 - 99
STAGE 2 HTN	> 160	> 100
HTN CRISIS	> 180	> 120

AFFECTED ORGANS



CONGESTIVE HEART FAILURE (CHF)

Overworking of the heart muscle (ventricle enlarges)



STROKE

Weak & narrow vessels could lead to rupture of vessels



RENAL FAILURE

Too much blood flowing to the kidneys at a fast rate & high pressure



VISUAL CHANGES

Damages blood vessels in the retina (blurred vision, can't focus on objects)

RISK FACTORS

PRIMARY HTN

MOST COMMON

Also called **ESSENTIAL** or **IDIOPATHIC HTN**

- Cause is unknown
- Not curable, only controllable

R Race (African Americans)

I Intake of Na/ETOH

S Smoking

K Low **K+** & vitamin D levels

F Family HX

A Advanced age

C ↑ Cholesterol

T Too much caffeine

O Obesity

R Restricted activity

S Sleep apnea

SECONDARY HTN

Has a direct cause / preexisting condition

- Chronic kidney disease
- Diabetes
- Hypo/Hyperthyroidism
- Cushing syndrome
- Pregnancy
- Certain drugs (oral contraceptives)

SIGNS & SYMPTOMS

Usually **asymptomatic!**

Commonly called the **"SILENT KILLER"**

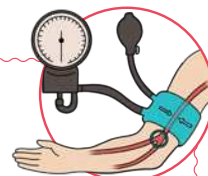
Symptoms (if seen):

- Blurred vision
- Headache
- Chest pain
- Nose bleeds

EDUCATION

- Limit sodium intake
- Limit alcohol intake
- Smoking cessation
- Teach how to measure BP & keep a record
- Exercise programs for weight loss if needed

CHECKING BLOOD PRESSURE



- Place stethoscope over brachial artery
- Patients should not smoke, exercise, etc. within 30 minutes of having their BP checked (could lead to inflated BP)
- Instruct the client to:
 - Sit in a chair with legs uncrossed
 - Arm at ♥ level
 - Correct size cuff
- No BPs should be auscultated in arms with:
 - Mastectomy
 - HX of AV shunt
 - Blood clots
 - PICC lines/central lines

Too small = false high BP

Too large = false low BP

ANTIHYPERTENSIVE MEDICATION OVERVIEW



A



B



C



D



D

SUFFIXES

A ACE inhibitors

-pril

B BETA Blockers

-olol

C Calcium Channel Blockers

-pine -amil

D Diuretics

D Digoxin

DIABETES TYPE 1 & 2

TYPE 1 DIABETES MELLITUS (T1DM)

NO INSULIN PRODUCTION



Type **ONE**

we have **nONE**

- Caused by an autoimmune response
- The cells are starved of glucose since there is no insulin to bring glucose into the cells
- The cells break down protein and fat into energy, causing ketones to build up = **ACIDOSIS!**
- Usually diagnosed in **CHILDHOOD**



Easy to remember because **CHILDHOOD** comes **1ST** in life and **ADULTHOOD** comes **2ND**

TYPE 2 DIABETES MELLITUS (T2DM)

DOES NOT PRODUCE ENOUGH INSULIN, OR PRODUCES BAD INSULIN THAT DOES NOT WORK PROPERLY



Terrible Twos are **BAD**

- Insulin resistance
- Insulin receptors are worn out & not working properly!
- Usually diagnosed in **ADULTHOOD** (due to a poor diet, sedentary lifestyle, and obesity)

PATHOLOGY

RISK FACTORS

S&S

TREATMENT

DIAGNOSTIC CRITERIA

- Genetics
- Family history

- High blood sugar
- Hypertension
- Obesity
- Inactivity
- High cholesterol
- Family history
- Smoking

ONSET: **ABRUPT**



Polyuria: excessive peeing
Polydipsia: excessive thirst
Polyphagia: excessive hunger

ONSET: **GRADUAL**

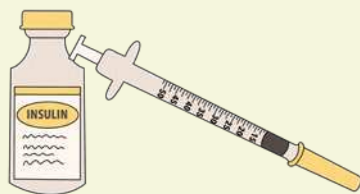


Polyuria: excessive peeing
Polydipsia: excessive thirst
Polyphagia: excessive hunger

Only has **1** treatment:
INSULIN

Oral hypoglycemic agents will not work for this pt.

Insulin dependent for life!



Has **2+** treatments:

- DIET & EXERCISE**
- ORAL HYPOGLYCEMIC AGENTS**
Example: Metformin
- POSSIBLY INSULIN**

Insulin is not administered routinely in a type 2 diabetic patient. Only in times of **stress**, **surgery**, or **sickness** will insulin need to be administered.



