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# **Ms. Oluremi A Adejumo, RN. BSN. MSc.**

DNP Candidate, University of Maryland School of Nursing, Baltimore

## Nurse-Led Peer Facilitated Diabetes Prevention and Early Intervention Program

***Measurable Objectives:***

* Learners will develop knowledge and skills to effectively plan health promotion programs and evaluations in marginalized population.
* Identify at least three common implementation barriers and leveraginging facilitators in translation of evidence-based programs to practice.
* Explain the impact of social, political, economic, and/or cultural factors in translation of evidence-based Diabetes Prevention Program to the marginalized population.

***Purpose***

The purpose of this evidence-based project is to reduce diabetes-related risks factors in vulnerable population.

***Aims***

This quality improvement project aims to implement a nurse-led, peer facilitated intervention to support the high-risk individuals in an intense year long employment program for the homeless. These men are unemployed and with past history of illicit drug use and incarceration, exclusively African Americans between the ages of 18 and 60 years

***Background***

The epidemic of prediabetes, an intermediate state of type 2 diabetes (T2DM) is rising sharply in the U.S. The rate of prediabetes is more extensive in African American men than women (Centers for Disease Control and Prevention [CDC], 2017a; 2017b). Prediabetes can progress to T2DM within five years (McCain, 2016). The rate of prediabetes in adults rose from 20% in 2012 to 33.9% (84.1 million people) in 2015 (CDC, 2017a; CDC, 2017b). A 40% rise is projected for 2030 (Rowley, Bezold, Arikan, Byrne, &; Krohe, 2017)The key contributors to development of prediabetes include excessive weight, smoking, and unhealthy eating habits, such as large portion size and increased consumption of sugar sweetened beverages (SSB)

Risk reduction is a key component in diabetes prevention program [DPP] (ADA, 2018; CDC, 2017a; DPP Research Group, 2015). DPP healthy lifestyle choices include: caloric intake control, such as reducing portion size of meals, limiting consumption of saturated fats, and lowering the intake of sugar sweetened beverages (SSB); regular physical activity of 150-minutes or more per week (Aroda et al., 2017; DPP Research Group, 2015; Parpouchi, Moniruzzaman, Russolillo, &; Somers, 2016; Zoellner et al., 2016); and not smoking (Akter, Goto, &; Mizoue, 2017).

Barriers to healthy lifestyle changes, ldecreased motivation and trust. Application of peer facilitators can help to minimize cultural, literacy, and social barriers (Cherrington et al., 2015, Fisher et al., 2017; O’Brien et al., 2015)Working with peers can also motivate those at risk of developing diabetes to make realistic goals (O’Brien et al., 2015; Ramchand et al., 2017).

***Method/Results/Implications/Discussion***

Implementation Plan: Already existing peer facilitators at this facility were informed about the eligibility criteria and expected responsibilities for a nurse-led peer facilitated diabetes prevention and early intervention program. Those interested and met the eligibility criteria were recruited to implement the tailored DPP to their peers. Approximately 5 groups of DPP are running concurrently during core intervention phase (12-weeks; 12 sessions) Hence, each peer facilitator will lead a 12 one-hour session to enhance cohesiveness and promote anticipated behavioral changes A nationally approved curriculum (i.e. DPP-GLB), which is also available in the public domain is being utilized for this intervention (University of Pittsburgh: Diabetes Prevention Support Center [DPSC] (2018a).

Demographics information (i.e. age, race/ethnicity, sex, education, education, marital status and self-reports of lifestyle information, such as dietary, activity, and smoking habits were obtained at baseline. Participant’s height combined with weight were collected at baseline for calculation of the body mass index (BMI) in kilogram per meter squared (kg/m2). Additionally, weekly weights plus attendance to each session and self-reported behavior changes in SSB, smoking habits, fruit/vegetable, grains, proteins, as well as dairy products consumption, according to “MyPlate” Guidelines will be obtained for each participant. At the conclusion of this Healthy Living-DPP, participants will also be asked to complete a group participation survey. Data collection will be completed in December, 2018.

# **Jennabelle Jo Andrews Alexander, MSN, MSHA**

Assistant Professor, Roseman University of Health Science College of Nursing

## Community Health Nursing: Teaching Undergraduates Through the Use of Active Learning, Empowerment, and Community Partnerships

***Measurable Objectives:***

* Attendees will be able to explain the processes involved in re-designing the Community Health course that allows students to understand the concept of the “community as the client”.
* Attendees will be able to describe the various types of community health projects that students completed in regards to the redesign of the Community Health course.
* Attendees will be able to identify techniques utilized in the redesign of the Community Health course to empower students during the learning process.

***Purpose***

Purpose: It was hoped that through the redesign of the delivery of the community health content, and the reevaluation of clinical placements, that students would have a better understanding of the role of the community health nurse, including the concepts of “community as a client” and community collaboration.

Aims: A key motivation behind the redesign, was a desire to empower students in their learning process through the self-discovery of the social determinants of health for their selected populations. It was hypothesized that students would become passionate about the discovered health needs of vulnerable populations, and this would lead to advocacy for improve health outcomes for these populations.

Background: Undergraduate nursing students do not always appreciate the role of community health nursing within the profession. Typically, when students enter the community health course, often there is a shift in their view of nursing from an individual point of care, to a community aspect of caring.

Problem: Students may have the perception that acute care nursing, provided within a hospital setting, is the only form of “real nursing”. Moreover, the education of undergraduate nursing students needs to reflect the changing environment of healthcare. The provision of care is occurring more frequently within the context of community and primary care settings, and this is expected to continue to grow over the next several years. It is also evident that there are members within the nursing profession who are unclear about the roles of community health nurses and the concept of “the community being the client”. Only by submersing the students into the community, to understand what the problems truly are, can they gain this understanding and become advocates for underserved populations.

***Method/Results/Implications/Discussion***

Method: At the beginning of the didactic portion of the class the students were given guidelines for their project. Throughout the course students were given examples for portions of the project and then given time to work on each portion. The didactic portion of the project focused on how to research a community and determine what the best project would be for the assigned area. Students were formed into teams of 8 and given a zip code to work with. Once the project was completed each team presented their project to the class. For clinical - the teams took their projects into the zip code area. They were tasked with finding partners to work with, and to the best of their ability - implement their project.

Implications: In order to implement this project, we needed other faculty to help with guiding the students in their assigned area. We also needed to convince the proper authorities that this could be completed without having a assigned clinical area for the students to go to. Also, it needed to be the same for the online class as well as the traditional class.

Discussion: It was determined that this would be trialed with one class and to look at the results. With some minor adjustment a second class was trialed.

Results/Conclusion: It was found the for both the online class and the traditional class the projects were very successful. Student evaluations showed a good understanding of what community health entails. The projects and students were welcomed by the community and they have been invited to participate with other resources in their respective areas. The project has been very successful and is continuing at the University.

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## **Dr. Susan Marie Antol, PhD, MS, RN,** Wellmobile Program Director, Assistant Professor, University of Maryland School of Nursing

## An Exploration of Practice Structure and Registered Nurses’ Roles and Related Skills and Expertise in Primary Care Practices in Maryland

***Measurable Objectives:***

* At the end of this presentation, attendees will be able to list four existing or potential RN roles utilized within current primary care practices.
* At the end of this presentation, attendees will be able to prioritize by complexity four RN skills and associated competencies deemed relevant by a sample of primary care practices.
* At the end of this presentation, attendees will be able to critically examine one curricular approach to preparing the RN primary care workforce of the future.

***Purpose***

Focus on the role of primary care in value based care is driving practice transformation that incorporates interprofessional team-based care Primary care practices are innovating workforce and workflows to achieve the Quadruple Aim, emphasizing the role of registered nurses (RNs). The 2016 Josiah Macy Jr. Foundation report proposes a new model of nurses functioning as leaders of the team to operationalize the therapeutic plan and assume increased responsibility for managing patient care. While opportunities exist for well-prepared RNs in partnership with physicians and nurse practitioners to teach and coach patients for behavior change, manage complex care teams to achieve clinical and financial outcomes, and coordinate care for complex patients, preparation of the current and future RN workforce to practice as members of ambulatory care-based primary care teams is required Primary care practices' perceptions, readiness to employ RNs, and identification and validation of competencies that would facilitate implementation have yet to be explored. This work describes Maryland’s current and potential future practice environment and how RNs currently or potentially may function within primary care.

***Method/Results/Implications/Discussion***

Maryland Higher Education (MHEC) Nurse Support II (NSP II ) funded a convenience sample of Maryland's primary care practices to generate information about the State's RN primary care workforce to understand the capacity of the state's primary care practices, current RN roles and required competencies, and to identify skills and competencies required in this ambulatory care setting. This market research descriptive study was deemed non-human subjects research by the University of Maryland Baltimore IRB This feasibility analysis identifies primary source evidence–based perspectives of existing basic and leadership primary care nursing competencies to document the current capacity and future need for a primary care nursing workforce in MarylandFrom the literature, the team generated a list of registered nurse roles and competencies that were used to survey a sample of practices. A letter describing the project with an online survey link was mailed to a convenience sample of 220 primary care practices across Maryland, inviting the site's practice manager/medical director to complete the *Primary Care Practice Structure* on-line survey on behalf of the practice. Branching logic was used to allocate responses by practice typologies, RN role category, and competencies and to elicit intent from those practices not currently employing RNs. Participation in a follow-up face to face or phone interview to elicit qualitative information was optional. Respondent's contact information was only collected from those volunteering to complete interviews. Interview information was not linked to survey responses. Descriptive statistics will define the sample and the array of practice typologies and RN employment data and competenciesResults from non-parametric inferential statistics used to test exploratory associations between practice typologies and RN employment and competencies will document skills and competencies relevant to future faculty and professional development programming on the role of RNs in primary care. Qualitative analysis of emerging themes will elaborate on the experiences of practice managers and will be used to triangulate descriptive findingsSpecific role topics and associated competencies will be aggregated for future incorporation into curricular elements to create a professional education framework, in response to the Josiah H. Macy Jr. Foundation (2016) and *The Future of Nursing: Leading Change, Advancing Health* IOM, 2010) reports and associated recommendations.

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# **Dr. Lynn P. Blanchette, RN, PhD, PHNA-BC**

Associate Dean, Assistant Professor, Rhode Island College

## Developing a Community Preceptor Institute for Inter-Professional Clinical Experiences

***Measurable Objectives:***

* Analyze the usefulness of the preceptor training to increase the number and quality of community-based IPE learning opportunities for students
* Describe the preceptor training for community-based healthcare and social service providers to support IPE
* Identify strategies to strengthen partnerships and pipelines between higher education and community-based healthcare and social service providers

***Purpose***

The purpose of this Community Preceptor Training institute is to provide for expanded clinical experiences in the community with an inter-professional component and to ensure that the students have access to trained preceptors The WHO defines interprofessional collaborative practice (IPCP) as “when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers, and communities to deliver the highest quality of care across settings” (World Health Organization, 2010) The program aimed to identify community agencies already providing field and clinical opportunities for students and to assist those organizations by providing professional development to those preceptors, to identify opportunities for shared patient and population focused care and to identify an inter-professional learning opportunity or project within each agency

As students in health professions are being guided to recognize the impact of social determinants of care and to focus on upstream thinking for patients, populations and communities, health science faculty, including nursing, are seeking clinical and fieldwork opportunities for their learners. In order to model best practice, to ensure a pipeline of graduates who seek employment in community settings and to provide an improved level of care for patients and populations, the State Innovation Model grant (SIM) funded this project.

In 2015, Rhode Island received a State Innovation Model (SIM) Test Grant from CMS. The state funds would be used to transform the way healthcare is delivered and paid for. SIM funds are broken into three categories: improving the primary care and behavioral health infrastructure, engaging patients in positive health behaviors and self-advocacy, and expanding the ability of providers and policy makers to use and share data. Transitioning to a system of value-based care that addresses social and environmental determinants of health, SIM can support Rhode Island in enhancing the physical and behavioral health of the population, improving the experience of care, and reducing the cost of healthcare.

A cohort of interested faculty from 3 state schools shared in developing the curriculum, recruitment of preceptors and providing support for the community projects. Identification of student outcomes related to the clinical experience is also part of the training and assisted faculty for whom community placements is relatively new, to provide guidance to students and preceptors.

***Method/Results/Implications/Discussion***

We recruited community sites and preceptors who have previous experience with, or commitment to, developing interprofessional teams of health professions students. We supported sites to develop interprofessional preceptor mentoring teams to model effective teamwork behaviors and skills to students. Each clinical site was assigned to a faculty member from the various health science schools to act as a guide for their identified team project. Preceptors sites were offered incentives for their participation, such as financial stipends or continuing education credits (CEUs, CMEs). Teams presented their projects at a state wide IPE forum. Sustainability will be ensured by the continuing work of trained preceptors, as well as the opportunity for clinical sites to offer the training materials to their employees

Eleven agencies have participated and more are being recruited. A cohort of 14 preceptors completed the training and are supervising 24 students. An external evaluation is being completed with both the students and the preceptors. This is a viable strategy for ensuring that students have clinical experiences which meet their IPE and community based learning needs.

# **Mrs. Hopewell P. Carroll, RN, BSN**

Clinical Placement Coordinator, Auburn University

## Collaborating with a local Parks and Recreation department to provide health education to individuals living with special needs

***Measurable Objectives:***

* At the end of this presentation the learner will be able to adapt a strategy to partner with their community
* At the end of this presentation the learner will be able to effectively supervise nursing students providing health education to individuals living with special needs
* At the end of this presentation the learner will be able to create a health teaching outline for individuals living with special needs

***Purpose***

Background: One goal of Healthy People 2020 (HP2020) is to improve health-related quality of life and well-being for all individuals According the Center for Disease Control and Prevention (CDC) more than 30% of adults in Alabama live with a type of disability, which includes individuals living with special needs (ILWSN) ILWSN are an underserved community Nursing students’ early exposure to caring for ILWSN is crucial to accomplish the HP2020 goal stated above and create a culture of health for all.

Purpose: The purpose of this clinical rotation was to introduce nursing students in their Medical-Surgical and Psych/Mental Health courses to care for this distinct client population

***Method/Results/Implications/Discussion***

Methods: Nurse Educators assigned different health topics to their students at the beginning of the summer semester Students developed teaching plans appropriate for elementary aged clients, as some clients had developmental and cognitive delays Every Wednesday for 7 weeks a different group of 4 to 6 nursing students attended a camp designed for ILWSN and taught a 45 minute session about healthy lifestyle choices The local Parks and Recreation department organized the camp Clients varied in age from teens to adults Students also met with clients’ caregivers to extend their teaching into the clients’ homes

Results: Nursing students indicated they gained confidence in their abilities to care for ILWSN Clients developed a better understanding of healthy lifestyles Caregivers reported their intent to incorporate some healthy lifestyle choices discussed at camp into their everyday lives

Conclusion/Future Plans: Nursing students’ part in health education for this group of ILWSN proved successful More opportunities for them to partner alongside ILWSN and the Parks and Recreation Department were developed to continue growing the community partnership and enhance the culture of health amongst ILWSN

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# **Dr. Marie Lourdes Charles, EdD, MA, RN-BC**

Assistant Professor, Pace University-College of Health Professions-Lienhard School of Nursing

## Engaging Haitian Community Leaders in Emergency Preparedness

***Measurable Objectives:***

* Describe two important components of emergency preparedness training in rural areas
* Discuss three factors that are significant in collaborating with community leaders and the population
* Identify four strategies for further empowerment community leaders.

