Annotated Bibliography

Schafter, M. A., Goodhue, A., Stennes, K., & Lanigan, C. (2012). Evaluation of a public health nurse visiting program for pregnant and parenting teens. *Vol. 29(3), 218-231.* doi:10.1111/j.1525-1446.2011.01005.x

 This article focuses on the effectiveness of pregnant and parenting teen program. This evaluation includes the identification of pregnant and parenting adolescent mothers, birth outcomes, active enrollment in school, delay of repeat pregnancies, maternal-infant bonding and attachment, use of community resources, and infant growth/development. Participants in the program were more likely to be enrolled in school and had better birth outcomes in comparison with non-participants. 76% of parents indicated the program contributed to success in school and 92% would recommend the program to others. Most programs have strict eligibility. However, this program has broad eligibility criteria and is open to all pregnant and parenting teen mothers in the targeted geographic who are age 19 and under and are pregnant or after the child’s birth up until 2 months of age. Overall, this program met their goal requirements and was effective. I know it was effective because of the success rate according to statistics. Being that 92% of people would recommend the program says a lot.

Mohammed, D., & Mariani, R. (2014). An evaluation of the cybersecurity policies for the U.S. Health & Human Services Department: Criteria, Regulations, and improvements. *Vol. 4(4), 1-7.* doi:10.18533/ijbsr.v4i4.392

This article focuses on the criteria necessary for the evaluation of the cybersecurity policies for the U.S. Health & Human Services Department of the Federal Government. The primary goal of the Health Department is to comply with federal regulations relating to the protection of sensitive information. Based on the analysis of the cybersecurity policy, there are aspects of the common criteria, which prove that the policy needs further revision to ensure proper security presence and compliance. According to the findings, the action-ability, exceptions and violations of the Health Department overall policy must be a focal point of the next revision. The lack of guidance and responsibility of the OCIO lowers the action-ability rating. This could be improved if great guidance and training is implemented. There are no violation clauses in place so there are no consequences for actions that are not appropriate. With no consequences, how can a rule or policy be followed?

Wendt, K., Crilly, J., May, C., Bates, K., Saxena, R. (2014). An outcomes evaluation of an emergency department early pregnancy assessment service and early pregnancy assessment protocol. *Vol. 31(e1), e50.* doi:10.1136/emermed-2013-202887

The focus of this article was to determine outcomes of women who presented to an Australian regional ED with diagnoses consistent with early pregnancy complications following the implementation of an early pregnancy assessment protocol. Data was taken from the hospital ED information system and medical healthcare records. Outcome measures include the time to see a clinician, ED length of stay, admission rate, representation rate, hospital admission and types of pathology tests ordered. Over a 12-month period, 584 ED presentations were made to the ED with complications of early pregnancy. Time to see a clinician decreased by 6 minutes from 29-35 minutes, admission rates decreased 6% from 8.5-14.5%, an increase in ultrasounds performed by 10% and an increase in pain scale documentation by 23%. The resident population of Redland city is forecast to increase to 37.6% operation, nursing observations were performed 80-90% of the time. 1/3 women had pain scores documented, and 75% having observations performed at triage, further room for improvement exists. In conclusion, EPAS-EPAP model needs room for improvement. The pain score documentation is extremely low and shows that people are not doing their job properly. I feel as if the proper rules and policies should be put in place regarding documentation.

Weiser, T., Bacon, A., Conum, B., Van-Lew, H., & Groom, A. (2018). Evaluation of an adult immunization composite measure in the Indian Health Service. *Vol. 36(32), 4952-4957.* doi:10.1016j.vaccine.2018.04.006

This article focuses on the adult immunization composite measure in the Indian Health Service. Currently, no composite measures for adult immunization coverage exists. By implementing such measures, it could improve adult immunization coverage by focusing on measurement of receipt of all age recommended vaccines. Data was collected monthly over 7 months using a pre-programmed electronic health record reporting tool. Data collection included adults 19 years of age or older who were active users of the facility with at least 2 visits in the last 3 years, and a cumulative number fully immunized per aged based recommendation vaccines. Coverage was calculated for 3 age groups (19-59, 60-64, 65 years of age and older). Adults 19 and over AICM coverage range from 49% to 87% at the end of the report period. Two sites showed an increase in AICM coverage greater than 3%. Improvements in zoster vaccine coverage accounted for most of the increase observed. In conclusion, the adult composite measure program was effective for adults who received all recommended age-based vaccines. It is known to be the first measure capable of monitoring immunization completeness coverage improvement and overall adult vaccine effectiveness.

Hyde, S., Weintraub, J.A, & William, A. (2005). An evaluation of the San Francisco Department of Human Services Welfare Dental Program. *Vol. 65(2), 104-109.* doi:10.1111/j.1752-7325.2005.tb02794.x

The focus of this article is to evaluate the welfare to work San Francisco Personal Assisted Employment Services Dental Program. A cohort of 377 study participants in the Dental Program were followed through their baseline examination, rehabilitative dental treatment, follow up exams, and completion of patient satisfaction survey. By providing a dental facility within the welfare building, the PAES Dental Program increased the access to care for low income and unemployed adults. The results showed those who completed their dental treatment had more missing teeth and fewer decayed teeth at baseline than those who did not complete their treatment. 97% of 173 respondents felt they had been treated with respect. The dental program has proven to be so successful that it’s entertaining it’s 5th year of funding, and it’s now being supported by the city of San Francisco Mayor’s budget. In conclusion, the program has successfully achieved their goals due to the satisfaction rate of patients and the overall success of the program.