

Type: Research Paper

Subject: Nursing Leadership Course

Subject area: Nursing

Education Level: Masters Program

Length: 5 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Analysis of Position Papers for Vulnerable Populations

Instructions: develop a 4–6-page position about a specific health care issue as it relates to a target vulnerable population. include an analysis of existing evidence and position papers to help support your position. your analysis should also present and respond to one or more opposing viewpoints. position papers are a method to evaluate the most current evidence and policies related to health care issues. they offer a way for researchers to explore the views of any number of organizations around a topic. this can help you to develop your own position and approach to care around a topic or issue. scenario: pretend you are a member of an interprofessional team that is attempting to improve the quality of health care and the outcomes in a vulnerable population. for the first step in your team's work, you have decided to conduct an analysis of current position papers that address the issue and population you are considering. in your analysis you will note the team's initial views on the issue in the population as well as the views across a variety of relevant position papers. you have been tasked with finding the most current standard of care or evidenced-based practice and evaluating both the pros and cons of the issue. for the opposing viewpoints, it is important to discuss how the team could respond to encourage support. this paper will be presented to a committee of relevant stakeholders from your care setting and the community. if it receives enough support, you will be asked to create a new policy that could be enacted to improve the outcomes related to your chosen issue and target population. the care setting, population, and health care issue that you use for this assessment will be used in the other assessments in this course. consider your choice carefully. you may select a population and issue that is of interest to you and set them in the context of your current or desired future care setting. while you are free to choose any population of interest, the issue you choose should fall within one of the following broad categories: 1.genetics and genomics. sickle cell, asthma, multiple sclerosis, myasthenia gravis. 2. immunity. type 1 diabetes, systemic lupus erythematosus (sle), congenital neutropenia syndrome. 3. chronicity. arthritis, any type of cancer or lung or heart disease, obesity. 4. addiction. abuse of alcohol, prescription drugs, tobacco, illegal substances. 5. emotion and mental health. post-traumatic stress disorder (ptsd), depression, eating disorders, psychosis. instructions: for this assessment you will develop a position summary and an analysis of relevant position papers on a health care issue in a chosen

population. the bullet points below correspond to the grading criteria in the scoring guide. be sure that your submission addresses all of them. you may also want to read the analysis of position papers for vulnerable populations scoring guide and guiding questions: analysis of position papers for vulnerable populations to better understand how each grading criterion will be assessed.

- explain a position with regard to health outcomes for a specific issue in a target population.
- explain the role of the interprofessional team in facilitating improvements for a specific issue in a target population.
- evaluate the evidence and positions of others that could support a team's approach to improving the quality and outcomes of care for a specific issue in a target population.
- evaluate the evidence and positions of others that are contrary to a team's approach to improving the quality and outcomes of care for a specific issue in a target population.
- communicate an initial viewpoint regarding a specific issue in a target population and a synthesis of existing positions in a logically structured and concise manner, writing content clearly with correct use of grammar, punctuation, and spelling.
- integrate relevant sources to support assertions, correctly formatting citations and references using apa style.

example assessment: you may use the assessment example, linked in the assessment example section of the resources, to give you an idea of what a proficient or higher rating on the scoring guide would look like.

### **Analysis of Position Papers for Vulnerable Populations**

Name

Institutional Affiliation

Course

Date

## **Introduction**

The retired soldiers are one of the vulnerable groups in the United States. Homelessness, narcotics and PTSD are some of the problems faced by American veterans. The wheeling of medication requirements such as opioids that have triggered the destructive misuse of substance and the overdose of deaths has been motivated by post traumatic disorder and the chronic pain in relation to war zone problems. After their return home, the battle with the condition of opioid use is a challenge faced by US military personnel. At the moment, as seen in a survey by the Department of Veteran Affairs, over 68,000 military veterans battle with the disease. In addition, these veterans are twice as likely to die from accidental drowning as non-veterans (Connolly, 2018). This paper examines the health consequences of one specific problem within a specific target community, the involvement of the multidisciplinary teams in raising this issue and the evaluation of evidence and roles to endorse a team approach to raising this issue.