***Purpose***

The Grand’Anse area of Haiti was nearly destroyed by the devastating 2016 Hurricane Matthew. Representatives from the United Nations Children’s Fund (UNICEF) in Haiti described the effects of Matthew, in addition to the unresolved issues from the 2010 earthquake, to be among the worse Haiti has seen in decades. Haiti is still recovering from the 2010 earthquake and remains susceptible to water-borne diseases such as Cholera. Recognizing the role of nurses in disaster management, the Health Education Action League for Haiti (HEAL-Haiti), a not-for-profit 501c3 organization dedicated to improving the lives of Haitians through health education, provided an educational intervention in the South side of Haiti (Dame Marie area). The area was chosen due to the impact of the hurricane, the remote geographic location, and its susceptibility to hurricanes. Moreover, the area is known for poor infrastructure, political isolation, and is often a forgotten area by the Haitian government and least likely to get supplies and recovery assistance. Lack of training, supplies, access, infrastructures, and governmental goodwill were some of the contributing factors to the devastation. The goal was to provide disaster management and emergency preparedness training using the available resources for community leaders.

The purpose of the intervention was to train and equip community leaders who in turn will train their local communities on how to effectively respond to disasters.

***Method/Results/Implications/Discussion***

*Intervention:* The day long educational sessions included the following topics: understanding emergency preparedness; water purification and handling; minimizing the transmission of water-borne diseases; waste disposal; hygiene; and methods for identifying and managing post-traumatic stress. As part of the educational forum, the trainers conducted return demonstrations at the community center near the hospital. Furthermore, the community leaders in attendance were charged with training members in surrounding communities. HEAL Haiti stayed in close contact with their collaborators from the region to further evaluate the impact of the intervention as measured by how many training sessions were conducted over the past nine-12 months and the impact of those training sessions.

*Evaluation:* Thus far, verbal and written reports and testimonials were collected by our community partners which included the district leaders, the public health nurse in charge of community outreach, and the hospital administrators. The overall response was positive as the leaders felt motivated and equipped to educate and assist their communities in times of disasters and emergencies. HEAL- Haiti conducted a follow up session nine months after the intervention to evaluate the participants’ progress. The follow up revealed that each of the 20 community leaders conducted 3-5 educational sessions in their districts. Moreover, they were still engaged in helping the population prepare for the next hurricane season through several communication outlets including radio, town hall meetings, banners, and churches services.

*Implications for Nursing:* This intervention brings to light and supports the importance of community engagement. It demonstrates that nurses are well equipped to provide these types of resources to the communities they serve.

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# **Dr. Marianne Cockroft, PhD, RN**

Assistant Professor, UNC-Chapel Hill

## Building Community Capacity Through a Nurse-Managed Mobile Health Clinic-An Innovative Educational Opportunity

***Measurable Objectives:***

* Describe 3 nursing interventions to promote the health of individuals and families experiencing financial crisis.
* Using an approach of appreciative inquiry, identify potential community partners to build a culture of health in the community.
* Explain how the mobile clinic creates an environment that promotes attaining full potential for health and well-being.

***Purpose***

Introduction: Food insecurity, unemployment, and potential homelessness are stress-producing realities for individuals and families served at crisis ministries. The effects of stress on health are well known. Stress is strongly associated with many chronic illnesses, including hypertension and depression. In addition, stress can exacerbate asthma and impact diabetes management, and is a strong predictor of poor health behaviors. Social support can reduce the negative effects of stress. Unmanaged chronic health conditions can impact quality of life, result in hospitalization, and be life-threatening. Agencies that provide assistance for individuals and families in financial crisis offer a variety of opportunities for nursing students to address social determinants of health and gain valuable experiences in health promotion, disease prevention, case management, and community collaborations.

Aims: This presentation describes an academic-community partnership and the resulting development of a nurse-managed mobile health clinic serving clients at two crisis ministries. The impact on nursing clinical education and influence on building workforce capacity are shared along with the benefits to the community.

***Method/Results/Implications/Discussion***

Methods: The strength-based approach associated with appreciative inquiry was used to develop the program. Utilizing primary, secondary and tertiary prevention strategies, nursing faculty and nursing students address chronic illness and other health concerns through support, education, screenings, and holistic care.

Results: In the first two years of operation, 686 client visits were recorded at the mobile clinic. An additional 273 clients visited a resource table, attended classes related to chronic illness self-care management, or participated in healing touch sessions. Ten undergraduate and graduate level nursing students representing 4 different nursing courses were assigned to the mobile clinic.

Conclusion: The mobile clinic exemplifies an innovative clinical education model and provides needed health services for a vulnerable population that ultimately promotes community well-being. Opportunities for additional faculty practice and research are possible.

# **Dr. Jennifer Cooper, DNP, RN, PHNA-BC, CCP**

Assistant Professor of Nursing, Hood College

## An Academic Nursing Project to Advance Million Hearts

***Measurable Objectives:***

* Describe the role of an academic nursing program in advancing the aims, priorities, goals and strategies of the Million Hearts® Initiative.
* Plan for student Million Hearts® training and implementation of community screenings.
* Analyze the impact of a community nursing intervention of Million Hearts® screening and coaching on blood pressure and lifestyle focus areas in the at-risk and hypertensive population.

***Purpose***

Since 2012, the Million Hearts® initiative has coordinated and enhanced cardiovascular disease prevention activities across public and private sectors and has brought together existing efforts and new programs to improve health across communities. The initiative will continue over the next five years through *Million Hearts® 2022Million Hearts®* measures include the “ABCS” of Aspirin therapy, Blood pressure control, Cholesterol management and Smoking cessation One of the priorities for Million Hearts 2022 is optimizing care by improving the ABCS and improving outcomes for priority populations, including Blacks/African-Americans and 35-64 year-olds These priority populations are represented within the Hood College community, and an academic nursing project can help to address blood pressure control within these priority populations.

This presentation will describe an academic nursing project developed at Hood College (Frederick, MD) that provides student learning opportunities in cardiovascular disease prevention and advances goals within the national Million Hearts® initiative The project began as an independent study in nursing with an RN to BSN student, who helped to establish a connection with the Ohio State University (OSU) College of Nursing’s on-line Million Hearts® Fellowship modules Two pre-licensure students then participated in a 2018 Summer Research Institute (SRI), where the modules were used to train students to offer Million Hearts® screenings and coaching to participants in the college community to test the impact on participant blood pressure, heart-healthy lifestyles, and perceived stress

***Method/Results/Implications/Discussion***

A total of 20 participants from among the college faculty, staff, and students participated over the eight-week Summer Research Institute (SRI) and received a free home blood pressure monitor Pre- and post-intervention data was collected and a paired-t-test was used to determine the effect of the community nursing intervention of screening, teaching blood pressure self-monitoring and coaching blood pressure and heart-healthy lifestyle changes in participantsResults showed significant improvement in mean lifestyle and perceived stress scores

Overall, the program provides opportunities for student experiential learning within a nationally-led, population health initiative, participant achievement of measurable outcomes related to their heart-health, and the academic institution’s involvement *OSUs National Interprofessional Education and Practice Consortium to Advance Million Hearts®*. Students are involved in project dissemination, including an August 2018 presentation to national partners in the Million Hearts Collaboration in Washington, D.C and development of a manuscript for submission to a peer-reviewed journal Two more pre-licensure students are being trained and 10 participants are registered for a Fall 2018 program that is part of the community health nursing clinical experience

# **Mrs. Klaudia Joanna Ćwiękała-Lewis, MSN, RN, APHN-BC**

Nursing Instructor, York College of Pennsylvania

## Emergency Preparedness Disaster Tabletop Exercise With Senior Undergraduate Nursing Students: Implementation and Evaluation

***Measurable Objectives:***

* By the end of this presentation you will be able to describe the implementation process of an emergency preparedness disaster tabletop exercise with senior undergraduate nursing students in the Nursing Concepts and Practice: Community Health course.
* By the end of this presentation you will be able to understand tabletop methodology.
* By the end of this presentation you will be able to describe the evaluation process of the emergency preparedness disaster tabletop exercise.

***Purpose***

Purpose of this study is to describe the implementation and effects of a disaster preparedness tabletop exercise on senior undergraduate nursing students’ current level of knowledge of disaster preparedness and the importance of nursing’s role in disaster response.

The American Association of Collage of Nursing supports emergency preparedness and disaster response during the entry level Baccalaureate Nursing Practice education (American Association of Collage of Nursing, 2008). Hutchinson and colleagues (2011) state that disaster training for undergraduate nursing students ought to include both didactic and simulated learning experiences. Simulated disaster training experience poses many constraints including lack of resources such as faculty, classrooms or required equipment. The solution to the simulated experience would be the implementation of tabletop methodology (TTM)(Khan, 2018). TTM frequently used as a training method by the American Red Cross (ARC) and Disaster Medical Assistance Team (DMAT) (Khan, 2018).

***Method/Results/Implications/Discussion***

Senior undergraduate nursing students in the Nursing Concepts and Practice: Community Health course participated in a tabletop exercise composed of three parts. Part one includes Red Cross Disaster Health and Sheltering Course, especially designed for nursing students and part two: Stop the Bleed Course. Part three includes “hotwash” - the immediate after the exercise discussions and evaluations. To evaluate the effect of tabletop exercises on student learning before and after a thirty-question Emergency Preparedness Information Questionnaire (EPIQ) was administered. Implementation of an table top exercise may improve overall students’ knowledge of, confidence in, and understanding of

their role as nursing student and later as a nurse in an emergency response.

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# **Dr. Kim Alexander Decker, PhD, RN, CNS**

Clinical Assistant Professor, Indiana University School of Nursing

## Evaluation of an interprofessional substance use prevention project

***Measurable Objectives:***

* Recognize the interprofessional partnership formed to address the prevention of substance abuse in the region.
* Describe an innovative educational program to prevent substance use in school age populations.
* Summarize a collaborative process of designing evaluation plans &; tools to assess a population health promotion educational program.

***Purpose***

Introduction: This presentation will address the process of creating evaluation strategies for an innovative educational health promotion project. A partnership was formed between Centerstone (a non-profit, behavioral health organization) and health science schools at a large Midwestern university (nursing, psychological and brain sciences, public health, and social work) to address the prevention of substance abuse in the region. In the United States, Indiana ranks near the top for opioid use disorder. Centerstone and the university developed an interprofessional team of health science students to implement an evidence-based substance abuse prevention program called Say It Straight (SIS) http://www.sayitstraight.org/. Over the course of three academic school years, this communication assertiveness program was expanded to six Midwest county public school systems, encompassing nine elementary and middle schools, and three local youth and after school programs. This program reaches over 400 school-age students every semester.

Aims: The aim of this presentation is to describe the process of collaborating with multiple health related disciplines to design instruments to evaluate the implementation of the SIS program in the area schools. Data will be collected from the classroom teachers, the school-age children participants and the health science students who implement the program. This data will be utilized to evaluate the impact of the SIS implementation (communication assertiveness training) and to improve the quality of this population health project.

***Method/Results/Implications/Discussion***

Methods: The design of the evaluation tools utilized nursing, psychological and brain sciences and public health faculty as well as students in a School of Public Health master’s level health program evaluation course.

Evaluation strategies that were developed include: surveys, Q methodology, and focus groups. The surveys focus on gaining helpful insight from the classroom teachers to understand what was effective and how to tailor the program to the classroom needs in the future. Implementing Q methodology among the school-age participants of the program will offer the opportunity to determine knowledge of these participants. Q methodology combines both qualitative and quantitative research methods and utilizes a closed card sort. This method elicits knowledge by requesting an individual or group to sort information or items into cards into pre-defined categories. The focus groups were designed to gain a deeper understanding of the collaboration in the interprofessional teams and their perceived impact of the educational program. These three strategies combine to focus on assessing the perceptions of classroom teachers, their students participating in the program, and the health science student’s implementing the educational program. Additionally, the university health science students leading the SIS implementation are specifically evaluated on their perceptions of communication and collaboration within their interprofessional groups.

Results: The plan is to obtain IRB approval of the evaluation plan during the fall 2018 and to contact schools for permission to implement it during spring 2019. Preliminary findings will be presented.

Conclusion: The process of designing a plan to evaluate classroom teachers, school-age participants and health science students will be discussed. Recommendations for further development of the tools will be offered based upon the initial implementation in spring 2019.

**Additional Authors**

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# **Dr. Kim Alexander Decker, PhD, RN, CNS**

Clinical Assistant Professor, Indiana University School of Nursing

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# **Dr. Marie Dietrich Leurer, RN, PhD**

Assistant Professor, University of Saskatchewan

## Partnering to Promote Nursing Student Engagement with Street-Involved Youth

***Measurable Objectives:***

* Identify a non-government organization and corporate sponsor that your nursing school could potentially partner with in delivering nursing student led programming.
* Explain two approaches you have found useful in encouraging nursing students to be responsive to community needs when planning health programming.
* Describe two educational strategies that promote ongoing, respectful, and meaningful interactions between nursing students and marginalized populations.

***Purpose***

Background: Community nursing clinical placements that promote engagement with marginalized populations can enhance student learning about the social determinants of health while providing responsive, upstream programming for those affected. The College of Nursing, University of Saskatchewan, has a long history of placing students at Street Culture Project Inc., an innovative, non-government organization (NGO) that provides programming and housing to street-involved youth in a western Canadian city. To expand on this partnership, short-term university community engagement funding was obtained that allowed the nursing students to design and deliver sessions on a trial basis as part of two clinical courses. Following initial success, additional funding was obtained from an international corporation, extending the project for another four years.

Aims: Although street-involved youth are a particularly vulnerable subgroup, youth engagement is associated with a variety of positive outcomes. Nursing students are well-situated to provide meaningful mentoring and role modeling. The *College of Nursing-Street Culture Youth Engagement Project* delivers regular, nursing student led educational/recreational sessions that offer an alternative to street activities and provide social support through positive interactions among and between the youth and nursing students.

***Method/Results/Implications/Discussion***

Methods: As part of community health or mental health clinical courses during the fall, winter and spring semesters, nursing students plan and run weekly sessions on a night when Street Culture does not offer programming. Each session begins with a nutritious, budget-conscious, easy-to-prepare meal. The youth are encouraged, but not required, to participate in meal preparation. The meal is followed by a recreational and/or educational session lasting 60 to 90 minutes. To enhance participation in this optional attendance event, youth are invited to anonymously complete a one page feedback form to gather their perspectives of the session and elicit ideas for future sessions. The forms are compiled by the clinical course coordinator, the principal investigator on this project, with nursing students receiving a summary of the feedback to aid in planning subsequent sessions. The students complete an online research ethics course as required by the annual approval from the university research ethics board.

Results: Thus far, from spring 2015 to 2018, College of Nursing students have delivered 79 sessions with an average attendance of 7 street-involved youth and a 66% feedback form response rate. The best attended post-meal sessions include arts and crafts (tie-dye, painting, positivity jar, dream-catchers, etc.), socialization and communication games (minute-to-win it, board games, spa nights, etc.), health teaching (mental health, sexual health, nutrition/cooking skills, substance abuse, etc.) and physical activity (basketball, trampoline, walks, games in the park, etc.)

Conclusion: This nursing education model involves a successful partnership between the school of nursing, a NGO, and a corporate sponsor. Learning is enhanced as students assume responsibility for planning and implementing the sessions, as well as managing the budget and reporting functions inherent in program delivery. The project provides an excellent learning experience for students that involves a high level of engagement with community members and responsiveness to their needs.