CASUAL

Any time of the day
(doesn't matter when
the last meal was)

> 200 mg/dL

FASTING BLOOD SUGAR (FBS)

No caloric intake for
at least 8 hours

> 126 mg/dL

GLUCOSE TOLERANCE TEST

Drink a glucose drink
(75g of glucose dissolved in water)

> 200 mg/dL

HBA1C

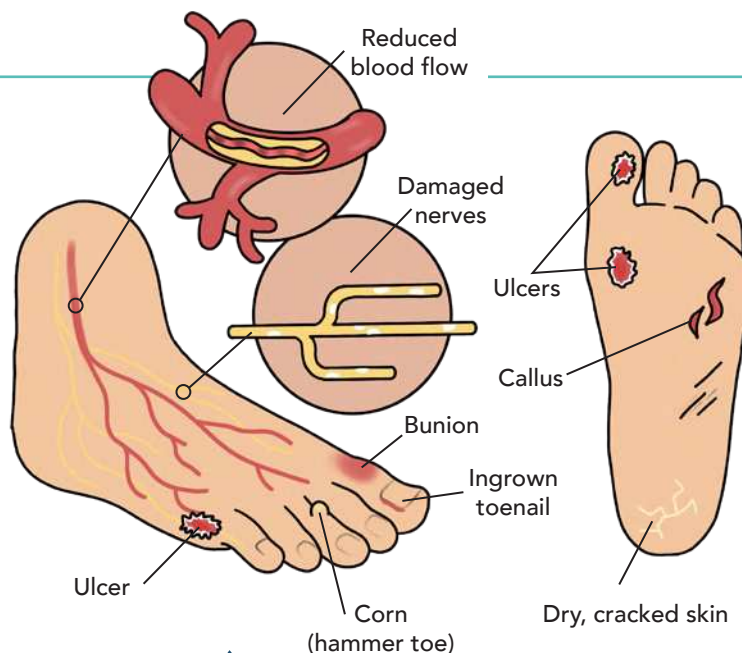
Blood test that measures the
average blood glucose (sugar)
levels for the last 2-3 months

> 6.5%

DIABETES TYPE 1 & 2 CONTINUED

DIABETIC FOOT CARE

- Wash feet daily
- Use warm water (test temperature beforehand) & mild soap
- Gently pat feet completely dry
- Inspect feet daily with a mirror (check for any cuts, blisters, or sores)
- Avoid over-the-counter products (callus remover, alcohol, etc)
- Cut toe nails straight across
- Do not cross legs
- Report symptoms of infection to the HCP



SICK DAY MANAGEMENT

MONITOR

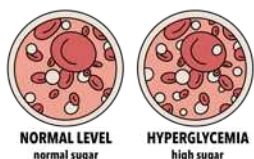
- Blood glucose often
- Temperature often
- Urine for ketones

REPORT TO THE HCP IF:

- Ketones are present in urine
- If blood sugar is > 250 mg/dL
- If temperature is > 101°F

- Stay hydrated (avoid dehydration)

Do not skip insulin when you are feeling sick



DIABETES CAN NEGATIVELY AFFECT ALMOST EVERY ORGAN SYSTEM

This is because high levels of sugar in the blood damages the blood vessel walls and the nerves

ORGAN AFFECTED	KIDNEYS	NERVES	EYES	HEART	BRAIN
COMPLICATIONS	NEPHROPATHY Kidney damage Excessive blood glucose can damage the tiny blood vessels in the filtering system (glomeruli). This causes kidney failure and even end-stage kidney disease.	PERIPHERAL NEUROPATHY Damage to the nerves outside of the brain & spinal cord. Excessive blood glucose can injure the nerves. This causes tingling, numbness, and eventually loss of sensation. Nerve damage in the foot can cause serious complications such as major infections in cuts and blisters. All this sugar in the blood also causes delayed wound healing = risk for infection	DIABETIC RETINOPATHY Eye damage Excessive blood glucose damages the blood vessels of the retina. This causes blindness, cataracts, glaucoma.	CARDIOVASCULAR DISEASE Damage to the heart & major coronary arteries Excessive blood glucose damages the blood vessels and nerves controlling the heart. This causes coronary artery disease, hypertension, atherosclerosis.	STROKE Excessive blood glucose damages the blood vessels and makes them stiff. It also can cause a build up of fatty deposits. This may cause a blood clot that travels to the brain causing a stroke.



How to wash your hands properly.

**CLEAN YOUR SPACE
CLEAR YOUR MIND**

It is critical to keep your environment clean to prevent illnesses like Influenza, COVID, infestations, and more.

- Wash your bedding twice a month.
- Cleanup any food particles or crumbs after each meal.
- Clean your bathroom at least once a week.
- Encourage your roommate to keep clean as well.
- Do not share personal hygiene supplies.

HOW TO PREVENT ILLNESS

BRUSH YOUR TEETH

At least twice a day after waking up in the morning and before you go to bed at night.

WASH YOUR HAIR

Wash your hair with shampoo often to keep it neat and tidy.

TAKE A SHOWER

Take a bath or a shower at least once a day and change your undergarments daily.

CLIP YOUR NAILS

Keep your fingernails short and clean.

Eat lots of vegetables, fruits, and lean proteins.

Exercise!

REMBER TO STRETCH!

Take a long walk, body-weight squats & lunges, wall push-ups, sit ups & stretch again.

**Public Health Institute at
Denver Health**

601 N Broadway, Denver, CO 80203
(303)-602-3700



Health
IS
Wealth

THE IMPORTANCE OF YOUR HEALTH

*Health is the combination of
physical, mental/emotional,
and social well-being.*