## **Health Outcomes for Veterans with Chronic Pain and Opioid Abuse**

War zone accidents are very common in the U.S. military but technology and health services have allowed most injured veterans to live in normal and productive conditions. But the majority of these veterans did have health effects that lead to physiological, emotional harm and intellectual intellectual. Opioids have increased with the country in the use of opioids in the war zone to decrease pain. Opioid medications are very common among soldiers who suffer from pain and war zone injuries in this occupation. According to the 2016 military report, some soldiers suffered more than an injury; more than half of all military personnel were diagnosed as injuries in war zone (Curthoys, 2018). Carl Alomar is a veteran who was explosively charged with war wounds in Iraq in 2007 and his leg was broken. As a result, OxyContin was prescribed

by his military doctor for his leg injury. Mr. Alomar was eventually addicted to OxyContin and he couldn't remain in a stable job, isolating himself from his wife to look for street drugs. Mr. Alomar knows about and wants assistance with the VA rehabilitation programme. Mr Alomar is a great illustration of an opioid addict with military injuries. Chronic pain has been successfully treated with VA in most prescription drugs (veterans administered). In the last 12 years opium pain killers have been costly to obtain 270% prescriptions, the research center has found that they contribute double the domestic level to addictions and overdose rates (Childress, 2016). In order to help Mr Alomar, an interprofessional collaborative approach is essential.

### **The Role of Interprofessional Team in Treating Opioid Abuse among Veterans**

There are several factors in the prevalence of opioid and addiction that affect veterans in our country. These reasons include physical pain and war zone injury, depression, STDP, anxiety and so on. Although other health issues may contribute to chronic pain, physicians, physical therapists and more fundamentally can support the veteran group with an interprofessional improvement protocol. If pharmacists have a greater role in the interdisciplinary approach to opiate abuse it would decrease the use of opiate abuse by chronically miserable veterans. Clinical psychologists are important in the drug dependence and treatment of the veteran population. Psychologists may use medicines like buprenorphine and methadone to treat opioid substitution. These drugs relieve cravings and avoid signs of retirement. In addition, the main defense of veteran opioid therapy, including some cognitive-constitutional care (CBT) has proven to be family and professional rehabilitation (Weir, 2017). A place is important for physiotherapists in the battle against opioid addiction in the USA. Studies have shown that in addition to opioid medications, physical and mental health providers can first of all handle common musculoskeletal disorders (Bishop, 2018). For doctors and psychologists, collectively

inappropriate use of opioids by military staff is critical. When doctors prescribe prescription medications for chronic pain control, they will be considerably more vigilant if they reach psychologists. The use of non-opioid medications may be encouraged by psychologists.

### **Team Approach as a Way to Improve Outcomes**

In the case of Mr Alomar, a community approach to the abuse of opium is needed. Mr. Alomar confessed to his work and family life the effects of his opioid dependency. He was driven to his death at the hospital by many opiate addicts by his efforts to detoxify opioids. He was gone. He died. He was gone. He died. Cognitive comportemental therapy is one of the therapies used as a team approach to treating opium addiction by veterans with opium abuse. CBT is a psychotherapeutic approach that uses connections between thoughts and sensations. This therapy is intended to reduce the insecurity of substance addiction and offer ways to enhance moods and communications. Another type of team approach to opium addiction by veterans is contingency management therapy. CMT is a therapeutic abstinence technique that helps patients. An example is to reward veterans who provide samples for urine testing. Studies have shown that CMT is highly efficient in most drug developers for the promotion of opioid and medicinal abstinence.

### **Positions of Others Contrary to a Team Approach to Improve Outcomes**

In rural areas, therapy and mentorship access is restricted, as opposed to a team approach. The Office of Mental Health and Suicide Prevention carried out a report on detoxified care following opioid use disorder (SUD) after discharge (OMHSP). The study showed that scientists carried out improved telephone surveillance to track the move from inpatient to outpatient therapy. When coaching SUD veterans over the phone for 3-6 months, they had better health

results. MAT is a medicine-conducting treatment to treat drug addiction in the VA system. This therapy provides advice on the use of products like methadone, buprenorphine and naltrexone. This approach promotes brain chemistry by reducing the "high" effects of opioids. It reduces cravings and regulates the body's functions. Another approach in the VA system is the advanced care network extension for community health results (SCAN-ECHO). This approach was designed to address the obstacles to the use of special care for the VA system, and is similar to MAT because it integrates wireless television surveillance with training, appointments and drugs in the management of opioid addiction. This method helps patients with restricted access to services in the VA system to receive the best available therapy and treatment for their dependency.

### **Conclusion**

Chronic pain among millions of people is very common, especially in this country. The veteran group frequently suffers persistent pain from social stigma and many other health issues, including PTSD, stress and depression. This paper identified the dependency of opioids on the veteran population. The interdisciplinary team to manage opioid dependence and a team approach to improvement have discussed all health outcomes within this particular group. Veterans are diagnosed with the intention of eliminating stigma, providing rural veterans with proper treatment and using a multidisciplinary approach.

### References

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