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# **Dr. Mary Ann Drake, RN, PhD, CNE**

Faculty, Webster University

## Nursing on the Border

***Measurable Objectives:***

* Develop an advocacy plan based on a current policy.
* Build an interprofessional team to meet the needs/wants of a community.
* Initiate a partnership with a community agency working with migrants.

***Purpose***

In the summer of 2018, I was teaching a newly developed Undergraduate Policy course for the first time. The critical assignment for the course was to develop an advocacy plan. The RN/BSN students were a bit confused and questioning the assignment as it was the first time any of them had worked outside of a hospital system. I decided to develop my own advocacy plan alongside of them. The first step in developing an advocacy plan is to choose something you have passion. At the same time as the class the United States immigration policy changed along our borders to a zero tolerance policy which separated children from their parents. I decided this would be the perfect topic for my advocacy plan. The National Academies of Sciences, Engineering, Medicine (2018) explored immigration as a social determinant of health. Often the places where immigrants live, work, play, and go to school leave them vulnerable. As a society, how do we best meet these needs?

***Method/Results/Implications/Discussion***

I found an agency to sponsor me and spent time with them in August, 2018. The agency, ARISE, has focused on empowering women within the community for more than 20 years. The staff work alongside of those living in the colonias to help strengthen their communities. They currently focus their work within the following areas or pillars: health, housing, civic engagement, immigration, education, and youth. Their philosophy is "not to do for the people what the people can do for themselves." Before returning home I committed to return to Texas and continue my work based upon agency needs/wants and available resources at our university. The needs were vast and some outside the realm of Nursing. For a nursing program in a small liberal arts university it is often difficult to incorporate interprofessional collaboration into the curriculum. It seemed natural that to meet the needs of the community interprofessional collaboration would be the key. An October trip is planned with undergraduate students (RN/BSN, Spanish, and Journalism) and faculty (Nursing, Legal Studies, and Spanish). The Legal Studies faculty will train agency staff in taking asylum applications for incoming migrant families. This will be completed according to guidelines by the Department of Justice. Journalism students will be doing investigative reporting for the University newspaper and a local Hispanic newspaper. Spanish faculty and students will focus on interpreting as needed. Nursing will be doing health education, environmental health work, and working with youth groups. Further trips will include Counseling students and faculty. This group will help develop a psychological recovery program for incoming migrants and their families. We hope to develop a long term relationship with the community. Much of our initial work is focused on developing relationships and listening to those that live in the colonias for direction. We will follow the agency's philosophy of not doing for the people what they can do for themselves. The project is only beginning. Yet, public health nurses have a great deal to offer these communities.

# **Dr. Mary E Fairbanks, DNP, RN, PHN**

Professor, Bemidji State University

## American Indian Health Issues and Nursing - An Undergraduate Course

***Measurable Objectives:***

* Describe selected nursing care dimensions of the Nursing in Native American Culture model in the education of community based nursing students
* Examine the American Indian historical, policy and cultural factors that affect the health care issues that American Indians face in current times.
* Explore how teaching about American Indian issues in history, policy, and culture supports nursing practice with American Indians.

***Purpose***

Culturally competent care is extremely important to American Indians (AI) who suffer significant health disparities in the United States Professional degree nursing students have identified that culturally competent practice could lead to improving health outcomes for AIs Other registered nurses have identified that respecting the culture and history of AIs may lead to improve nursing care Although it is recognized the salience of cultural competence in nursing education, there is a paucity of research on teaching AI culture in nursing education. The intent of this presentation is to describe an undergraduate nursing course that guides students who practice in community health nursing to explore the issues in history and policy and cultural practices that influence AI health status.

***Method/Results/Implications/Discussion***

AIs have a striking history that has significant bearing on their health status. Examining the historical and political decisions increases students’ awareness and understanding of the oppression and tragic history that has led to the poor health status of AIs. AIs led productive lives in the Americas prior to pre-contact with settlers. The history of post-contact reveals periods of troubling and devastating times when AI endured betrayal and immense hardship from the US government policies. The government’s mission was to eradicate AIs and their cultural ways and take their homelands. Learning the pre/post contact history, policies, and the impact on AI culture can help the student to understand current AI beliefs and practices that will help them to develop culturally driven care as they practice in community settings.

The Native American Nursing Conceptual (NANC) Framework guides the course lessons. The model has seven dimensions constructed from AI nurses’ CARING practice with AI patients AI worldview is marked by HOLISM and CONNECTION, as does the NANC circular framework. It resonates with practice with its similar overlapping and interwoven aspects. The course incorporates all dimensions to ensure students gain a holistic understanding of AI health issues Pre/post contact with settlers is addressed first to provide CONNECTION between historical trauma and tragic impact of US Government treaties and policy to AI health and well-being. Students learn to recognize the lack of TRUST AI have because of the failure of the US Government to honor treaties and promises of health care, housing, and education, which continues today. Students recognize that TRUST and RESPECT are essential to establish and maintain with AI patients The course covers nine regional AI groups of the US and Urban Indians The Four Directions, another salient piece of the AI worldview, rooted in holism, guides the order of the lessons, beginning with the eastern tribes, proceeding south/west and finishing with the Northern tribes Cultural TRADITIONS and health beliefs are part of each regional lesson to expand student awareness and enhance their nursing practice. Students gain an understanding of AI SPIRITUALITY and determine the nurse–patient relationship begins with first seeking to understand and then to honor the unique AI person

The NANC conceptual framework offers a basis for culturally respectful practice and guides the course in teaching a culturally relevant approach for nurses who serve American Indian communities.

# **Dr. Maryann Cockroft, PhD, RN**

Assistant Professor, University of North Carolina, Chapel Hill

## Creating a Nursing School Consortium: Working together to improve community partner relationships and enhance a culture of health

***Measurable Objectives:***

* List three ways nursing schools can collaborate to enhance a culture of health in the community.
* Describe a model for developing a coalition of nursing schools to coordinate health education and screening interventions for clients served by community partner organizations.
* Discuss mutual benefits for community partners and students in nursing schools including best practices for community health promotion.

***Purpose***

Purpose: In this presentation we will describe how four schools of nursing in the Triangle area of North Carolina (a public university, a private university, an historically black university, and a diploma school) established a consortium in order to promote a culture of health through collaboration.

Aims: The primary goals of the nursing school consortium are 1) to provide coordinated clinical placement of students in community courses and 2) to provide consistent services year round for community partner organizations by aligning and coordinating screening and health promotion/education efforts.

Background: Four schools of nursing within 10 miles of each other in the Triangle area of North Carolina serve nearly 25 community organizations and their clients, who represent an underserved and racially diverse population. In 2017, following a school-wide strategic planning process, the Duke University School of Nursing (DUSON) established the Community Health Improvement Partnership Program (D-CHIPP) in an effort to coordinate community health initiatives across programs (ABSN, MSN, DNP, PhD). A key strategy area of D-CHIPP is to “*Support innovative and transformational community and/or population based practiced initiatives*. Coordination of initiatives was extended across nursing schools as an innovative practice in 2018.

Problem: There are multiple requests made by several schools of nursing in the Triangle area of NC to use community partner organizations as placement sites for student community health clinical hours. There is often a lack of coordination of screening services, educational topics, methods of delivering content, and coordination of calendars among schools. This places undue burden on partner organizations to attempt to organize these efforts. In addition, a risk of redundant or conflicting programs and services reduced the efficacy of program interventions.

***Method/Results/Implications/Discussion***

Methods: Focused conversations with partner organizations were conducted to determine areas for improvement regarding communication and health program planning and implementation for nursing students. In addition, community health faculty from four schools of nursing were invited by the D-CHIPP program to form a consortium to discuss possible solutions to these issues.

Results/Implications: The following outcomes have been realized: 1) Mapping of nursing school programs, community and population health courses, and clinical sites in the Durham and surrounding area. This outcome was key for community health program leadership at the nursing schools to pinpoint the organizations served over the course of the academic year and avoid overlap. 2) Identification of opportunities to collaborate on larger health promotion events in the community.

Discussion: The sharing of community health promotion efforts and innovative planning, programming ideas, and creative teaching methods such as simulation exercises, as well as best practices in establishing clinical agreements and working with partner organizations has enhanced the community health experience for students, faculty. Partner organizations have expressed satisfaction with more open communication and planning efforts.

Conclusions: The formation of this consortium has allowed four nursing schools to move beyond a competitive environment to a collaborative one. Communication among schools has been greatly enhanced, and community partner organizations benefit from more coordinated programs.

**Additional Authors**

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# **Mrs. Julie Fuselier, MSN, MPH, RN, FCN, CNE,**

Senior Lecturer, Univeristy of North Carolina at Charlotte

## Quality Does Matter: Meeting Quality MattersTM (QM) Standards for a CHN Online Course

***Measurable Objectives:***

* By the end of the presentation, at least 75% of participants will be able to identify the process to take a CHN online course through a Quality Matters<sup>TM</sup> (QM) Review.
* By the end of the presentation, at least 75% of participants will be able to summarize the evidence-based research that supports Quality Matters<sup>TM</sup> (QM) as the best practice in designing online courses.
* By the end of the presentation, at least 75% of participants will be able to employ the Quality Matters<sup>TM</sup> (QM) Rubric as a tool to help align module objectives, activities, and assessments with course objectives.

***Purpose***

Purpose/Aim: I aim to show how using the Quality Matters<sup>TM</sup> (QM) Rubric can help design a CHN online course that assures quality of online learning.

Background/Problem: More and more RN-BSN programs are going to an all-online format. Since Community Health Nursing is one of the required courses for such a program, instructors are looking at way to meet the subsequent challenges of a totally online CHN course. The future of online courses hinges on the assurance of the quality of course design. There is an approach that has been developed to verify the caliber of online and hybrid courses that are both faculty-focused and peer-examined. This approach is called Quality Matters<sup>TM</sup> (QM).

***Method/Results/Implications/Discussion***

Methods: Any QM subscribing institution’s faculty may take a course through the QM review process. My university is a QM subscriber and I took our RN-BSN Online CHN course (didactic and clinical combined) through the process of a QM review. I utilized the QM Rubric (a set of standards that are research-substantiated and reflect published best practices) to design my CHN online course. Once developed, my course underwent an internal review and then the QM peer review process to become QM certified.

Results/Implications: Offering QM certified courses can be a pathway to promote a university’s RN-BSN program, which assures quality of online education. There is the potential to enhance professional development through QM offered workshops, courses for QM roles, teaching online certificate and free webinars.

Discussion/Conclusions: A Quality Matters<sup>TM</sup> (QM) certified course assures that some of the cores values of ACHNE (Evidence-Based Practice, Excellence in Education, and Professional Development) are being met. Quality design of online courses support excellence in education. Since QM meets the criteria for developing quality online courses, utilizing the QM Rubric should be considered for course design.

# **Mrs. Julie Fuselier, MSN, MPH, RN, FCN, CNE**

Senior Lecturer, University of North Carolina at Charlotte

## Engaging CHN Students in the Often Forgotten World of the Aging Population

***Measurable Objectives:***

* By the end of the presentation, at least 75% of participants will be able to identify the collaboration between the senior nutrition center sites and graduating senior nursing students in a CHN clinical course.
* By the end of the presentation, at least 75% of participants will be able to describe the benefits and challenges of student nurses presenting health topics to older adults.
* By the end of the presentation, at least 75% of participants will be able to identify the culture of health and inclusive atmosphere that is present at senior nutrition centers.

***Purpose***

Purpose/Aims: The purpose of the presentations at the Senior Nutrition Centers is to engage our students in a service-learning activity that will count for clinical hours that will assist them in meeting a course objective. One of the course’s objectives is: In collaboration with a multidisciplinary team, provide nursing care to population groups across the lifespan. This objective cannot be met unless our students are involved with the aging population. This activity also examines how service-learning activity includes student participation in an educational experience, which involves an organized service activity that meets community-identified needs. The aim of this activity is to also provide health education to the aging population.

Background/Problem: Community Health Nursing (CHN) clinical courses provide opportunities to engage nursing students in service to a particular communities vulnerable population. One such population is the aging population (senior adults). Mecklenburg County Health Department of North Carolina (MCHD) has instituted a 5-day a week lunch program for senior adults to encourage socialization and meet the nutritional needs of this population. The MCHD has opened up 17 Senior Nutrition Centers across the county, which are housed at community centers and churches. Students in our CHN clinical course are engaged in studying the culture of health and inclusive atmosphere that are present at these centers for this population by presenting health topics requested by participants in this program.

***Method/Results/Implications/Discussion***

Methods: This service-learning activity in the SON CHN clinical course is used as a vehicle to strengthen the community partnership for senior nursing students. Students are required to complete a detailed outline of their assigned health topic, which includes two annotated bibliographies of scholarly articles that support the health topic or teaching method, a created PowerPoint about the health topic, a handout, and an evaluation tool. Students take 15 minutes to present their PowerPoint on site at a Senior Nutrition Center and time is allotted afterwards for questions. We also use an intentional teaching strategy with guided reflection as a follow up to the presentation.

Implications/Discussion: Service-learning activities are great venue to strengthen community–school relationships and through continual collaboration can help address health disparities through activity in vulnerable populations and communities. Service-learning activities can be a pathway to students understanding the relevance of civic leadership and social justice in hopes of engaging them in community service beyond nursing school. Engaging student with the aging population helps them understand the challenges of this population and brings a sense of inclusiveness to the aging population – that they are not forgotten.

Results/Conclusions: CHN clinical course service-learning activity of presenting a health topic to the aging population is an effective teaching strategy since it results in a positive experience for both the nursing student and community agencies. This activity supports the development of critical thinking as students identify the risk factors unique to the aging population and students can also use the nursing interventions that they have learned to influence positive outcomes.

# **Dr. Linda R. Garner, PhD, PHNA-BC, CHES, RN**

Associate Professor, Southeast Missouri State University

## Breaking Silos Between Public Health Nursing and Nursing Informatics Education Using Interactive Case Studies.

***Measurable Objectives:***

* Describe the silos between public health nursing education and nursing informatics.
* Explore use of an interactive case study method for assimilating public health nursing education with nursing informatics.
* Discuss the effectiveness of an interactive case study in building student competency in the areas of electronic health record use, evidence-based practice, and outcomes evaluation within the context of a public health nursing framework.

***Purpose***

Preparing competent public and community health nurses necessitates innovative interprofessional pedagogy. Traditional silos in nursing education and in practice settings often create unintentional barriers that can hinder collaboration and impact health outcomes. Through a multi-institutional collaboration between educators in community/public health nursing and informatics, Partnership for Informatics in Nursing Education (PINE) Innovation Model was created. The model integrates health information technology, the Omaha System as standardized terminology for documentation, and data analytics with evidence-based guidelines in caring for culturally diverse high-risk populations. The use of the PINE model assists in the identification and promotion of health equity.

***Method/Results/Implications/Discussion***

Method: This multi-institution collaboration of public health nurses and nurse informatics educators designed the PINE Innovation Model to develop scenarios using Interactive Case Studies (ICS). Learning strategies blend nursing informatics with community and inter-professional healthcare teams to break barriers in providing healthcare and eliminate healthcare silos. Case-based scenarios provide students with the opportunity to recognize social determinants of health, translate evidence-based practice from guidelines to standardized documentation language, and apply these guidelines aimed at high-risk populations to facilitate the elimination/reduction of health inequities.

Interactive Case Study Template: The interactive case study templates include two narrated tutorials, a power point presentation, a post-test to measure mastery of the subject content, and a student satisfaction survey. The two narrated components include tutorials providing essential information regarding the application of nursing informatics via utilization of the Omaha System framework. The power point presentation provides a depiction of the public health nursing competencies associated with client care. The last component contains two assessment tools.

Implications For Inter-Professional Education: The PINE Model is used to customize the interactive case study to meet the needs of the learner and can be used in an inter-professional manner. The primary aim of PINE was to investigate the benefits of bridging key aspects of nursing informatics, health information technology, electronic health records, standardized terminology, evidence-based practice, and outcomes evaluation with public health nursing content related to care of the client. Use of technology assists the student to understand the effect it has on clinical practice and health outcomes.

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# **Dr. Randee Greenwald, PhD, FNP-BC, APHN-BC**

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## Nursing Students Participate In Community-Wide Flu Shot Clinic In A Diverse, Medically Underserved Border Area

***Measurable Objectives:***

* Discuss the creation of a partnership of local hospitals, the Department of Health, Schools of Nursing, and other local emergency personnel to develop and implement a no-cost community-wide flu immunization clinic in a diverse, medically underserved bo
* Describe the strategies developed by New Mexico State University’s School of Nursing to ensure successful participation of all levels of nursing students in this clinic.
* Examine lessons learned by students, faculty, medical, and emergency organizations; impacts on the community; disaster-preparedness evaluation; and plans for continued annual participation in this community-wide event.

***Purpose***

Introduction: Flu season traditionally starts at the beginning of October in New Mexico. During the last flu season, the New Mexico Department of Health reported 70 influenza deaths including 3 occurring in children. The first cases of flu in the 2018-2019 flu season arrived in September when three laboratory-confirmed cases were reported in three children ages 8-13 in a rural county in New Mexico. Vaccination coverage in New Mexico, while slightly higher than the nation as a whole is still below the Healthy People 2020 goal of 70%. Last year, over 3,000 adults and children were immunized in a single day during a four hour event. Providing no-cost flu influenza vaccination to our diverse, medically underserved community has the potential to save lives, while allowing nursing students gain experience in community health outreach.

Aims: The aim of this presentation is to describe a community health initiative that involved collaborative partnerships with various stakeholders in the community and allows nursing students to participate in a community service experience, while gaining new skills in patient communication and organization in a fast-paced environment.

***Method/Results/Implications/Discussion***

Methods: This podium presentation will describe the formation and continued expansion of a partnership of stakeholders in the community who have collaborated to create a health promotion event that has the potential to save lives. Through coordination with the Department of Health’s Office of Emergency Preparedness, the event has an added dimension of creating a live test of our community’s ability to mobilize in the event of a disasterThis event relies on the participation of nursing students who, with faculty supervision, provide most of the immunizations to the public during the event. The strategies implemented by the faculty coordinators to recruit and train students will be described. As of this time, 66 students have volunteered and will be supervised by 9 nursing faculty and a faculty coordinator at each hospital site. A two-hour training for students will be provided the day before the event. It will be coordinated by the School of Nursing faculty coordinators with assistance of staff from the Department of Health. Students will review patient assessment questions and learn to correctly complete the immunization paperwork (which is later entered into a statewide immunization computer system by Department of Health employees). They will also practice IM injection techniques.

Results: The community-wide flu shot clinic will not take place until after the abstract submission deadline, however, this event has been provided annually to the community for three years. The presentation will conclude with a discussion of the actual event, and the post-event after-action discussion and evaluation (hotwash).

Conclusion: It is hoped that other community health nursing faculty will be able to use our strategies to develop either a clinical experience or a community service activity for nursing students at their own schools.

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# **Seok Hyun Gwon, PhD, RN,**

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## Moderating effects of smoking status on the relationships between exercise, mental distress & sleep quality

***Measurable Objectives:***

* Describe smoking can cause poor sleep.
* Describe the association between smoking status, exercise, and sleep.
* Describe the association between smoking status, mental distress, and sleep.

***Purpose***

Background: Harmful effects of smoking on sleep have been well documented. Physical exercise and psychological health are known to affect sleep quality. However, interactions among these factors affecting sleep have not been fully understood. Objectives: This study explored how smoking affects the relationships between physical exercise and sleep, and between mental distress and sleep. In other words, we investigated whether the association between physical exercise and sleep quality and the association between mental distress and sleep quality vary depending on smoking status.

***Method/Results/Implications/Discussion***

Methods: Using the 2015 Behavioral Risk Factor Surveillance System data among adults aged 18 and above (N = 16,253), we employed linear regression equations to estimate independent main effects of exercise, mental distress, and smoking status on sleep quality. The two-way interaction models were then used to examine whether the smoking status of the respondents impact the associations between exercise and sleep, and between mental distress and sleep. Results: Physical exercise, mental distress, and smoking status were significantly associated with sleep quality (p≤.001). The association between mental distress and sleep quality was significantly higher among smokers compared with non-smokers. The effect of exercise on sleep was greater among non-smokers than smokers, but was not statistically significant. Conclusion: The effects of exercise, mental distress, and smoking on sleep quality were in accordance with literature. It is considered that nicotine may disturb sleep quality because of its arousal effect and withdrawal symptoms. The effect of exercise on sleep did not vary depending on the smoking status. The smoking, however, worsened the association between mental distress and sleep, suggesting that smoking may aggravate the sleep cycle and/or mental disorders. Future research need to focus on the mechanisms of how smoking affects the relationships between mental distress and sleep quality.

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# **Dr. Tanya Haas, DNP, RN**

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## Expanding the Role of the BSN: Integrating Nurse Visits into Curriculum

***Measurable Objectives:***

* Understand innovative teaching methods to operationalize a culture of health.
* Define the role of nurse visits in undergraduate nursing curriculum.
* Describe the need for implementation of public health concepts and primary care skills into undergraduate nursing education.

***Purpose***

Purpose: To develop longitudinal clinical training experiences for BSN students in community-based primary care settings that provide the BSN student with the opportunity to develop primary care skills relating to populations with chronic care disease management.

Aims: To provide BSN students a community-based clinical experience in a nurse-managed clinic that provides care to vulnerable populations who are resource scarce and have limited access to healthcare services. In this expanded nursing role, student nurses employ public health concepts and primary care skills as they initiate and lead nurse visits with patients needing chronic disease management. In this role, the student nurse provides patient education, medication reconciliation, medication adherence counseling, and behavior-change goal setting; while the student nurse does not initiate or intensify medications, they work closely with the interprofessional team to ensure treatment to target goals are identified and being met. In addition to chronic care management, the student nurse works with patients who have positive screenings for social determinants of health and refers them to appropriate community resources. In this expanded role, the student nurse takes full ownership of their panel of patients with mentorship from clinical faculty.

Background: In 2011, the Institute of Medicine (IOM) published the *Future of Nursing* which promised to return nursing to its Public Health roots. In their report, the IOM states that nursing competencies such as care management and coordination, patient education, public health intervention, and transitional care are skills needed by nurses as healthcare moves toward a preventive care model. However, in order for nurses to perform these skills, a comprehensive foundation in public health and primary care is needed in undergraduate nursing education. To meet this need, undergraduate nursing curriculum needs to embed educational experiences that provide realistic, high quality public health and primary care competencies at the inception of their nursing education. By integrating public health concepts and progressive primary care skills early into undergraduate nursing education, not only will there be a better prepared nursing workforce, this also aligns nurses to meet the Quad Aim goals of improving population health, increasing patient satisfaction, reducing per-capita health care spending, and improving provider satisfaction.

Problem: As it stands, there is a large gap in undergraduate nursing education in that it does not adequately prepare our nursing workforce with the knowledge and skills needed to care for populations with complex care needs. Traditionally, undergraduate nursing curriculum has emphasized acute care as core curriculum with public health and primary care taught as an adjunct.

***Method/Results/Implications/Discussion***

Methods: Qualitative data analysis

Results: To be determined

Implications: A better prepared nursing workforce with enhanced knowledge and skills in public health and primary care competencies needed to care for our complex patient populations.

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## Improving Adolescent Depression Management in a Primary Care Clinic

***Measurable Objectives:***

* Discuss the link between low socioeconomic status, high stress living environments, and depression risk.
* List 3 consequences of depression.
* Discuss barriers to depression management and how the use of a depression management protocol can improve depression screening and referral.

***Purpose***

Depression is a serious public health concern, affecting three million United States adolescents. Consequences of depression include increased risk of academic difficulty, substance abuse, and suicide. Annual depression screening and appropriate follow-up in adolescents is recommended, but depression is not regularly screened in a primary care setting. A retrospective chart review was conducted at a primary care clinic that provides services to low income adolescents. The investigators found that only 45.5% of adolescents were screened for depression and only 23.1% of clients with moderate-to-severe depression (PHQ-9 &gt;10) were referred to mental health services. The purpose of this quality improvement project was to implement a depression management protocol to improve depression management.

***Method/Results/Implications/Discussion***

A one-group pre-survey post-survey design was used. The depression management protocol was developed in collaboration with the clinic providers and approved by the clinic. A retrospective chart review was conducted pre- and post-intervention to evaluate changes in the depression screening rate. Provider confidence was also measured pre- and post-intervention using a provider confidence survey.

Fifty-five adolescent clients received care at the clinic during the project implementation. The majority of clients were black (78%), male (54.5%), and their mean age was 14.7 years. Both the depression screening rate (61.8%) and the number of mental health referrals (66.7%) increased post intervention. Although the sample size was small (n=3), the provider confidence also increased from 60% to 80% post-intervention.

The use of a depression management protocol is effective in increasing depression screening and mental health referrals among high-risk adolescents.

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## A School Health Personnel Directory: Improving Population Health Through a Community Assessment Project

***Measurable Objectives:***

* Design an innovative community assessment assignment to collect data on school health office staffing
* Prepare a school health office directory aligned with existing school health reporting systems
* Collaborate with public health departments to improve population health

***Purpose***

Background, Problem and Purpose: School health offices employ varying levels of staffing configurations (Becker &; Maughan, 2017). Having direct contact information & knowledge of the licensure & education of school health personnel (SHP) is essential for public health department’s school health liaisons to ensure appropriate communication & delegation to licensed registered nurses & unlicensed assistive personnel (National Association of School Nurses, 2015). Public health department (PHD) communications rely on SHP as direct contacts, with the populations they serve, not only for day to day operations but as essential liaisons during times of outbreaks & epidemics. A county level SHP database, developed in 2009, as an assignment for RN-BSN students has been continually updated by public health nurses & is still in use today as an essential communication tool between public & school health organizations.

Aim/s:To create an innovative, pragmatic community assessment project that would provide valuable contact information and level of staffing in school health offices, to improve population health, for the community health nurses (CHN) in our county’s PHD.

***Method/Results/Implications/Discussion***

Methods: Faculty developed an excel spread sheet & data key with pertinent school health office directory information (based on the Arizona School Health Annual Report [ASHAR]), & wrote a telephone script stating the purpose of & future use for the directory. An application for exempt review was submitted to the university & approved by the IRB. A list of county public & charter schools was downloaded to populate initial school names, addresses & phone numbers. The incomplete directory, in excel, was uploaded to the Learning Management System, a data & each of the 50 students were assigned 15 (n=750) school health offices to contact. Students were directed to use the script to contact & obtain the data, complete their assigned school information in the directory & upload their assignment to the learning management system. Students were also instructed to collect anecdotal information related to any facilitators & barriers to data collection for classroom discussion on their experiences with the assessment.

Results, Implications and Discussion: The database of county SHP was approximately 90% complete by the due date. Students reported that some personnel were helpful & revealed the directory information without hesitation & others reported multiple challenges in data collection. Challenges include: lack of call backs when the students left voice messages, district level pushback regarding the amount of time it took to respond to the students (ten minutes was approximated), & personnel hesitancy to reveal educational level. Faculty spent approximately 20 hours cleaning the data & provided the data base to the county health department school health liaison. A copy of the university’s letter of IRB exemption was provided to the PHD on delivery of the database.

Conclusion: This innovative, pragmatic community assessment project provided a reality based population data collection experience for our students allowing them to personally experience facilitators & barriers to accurate data collection & recording. Students gained a deeper understanding of the value of institutional review boards &; the need to align data points with existing reporting systems, in this case the ASHAR. We did not expect when we started this 2009 project that it would become a valuable tool for the activities following the H1N1 pandemic allowing the PHD CHN easily accessible direct contact with SHP. The school health database is still in use today & is updated annually by the PHD community health nurse school liaison.

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# **Dr. Linda T Hook, DrPh, MSN, MSHP, RN PHNA-BC**

Assistant Professor, University of the Incarnate Word

## An academic-practice partnership with Head Start to teach population-based lead screening program management to baccalaureate nursing students

***Measurable Objectives:***

* Describe the combined use of CDC Guidelines for large scale influenza vaccination clinic (2015) as a model, Minnesota Department of Health (2001) Public Health Interventions Model, and Glasgow, Vogt, and Boles’(1999) Re-AIM evaluation framework, to teach
* Discuss the benefits of using the CDC guidelines, Minnesota Public Health Interventions Model, and the Re-Aim evaluation framework to educate baccalaureate nursing students on the importance of the population health perspective in their practice role.
* Summarize the lessons learned from student-led Head Start lead screening events as a method to increase population health competencies, apply epidemiological concepts, and initiate program management skills related to community-based outreach events.

***Purpose***

The future of healthcare will require the baccalaureate RN to gather and analyze population-level data, apply principles of health promotion and health protection in the community, and identify population groups who may benefit from health screening and other related community-based primary health care services. In response to burgeoning system needs, The University of the Incarnate Word Ila Faye Miller School of Nursing and Health Professions (UIW) initiated a curriculum change incorporating population-based health competencies. The curriculum change required faculty to redefine and reallocate student clinical opportunities and develop new academic-practice partnerships.

***Method/Results/Implications/Discussion***

Methods: UIW DNP-FNP program operates a wellness center with opportunities for undergraduate students. This new school-service line provided the opportunity for the undergraduate faculty to apply for an outreach lead screening contract with the City of San Antonio Head Start. The faculty developed an academic-partnership with area Head Starts to assimilate opportunities for clinical experience that matched the new curriculum population-health concepts, specifically utilizing levels of prevention, identifying risks, and implementing harm reduction strategies among vulnerable populations faculty developed clinical competency training in performing, analyzing, and incorporating health promotion and health protection teaching opportunities for the junior-level students. senior student level experience offered the faculty the opportunity to develop a new teaching strategy for community-based program management and harm reduction. The faculty designed the clinical experience based on CDC guidelines for large scale outreach events and Glasgow, Vogt, and Boles’ Re-AIM framework.<sup>2 </sup> In addition, the students were provided with program policies, schematic of outreach screening areas, video access for lead screening capillary blood draw, use of lead screening testing equipment, and outreach and harm reduction for children with high lead levels. faculty reviewed lead exposure epidemiology, educated students on roles needed in mass event screenings, and provided quality assurance activities for a mass screening event. Specific to lead screening, the faculty provided the students with the state lead testing program reporting requirements. At the end of the event, the students engaged in analyzing the event using the RE-AIM framework.

Results: Qualitative results will be collected and analyzed in Fall, 2018 and Spring, 2019. The results will include a matrix related to the student’s impression related to community-based primary health care competencies; number of completed tests in each session; student reflections of the experience using the SWOT analysis; and a summary of discussion of the RE-AIM framework evaluation and the resetting processes.

Conclusion: As nursing faculty, our challenge is to educate the BSN RN workforce so that it is ready to meet the evolving public health needs of the U.S. Healthcare system. This stated research demonstrates the potential for meeting this challenge by:

* soliciting local funding to address development of core population health competencies;
* establishing sustainable population health clinical learning opportunities that integrate population health competencies across the undergraduate curriculum;
* adopting new academic-practice partnerships; and
* developing innovative training laboratories to practice new skills that represents community-based primary health care competencies needed by tomorrow’s BSN graduate.

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# **Dr. Tarsha Jones, PhD, RN, PHNA-BD**

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## Increasing Genetics/Genomics Competency of Diverse RN-BSN Students to Improve Health through an Innovative Online Learning Module in a Public Health Nursing Course

***Measurable Objectives:***

* Identify deficits in diverse nursing students’ genetics knowledge and the pivotal role of preparing RN-BSN students to integrate genetics, genomics, into everyday nursing care to improve health and prevent diseases.
* Identify the process of developing and integrating an online genetics/genomic module into a public health nursing course to increase nurses genetic/genomic competency.
* Explain core competencies related to genetics/genomics that nurses should develop to increase the use of precision medicine in advancing health of individuals and families they are caring for in their practice settings.

***Purpose***

Introduction: Nurses play a critical role in advancing precision medicine, which is an approach to disease prevention and treatment that takes into account individual variability in genes, environment, and lifestyle. However, little is known about how diverse RN-BSN students currently use genetics in nursing practice to improve health and prevent diseases among individual patients, families, and underserved communities.

Aims: The purpose of this study are to: 1) analyze narrative responses of RN-BSN students from online discussion boards in a public health nursing course; 2) explore RN-BSN students experiences with using genetics or genetic testing in nursing practice; and 3) increase genetics/genomics competency of nurses through an innovative online genetics learning module.

***Method/Results/Implications/Discussion***

Methods: Our genetics module focused largely on introducing RN-BSN students to basic concepts of DNA, genes, chromosomes, cancer genetics, collecting family history, constructing a 3-generation pedigree, identification of genetic “red flags” and hereditary patterns of cancer and other chronic diseases that warrants genetic counseling or referral for genetic testing. We used a qualitative conventional content analysis technique to derive coding categories from narrative responses of RN-BSN students (N=37) enrolled in a public health nursing course, from which themes emerged. Students participated in online discussion boards using the Canvas e-learning platform. Student data were de-identified prior to analysis. Carpers Ways of Knowing (1978), *Empirical, Personal, Aesthetic*, and *Ethical*, guided the thematic analysis.

Results: Few (n=5, 13.5%) of the RN-BSN students who are currently practicing nursing reported that they currently use genetics or genetic testing in their nursing practice. Students reported that specific use of genetics were in the areas of oncology research, organ donation, premarital genetic testing, neonatal intensive care (NICU), and emergency room (ER). Themes that emerged were: *Empirical Knowing* (lack of knowledge and limited use of genetics in nursing); *Personal Knowing* (sharing stories about individual and family use of genetics); *Aesthetic Knowing* (gaining genetic knowledge and recognizing the value of genetics in improving health and preventing diseases); and *Ethical Knowing* (understanding disparities that exist in the use of genetics and advocating for change to promote health equity).

Conclusion/Relevance to Public Health: Genetic/genomic competency is critical for nurses in an era of precision medicine. Integrating a genetics/genomics content into public health nursing courses can have a positive impact on increasing genetic competency among nurses. Our work is aligned with the Healthy People 2030 goal of improving health and preventing harm with valid genomic tools. Healthy People 2030 recognizes the health benefits of using genetic tests and family health history to guide clinical and public health interventions.

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# **Prof. Nicole E. McCain, MSN, RN, CNL, CNE,**

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## Piloting Service-Learning for Second Degree Baccalaureate Nursing Students

***Measurable Objectives:***

* Discuss components of a service-learning experience for second degree baccalaureate nursing students.
* Describe the process of developing a service-learning experience for second degree baccalaureate nursing students.
* Predict the potential impact of service-learning on select Healthy People 2030 goals and objectives.

***Purpose***

Introduction/Background: Service-learning has long been recognized as an educationally valuable complement to didactic coursework in Bachelor of Science in Nursing (BSN) programs. Service-learning is particularly important as part of BSN students’ community and public health education because it requires students to work in the community setting in partnership toward community identified population health goals. It also facilitates students’ ability to connect knowledge of community and public health principles to practice. As with any planned course changes, implementing service-learning requires a commitment to continuous improvement through planning, execution, evaluation, and revision. The current study is a pilot service-learning experience for second degree BSN students.

Purpose/Aims: This pilot service-learning experience has three main aims. The first aim is to enable students to apply theoretical knowledge of community and public health principles to a community-based population health goal. The second aim is to advance the Healthy People (HP) 2020 objectives of reducing visual impairment in adolescents due to uncorrected refractive error, while also increasing the proportion of adolescents who have had a hearing exam. The third aim is to evaluate the pilot service-learning experience and determine the need for revision, expansion, or replacement with another experience.

Problems: BSN students need meaningful community and public health clinical experiences despite limited site availability, and local high schools need to conduct vision and hearing screenings despite limited staff.

***Method/Results/Implications/Discussion***

Methods: Community/Public Health clinical faculty partnered with the lead nurse of a local school district to address educational needs of BSN students and health screening needs of two high schools. The BSN students prepared for the experience by reading about HP 2020, health screenings, and social determinants of health (SDOH), and viewing two videos demonstrating the screenings. On the day of the service-learning experience, the BSN students received audiometer training, and orientation to the site and current processes. BSN students were debriefed after the screenings using the plus-delta method, and results were shared with community partners. The BSN students engaged in reflection during debriefing and with a post-experience written assignment. Feedback from the BSN students, clinical faculty, and community partners was compiled and evaluated to determine next steps.

Results/Implications: BSN students were able to discuss community partnerships and the specialty of school nursing, and apply screening and nursing principles as demonstrated in direct observations, discussions, and written reflections. At each location, over 90% of eligible sophomores, more than 250, completed vision and hearing screens in less than three hours. Population benefits included at least a 50% reduction in time to screen, document, and send referrals to parents, decreased costs since BSN students took the place of substitute nurses, as well as releasing the school nurse to deal with acute situations and scheduled medication administration. Service-learning experience evaluation is ongoing at this time.

Discussion/Conclusions: BSN students were able to apply knowledge and meet clinical course objectives including use evidence-based practice and patient care technologies, improve and promote population health, and examine the impact of SDOH on a population. Preliminary evaluation of this service-learning experience suggests it should be continued with revision to the BSN student preparation and reflection processes, education of screening participants, and improved outcomes measurements.

# **Christine McGrane, MS, RN, CNE, RICSNT,**

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## Student Nurses Caring for Caregivers: A Collaborative Practice Reaching out to Serve the Needs of Families in Rhode Island

***Measurable Objectives:***

* Identify the needs of family caregivers as a proactive measure to support care-giving role.
* Evaluate the collaboration of multiple agencies to improve services for family caregivers.
* Explore the implementation of a respite program as a component of nursing education practicum.

***Purpose***

It is estimated that about 18.2% of the adult population in the United States are providing non-paid care for loved ones (National Alliance for Caregving, 2015). With an increasing number of children and adults requiring care at home, there is a need to explore who cares for the caregivers, what stressors impact families and how to best support the family caregivers in order that they can sustain their role in the home setting. Providing daily care for a family member with special needs is taxing and challenging, and the degree to which the caregiver manages the multitude of responsibilities effectively fluctuates over time. It has been reported that providing breaks from care to the caregiver is crucial to their ability to be effective in their role and to continue caring for their loved one at home (Collins et al., 2014). Waters, et al (2017) identified effective stress management for the parents of children with asthma required extended respite from their caregiving responsibilities, but their angst in finding qualified people to provide care in their absence is heightened due to worry that the care provider is knowledgeable about how to care for their child. This worry is not isolated to the parents of children. Past research related to Alzheimer care reported up to 80% of care needed by persons with dementia occurs in the home and the time allotted for care increases as the severity of dementia increases, but few family caregivers receive regular breaks from the demands of their caregiving responsibilities, thus, their stress level increases over time (Etters, Goodall and Harrison, 2008).

***Method/Results/Implications/Discussion***

The University of Rhode Island College of Nursing and Rhode Island College School of Nursing’s public health/community health nursing students have worked in collaboration with the Department of Human Services, Division of Elderly Affairs, Catholic Social Services, and the United Way to provide respite care for families caring for loved ones with special needs. The Respite Project began as a pilot program in the spring 2016 with a few families or caregiver-care recipient dyads. With increasing interest among families and students, the faculty members along with the partner agencies have reached out to include other nursing programs as a means of providing more services to more families. This Respite Program has now expanded to include two more schools of nursing, New England Institute of Technology and Salve Regina University.

This expansion of the Respite Program to four schools/colleges of nursing is allowing greater coverage across the state. This program is completely free and offers flexible days and times, given the schedules of the students and needs of the families. It also helps colleges/schools of nursing to meet clinical practicum requirements in the community. Now that multiple nursing programs are involved in the Respite Program services for families, a Respite Orientation Program has also been developed in collaboration with our partner agencies. The experience of the new partners and the Respite Orientation Program will be evaluated this 2018-2019 academic year.

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# **Dr. Paula McNiel, DNP, RN, APHN-BC**

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## Advocacy and Awareness: Integrating lesbian, gay, bisexual, transgender, and queer (LGBTQ) health into baccalaureate education

***Measurable Objectives:***

* Participants will describe the the principles of the new LGBTQ curriculum for pre-licensure nursing students.
* Participants will identify the key components for initiating a similar LGBTQ component into their curriculum
* Participants will discuss the impact of nursing student input and creation of the new LGBTQ curriculum related to diversity equity

***Purpose***

Purpose, Background, Problem

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals experience significant health disparities when compared to their heterosexual counterparts potentially leading to discriminatory and inappropriate care at the hands of healthcare providers (Brennan, Barnsteiner, Siantz, Cotter, &; Everett, 2012). Identified barriers to health care include fear of discrimination as well as limited provider knowledge and sensitivity regarding the LGBTQ population health needs. This lack of knowledge has been identified as a leading barrier to effective quality of care for LGBTQ patients (Bosse, Nesteby, &; Randall, 2015; Eliason, Dibble, &; DeJoseph, 2010). It has been noted that nursing curriculum has very limited information related to the health needs or care aspects for this population. Healthy People 2020 identified the need for LGBT cultural competence training as an essential component of nursing curricula. (Strong &; Folse, 2015; Healthy People 2020). An educational intervention designed to improve knowledge level and attitudes of senior level baccalaureate nursing students regarding LGBTQ healthcare needs and services was piloted, and subsequently implemented, into the Community Health clinical curriculum. The impetus for this population focused education was prompted by faculty who identified a knowledge gap and students with recent clinical experiences within LGBTQ population.

LGBTQ individuals experience significant health disparities when compared to heterosexual counterparts. Enhancing established LGBTQ population specific training to highlight health disparities and awareness of special healthcare needs was piloted with two clinical groups of senior baccalaureate nursing students (n= 16).

***Method/Results/Implications/Discussion***

Method: Didactic, simulated, and panel discussion instruction related to LGBTQ terminology, current health standards of care, and the importance of advocacy was provided by campus advocates, experienced healthcare providers, and a student panel identifying as LGBTQ. Health specific learning outcomes were established and evaluated.

Results: Post education, anonymous surveys and journaling were completed. All students (n= 16) reported increased awareness and understanding of health disparities specific to the LGBTQ population.

Conclusion: LGBTQ specific health education has been implemented as a permanent curriculum change. Background: An identified gap in curriculum related to lesbian, gay, bisexual, transgender, and queer (LGBTQ) health needs prompted nursing faculty to implement a collaborative educational offering. LGBTQ individuals experience significant health disparities when compared to heterosexual counterparts. Enhancing established LGBTQ population specific training to highlight health disparities and awareness of special healthcare needs was piloted with two clinical groups of senior baccalaureate nursing students (n= 16).

Method: Didactic, simulated, and panel discussion instruction related to LGBTQ terminology, current health standards of care, and the importance of advocacy was provided by campus advocates, experienced healthcare providers, and a student panel identifying as LGBTQ. Health specific learning outcomes were established and evaluated.

Results: Post education, anonymous surveys and journaling were completed. All students (n= 16) reported increased awareness and understanding of health disparities specific to the LGBTQ population.

Conclusion: LGBTQ specific health education has been implemented as a permanent curriculum change.

# **Dr. Mary Ellen Mitchell-Rosen, PhD, RN**

Associate Professor, Nova Southeastern University

## Community Gardens for Special Needs and Nursing Home Communities

***Measurable Objectives:***

* Health providers and students in the health professions will learn ways and approaches to improve ways of improving approaches to health problems such as obesity and mental health through participatory action research( PAR).
* Community nurse educators will explore innovative ways to approach diverse populations in the areas of nutrition and mental health.
* Community nurse educators will understand the importance of qualitative research in special needs populatins

***Purpose***

Quality of life for special needs and nursing home populations is a vital issue. The effect of environment and leisure activities has been shown in studies to improve quality of life and reduce negative behaviors among adults in long-term facilities and short-term day programs such as Special Olympics (Austin, 2006). Raske describes two types of community gardens used in facilities and programs, the wandering garden to aid in symptom reduction of dementia patients, and the enabling garden wjere adults participate in growing vegetables, and flowers (Raske, 2010). Children and adults with developmental and intellectual disability are 40% more likely to be obese (Ells et al., 2006) Studies show evidence linking obesity to muscular-skeletal conditions, mental health disorders and learning disabilities in both adult and child populations (Rimmer et al., 2007). Together these analyses suggest that whether the cause or result of disability, obesity is undeniably implicated, thus presenting a public health priority. Future research efforts are required to strengthen the evidence base examining obesity in physical disability, mental health and learning disabilities, in order to improve clinical management (Hsieh, 2013). Studies report that access to community gardens reduces aggressive behavior, improves appetite, promotes better sleep, and improves nutritional status. <sup> </sup>Improvement in depression occurred after 3 months of exposure to a healing garden in three separate studies (Gonzalez, 2009). Improving community health providers approach to obesity and mental health in conjunction of healthy eating and therapeutic gardening can have broad public health implications. This study looked the experience of geriatric populations and people with intellectual and developmental disabilities in Broward County, Florida that collaborate with the researchers to create a community garden.. The study allowed nursing and medical students from Nova Southeastern University to participate in participatory action research (PAR), focusing on the link of obesity, disability, and mental health.

***Method/Results/Implications/Discussion***

Research Design: The research design that is best suited to this study is a qualitative approach using the participatory action research (PAR) method. Focus group interviews will be used to collect data. The goal of the researchers is to include the participants in the design of the research as well as discover what the experience was like for the participants.

Themes that Emerged

*Transformation, Transcendence, Terrific*

Themes that emerged from interviews and field notes:

* Nutrition Awareness
* Social Interaction
* Self Transcendence

*Impllcations for Further Study*

•Boys and Girls Clubs- Broward County Florida

•Children’s Oncology Unit- Joe DiMaggio Children Hospital

•Housing Authority- Geriatric Units- Fort Lauderdale

•Preschool – Fort Lauderdale

•Increased Access to Healthy Foods

•Leadership Roles for Students in Health Promotion

•Quantitative Research on Nutrition

Discussion: The study provided valuable information on the need to actively inclde participates in the design of the study through Particpatory Action Research (PAR). The participants and the students were actively involved in health behavior change. The students benefited by close encounters with seniors and special needs populations and began to understand their educational needs.

Conclusions

* Understand the importance of assessment and participation of clients in geriatric and special needs populations to create meaningful health promotion projects.
* Reflect and evaluate health promotion in vulnerable populations.
* The importance of active participation (PAR) of the researcher in research studies related to nutrition and physical activity.

# **Dr. Jennifer Morton, DNP, MPH, PHNA-BC,**

Director, Associate Professor, University of New England

## Transforming Community Health Nursing Education: Lessons Learned from Individual and Cross Grantee Program Evaluations from a Federal Bachelor of Science in Community Practicum Awards

***Measurable Objectives:***

* Discuss the value of and opportunity for educating nursing students for roles in community-based partnerships (1, 2, 3, 4)
* Identify commonalities of shared measure/outcomes across 9 programs’ that are drivers for innovative educational models in the community (2, 4)
* Present strategies in cultivating and maintaining community partnerships that foster nursing education competency acquisition in the community setting that can be translated across all nursing education programs (3, 4, 5)

***Purpose***

Introduction/Aim: Baccalaureate nursing programs have historically provided most of the prescribed curriculum to students based on acute care, disease management models With the launch of the Affordable Care Act in 2011, and a proportion of care shifting to the community, with health promotion as a guiding principle, the call for nursing education reform is timely In 2016, the Health Resources and Services Administration launched a funding opportunity called Bachelor of Science in Community-based Practicums (BSCP) with an overarching goal of educating BSN nursing students for early careers in Community, Public Health, and/or Primary Care roles Thus, the aim of this presentation is to discuss evaluation methods and outcomes of the programs based on individual program evaluation plans and cross-grantee evaluation findings.

***Method/Results/Implications/Discussion***

Methods: Nine awardees launched their own innovative projects to meet this aim Different educational models and approaches were utilized with very different student and community demographics including urban, inner city underserved; rural native Americans, immigrant and refugee communities, and more Awardees conducted individual evaluations unique to their project methodologies that included: outcomes regarding success of the community practicum, student satisfaction, program completion and NCLEXÒ pass rates in all programs Awardees participated in monthly communication with each other and the program officer and as a result, collectively decided to engage in cross-grantee evaluation. “One on one” interviews were conducted with the Project Directors of the 9 programs The following themes emerged: 1) academic/community partnerships mutually beneficial, 2) faculty are key drivers for the educational paradigm shift, and 3) the need for partners to believe in value, sustainability, and cost effectiveness of the training model

Conclusions: Individual program evaluations included both quantitative and qualitative methods which revealed shared synergies among the awardees. Student participants generally were committed to engaging in careers in community-based nursing practice and developed an intrinsic passion for vulnerable individuals, communities and populations Additionally, community-based training experiences complete with the culminating practicum experience, represents a viable option to the traditional acute care training model and have no bearing on program completion and NCLEXÒ pass rates The cross-grantee evaluation of individual and collective models provided qualitative feedback. The themes identified provide information regarding community-based nursing curricula that is translational to other nursing programs. The community based curricular model is a springboard to address the shifting health care from the acute care to community setting in alignment with Healthy People 2030.

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# **Dr. Shelly R Noe, DNP, RN, PMHNP-BC**

Assistant Professor, New Mexico State University

## Educating Nursing Students In Screening And Management Of Suicidal Risk Among Native American Indian Youth

***Measurable Objectives:***

* Describe an innovative teaching strategies to educate nursing students in screening and management of suicide risk among Native American Indian youth.
* Identify the essential elements of an interactive case study using the Partnership for Informatics in Nursing Education (PINE) model.
* Summarize the effectiveness of the PINE model as a framework for screening and management of youth at risk for suicide.

***Purpose***

Background/Problem: Suicide is the 10<sup>th</sup> leading cause of death among Americans, and a preventable public health problem, with a long-term impact on the individual, family and community. Nearly 45,000 individuals die from suicide and 1.3 million attempted suicide in 2016. One of the highest populations for risk of suicide is the Native American Indians (AI). The AI population has a suicide rate of four times greater than the national average. AI youth are among the highest risk population, and suicide is the second leading cause of death for youth ages 15-24.

Suicide is a combination of complex social determinants. While many factors exist, suicide prevention strategies are comprised of two goals: reduce the risk factors that increase suicidal thoughts and behaviors, and increase protective factors that support and promote resilience. Increasing complex needs of psychiatric clients necessitates a team-based approach and working collaboratively to prepare public and community health nurses to assess and manage suicide risk.

Purpose/Aims: Health People 2030 goals emphasize the need to work collectively to lower healthcare costs through engaging individuals and communities, creating measurable and sustainable evidence-based programs.

New knowledge exist asserting the need to teach students applying the PINE Model, which uses the Omaha System’s flexibility to capture reliable data across multiple healthcare sectors. Application of the model guides the incorporation of current healthcare related morbidities within interactive case studies (ICS). Experiential, situational, and case-based learning assists students to assume the role of the public/community health nurse through simulation increasing critical thinking skills and translating evidence-based practice to a standardized documentation language.

***Method/Results/Implications/Discussion***

Method: The PINE Model was used to design an Interactive Case Study (ICS) for nursing students for the assessment and management of suicide risk. Case-based scenarios aim to enhance the nurse’s role specific to suicide prevention at both the system and client level, and positively influence the reduction of suicide disparities. Student learning is facilitated by incorporating informatics, evidence-based guidelines and simulated client experiences to develop competencies in assessing, managing, and documenting suicide risk in AI youth. Student learning will be evaluated utilizing a pre-and post-test. A satisfaction survey is also distributed to evaluate the content and use of ICS. A pilot study is underway and preliminary results with be shared at the 2019 Annual Institute.

Interactive Case Study Template: The ICS template for suicide assessment and management of AI youth integrates nursing informatics (NI), health information technology (HIT), electronic health record (EHR), standardized terminology, evidence-based practice (EBP), and outcomes evaluation instruments into nursing practice. The narrated tutorial provides a depiction of the public health nursing competencies associated with screening and management.

Implications for Inter-professional Education: Use of PINE Model allows the student to experience the benefits of bridging key aspects of NI, HIT, EHR, standardized terminology, EBP, and health outcomes evaluation with public health nursing content related to care of the AI youth with suicide risk. It is anticipated the use of ICS technology enhances the student’s ability to understand suicide screening and management and their influence on positive client outcome.

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# **Dr. Barbara J Polivka, PhD, RN, FAAN,**

Professor and Shirley B. Powers Endowed Chair, University of Louisville

## Longitudinal Changes in Residential Volatile Organic Compounds in Older Adults with Asthma

***Measurable Objectives:***

* Identify at least 3 contributing participant factors to reducing residential volatile organic compounds in older adults with asthma.
* Determine pre-post differences in VOC levels for older adults with asthma.
* Describe potential intervention strategies to reduce VOCs in homes of older adults with asthma.

***Purpose***

Purpose: The prevalence of asthma in older adults is increasing, yet most of what is known about asthma is based on studies of youth/young adults. While volatile organic compounds (VOCs) have been shown to have a negative impact on asthma in children and adults, little is known about home VOCs and older adults with asthma. The purpose of this study was to identify participant factors contributing to reducing residential exposures to VOCs in older adults with asthma.

***Method/Results/Implications/Discussion***

Methods: Data are from a prospective study of older adults with asthma (N=101). Participants were non-smokers aged ≥60 with asthma. Those with ≥20 pack year smoking history, co-morbid lung diseases, and nursing home residents were excluded. Data included pulmonary function testing, psychometrically sound self-report measures of asthma control, quality of life, and self-efficacy, and 24-hour home environmental monitoring of 85 VOCs at baseline and 18 months post-baseline. While this was not an intervention study, report-back procedures were implemented with participants receiving the VOC levels for their home and common sources of each VOC. Paired t-tests compared pre-post total number of VOCs per participant. Logistic regression identified factors contributing to having lowered residential post-baseline VOCs.

Results: Most participants (N=101) were female (73%), White (73%) and average age of 67.7 years (SD=6.1). Most (66%) participant reduced the total number of VOCs identified in their home. The average number of different VOCs in participant’s residence was significantly reduced from M= 30.3 (SD=6.4) at baseline to M=27.7 (SD=6.3) at 18 months post-baseline (p=.002). VOCs identified in 90% of homes included freons, chloroform, benzenes, acrolein, xylenes, chloromethane, ketones, toluene, methyl chloride, and acetone. The odds of reduced number of residential VOCs at 18 months post-baseline were significantly greater for participants with poor asthma control (OR=2.6, 95% Confidence interval (CI)=1.1, 6.0), lower asthma quality of life (OR=.68, 95% CI=0.5,.097)), and lower physical functioning scores (OR=.097, 95% CI= 0.9, 0.99).

Conclusions: These findings have implications for the 2030 Healthy People goal related to creating physical environments that promote health. Most older adults with asthma reduced the number of VOCs detected in their homes when provided with report-back VOC data obtained at baseline. The findings have implications for developing precision interventions in this population aimed at further reducing specific VOCs that have the most detrimental effects on asthma in older adults.

# **Dr. Barbara Sattler, RN, MPH, DrPH, FAAN,**

Professor, University of San Francisco

## Blogging Environmental Health

***Measurable Objectives:***

* Integrate environmental health into community health nursing coursework.
* Compare and contrast environmental exposures and environmental justice in multiple communities
* Estimate individual and community exposures to environmental health risks

***Purpose***

This presentation is about an innovative teaching/learning approach, that employs blogs and requires students to think more concretely and more personally about “the environment” Often when students think about “the environment”, it is perceived as something abstract or distant – it is something that exists in some other place

***Method/Results/Implications/Discussion***

Starting with the chemicals in their personal care and household products and moving through their air, water, soil, food, and radiological exposures, students learn about a range of ways in which they and their immediate communities may experience potentially toxic exposures and the associated health risks. Each student creates a personal blog that documents their findings, as per investigative reporting Before all else, the students are taught where to find the “evidence” regarding toxic chemicals using the National Library of Medicine’s ToxNet suite of informational sources and databases Students are given specific assignments and, using interactive, evidence-based, web-based information sources, they estimate their potential exposures In groups of 3 they read each other’s blogs every week, compare and contrast their exposures, and leave responses on each other’s blogs In the process they learn about the variety of their collective exposures and get to see how environmental justice plays out in their diverse communitiesMany of the assessment tools the students are assigned use geocoded data that can be searched using their zip-code This includes an environmental justice tool created by the US Environmental Protection Agency which is based on population demographics, polluting facilities, and hazardous waste sites. They see how exposures differ in urban versus rural communities, poorer compared to more affluent communities and in different parts of the state/country/world Using USDA-based data on pesticide residues, the students see what pesticides may have been on their last night’s dinner menu and the associated health and ecological risks these chemicals may pose They are given mock biomonitoring results for “their” urine and blood samples listing the presence of toxic chemicals that were found. (These results are based on the CDC’s average biomonitoring results of the general population – so they are likely close to reality.) Based on these results they blog about how they responded, emotionally and intellectually, to learning about “their” body burdens Learning about the relationship between human health and environmental exposures is enhanced as students assess their own personal environments and then compare and contrast their exposures with their fellow students They also research and blog about the environmental health services and programs provided by their local governments and discover the scope of quantity and quality of programs in different communities. For example, in a California-based class, they learned about the extraordinary difference in the local program offerings in the city/county of San Francisco agencies compared to the local agencies in California’s poorest rural county Included in this presentation will be a review of the students’ evaluations. The combination of skills, knowledge, and critical thinking tools that the students acquire during this process helps them to develop valuable and generalizable public health skills.

# **Dr. Lisabeth M Searing, PhD, RN**

Assistant Professor, Gannon University

## Impact of a campus-based flu shot clinic on vaccination rates

***Measurable Objectives:***

* Describe reasons for non-participation in a campus-based flu clinic.
* Identify strategies to increase flu vaccination on a college campus.

***Purpose***

Background: In the 2015-2016 flu season, only 43.4% of adults in the United States were vaccinated for flu--far below the Healthy People 2020 goal of 70%. The percentage is even smaller for adults ages 18 to 64: 36.8%.

For many years, nursing students at a small, liberal arts university have organized a day-long flu shot clinic open to university students, faculty, and staff. Between 400 and 600 individuals participate annually. However, there are more than 4,000 people in the university community. The overall vaccination coverage at the university, however, is not known. Flu shots are provided at primary care offices, flu clinics held at churches or community centers, and pharmacies--and campus community members may choose to be vaccinated at any of these sites.

Purpose: To determine the rate of vaccination for students, faculty, and staff at a small, liberal arts university and the impact of a campus-based flu shot clinic on this rate

Aims: What reasons do students, faculty, and staff give for non-vaccination or for not obtaining a flu shot at the campus-based clinic? What evidence-based strategies exist to address these reasons?

***Method/Results/Implications/Discussion***

Methods: All students, faculty, and staff at the University will receive an invitation to complete the anonymous survey one-month after the flu shot clinic and a follow-up reminder the following week. The survey includes minimal demographic information (to preserve anonymity) and immunization status. For those who have received a flu shot, or who intend to obtain a flu shot, the survey asks where they received the shot and reasons for choosing that location. For those who do not plan to be vaccinated, the survey asks the reasons for that decision

Results: Descriptive statistics will be used to identify key reasons for obtaining a flu shot on or off campus. Survey results will be analyzed using chi-square analysis to determine if these reasons vary across different groups. Using data from flu clinic records and reports of off-campus vaccination, a vaccination rate for the university will be estimated.

Implications: A low vaccination rate for influenza puts all members of the University community at risk. Addressing reasons for non-vaccination will inform future clinic planning and educational needs on campus. Evidence-based strategies to improve participation in the flu clinic will be discussed.

# **Dr. Sherrill Smith, RN PhD CNL CNE**

Professor, Wright State University

## Anxiety and Stress in Live Disaster Exercises

***Measurable Objectives:***

* Describe stress and anxiety levels in live disaster exercises using biomarkers(cortisol/amylase)
* Examine participant experiential responses to disaster live disaster exercises.
* Apply best practices of simulation to the development of mass casualty exercises to foster positive training outcomes

***Purpose***

Introduction: Public health nurses play critical roles in disaster response, often preparing through simulated exercises or drills. According to the NLN Jeffries theory, simulations can lead to anxiety in participants that affect the learning experience. According to Healthy 2020, Public health is an integral component of national health security and effective training of the public health, health care, and emergency management workforce is critical to preparedness.

Aims: The objective of this research was to measure and describe anxiety and stress levels of participants in a live disaster training exercise.

***Method/Results/Implications/Discussion***

Methods: A quasi experimental/descriptive design using quantitative methods (amylase, cortisol levels) and qualitative methods (survey, focus groups) was used with a convenience sample of senior nursing students taking part in a disaster exercise. Participants completed a self-report of anxiety before and after the exercise using the State-Trait Anxiety Inventory (pre/post). Following the training, participants provided a saliva sample for analysis of cortisol and amylase levels to measure physiological stress levels. Participants were also invited to take part in a focus group after exercise participation.

Results: A total of 22 participants were recruited. Significant elevation of self-reported anxiety levels were were found on the State-Anxiety Inventory comparing pre to post training, but no Trait-Anxiety changes were noted. Amylase and cortisol levels were within normal range. While there was no correlation between scores on post State-Anxiety levels (p=0.212) and with amylase negative, there was a correlation with cortisol levels (p=-0.032). Themes emerging from qualitative analysis include preparation, uncertainty, teamwork, realism, and decision-making.

Implications: Disaster training may be anxiety provoking and stressful. High levels of anxiety may impair learning and performance in live disaster exercises limiting their effectiveness in improving preparedness

Discussion: Public Health Nurses should consider how to include best practice approaches for simulation in design of exercises to prepare for the increasing number of multi-casualty events.

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# **Dr. Stephanie D. Smith, Ph.D., RN**

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Ann M. Stalter, Ph.D., RN, M.Ed., Associate Professor, Wright State University, co-author

## The Academic Health Department: An Innovative Partnership to Promote Health Equity in the aftermath of Hurricanes Florence and Michael

***Measurable Objectives:***

* Examine an academic health department as an innovative educational model for underserved communities that promote health equity
* Distinguish between health equality and health equity within context of public health services
* Evaluate the impact of two hurricanes affecting implementation of the academic health department

***Purpose***

Purpose: The purpose of this presentation is to provide a descriptive summary of operationalizing the academic health department through the lenses of nursing and public health administration.

Aim: The aim of this presentation is to appraise participants of the re-organizing partnership priorities for promoting health equity as the community works to rebuild after back-to-back hurricanes.

Background: Since the mid-1980s governmental health agencies and academic institutions have partnered as academic health departments to improve population health (Erwin et al., 2016). The partnerships are described as delineating the public health equivalent of the teaching hospital and the medical school (Erwin &; Keck, 2014). The linkage between public health practice and the academic base is strengthened to enhance public health education, workforce development, research and service. Today, approximately 60 academic health departments (AHD) exist in the United States (Public Health Foundation, 2018). The North Carolina New Hanover County Health Department and University of North Carolina Wilmington (UNCW) School of Nursing is believed to be the first in the nation to establish a nursing school partnership. This AHD partnership also aligns with ACHNE’s 2018-2020 priorities, one of which is to “Promote innovative Academic Practice Partnerships”.

Problem: What benefits does this partnership for student learning and promoting health equity?

***Method/Results/Implications/Discussion***

Methods: The Staged Model of AHD Development (2017) guides this innovative program, and employs five stages In Stage 1, a brainstorming session was used to define informal relationships. Stage 2, established longer term relationships. Stage 3 involved formalizing a written agreement. Stage 4 focuses on operationalizing and expansion of sharing personnel, resources and services. Stage 5 executes ongoing comprehensive collaboration. Guiding principles for engaging in partnership activities were also outlined and include the expectations that projects will have both academic and practice partner as co-leads, and the project is jointly agreed upon. Project co-leads are strongly encouraged to create an interprofessional team, when appropriate for the project. A primary vision of the partnership is to create a healthy thriving community, establishing health equity through policies, expansion of health understanding, and strengthening human capacity (New Hanover County Health Department, 2018) Amidst the Stage 4, the community suffered from two hurricanes within a few weeks of one another.

Results: This is an unfolding project and preliminary results will be shared at the Annual Institute

Implications: Anticipated implications will include system level complexities related to student learning and service delivery.

Discussion: Although this is unfolding, we would like to engage the audience in an active discussion of this innovative partnership (i.e. the AHD) and its benefits in promoting health equity.

Conclusions: What is clear to us at this point, is that our investment in developing Stages 1 through 3, postures our partnership for success in Stages 4 and 5, in improving our community's health, before and after natural disasters.

**Additional Authors**

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# **Prof. Davina Ann Soernssen, RN, MSN, CHSE (FNP-BC, DNP student)**

Nurse Educator,

## Improving Primary Care Providers’ Degree of Comfort in Clinical Decision Making when Caring for Patients with COPD in the Community

***Measurable Objectives:***

* Provider's degree of comfort in clinical decision making when caring for patients with COPD in the community. (T1, T2) The Provider Decision Process Assessment Instrument (PDPAI) by Dolan (1999) will be used to measure this objective
* Providers will demonstrate the use of GOLD COPD guidelines combined assessment tool by way of a case study
* Participants will report translation of the GOLD COPD guidelines into practice by way of a post-survey 6 weeks after implementation (T3).

***Purpose***

Background/Problem Statement: Evidence based research practiced in the clinical setting improves providers’ comfort level when making clinical decisions for their patients, ultimately improving outcomes (Cooke &; Gould, 2013; Holmes-Rovner et al., 1996; Pierson, 2009) Yet, despite multiple randomized controlled trials and published meta-analysis indicating an improvement of the evaluation, management, and treatment of multiple conditions, the translation of that evidence into practice lags for years. Chronic Obstructive Pulmonary Disease (COPD) for example, is one such condition in which there is compelling evidence guiding healthcare providers in the management of patients diagnosed with COPD (Claus F Vogelmeier et al., 2017; Gupta et al., 2013). Common barriers to the utilization of evidence-based guidelines (EBG) in primary care are knowledge, time and resources. Additionally, if the evidence is not easily interpreted the utilization of guidelines could be avoided or misused (Cooke &; Gould, 2013; Holmes-Rovner et al., 1996). The aim of the proposed Doctor of Nursing Practice (DNP) research study is to improve primary care providers’ (PCPs’) degree of comfort in utilizing evidence-based decision-making when caring for patients with COPD through an instructional session that helps overcome these barriers. Intervention: Solicited PCPs including prescribing nurse practitioners and physicians in the area of primary care at selected sites will receive instruction of COPD evidence-based practice (EBP) and training on the use of the combined assessment tool based on the Global Obstructive Lung Disease (GOLD) COPD guidelines. Methods: PCPs will be provided a case study along with the pre-intervention survey of a patient with COPD requiring each participant to make clinical treatment recommendations according to the severity of the patient in the case study. Once the participants have completed the pre-survey and attempted the case study, the DNP student will review the 2018 GOLD guidelines regarding the management of COPD. During this instructional session, each PCP will be instructed how use the combined assessment algorithm by GOLD. The purpose of the combined assessment tool is to calculate the severity of airflow limitation of patients with COPD. This is accomplished by computing the percentage of patients’ predicted forced expiratory volume in one second (FEV1), and modified medical research council (MMRC) dyspnea score. The DNP student will instruct participants on the input of data via GOLD’s easy to use algorithm via mobile application It is expected that participants will utilize the combined assessment tool post intervention in order to make clinically based decisions for the management of the patient with COPD via the same case study. Evaluation: Assessment of participants’ degree of comfort in the decision-making process used when guiding both non-pharmacologic and pharmacologic therapies used in managing the COPD patient will be evaluated pre and post intervention using a paired t-test

***Method/Results/Implications/Discussion***

This DNP study is currently being conducted from September 28- December 22, 2018

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# **Ms. Michelle Spencer, MS, RN**

Clinical Instructor, University of Maryland, School of Nursing

## B’More for Healthy Babies: Pursuing Health Equity Through Multi-sectoral Collaboration

***Measurable Objectives:***

* List two strategies that B’more for Healthy Babies used to decreased infant mortality rates in Baltimore City.
* Describe the importance of collaborative partnerships to achieve success in IMR reduction.
* Identify two risk factors B' More for Healthy Babies Program seeks to modify.

***Purpose***

Infant mortality is defined as the death of live newborns in the first year of life and the infant mortality rate is the number of infant deaths during the first year of life per 1,000 live births Infant mortality is a public health indicator that is used to determine the overall health of a population In 2009, Baltimore City’s infant mortality rate (IMR) was 13.5 per 1,000 live births This was one of the worst in the United States The disparity in birth outcomes between African American infants and white infants was a major concern as well AA infants were five times (18.5 per 1,000) more likely to die in their first year of life compared to white infants (3.5 per 1,000)

***Method/Results/Implications/Discussion***

To address this public health crisis, the Baltimore City Health Department and over 150 public, private, and community partners came together and formed the B’more for Healthy Babies (BHB) initiative to provide a holistic approach to reducing the IMR which included changes in citywide policies, improvement in services to low income pregnant women, and community engagement Some of partners for this initiative include: Family League of Baltimore, Blue Cross/Blue Shield, non-profit organizations, academic institutions and community groups The overall aim of this initiative was to address the three leading causes of infant death: premature births, low birth weight, and unsafe sleep habits and improve birth outcomes for AA infants. Several programs within the initiative were developed including, safe sleep education programs, a policy to issue portable cribs to moms in need, and the establishment of a home visiting program mothers.

Since its beginning nearly a decade ago, BHB has has achieved much success in decreasing the IMR and improving birth outcomes in Baltimore City, especially in AA infants To date, the IMR for Baltimore City has decreased by 35 percent (8.8 per 1,000 live births) and the disparity between AA infants and white infants has lowered by 64 percent (11.0 per 1,000 for AA and 4.5 per 1,000 for whites) Additionally, sleep related deaths have decreased by 50 percent (27 deaths in 2009 to 13 deaths in 2015) These significant changes have all contributed to the lower IMR rate for Baltimore City.

The B’more for Healthy Babies initiative is a unique model that has had a significant impact on the IMR in Baltimore City through achieving health equity in birth outcomes between AA and white infants Having a broad range of partnerships is critical to improving health care and services to low income pregnant women and their babies This program has been adopted by several states across the country to help with decreasing their infant mortality rates.

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# **Ms. Julie St. Clair, RN, MSN**

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## Impacting Health By Partnering with the Library

***Measurable Objectives:***

* Participants will be able to describe how nursing programs may partner with libraries to provide health services to vulnerable populations.
* Participants will identify health programs and screenings that may be offered within public libraries.
* Participants will describe student outcomes achieved through clinical activities at the library.

***Purpose***

Public libraries are increasingly recognized as sites that may address social determinants of health and improve population health Vulnerable populations, including persons experiencing homelessness and persons with mental health disorders, frequently find libraries to be "places of refuge" (Whiteman et. al, 2018, p. 1) Library staff are often unprepared to effectively assist these vulnerable library patrons with unmet health needs

A partnership between a public library system and a state university provided opportunities to address the health needs of the library patrons, and therefore, improve population health The library was used as a clinical site for senior level nursing students enrolled in the Population-Focused Nursing Practice course Students collaborated with the community outreach librarian to identify needs, and to plan and deliver health education and screening for vulnerable populations within library sites

***Method/Results/Implications/Discussion***

The local library system recognized the need to address the unmet health needs of vulnerable populations at many of their facilities The outreach librarian sought out health care professionals to assist the patrons, as the library staff did not feel adequately prepared to address health issues

The faculty member and outreach librarian identified potential health programs that senior level nursing students could deliver. A nurse from a local not-for-profit agency (an alumni of the university) also worked with the students in planning and implementing the project. Programs and screenings that were delivered included:

* Mental health information, including how to access community resources and suicide awareness.
* Blood pressure screening and education.
* Education on how to recognize and access credible health information on the internet.
* Information regarding local resources for health care.
* How to distinguish between the need for urgent or emergency care vs. primary care services.

Students were able to effectively communicate with library patrons and were able to recognize how social determinants of health impacted these vulnerable individuals.

# **Dr. Linda L. Strong, EdD, RN, MSN, BSN**

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## Combating violence, building character, Promoting the health of an inner city neighborhood: A Hall Neighborhood House Project

***Measurable Objectives:***

* Describe the process and challenges of inter-professional team building among university colleges, departments and Hall Neighborhood House
* Identify the major health promotion concepts and themes addressed by the violence prevention and elders projects.
* Recommend initiatives for parents and grandparents that would reinforce the lessons designed for the children.

***Purpose***

Background: The once prosperous neighborhood of the lower east-side of Bridgeport, CT was home to industry, maritime ventures and private homes. This prosperity devolved during the 1970s, 1980s and 1990s. Factories and supportive resources departed, and a portion of the factory workers and families followed. Many others remained experiencing loss of income, declining community resources, increasing poverty, loss of quality schools and decreased access to health services. As the social, physical, health and safety of neighborhood declined, the neighborhood became infested with increasing incidents of gang and criminal violence. The risk of danger and ill health for populations accelerated. The neighborhood remains as one of the most impoverished, densely populated and poorly educated of the city’s neighborhoods.

Existing and Previous Programs: Since 1886, Hall Neighborhood House (HNH) has continued to provide services that educate, enrich and empower the lives of residents of all ages of the East Side of Bridgeport. A “safe haven” for many former and current neighborhood residents, HNH supports programs aimed at combatting violence, but only minimal to modest gains have been achieved

***Method/Results/Implications/Discussion***

New Initiative: The Scared Heart University College of Nursing led an interprofessional team of faculty and students from the College of Nursing, School of Education and Departments of Criminal Justice, Psychology, Social Work and members of HNH to address the persistence of violence within the neighborhood. A multi-week course, Character Counts, was taught by students from Criminal Justice to elementary and middle school children. The curriculum was supervised by faculty and a graduate students from the School of Education, and educational weekly assessments were analyzed by students and faculty from Psychology. Undergraduate first professional degree, RN-BSN/MSN, Family Nurse Practitioner students and an undergraduate student from Social Work implemented enhanced health assessment and health promotion activities for the elders of the neighborhood.

Outcomes:

* Increased protective factors for youth involved in the Hall Neighborhood House programming.
* Decreased risk factors for youth involved in the Hall Neighborhood House programming.

Recommendations;

* Increase college student participation from other disciplines such as Political Science.
* Increase reinforcement of topics and values in after-school activities.
* Recommend initiatives for parents and grandparents that would reinforce the lessons designed for the children.

**Additional Authors**

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# **Dr. Cheryl Thompson, DNP, RN, PHCNS-BC**

Professor, York College of Pennsylvania

## Home Visit Simulation Experience for Baccalaureate Community Health Nursing Clinical Course With Utilization Of Simulated Patient: Evidence Based Quality Improvement Project.

***Measurable Objectives:***

* After reviewing the poster, the participant will be able to describe the Plan Do Study Act Model Quality Improvement framework.
* After reviewing the poster, the participant will be able to describe the process for implementing a home visit simulation for community-based clinical practice experience.
* After reviewing the poster, the participant will be able to identify student learning outcomes for a home visit simulation experience.

***Purpose***

Introduction: Often, home health is included as a clinical experience for students in community health nursing courses. Challenges to securing community health clinical experiences that allow students to engage in clinical decision making are amplified in home health clinical experiences (Gunawo, Elliott &; McBride, 2018). Clinical in home health typically involves students observing visits with an RN, providing an opportunity to see medically complex patients in the home setting. However, “see” is the operative word. The complexity of scheduling students with nurses who begin or end their day remotely, securing home health RN preceptors willing to take students, and documentation requirements for home health, are factors that limit student opportunity for robust home health clinical experiences. Simulation experiences have been documented to be effective for meeting student clinical learning objectives in undergraduate nursing education (Hayden, Smiley, Alexander, Kardong-Edgren, &; Jeffries, 2014), for facilitating clinical decision making (Fisher &; King, 2013; Gibson, Dickson, Lawson, Kelly &; McMillon, 2015) and for home visit simulation (Gotwals &; Yeager, 2014; Husson, Zulkosky, Fetter, &; Kamerer, 2014; Wheeler, &; McNelis, 2014)

Aims: The purpose of this Quality Improvement (QI) project was to test a change in providing home health clinical experience by developing home visit simulations. Plan-Do-Study-Act (Melnyk &; Fineout-Overholt, 2015; Quality Improvement Essentials Toolkit, n.d.) was the QI process selected to test this change.

***Method/Results/Implications/Discussion***

Methods and Results: PDSA is a cyclical process comprised of 4 phases. Phase one, Plan, begins with data collection, research, and inquiry. This project began with identifying the most common disease conditions in the home health clinical setting; Diabetes Mellitus (DM) and Congestive Heart Failure (CHF). Patient cases were developed from actual patients in a home health agency. Modification of simulation rooms to create a home-like environment were retrieved from the literature (Gotwals &; Yeager, 2014; Husson, Zulkosky, Fetter, &; Kamerer, 2014). Phase 2, Do, is to conduct a test. Both simulations were conducted with a small group of six students. Evaluative feedback from students, the Simulation Coordinator, and faculty were studied (Phase 3, Study) to identify areas for improving the simulation. Finally, the simulations with revision based on feedback were run (Phase 4, Act) the following semester for all students in the community health course. Data were collected that suggested students were able to meet the clinical decision-making objectives for the simulation, however, as PSDA is a cyclical process, ongoing revision to the simulations took place.

Implication, Conclusions: Applying an evidence-based QI tool for testing a practice change is an effective strategy for providing home health simulation experience that allowed students to meet course objectives.

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# **Kim Sutherland, MSM, CEO**,

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## Addressing Fetal Alcohol Spectrum Disorders (FASDs): Lessons in Policy and Equity

***Measurable Objectives:***

* Analyze the need for culturally competent health policies and educational tools to address Fetal Alcohol Spectrum Disorders (FASDs)
* Explore the role of the advanced practice nurse in policy development and change.
* Focus on identified priorities by community partners

***Purpose***

The purpose of this project is to describe the process and impact of a campus-community fellowship addressing health policy and equity, through the lens of an investigation on Fetal Alcohol Spectrum Disorder (FASD). The Randall Lewis Health Policy Fellowship (RLHPF) is designed to engage local graduate students in health professions in making positive changes in public policy and systems, and thus impact the health of communities. This program recently began taking graduate nursing students. Through this fellowship, assessment of educational policies and programs occurred related to the primary prevention and early detection of at-risk mothers for alcohol exposure in pregnancy, and prevention of FASDs in children residing in a medically underserved area (MUA) of Southern California.

Aims:

* Describe the campus-community partnerships in a health policy fellowship in a MUA in Southern California.
* Identify gaps in policy and educational programs for prevention of alcohol exposure during pregnancy and subsequent FASDs.

Background: FASDs are a significant public health concern and a 100% preventable disorder. The cause is prenatal alcohol exposure (PAE) from maternal-fetal transfer. Pregnancy binge drinking (&gt; or = four or more drinks on one occasion) is the highest risk of FASDs (May et al., 2018). Females aged 18-20 years make up the largest group of nonpregnant women who reported the highest frequency and intensity of binge drinking (May et al., 2014). Earlier studies report frequent heavy drinking among acculturated Hispanic women who are pregnant or of childbearing age, thus placing the offspring at increased risk for FASDs (Bakhireva et al., 2009; Chambers et al., 2005).

Problem: Research identified a gap in culturally appropriate prevention policies and educational programs for reproductive age females of Hispanic background.

***Method/Results/Implications/Discussion***

Methods: This ethnographic study focused on program and policy analysis regarding FASDsTools for assessment included the use of geographic information systems (GIS), community walk-throughs, engagement with residents, partnership with national CDC initiatives, and dialogue with regional public officials in monthly fellowship meetings, coupled with weekly preceptor guidance

Results: The experience as an RLHPF fellow for the 2017-2018 year was life-changing as both participant and observer. As an observer, my contextual lens for community is forever changed beyond a narrow definition as partner. As a participant, the community lens has expanded for understanding the capabilities and possibilities of utilizing nurses as advocates for health policy and equity. The research and activities uncovered inequity in a MUA regarding issues of prevention and education for FASDs.

Implications: To address health disparities, advanced practice nurses must serve as advocates for health and educational policies to ensure professional education, prevention and treatment regarding FASDs. The significance of this fellowship resulted in the identification of gaps in professional education and patient care policies as a perfect fit for nurse educator initiatives to make curriculum changes and create student nurse champions leading the way in addressing PAE &; FASD.

Lessons learned: Prevention is the key in FASD; and culturally sensitive educational programs grounded in evidence–based practice is the highest priority in this identified Hispanic population

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# **Dr. Dana Todd, PhD, APRN**

Professor, Murray State University

## Incorporating Healthy Nurse, Healthy NationTM into an Undergraduate Nursing Course

***Measurable Objectives:***

* Discuss Healthy Nurse, Healthy Nation <sup>TM</sup> initiatives
* Describe how Healthy Nurse, Healthy Nation <sup>TM</sup> can be incorporated into an undergraduate nursing course
* Explain the importance of using Healthy Nurse, Healthy Nation <sup>TM</sup> initiatives to advance Healthy People 2030

***Purpose***

Promoting health and wellbeing to all populations in the United States is just one of the foundational principals associated with *Healthy People 2030* (U.S. Department of Health and Human Services, 2018). Nurses are in a primary position to influence and create positive health change in society; however, many nurses have significant health deficiencies. The American Nurse’s Association (ANA) Health Risk Appraisal revealed a significant number of nurses and nursing students are overweight, sleep deprived, deficient in daily fruit and vegetable intake, and inadequate in strength building exercise activity (ANA, 2017). In an effort to address these concerns and improve the health of nurses across the United States (U.S.), the ANA developed the Healthy Nurse, Healthy NationTM campaign. The focus of this initiative is on five essential components of wellness: rest, physical activity, quality of life, and safety (ANA, 2017). In an effort to support the foundational principles of *Health People 2030* and to improve the health of nursing populations, an excellent health education opportunity was incorporated into an undergraduate community-health nursing course.

Purpose

Providing students an opportunity to participate in health education is an integral component of an undergraduate community health-nursing course. The purpose of the assignment was to provide nursing students the opportunity to become more familiar with *Healthy People 2020/2030* initiatives and to evaluate evidence-based data, plan, implement, and evaluate a health education program focusing on one of the wellness components of the Healthy Nurse, Healthy NationTM campaign.

***Method/Results/Implications/Discussion***

Methods: An undergraduate community health-nursing course incorporated this educational experience during the fall, 2017 semester. Classroom instruction reviewed health education concepts that included Change Theory, domains of learning, and evaluation methods. Additional information regarding the assignment included an overview of *Healthy People 2020* and the Healthy Nurse, Healthy Nation <sup>TM</sup> initiative along with web resources. Students were responsible for developing a health education plan and evaluation method specific to the group of nurses or nursing students they self-selected. Students reviewed the ANA resources, selected a topic, and developed a teaching plan that included a content outline, implementation method(s), and an evaluation method. Upon completion of the assignment, students submitted a summary of the health education program along with the aggregate evaluation data.

Program Outcomes: Students in the course presented to approximately 322 nurses and nursing students. The education topics included healthy nutrition, physical activity, nurse fatigue, flu, smoking prevention, incivility, AEB/needle stick, men’s health, and sleep deprivation. Students developed an education program and evaluated the presentation with a pre/post-test. All post-test scores were greater than pre-test scores. Student evaluations of the assignment were positive and recommended it for the future.

Conclusions: This educational program provided students the opportunity to combine the nursing process with health education principles. Students were able to develop and implement a health education plan and put the plan into practice. Additionally, students developed an increased awareness of the evidence that supports the negative health attributes of nurses in the U.S and the importance of *Healthy People 2020* initiatives. The awareness gained will allow these young professionals to incorporate this teaching into their own lives, while understanding the importance of sharing the health education with others.

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## Nurses to Schools Corps: An Innovative Pilot Community Partnership for Community Health Clinical Placements in an RN to BSN Program

***Measurable Objectives:***

* Establish innovative collaborative community health clinical placements for RN to BSN students.
* Measure student absenteeism over a 5-year pilot period to determine impact of Nurses to School Corps in the selected middle schools.
* Measure student suspension rates over a 5-year pilot period to determine impact of Nurses to School Corps in the selected middle schools.

***Purpose***

Community health clinicals traditionally involve placing students in either public sector community health agencies and/or school nurse settings. Societal changes have catalyzed increasing awareness and focus on the need to build resiliency skills in youth impacted by Adverse Childhood Experiences (ACES.) In addition, a growing competitive marketplace in terms of access to clinical sites and agencies due to the increase of nursing programs needing community health clinical sites has created a need for innovative solutions to enhance opportunities for community health clinical placements beyond the parameters of traditional public health agency and/or school nurse placements.

Out of this combination of factors grew an innovative pilot for clinical placements known as the *Nurses to Schools Corps*. Currently Samuel Merritt University is collaborating with two different middle schools within two different school districts. In the Samuel Merritt RN to BSN Nursing Program, students are placed in low –academic performing schools with economically disadvantaged student populations known to be highly impacted by adverse childhood experiences (ACES). The RN to BSN program provides the clinical placement to fulfill the 90 hours of community health clinical internship required to apply for a Public Health Nurse (PHN) certificate by the State of California Board of Registered Nursing. The RN to BSN Community Health program partners with middle schools in ways that promote innovative roles for community nurses. The RN to BSN students perform the following tasks as part of their clinical rotations at specially selected and contracted ACES impacted schools: 1) running the school health club; 2) building a school Wellness Room based on the Caritas ™ Processes of Jean Watson; 3) conducting mind, body, spirit ( MBS) workshops and activities for middle school students and staff; and 4) panning, designing, and implementing lunch and after school wellness-promoting activities based on community needs assessment data.

***Method/Results/Implications/Discussion***

Long-term impact of the collaboration will hopefully lead to less student absenteeism over a 5-year period, increased presentism, reduction in the numbers of students expelled due to behavioral problems, and fostering more compassionate school environments.

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# **Mr. Larry Vitale, RN, MPA, MPH**

Senior Lecturer, San Francisco State University

## Health Disparity Reduction Project serving the community and teaching ethical behavior to nursing students

***Measurable Objectives:***

* At the conclusion of this presentation, the participants will be able to design a companion project to support student experiential clinical practice.
* At the conclusion of this presentation, the participants will be able to identify opportunities in their local community for partnership building in order to offer enhanced student clinical experience.
* At the conclusion of this presentation, the participants will be able to utilize the CPPH Curriculum Framework to design and implement a course/practicum in a baccalaureate nursing program

***Purpose***

San Francisco State University School of Nursing is committed to reduce health disparities in our local communities and provide future nurses with an educational and experiential foundation in clinical prevention and population health. To support those goals, we have developed a Health Disparity Reduction Project (HDRP). The HDRP is supported by donations, and volunteer nursing students, who provide clinical preventive services on a voluntary basis.

In accord with the mission of San Francisco State University, the School of Nursing is dedicated to social justice; the SoN thus has an unwavering commitment to reducing health disparities in our local communities. Clinical preventive services that the HDRP regularly offers throughout San Francisco include: annual flu immunization campaigns in all of San Francisco’s homeless shelters. Outreach to homeless IV drug users to screen for diabetes, hypertension, and assess any untreated wounds. Weekly health screening at a wellness program serving elderly African-Americans in San Francisco. Monthly health screening and health education at the City-sponsored Sunday Streets event, held in a different neighborhood each month. A long-standing Hep B Free SF Ambassador program that provides ‘on the ground’ services for the SF Hep B Free Coalition, that would otherwise be unaffordable. There are countless other events that the HDRP supports with volunteer nursing students.

***Method/Results/Implications/Discussion***

In addition to contributing to the health of our community, the SoN is committed to providing future nurses with an educational and experiential foundation in clinical prevention and population health. The volunteer opportunities, listed above, give the nursing students additional clinical experience in community health, and helps them ‘put a human face’ on marginalized populations. Our intention, besides providing needed health services, is to shape the ethical behavior of our future nurses who will certainly have marginalized persons as their patients. As poor outcomes and high costs drive necessary change in our healthcare system, the SF State SoN stands poised to contribute to the “Triple Aim goals” identified by the Association for Prevention Teaching and Research (APTR): improving the patient-care experience, reducing the cost of care, and improving the health of the population.

As APTR notes, these crucial goals can only be achieved through “significant change” in the education of health professionals – change embodied by the SF State SoN through clinical practicum and volunteer community service providing health screening and education in low-income, high-risk, communities in our midst. We are training the health professionals who will be on the front lines of healthcare at a key moment in our history. We are teaching the skills that these front-line nurses will need. The HDRP also serves as a fund-raising mechanism to support the cost of medical supplies and equipment used for health-promotion activities that improve the health of our community while training the nurses of tomorrow.

Clinical preventive services provided by the HDRP are made possible because a 1st semester nursing course, Health Promotion, has been transformed into a rigorous evidence-based course in clinical prevention and population health. The course builds on the CPPH Curriculum Framework, and goes beyond the curriculum with significant additions in infectious disease prevention and control. The course is augmented by a clinical practicum that has the students (with a clinical instructor) provide a variety of clinical preventive services at multiple low-income senior housing sites. The experience they gain gives them confidence to volunteer for the many service opportunities that the HDRP makes available.

# **Prof. Patricia C Zimberg, JD, MS, RN**

Professor, University of Maryland School of Nursing

## Spotlight on West Baltimore: An Innovative Cures Scholars Program to Eliminate Health Disparities

***Measurable Objectives:***

* Describe two essential components of the UMB Cures Scholars Program to increase the number of underrepresented students in science, technology, engineering and mat
* Discuss two aspects of the rationale for mentoring underserved minorities to become healthcare professionals as a strategy to reduce health care disparities.
* Analyze the relationship between mentoring and successful educational outcomes.

***Purpose***

The purpose of this presentation is to highlight the Cures Scholars Program, an innovative educational curriculum designed to eliminate health disparities in underrepresented communities. It also aims to ignite interest among community health nurses to learn more about the CURE Paradigm and the role of nurse mentor.

***Method/Results/Implications/Discussion***

In 2015, the University of Maryland Baltimore (UMB) admitted its first class of CURES Scholars. The UMB Cures Scholars Program is modeled after the National Cancer Institute’s (NCI) Continuing Umbrella of Research Experiences (CURE). The CURE paradigm seeks to reduce health disparities by enhancing workforce diversity and creating a pipeline of students interested and prepared for careers in science, technology , engineering and math (STEM). The NCI Cures Program seeks to attract high school and college students from backgrounds typically underrepresented in STEM careers.

The UMB Cures Scholars Program has the distinction of being the first of its kind to attract and enroll middle school students from underserved areas to prepare them for health care and research career opportunities. Faculty and students from the University of Maryland Professional Schools of Medicine, Nursing, Pharmacy, Dental, Social Work an Law are recruited to serve as mentors for the middle school scholars.

The implications for Community health nurses are substantial. If equity thrives on diversity, then creating systems to educate a diverse public health workforce is a key strategy to achieve equity in health outcomes. Community health nurses are key stakeholders in the quest for eliminating health disparities.

Although Baltimore is home to some of the best healthcare institutions in the county, Baltimore City has an age adjusted mortality rate 40% higher than the state, ranks last on key health indicators compared to the other jurisdictions, and one in three children lives below the federal poverty level.

The overarching goal of the Cures Scholar Program is to reduce health disparities.To accomplish this goal, The UMB Cures Scholars program attracts students from West Baltimore Middle Schools in underserved communities. Students are mentored throughout middle school and high school and academically prepared for the rigors of college and careers in science, technology, engineering and healthcare.

This presentation will offer an overview of the UMB Cure Scholars curriculum, goals, successes and evaluation data. The goal is to of ignite interest among community health nurses to advocate for, and participate in mentoring programs that follow a CURES curriculum.

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